

General SSF Information

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|----------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------|---------------|-------------------------------------------------|---------------|
| Country | Indonesia | | | | |
| SSF Agreement Number | IND-T-MOH | Component | Tuberculosis | Last Round | 10 |
| SSF Title | | | | | |
| Principal Recipient | Ministry of Health of Indonesia - Dir. of Disease Control & Environmental Health | | | | |
| SSF Status | In Progress - Period 2 | | | | |
| SSF Start Date | 01 Jul 2011 | SSF End Date | 30 Jun 2016 | | |
| Current* Implementation Period Start Date | 01 Jan 2014 | Current* Implementation Period End Date | 30 Jun 2016 | Latest Rating | B1 |
| Current* Implementation Period Signed Amount | \$ 56,544,111 | Current* Implementation Period Committed Amount | \$ 21,772,152 | Current* Implementation Period Disbursed Amount | \$ 8,277,699 |
| Cumulative Signed Amount | \$ 100,066,925 | Cumulative Committed Amount | \$ 65,294,966 | Cumulative Disbursed Amount | \$ 51,800,513 |
| | | | | % Disbursed | 79% |
| Time Elapsed (at the end of the latest reporting period) | 30 months | | | | |

* Latest Implementation Period if SSF is closed

New GPR Report - Table of Contents

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1. Program Description and Contextual Information

1.1. Grant Summary - Web

Indonesia had been ranking third in the world for the highest Tuberculosis (TB) burden for many years, but very recently (WHO update to Global Report 2009) the country has moved to fifth rank which can be considered as a major achievement of the Program. Out of existing 482 districts in Indonesia, 138 are officially recognized by the government as underserved districts, mostly in remote areas. These districts have been designated as priority areas for accelerated development. The goal of the Program is 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. Among those targeted by the Program will be children, women, people living with HIV, prisoners and community groups. This Program is a consolidation of Round 10 and Round 8 TB grants.

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 # | CP Type | Condition Precedent | Functional Area | Tied To | Terminal Date | Is currently met? | Comments |
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| | Condition Precedent | <p>Condition(s) Precedent to Second Disbursement (Terminal Date as stated in block 7A of the Face Sheet)</p> <p>The second disbursement of Grant funds from the Global Fund to the Principal Recipient is subject to satisfaction of each of the following conditions:</p> <p>a. the delivery by the Principal Recipient to the Global Fund of evidence, in form and substance acceptable to the Global Fund, that the Principal Recipient has implemented the new accounting system and it is fully operational at Principal Recipient's and Sub-Recipients' levels; and</p> <p>a) the delivery by the Principal Recipient to the Global Fund of evidence that the Principal Recipient has updated the financial guidelines to the satisfaction of the Global Fund.</p> | Finance | Disbursement | 15.Feb.12 | Met | <p>The PR has implemented the new accounting system (i.e. Financial Accounting System for TB - FAST) since early August 2011. The PR conducted training on the FAST program in July 2011 and January 2012. Currently, the FAST is fully operational at the PR and SR levels. The FAST program has provided more comprehensive financial information and control applications (e.g. list of outstanding advances, variance analysis report, etc).</p> <p>During the SSF grant negotiation in May 2011, the Global Fund noted that the PR had not prepared Comprehensive Financial Guidelines for the following:</p> <ul style="list-style-type: none"> • The policy and procedures for the cash disbursement specifically for the bank transfer, cash cheques or cheques. • Segregation of duties between the Cashier as the daily executor of the petty cash and the personnel that should be assigned to keep the safe deposit box key. • The policy and procedures for the audit arrangement – internal audit and supervision at the SR level (e.g. Audit Program, Audit Timetable/Frequency, Sample and Testing, Reporting and etc). <p>LFA reports that the PR has incorporated the above sections in the revised Financial Guidelines. The Financial Guidelines have been socialized to the SRs during the money meeting on 24-28 January 2012.</p> <p>Hence, we consider this Condition Precedent as Met.</p> |

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| | Condition Precedent | <p>Conditions Precedent to Disbursements to Sub-Recipients (Terminal Date as stated in block 7B of the Face Sheet)</p> <p>The disbursement of Grant funds by the Principal Recipient to any new Sub-Recipient selected during the Program implementation is conditional upon 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 completed an assessment of the capacity of such new Sub-recipient to implement Program activities. Such capacity assessment should include, without limitation, the evaluation of the financial management systems of such particular Sub-recipient, and contain measures for capacity strengthening as applicable.</p> | Others | Disbursement | 30.Jun.12 | Met | <p>The PR has conducted the capacity assessment for 4 out of 5 new SRs (i.e. Ministry of Defense of, Indonesian Medical Association (IMA), Sub Directorate Accreditation of Ministry of Health, and Directorate of Supporting and Health Facilities Services) and submitted the reports to the Global Fund on 9 January 2012.</p> <p>The LFA submitted comments on the assessments for these 4 SRs on 17 January 2012. The FPM approved the SR assessment results by email dated 17 January 2012 except for the SR – IMA since the PR rated Program Management Capacity B1 noted that there were some areas for improvement, but did not make any recommendation.</p> <p>Subsequently, together with the submission of this PUDR on 15 February 2012, the PR re-submitted the SR Assessment for IMI and LFA review noted that the PR has incorporated/disclosed all the recommendations for IMA in relation to Program Management.</p> <p>Furthermore, the PMU Coordinator noted that the SR Assessment for the National Institute of Health and Research Development – Litbang will only be submitted by the end of March 2012. The delay is because the PR has just finalized the budget for the Prevalence Survey that will be conducted by this SR in April 2012.</p> <p>As this SR assessment is still pending, the Country Team agrees to consider this CP as "in progress" and the ML advises the PR not to disburse to Litbang until the assessment is completed.</p> <p>The PR subsequently submitted the assessment for Litbang, and further to additional explanation of their previous experience and financial management capacity, the CT communicated approval on June 1, 2012. During the period May - July 2012, the PR further submitted SR assessments for NGO SRs Spiritia, PKBU and IAI. Following LFA and Country Team review, approval of the Spiritia assessment was confirmed by the CT on June 7, and further assessment of PKBU and IAI was required. The PR met these remaining requirements in July 2012, with specific monitoring requested of IAI to ensure their ability to comply with reporting requirements. GF communicated approval of these SR assessments to the PR on Aug 15, 2012. The CP is now considered met.</p> |

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| | Condition Precedent | <p>3. Condition(s) Precedent to Disbursement for Procurement of Health Products (as defined in Article 19 of the Standard Terms and Conditions) (Terminal Date as stated in block 7C of the Face Sheet)</p> <p>The disbursement of Grant funds by the Global Fund to the Principal Recipient or use by the Principal Recipient of Grant funds to finance the procurement of reagents for GenExpert machines, is subject to the delivery by the Principal Recipient to the Global Fund of evidence, in form and substance acceptable to the Global Fund, that the GenExpert machines have been procured.</p> | Procurement | Disbursement | 30.Jun.12 | Met | <p>The GenEXpert machines were procured using resources other than the Grant funds (i.e. USAid through TB Care Project and KNCV). Based on LFA verification of the supporting documents (i.e. invoice, shipping order, and the airway bill) noted that the 17 GenExpert Machines totaling USD 322,262 have been shipped to KNCV Jakarta on 8 September 2012.</p> <p>The PMU Coordinator noted that the PR has received the machines on 17 September 2012. Currently, the machines have been installed in 5 laboratory sites and have been fully operational since March 2012. For the remaining 12 machines, it is expected that they will be installed and fully operational during Semester 3 (i.e. July – December 2012).</p> <p>Hence, we consider the Condition Precedent as Met and the PR is authorized to procure the reagents for these GenEXpert Machines that will be utilized to support the operational of the machine.</p> |
| | Condition Precedent | <p>4. Condition(s) Precedent to Disbursement for the Community System Strengthening Activities</p> <p>The disbursement of Grant funds by the Global Fund to the Principal Recipient to finance the community system strengthening activities for the amount of US\$1,6 million is subject to the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a detailed budget and workplan for the community system strengthening activities proposed by the selected non-governmental organizations.</p> | Others | Disbursement | | Met | <p>The total lump sum amount for the CSS activities in the approved detailed budget amounted to USD 1.6 million. The detailed budget and workplan of the NGOs and the Implementing Units provided by the PR on 2 March 2012 was for USD 1,626,933 (i.e. overbudget of USD 26,933).</p> <p>LFA review resulted in a downward adjustment of USD 217,169 with a recommended budget amounting to USD 1,409,764.</p> <p>These adjustments have been agreed with the PR and were mainly due to the following:</p> <ul style="list-style-type: none"> • Revision to the unit cost for per-diem payments, transportation and accommodation costs in accordance with the Ministry of Finance Decree on Standard Unit Cost 2012. • Deletion of duplicative budget lines for SR activities (e.g. TB Suspect Outreach Activity conducted by Pamali in Q7, Q8, Q9, and Q10). • Deletion of procurement of banners for internal meetings and activities (e.g. Revising PCTC Discussion of Pamali in Q4). • Reduction to the number of activities (i.e. Routine WG Meeting DOTS Prison at National Level in Q3, Q5, Q7 and Q9 for Ditjen Pas) since they are considered excessive. <p>The Global Fund has reviewed the revised detailed budget for the CCS component as submitted by the LFA and found it complete and reasonable. This CP is considered as met.</p> |

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| | Condition Precedent | <p>5. Condition(s) Precedent to Disbursement for the Technical Assistance</p> <p>The disbursement of Grant funds by the Global Fund to the Principal Recipient for the technical assistance on the quality assurance is subject to the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a breakdown of the technical assistance budget for the amount of US\$105,000.</p> | Others | Disbursement | | Met | <p>The PR has provided to the LFA the detailed workplan of the technical assistant budget on 9 March 2012 with a total budget of USD 93,076 (i.e. reduction of USD 11,924 compared to the initial lumpsum amount budget totaling USD 105,000). Based on discussion with the PMU Coordinator and review of the Terms of Reference (TOR) of this activity, the quality assurance test for the First Line Drugs will be conducted by the Indonesian National Agency for Drug and Food Control (i.e. BPOM - Badan Pemeriksaan Obat dan Makanan) in 20 provinces (i.e. 14 provinces will be funded by the Global Fund and 6 provinces will be funded by KNCV). LFA has confirmed that ISO 17025 certification has been secured. Whilst for Second Line Drugs, the quality assurance test will be performed by WHO Prequalified Laboratory in Singapore (i.e TÜV SÜD PSB Pte Ltd). This activity will be implemented during Semester 2.</p> <p>LFA further recommends a total budget of USD 86,506. An additional downward adjustment amounting to USD 6,570 was made due to the PR's inaccuracy in inputting the Standard Unit Costs for per diem allowance.</p> <p>This CP is considered met as of April 2012.</p> |

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| | Condition Precedent | 6. Condition(s) Precedent to Disbursement for TB Prevalence Survey The disbursement of Grant funds by the Global Fund to the Principal Recipient for activities related to the implementation of the TB Prevalence Survey is subject to the approval by the Global Fund of the detailed plan and budget for this activity. The Principal understands and agrees that any savings identified will be decommitted from the Grant funds amount as indicated in Block 8 of the Face Sheet of the Grant Agreement. | Others | Disbursement | | Met | <p>The PR has provided the detailed plan and budget for the implementation of the TB Prevalence Survey. The PR's original budget amounted to USD 4,704,449. However, the final budget provided by the PR which has incorporated the technical advice from the WHO Expert for the Impact Measurement Team (i.e. Dr. Ikushi Onozaki) reduced the budget to USD 4,541,016, because the PR has decreased the number of survey teams from 10 to 7 in total (i.e. 2 teams in Sumatra region, 2 teams in Java-Bali region, and 3 teams in the eastern region of Indonesia) for efficiency purposes.</p> <p>LFA proposed an additional downward adjustment amounting to USD 160,630 because the PR did not revise the other costs (i.e. consultant fee, airfare tickets, per diem payments, accommodation costs, training kits etc) that resulted from the reduction of the number of survey teams from 10 to 7 teams and inaccurately input the standard unit costs for the airfare expenses. The total recommended budget for the TB Prevalence Survey activity amounts to USD 4,380,386. Therefore, the saving of USD 324,063 identified should be de-committed from the Grant funds.</p> <p>The Global Fund considers this CP as met, and the funds have been de-committed through IL dated 24 September 2012.</p> <p>The PR further provided an updated detailed budget for the Prevalence Survey, reallocating some line items based on further guidance from WHO. The budget remained within the overall approval, and the budget revisions were approved by the FPM on April 22, 2013.</p> |
| | Condition Precedent | C. SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT 1. By no later 1 October 2011, (The Implementation Period starting date is 1 July 2011), the Principal Recipient shall deliver to the Global Fund, in form and substance acceptable to the Global Fund the completed Pharmaceutical and Health Product Management Country Profile. | Procurement | | 01.Oct.11 | Met | <p>The Pharmaceutical and Health Product Management Country Profile has been submitted to the Global Fund only on 11 January 2012. The Country Team agreed with the LFA for a postponed submission on May 4, 2012. The LFA submitted the completed Country Profile to the Global Fund on April 27, and the Country Team conveyed approval to the PR and the CCM on May 23. The Country Profile is complete and of high quality.</p> |

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| | Condition Precedent | C. SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT 2. No later than 30 June 2012, the Principal Recipient shall provide to the Global Fund evidence, in form and substance acceptable to the Global Fund, that the Principal Recipient has implemented a functional system for recording and reporting on patient- and inventory-related information system (MIS), including a system for validating, analysing and utilizing the reported information in the management of the Program. | Others | | 31.Jul.13 | In Progress | The PR had developed SITT program as their Management Information System (MIS) and implemented the phase one of the SIIT data base. However the assessment of the system showed that bugs, both major and minor, still exist in the system. We note that since January 2014, PR has started implementing the second phase of SITT. Hence, it is expected that in the next semester, the indicator achievements will be reported through the second phase of SITT. While implementing the second phase of SITT in reporting the indicator achievements the PR need to ensure that the potential errors caused by the bugs in the second phase of SITT do not affect the accuracy and completeness of the reported indicators in the next semester. The full implementation of the Phase 2 of the system will be followed up by revised SC included in the GA for the Phase 2 of this grant. |
| | Condition Precedent | C. SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT 3. No later than 30 June 2013, the Principal Recipient shall provide to the Global Fund evidence, in form and substance acceptable to the Global Fund, that the Principal Recipient has fully implemented the electronic-based TB surveillance system, aimed at improving the reporting system at the Sub-recipients' and sub-sub-recipients' levels. The Principal Recipient understands and agrees that upon implementation of the electronic-based TB surveillance system, the budget for monitoring and evaluating Program activities shall be revised. The Principal Recipient shall submit to the Global Fund the revised budget reflecting the changes above. Any savings identified will be decommitted from the Grant funds amount as indicated in Block 8 of the Face Sheet of the Grant Agreement | Others | | 30.Jun.13 | In Progress | As the PR is still using the first phase of SITT during this semester, regular (manual) activities for monitoring and evaluation the program are still implemented. As indicated in the previous SC the second phase of SITT which will be followed up by a updated SC included in the GA for the Phase 2 of this grant. |
| | Condition Precedent | C. SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT 4. Prior to the disbursement of funds for training during 2011 and every 31 December thereafter for the remainder of the Program Term, the Principal Recipient shall deliver on an annual basis to the Global Fund plan, in form and substance satisfactory to the Global Fund, for the training activities to be conducted under the Program (the "Annual Training Plan"). The Annual Training Plan shall include, but will not be limited to, a detailed budget and assumptions for all training programs under the Program, procedures for the Principal Recipient's financial oversight over expenditures to finance training activities and controls to protect Grant funds for training from the risk of misuse or diversion. | Others | Disbursement | 31.Dec.11 | Met | Training plan until December 2013 was approved with the Semester 2 PUDR. |

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| | Condition Precedent | C. SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT 5. The Principal Recipient understands and agrees that in case funds for the procurement of microscopy reagents and supplies become available from the government of Indonesia, the respective amount will be deducted from the Grant funds amount as indicated in Block 8 of the Face Sheet of the Grant Agreement. | Procurement | | | Met | <p>The budget for the procurement of reagent in Semester 5 amounting USD 1,387,441 has been identified as savings during the forecasting for 2013 budget. , the budget for the procurement of reagent (including other savings identified during the forecasting of 2013 budget) will be de-committed from the grant during Phase 2 signing.</p> <p>Hence,the STC is considered as "Met".</p> |
| | Condition Precedent | C. SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT 6. By no later than 6 months from the effective date of this Agreement, the Principal Recipient shall provide to the Global Fund evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient has identified alternate storage facility at the central level for all Health Products procured with Grant funds that conforms to internationally recognized standards (Good Storage Practices) as set out in Article 19 of the Standard Terms and Conditions. | Others | | 31.Dec.12 | Met | <p>The PR with the assistance of MSH (Management Science Health) and US Pharmacopeia had assessed and selected a storage company (i.e. PT Lautan Jaya Kumala) to store the TB drugs. Based on LFA's general observation to the storage facility of PT Lautan Jaya Kumala during field work on 18 October 2012, the storage facility is in a proper condition and has fulfilled the requirement of internationally recognized standards (Good Storage Practices).</p> <p>However, the contract is only for 3 months and has already expired in 31 October 2012.</p> <p>This Special Term and Condition is considered unmet.</p> <p>Recommendation Following the Global Fund Country Team visit in the early November 2012, we have observed that despite various administrative constraints, there is a potential opportunity to make better use of existing available MOH storage facilities within Jakarta, notably the central Binfar warehouse, which is overall well managed. This should be an alternative to continued outsourcing of storage when the current contract expires.</p> <p>In light of this, and based on the information now provided by the recent assessment of the storage sites, we recommend the PR to urgently extend the current contract to the end of 2012, and then make arrangements through MOH to store the drugs at the Binfar central storage site for the duration of 2013. This site requires only minimal improvements to fully meet good storage practices. Given this new information, the Country Team has agreed to postpone this condition to January 31, 2013.</p> <p>April 2013: This SC is currently met. Updated information from MSH and the PR in April 2013 indicated that the renovations to the MOH central warehouses will not be complete until July or August 2013. The current contract with off-site supplier expires June 30. In order to secure adequate storage conditions, the Country Team advised the PR to extend the existing storage contract to end 2013 upon confirmation that the terms and conditions will remain the same.</p> |

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| | Condition Precedent | C. SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT 7. The parties agree that the Principal Recipient shall take all reasonable measures in order to avoid potentially non-competitive, non-transparent procurement processes and unreasonably higher supplier prices for commodities, which may be due to disclosure of ceiling prices, as required by the Presidential Decree # 54 dated 2010 ("Presidential Decree"). In particular, the Principal recipient shall apply for a waiver under the Presidential Decree, which permits exemption from the requirement to disclose ceiling prices in the event of discord between the Presidential Decree and the policies of a funder. The Principal Recipient shall regularly provide information to the Global Fund with respect to the progress of obtaining the waiver described above. | Others | | | Met | <p>Through the waiver letter from the TB Program Manager No.KU.01.07/III.1/1000/2011 dated 10 June 2011, the PR has instructed the National Procurement team (in charge of procurement above IDR 200,000,000) not to disclose the owner's estimate in the e-Procurement website.</p> <p>The PR did not disclose the owner estimates during the procurement process.</p> <p>Similarly, the PR has also instructed the Procurement Officer (in charge of procurement less than IDR 200,000,000) not to disclose the owner's estimate during the procurement process through waiver letter dated January 2013.</p> <p>Furthermore, current procurement process conducted by the Procurement Officer during Semester 4 noted that the PR did not disclose the owner's estimate during the procurement process. Hence, the STC is considered as "Met".</p> |
| | Condition Precedent | C. SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT 8. No later than 12 months after after the effective date of this Agreement, the Principal Recipient shall establish and maintain during the term of this Agreement a fixed assets register with unique tagging for all assets procured with grant funds at Principal Recipient's and Sub-recipients' levels, and conduct physical verification of fixed assets annually thereafter and provide relevant information to the Global Fund upon request. | M&E | | 30.Jun.13 | In Progress | <p>The following instances were still noted in the current semester review:</p> <ol style="list-style-type: none"> 1. Absence of fixed asset codes tagged on the assets. 2. Absence of fixed asset verifications. 3. Incomplete fixed asset register 4. Outstanding fixed asset management issues from the Grant Closure Plan from Round 5 (e.g. Unrecorded items in Fixed Asset Register, Fixed assets missing). <p>The PR has been reminded of the need to strengthen fixed asset management.</p> |
| | Condition Precedent | C. SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT 9. The Principal Recipient undertakes to use reasonable efforts to find alternative sources of funding for the performance based incentives to the TB health workers (the "Performance Incentives"). The Principal Recipient shall provide reports to the Global Fund evidence demonstrating a steady increase in counter-part financing of the Performance Incentives on an annual basis. Upon confirmation of the availability of the alternative sources of funding the Program budget, as reflected in the Summary Budget attached to this Annex A, shall be revised and the grant amount reduced accordingly. | Finance | | | In Progress | <p>During this reporting semester, the PR was not able to find any alternative sources of funding which could decrease the budget allocation from TGF for performance based incentives to TB health workers for the year 2013. PR's effort to find any alternative source of funding during the semester was only trying to identify whether the available budget from local government in relation to the performance based incentives in 2014 is sufficient to reduce the funding from the Global Fund. However, many of the provinces did not submit the data to the PR and therefore, the PR could not manage to find alternative source of funding.</p> |
| | Condition Precedent | C. SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT 10. No later than 30 June 2013, the Principal Recipient shall provide to the Global Fund evidence, in form and substance acceptable to the Global Fund, that the Principal Recipient's remuneration scheme is aligned with the Global Fund Budgeting Guidelines. | | | 30.Jun.14 | In Progress | <p>The salary survey undertaken by the Hay Group has been completed. However, PR was not able to take any action as the report was not completed based on the agreed ToR. Both CCM and TGF are still discussing with the Hay Group to ensure that the Hay Group re-submits the report based on the agreed ToR. Until then, PR is not able to take any action to address this issue.</p> <p>The STC is, therefore, extended until 30 June 2014</p> |

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| CP # | CP Type | Condition Precedent | Functional Area | Tied To | Terminal Date | Is currently met? | Comments |
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| | Condition Precedent | <p>C. SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>11. The transfer of Grant funds by the Global Fund to the Principal Recipient or use of Grant funds by the Principal Recipient to finance the renovation of selected DST / culture laboratories ("Renovation Activities") is subject to satisfaction of each of the following conditions:</p> <p>a) the written approval by the Global Fund of the qualified independent supervisory/design engineering firm (the "Independent Engineer") selected by the Principal Recipient in accordance with its procurement policies;</p> <p>b) with respect to the first transfer of Grant funds for Renovation Activities, the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a detailed budget and work plan for the Renovation Activities to be performed at the relevant site, with detailed assumptions including, where applicable, site assessment reports, architectural plans, appropriate technical costing documents, detailed bills of quantity and architectural estimates, reviewed and recommended by the Independent Engineer; and</p> <p>c) with respect to each subsequent transfer or use of Grant funds for Renovation Activities, the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a progress report reviewed and recommended by the Independent Engineer, which shall include, without limitation, (i) the work performed during the preceding period and all construction milestones achieved, (ii) a description of the work not yet performed, if any, necessary to meet the renovation schedule, and (iii) a description of the work and the related construction milestones anticipated to be performed or achieved during the next period.</p> | Finance | Disbursement | | In Progress | <p>The funds for the renovation of DST laboratories have been fully transferred by TGF to the PR during the 2013 disbursement. Status is as follows:</p> <ul style="list-style-type: none"> • PR has appointed PT Biohaztec as the independent supervisory/design engineering firm. GF approved PT Biohaztec as the independent supervisory firms subject to contract. • PT Biohaztec, as the independent engineering firm, has performed site assessments on the 4 selected laboratories and has prepared the BoQ and detailed architectural design for the renovations. • As of now, the renovations have not been started since the contract with the vendor (PT BBW and partner, PT Gama Teknika) has not been finalized. The PR has been reminded to send us an update on the status of signing contract agreement for Laboratory renovation with the identified (and approved) suppliers (PT BBW and partner, PT Gama Teknika). |

2. Key Grant Performance Information

2.1. Program Impact and Outcome Indicators

| Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 | Year 11 | Year 12 | Year 13 | Year 14 | Year 15 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|---------|
| 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 |

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

| Impact indicator | TB prevalence rate | | | | | | | | | | | | | |
|------------------|--------------------|--|--|--|--|--|--|------|--|--|--|--|--|--|
| | Baselines | | | | | | | | | | | | | |
| | Value | | | | | | | Year | | | | | | |
| | 285 | | | | | | | 2009 | | | | | | |

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 | Year 11 | Year 12 | Year 13 | Year 14 | Year 15 |
|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|---------|
| Target | 272 | 268 | 266 | | | | | | | | | | | | |
| Result | 281 | 297 | | | | | | | | | | | | | |
| Data source of Results | | | | | | | | | | | | | | | |

| Impact indicator | TB mortality rate | | | | | | | | | | | | | |
|------------------|-------------------|--|--|--|--|--|--|------|--|--|--|--|--|--|
| | Baselines | | | | | | | | | | | | | |
| | Value | | | | | | | Year | | | | | | |
| | 27 | | | | | | | 2009 | | | | | | |

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 | Year 11 | Year 12 | Year 13 | Year 14 | Year 15 |
|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|---------|
| Target | 27 | 27 | 27 | | | | | | | | | | | | |
| Result | 27 | 27 | | | | | | | | | | | | | |
| Data source of Results | | | | | | | | | | | | | | | |

Goal 2 Improve access to quality DOTS services by expanding community networks and strengthening health systems in order to reduce morbidity and mortality of TB and MDR-TB

| | | | | | | | | | | | | | | | |
|-------------------|---------------------------------------|--|--|--|--|--|--|--|--|--|-----------|------|--|--|--|
| Outcome indicator | Notification rate: all forms TB cases | | | | | | | | | | Baselines | | | | |
| | | | | | | | | | | | Value | Year | | | |
| | | | | | | | | | | | 126 | 2010 | | | |

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 | Year 11 | Year 12 | Year 13 | Year 14 | Year 15 |
|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|---------|
| Target | 138 | 138 | 152 | | | | | | | | | | | | |
| Result | 134 | 133 | | | | | | | | | | | | | |
| Data source of Results | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|-------------------|------------------------------------------------|--|--|--|--|--|--|--|--|--|-----------|------|--|--|--|
| Outcome indicator | Notification rate: new smear positive TB cases | | | | | | | | | | Baselines | | | | |
| | | | | | | | | | | | Value | Year | | | |
| | | | | | | | | | | | 76 | 2010 | | | |

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 | Year 11 | Year 12 | Year 13 | Year 14 | Year 15 |
|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|---------|
| Target | 78 | 81 | 84 | | | | | | | | | | | | |
| Result | 82 | 82 | | | | | | | | | | | | | |
| Data source of Results | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|-------------------|------------------------|--|--|--|--|--|--|--|--|--|-----------|------|--|--|--|
| Outcome indicator | Treatment success rate | | | | | | | | | | Baselines | | | | |
| | | | | | | | | | | | Value | Year | | | |
| | | | | | | | | | | | 88 | 2009 | | | |

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 | Year 11 | Year 12 | Year 13 | Year 14 | Year 15 |
|------------------------|--------------------------|--------------------|--------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Target | N: D: P: 90% | 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: 88 D: 90 P: 98% | 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: % | N: D: P: % |
| Data source of Results | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|-------------------|-------------------------------------------|--|--|--|--|--|--|--|--|--|-----------|------|--|--|--|
| Outcome indicator | Male to female ratio of all notified case | | | | | | | | | | Baselines | | | | |
| | | | | | | | | | | | Value | Year | | | |
| | | | | | | | | | | | 1.4 | 2009 | | | |

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

2.2. Programmatic Performance

2.2.1. Reporting Periods

| | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 |
|-----|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| N/A | 01.Jul.11 31.Dec.11 | 01.Jan.12 30.Jun.12 | 01.Jul.12 31.Dec.12 | 01.Jan.13 30.Jun.13 | 01.Jul.13 31.Dec.13 | 01.Jan.14 30.Jun.14 | 01.Jul.14 31.Dec.14 | 01.Jan.15 30.Jun.15 |

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

High Quality DOTS

Indicator 1.1 - Number of new smear positive TB cases notified

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) |
|------------------------------------|-----------------|------|----------------------------|------------------------------|
| | Value | Year | | |
| Level 0-Process/Activity Indicator | 181040 (61%) | 2010 | Y | N |

| | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 |
|--------|----------|----------|----------|----------|----------|----------|----------|----------|
| Target | 185,459 | 97,651 | 195,302 | 102,400 | 204,801 | | | |
| Result | 197,459 | 101,473 | 196,124 | 92,964 | 195,451 | | | |

| | Period 9 | Period 10 | Period 11 | Period 12 | Period 13 | Period 14 | Period 15 | Period 16 |
|--------|--------------------|--------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Target | N: D: P: 56% | N: D: P: 56% | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % |
| Result | | | | | | | | |

Indicator 1.2 - Number and percentage of new smear positive TB cases successfully treated

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) |
|------------------------------------|------------------------------------|------|----------------------------|------------------------------|
| | Value | Year | | |
| Level 0-Process/Activity Indicator | 151,718 / 169,213 (89,7%) | 2009 | Y | N |

| | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 |
|--------|------------------------------------|----------------------------------|--------------------|-----------------------------------|--------------------|------------------|------------------|------------------|
| Target | N: D: P: 90% | N: D: P: 90% | N: D: P: 90% | N: D: P: 90% | N: D: P: 90% | N: D: P: % | N: D: P: % | N: D: P: % |
| Result | N: 160,133 D: 186,610 P: 86% | N: 89,810 D: 99,116 P: 91% | N: D: P: 88% | N: 80,781 D: 102,630 P: 79% | N: D: P: 90% | N: D: P: % | N: D: P: % | N: D: P: % |

Improving diagnosis

Indicator 1.3 - Number of TB cases notified: all forms

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) |
|------------------------------------|----------------------------------------------------------------|-------------|----------------------------|------------------------------|
| | Value | Year | | |
| Level 0-Process/Activity Indicator | 298,857 / 237,641, 326 (126 per 100,000 pop) | Dec 2010 | Y | N |

| | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 |
|--------|----------|----------|----------|----------|----------|----------|----------|----------|
| Target | 327,296 | 176,835 | 347,670 | 183,678 | 367,356 | | | |
| Result | 317,560 | 166,074 | 321,018 | 154,976 | 326,271 | | | |

HSS: Health Workforce

Indicator 1.4 - Number of hospitals involved in PPM (Public Private Mixed)/ISTC (International Standard Tuberculosis)

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) | | | | | | | | | | | | | |
|----------|----------|----------|----------------------------|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|--|--|--|--|--|
| | Value | Year | | | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 | | | | | |
| No Level | 630 | Dec 2010 | N | N | | | | | | | | | | | | | |
| Target | | 326 | 462 | 599 | 735 | | | | | | | | | | | | |
| Result | | 514 | 744 | 759 | 770 | | | | | | | | | | | | |

HSS: Service delivery

Indicator 1.5 - Number of new smear-positive TB patients notified by hospitals involved on TB Program (Government, Private, etc)

| | 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 | 18,089/181,040 (10%) | 2010 | Top 10 Equ. | N | | | | | | | | | | | | | |
| Target | 18,546 | 9,765 | 19,530 | 20,480 | 40,960 | | | | | | | | | | | | |
| Result | 23,443 | 13,343 | 26,213 | 12,851 | 31,654 | | | | | | | | | | | | |

HSS: Medical Products, Vaccines and Technology

Indicator 1.6 - Number and Percentage of district 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 | | | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 | | | | | |
| Level 0-Process/Activity Indicator | 380/502 (76%) | Dec 2010 | N | N | | | | | | | | | | | | | |
| Target | N: 427 D: 502 P: 85% | N: 427 D: 502 P: 85% | N: 427 D: 502 P: 85% | N: 452 D: 502 P: 90% | N: 452 D: 502 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: 465 D: 502 P: 93% | N: 468 D: 502 P: 93% | N: 440 D: 502 P: 88% | N: 397 D: 502 P: 79% | N: 338 D: 502 P: 67% | 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: % |

Objective 2 - Improved access to quality DOTS and PMDT Services for all TB patients with focus on vulnerable populations

High-risk groups

Indicator 2.1 - Number of all TB patients reported in prisons

| | 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 0-Process/Activity Indicator | 227 | 2010 | Top 10 Equ. | N | | | | | | | | | | | | |
| Target | 895 | 515 | 1,030 | 586 | 1,172 | | | | | | | | | | | |
| Result | 757 | 497 | 697 | 441 | 1,027 | | | | | | | | | | | |

TB/HIV

Indicator 2.2 - Number and percentage of HIV-positive TB patients who start on or continue previously initiated ART, during or at the end of TB treatment, among all HIV-positive TB patients registered over a given time period

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) | | | | | | | | | | | | |
|----------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | Value | Year | | | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 | | | | |
| No Level | 894/2484 (36%) | 2010 | Top 10 Equ. | N | | | | | | | | | | | | |
| Target | N: 1,454 D: 3,634 P: 40% | N: 1,254 D: 2,090 P: 60% | N: 2,508 D: 4,180 P: 60% | N: 1,755 D: 2,508 P: 70% | N: 3,511 D: 5,015 P: 70% | N: % D: % P: % | N: % D: % P: % | N: % D: % P: % | N: % D: % P: % | N: % D: % P: % | N: % D: % P: % | N: % D: % P: % | N: % D: % P: % | N: % D: % P: % | N: % D: % P: % | N: % D: % P: % |
| Result | N: 1,272 D: 2,704 P: 47% | N: 540 D: 1,445 P: 37% | N: 1,060 D: 2,813 P: 38% | N: 486 D: 978 P: 50% | N: 992 D: 2,003 P: 50% | N: % D: % P: % | N: % D: % P: % | N: % D: % P: % | N: % D: % P: % | N: % D: % P: % | N: % D: % P: % | N: % D: % P: % | N: % D: % P: % | N: % D: % P: % | N: % D: % P: % | N: % D: % P: % |

Indicator 2.3 - Number and percentage 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 | | | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 | | | | |
| Level 3-People reached | 3,149 (1% - 3,149/298,857) | 2010 | Top 10 Equ. | N | | | | | | | | | | | | |
| Target | N: % D: % P: 1% | N: % D: % P: 1% | N: % D: % P: 1% | N: % D: % P: 1% | N: % D: % P: 1% | 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: 3,695 D: 317,560 P: 1% | N: 2,006 D: 166,074 P: 1% | N: 4,325 D: 321,018 P: 1% | N: 2,235 D: 166,074 P: 1% | N: % D: % P: 2% | 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: % |

MDR-TB

Indicator 2.4 - Number of lab-confirmed MDR TB patients enrolled in SLD 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 | | | | |
| No Level | 252 | May 2011 | Top 10 Equ. | N | | | | | | | | | | | | |
| Target | 700 | 300 | 900 | 600 | 1,800 | | | | | | | | | | | |
| Result | 479 | 193 | 435 | 472 | 816 | | | | | | | | | | | |

Indicator 2.5 - Number and percentage of MDR-TB cases initiated on a secondline anti-TB treatment who have a negative culture at the end of 6 months of treatment during the specified period of assessment.

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) | | | | | | | | | | | | |
|----------|--------------------------|---------------------------|----------------------------|------------------------------|----------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| | Value | Year | | | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 | | | | |
| No Level | 97/138 (70%) | May 2011 | Top 10 Equ. | N | | | | | | | | | | | | |
| Target | N: D: P: 70% | N: D: P: 70% | N: D: P: 70% | N: D: P: 70% | N: D: P: 70% | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % |
| Result | N: 72 D: 92 P: 78% | N: 91 D: 125 P: 73% | N: 180 D: 274 P: 66% | N: 111 D: 228 P: 49% | N: 355 D: 555 P: 64% | 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: % |

Objective 3 - Strengthened health systems with focus on quality service delivery, human resource development, MIS and PSM systems**HSS: Service delivery**

Indicator 3.1 - 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 | | | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 | | | | | | |
| Level 0-Process/Activity Indicator | 1,174/1,582 (74%) | Dec 2010 | N | N | | | | | | | | | | | | | | |
| Target | N: 80% D: P: 80% | N: 80% D: P: 80% | N: 80% D: P: 80% | N: 80% D: P: 80% | N: 80% D: P: 80% | N: 80% D: P: 80% | N: 80% D: P: 80% | N: 80% D: P: 80% | N: 80% D: P: 80% | N: 80% D: P: 80% | N: 80% D: P: 80% | N: 80% D: P: 80% | N: 80% D: P: 80% | N: 80% D: P: 80% | N: 80% D: P: 80% | N: 80% D: P: 80% | N: 80% D: P: 80% | N: 80% D: P: 80% |
| Result | N: 1,848 D: 2,419 P: 76% | N: 1,547 D: 2,132 P: 73% | N: 1,609 D: 2,224 P: 72% | N: 1,393 D: 1,909 P: 73% | N: 1,421 D: 2,064 P: 69% | N: 1,421 D: 2,064 P: 69% | N: 1,421 D: 2,064 P: 69% | N: 1,421 D: 2,064 P: 69% | N: 1,421 D: 2,064 P: 69% | N: 1,421 D: 2,064 P: 69% | N: 1,421 D: 2,064 P: 69% | N: 1,421 D: 2,064 P: 69% | N: 1,421 D: 2,064 P: 69% | N: 1,421 D: 2,064 P: 69% | N: 1,421 D: 2,064 P: 69% | N: 1,421 D: 2,064 P: 69% | N: 1,421 D: 2,064 P: 69% | N: 1,421 D: 2,064 P: 69% |

HSS: Health Workforce

Indicator 3.2 - Number of health workers trained for providing TB services

| | 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 | 2468 | 2009 | Y | Y | | | | | | | | | | | | | | |
| Target | 882 | 2,016 | 1,978 | 1,978 | 1,595 | | | | | | | | | | | | | |
| Result | 795 | 1,931 | 2,006 | 1,765 | 1,774 | | | | | | | | | | | | | |

M&E

Indicator 3.3 - Number and percentage of districts submitting complete and valid 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 0-Process/Activity Indicator | 271/502 (54%) | 2010 | N | N | | | | | | | | | | | | | | |
| Target | N: 303 D: 502 P: 60% | N: 316 D: 502 P: 63% | N: 316 D: 502 P: 63% | N: 351 D: 502 P: 70% | N: 402 D: 502 P: 80% | N: 402 D: 502 P: 80% | N: 402 D: 502 P: 80% | N: 402 D: 502 P: 80% | N: 402 D: 502 P: 80% | N: 402 D: 502 P: 80% | N: 402 D: 502 P: 80% | N: 402 D: 502 P: 80% | N: 402 D: 502 P: 80% | N: 402 D: 502 P: 80% | N: 402 D: 502 P: 80% | N: 402 D: 502 P: 80% | N: 402 D: 502 P: 80% | N: 402 D: 502 P: 80% |
| Result | N: 372 D: 502 P: 74% | N: 343 D: 502 P: 68% | N: 342 D: 502 P: 68% | N: 338 D: 502 P: 67% | N: 325 D: 502 P: 65% | N: 325 D: 502 P: 65% | N: 325 D: 502 P: 65% | N: 325 D: 502 P: 65% | N: 325 D: 502 P: 65% | N: 325 D: 502 P: 65% | N: 325 D: 502 P: 65% | N: 325 D: 502 P: 65% | N: 325 D: 502 P: 65% | N: 325 D: 502 P: 65% | N: 325 D: 502 P: 65% | N: 325 D: 502 P: 65% | N: 325 D: 502 P: 65% | N: 325 D: 502 P: 65% |

Indicator 3.4 - Number and percentage of health facilities supervised out of total number of health facilities with written report.

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) | | | | | | | | | | | | | | |
|----------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| | Value | Year | | | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 | | | | | | |
| No Level | 4615/10491 (44%) | 01/12/2010 | N | N | | | | | | | | | | | | | | |
| Target | N: 5,075 D: 10,150 P: 50% | N: 5,075 D: 10,150 P: 50% | N: 5,075 D: 10,150 P: 50% | N: 5,075 D: 10,150 P: 50% | N: 5,075 D: 10,150 P: 50% | N: 5,075 D: 10,150 P: 50% | N: 5,075 D: 10,150 P: 50% | N: 5,075 D: 10,150 P: 50% | N: 5,075 D: 10,150 P: 50% | N: 5,075 D: 10,150 P: 50% | N: 5,075 D: 10,150 P: 50% | N: 5,075 D: 10,150 P: 50% | N: 5,075 D: 10,150 P: 50% | N: 5,075 D: 10,150 P: 50% | N: 5,075 D: 10,150 P: 50% | N: 5,075 D: 10,150 P: 50% | N: 5,075 D: 10,150 P: 50% | N: 5,075 D: 10,150 P: 50% |
| Result | N: 3,224 D: 10,150 P: 32% | N: 3,111 D: 10,150 P: 31% | N: 3,216 D: 10,150 P: 32% | N: 3,246 D: 10,150 P: 32% | N: 2,991 D: 10,150 P: 30% | N: 2,991 D: 10,150 P: 30% | N: 2,991 D: 10,150 P: 30% | N: 2,991 D: 10,150 P: 30% | N: 2,991 D: 10,150 P: 30% | N: 2,991 D: 10,150 P: 30% | N: 2,991 D: 10,150 P: 30% | N: 2,991 D: 10,150 P: 30% | N: 2,991 D: 10,150 P: 30% | N: 2,991 D: 10,150 P: 30% | N: 2,991 D: 10,150 P: 30% | N: 2,991 D: 10,150 P: 30% | N: 2,991 D: 10,150 P: 30% | N: 2,991 D: 10,150 P: 30% |

Objective 4 - Strengthened community systems through mobilization, capacitybuilding and improved coordination with NGOs

CSS: Building community linkages, collaboration and coordination

Indicator 4.1 - Number of community based organisations that deliver services for prevention, care or treatment and that have a functional referral and feedback system in place

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) |
|------------------------------------|----------|------|----------------------------|------------------------------|
| | Value | Year | | |
| Level 0-Process/Activity Indicator | NA | NA | N | N |

| | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 |
|--------|----------|----------|----------|----------|----------|----------|----------|----------|
| Target | 4 | 4 | 6 | 10 | 16 | | | |
| Result | 4 | 4 | 7 | 9 | 13 | | | |

2.2.3. Cumulative Progress To Date

Latest reporting due period : 5 (01.Jul.13 - 31.Dec.13)

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

| | |
|------------|-------------------|
| SDA | High Quality DOTS |
|------------|-------------------|

Indicator 1.1 - Number of new smear positive TB cases notified

| | Target | | Result | | 0% | 30% | 60% | 90% | 100% | |
|------------------------------------|--------|---------|--------|---------|----|-----|-----|-----|------|--|
| | Period | Value | Period | Value | | | | | | |
| Level 0-Process/Activity Indicator | 5 | 204,801 | 5 | 195,451 | | | | | 95% | |

Indicator 1.2 - Number and percentage of new smear positive TB cases successfully treated

| | Target | | Result | | 0% | 30% | 60% | 90% | 100% | |
|------------------------------------|--------|---------------------|--------|---------------------|----|-----|-----|-----|------|--|
| | Period | Value | Period | Value | | | | | | |
| Level 0-Process/Activity Indicator | 5 | N: D: P: 90 % | 5 | N: D: P: 90 % | | | | | 100% | |

| | |
|------------|---------------------|
| SDA | Improving diagnosis |
|------------|---------------------|

Indicator 1.3 - Number of TB cases notified: all forms

| | Target | | Result | | 0% | 30% | 60% | 90% | 100% | |
|------------------------------------|--------|---------|--------|---------|----|-----|-----|-----|------|--|
| | Period | Value | Period | Value | | | | | | |
| Level 0-Process/Activity Indicator | 5 | 367,356 | 5 | 326,271 | | | | | 89% | |

| | |
|------------|-----------------------|
| SDA | HSS: Health Workforce |
|------------|-----------------------|

Indicator 1.4 - Number of hospitals involved in PPM (Public Private Mixed)/ISTC (International Standard Tuberculosis)

| | Target | | Result | | 0% | 30% | 60% | 90% | 100% | |
|----------|--------|-------|--------|-------|----|-----|-----|-----|------|--|
| | Period | Value | Period | Value | | | | | | |
| No Level | 5 | 735 | 5 | 770 | | | | | 105% | |

| | |
|------------|-----------------------|
| SDA | HSS: Service delivery |
|------------|-----------------------|

Indicator 1.5 - Number of new smear-positive TB patients notified by hospitals involved on TB Program (Government, Private, etc)

| | Target | | Result | | 0% | 30% | 60% | 90% | 100% | |
|------------------------|--------|--------|--------|--------|----|-----|-----|-----|------|--|
| | Period | Value | Period | Value | | | | | | |
| Level 3-People reached | 5 | 40,960 | 5 | 31,654 | | | | | 77% | |

| | |
|------------|------------------------------------------------|
| SDA | HSS: Medical Products, Vaccines and Technology |
|------------|------------------------------------------------|

Indicator 1.6 - Number and Percentage of district that reported no stock out in first line drugs on last day of the quarter.

| | Target | | Result | | 0% | 30% | 60% | 90% | 100% | |
|------------------------------------|--------|-----------------------------|--------|-------------------------------|----|-----|-----|-----|------|--|
| | Period | Value | Period | Value | | | | | | |
| Level 0-Process/Activity Indicator | 5 | N: 452 D: 502 P: 90 % | 5 | N: 338 D: 502 P: 67.3 % | | | | | 75% | |

Objective 2 Improved access to quality DOTS and PMDT Services for all TB patients with focus on vulnerable populations

SDA High-risk groups

Indicator 2.1 - Number of all TB patients reported in prisons

| | Target | | Result | | Progress | | | | | |
|------------------------------------|--------|-------|--------|-------|----------|-----|-----|-----|------|-----|
| | Period | Value | Period | Value | 0% | 30% | 60% | 90% | 100% | |
| Level 0-Process/Activity Indicator | 5 | 1,172 | 5 | 1,027 | | | | | | 88% |

SDA TB/HIV

Indicator 2.2 - Number and percentage of HIV-positive TB patients who start on or continue previously initiated ART, during or at the end of TB treatment, among all HIV-positive TB patients registered over a given time period

| | Target | | Result | | Progress | | | | | |
|----------|--------|---------------------------------|--------|---------------------------------|----------|-----|-----|-----|------|-----|
| | Period | Value | Period | Value | 0% | 30% | 60% | 90% | 100% | |
| No Level | 5 | N: 3,511 D: 5,015 P: 70 % | 5 | N: 992 D: 2,003 P: 49.5 % | | | | | | 71% |

Indicator 2.3 - Number and percentage of TB patients who had an HIV test result recorded in the TB register among the total number of registered TB patients

| | Target | | Result | | Progress | | | | | |
|------------------------|--------|----------------------|--------|----------------------|----------|-----|-----|-----|------|------|
| | Period | Value | Period | Value | 0% | 30% | 60% | 90% | 100% | |
| Level 3-People reached | 5 | N: D: P: 1.4 % | 5 | N: D: P: 1.6 % | | | | | | 114% |

SDA MDR-TB

Indicator 2.4 - Number of lab-confirmed MDR TB patients enrolled in SLD treatment

| | Target | | Result | | Progress | | | | | |
|----------|--------|-------|--------|-------|----------|-----|-----|-----|------|-----|
| | Period | Value | Period | Value | 0% | 30% | 60% | 90% | 100% | |
| No Level | 5 | 1,800 | 5 | 816 | | | | | | 45% |

Indicator 2.5 - Number and percentage of MDR-TB cases initiated on a secondline anti-TB treatment who have a negative culture at the end of 6 months of treatment during the specified period of assessment.

| | Target | | Result | | Progress | | | | | |
|----------|--------|---------------------|--------|-----------------------------|----------|-----|-----|-----|------|-----|
| | Period | Value | Period | Value | 0% | 30% | 60% | 90% | 100% | |
| No Level | 5 | N: D: P: 70 % | 5 | N: 355 D: 555 P: 64 % | | | | | | 91% |

Objective 3 Strengthened health systems with focus on quality service delivery, human resource development, MIS and PSM systems

SDA HSS: Service delivery

Indicator 3.1 - 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 0-Process/Activity Indicator | 5 | N: 1,421 D: 2,064 P: 80 % | 5 | N: 1,421 D: 2,064 P: 68.8 % | | | | | | 86% |

SDA HSS: Health Workforce

Indicator 3.2 - Number of health workers trained for providing TB services

| | Target | | Result | | Progress | | | | | |
|------------------------|--------|-------|--------|-------|----------|-----|-----|-----|------|------|
| | Period | Value | Period | Value | 0% | 30% | 60% | 90% | 100% | |
| Level 1-People trained | 5 | 1,595 | 5 | 1,774 | | | | | | 111% |

SDA M&E

Indicator 3.3 - Number and percentage of districts submitting complete and valid reports according to national guidelines

| | Target | | Result | | Progress | | | | | |
|------------------------------------|--------|-------------------------------|--------|-------------------------------|----------|-----|-----|-----|------|-----|
| | Period | Value | Period | Value | 0% | 30% | 60% | 90% | 100% | |
| Level 0-Process/Activity Indicator | 5 | N: 402 D: 502 P: 80.1 % | 5 | N: 325 D: 502 P: 64.7 % | | | | | | 81% |

Indicator 3.4 - Number and percentage of health facilities supervised out of total number of health facilities with written report.

| | Target | | Result | | Progress | | | | | |
|----------|--------|----------------------------------|--------|------------------------------------|----------|-----|-----|-----|------|-----|
| | Period | Value | Period | Value | 0% | 30% | 60% | 90% | 100% | |
| No Level | 5 | N: 5,075 D: 10,150 P: 50 % | 5 | N: 2,991 D: 10,150 P: 29.5 % | | | | | | 59% |

Objective 4 Strengthened community systems through mobilization, capacitybuilding and improved coordination with NGOs

SDA CSS: Building community linkages, collaboration and coordination

Indicator 4.1 - Number of community based organisations that deliver services for prevention, care or treatment and that have a functional referral and feedback system in place

| | Target | | Result | | Progress | | | | | |
|------------------------------------|--------|-------|--------|-------|----------|-----|-----|-----|------|-----|
| | Period | Value | Period | Value | 0% | 30% | 60% | 90% | 100% | |
| Level 0-Process/Activity Indicator | 5 | 16 | 5 | 13 | | | | | | 81% |

2.3. Financial Performance

2.3.1. Grant Financial Key Performance Indicators (KPIs)

| | | | |
|-----------------------------------------------------|-----------|------------------------------|---------------|
| Grant Duration (months) | 60 months | Grant Amount | 65,294,966 \$ |
| % Time Elapsed (as of end date of the latest PU) | 50% | % disbursed by TGF (to date) | 79% |
| Time Remaining (as of end date of the latest PU) | 30 months | Disbursed by TGF (to date) | 51,800,513 \$ |
| Expenditures Rate (as of end date of the latest PU) | 57% | Funds Remaining (to date) | 13,494,453 \$ |

2.3.2. Program Budget

| | Budget Period 1 | Budget Period 2 | Budget Period 3 | Budget Period 4 | Budget Period 5 | Budget Period 6 | Budget Period 7 | Budget Period 8 |
|----------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Period Covered From: | 01.Jul.11 | 01.Oct.11 | 01.Jan.12 | 01.Apr.12 | 01.Jul.12 | 01.Oct.12 | 01.Jan.13 | 01.Apr.13 |
| Period Covered To: | 30.Sep.11 | 31.Dec.11 | 31.Mar.12 | 30.Jun.12 | 30.Sep.12 | 31.Dec.12 | 31.Mar.13 | 30.Jun.13 |
| Currency: | USD | USD | USD | USD | USD | USD | USD | USD |
| Cumulative Budget Through: | 6,812,675 | 11,689,801 | 18,319,903 | 23,139,069 | 34,027,945 | 43,343,271 | 49,900,231 | 53,847,579 |
| Summary Period Budget: | 6,812,675 | 4,877,126 | 6,630,102 | 4,819,166 | 10,888,876 | 9,315,326 | 6,556,960 | 3,947,348 |

Expenditure Categories

Program Activities

Implementing Entities

| | Budget Period 9 | Budget Period 10 | Budget Period 11 | Budget Period 12 | Budget Period 13 | Budget Period 14 | Budget Period 15 | Budget Period 16 |
|----------------------------|-----------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Period Covered From: | 01.Jul.13 | 01.Oct.13 | 01.Jan.14 | 01.Apr.14 | 01.Jul.14 | 01.Oct.14 | 01.Jan.15 | 01.Apr.15 |
| Period Covered To: | 30.Sep.13 | 31.Dec.13 | 31.Mar.14 | 30.Jun.14 | 30.Sep.14 | 31.Dec.14 | 31.Mar.15 | 30.Jun.15 |
| Currency: | USD | USD | USD | USD | USD | USD | USD | USD |
| Cumulative Budget Through: | 66,588,517 | 72,168,612 | 83,762,085 | 89,549,329 | 93,880,742 | 97,407,843 | 108,720,637 | 111,599,260 |
| Summary Period Budget: | 12,740,938 | 5,580,095 | 11,593,473 | 5,787,244 | 4,331,413 | 3,527,101 | 11,312,794 | 2,878,623 |

Expenditure Categories

Program Activities

Implementing Entities

| | Budget Period 17 | Budget Period 18 | Budget Period 19 | Budget Period 20 | Budget Period 21 | Budget Period 22 | Budget Period 23 | Budget Period 24 |
|----------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Period Covered From: | 01.Jul.15 | 01.Oct.15 | 01.Jan.16 | 01.Apr.16 | 01.Jul.16 | 01.Oct.16 | 01.Jan.17 | 01.Apr.17 |
| Period Covered To: | 30.Sep.15 | 31.Dec.15 | 31.Mar.16 | 30.Jun.16 | 30.Sep.16 | 31.Dec.16 | 31.Mar.17 | 30.Jun.17 |
| Currency: | USD | USD | USD | USD | USD | USD | USD | USD |
| Cumulative Budget Through: | 115,202,287 | 118,274,616 | 126,330,315 | 128,712,722 | 128,712,722 | 128,712,722 | 128,712,722 | 128,712,722 |
| Summary Period Budget: | 3,603,027 | 3,072,329 | 8,055,699 | 2,382,407 | | | | |

Expenditure Categories

Program Activities

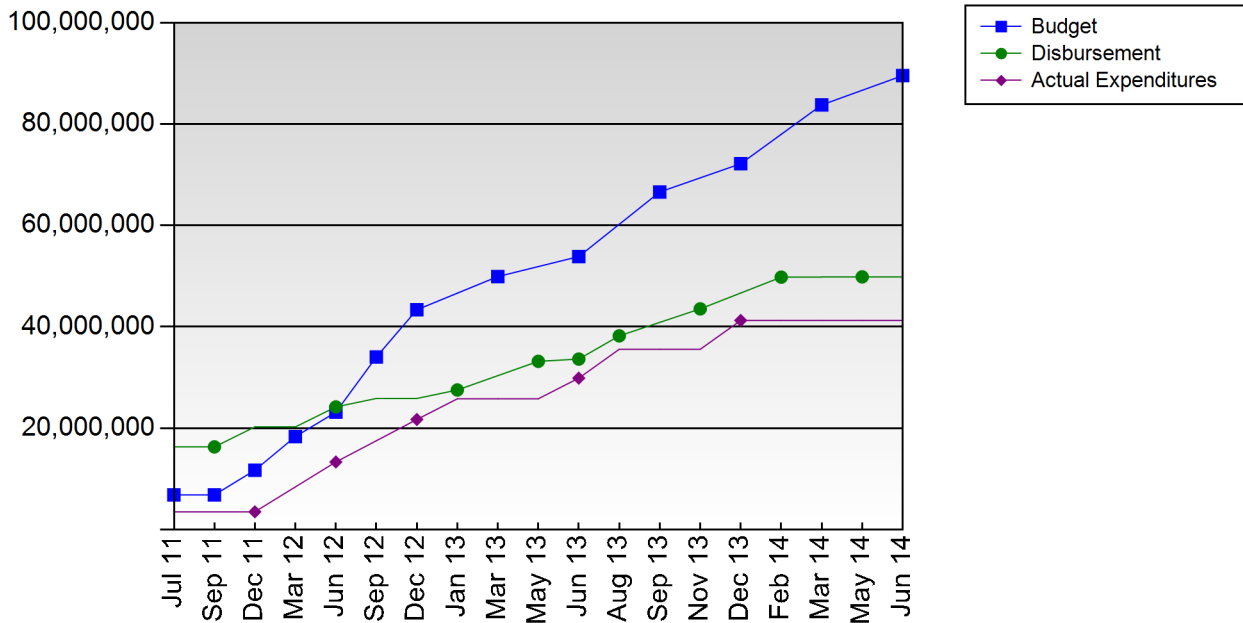
Implementing Entities

- Comments and additional information

2.3.3. Program Expenditures

| Period PU5: 01.Jul.13 - 31.Dec.13 | Actual Cash Outflow | Cumulative Budget | Cumulative Cash Outflow | Variance | Reason for variance |
|-----------------------------------------------------------------------|---------------------|-------------------|-------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Total cash outflow vs. budget | \$ 11,381,555 | \$ 72,168,612 | \$ 41,239,190 | \$ 30,929,422 | |
| 1a. PR's Total expenditure | \$ 2,330,615 | | \$ 11,965,824 | | |
| 1b. Disbursements to sub-recipients | \$ 6,426,392 | | \$ 26,648,818 | | |
| 1c. Expenditure Adjustments | \$ 2,624,548 | | \$ 2,624,548 | | Reason for adjustments |
| 2. Pharmaceuticals & Health Product expenditures vs budget | \$ 21,428 | | \$ 4,061,004 | | Adjustment in cumulative cash outflow as per LFA verified PUDR from semester 5 (July-December 2013). From PU 5, the LFA changed the cash outflow reporting method. As per the new approach, the LFA started reporting the cash outflow as PR expenditure + disbursement to SRs , as opposed to SR expenditures in earlier semesters. |
| 2a. Medicines & pharmaceutical products | | | \$ 829,976 | | |
| 2b. Health products and health equipment | \$ 21,428 | | \$ 3,231,028 | | |

2.3.4. Cumulative Program Budget, Expenditures and Disbursement to Date



2.4. Progress Update and Disbursement Information

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

| Progress Updates | | | | | Disbursement Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 01.Jul.11 - | | N/A | 1 | 01.Jul.11 - 31.Mar.12 | 18,573,561 | \$ 16,285,901 | 30 Sep 2011 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Summary of Progress | | | | | Reasons for variance between PR Request and Actual Disbursement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This is the first disbursement under this grant. | | | | | This is the first disbursement under this grant. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Progress Updates | | | | | Disbursement Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 01.Jul.11 - 31.Dec.11 | | A1 | 2 | 01.Jan.12 - 30.Sep.12 | 17,792,480 | \$ 7,890,615 | 12 Jun 2012 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Summary of Progress | | | | | Reasons for variance between PR Request and Actual Disbursement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Achievement of cumulative programmatic progress:</p> <p>Out of 16 indicators, the PR has exceeded the cumulative targets for 7 indicators, has met 100% of the cumulative target for 1 indicator, has met more than 80% of cumulative targets for 5 indicators and 2 indicators had 64% and 68% achievement. 1 indicator will be only applicable in Semester 2.</p> <p>The low achievement (68%) on Indicator 2.4 (# of MDR TB patients enrolled on treatment) was due to the fact that there were only 5 PMDT (Programmatic Management of Drug Resistant Tuberculosis) sites established out of 14 PMDT intended target. MDR is a new program for the PR, and they were not able to establish all 14 PMDT sites simultaneously. Moreover, many new patients are reluctant to get treatment since they are aware of the side-effects of the medicines and the long duration of the treatment. The PR in collaboration with FHI is enhancing approaches for intensified counseling, case management, education and communication for patients and their families. These modules for the health staff are expected to be completed before the end of Semester 2.</p> <p>On indicator 3.4 (# and % of health facilities supervised out of total # of health facilities with written report), the PR has only achieved 64% of the intended target. The PR reports that the low achievement was mainly due to reduced budget from GF and local government at district level (i.e. SSR) to conduct the supervisory visits. Budget allocations from the local government were based on the assumption that GF would provide 50% of the total required funding for the supervisory visit. However during the SSF grant negotiation in May 2011, the GF funding was reduced to 25% of the budget allocation as requested by the PR. Since the government budget was prepared on annual basis prior to the grant signing of the SSF, the SSRs could not provide the additional budget to cover the insufficient funding for Year 2012. Therefore, the intended target for this indicator will not be achieved for Year 2012. The additional funding will be included during the planning for Year 2013 budget. The PR expects that the supervisory activity will be fully funded by the government in Year 2016 (i.e. 80% from the Government Funding, 12.5% from provincial and 12.5% from district level).</p> <p>The LFA had mis-calculated the PR's performance on indicator 2.2, giving a lower rating on this Top 10 Equivalent indicator, hence giving an initial A2 rating. With corrected calculation, their rating should have been A1. They have been advised of this error, and confirmed by email that they will revise their calculation in future periods.</p> | | | | | <p>The PR requested a disbursement of US\$17,792,480. In addition to the adjustments noted below, the LFA reduced the disbursement amount to reflect existing delays in start-up of various activities, including CSS component, TB prevalence survey and training activities which were delayed pending submission of detailed budgets to the Global Fund for approval. We agree with the LFA's adjustments in these cases.</p> <p>In April 2012, the country team agreed on the following disbursement amount reflecting an adjustment to 70% of projected expenditures at the PR level on current period budgets, This is a result of the large volume of carry-forward activities (and consequent large cash balance at the end of previous period) and the historical expenditure patterns. The same adjustment factor has been applied to certain SR expenses where further delays in implementation can be expected since agreements are only being signed part-way through the implementation period. Remaining forecasted SR expenditures, procurement and obligations have not been adjusted. In response to our proposal to reduce the disbursement amount, the LFA conducted further analysis and submitted a revised expenditure forecast and disbursement recommendation by email, as outlined below.</p> <p>The disbursements show as "out of range" for two periods. The first disbursement was 88% of the first period budget, reduced because several CPs were not yet in place. This, the second disbursement, is reduced for the reason noted above.</p> <p>Please see the following adjustments to the initial forecast for further explanation:</p> <table> <tr> <td>Initial Forecast from LFA:</td> <td>\$27,731,641</td> </tr> <tr> <td>Adjusted Forecast:</td> <td></td> </tr> <tr> <td>Project 100% expenditure on these items:</td> <td></td> </tr> <tr> <td>Obligations:</td> <td></td> </tr> <tr> <td>1,930,755</td> <td></td> </tr> <tr> <td>Procurement carry-forward</td> <td></td> </tr> <tr> <td>2,641,525</td> <td></td> </tr> <tr> <td>Procurement current + buffer</td> <td></td> </tr> <tr> <td>4,783,119</td> <td></td> </tr> <tr> <td>Sub-Total:</td> <td>(\$9,355,399)</td> </tr> <tr> <td>Remaining expenditure projection to be reduced:</td> <td>\$18,376,242</td> </tr> <tr> <td>Downward 30% for PR (current+buffer only)</td> <td>(899,950)</td> </tr> <tr> <td>(PR non-procurement budget for the period is \$2,999,834)</td> <td></td> </tr> <tr> <td>Downward 30% for SR non-province:</td> <td>(251,959)</td> </tr> <tr> <td>(SR non-province budget for the period is \$839,863)</td> <td></td> </tr> <tr> <td>Downward 30% for SR CSS + Litbang:</td> <td>(553,491)</td> </tr> <tr> <td>(SR CSS and Litbang budgets total \$1,844,972)</td> <td></td> </tr> <tr> <td>Reduction for absorptive capacity:</td> <td>(\$1,705,400)</td> </tr> <tr> <td>Total adjusted remaining</td> <td>\$16,670,842</td> </tr> <tr> <td>Plus 100% expenditure amounts above:</td> <td>\$9,355,399</td> </tr> <tr> <td>Total adjusted forecast:</td> <td>\$26,026,241</td> </tr> <tr> <td>Less cash balance:</td> <td>(\$13,967,915) (Note: LFA adjusted PR's cash balance calculation due to exchange rate errors, adjustments to interest earned and items that the PR charged in error to R5 grant instead of SSF)</td> </tr> </table> <p>Recommended Disbursement as of April 30, 2012: \$12,058,326.</p> | | | | | Initial Forecast from LFA: | \$27,731,641 | Adjusted Forecast: | | Project 100% expenditure on these items: | | Obligations: | | 1,930,755 | | Procurement carry-forward | | 2,641,525 | | Procurement current + buffer | | 4,783,119 | | Sub-Total: | (\$9,355,399) | Remaining expenditure projection to be reduced: | \$18,376,242 | Downward 30% for PR (current+buffer only) | (899,950) | (PR non-procurement budget for the period is \$2,999,834) | | Downward 30% for SR non-province: | (251,959) | (SR non-province budget for the period is \$839,863) | | Downward 30% for SR CSS + Litbang: | (553,491) | (SR CSS and Litbang budgets total \$1,844,972) | | Reduction for absorptive capacity: | (\$1,705,400) | Total adjusted remaining | \$16,670,842 | Plus 100% expenditure amounts above: | \$9,355,399 | Total adjusted forecast: | \$26,026,241 | Less cash balance: | (\$13,967,915) (Note: LFA adjusted PR's cash balance calculation due to exchange rate errors, adjustments to interest earned and items that the PR charged in error to R5 grant instead of SSF) |
| Initial Forecast from LFA: | \$27,731,641 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adjusted Forecast: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project 100% expenditure on these items: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Obligations: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1,930,755 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Procurement carry-forward | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2,641,525 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Procurement current + buffer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4,783,119 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sub-Total: | (\$9,355,399) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Remaining expenditure projection to be reduced: | \$18,376,242 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Downward 30% for PR (current+buffer only) | (899,950) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (PR non-procurement budget for the period is \$2,999,834) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Downward 30% for SR non-province: | (251,959) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SR non-province budget for the period is \$839,863) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Downward 30% for SR CSS + Litbang: | (553,491) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SR CSS and Litbang budgets total \$1,844,972) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reduction for absorptive capacity: | (\$1,705,400) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total adjusted remaining | \$16,670,842 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plus 100% expenditure amounts above: | \$9,355,399 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total adjusted forecast: | \$26,026,241 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Less cash balance: | (\$13,967,915) (Note: LFA adjusted PR's cash balance calculation due to exchange rate errors, adjustments to interest earned and items that the PR charged in error to R5 grant instead of SSF) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

However, on verifying the PR's bank account balance as of April 30, the country team decided to postpone disbursement until further verification of the PR's cash needs at the end of May 31. As of June 1, we recommend the following additional adjustments based on PR cash needs and expenditures during the first 5 months of the period:

The cash balance as at 31-May was \$6,513,583 (PR+SRs), which would suggest that the expenditure for the period Jan-May is approx. \$7,454,332 (considering the cash balance of \$13,967,915 at 31-Dec). The expenditure of \$7.45m is only about 29% of the adjusted forecast of \$26m even though the time elapsed is more than half of the disbursement period (5 out of 9 months with the buffer). This suggests that the PR is still behind the projected expenditure rate.

The Country Team recommends keeping the procurement and obligations amount of \$9,355,399 in the forecast as is (see above) and reducing the amount for all remaining activities (\$16,670,842) by 25% to take account of the fact that the expenditure rate is still low. This gives a total forecast of \$21,858,530 for Jan-Sep and a revised disbursement amount of \$7,890,615. This recommendation effectively means that the PR+SRs still have approx. \$14.4m to spend for the next 4 months, which permits a significant increase in the spending rate compared to the past 5 months. This is a reasonable projection, given that CPs have been cleared allowing the PR to proceed with disbursements to SRs for CSS and for the TB prevalence survey.

Progress Updates

| PU | PU Period | TGF Rating |
|----|-----------------------|------------|
| 2 | 01.Jan.12 - 30.Jun.12 | B2 |

Disbursement Information

| DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date |
|----|-----------------------|------------|---------------------|-------------------|
| 3 | 01.Jul.12 - 31.Mar.13 | 12,881,553 | | N/A |

Summary of Progress

The PR continues to show good progress, with a quantitative indicator rating of A2. The 'All Indicator' rating is A2 and the 'Top Ten Indicator' rating is A2.

From a total of 16 indicators, up to the end of Semester 2, the PR has exceeded the intended targets for 7 indicators, has met the intended target for 2 indicators, and has met more than 90% of the intended targets for 4 indicators. For the remaining 3 indicators, the PR only achieved 62%, 62%, and 64% of the cumulative intended target.

There are 3 indicators with programmatic progress up to Semester 2 less than 90%:

- Number of lab-confirmed MDR TB patients enrolled in SLD treatment: 64%.
- Number and % of HIV-positive TB patients who start on or continue previously initiated ART, during or at the end of TB treatment, among all HIV-positive TB patients registered over a given time period: 62%.
- Number and % of health facilities supervised out of total number of health facilities with written report: 62%.

Following the analysis of the overall performance of the Program, including the implementation of activities, completion of conditions and management actions, as well as program management during the reporting period (January 1 to June 30, 2012), the Global Fund has decided to give the Principal Recipient a rating of B1. This is a downgrade from the overall programmatic rating of A2, reflecting the extent and seriousness of new management actions identified during this period, and those outstanding from previous periods. In particular, high risk cash management practices must be urgently addressed during the current implementation period and will be carefully assessed with the next VOI. We expect the PR to catch up on delayed activities to ensure improved performance in the next progress update, which will be the cut-off date for the upcoming Renewal.

Reasons for variance between PR Request and Actual Disbursement

The amount forecasted for Semester 3 (July – December 2012) and the buffer period contains adjusted budgetary provisions relating to outstanding obligations, carry over activities, and reprogramming as approved by the Global Fund Country Team.

| | |
|-------------------------------------------|----------------|
| Adjusted budget in the Semester 3 budget: | USD 12,287,382 |
| Adjusted budget for buffer period: | USD 3,070,883 |
| Outstanding Advance: | USD 811,511 |
| Outstanding Obligations: | USD 226,663 |
| Reprogramming: | USD 166,210 |
| Carry Forward Activities: | USD 3,124,632 |
| Less SLD procurement | USD 2,038,378 |
| Total forecasted amount: | USD 17,648,903 |

The adjusted budget amounts for Semester 3 (USD 12,287,382 vs. approved budget of USD 20,204,202) and the buffer period (USD 3,070,883 versus approved budget of USD 6,556,961) are due to activities which will not be implemented in the period. The deduction of USD 2,038,378 for SLD is due to the availability of credit with GDF that can cover this procurement. The Country Team has reviewed the proposed carry forward and reprogramming activities requested by the PR and has approved an amount of USD 3,124,632 and USD 166,210 respectively. The details of these are attached in Annex 1 to the Management letter.

The PR requested a disbursement of US\$12,881,553 for the period from 1 July – 31 December 2012, including the buffer amount. Based on the above revised forecast of USD 17,648,903 and the ending cash balance of USD 11,832,184 the disbursement requirement is for USD 5,816,719. However, due to large cash balance (USD 11.8m at 30 June 2012 and USD 7.3m at 31 October 2012), the Country Team has decided to recommend a 'nil' (USD 0) disbursement for this period. We request the PR to submit their cash balance following the end of each month so that we can promptly process a cash disbursement when required in 2013.

| Progress Updates | | | | Disbursement Information | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------|---------------------|-------------------|--|
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date | |
| 2 | 01.Jan.12 - 30.Jun.12 | | B2 | 3.1 | 01.Jan.13 - 31.Dec.13 | 168,858 | \$ 168,858 | 21 Jan 2013 | |
| Summary of Progress | | | | Reasons for variance between PR Request and Actual Disbursement | | | | | |
| <p>The PR continues to show good progress, with a quantitative indicator rating of A2. The 'All Indicator' rating is A2 and the 'Top Ten Indicator' rating is A2.</p> <p>From a total of 16 indicators, up to the end of Semester 2, the PR has exceeded the intended targets for 7 indicators, has met the intended target for 2 indicators, and has met more than 90% of the intended targets for 4 indicators. For the remaining 3 indicators, the PR only achieved 62%, 62%, and 64% of the cumulative intended target.</p> <p>There are 3 indicators with programmatic progress up to Semester 2 less than 90%:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Number of lab-confirmed MDR TB patients enrolled in SLD treatment: 64%. <input type="checkbox"/> Number and % of HIV-positive TB patients who start on or continue previously initiated ART, during or at the end of TB treatment, among all HIV-positive TB patients registered over a given time period: 62%. <input type="checkbox"/> Number and % of health facilities supervised out of total number of health facilities with written report: 62%. <p>Following the analysis of the overall performance of the Program, including the implementation of activities, completion of conditions and management actions, as well as program management during the reporting period (January 1 to June 30, 2012), the Global Fund has decided to give the Principal Recipient a rating of B1. This is a downgrade from the overall programmatic rating of A2, reflecting the extent and seriousness of new management actions identified during this period, and those outstanding from previous periods. In particular, high risk cash management practices must be urgently addressed during the current implementation period and will be carefully assessed with the next VOI. We expect the PR to catch up on delayed activities to ensure improved performance in the next progress update, which will be the cut-off date for the upcoming Renewal.</p> | | | | <p>This disbursement 3.1 is VPP disbursement for GenExpert cartridges. The disbursement request of \$ 168,858 is within the approved budget and procurement plan. The amount has been provided and approved by VPP.</p> | | | | | |

| Progress Updates | | | | | Disbursement Information | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------|-------------------|--|--------------------------------------------------------------------|--------------|-----------------------------------------------------------|---------------|--------------------------------------------|--------------|---------------------------------------|---------------|-----------------------------------|---------------|--------------------------------------|--------------|
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date | | | | | | | | | | | | | |
| 2 | 01.Jan.12 - 30.Jun.12 | | B2 | 3.2 | 01.Jul.12 - 31.Mar.13 | 12,881,553 | \$ 3,169,383 | 25 Jan 2013 | | | | | | | | | | | | | |
| Summary of Progress | | | | | Reasons for variance between PR Request and Actual Disbursement | | | | | | | | | | | | | | | | |
| <p>The PR continues to show good progress, with a quantitative indicator rating of A2. The 'All Indicator' rating is A2 and the 'Top Ten Indicator' rating is A2.</p> <p>From a total of 16 indicators, up to the end of Semester 2, the PR has exceeded the intended targets for 7 indicators, has met the intended target for 2 indicators, and has met more than 90% of the intended targets for 4 indicators. For the remaining 3 indicators, the PR only achieved 62%, 62%, and 64% of the cumulative intended target.</p> <p>There are 3 indicators with programmatic progress up to Semester 2 less than 90%:</p> <ul style="list-style-type: none"> □ Number of lab-confirmed MDR TB patients enrolled in SLD treatment: 64%. □ Number and % of HIV-positive TB patients who start on or continue previously initiated ART, during or at the end of TB treatment, among all HIV-positive TB patients registered over a given time period: 62%. □ Number and % of health facilities supervised out of total number of health facilities with written report: 62%. <p>Following the analysis of the overall performance of the Program, including the implementation of activities, completion of conditions and management actions, as well as program management during the reporting period (January 1 to June 30, 2012), the Global Fund has decided to give the Principal Recipient a rating of B1. This is a downgrade from the overall programmatic rating of A2, reflecting the extent and seriousness of new management actions identified during this period, and those outstanding from previous periods. In particular, high risk cash management practices must be urgently addressed during the current implementation period and will be carefully assessed with the next VOI. We expect the PR to catch up on delayed activities to ensure improved performance in the next progress update, which will be the cut-off date for the upcoming Renewal.</p> | | | | | <p>This is a disbursement for to cover planned activities through the current Semester + buffer period (1 July 2012 - 31 March 2013) based on the PRs cash balance at 31 December 2013. It is based on progress update information for period ending 30-Jun-12 (disbursement #3, which was processed in November 2012 as a nil disbursement) since this is the latest available, and the next PU/DR will be only due at the end of February 2013.</p> <p>The reviewed forecast at the time of the nil disbursement in November 2012 was \$17,648,903. However, in November 2012, the Country Team recommended a nil disbursement on account of high cash balance in country. The cash balance at 30-Jun-12 was \$11,832,184, and the updated cash balance as at 31-Dec-12 is \$3,369,857. This suggests that for the first six months of the forecast period, the PR implemented only about 48% of the originally approved forecast of \$17.6 million. On account of this delay, the Country team assumes that the PR will not be able to execute the full forecast of \$17.6 million and therefore recommends a percentage adjustment to 85% on account of absorption capacity. Therefore, the disbursement recommendation is formed in the following way:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Forecast for Semester 3 (incl. buffer):</td> <td style="text-align: right;">\$17,648,903</td> </tr> <tr> <td>Less 15% reduction on account of expenditure rate</td> <td style="text-align: right;">(\$2,647,336)</td> </tr> <tr> <td>Equals revised forecast for Jul 12 –Mar 13</td> <td style="text-align: right;">\$15,001,567</td> </tr> <tr> <td>Less expenditures for Jul - Dec 2012:</td> <td style="text-align: right;">\$(8,462,327)</td> </tr> <tr> <td>Less cash balance at 31 Dec 2012:</td> <td style="text-align: right;">\$(3,369,857)</td> </tr> <tr> <td>Equals cash need for Jan - Mar 2013:</td> <td style="text-align: right;">\$ 3,169,383</td> </tr> </table> <p>Thus the County Team recommends a disbursement of \$3,169,383. For details on the originally reviewed and approved forecast for Jul12 – Mar 13 of \$17.6 million, please refer to the rationale from disbursement #3 processed as nil disbursement in November.</p> | | | | | Forecast for Semester 3 (incl. buffer): | \$17,648,903 | Less 15% reduction on account of expenditure rate | (\$2,647,336) | Equals revised forecast for Jul 12 –Mar 13 | \$15,001,567 | Less expenditures for Jul - Dec 2012: | \$(8,462,327) | Less cash balance at 31 Dec 2012: | \$(3,369,857) | Equals cash need for Jan - Mar 2013: | \$ 3,169,383 |
| Forecast for Semester 3 (incl. buffer): | \$17,648,903 | | | | | | | | | | | | | | | | | | | | |
| Less 15% reduction on account of expenditure rate | (\$2,647,336) | | | | | | | | | | | | | | | | | | | | |
| Equals revised forecast for Jul 12 –Mar 13 | \$15,001,567 | | | | | | | | | | | | | | | | | | | | |
| Less expenditures for Jul - Dec 2012: | \$(8,462,327) | | | | | | | | | | | | | | | | | | | | |
| Less cash balance at 31 Dec 2012: | \$(3,369,857) | | | | | | | | | | | | | | | | | | | | |
| Equals cash need for Jan - Mar 2013: | \$ 3,169,383 | | | | | | | | | | | | | | | | | | | | |
| Progress Updates | | | | | Disbursement Information | | | | | | | | | | | | | | | | |
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date | | | | | | | | | | | | | |
| 3 | 01.Jul.12 - 31.Dec.12 | | B1 | 4 | 01.Jan.13 - 31.Dec.13 | 30,850,859 | \$ 5,605,199 | 08 May 2013 | | | | | | | | | | | | | |
| Summary of Progress | | | | | Reasons for variance between PR Request and Actual Disbursement | | | | | | | | | | | | | | | | |
| <p>The PR's Quantitative Indicator Rating during Semester 3 is "B1", with an "A2" All Indicators Rating and a B1 Top Ten Indicators rating. From a total of 16 indicators, the PR has achieved or exceeded the intended target for 8 indicators, has achieved more than 90% of the intended target for 4 indicators and 4 indicators had achievement below 70%. The Country Team concurs with the LFA recommendation to downgrade the overall performance rating for the period to B2, due to the seriousness of management issues noted.</p> <p>The under-performing indicators are:</p> <p>Number of all TB patients reported in prisons The PR has only achieved 68% of the intended target, mainly due to District prison offices not reporting their results to the provinces (18 of 33 provinces reporting); and prisons without adequate</p> | | | | | <p>The PR requested a disbursement of USD30,850,559. However, this included provision for a three-month buffer, which is not available for disbursement as Phase 1 of the grant ends on December 31. Downward adjustments have been made to the PR's expenditure forecasts and carry-forward estimates. In light of historical expenditure patterns, a further reduction was made in the disbursement amount for forecasted non-procurement activities. Based on discussion with the PR and technical advisors on April 19, the Global Fund has approved an additional disbursement amount for 2013 of US\$1.2 million to enable the PR to initiate work on DST/culture lab renovation. Expenditure of this amount is conditional on Global Fund approval of a detailed reprogramming plan and budget. This amount is additional to the amount recommended by the LFA, as this information was not available at the time of the LFA's VOI. The calculation of the disbursement recommendation is as follows:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">A. Budget for Semester 4 and 5 (i.e. 1 January - 31 December 2013)</td> <td style="text-align: right;">18,725,262</td> </tr> <tr> <td>B. Obligation, Carry Forward and Reprogramming Activities</td> <td style="text-align: right;">6,489,163</td> </tr> <tr> <td>1. Outstanding Advance - PR & SR</td> <td style="text-align: right;">83,682</td> </tr> </table> | | | | | A. Budget for Semester 4 and 5 (i.e. 1 January - 31 December 2013) | 18,725,262 | B. Obligation, Carry Forward and Reprogramming Activities | 6,489,163 | 1. Outstanding Advance - PR & SR | 83,682 | | | | | | |
| A. Budget for Semester 4 and 5 (i.e. 1 January - 31 December 2013) | 18,725,262 | | | | | | | | | | | | | | | | | | | | |
| B. Obligation, Carry Forward and Reprogramming Activities | 6,489,163 | | | | | | | | | | | | | | | | | | | | |
| 1. Outstanding Advance - PR & SR | 83,682 | | | | | | | | | | | | | | | | | | | | |

diagnostic laboratory and clinic staff referring TB patients to the nearest health facilities and being recorded in the health clinic register instead of the prison register
The PR will send an official warning letter in May 2013 for Ditjenpas to enforce its District Offices to submit the reports on time. The PR is developing a reporting system at the prison clinics that will record and report the test results of TB suspects referred to the health facilities. It is currently being piloted in 2 provinces and will be expanded based on the results of the pilot projects.

Number and percentage of HIV-positive TB patients who start on or continue previously initiated ART, during or at the end of TB treatment, among all HIV-positive TB patients registered over a given time period:

The PR has only achieved 63% of the intended target. The target was set based on the assumption that all co-infected HIV/TB patients will be initiated an ARV treatment regardless of their CD4 levels. However, current practice is still based on the 2007 guidelines (ART is initiated when the CD4 is below 350). Patients referred to the HIV clinic may also not be reported back to the DOTS Clinic due to misconception of "patient confidentiality".

Number of lab-confirmed MDR TB patients enrolled in SLD treatment:

The PR only achieved 48% of the intended target to 31 December 2012 due to: delay in the establishment of PMDT sites; delayed installation of the GenExpert machines; lower case notification rate for the MDR TB suspects due to lengthy diagnosis by using Drug Susceptibility Testing; inadequate human resources for the PMDT program at the central and province level; patient reluctance to get treatment due to the side-effects and the long duration of the treatment.

Number and percentage of health facilities supervised out of total number of health facilities with written reports: The PR only achieved 64% of the intended target. The PR explains that this is due to the insufficient budget from Global Fund and local government at district level (i.e. SSR) to conduct supervisory visits, as the budget was reduced during grant negotiation in late 2011, and too late for the PR to advocate for increased funding from districts.

The PR will not be able to achieve the intended target for this indicator for the remainder of the grant period (i.e. up to the end of Year 2013) due to limited funding available from the local governments for the supervision activities. The PR has proposed additional funding through the District Health Offices. However the final decision for the budget allocation is determined by the regional development planning agency.

The PR has developed action plans for these areas of under-performance, some of which are addressed in the reprogramming request approved by the Country Team in February 2013.

2. Obligation, Carry Forward & Reprogramming - PR 2,216,104
3. Carry Forward - SR Provinces 53,849
4. Carry Forward - SR Non Provinces 539,780
5. Carry Forward - SR CSS 35,546
6. Carry Forward - SR NHIRD (TB Prevalence Survey) 3,560,202
C. Reprogramming Activities 4,544,587
7. Reprogramming: DST Lab Renovation (expenditure conditional on GF approval of reprogramming plan and budget) 1,200,000
8. Reprogramming - PR (Approved by the Global Fund) 3,344,587
Total Forecast 29,759,012
Adjustment
a) Disbursement by 100% for Procurement [A and B] 5,974,173
b) Disbursement by 65% for Non Procurement [A and B] 12,506,164
c) Disbursement by 100% for Reprogramming Activities [C] 4,544,587
Total Forecast after Adjustment 23,024,924
Ending Cash Balance 3,368,489
Cash "in transit" disbursed to the PR: 3,169,383
Total Disbursement Recommendation 16,487,052
Disbursement to VPP for GenXpert procurement 467,122
Disbursement to GLC for annual fees 50,000
Net Disbursement to PR 15,969,930

| Progress Updates | | | | Disbursement Information | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|------------|-----------------------------------------------------------------|-----------------------|------------|---------------------|-------------------|--|
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date | |
| 3 | 01.Jul.12 - 31.Dec.12 | | B1 | 4.1 | 01.Jan.13 - 31.Dec.13 | 50,000 | \$ 50,000 | 08 May 2013 | |
| Summary of Progress | | | | Reasons for variance between PR Request and Actual Disbursement | | | | | |
| The PR's Quantitative Indicator Rating during Semester 3 is "B1", with an "A2" All Indicators Rating and a B1 Top Ten Indicators rating. From a total of 16 indicators, the PR has achieved or exceeded the intended target for 8 indicators, has achieved more | | | | This is split disbursement to GLC for annual fee of USD 50,000 | | | | | |

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than 90% of the intended target for 4 indicators and 4 indicators had achievement below 70%. The Country Team concurs with the LFA recommendation to downgrade the overall performance rating for the period to B2, due to the seriousness of management issues noted.

The under-performing indicators are:

Number of all TB patients reported in prisons
The PR has only achieved 68% of the intended target, mainly due to District prison offices not reporting their results to the provinces (18 of 33 provinces reporting); and prisons without adequate diagnostic laboratory and clinic staff referring TB patients to the nearest health facilities and being recorded in the health clinic register instead of the prison register

The PR will send an official warning letter in May 2013 for Ditjenpas to enforce its District Offices to submit the reports on time. The PR is developing a reporting system at the prison clinics that will record and report the test results of TB suspects referred to the health facilities. It is currently being piloted in 2 provinces and will be expanded based on the results of the pilot projects.

Number and percentage of HIV-positive TB patients who start on or continue previously initiated ART, during or at the end of TB treatment, among all HIV-positive TB patients registered over a given time period:

The PR has only achieved 63% of the intended target. The target was set based on the assumption that all co-infected HIV/TB patients will be initiated an ARV treatment regardless of their CD4 levels. However, current practice is still based on the 2007 guidelines (ART is initiated when the CD4 is below 350). Patients referred to the HIV clinic may also not be reported back to the DOTS Clinic due to misconception of "patient confidentiality".

Number of lab-confirmed MDR TB patients enrolled in SLD treatment:

The PR only achieved 48% of the intended target to 31 December 2012 due to: delay in the establishment of PMDT sites; delayed installation of the GenExpert machines; lower case notification rate for the MDR TB suspects due to lengthy diagnosis by using Drug Susceptibility Testing; inadequate human resources for the PMDT program at the central and province level; patient reluctance to get treatment due to the side-effects and the long duration of the treatment.

Number and percentage of health facilities supervised out of total number of health facilities with written reports: The PR only achieved 64% of the intended target. The PR explains that this is due to the insufficient budget from Global Fund and local government at district level (i.e. SSR) to conduct supervisory visits, as the budget was reduced during grant negotiation in late 2011, and too late for the PR to advocate for increased funding from districts.

The PR will not be able to achieve the intended target for this indicator for the remainder of the grant period (i.e. up to the end of Year 2013) due to limited funding available from the local governments for the supervision activities. The PR has proposed additional funding through the District Health Offices. However the final decision for the budget allocation is determined by the regional development planning agency.

The PR has developed action plans for these areas of under-performance, some of which are addressed in the reprogramming request approved by the Country Team in February 2013.

| Progress Updates | | | | Disbursement Information | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|------------|----------------------------------------------------------------------------------------------------|-----------------------|------------|---------------------|-------------------|--|
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date | |
| 3 | 01.Jul.12 - 31.Dec.12 | | B1 | 4.2 | 01.Jan.13 - 31.Dec.13 | 467,122 | \$ 446,364 | 20 Jun 2013 | |
| Summary of Progress | | | | Reasons for variance between PR Request and Actual Disbursement | | | | | |
| <p>The PR's Quantitative Indicator Rating during Semester 3 is "B1", with an "A2" All Indicators Rating and a B1 Top Ten Indicators rating. From a total of 16 indicators, the PR has achieved or exceeded the intended target for 8 indicators, has achieved more than 90% of the intended target for 4 indicators and 4 indicators had achievement below 70%. The Country Team concurs with the LFA recommendation to downgrade the overall performance rating for the period to B2, due to the seriousness of management issues noted.</p> <p>The under-performing indicators are:</p> <p>Number of all TB patients reported in prisons The PR has only achieved 68% of the intended target, mainly due to District prison offices not reporting their results to the provinces (18 of 33 provinces reporting); and prisons without adequate diagnostic laboratory and clinic staff referring TB patients to the nearest health facilities and being recorded in the health clinic register instead of the prison register The PR will send an official warning letter in May 2013 for Ditjenpas to enforce its District Offices to submit the reports on time. The PR is developing a reporting system at the prison clinics that will record and report the test results of TB suspects referred to the health facilities. It is currently being piloted in 2 provinces and will be expanded based on the results of the pilot projects.</p> <p>Number and percentage of HIV-positive TB patients who start on or continue previously initiated ART, during or at the end of TB treatment, among all HIV-positive TB patients registered over a given time period: The PR has only achieved 63% of the intended target. The target was set based on the assumption that all co-infected HIV/TB patients will be initiated an ARV treatment regardless of their CD4 levels. However, current practice is still based on the 2007 guidelines (ART is initiated when the CD4 is below 350). Patients referred to the HIV clinic may also not be reported back to the DOTS Clinic due to misconception of "patient confidentiality".</p> <p>Number of lab-confirmed MDR TB patients enrolled in SLD treatment: The PR only achieved 48% of the intended target to 31 December 2012 due to: delay in the establishment of PMDT sites; delayed installation of the GenExpert machines; lower case notification rate for the MDR TB suspects due to lengthy diagnosis by using Drug Susceptibility Testing; inadequate human resources for the PMDT program at the central and province level; patient reluctance to get treatment due to the side-effects and the long duration of the treatment.</p> <p>Number and percentage of health facilities supervised out of total number of health facilities with written reports: The PR only achieved 64% of the intended target. The PR explains that this is due to the insufficient budget from Global Fund and local government at district level (i.e. SSR) to conduct supervisory visits, as the budget was reduced during grant negotiation in late 2011, and too late for the PR to advocate for increased funding from districts.</p> <p>The PR will not be able to achieve the intended</p> | | | | <p>This is split disbursement to VPP for 24 GenXpert procurement. Total cost is USD 446,363.90</p> | | | | | |

target for this indicator for the remainder of the grant period (i.e. up to the end of Year 2013) due to limited funding available from the local governments for the supervision activities. The PR has proposed additional funding through the District Health Offices. However the final decision for the budget allocation is determined by the regional development planning agency.

The PR has developed action plans for these areas of under-performance, some of which are addressed in the reprogramming request approved by the Country Team in February 2013.

| Progress Updates | | | | Disbursement Information | | | | |
|------------------|-----------------------|--|------------|--------------------------|-----------------------|------------|---------------------|-------------------|
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date |
| 3 | 01.Jul.12 - 31.Dec.12 | | B1 | 4.3 | 01.Jan.13 - 31.Dec.13 | 30,850,859 | \$ 4,582,366 | 13 Aug 2013 |

| Summary of Progress | Reasons for variance between PR Request and Actual Disbursement |
|---------------------|-----------------------------------------------------------------|
|---------------------|-----------------------------------------------------------------|

The PR's Quantitative Indicator Rating during Semester 3 is "B1", with an "A2" All Indicators Rating and a B1 Top Ten Indicators rating. From a total of 16 indicators, the PR has achieved or exceeded the intended target for 8 indicators, has achieved more than 90% of the intended target for 4 indicators and 4 indicators had achievement below 70%. The Country Team concurs with the LFA recommendation to downgrade the overall performance rating for the period to B2, due to the seriousness of management issues noted.

The under-performing indicators are:

Number of all TB patients reported in prisons
The PR has only achieved 68% of the intended target, mainly due to District prison offices not reporting their results to the provinces (18 of 33 provinces reporting); and prisons without adequate diagnostic laboratory and clinic staff referring TB patients to the nearest health facilities and being recorded in the health clinic register instead of the prison register

The PR will send an official warning letter in May 2013 for Ditjenpas to enforce its District Offices to submit the reports on time. The PR is developing a reporting system at the prison clinics that will record and report the test results of TB suspects referred to the health facilities. It is currently being piloted in 2 provinces and will be expanded based on the results of the pilot projects.

Number and percentage of HIV-positive TB patients who start on or continue previously initiated ART, during or at the end of TB treatment, among all HIV-positive TB patients registered over a given time period:

The PR has only achieved 63% of the intended target. The target was set based on the assumption that all co-infected HIV/TB patients will be initiated an ARV treatment regardless of their CD4 levels. However, current practice is still based on the 2007 guidelines (ART is initiated when the CD4 is below 350). Patients referred to the HIV clinic may also not be reported back to the DOTS Clinic due to misconception of "patient confidentiality".

Number of lab-confirmed MDR TB patients enrolled in SLD treatment:

The PR only achieved 48% of the intended target to 31 December 2012 due to: delay in the establishment of PMDT sites; delayed installation of the GenExpert machines; lower case notification rate for the MDR TB suspects due to lengthy diagnosis by using Drug Susceptibility Testing; inadequate human resources for the PMDT program at the central and province level; patient reluctance to get

This is the release of 2nd tranche of the annual disbursement. The original forecasted amount for the 2nd tranche was USD 5,782,366 which also included an amount of USD 1.2 million for lab renovation. Since the budget and workplan for lab renovation is not yet approved, therefore, we have deducted this amount from the current cash release. The same has been included in the 3rd and final tranche which covers the period October-December 2013.

treatment due to the side-effects and the long duration of the treatment.

Number and percentage of health facilities supervised out of total number of health facilities with written reports: The PR only achieved 64% of the intended target. The PR explains that this is due to the insufficient budget from Global Fund and local government at district level (i.e. SSR) to conduct supervisory visits, as the budget was reduced during grant negotiation in late 2011, and too late for the PR to advocate for increased funding from districts.

The PR will not be able to achieve the intended target for this indicator for the remainder of the grant period (i.e. up to the end of Year 2013) due to limited funding available from the local governments for the supervision activities. The PR has proposed additional funding through the District Health Offices. However the final decision for the budget allocation is determined by the regional development planning agency.

The PR has developed action plans for these areas of under-performance, some of which are addressed in the reprogramming request approved by the Country Team in February 2013.

| Progress Updates | | | | Disbursement Information | | | | |
|------------------|-----------------------|--|------------|--------------------------|-----------------------|------------|---------------------|-------------------|
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date |
| 3 | 01.Jul.12 - 31.Dec.12 | | B1 | 4.4 | 01.Jan.13 - 31.Dec.13 | 30,850,859 | \$ 5,130,568 | 01 Nov 2013 |

| Summary of Progress | | | | Reasons for variance between PR Request and Actual Disbursement | | | | |
|---------------------|--|--|--|-----------------------------------------------------------------|--|--|--|--|
|---------------------|--|--|--|-----------------------------------------------------------------|--|--|--|--|

The PR's Quantitative Indicator Rating during Semester 3 is "B1", with an "A2" All Indicators Rating and a B1 Top Ten Indicators rating. From a total of 16 indicators, the PR has achieved or exceeded the intended target for 8 indicators, has achieved more than 90% of the intended target for 4 indicators and 4 indicators had achievement below 70%. The Country Team concurs with the LFA recommendation to downgrade the overall performance rating for the period to B2, due to the seriousness of management issues noted.

The under-performing indicators are:

Number of all TB patients reported in prisons
The PR has only achieved 68% of the intended target, mainly due to District prison offices not reporting their results to the provinces (18 of 33 provinces reporting); and prisons without adequate diagnostic laboratory and clinic staff referring TB patients to the nearest health facilities and being recorded in the health clinic register instead of the prison register
The PR will send an official warning letter in May 2013 for Ditjenpas to enforce its District Offices to submit the reports on time. The PR is developing a reporting system at the prison clinics that will record and report the test results of TB suspects referred to the health facilities. It is currently being piloted in 2 provinces and will be expanded based on the results of the pilot projects.

Number and percentage of HIV-positive TB patients who start on or continue previously initiated ART, during or at the end of TB treatment, among all HIV-positive TB patients registered over a given time period:

The PR has only achieved 63% of the intended target. The target was set based on the assumption that all co-infected HIV/TB patients will be initiated an ARV treatment regardless of their CD4 levels. However, current practice is still based on the 2007 guidelines (ART is initiated when the CD4 is below

This is the third and final cash authorization of the annual disbursement decision. The updated cash balance (PR+SR) as of 23-Oct-13 is \$3,113,089. Against this, the PR reports activities in progress to be paid in last week of October totaling \$2,422,423 as well as commitments of \$1,153,662. Considering that the cash balance is still relatively high, however also acknowledging the commitments and activities in progress, the Country team recommends release of 90% of the scheduled cash transfer - \$4,124,128 (i.e. 90% of \$4,582,365) + \$1,200,000 for lab renovation which was withheld in Q3 pending approval of the lab budget. The lab budget has been subsequently approved, and is now available for release. In this regard, an amount of \$ 193,559.87, out of \$ 1,200,000 approved for lab renovation will be disbursed to the IDA Foundation through the VPP for purchase of MGIT 960, UPS and Epicenter.

The total recommended cash transfer to the PR is \$ 5,130,568.130 and the amount recommended for the VPP is \$ 193,559.87. These recommendations are also a precaution to avoid possible shortage of cash and programmatic set-back towards end of the year and beginning of 2014, when release of disbursements will not be possible due to end of year financial closure. If absorption by the end of the year remains low, the extra cash will be deducted from the annual disbursement in Q1 of 2014

350). Patients referred to the HIV clinic may also not be reported back to the DOTS Clinic due to misconception of "patient confidentiality".

Number of lab-confirmed MDR TB patients enrolled in SLD treatment:
The PR only achieved 48% of the intended target to 31 December 2012 due to: delay in the establishment of PMDT sites; delayed installation of the GenExpert machines; lower case notification rate for the MDR TB suspects due to lengthy diagnosis by using Drug Susceptibility Testing; inadequate human resources for the PMDT program at the central and province level; patient reluctance to get treatment due to the side-effects and the long duration of the treatment.

Number and percentage of health facilities supervised out of total number of health facilities with written reports: The PR only achieved 64% of the intended target. The PR explains that this is due to the insufficient budget from Global Fund and local government at district level (i.e. SSR) to conduct supervisory visits, as the budget was reduced during grant negotiation in late 2011, and too late for the PR to advocate for increased funding from districts.

The PR will not be able to achieve the intended target for this indicator for the remainder of the grant period (i.e. up to the end of Year 2013) due to limited funding available from the local governments for the supervision activities. The PR has proposed additional funding through the District Health Offices. However the final decision for the budget allocation is determined by the regional development planning agency.

The PR has developed action plans for these areas of under-performance, some of which are addressed in the reprogramming request approved by the Country Team in February 2013.

| Progress Updates | | | | Disbursement Information | | | | |
|------------------|-----------------------|--|------------|--------------------------|-----------------------|------------|---------------------|-------------------|
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date |
| 3 | 01.Jul.12 - 31.Dec.12 | | B1 | 4.5 | 01.Jan.13 - 31.Dec.13 | 30,850,859 | \$ 193,560 | 01 Nov 2013 |

| Summary of Progress | Reasons for variance between PR Request and Actual Disbursement |
|---------------------|-----------------------------------------------------------------|
|---------------------|-----------------------------------------------------------------|

The PR's Quantitative Indicator Rating during Semester 3 is "B1", with an "A2" All Indicators Rating and a B1 Top Ten Indicators rating. From a total of 16 indicators, the PR has achieved or exceeded the intended target for 8 indicators, has achieved more than 90% of the intended target for 4 indicators and 4 indicators had achievement below 70%. The Country Team concurs with the LFA recommendation to downgrade the overall performance rating for the period to B2, due to the seriousness of management issues noted.

The under-performing indicators are:

Number of all TB patients reported in prisons
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The PR will send an official warning letter in May 2013 for Ditjenpas to enforce its District Offices to submit the reports on time. The PR is developing a reporting system at the prison clinics that will record and report the test results of TB suspects referred to the health facilities. It is currently being piloted in 2

This is the third and final cash authorization of the annual disbursement decision. The updated cash balance (PR+SR) as of 23-Oct-13 is \$3,113,089. Against this, the PR reports activities in progress to be paid in last week of October totaling \$2,422,423 as well as commitments of \$1,153,662. Considering that the cash balance is still relatively high, however also acknowledging the commitments and activities in progress, the Country team recommends release of 90% of the scheduled cash transfer - \$4,124,128 (i.e. 90% of \$4,582,365) + \$1,200,000 for lab renovation which was withheld in Q3 pending approval of the lab budget. The lab budget has been subsequently approved, and is now available for release. In this regard, an amount of \$ 193,559.87, out of \$ 1,200,000 approved for lab renovation will be disbursed to the IDA Foundation through the VPP for purchase of MGIT 960, UPS and Epicenter.

The total recommended cash transfer to the PR is \$ 5,130,568.130 and the amount recommended for the VPP is \$ 193,559.87. These recommendations are also a precaution to avoid possible shortage of cash and programmatic set-back towards end of the year and beginning of 2014, when release of disbursements will not be possible due to end of year financial closure. If absorption by the end of the year remains low, the extra cash will be deducted from the annual disbursement in Q1 of 2014

provinces and will be expanded based on the results of the pilot projects.

Number and percentage of HIV-positive TB patients who start on or continue previously initiated ART, during or at the end of TB treatment, among all HIV-positive TB patients registered over a given time period:

The PR has only achieved 63% of the intended target. The target was set based on the assumption that all co-infected HIV/TB patients will be initiated an ARV treatment regardless of their CD4 levels. However, current practice is still based on the 2007 guidelines (ART is initiated when the CD4 is below 350). Patients referred to the HIV clinic may also not be reported back to the DOTS Clinic due to misconception of "patient confidentiality".

Number of lab-confirmed MDR TB patients enrolled in SLD treatment:

The PR only achieved 48% of the intended target to 31 December 2012 due to: delay in the establishment of PMDT sites; delayed installation of the GenExpert machines; lower case notification rate for the MDR TB suspects due to lengthy diagnosis by using Drug Susceptibility Testing; inadequate human resources for the PMDT program at the central and province level; patient reluctance to get treatment due to the side-effects and the long duration of the treatment.

Number and percentage of health facilities supervised out of total number of health facilities with written reports: The PR only achieved 64% of the intended target. The PR explains that this is due to the insufficient budget from Global Fund and local government at district level (i.e. SSR) to conduct supervisory visits, as the budget was reduced during grant negotiation in late 2011, and too late for the PR to advocate for increased funding from districts.

The PR will not be able to achieve the intended target for this indicator for the remainder of the grant period (i.e. up to the end of Year 2013) due to limited funding available from the local governments for the supervision activities. The PR has proposed additional funding through the District Health Offices. However the final decision for the budget allocation is determined by the regional development planning agency.

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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.Jul.12 - 31.Dec.12 | | B1 | 4.6 | 01.Jan.14 - 31.Mar.14 | 9,800,000 | \$ 6,258,664 | 17 Feb 2014 | |

| Summary of Progress | Reasons for variance between PR Request and Actual Disbursement |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The PR's Quantitative Indicator Rating during Semester 3 is "B1", with an "A2" All Indicators Rating and a B1 Top Ten Indicators rating. From a total of 16 indicators, the PR has achieved or exceeded the intended target for 8 indicators, has achieved more than 90% of the intended target for 4 indicators and 4 indicators had achievement below 70%. The Country Team concurs with the LFA recommendation to downgrade the overall performance rating for the period to B2, due to the seriousness of management issues noted.</p> <p>The under-performing indicators are:</p> <p>Number of all TB patients reported in prisons</p> | <p>The disbursement is for buffer period under annual disbursements, processed in May 2013. It could not be processed earlier since the implementation period 1 was ending on 31st December 2013 and the grant agreement for the implementation period 2 (1 Jan 2014 to 30 June 2016) was only signed in December.</p> |

The PR has only achieved 68% of the intended target, mainly due to District prison offices not reporting their results to the provinces (18 of 33 provinces reporting); and prisons without adequate diagnostic laboratory and clinic staff referring TB patients to the nearest health facilities and being recorded in the health clinic register instead of the prison register

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Number and percentage of HIV-positive TB patients who start on or continue previously initiated ART, during or at the end of TB treatment, among all HIV-positive TB patients registered over a given time period:

The PR has only achieved 63% of the intended target. The target was set based on the assumption that all co-infected HIV/TB patients will be initiated an ARV treatment regardless of their CD4 levels. However, current practice is still based on the 2007 guidelines (ART is initiated when the CD4 is below 350). Patients referred to the HIV clinic may also not be reported back to the DOTS Clinic due to misconception of "patient confidentiality".

Number of lab-confirmed MDR TB patients enrolled in SLD treatment:

The PR only achieved 48% of the intended target to 31 December 2012 due to: delay in the establishment of PMDT sites; delayed installation of the GenExpert machines; lower case notification rate for the MDR TB suspects due to lengthy diagnosis by using Drug Susceptibility Testing; inadequate human resources for the PMDT program at the central and province level; patient reluctance to get treatment due to the side-effects and the long duration of the treatment.

Number and percentage of health facilities supervised out of total number of health facilities with written reports: The PR only achieved 64% of the intended target. The PR explains that this is due to the insufficient budget from Global Fund and local government at district level (i.e. SSR) to conduct supervisory visits, as the budget was reduced during grant negotiation in late 2011, and too late for the PR to advocate for increased funding from districts.

The PR will not be able to achieve the intended target for this indicator for the remainder of the grant period (i.e. up to the end of Year 2013) due to limited funding available from the local governments for the supervision activities. The PR has proposed additional funding through the District Health Offices. However the final decision for the budget allocation is determined by the regional development planning agency.

The PR has developed action plans for these areas of under-performance, some of which are addressed in the reprogramming request approved by the Country Team in February 2013.

| Progress Updates | | | | | Disbursement Information | | | | |
|-----------------------------------------------|-----------------------|--|------------|-----|-----------------------------------------------------------------|------------|---------------------|-------------------|--|
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date | |
| 3 | 01.Jul.12 - 31.Dec.12 | | B1 | 4.7 | 01.Jan.14 - 31.Mar.14 | 103,411 | | N/A | |
| Summary of Progress | | | | | Reasons for variance between PR Request and Actual Disbursement | | | | |
| The PR's Quantitative Indicator Rating during | | | | | | | | | |

Semester 3 is "B1", with an "A2" All Indicators Rating and a B1 Top Ten Indicators rating. From a total of 16 indicators, the PR has achieved or exceeded the intended target for 8 indicators, has achieved more than 90% of the intended target for 4 indicators and 4 indicators had achievement below 70%. The Country Team concurs with the LFA recommendation to downgrade the overall performance rating for the period to B2, due to the seriousness of management issues noted.

The under-performing indicators are:

Number of all TB patients reported in prisons
The PR has only achieved 68% of the intended target, mainly due to District prison offices not reporting their results to the provinces (18 of 33 provinces reporting); and prisons without adequate diagnostic laboratory and clinic staff referring TB patients to the nearest health facilities and being recorded in the health clinic register instead of the prison register

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Number of lab-confirmed MDR TB patients enrolled in SLD treatment:

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The PR has developed action plans for these areas of under-performance, some of which are addressed

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Last Updated on: 17 June 2014

in the reprogramming request approved by the Country Team in February 2013.

| Progress Updates | | | | Disbursement Information | | | | |
|------------------|-----------------------|--|------------|--------------------------|-------------------|------------|---------------------|-------------------|
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date |
| 4 | 01.Jan.13 - 30.Jun.13 | | B2 | | | | | N/A |

| Summary of Progress | Reasons for variance between PR Request and Actual Disbursement |
|---------------------|-----------------------------------------------------------------|
|---------------------|-----------------------------------------------------------------|

Following the analysis of the overall performance of the Program, including the implementation of activities, completion of conditions and management actions, as well as program management during the reporting period (1 July – 31 December 2012), the Global Fund has decided to give the Principal Recipient a rating of B2. This is a downgrade from the overall programmatic rating of B1, reflecting the extent and seriousness of new management actions during this period, and those outstanding from previous periods.

Programmatic Results:

The PR continues to show adequate progress, with a quantitative indicator rating of B1. The 'All Indicator' rating is B1 and the 'Top Ten Indicator' rating is B1.

From a total of 16 indicators, the PR has achieved or exceeded the intended target for 6 indicators. For one indicator, the PRs perform is A1, for 5 indicators the rating is A2 and for rest of the indicators, the rating is B1.

| Progress Updates | | | | Disbursement Information | | | | |
|------------------|-----------------------|--|------------|--------------------------|-----------------------|------------|---------------------|-------------------|
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date |
| 5 | 01.Jul.13 - 31.Dec.13 | | B1 | 5 | 01.Jan.14 - 31.Mar.15 | 30,110,013 | \$ 57,440 | 06 May 2014 |

| Summary of Progress | Reasons for variance between PR Request and Actual Disbursement |
|---------------------|-----------------------------------------------------------------|
|---------------------|-----------------------------------------------------------------|

Following the analysis of the overall performance of the Program, including the implementation of activities, completion of conditions and management actions, as well as program management during the reporting period (1 July – 31 December 2013), the Global Fund has decided to give the Principal Recipient a rating of B1. While there are still several outstanding management actions, the Global Fund notes good effort by the PR to address many of the issues noted in the previous period. However, further improvement is still required. We note also the continued concern regarding low absorption and high risk cash management practices, which must be urgently addressed during the current implementation period and will be carefully assessed with the next VOI.

The Global Fund has authorized an Annual Disbursement Decision of USD 15,513,488 for the period 1 January 2014 – 31 March 2015, of which USD 50,000 will be paid directly to Green Light Committee (GLC) by the Global Fund; and up to USD 603,353 will be disbursed by the Global Fund directly to the supplier of GenXpert machines through VPP. The net disbursement to the PR is in the amount of USD 14,860,135.

The PR requested a disbursement of USD 30,110,013. Downward adjustments have been made to the PR's expenditure forecasts and carry-forward estimates. In light of historical expenditure patterns, a further reduction was made in the disbursement amount for forecasted non-procurement activities.

The calculation of the disbursement is as follows:

Forecast at PR level:

| | |
|-----------------------------------------------------|-----------------------|
| Approved PR budget Jan 2014- Dec 2014 | USD 13,610,300 |
| Approved PR buffer budget Jan-Mar 15 | USD 8,839,255 |
| Contractual commitments | USD 1,258,853 |
| Carry-over and outstanding advance from last period | USD 1,071,544 |
| Reprogramming | USD 34,493 |
| Less projected savings from cancelled activities | (USD 2,257,631) |
| Less savings from FX gain | (USD 1,208,963) |
| Less cash outflows pushed to future budget periods | (USD 8,286,015) |
| Total PR forecast: | USD 13,061,836 |

Forecast at SR level

| | |
|-----------------------------------------------------|----------------|
| Approved SR budget Jan 2014- Dec 2014 | USD 11,628,932 |
| Approved SR buffer budget Jan-Mar 15 | USD 2,473,538 |
| Contractual commitments | USD 221,305 |
| Carry-over and outstanding advance from last period | USD 1,554,069 |

| | |
|----------------------------------------------------|-----------------|
| Reprogramming | USD |
| 359,558 | |
| Projected overspending | USD 3,897 |
| Less projected savings from cancelled activities | (USD 587,932) |
| Less savings from FX gain | (USD 1,695,425) |
| Less cash outflows pushed to future budget periods | (USD 574,293) |
| Total SR forecast: | USD 13,383,649 |
| Total forecast PR+SR | USD26,445,486 |

The forecast is explained as below:

- The reprogramming at PR level is for minor lab renovations, TA, training and HR costs
- The commitments at PR level are mostly related to procurement of HP (pot sputum, slides and box slides) as well as commitments for media campaign
- The carry-forward amount at PR level is related to the TB lab renovations and procurement of lab equipment, which are continuing since Phase 1
- The reprogramming at SR level is related to PMDT training and some additional HR cost at province
- The carry-forward and commitments amount at SR level is related to the on-going prevalence survey
- Savings due to FX gain are as a result of significant appreciation of the Indonesian Rupiah. The budget rate is 1USD=9,700 IDR whereas the forecast has been re-valued to the average rate of the past six months – 1USD=11,162 IDR
- The projected savings and cancelled activities at PR level have been identified in the budget for SLD procurement, duplicated budget for lab renovation as well as some HR savings as a result of vacant positions
- The projected savings at SR level have been identified from IPT implementation as well as MDR-TB diagnosis and treatment incentives
- The budget which is postponed to future disbursement periods pertains mostly to the buffer period, Jan-Mar 2015, and covers activities at SR level as well as some procurement at PR level, the payments for which according to the PR have historically been delayed; hence the amount can be postponed to the next 2015 annual disbursement.

Disbursement Recommendation:

| | |
|-------------------------------------------|-----------------|
| Total forecast | USD 26,445,486 |
| Less PR cash balance | (USD 3,233,926) |
| Less SR cash balance | (USD 1,335,997) |
| Less cash in transit disbursed in Feb 14 | (USD 6,258,664) |
| Less cash already disbursed to VPP in May | (USD 103,411) |

Annual Disbursement Decision: USD 15,513,488

In accordance with the Global Fund's policy on Annual Disbursement Decisions, the disbursement will be transferred to the PR in tranches depending on verification of cash balance. The estimated timing of tranche release is as follows:

Tranche 1 of USD 2,564,948 covers January – June 2014 to be transferred in May 2014 – the calculations of Tranche 1 are detailed as below:

| | |
|--------------------------------------------|-----------------|
| Jan-Jun 2014 total forecast | USD 13,496,946 |
| Less PR cash balance | (USD 3,233,926) |
| Less SR cash balance | (USD 1,335,997) |
| Less cash in transit disbursed in Feb 2014 | (USD 6,258,664) |
| Less cash already disbursed to VPP in May | (USD 103,411) |
| Cash release amount | USD 2,564,948 |

First cash tranche includes a payment of USD 50,000 to GLC in May 2014 and USD 603,353 to VPP for GenXpert machines in July 2014. The net amount to be disbursed to the PR will be USD 1,911,595 in May 2014.

Tranche 2 of USD 5,944,705 covers July – September 2014 to be transferred in August 2014

Tranche 3 of USD 7,003,835 covers October 2014 – March 2015 to be transferred in October November 2014 –this will also cover the buffer in 2015

2.5. Contextual Information

| Title | Explanatory Notes |
|-------|-------------------|
| | |

2.6. Phase 2/ Periodic Review Grant Renewal

| | | | |
|-----------------------------------------------------------------------|--|--------------------------------|--|
| Performance Rating | | Recommendation Category | |
| Rationale for Phase 2/ Periodic Review Recommendation Category | | | |
| | | | |
| Rationale for Phase 2/ Periodic Review Recommendation Amount | | | |
| | | | |

| Time-bound Actions | |
|---------------------------|--------------------|
| Issues | Description |
| | |

