

General Grant Information

Country	Indonesia				
Grant Number	IND-405-G04-H	Component	HIV/AIDS	Round	4
Grant Title	Indonesia HIV/AIDS Comprehensive Care				
Principal Recipient	Ministry of Health of Indonesia				
Total Lifetime Budget	\$ 43,446,781	Phase 1 Grant Amount	\$ 31,129,618	Phase 2 Grant Amount	\$ 12,317,163
Grant Start Date	01 Apr 2005	Phase 1 End Date	31 Mar 2007	Phase 2 End Date	31.Mar.10
Disbursed Amount	\$ 41,850,618	% of Grant Amount	96%	Latest Rating	A1
Time Elapse (at the end of the latest reporting period)	60 months	% of Grant Duration	100%	Proposal Lifetime	123 months

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1. Program Description and Contextual Information

1.1. Grant Summary - Web

Indonesia, which had approximately 193,000 adults living with HIV in 2005, has an overall adult prevalence of about 0.1 percent. However, the epidemic is concentrated among most-at-risk groups and not yet generalized among the population. This grant is financing key pillars of HIV treatment and prevention in 17 provinces: a massive scale-up of antiretroviral therapy for people living with HIV, and significant targeted prevention activities among commercial sex workers, injecting drug users, men who have sex with men, and industries whose employees are most likely to buy sex.

1.2. Country Latest Statistics

Background and Health Spending	Estimate	Year	Source
Total population (in 1000s)	239,871	2010	United Nations. World Population Prospects: .The 2010 Revision
Pop age 0-4 (in 1000s)	21,579	2010	United Nations. World Population Prospects: .The 2010 Revision
Pop age 15-49 (in 1000s)	134,977	2010	United Nations. World Population Prospects: .The 2010 Revision
Physicians (number)	65,722	2000-2010	WHO. World Health Statistics 2011
Nursing and midwifery personnel (number)	465,662	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_u5mrcountrydata.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\$)	2,580	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)	3,770	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
HIV/AIDS	Estimate	Year	Source
Adult HIV prevalence (%)	0.3	2009	UNAIDS report on the global AIDS epidemic .2010
Adult HIV prevalence (%)	0.2	2009	UNAIDS report on the global AIDS epidemic .2010
People living with HIV	310,000	2009	UNAIDS report on the global AIDS epidemic .2010
AIDS-related deaths	8,300	2009	UNAIDS report on the global AIDS epidemic .2010
Estimated number of people needing ARV therapy (WHO 2010 guidelines)	82,000	2010	GLOBAL HIV/AIDS RESPONSE Epidemic update and health sector progress towards .Universal Access 2011
Estimated number of people needing ARV therapy (WHO 2006 guidelines)	45,000	2009	WHO. Towards Universal Access Progress Report 2010
Estimated number of people receiving ARV therapy	15,442	2009	WHO. Towards Universal Access Progress Report 2010
Reported number of people receiving antiretroviral therapy	19,572	2010	GLOBAL HIV/AIDS RESPONSE Epidemic update and health sector progress towards .Universal Access 2011
DALYs ('000), HIV/AIDS	41	2004	WHO. (http://www.who.int/healthinfo/global_burden_disease/gbddeathdalycountryestimates2004.xls) accessed on 01 December 2011
People currently on ART	20,000	2011	Global Fund-supported programs, end 2011 results

1.3. Comments on Key Discrepancies between Approved Proposal and Grant

N/A.

1.5. Conditions Precedent

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
1	A letter signed by the Authorized Representative of the Principal Recipient setting forth the name, title and authenticated specimen signature of each person authorized to sign requests for disbursement under Article 6 of the Standard Terms and Conditions of the Agreement and, in the event a request for disbursement may be signed by more than one person, the conditions under which each may sign.				Yes	
2	Evidence that the PR's information technology and other infrastructure has been augmented to a level sufficient to support the requirements of the Program.				Yes	
3	Evidence that an internal auditor acceptable to the Global Fund has been appointed.				Yes	
4	For Procurement : Evidence by means of an assessment of the PR's procurement and supply management systems that it can satisfactorily undertake such procurement.				Yes	
5	For Procurement : A plan for monitoring the performance and sustainability of procurement and supply management systems (the monitoring plan to include tracking of procurement prices, distribution costs, additional GF resources to domestic and other international sources, and other measures of procurement and supply system performance and sustainability).				Yes	
6	2nd Disbursement : Evidence that the Government of Indonesia will accord the exemptions from taxes and duties specified in Article 4 of this agreement.				In Progress	
7	Evidence that an external auditor acceptable to the Global Fund has been appointed.				Yes	
8	The disbursement or use of Grant funds to finance the procurement of Health Products (as defined in Article 19 of the Standard Terms and Conditions) in Phase 2 is subject to the following conditions: a. the delivery by the Principal Recipient to the Global Fund of a revised forecast and quantification for Years 4 and 5 of the Program (the "Revised Forecast"); b. the delivery by the Principal Recipient to the Global Fund of a revised detailed budget for Year 4 of the Program Term (the "Revised Year 4 Budget") taking into account the Revised Forecast; and c. subject to review by the Local Fund Agent, the written approval by the Global Fund of the Revised Forecast and the Revised Year 4 Budget.		Disbursement		Yes	Due date - 15 Apr 2008. Latest progress will be received on 15 Aug 2008.

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CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
9	Prior to disbursement or use of Grant funds for Year 5 of the Program Term, the Principal Recipient shall deliver to the Global Fund a revised detailed budget for Year 5 of the Program Term (the "Revised Year 5 Budget"), in form and substance acceptable to the Global Fund, setting forth the expenditures for Year 5 of the Program, taking into account the actual disbursements and expenditures made up to the date of the Revised Year 5 Budget.		Disbursement		Yes	Due date - 15 May 2009.
10	<p>SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>1. The annual report required under Article 13b(2) of this Agreement shall be due not later than 90 (rather than 45) days after the close of each fiscal year of the Principal Recipient.</p> <p>2. The requirement to submit the Interim Assessment Report under Article 13b(3) of this Agreement is hereby deleted.</p> <p>3. Not later than 15 April 2008, the Principal Recipient shall submit to the Global Fund a draft costed action plan for monitoring and evaluation, based on the Monitoring and Evaluation Systems Strengthening Tool.</p> <p>4. Not later than 30 May 2008, the Principal Recipient shall submit to the Global Fund a final costed action plan for monitoring and evaluation, in form and substance acceptable to the Global Fund, setting forth any required measures to strengthen the monitoring and evaluation capacity as agreed upon and adopted in the national stakeholder monitoring and evaluation workshop.</p>				Yes	

2. Key Grant Performance Information

2.1. Program Goals, Impact and Outcome Indicators

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
2005	2006	2007	2008	2009	2010	2011	2012	2013	2014

Goal 1 Reduced HIV related mortality and morbidity in 17 highly affected provinces of Indonesia

Outcome indicator	% of adults on treatment who increase their weight by at least 10% 6 months after initiation of ARV treatment										Baselines	
											Value	Year
											75%	2004

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	80%	80%	80%	80%	80%					
Result										
Data source of Results										

Outcome indicator	% of adults and children who are still on treatment after 6 months, 1, 2, 3, 5 years from the initiation of treatment										Baselines	
											Value	Year
											60%	2004

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	62%	65%	70%	75%	80%					
Result										
Data source of Results										

Outcome indicator	% of adults and children with HIV still alive 12 months after initiation of antiretroviral therapy (extend to 2, 3, 5 years as program matures)										Baselines	
											Value	Year
											60%	2004

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target					80%					
Result										
Data source of Results										

Goal 2 Reduced HIV transmission among high risk population in 17 highly affected provinces in Indonesia

Impact indicator	Reduced HIV prevalence among IDUs										Baselines	
											Value	Year
											27%	2004

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	27%	25%	23%	20%	15%					
Result										
Data source of Results										

Impact indicator	Reduced HIV prevalence among female sex workers							Baselines			
								Value	Year		
								3.6%	2004		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	3.5%	3.5%	3.0%	2.0%	1.5%					
Result										
Data source of Results										

Impact indicator	Reduced HIV prevalence among transvestite sex workers							Baselines			
								Value	Year		
								12%	2004		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	12%	10%	8%	7%	6%					
Result										
Data source of Results										

Outcome indicator	Reduce needle sharing among IDU population							Baselines			
								Value	Year		
								70%	2001		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	70%	70%	65%	60%	55%					
Result										
Data source of Results										

Impact indicator	Reduced STI (gonorrhea) prevalence among female sex workers							Baselines			
								Value	Year		
								35%	2004		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	32%	30%	25%	20%	15%					
Result										
Data source of Results										

Impact indicator	Reduce STI (gonorrhea) prevalence among transvestite sex workers							Baselines			
								Value	Year		
								15%	2004		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	15%	13%	10%	8%	5%					
Result										
Data source of Results										

Goal 3	Prevent HIV transmission among high risk male workers
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Outcome indicator	Percentage of male workers in high risk sectors reporting the use of a condom during sexual intercourse						Baselines			
							Value		Year	
							10%		2004	

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	10%	15%	20%	25%	30%					
Result										
Data source of Results										

Outcome indicator	Reduced STI prevalence among male workers in high risk sectors (such as remote mining companies)						Baselines			
							Value		Year	
							baseline to be conducted		N/A	

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	10% reduced from Baseline	20% reduced from Baseline	40% reduced from Baseline	50% reduced from Baseline	60% reduced from Baseline					
Result										
Data source of Results										

Impact indicator	% of adults aged 15-49 who are HIV infected						Baselines			
							Value		Year	
							0.01%		2003	

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	<1%	<1%	<1%	<1%	<1%					
Result										
Data source of Results										

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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.Apr.05 30.Jun.05	01.Jul.05 30.Sep.05	01.Oct.05 31.Dec.05	01.Jan.06 31.Mar.06	01.Apr.06 30.Jun.06	01.Jul.06 30.Sep.06	01.Oct.06 31.Dec.06	01.Jan.07 31.Mar.07
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
N/A	01.Apr.07 30.Jun.07	01.Jul.07 30.Sep.07	01.Oct.07 31.Dec.07	01.Jan.08 31.Mar.08	01.Apr.08 30.Jun.08	01.Jul.08 30.Sep.08	01.Oct.08 31.Dec.08	01.Jan.09 30.Jun.09
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
N/A	01.Jul.09 31.Dec.09	01.Jan.10 30.Jun.10	01.Jul.10 31.Dec.10	01.Jan.11 30.Jun.11	01.Jul.11 31.Dec.11	01.Jan.12 30.Jun.12	01.Jul.12 31.Dec.12	01.Jan.13 30.Jun.13

2.2.2. Program Objectives, Service Delivery Areas and Indicators

Objective 1 - To decrease HIV related mortality and morbidity among people with advanced HIV infection in 17 highly affected provinces in Indonesia.

Prevention: Counseling and testing

Indicator 1.1 - Number of people completing testing and counseling process

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	1,255	Nov 2004	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	5,000	15,000	30,000	35,000	40,000	45,000	50,000	55,000
Result	210	2,088	5,611	13,432	24,455	37,163	56,667	76,701
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	81,557	95,621	111,957	126,281	154,691	181,101	233,921	286,741
Result	87,954	94,351	100,526	111,648	132,092	158,627	220,276	296,510
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	339,561							
Result	378,632							

Indicator 1.2 - Number of hospitals providing testing and counseling services and ART

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 2-Service Points supported	25	Nov 2004	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	11	38	50	50	62	75	75	75
Result	0	0	14	14	37	61	71	80
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	80	80	80	80	96	96	96	96
Result	80	80	80	94	105	106	114	119
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	96							
Result	119							

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Treatment: Prophylaxis and treatment for opportunistic infections

Indicator 1.3 - Number and percentage of HIV positive TB patients who received co-trimoxazole preventive therapy

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	N/A	Nov 2004	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	0	0	0	1,000	2,000	3,000
Result	0	0	0	0	0	2,093	1,875	2,434

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	9,000	10,000	11,000	12,000	13,000	14,000	16,000	18,000
Result	2,847	3,341	3,874	4,583	6,518	7,979	11,164	14,697

	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	20,000							
Result	18,912							

Treatment: Antiretroviral treatment and monitoring

Indicator 1.4 - Number of people receiving ARV combination therapy. (The results reported up to Q3 were achieved with funds from the Government of Indonesia, not from the Global Fund).

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	3,200	2004	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	2,250	3,475	5,725	6,000	6,500	7,000	7,500	8,000
Result	0	0	658	1,188	3,574	4,263	4,945	5,457

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	9,000	10,000	11,000	12,000	13,000	14,000	16,000	18,000
Result	5,873	6,351	7,341	8,095	8,980	9,970	12,303	14,811

	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	20,000							
Result	17,617							

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Care and Support: Care and support for the chronically ill and families

Indicator 1.5 - Number of community health workers and traditional birth attendee workers trained related to providing care and support to PLWHA

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 1-People trained	500	Dec 2004	Y	Y

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	0	40	60	440	800	800
Result	0	0	0	26	26	26	390	499

Indicator 1.6 - Number of PLWHAS receiving care and support services

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	500	2004	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	500	1,000	1,500	1,750	2,000	2,250	2,500
Result	15	127	306	1,033	2,092	2,701	3,157	3,585

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	3,854	3,991	4,241	4,491	4,741	4,991	5,491	5,991
Result	3,886	3,992	4,093	4,371	5,637	7,877	13,972	20,133

	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	6,491							
Result	28,380							

Indicator 1.7 - Number of community organizations that received support to assist PLWHAs

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 2-Service Points supported	35	2004	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	5	7	10	17	17	17	17
Result	1	5	12	18	22	23	29	30

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	17	17	17	17	37	37	37	37
Result	30	30	34	34	37	46	59	61

	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	37							
Result	61							

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Prevention: Behavioral Change Communication - Mass Media

Indicator 1.8 - Number of journalists, scriptwriters, advertisers, media leaders and producers (UNICEF) trained

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 1-People trained	0	2004	Y	Y

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	134	205	297	327	327	327	427	527
Result	0	0	76	189	189	189	341	534

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Objective 2 - To decrease the incidence of HIV infections among IDUs and their regular partners in 17 high affected provinces through harm reduction, condom promotion, increased awareness of risky behaviors and care support for HIV.

Prevention: Programmes for specific groups

Indicator 2.1 - Number of IDUs reached through prevention programs (needle and syringe exchange program) (In attachment 2 : SDA Prevention BCC-community outreach)

	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	100	2004	Y	N										
Target	0	290	580	870	1,070	1,270	1,470	1,620						
Result	0	0	0	0	379	2,243	6,255	7,797						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	8,140	8,140	10,140	12,140	13,322	13,822	26,222	38,622						
Result	8,140	8,140	8,140	8,140	8,140	8,140	22,232	51,873						
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24						
Target	38,622													
Result	60,312													

Indicator 2.2 - Number of IDU receiving methadone substitution therapy

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)										
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Level 3-People reached	N/A	Mar 07	Y	N										
Target														
Result														
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target					1,800	1,800	1,800	1,800						
Result					1,235	1,531	2,420	2,859						
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24						
Target	1,800													
Result	3,551													

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Objective 3 - To decrease the number of HIV infections among female sex workers and transvestites in 17 provinces through increased awareness of risky behaviors, condom use promotion, proper STI management, VCT programs and care

Prevention: Programmes for specific groups

Indicator 3.1 - Number of sex workers reached through outreach activities (FSW, Waria, male sex workers) (In attachment 2 SDA : Prevention BCC - Community Outreach).

	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	3005	2004	Y	N										
Target	0	1,250	5,000	6,500	7,500	8,500	9,500	11,000						
Result	0	1,183	3,001	11,169	21,134	28,870	37,086	43,190						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	45,178	45,988	50,988	55,988	60,988	65,988	75,988	85,988						
Result	45,182	45,992	47,722	49,279	59,635	75,029	110,849	141,849						
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24						
Target	95,988													
Result	175,301													

Prevention: STI diagnosis and treatment

Indicator 3.2 - Number of cases treated for STIs with counseling among sex workers

	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	1600	2004	Y	N										
Target	0	1,500	2,500	3,500	4,500	5,500	6,250	7,000						
Result	0	0	0	4,838	8,913	13,488	17,799	24,724						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	29,002	30,100	33,100	36,100	39,100	42,100	48,100	54,100						
Result	29,002	30,100	37,857	36,432	42,669	50,735	72,821	102,062						
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24						
Target	60,100													
Result	133,456													

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Objective 4 - To develop policies supporting prevention, anti-discrimination and STI and HIV treatment in the world of work and increase the capacity for facilitating and monitoring workplace HIV prevention programs.

Supportive Environment: Workplace policy and programs

Indicator 4.1 - Number of enterprises/companies that have HIV/AIDS workplace policies and programs

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 0-Process/Activity Indicator	25	2004	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	0	100	150	200	300	500
Result	0	0	0	0	0	55	285	285

Indicator 4.2 - Number of service deliverers trained at national , provincial and district level including inspectors at company OSH teams

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 1-People trained	125	2004	Y	Y

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	500	620	780	950	1,150	1,325	1,500
Result	121	481	681	717	717	922	1,293	1,293

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Prevention: PMTCT

Indicator 4.3 - Number of services deliverers trained on PMTCT

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 1-People trained	0	2006	Y	Y

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	0	0	105	105	105	105
Result	0	0	0	0	0	0	222	222

Indicator 4.4 - Number of PMTCT services set up for PMTCT

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 2-Service Points supported	N/A	Jan 2006	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	0	0	0	15	15	15
Result	0	0	0	0	0	0	6	8

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	15	15	15	15	20	20	20	20
Result	8	8	8	23	29	29	29	29

	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	20							
Result	29							

Indicator 4.5 - Number of HIV positive pregnant women receiving a complete course of antiretroviral prophylaxis

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	N/A	Jan 2006	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target								
Result								

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target					15	30	60	90
Result					58	80	182	279

	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	114							
Result	391							

2.2.3. Cumulative Progress To Date

Latest reporting due period : 20 (01.Jan.11 - 30.Jun.11)

Objective 1 To decrease HIV related mortality and morbidity among people with advanced HIV infection in 17 highly affected provinces in Indonesia.

SDA Prevention: Counseling and testing

Indicator 1.1 - Number of people completing testing and counseling process

	Target		Result		Progress (%)				
	Period	Value	Period	Value	0%	30%	60%	90%	100%
Level 3-People reached	17	339,561	17	378,632	112%				

Indicator 1.2 - Number of hospitals providing testing and counseling services and ART

	Target		Result		Progress (%)				
	Period	Value	Period	Value	0%	30%	60%	90%	100%
Level 2-Service Points supported	17	96	17	119	120%				

SDA Treatment: Prophylaxis and treatment for opportunistic infections

Indicator 1.3 - Number and percentage of HIV positive TB patients who received co-trimoxazole preventive therapy

	Target		Result		Progress (%)				
	Period	Value	Period	Value	0%	30%	60%	90%	100%
Level 3-People reached	17	20,000	17	18,912	95%				

SDA Treatment: Antiretroviral treatment and monitoring

Indicator 1.4 - Number of people receiving ARV combination therapy. (The results reported up to Q3 were achieved with funds from the Government of Indonesia, not from the Global Fund).

	Target		Result		Progress (%)				
	Period	Value	Period	Value	0%	30%	60%	90%	100%
Level 3-People reached	17	20,000	17	17,617	88%				

SDA Care and Support: Care and support for the chronically ill and families

Indicator 1.5 - Number of community health workers and traditional birth attendee workers trained related to providing care and support to PLWHA

	Target		Result		Progress (%)				
	Period	Value	Period	Value	0%	30%	60%	90%	100%
Level 1-People trained	8	800	8	499	62%				

Indicator 1.6 - Number of PLWHAS receiving care and support services

	Target		Result		Progress (%)				
	Period	Value	Period	Value	0%	30%	60%	90%	100%
Level 3-People reached	17	6,491	17	28,380	120%				

Indicator 1.7 - Number of community organizations that received support to assist PLWHAS

	Target		Result		Progress (%)				
	Period	Value	Period	Value	0%	30%	60%	90%	100%
Level 2-Service Points supported	17	37	17	61	120%				

SDA Prevention: Behavioral Change Communication - Mass Media

Indicator 1.8 - Number of journalists, scriptwriters, advertisers, media leaders and producers (UNICEF) trained

	Target		Result		Progress (%)				
	Period	Value	Period	Value	0%	30%	60%	90%	100%
Level 1-People trained	8	527	8	534	101%				

Objective 2 To decrease the incidence of HIV infections among IDUs and their regular partners in 17 high affected provinces through harm reduction, condom promotion, increased awareness of risky behaviors and care support for HIV.

SDA Prevention: Programmes for specific groups

Indicator 2.1 - Number of IDUs reached through prevention programs (needle and syringe exchange program) (In attachment 2 : SDA Prevention BCC-community outreach)

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	17	38,622	17	60,312					120%	

Indicator 2.2 - Number of IDU receiving methadone substitution therapy

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	17	1,800	17	3,551					120%	

Objective 3 To decrease the number of HIV infections among female sex workers and transvestites in 17 provinces through increased awareness of risky behaviors, condom use promotion, proper STI management, VCT programs and care

SDA Prevention: Programmes for specific groups

Indicator 3.1 - Number of sex workers reached through outreach activities (FSW, Waria, male sex workers) (In attachment 2 SDA : Prevention BCC - Community Outreach).

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	17	95,988	17	175,301					120%	

SDA Prevention: STI diagnosis and treatment

Indicator 3.2 - Number of cases treated for STIs with counseling among sex workers

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	17	60,100	17	133,456					120%	

Objective 4 To develop policies supporting prevention, anti-discrimination and STI and HIV treatment in the world of work and increase the capacity for facilitating and monitoring workplace HIV prevention programs.

SDA Supportive Environment: Workplace policy and programs

Indicator 4.1 - Number of enterprises/companies that have HIV/AIDS workplace policies and programs

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 0-Process/Activity Indicator	8	500	8	285					57%	

Indicator 4.2 - Number of service deliverers trained at national , provincial and district level including inspectors at company OSH teams

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	8	1,500	8	1,293					86%	

SDA Prevention: PMTCT

Indicator 4.3 - Number of services deliverers trained on PMTCT

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	8	105	8	222					120%	

Indicator 4.4 - Number of PMTCT services set up for PMTCT

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 2-Service Points supported	17	20	17	29					120%	

Indicator 4.5 - Number of HIV positive pregnant women receiving a complete course of antiretroviral prophylaxis

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	17	114	17	391					120%	

2.3. Financial Performance

2.3.1. Grant Financial Key Performance Indicators (KPIs)

Grant Duration (months)	60 months	Grant Amount	43,446,781 \$
% Time Elapsed (as of end date of the latest PU)	100%	% disbursed by TGF (to date)	96%
Time Remaining (as of end date of the latest PU)	0 months	Disbursed by TGF (to date)	41,850,618 \$
Expenditures Rate (as of end date of the latest PU)	70%	Funds Remaining (to date)	1,596,163 \$

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.Apr.05	01.Jul.05	01.Oct.05	01.Jan.06	01.Apr.06	01.Jul.06	01.Oct.06	01.Jan.07
Period Covered To:	30.Jun.05	30.Sep.05	31.Dec.05	31.Mar.06	30.Jun.06	30.Sep.06	31.Dec.06	31.Mar.07
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	2,213,382	8,123,871	10,411,727	12,809,896	16,392,778	22,860,504	27,682,204	31,129,618
Summary Period Budget:	2,213,382	5,910,489	2,287,856	2,398,169	3,582,882	6,467,726	4,821,700	3,447,414

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.Apr.07	01.Jul.07	01.Oct.07	01.Jan.08	01.Apr.08	01.Jul.08	01.Oct.08	01.Jan.09
Period Covered To:	30.Jun.07	30.Sep.07	31.Dec.07	31.Mar.08	30.Jun.08	30.Sep.08	31.Dec.08	31.Mar.09
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	31,129,618	31,129,618	31,129,618	34,562,515	39,414,118	41,637,862	43,287,206	46,201,337
Summary Period Budget:				3,432,897	4,851,603	2,223,744	1,649,344	2,914,131

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.Apr.09	01.Jul.09	01.Oct.09	01.Jan.10	01.Apr.10	01.Jul.10	01.Oct.10	01.Jan.11
Period Covered To:	30.Jun.09	30.Sep.09	31.Dec.09	31.Mar.10	30.Jun.10	30.Sep.10	31.Dec.10	31.Mar.11
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	51,599,594	54,705,820	56,299,117	58,015,043	58,015,043	58,015,043	58,015,043	58,015,043
Summary Period Budget:	5,398,257	3,106,226	1,593,297	1,715,926				

Expenditure Categories

Program Activities

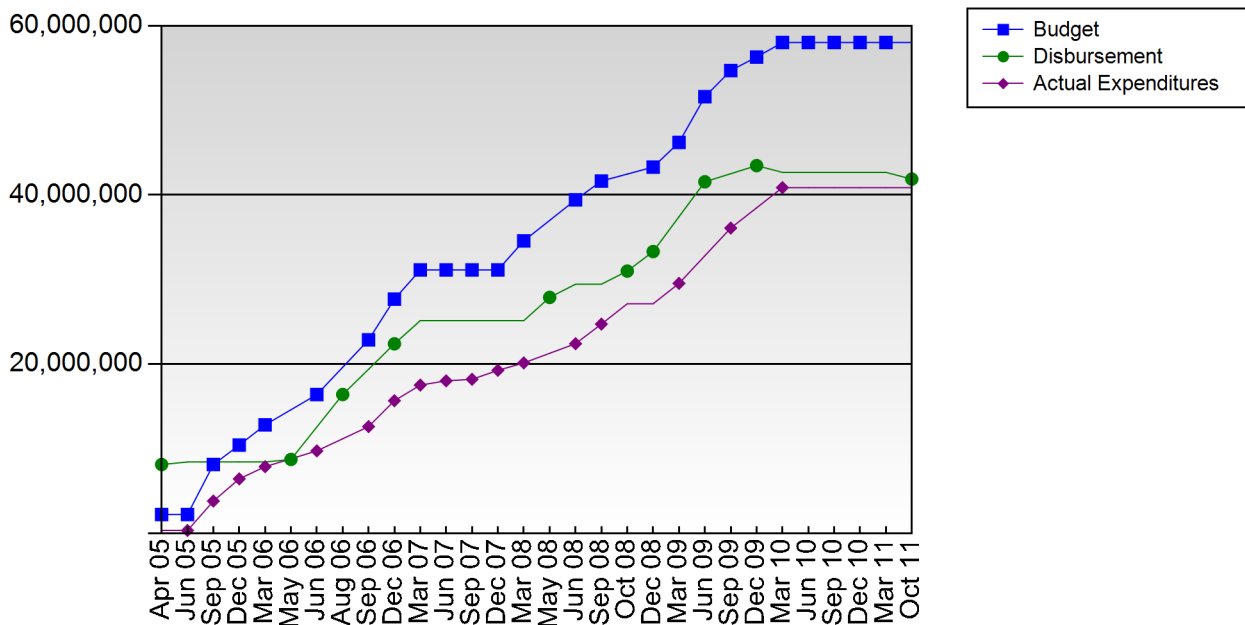
Implementing Entities

- Comments and additional information

2.3.3. Program Expenditures

Period PU17: 01.Oct.09 - 31.Mar.10	Actual Cash Outflow	Cumulative Budget	Cumulative Cash Outflow	Variance	Reason for variance
1. Total cash outflow vs. budget	\$ 4,784,827	\$ 58,015,043	\$ 40,864,224	\$ 17,150,819	
1a. PR's Total expenditure	\$ 1,958,426		\$ 27,351,056		
1b. Disbursements to sub-recipients	\$ 2,826,400		\$ 13,513,168		
1c. Expenditure Adjustments					Reason for adjustments
2. Pharmaceuticals & Health Product expenditures vs budget			\$ 9,469,397		
2a. Medicines & pharmaceutical products			\$ 8,139,617		
2b. Health products and health equipment			\$ 1,164,890		

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

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Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
0	01.Apr.05 -		N/A	1	01.Apr.05 - 30.Jun.05	8,123,871	\$ 8,123,871	12 Apr 2005	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
This is a first disbursement request and therefore there is no performance to be rated.					No variance between the requested and disbursed amount.				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
1	01.Apr.05 - 30.Jun.05		C	2	01.Jul.05 - 31.Dec.05	142,118		N/A	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The reasons for this rating are:</p> <p>(a) low achievement of target indicators in quarter.</p> <p>(b) there are number of inaccurate information, which indicated that there is no quality assurance process for data collected and reported.</p> <p>(c) variance analysis between budget and actual was not performed on a timely basis and neither was this supported with detailed explanations of the variances, both programmatic and financial aspects.</p> <p>(d) 1 out of 7 condition precedents for disbursement have not been completely fulfilled by the PR.</p>					No disbursement made based on this request as there are outstanding issues to be addressed by the PR prior to making any further disbursement.				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
2	01.Jul.05 - 30.Sep.05		B2	3	01.Oct.05 - 30.Mar.06	909,858	\$ 600,000	18 May 2006	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>This disbursement is based on the Q2 progress update report. The program is an ambitious scale-up of HIV prevention, treatment, and care and support activities across seventeen of Indonesia's 33 provinces. Due to the need to establish formal relationships with each of the provinces to implement the program activities, it was only at the end of Q2 that all seventeen provincial implementing units (PIUs) were in place. This has contributed to a delay in reaching targets. Overall performance through Q2 was poor. Therefore, only a partial disbursement of funds was made. Continued funding was made contingent upon the PR strengthening its capacity and its ability to deliver and monitor the relevant services.</p>					<p>As of May 2006, there was a pending disbursement in the amount of 909,856. Since the PR had not fully addressed the programmatic and oversight issues identified by the LFA and TGF, it was not deemed appropriate to disburse the full amount of 909856. However, in response to these concerns the CCM established a sub-committee which reviewed the PR in detail and made a number of recommendations. In response, the PR has taken a number of positive steps to address the challenges.</p>				

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Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
3	01.Oct.05 - 31.Dec.05		B2	4	01.Jan.06 - 29.Jun.06	9,150,054	\$ 7,674,769	03 Aug 2006	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>This disbursement was based on the Quarter 3 Progress Update and based on the steps taken by the PR since May 2006 to strengthen program management and oversight with a focus on reaching the intended recipients with services. These steps were taken in response to concerns raised by the CCM and the Global Fund. Though programmatic progress has improved in P3, there are still problems to be resolved concerning indicator performance and also the M&E unit of the PR. Out of 23 reportable indicators, 6 have exceeded their targets, 2 exceeded 70 percent of their targets, 2 reached between 50 and 60 percent of their targets, and the remaining indicators achievements were very low.</p>					<p>Although the programmatic performance for quarter 3 has been rated B2, the PR has taken substantial and documented steps to strengthen its oversight capacity, M&E function, and its ability to deliver services to the intended recipients. The PR was given a set of deliverables by the CCM which related to these activities. The CCM and partners have been working closely with the PR during this process since late April and early May of 2006. The PR has met the targets set by the CCM and the LFA has verified these achievements. The PR is now progressing down a path which should permit it to implement appropriately. However, the has a cash balance of only USD 25,642 at present and a pressing need for funding. It is also important to note that the PR has restructured the management of the unit in response to the CCM's concerns. This is a most significant step and one that has been in the planning stages for approximately a year. In light of thhe PR's strong commitment to implement, the additional disbursement for the amount of USD 7,674,769 disbursed at this time.</p>				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
4	01.Jan.06 - 31.Mar.06		B2	5	01.Apr.06 - 30.Jun.06	9,147,761		N/A	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>While the program continues to make improvements, achievements of many indicators are still lagging behind. There have been some issues related to non-compliance with procurement guidelines for this grant. These issues have been addressed and the PR has been advised as to appropriate procedure. FPM is now waiting for Q6 results before making further disbursements.</p>					<p>Due to the following adjustments, no additional funds disbursed: (a) Change of budget for Q5 (1 Apr - 30 June 06) in amounting to (USD 2,354,262.16) (b) Change of budget for Q6 (1 July - 30 Sep 06) in amounting to (USD 885,041) (c) Additional buffer for Qu (1 Oct - 31 Dec 06) in amounting to (USD 1,711,151.50) (d) Additional cash received from the GF after the period covered amounting to (USD 7,674,769) Total = USD (9,202,920.66)</p>				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
5	01.Apr.06 - 30.Jun.06		B2	6	01.Jul.06 - 29.Dec.06	2,536,898		N/A	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>This grant is performing at a level slightly below adequate, only fice of fifteen indicators having met their targets. In addition, 6 indicators had achived under 50 per cent of their targets. Some of the indicators which were performing below targets are related to hard to reach sub-populations. The PR making efforts to train community leaders in order to better reach at-risk and marginalized sub-populations who have proven difficult to reach largely due to social stigama associated with these groups (e.g. females sex workers, IDUs, PLWHA).</p> <p>Several inaccuracies were detected in the PR report of programmatic progress, which indicates that there is no mechanism for quality assurance. The creation of the Ad-hoc Problem Solving Task Force is expected to have a positive effect on the quality of the PRs quarterly reports.</p>					<p>While the program continues to make improvements, achievements of many indicators are still lagging behind. At the time of this disbursement request, the PR still had a high cash balance, due to additional buffer for Q7, change of budget and additional cash received from the GF, resulting in this Nil disbursement decision. Furthermore, as the PR was in the process of implementing strong financial oversight mechanisms, the FPM was interested in reviewing the Q5 report - which will be released in early October - prior to releasing more funds.</p>				

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Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
6	01.Jul.06 - 30.Sep.06			B1	7	01.Oct.06 - 31.Mar.07	4,191,263	\$ 5,995,366	13 Dec 2006
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
Despite inaccurate information reported for nine out of fifteen results, the program has made significant improvement. Seven indicators have exceeded their targets, two have achieved at least 80 percent of their targets, two have met between 50 and 75 percent of their targets, two achieved less than 50 percent of their targets and 2 indicators remain at 0 percent of their targets.					The difference between cash amount requested by the PR and the disbursed amount is due to: PR's disbursement request = USD 4,191,263.88 Adjustments: Change of forecast for Q7 (Oct to Dec 06) amounting to USD 2,083,857.00 Change of forecast for Q8 (Jan to Mar 07) amounting to USD (279,755.00) Adjusted PR's disbursement Request = USD 5,995,365.89 In light of the program's strong performance in Q6, the increased absorptive capacity of the program, and the LFA's recommendation, the disbursement amount of USD 5,995,365 is made.				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
7	01.Oct.06 - 31.Dec.06			B2	8	01.Jan.07 - 30.Jun.07	1,287,515		N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
Although there were several discrepancies in their progress update report, greater efforts have been made by the PR to increase the quality of its Quarterly Progress reports. Out of 15 indicators, 7 exceeded their targets, 5 indicators met their targets, 1 partially met their target and 2 indicators achieved less than 50% of the cumulative target. The PR's absorption rate in Q7 was 50.06%.					Due to the following adjustments, no additional disbursement was made. The cash amount requested by the PR - USD 1,287,514.65 1. Revision to the ending cash balance for Q7 amounting to - USD 167,628.33 2. Revision to the Q8 budget (Jan - Mar 2007) amounting to - USD (3,375,337.79) 3. Revision to the no cost extension period 1 (Apr - Jun 2007) amounting to - USD (2,730,728.42) Total - USD (4,650,923.23) As a result of the above adjustments, no disbursement made based on this request.				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
8	01.Jan.07 - 31.Mar.07			B2	9	01.Apr.07 - 30.Sep.07			N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
There was significant achievement in Quarter 8 programmatic results. Out of 15 indicators, 9 indicators exceeded the targets, 2 indicators met the targets and 4 indicators partially met the targets. The PR's absorption rate for this quarter was 69.22%. At the end of the quarter the PR had absorbed 58.57% of the total funds available to them. The PR continues to make significant efforts to improve the quality of progress reports. The PR has recruited 1 data analysis staff effective 4 October 2006. In addition, 3 monitoring and evaluation staff were also recruited who are responsible for ensuring the quality of reports.					As the PR had enough cash on hand to implement the program activities for the coming quarters, no funds were requested.				

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Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
9	01.Apr.07 - 30.Jun.07			B2	10	01.Jul.07 - 31.Dec.07			N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The PR continues to make significant progress in achieving programmatic results. Out of 15 indicators 10 exceeded the targets, 1 met the target and 4 indicators partially met the targets. Up to the end of Quarter 9, the total actual expenditure was USD 18,768,922. One condition precedent has not been completely fulfilled by the PR. a full tax exemption has not been obtained. a tax exemption letter to imported goods but not for domestic goods has been obtained. Greater efforts have been effected by the PR to increase the quality of PR's Quarterly Progress Report.</p>					<p>As the PR had enough cash on hand to implement the program activities for the coming quarters, no funds were requested.</p>				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
10	01.Jul.07 - 30.Sep.07			B1	11	01.Oct.07 - 31.Mar.08			N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>Programmatic Progress: Although it has been noted that there were inaccurate information for 8 (eight) out of 15 (fifteen) claimed programmatic actual results, there is a significant achievement in the Quarter 10 programmatic aspects. Out of 15 (fifteen) indicators:</p> <ul style="list-style-type: none"> - 11 (eleven) indicators exceeded the targets (above 100% of the targets); and - 4 (four) indicators partially met the targets (between 50% to 80% of the targets). <p>Financial Progress: Up to the end of Quarter 10, the total actual expenditure was USD 18,949,977 or equivalent to 61% of the total funds available up to Quarter 10 USD 31,129,618.</p>					<p>As the PR had enough cash on hand to implement the program activities for the coming quarters, no funds were requested.</p>				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
11	01.Oct.07 - 31.Dec.07			B1	12	01.Jan.08 - 30.Jun.08	5,571,942	\$ 5,490,501	21 May 2008
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>This is the first disbursement request after the lifting of the temporary funding restriction.</p> <p>The cumulative performance as of todate is acceptable considering that most of the targets were achieved with a limited funding made available and keeping in mind that the PR worked intensively during the last quarter of 2007 in operationalizing the Program Implementation Manual.</p> <p>Cumulatively, 2 out of 10 indicators have achieved or exceeded more than 100% of their targets. In the other hand the PR failed to achieve the intended targets for 3 indicators during the quarter as no more funds were available during restriction period to fully implement these activities.</p>					<p>The difference in the PR requested amount and the disbursement amount occurs due to the following:</p> <p>Cash requested by the PR amounting to USD 5,571,942.38 Cash balance amount to (USD 3,513,426.51) Budget required for Q12 amounting to (Jan to Mar 08) USD 5,571,031 Total: USD 5,490,501.49</p>				

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Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
12	01.Jan.08 - 31.Mar.08			B1	13	01.Apr.08 - 30.Sep.08	3,533,015		N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>There was significant achievement in the Quarter 12 programmatic aspects. Out of 10 indicators, 4 indicators exceeded the targets, 3 indicators met their targets (above 80% of the targets); 2 indicators partially met the targets (between 50% to 75% of the targets);and 1 indicator did not meet their targets. Up to the end of Quarter 12, the total actual expenditure was USD 20,135,941 or equivalent to 58.26% of the total funds available up to Quarter 12 USD 34,562,515. Although corrective actions for previous insufficient/incomplete supporting documents have been taken, there were new instances of insufficient/incomplete supporting documents noted due to human error.</p>					<p>No additional disbursement made based on this request as the PR still has sufficient funds along with the cash in-transit that was disbursed by the Global Fund on 21 May 2008 to cover the cash requirements up to the end of Quarter 14 (i.e. July – September 2008).</p>				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
13	01.Apr.08 - 30.Jun.08			A2	14	01.Jul.08 - 31.Dec.08	3,344,649	\$ 3,108,783	01 Oct 2008
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>There was good achievement in Q13 for this grant. Out of 12 indicators, 6 exceeded targets (above 100%); 2 met their targets (80%) and 4 indicators partially met their targets (between 50% and 75%). The total expenditure as at end Q13 was USD 22,4009,529.89 or 56% of the total funds available up to the end of this quarter.</p>									
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
14	01.Jul.08 - 30.Sep.08			A2	15	01.Oct.08 - 30.Jun.09	1,939,917	\$ 2,307,993	05 Dec 2008
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The programmatic results have shown impressive improvements with significant up scaling for some crucial activities. Acceleration is taking place and the performance is consolidating now at a high level. The review of the Quarter 14 programmatic results against the Performance Based Framework shows that of 12 indicators, the PR achieved or exceeded more than 100% of the cumulative targets for 7 indicators and 80% or more of the cumulative targets for 2 indicators.</p>					<p>The grant was switched to semi-annual reporting in late 2008. An Implementation Letter was issued to that effect and explains the difference between the PR request and TGF disbursement amount.</p>				

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Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
15	01.Oct.08 - 31.Mar.09		A1	16	01.Apr.09 - 29.Sep.09	7,098,763	\$ 8,249,025	22 Jun 2009	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The grant was restricted from 15 March to 20 August 2007 and the rate of absorption of funding was low during the whole of 2007. Since the signing of phase 2 in March 2008, the performance of the grant has increased significantly from B2 during the restriction to B1 after the lifting of the restriction to scoring A2 in mid 2008 and finally reaching A1 for the last 6 months. The grant was switched to semi-annual reporting in late 2008 because of good performance.</p> <p>From a total of twelve indicators at the end of Quarters 15 and 16 (31 March 2009), the PR has met or exceeded ten cumulative targets. Two indicators however have not met their targets but have nevertheless achieved significantly better results than from earlier reporting periods. Notably, the number of HIV infected people receiving ARV combination therapy has significantly increased to reach 77% compared to 71% earlier. Similarly, while still not sufficient, the number and percentage of HIV positive TB patients receiving co-trimoxazole preventive therapy has reached 70% compared with 57% earlier.</p> <p>1/1 Number of people completing testing and counseling process 94% 1/2 Number of hospitals providing testing and counseling services and ART 119% 1/5 Number of PLWHAs receiving care and support services 254% 1/6 Number of Community organizations receiving support to assist PLWHAs 159% 2/1 Number of IDU reached through prevention programs (Needle Syringe Program) 85% 2/2 Number of IDU receiving methadone substitution therapy 134% 3/1 Number of sex workers reached through outreach activities (Female and male SW, transvestites) 146% 3/2 Number of cases treated for STIs with counseling among sex workers 151% 4/1 Number of PMTCT service sites set up 145% 4/2 Number of HIV positive pregnant women receiving a complete course of antiretroviral prophylaxis 303%</p> <p>The A1 rating corresponds to an average performance of all indicators of 107 % for the reporting period compared with 95% for the precedent period. The top 10 indicators show a percentage of achievement of 103 % for the reporting period as compared with 91 % from the precedent period.</p> <p>The performance is therefore consolidating at a high level and shows that the PR is catching up with cumulative targets and consuming funding at a higher pace in line with the up scaling taking place on the ground.</p> <p>Regarding Round 8, and as a lesson learned from Round 8, the PR is working with CHAI to do its forecasting for ARVs that will be procured via VPP. Kimia Farma, the largest government owned pharmaceutical company in Indonesia, will deal with the storage and distribution as recommended by the LFA.</p>					<p>As indicated earlier, the performance of the grant has continued to improve and the PR is up scaling while the disbursement remains within the range.</p> <p>The difference between cash amount requested by the PR and the GF recommended disbursement amount is due to the following:</p> <p>Adjustments:</p> <p>A. Difference in the cash received from the Global Fund after the period covered by the Progress Update or cash "in transit" USD (3,156,916.75) B. Difference in the forecast budget for Quarter 17 and 18 after the period covered by PU/DR or cash "in transit" USD 4,307,178.57 C. Rounding USD (0.07) Total adjustments USD 1,150,261.75</p> <p>Disbursement made USD 8,249,025.13</p>				

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Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
16	01.Apr.09 - 30.Sep.09			A1	17	01.Oct.09 - 29.Jun.10	4,674,162	\$ 1,912,187	04 Dec 2009
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The Program continues demonstrating strong and consolidated programmatic performance. From the total reported 12 indicators, the Principal Recipient has exceeded the intended targets of 10 activities and met the intended targets above 80% for the remaining two.</p> <p>The A1 rating corresponds to an average performance of all indicators of 112% and the top ten indicators 110%.</p> <p>To highlight some of key achievements:</p> <ul style="list-style-type: none"> o 295,510 (103%) people had completed testing and counseling o 119 (120%) hospitals are providing testing and counseling services and ART o 14,811 (82%) people are receiving ARV combination therapy o 14,697 (82%) HIV positive TB patients had received co-trimoxazole preventive o 20,133 (120%) PLWHAS are receiving care and support; o 51,873 (120%) and 2,859 (120%) IDUs reached through prevention programs (needle and syringe exchange and methodone substitution therapy respectively; o 141,849 (120%) sex workers reached through outreach activities; o 279 (120%) HIV positive pregnant women receiving a complete course of ARV; and o 29 (120%) PMTCT services set up for PMTCT. <p>Further, we would like to highlight that the Principal Recipient submitted this PU/DR in 25 days prior to the dead-line of 15 November 2009. The data in the report was collected from 19 SRs of the province health offices and from other SR of NGO and non health sectors.</p>					<p>Rational and Performance Bases for Disbursement Decision: As indicated in section above, the program continues demonstrating a strong performance with 2 consecutive A1 ratings.</p> <p>The disbursement request amount is in line with the approved budget of the Grant and it has taken into consideration the carry forward and acceleration activities. The buffer budget for period 1 April to 30 September 2010 corresponds to the approved budget request for Grant Closure Activities (detail presented in Appendix 7 of the LFA report). In general however, the program is implemented cost efficiently so that EAP anticipates that about 5 USD million will remain undisbursed by the end of the program life cycle and will be decommitted in April 2010 to fund other programs.</p> <p>The forecasted amount from 1 October 2009 to 31 March 2010 is according to the accelerated work plan of US\$ 8,735,210 reviewed by the LFA and approved by TGF. The budget for the COP reviewed by the LFA of the program is US\$ 1,722,811 for (1 April to September 2010). Please note the FPM have requested the LFA to review this last PU-DR in synchronization with the review of the COP so both documents are consistent. The cash balance as of 30 September is US\$ 6,452,536. The net need for additional cash is US\$ 4,005,485 and we are withholding US\$ 2,087,000 for additional ARVs and US\$ 6,298.64 for non settled cash advances.</p> <p>Reason for difference of the Principal Recipient Disbursement Requested Amount and LFA as well as EAP recommendation: The difference between the cash amount requested by the Principal Recipient and the LFA recommendation is mainly due to the exchange rate adjustment. For more details, please see the computation below: Principal Recipient's disbursement request USD 4,674,162.31 LFA adjustments: Difference in program and other expenditure USD 89.35 Difference in beginning balance and cash disbursed to the Principal Recipient by the GF (USD 19.94) Difference in interest received (USD 12.28) Adjustment due to new exchange rate used (USD 1 = IDR 10,000) (USD 586,548.84) Difference in forecasted expenditure (USD 82,185.02) LFA recommended disbursement request USD 4,005,485.58</p> <p>While EAP agrees with the LFA recommended disbursement amount, we are withholding budget for the additional procurement of ARV drugs amounting to USD 2,087,000 and for the long outstanding cash advances amounting to USD 6,298.64. Therefore, the Regional Team is recommending partial disbursement of USD 1,912,186.94 to be made at this stage and the remaining funds will be released (if necessary) depending on the outcome of the discussion of the above highlighted two items.</p>				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
17	01.Oct.09 - 31.Mar.10			A1	18			\$ -1,596,163	31 Oct 2011
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The performance consolidated for all indicators. This grant closed on 31 March 2010.</p>					<p>Reimbursement</p>				

2.5. Contextual Information

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Title	Explanatory Notes
Issues with the CCM (e.g. changes in membership composition, etc)	July 2006: The CCM has done an excellent job of composing a sub-committee to identify PR challenges and recommending solutions. Partners on the CCM have provided technical cooperation and capacity building services to the PR. The CCM continues to take a very active interest in the PR's performance. This increased involvement dates to late April and early May of 2006. Please also refer to the section below regarding Major changes in the program supporting environment.
Major changes in the nature of the epidemic	July 2006: In the eastern provinces, prevalence rates are significantly higher.
Major changes in the program supporting environment (e.g. changes in the partner relationships, introduction of new partners, etc)	July 2006: The PR and CCM have taken a number of positive steps to strengthen performance since 1 May 2006 and these are detailed below. 1. CCM set up a problem-solving committee in early May 2006 in order to address the challenges faced by the PR. This sub-committee was composed of CCM members, technical experts, the PR, and partners. The sub-committee considered the range of issues and challenges that the PR had faced since the inception of the grant. 2. As a result of the above discussions the CCM provided a number of recommendations to the PR. 3. The PR acknowledged the CCM Recommendations and committed to making a number of changes by late May and early June 2006. 4. The PR has made progress in implementing a number of these changes within a short space of time and a number of partners, such as UNAIDS, WHO, FHI, AusAID, USAID, and others have provided technical cooperation during this process.
Significant adverse external influences (e.g. force majeure, change in government, natural disaster, etc)	July 2006: However, the separatist movements in Papua and Irian Jaya Barat provinces can pose a challenge to implementation of program if the situation were to worsen. In addition, there have been a series of natural disasters affecting the Island of Java, including an earth quake in May 2006, as well as a small tsunami in July 2006.
External financial issues (e.g. inflation, currency depreciation, etc).	
Program management issues (e.g. changes in PR/Sub-recipients, problems with data collection, quality assurance, etc)	July 2006: However, there have been issues with data quality in Q1, Q2, and Q3 of the program. The PR is currently making efforts to improve its M&E function. They have hired additional M&E staff and FHI (Family Health International) is providing technical cooperation in the form of joint monitoring visits to strengthen the PR's capacity in this area.
Additional Contextual Issues	<p>This program is an ambitious scale-up of HIV/AIDS activities across seventeen provinces that involves both the government and NGO sectors. Through Q3 and Q4 the PR has faced challenges in meeting the programmatic targets. The CCM has played an increasingly critical and responsible role in identifying the challenges faced by the PR and recommending solutions. The PR has embraced the opportunity to work with the CCM and partners to strengthen its capacity and its ability to deliver these critical services to the people of Indonesia.</p> <p>March 2006: The Q3 results were still quite poor. However, the PR has shown increased initiative and focus since Q5 and it is hoped that performance for Q5 and Q6 will show a marked improvement. The program shows potential for performance, but that has not yet been displayed in the results.</p> <p>November 2006: The Q5 and Q6 reports have illustrated significant improvement in programmatic progress for this grant. While some indicators remain behind schedule, progress for other indicators has accelerated and the program is increasingly working toward meeting its full potential.</p>

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2.6. Phase 2/ Periodic Review Grant Renewal

Performance Rating	B1. Adequate	Recommendation Category	Go
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Rationale for Phase 2/ Periodic Review Recommendation Category**Program performance:**

The program performed poorly in the first year of implementation, culminating in the grant being placed on the Global Joint Problem-Solving and Implementation Support Team (GIST) list. The Principal Recipient (PR) initiated a partner coordinated action plan in the second year and as a result implementation of program activities accelerated significantly. Therefore, in the latter part of the second year, the PR reported good results in a number of key 'people reached' activities including:

- 37,340 people completed the voluntary counseling and testing (VCT) process (82% of target);
- 1,161 HIV positive TB patients received co-trimoxazole preventive therapy (116% of target);
- 2,243 injecting drug users (IDUs) reached through prevention programs (176% of target);
- 28,870 sex workers reached through outreach activities (339% of target);
- 13,488 cases treated for sexually transmitted infections with counseling among sex workers (245% of target); and
- 2,701 people living with HIV/AIDS (PLWHA) receiving care and support services (135% of target).

Although the PR has reported that it has achieved set targets in most service areas, its implementation of a number of important activities remain behind schedule. These include: provision of antiretroviral therapy (target 7,000; result 4,263); and the number of prevention of mother to child transmission (PMTCT) services established (target 15; result 0). Furthermore, most training activities had failed to meet programmatic expectation at the time of Phase 2 review.

The progress towards the program goals may only be ascertained when survey results for outcomes become available (Quarter 7). Nevertheless, at the time of Phase 2 review there has been adequate progress on reaching the most at-risk populations where the epidemic is concentrated.

Program management and governance:

Until recently, the PR (Directorate of Directly Transmitted Disease Control of the Ministry of Health) had not managed the program satisfactorily. The PR faced a number of challenges during the first year of implementation, particularly with regard to ARV drug procurement and distribution, monitoring and evaluation (M&E) and financial reporting. As a consequence, little implementation took place in the first year and the GIST became involved. In response to the GIST, the CCM assembled an Ad-hoc Problem Solving Task Team, composed of individuals from government, civil society, partners, and UN agencies that reviewed the PR's performance and made a number of recommendations to the PR in May 2006. The PR accepted these recommendations and has taken a number of significant steps over the past 6 months with the support of several technical partners, including: UNAIDS, USAID, AusAID, Family Health International, and WHO. The partner mechanisms are focusing their efforts on improving the PR's capacity for monitoring and evaluation, financial oversight, and human resource management. These corrective measures are planned to be completed early in Phase 2 and the Secretariat anticipates significant improvement in the PR's operational performance.

However, to ensure that these capacity building measures are sustainable through Phase 2 and beyond, the Secretariat will assess the PR's capacity in financial management, M&E and program management prior to the first disbursement of Phase 2 in order to determine whether any further capacity strengthening measures are required.

The CCM has played its oversight role in an exemplary manner throughout Phase 1, and must be commended for submitting a highly objective self assessment of the program's performance during Phase 1. The CCM has also been instrumental in instigating and overseeing the corrective measures mentioned above, which have already led to a significant improved performance.

The CCM has proposed the addition of a second PR in Phase 2, the Indonesian chapter of Planned Parenthood International (acronym in Bahasa Indonesia is PKBI). The CCM underwent a detailed process in selecting this NGO who will focus on coordinating all activities implemented by NGOs, to which the CCM has allocated 21% of the Phase 2 budget. The Secretariat believes that the addition of an experienced NGO as the second PR will increase the Ministry of Health's ability to responsibly utilize funds and reach the intended beneficiaries of the program.

The Secretariat classifies this Request as a "Go". In Phase 2, the PR should focus efforts on fulfilling the suggested time bound actions as stated on page 3 of this Grant Score Card.

Rationale for Phase 2/ Periodic Review Recommendation Amount

In light of improving programmatic delivery and concerted efforts in-country to ensure the future success of this program, the Secretariat concludes that an amount of US\$32,447,398 (77% of maximum) is appropriate for continued funding. As US\$8,735,613 of already committed but undisbursed Phase 1 funds are available to partially fund this amount, the Secretariat recommends to the Board to commit an incremental Phase 2 funding amount of US\$23,711,785 for this program.

Time-bound Actions	
Issues	Description
1. The Secretariat requires an assessment to confirm that the PR's recently improved performance is sustainable through Phase 2.	1. Prior to first Phase 2 disbursement, the PR will be assessed in the areas of financial and program management and M&E. Recommendations arising from such assessment may become further conditions to disbursement.
2. The budget submitted by the CCM does not include the budget categories contained in the original proposal.	2. Prior to Phase 2 grant signing, the PR shall categorize the budget for the third year of the program as presented in the proposal to determine whether there are any material variances between the Phase 2 budget and the budget contained in the proposal.
3. Administration and management costs for PKBI are not detailed in the submitted budget.	3. Prior to first disbursement to the second PR, the PR shall submit a detailed budget and work plan relating to the administration and management costs of PKBI.
4. Budget and workplan for additional training activities.	4. Prior to the disbursement of funds for the Secretariat-proposed additional training activities (financial reporting and oversight), the PR shall submit a detailed budget and work plan for those activities.

