

General Grant Information

Country	Indonesia				
Grant Number	IND-809-G08-H	Component	HIV/AIDS	Round	8
Grant Title	Indonesia Response to HIV: Government and Civil Society Partnership in 12 Provinces				
Principal Recipient	Ministry of Health of the Republic of Indonesia				
Total Lifetime Budget	\$ 36,374,445	Phase 1 Grant Amount	\$ 13,942,038	Phase 2 Grant Amount	
Grant Start Date	01 Jul 2009	Phase 1 End Date	30 Jun 2011	Phase 2 End Date	
Disbursed Amount	\$ 13,942,038	% of Grant Amount	100%	Latest Rating	B1
Time Elapse (at the end of the latest reporting period)	12 months	% of Grant Duration	50%	Proposal Lifetime	60 months

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1. Program Description and Contextual Information

1.1. Program Description Summary

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. The program supported by this grant aims to reduce HIV-related illness and death in twelve priority provinces and to strengthen community and health systems to improve performance. The program targets sex workers and their clients, men who have sex with men, injecting drug users and individuals in the general population who are directly related to the most-at-risk populations. Grant funds are used to provide methadone maintenance treatment for injecting drug users and periodic presumptive treatment for sexually transmitted infections. The program provides testing and counseling services to the most-at-risk populations; treatment for opportunistic infections for people living with HIV and services aimed at preventing the transmission of HIV from mother to child.

1.2. Country Latest Statistics

Background and Health Spending	Estimate	Year	Source
Total population (in 1000s)	232,517	2010	United Nations. World Population Prospects: .The 2008 Revision
Pop age 0-4 (in 1000s)	20,560	2010	United Nations. World Population Prospects: .The 2006 Revision
Pop age 15-49 (in 1000s)	129,084	2010	United Nations. World Population Prospects: .The 2006 Revision
Physicians (number)	29,499	2000-2009	WHO. World Health Statistics 2010
Nursing and midwifery personnel (number)	179,959	2000-2009	WHO. World Health Statistics 2010
Infant mortality rate (per 1,000 live births)	31	2008	.WHO. World Health Statistics 2010
Under-5 mortality rate (per 1,000 live births)	41	2008	UNICEF. Child mortality database (http://www.childinfo.org/mortality_ufmrcountrydata.php) accessed on 3 May 2010
Income level	Lower middle income	2010	World Bank. World Development Indicators database
GNI per capita, Atlas method (current US\$)	1,880	2008	World Bank. World Development Indicators database
Total health expenditure per capita (USD)	42	2007	WHO. World Health Statistics 2010
ODA commitments in health sector (US\$ million)	224.30	2008	.OECD
ODA commitments in all sectors (US\$ million)	3,564.42	2008	.OECD
Human Development Index (HDI)	Medium	2007	UNDP. Human Development Indices: A statistical update 2009
HIV/AIDS	Estimate	Year	Source
Adult HIV prevalence (%)	0.2	2007	UNAIDS. 2008 Report on the global AIDS epidemic (http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp) accessed September, 2008
People living with HIV	270,000	2007	UNAIDS. 2008 Report on the global AIDS epidemic (http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp) accessed September, 2008
Estimated number of people needing ARV therapy (WHO 2010 guidelines)	73,000	2009	WHO. Towards Universal Access Progress Report 2010
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
AIDS-related deaths	8,700	2007	UNAIDS. 2008 Report on the global AIDS epidemic (http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.asp) accessed September, 2008
People currently on ART	15,442	mid 2010	Global Fund-supported programs, mid 2010 results

1.3. Comments on Key Discrepancies between Approved Proposal and Grant

NA.

1.4. Initial PR Assessments

Assessment Area	Rating	Summary of Recommendations/Action Required and Taken
Overall	B1	Given the recent developments involving the Global Fund funded programs in Indonesia, there is a greater level of scrutiny over the implementation of the programs by partners, systems and controls are currently being put in place to ensure that the situation which occurred in the past will not be allowed to repeat itself. The additional scrutiny by partners and the new systems being put in place give us comfort in rating of B1 for the nominated PR's management capacity; SR oversight and management; financial management and systems; and monitoring and evaluation. In addition, the procurement of supply management rated a B2 due to the fact that significant improvement are required over the nominated PR's procurement and supply management.
Institutional and Programmatic	B1	The Principal Recipient plans to appoint the Director of Directly Transmitted Disease Control as the authorized Principal Recipient representative. Furthermore, the Principal Recipient plans to recruit 17 additional coordinators and staff. The role of the Program Manager and several staff remain the same as for the existing HIV Round 4 program. The Principal Recipient also plans to use the same program implementations system (of the existing Round 4 HIV program) to implement the Round 8 HIV program. Therefore, given the size, nature and activities of the Round 8 HIV grant and review of the Principal Recipient program management to date, the existing management structure and team with the additional coordinators and staff can cope with the additional of the HIV Round 8 grant. However, clear job descriptions need to be developed for each staff and the Principal Recipient should ensure that the Decree that formalized the program's organization structure is updated on a timely bases to reflect the current composition of key personnel within the Principal Recipient.
Financial Management and Systems	B1	Based pm the review of the existing financial management systems, the Principal Recipient will be able to cope with the additional responsibilities arising out of the New Grant. However, the Principal Recipient should ensure the recruited persons have the capacity and experience in managing the financial function. Further the Principal Recipient should set up realistic schedule of procurement to avoid stock out.
Procurement and Supply Management	B2	The Principal Recipient has been rated B2 due toe the major capacity gaps in the areas of Procurement, Receipt & Storage and Quality Assurance systems. It is unlikely that the Principal Recipient can develop appropriate systems in the near future, especially as Global Fund grant implementation has now entered its 6th year of implementation in Indonesia. Fortunately, each of these aspects can be outsourced to established partners: - Procurement can be done by an international procurement agent or use Voluntary Pooled Procurement mechanism once it is established. - Receipt & storage can be handled by the local manufacturer Kimia Farma (who already stores and distributed the ARVs procured by GOI). - Quality Assurance can be strengthen through pre-shipment inspections, demanding Kimia Farma to apply their QA procedures throughout the handling of the Principal Recipient's goods and by creating a modest budget to have a number of samples each month tested in a properly qualified laboratory.
Monitoring and Evaluation	B1	The M&E activities described in the M&E Plan for HIV Round 8 are appropriate for the purposes of reporting regular and reliable results of the program activities. However, the Principal Recipient must ensure that the M&E officers at the Principal Recipient level should dedicate sufficient time to perform regular supervisory visits to sub recipients (SRs) and selected sub-sub recipients' (SSRs') programmatic results, evaluate the performance of SRs and SSRs and provide technical assistance if necessary to ensure continuous improvement.

1.5. Conditions Precedent

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CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
1	<p>1. Condition(s) Precedent to First Disbursement (Terminal Date as stated in block 7A of the Face Sheet)</p> <p>The first disbursement of Grant funds is subject to the satisfaction of each of the following conditions:</p> <p>a. the delivery by the Principal Recipient of a statement confirming the bank account into which the Grant funds will be disbursed as indicated in block 10 of the face sheet of this Agreement; and</p> <p>b. the delivery by the Principal Recipient of a letter signed by the Authorized Representative of the Principal Recipient setting forth the name, title and authenticated specimen signature of each person authorized to sign disbursement requests under Article 10 of the Standard Terms and Conditions of this Agreement and, in the event a disbursement request may be signed by more than one person, the conditions under which each may sign.</p>		Disbursement	01.Jul.09	Yes	
2	<p>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 7B of the Face Sheet)</p> <p>The disbursement by the Global Fund or use by the Principal Recipient of Grant funds to finance the procurement of Health Products (as defined in Article 19 of the Standard Terms and Conditions of this Agreement), is subject to the following conditions:</p> <p>a. the delivery by the Principal Recipient to the Global Fund of a revised plan for the procurement, use and supply management of Health Products (the "Revised PSM Plan" which includes the cost and quantity of Health Products that are consistent with those contained in the Work Plan and Budget approved as of the effective date of this Agreement;</p> <p>b. the written approval by the Global Fund of the Revised PSM Plan.</p> <p>c. the delivery by the Principal Recipient to the Global Fund of evidence that the Principal Recipient has selected a suitably qualified entity for the procurement of Pharmaceutical Products for the Program (the "Selected Procurement Agent"), and that such selection has been conducted in accordance with the conditions of this agreement; and</p> <p>d the written approval by the Global Fund of the appointment of the Selected Procurement Agent made by the Principal Recipient.</p>		Procurement		Yes	

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CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
3	<p>C. SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>1. The use of grant funds amounting to USD 372,487 budgeted for capacity-building for inventory management of Health Products, is conditional upon the delivery by the Principal Recipient to the Global Fund of a detailed and costed action plan for implementation of these activities, in form and substance satisfactory to the Global Fund.</p> <p>2. In accordance with Article 19e. of the Standard Terms and Conditions of this Agreement, the procurement of Pharmaceutical Products under this Agreement shall be conducted by the Selected Procurement Agent referred in Section B.2c. above, unless the Global Fund has determined that the Principal Recipient possesses the requisite procurement capacity.</p> <p>3. The procurement of Health Products with the use of grant funds shall be conducted by the Principal Recipient in compliance with Articles 18 and 19 of the Standard Terms and Conditions of the Grant Agreement, and in particular the scope of enforcement of any national procurement procedures shall be in accordance with the Global Fund Policies on Procurement and Supply Management.</p>		Other		No	

2. Key Grant Performance Information

2.1. Program Goals, Impact and Outcome Indicators

Goal 1 To reduce HIV related morbidity and mortality in twelve priority provinces of Indonesia and to strengthen community and health systems in order to improve performance.

Impact indicator	STI/ gonorrhea prevalence among femal sex workers											
											Baselines	
											Value	Year
											13.56%	2007
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10		
Target	N: D: P: 13%	N: D: P: %	N: D: P: 11%	N: D: P: %	N: D: P: 9%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %		
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %		

Impact indicator	STI/ gonorrhea prevalence among transvestite sex workers											
											Baselines	
											Value	Year
											29.1%	2007
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10		
Target	N: D: P: 27%	N: D: P: %	N: D: P: 23%	N: D: P: %	N: D: P: 20%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %		
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %		

Impact indicator	STI/gonorrhea prevalence among MSM											
											Baselines	
											Value	Year
											9.4%	2007
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10		
Target	N: D: P: 9%	N: D: P: %	N: D: P: 8%	N: D: P: %	N: D: P: 7%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %		
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %		

Impact indicator	HIV prevalence among female sex workers											
											Baselines	
											Value	Year
											5.81%	2007
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10		
Target	N: D: P: 6%	N: D: P: %	N: D: P: 5%	N: D: P: %	N: D: P: 4%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %		
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %		

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
											62%	2006
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10		
Target	N: D: P: 67%	N: D: P: 72%	N: D: P: 77%	N: D: P: 82%	N: D: P: 87%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %		
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %		

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Outcome indicator	Percentage of female and male sex workers reporting the use of a condom with their most recent client							Baselines		
								Value	Year	
								60%	2007	
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	N: D: P: 62%	N: D: P: %	N: D: P: 70%	N: D: P: %	N: D: P: 80%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Outcome indicator	% of men reporting the use of condom the last time they had anal sex with a male partner in the last 6 months							Baselines		
								Value	Year	
								21%	2007	
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	N: D: P: 55%	N: D: P: %	N: D: P: 65%	N: D: P: %	N: D: P: 70%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Outcome indicator	Percentage of IDUs who are not sharing needles and syringes at the last injection							Baselines		
								Value	Year	
								48%	2007	
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	N: D: P: 50%	N: D: P: %	N: D: P: 60%	N: D: P: %	N: D: P: 70%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

2.2. Programmatic Performance

2.2.1. Reporting Periods

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
N/A	01.Jul.09 31.Dec.09	01.Jan.10 30.Jun.10	01.Jul.10 31.Dec.10	01.Jan.11 30.Jun.11	01.Jul.11 31.Dec.11	01.Jan.12 30.Jun.12	01.Jul.12 31.Dec.12	01.Jan.13 30.Jun.13

2.2.2. Program Objectives, Service Delivery Areas and Indicators

Objective 1 - To reduce HIV transmission among key populations at higher risk, many of whom are young, through provision of prevention services

Prevention: Behavioral Change Communication - Community Outreach

Indicator 1.1 - Number of IDUs currently receiving methadone maintenance treatment

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	2000 (*national data)	Mar 2008	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	408	1,225	2,603	3,981				
Result	249	1,997						

Prevention: STI diagnosis and treatment

Indicator 1.2 - Number of people receiving Periodic Presumptive Treatment (PPT) for STIs

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	6143 (national data)	Sep 2007	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	12,650	37,950	NA	NA				
Result	7,108	29,936						

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Objective 2 - To increase the length and quality of life of people living with HIV through provision of care, support and treatment. Quality assurance will be undertaken.

Testing and counseling

Indicator 2.1 - Number of most at risk populations who received an HIV test and know their test results

	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	111648	Mar 2008	Y	N												
Target	40,037	108,143	180,167	280,259												
Result	7,345	64,049														

Treatment: Prophylaxis and treatment for opportunistic infections

Indicator 2.2 - Number and percentage of adults and children enrolled in HIV care and eligible for co-trimoxazole prophylaxis currently receiving cotrimoxazole prophylaxis

	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	4583	Mar 2008	Y	N												
Target	N: 961 D: 29,121 P: 3%	N: 2,883 D: 28,830 P: 10%	N: 6,126 D: 29,171 P: 21%	N: 9,369 D: 28,391 P: 33%	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	201	3,364														

Treatment: Antiretroviral treatment and monitoring

Indicator 2.3 - Number of PLHA enrolled in HIV care currently on ARV treatment

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)												
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Level 3-People reached	6632 (national data)	Dec 07	Y	N												
Target	961	11,329	14,572	17,814												
Result	104	11,726														

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Prevention: PMTCT

Indicator 2.4 - Number of HIV positive pregnant women (among MARPs) who received anti-retrovirals to reduce the risk of mother-to-child transmission

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	63 (national data)	Dec 07	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	21	63	133	203				
Result	4	124						

Indicator 2.5 - Number and percentage of adult and children enrolled in HIV care in the reporting period who had their TB status assessed and reported during the last visit

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	3326 (national data)	dEC 07	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 835 D: 1,491 P: 56%	N: 1,670 D: 2,982 P: 56%	N: 2,818 D: 5,032 P: 56%	N: 2,819 D: 5,034 P: 56%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	1,005	2,355						

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Objective 3 - To address systemic challenges to improve performance in achieving universal access for prevention and care support and treatment

Health System Strengthening

Indicator 3.1 - Number and percentage of laboratories participating in quality assurance system

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 2-Service Points supported	3 (1%)	Dec 08	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 21 D: 210 P: 10%	N: 42 D: 210 P: 20%	N: 64 D: 213 P: 30%	N: 85 D: 213 P: 40%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	16	39						

Indicator 3.2 - Number and percentage of health facilities dispensing anti-retroviral therapy that have experienced a stock out of at least one required ARV drug in the past 12 months

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 2-Service Points supported	11/112 (10%)	Dec 07	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 17 D: 189 P: 9%	N: 14 D: 175 P: 8%	N: 13 D: 186 P: 7%	N: 11 D: 183 P: 6%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	11	7						

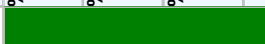
2.2.3. Cumulative Progress To Date

Latest reporting due period : 2 (01.Jan.10 - 30.Jun.10)

Objective 1	To reduce HIV transmission among key populations at higher risk, many of whom are young, through provision of prevention services
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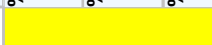
SDA	Prevention: Behavioral Change Communication - Community Outreach
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Indicator 1.1 - Number of IDUs currently receiving methadone maintenance treatment

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	2	1,225	2	1,997						120%

SDA	Prevention: STI diagnosis and treatment
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Indicator 1.2 - Number of people receiving Periodic Presumptive Treatment (PPT) for STIs

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	2	37,950	2	29,936						79%

Objective 2 To increase the length and quality of life of people living with HIV through provision of care, support and treatment. Quality assurance will be undertaken.

SDA Testing and counseling

Indicator 2.1 - Number of most at risk populations who received an HIV test and know their test results

	Target		Result		Progress					Achievement
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	2	108,143	2	64,049						59%

SDA Treatment: Prophylaxis and treatment for opportunistic infections

Indicator 2.2 - Number and percentage of adults and children enrolled in HIV care and eligible for co-trimoxazole prophylaxis currently receiving cotrimoxazole prophylaxis

	Target		Result		Progress					Achievement
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	2	N: 2,883 D: 28,830 P: 10 %	2	3,364						117%

SDA Treatment: Antiretroviral treatment and monitoring

Indicator 2.3 - Number of PLHA enrolled in HIV care currently on ARV treatment

	Target		Result		Progress					Achievement
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	2	11,329	2	11,726						104%

SDA Prevention: PMTCT

Indicator 2.4 - Number of HIV positive pregnant women (among MARPs) who received anti-retrovirals to reduce the risk of mother-to-child transmission

	Target		Result		Progress					Achievement
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	2	63	2	124						120%


Indicator 2.5 - Number and percentage of adult and children enrolled in HIV care in the reporting period who had their TB status assessed and reported during the last visit

	Target		Result		Progress					Achievement
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	2	N: 1,670 D: 2,982.1 P: 56 %	2	2,355						120%


Objective 3 To address systemic challenges to improve performance in achieving universal access for prevention and care support and treatment

SDA Health System Strengthening

Indicator 3.1 - Number and percentage of laboratories participating in quality assurance system

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 2-Service Points supported	2	N: 42 D: 210 P: 20 %	2	39					93%	

Indicator 3.2 - Number and percentage of health facilities dispensing anti-retroviral therapy that have experienced a stock out of at least one required ARV drug in the past 12 months

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 2-Service Points supported	2	N: 14 D: 175 P: 8 %	2	7					50%	

2.3. Financial Performance

2.3.1. Grant Financial Key Performance Indicators (KPIs)

Grant Duration (months)	24 months	Grant Amount	13,942,038 \$
% Time Elapsed (as of end date of the latest PU)	50%	% disbursed by TGF (to date)	100%
Time Remaining (as of end date of the latest PU)	12 months	Disbursed by TGF (to date)	13,942,038 \$
Expenditures Rate (as of end date of the latest PU)	13%	Funds Remaining (to date)	

2.3.2. Program Budget

	Budget Period 1	Budget Period 2	Budget Period 3	Budget Period 4	Budget Period 5	Budget Period 6	Budget Period 7	Budget Period 8
Period Covered From:	01.Jul.09	01.Oct.09	01.Jan.10	01.Apr.10	01.Jul.10	01.Oct.10	01.Jan.11	01.Apr.11
Period Covered To:	30.Sep.09	31.Dec.09	31.Mar.10	30.Jun.10	30.Sep.10	31.Dec.10	31.Mar.11	30.Jun.11
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	1,389,025	3,499,308	7,313,110	11,024,681	12,856,978	19,996,160	23,649,919	26,719,418
Summary Period Budget:	1,389,025	2,110,283	3,813,801	3,711,572	1,832,297	7,139,181	3,653,760	3,069,499

Expenditure Categories

Program Activities

Implementing Entities

- Comments and additional information

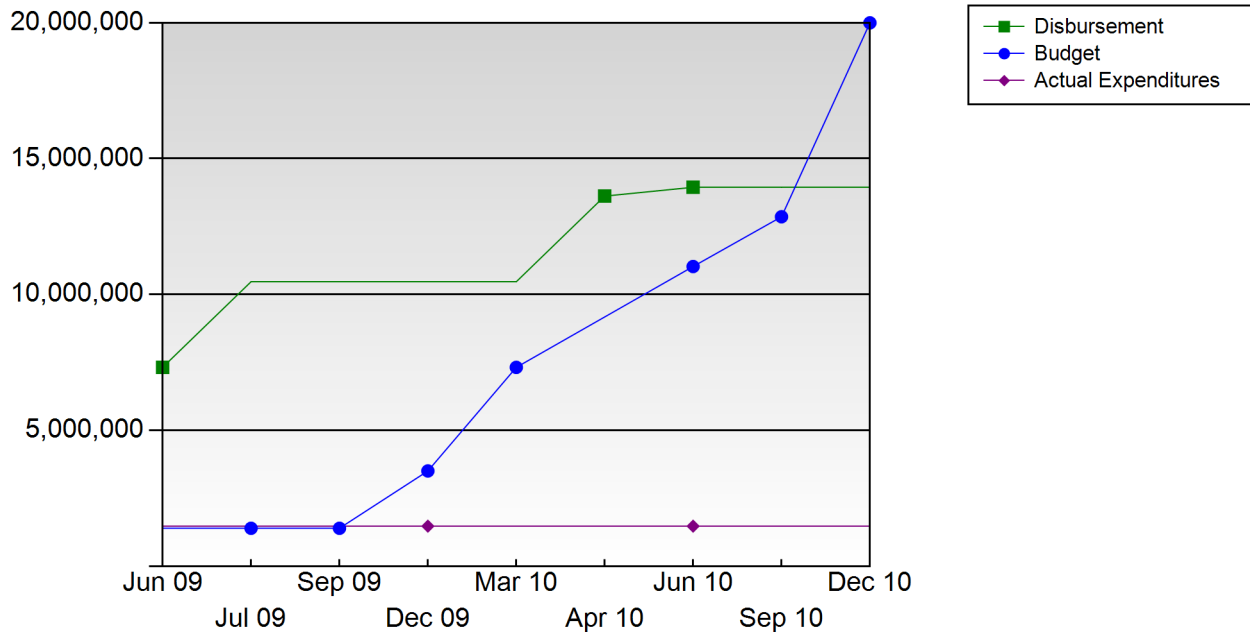
2.3.3. Program Expenditures

Period PU2: 01.Jan.10 - 30.Jun.10	Actual Expenditures	Cumulative Budget	Cumulative Expenditures	Variance	Reason for variance
1. Total actual expenditures vs. budget		\$ 11,024,681	\$ 1,467,475	\$ 9,557,206	
1a. PR's Total expenditure			\$ 1,037,672		
1b. Disbursements to sub-recipients			\$ 429,803		
2. Health product expenditures vs. Budget (already included in "Total Actual" above)			\$ 482,054		
2a. Pharmaceuticals					
2b. Health products, commodities and equipment			\$ 482,054		

2.3.4. Cumulative Program Budget, Expenditures and Disbursement to Date

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2.3.5. Summary of Financial Accountability Issues from PR Annual Audit Report

Date Received	28.Jul.10	Expected Date	31.Dec.10
Period Covered From	01.Jan.09	To	31.Dec.09

We take note that there were no significant issues arising as part of the audit that may affect the grant.

However, we would kindly like to request that the PR ensures that:

- The external auditor adheres to the Global Fund's requirement of standard wording to be stated in the Auditor's opinion page report in accordance with the Global Fund's Appendix 2 Guidelines for Annual Audits.

- To check on the accuracy of the auditors' report prior to the final submission by the external auditor in order to minimise errors/miscalculations.

With regards to the management letter issued by the external auditor we would kindly like to request that you please pay attention to and address the following issues, although non-major (copied and pasted below):

- Not all supporting evidence attached to the voucher, supporting documents are not in accordance with the amount of cash payment/bank, the date of the document that are not in accordance with the date of the transaction, and stamp duty paid proof is not given enough. Moreover, the document filling system is also found inadequate.

- Vouchers are not all filled with good and complete, such as: authorization is not fully carried out by authorized officials; and, in some provinces and NGOs, there are vouchers not stamped paid, stamp and seal posted Dinkes/ NGOs.

2.4. Progress Update and Disbursement Information

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

Progress Updates					Disbursement Information				
PU	PU Period	TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date		
0	01.Jul.09 -	N/A	1	01.Jul.09 - 31.Mar.10	7,313,110	7,313,110	\$ 7,313,110	25 Jun 2009	
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
There is no Progress up date related to this disbursement as it is the first release of funding under this grant.				There is no variance since this disbursement is the first disbursement under the grant. The amount corresponds to the level of funding allocated for the first three quarters of implementation as per the summary budgets attached to the Program Grant Agreement.					

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PU	PU Period	TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
1	01.Jul.09 - 31.Dec.09	B2	2	01.Jan.10 - 30.Sep.10	5,652,585	6,304,678	\$ 6,304,678
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement			
<p>The overall rating attached to the performance of the reporting period spanning from 1 July to 31 December 2010 is B2. The programmatic results have been weak due to understandable difficulties in settling VCT services and to the challenges faced by the IPPA to refer patients (IDUs, PPT, MRAP receiving HIV testing, receivers of cotrimoxazol prophylaxis, PMTCT) to the MOH for treatments. The targets of the 3 PRs (NAC, MOH and IPPA) are inter-dependants and an increased coordination should solve these problems. This state of affairs highlights the need for a strengthened cooperation between the 3 PRs implementing the Round 8 HIV proposal. We are confident that the results of the next reporting period will improve significantly considering the remedial steps that have already been put in place. Please do not hesitate to recourse to technical assistance providers who could support the MOH or IPPA to scale up their out reach activities with MRAP.</p> <p>The B2 rating corresponds to an average performance of all indicators of 50 % for the reporting period. The top ten indicators show a percentage of achievement of 42 % for the same period.</p> <ul style="list-style-type: none"> Number of IDUs currently receiving methadone maintenance treatment (Objective 1,SDA 1): <p>The low achievement for this indicator was due to the fact that the set-up of 10 new Methadone Maintenance Treatment (MMT) clinics did not occur during Semester 1 as planned. The PR was only able to provide MMT via 2 clinics (one in Jakarta and one in South Sulawesi). In addition, the PR experienced a lack of methadone supply needed to activate these new MMT clinics. While the PR believed that it had forecasted an adequate level of methadone supply in order to set up the new clinics in Semester 1, the procurement of methadone with Round 8 funding was delayed a result of a delay in R4 methadone procurement.</p> <ul style="list-style-type: none"> Number of people receiving Periodic Presumptive Treatment (PPT) for Sexually Transmitted Infections or STIs (Objective 1, SDA 3): <p>The low achievement is due to the fact that the implementation of activities for PPT STI was started late in Semester 1 November 2009 instead of August). The late implementation was a result a decision to revise the STI targets. The targets were revised from covering 12 provinces with average STI prevalence to only 6 provinces with high STI prevalence.</p> <p>The PR believes is confident that it can accelerate activities and catch-up on targets in Quarter 3 to cover the low achievements in Quarter 2.</p> <ul style="list-style-type: none"> Number of most at risk populations who received an HIV test and know their test results (Objective 2, SDA 1): <p>The PR faced some difficulties in achieving the intended targets for this indicator for Semester 1 due to challenges in providing Voluntary Counselling and Testing (VCT) service. Internally, the PR noted that there was a lag between the time from when people are trained to provide VCT and the time that the VCT services can actually be started and implemented effectively. This time lag is due to the fact that subsequent to training, the VCT counsellors must prepare themselves to provide effective counselling and practice counselling techniques in the field before being able to produce meaningful achievements. The counsellors must also set up the VCT service locations then conduct socialization meetings with the community in which they practice in order to reach the intended targets.</p>				<p>The difference between cash amount requested by the PR and the amount that the Global is going to disburse is due to the following:</p> <p>PR's Disbursement Request: US\$ 5,652,585.58</p> <p>Forecasted amount for the period: US\$ 12,266,469.88</p> <p>Cash balance: US\$ 5,961,791.98</p> <p>Final amount to be released by the Global Fund: US\$ 6,304,678</p>			

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trimoxazole prophylaxis currently receiving co-trimoxazole prophylaxis (Objective 2, SDA 2):
The low level of achievements for this indicator is directly related to the low achievement of the previous indicator related to VCT services as a person must first receive VCT in order to be tested for HIV to be potentially eligible for co-trimoxazole treatment. Furthermore, there is currently hesitation amongst doctors in Indonesia to provide co-trimoxazole treatment due to the risk of allergic reaction (e.g. Stephen Johnson disease).

- Number of PLHA enrolled in HIV care currently on anti-retroviral (ARV) treatment (Objective 2, SDA 3):

The low level of achievement for this indicator is directly related to the reasons indicated above regarding VCT services as a person must first receive VCT in order to be tested for HIV and potentially be eligible for ARV.

Furthermore, there are geographical challenges in providing ARV to Papua even though Papua has one of the highest ARV targets in Indonesia (patients must fly in order to obtain ARV supplies or just to attend clinics where ARV is available).

In addition, the low achievement amount is also due to several South Sumatra SSRs who did not submit programmatic reports to the PR for December 2009.

PU	PU Period	TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
1	01.Jul.09 - 31.Dec.09	B2	2.1	01.Jan.10 - 30.Sep.10	324,251	\$ 324,251	04 Jun 2010

Summary of Progress

The overall rating attached to the performance of the reporting period spanning from 1 July to 31 December 2010 is B2. The programmatic results have been weak due to understandable difficulties in settling VCT services and to the challenges faced by the IPPA to refer patients (IDUs, PPT, MRAP receiving HIV testing, receivers of co-trimoxazole prophylaxis, PMTCT) to the MOH for treatments. The targets of the 3 PRs (NAC, MOH and IPPA) are inter-dependants and an increased coordination should solve these problems. This state of affairs highlights the need for a strengthened cooperation between the 3 PRs implementing the Round 8 HIV proposal. We are confident that the results of the next reporting period will improve significantly considering the remedial steps that have already been put in place. Please do not hesitate to recourse to technical assistance providers who could support the MOH or IPPA to scale up their out reach activities with MRAP.

The B2 rating corresponds to an average performance of all indicators of 50 % for the reporting period. The top ten indicators show a percentage of achievement of 42 % for the same period.

- Number of IDUs currently receiving methadone maintenance treatment (Objective 1, SDA 1):

The low achievement for this indicator was due to the fact that the set-up of 10 new Methadone Maintenance Treatment (MMT) clinics did not occur during Semester 1 as planned. The PR was only able to provide MMT via 2 clinics (one in Jakarta and one in South Sulawesi). In addition, the PR experienced a lack of methadone supply needed to activate these new MMT clinics. While the PR believed that it had forecasted an adequate level of methadone supply in order to set up the new clinics in Semester 1, the procurement of methadone with Round 8 funding was delayed a result of a delay in R4 methadone procurement.

- Number of people receiving Periodic Presumptive Treatment (PPT) for Sexually Transmitted Infections or STIs (Objective 1, SDA 3):

Reasons for variance between PR Request and Actual Disbursement

This additional disbursement within the same budgetary period corresponds to the settlement of an invoice for the procurement of ARVs via VPP. The Procurement Agent of the Global Fund is "Partnership for Supply Chain Management".

The low achievement is due to the fact that the implementation of activities for PPT STI was started late in Semester 1 November 2009 instead of August). The late implementation was a result a decision to revise the STI targets. The targets were revised from covering 12 provinces with average STI prevalence to only 6 provinces with high STI prevalence.

The PR believes is confident that it can accelerate activities and catch-up on targets in Quarter 3 to cover the low achievements in Quarter 2.

- Number of most at risk populations who received an HIV test and know their test results (Objective 2, SDA 1):

The PR faced some difficulties in achieving the intended targets for this indicator for Semester 1 due to challenges in providing Voluntary Counselling and Testing (VCT) service. Internally, the PR noted that there was a lag between the time from when people are trained to provide VCT and the time that the VCT services can actually be started and implemented effectively. This time lag is due to the fact that subsequent to training, the VCT counsellors must prepare themselves to provide effective counselling and practice counselling techniques in the field before being able to produce meaningful achievements. The counsellors must also set up the VCT service locations then conduct socialization meetings with the community in which they practice in order to reach the intended targets.

trimoxazole prophylaxis currently receiving co-trimoxazole prophylaxis (Objective 2, SDA 2):

The low level of achievements for this indicator is directly related to the low achievement of the previous indicator related to VCT services as a person must first receive VCT in order to be tested for HIV to be potentially eligible for co-trimoxazole treatment. Furthermore, there is currently hesitation amongst doctors in Indonesia to provide co-trimoxazole treatment due to the risk of allergic reaction (e.g. Stephen Johnson disease).

- Number of PLHA enrolled in HIV care currently on anti-retroviral (ARV) treatment (Objective 2, SDA 3):

The low level of achievement for this indicator is directly related to the reasons indicated above regarding VCT services as a person must first receive VCT in order to be tested for HIV and potentially be eligible for ARV.

Furthermore, there are geographical challenges in providing ARV to Papua even though Papua has one of the highest ARV targets in Indonesia (patients must fly in order to obtain ARV supplies or just to attend clinics where ARV is available).

In addition, the low achievement amount is also due to several South Sumatra SSRs who did not submit programmatic reports to the PR for December 2009.

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PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
2	01.Jan.10 - 30.Jun.10		B1						N/A

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
<p>NOTE: The grant with the number: IND-809-G08-H has been closed/transioned into a SSF, with the number: IND-S10-G17-H.</p> <p>Out of a total of 9 indicators, the PR has exceeded the cumulative targets for 5 indicators and has met more than 80% of cumulative target for 1 indicator. The PR underachieved on 3 indicators with the following reasons:</p> <ul style="list-style-type: none"> o Number of people receiving Periodic Presumptive Treatment (PPT) for STIs: For one SR, the business owners did not allow the outreach workers to conduct activities relating to this indicator by prohibiting the outreach workers from providing PPT to their workers. o Number of most at risk populations who received an HIV test and know their test results: This was mainly die to coordination challenges related to outreach and access to facilites. The PR has put in place a plan to strengthen the mobile outreach serviceto enhance implementation of the SSF. <p>The average performance of all top-ten indicators is 107% while the average performance of all indicators is 96%. This resulted in an overall programmatic performance rating of A2, but was downgraded to B1 due to the underperformance on one of the top ten indicators ("Number of most at risk populations who received an HIV test and know their HIV status at 59%.")</p> <p>Overall the grant has shown a significant improvement in programmatic performance compared to the previous reporting period.</p>	

2.5. Contextual Information

Title	Explanatory Notes

Time-bound Actions	
Issues	Description

