

General SSF Information

Country	Indonesia				
SSF Agreement Number	IND-H-MOH	Component	HIV/AIDS	Last Round	09
SSF Title	Government and Civil Society Partnership in Thirty-three Provinces				
Principal Recipient	Directorate General of Disease Control and Environmental Health of The Ministry of Health of The Republic of Indonesia				
SSF Status	Active - Period 2				
SSF Start Date	01 Jul 2010	SSF End Date	30 Jun 2015		
Current* Implementation Period Start Date	01 Jul 2012	Current* Implementation Period End Date	30 Jun 2015	Latest Rating	
Current* Implementation Period Signed Amount	\$ 58,474,827	Current* Implementation Period Committed Amount	\$ 37,763,792	Current* Implementation Period Disbursed Amount	\$ 29,554,704
Cumulative Signed Amount	\$ 85,461,774	Cumulative Committed Amount	\$ 64,750,740	Cumulative Disbursed Amount	\$ 56,541,651
				% Disbursed	87%
Time Elapsed (at the end of the latest reporting period)	42 months				

* Latest Implementation Period if SSF is closed

New GPR Report - Table of Contents

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1. Program Description and Contextual Information

1.1. Grant Summary - Web

Indonesia, 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 33 provinces of Indonesia and to strengthen health and community systems so that performance can be improved. The program targets people who inject drugs and their partners, prisoners, women who sell sex and their clients, men who have sex with men, male-to-female transgender people and people living with HIV and their families. Grant funds will be used for diagnosis and treatment of sexually transmitted infections; methadone maintenance treatment; HIV testing and counseling; opportunistic infection prophylaxis and treatment; antiretroviral therapy; HIV/TB co-infection services; and specific health systems strengthening interventions.

1.2. Country Latest Statistics

Background and Health Spending	Estimate	Year	Source
Nurses and midwives (per 1,000 people)	1	2012	The World Bank Group (Data latest 2013 (update: 2012)
Physicians (per 1,000 people)		2012	The World Bank Group (Data latest 2013 (update: 2012)
Population, total	246,864,191	2012	The World Bank Group (Data latest 2013 (update: 2012)
Birth rate, crude (per 1,000 people)	18	2011	The World Bank Group (Data latest 2013 (update: 2011)
Death rate, crude (per 1,000 people)	7	2011	The World Bank Group (Data latest 2013 (update: 2011)
External resources for health (% of total expenditure on health)	1	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure per capita (current US\$)	95	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure, private (% of GDP)	2	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure, public (% of GDP)	1	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure, public (% of government expenditure)	5	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure, public (% of total health expenditure)	34	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure, total (% of GDP)	3	2011	The World Bank Group (Data latest 2013 (update: 2011)
Life expectancy at birth, total (years)	69	2011	The World Bank Group (Data latest 2013 (update: 2011)
Hospital beds (per 1,000 people)	1	2010	The World Bank Group (Data latest 2013 (update: 2010)
HIV/AIDS	Estimate	Year	Source
AIDS Orphans Number estimate	13,000	2012	UNAIDS Report on the Global AIDS 2012 Epidemic
Annual number of AIDS deaths Number estimate	15,000	2012	UNAIDS Report on the Global AIDS 2012 Epidemic
Estimated HIV prevalence, adult (15-49 years old)(%)		2012	UNAIDS Report on the Global AIDS 2012 Epidemic
Estimated number of people needing antiretroviral therapy based on 2010 WHO guidelines	100,000	2012	UNAIDS Report on the Global AIDS 2012 Epidemic
People living with HIV Number estimate	380,000	2012	UNAIDS Report on the Global AIDS 2012 Epidemic
Reported number of people receiving antiretroviral therapy	24,410	2012	UNAIDS Report on the Global AIDS 2012 Epidemic
People currently on ART	33,384	2014	Mid-2014 Global Fund Results

1.3. Comments on Key Discrepancies between Approved Proposal and Grant

1.5. Conditions Precedent

CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>The disbursement by the Global Fund to the Principal Recipient or use by the Principal Recipient of Grant funds to finance the procurement of Antiretroviral drugs, is subject to each of the following conditions:</p> <p>a. the delivery by the Principal Recipient to the Global Fund of evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient has established appropriate systems, meeting good storage practices, for the storage of antiretroviral drugs;</p> <p>b. delivery by the Principal Recipient to the Global Fund of evidence, that the Principal Recipient has extended the existing agreement, effective throughout the Program term, between the Principal Recipient and the Government owned entity, Kimia Pharma, for storage of antiretroviral drugs.</p>	Procurement	Procurement	01.Jul.10	In Progress	<p>Conditions assessed by the CT during one provincial site visit fully met requirements for adequate conditions and capacity for storage and inventory management. However, the situation is not satisfactory at central level since SR Kimia Farma has failed to maintain its continuous good storage practice as intended in the MoU with the PR, specifically:</p> <ul style="list-style-type: none"> • Non-compliance with the storage room temperature requirement. • Inadequate inventory (i.e. ARV, OI & STI) management resulting in inappropriate drugs stock balance recording and information. <p>The CT takes note of SR Kimia Farma's commitment to improve the quality of the warehouse to ensure compliance with drugs storage temperature requirement and accuracy of the recording system for ARV drugs stock information.</p> <p>b. This part of the CP was already met in semester 4.</p>
	Condition Precedent	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.	Procurement	Disbursement	01.Jul.10	Met	KF has prepared a detailed costed action plan in relation to the capacity building activities to be implemented for inventory management of ARVs in the KF warehouses, which has been reviewed by the LFA for reasonableness of quantity, unit costs, and justification of need. This detailed costed action plan was approved by the Global Fund at the time of processing the second disbursement.
	Condition Precedent	2. In accordance with Article 19e. of the Standard Terms and Conditions of this Agreement, the procurement of Antiretroviral drugs under this Agreement shall be conducted through Voluntary Pooled Procurement (VPP), unless the Global Fund has determined that the Principal Recipient possesses the requisite procurement capacity.	Procurement	Procurement		Met	The PR has conducted the procurement of ARVs through VPP during this semester, and plans to conduct ARV procurement in future semesters through VPP as well.
	Condition Precedent	3. The Parties to this Agreement acknowledge and agree that no later than December 31, 2010 the Principal Recipient shall establish and maintain during the term of this Agreement a fixed assets register with unique tagging for all assets purchased with Global Fund Grant funds and shall establish a plan for conducting the annual physical verifications of the fixed assets.	Others	Other		Waived	<p>LFA's physical verification of the fixed assets purchased with SSF grant funds (including the tagging number) and inclusion of these assets in the fixed asset register noted the following:</p> <p>1. Non-updated fixed asset register 3 units of Viral Loads and 20 units of CD4 machines that were distributed to SR were not listed in the fixed asset register and were not assigned tagging codes.</p> <p>PR has subsequently updated their fixed asset register, and informed the SRs to properly tag these assets in accordance with the PR fixed asset register. Subsequent review of the fixed asset register noted that:</p> <p><input type="checkbox"/> Two of the CD4 machines allocated</p>

						<p>to the SRs still have no tagging code in the PR fixed asset register;</p> <ul style="list-style-type: none"> □ Four of the CD4 machines allocated to the SRs have been properly tagged, verified through the evidence (i.e photograph) submitted. However the PR has not provided the evidence for the remaining 16 CD4 machine. Hence, we recommend the PR to allocate the tag numbers for 2 CD4 machines and provide the evidence of asset tagging for the remaining 16 machines. <p>2. Unutilized and untagged fixed asset Verification noted that one out of 20 CD4 machines at the PR warehouse was not being utilized and is not tagged. The machine is originally intended for one of the SR's (i.e Jambi). However, due to the delay of the procurement at the PR level, the SR had procured the machine through the national budget. The machine has been idle in the warehouse for approximately 4 months, despite the fact that it had been urgently requested by another SR. Hence, we recommend the PR to tag the asset and distribute this machine to SR (i.e Bogor) as a matter of urgency.</p> <p>3. Inadequate physical verification and incomplete SR fixed asset monitoring at the SR level The PR performs physical verification of the fixed asset on a semi-annual basis, however there is no written evidence. Thus, we recommend the PR to maintain proper documentation as an evidence of this physical verification. Furthermore as stipulated in Project Implementation Manual, on semi-annual basis, the PR should conduct a review and monitoring over the Fixed Asset Register submitted by the SRs. However, our review to the September Fixed Asset Register noted that only 19 out of 36 applicable SR's and SR-NGO's that had submitted their fixed asset registers to the PR for review. Hence, we recommend the PR to conduct the regular review and monitoring to all SRs.</p> <p>We therefore consider this special condition as unmet-in progress. The Country Team agrees to extend the deadline for this SC to 31 December 2012.</p> <p>Update 21/1/13: This STC is being "waived" as the grant agreement for this implementation period ended. The new CPs/STCs for the next implementation period will now apply. This STC was replaced by a new STC (#1) in the next implementation period.</p>
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Last Updated on: 22 August 2014

CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	4. No later than December 31, 2010 and annually thereafter the Principal Recipient shall conduct physical verification of fixed assets and provide relevant information to the Global Fund, upon request.	Others	Other		Waived	<p>See comments in STC3 above for inadequate physical verification and incomplete SR fixed asset monitoring at the SR level.</p> <p>This special condition is considered unmet-in progress. The PR is requested to submit the annual report for calendar year 2012 together with the next PUDR, no later than 15 February 2013.</p> <p>Update 21/1/13: This STC is being "waived" as the grant agreement for this implementation period ended. The new CPs/STCs for the next implementation period will now apply. This STC was replaced by a new STC (#1) in the next implementation period.</p>
	Condition Precedent	The Parties to this Agreement agree that during the Terms of this Agreement the Principal Recipient shall maintain appropriate systems for storage of Antiretroviral drugs and effective agreement between the Principal Recipient and Kimia Pharma in accordance with Section B.1 above.	Procurement	Other		Met	Please see explanation to CP #1 above.
	Condition Precedent	STC 1: No later than 31 December 2012, the Principal Recipient shall establish and maintain during the term of this Agreement a fixed assets register with unique tagging for all assets purchased with Global Fund Grant funds and shall annually thereafter conduct physical verifications of fixed assets and provide, together with the Progress Update and Disbursement Request submitted for the second half of each calendar year, relevant information to the Global Fund, in form and substance satisfactory to the Global Fund.	Finance	Other	31.Dec.12	In Progress	<p>The PR has established and maintained a Fixed Assets Register for assets of Round 8 and SSF. The LFA noted that these assets have been properly recorded and tagged.</p> <p>Additionally, the PR has in its possession the Fixed Assets Registers for Rounds 1 and 4. However, we noted that these registers and the assets have not been maintained and monitored, as the assets have not been properly tagged. The PR has not indicated a timeline to reconcile these assets. The PR is being recommended through the ML to come up with proposal including : (i) the fixed assets procured under those grants with their current status; (ii) proposal whether these have been reallocated to local government units/ transferred to SSF grant/ donated, etc. Once this is done, we'll continue monitoring just the SSF fixed asset register.</p>

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CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>STC 2: Within three months after signing this Agreement, the Principal Recipient shall provide to the Global Fund, in form and substance satisfactory to the Global Fund, evidence that:</p> <p>a. for all Health Products (other than anti-retroviral drugs (ARVs) procured using Grant funds, the PR has selected / contracted in a transparent and competitive manner, a suitably qualified entity (s) (as assessed by the LFA) to conduct storage and inventory control activities that conform to internationally recognized standards (Good Storage Practices) as set out in Article 19 of the Standard Terms and Conditions and that the Principal Recipient has extended for the entire Implementation Period the agreement with Kimia Farma (for storage of ARVs) that was in place during the first implementation period;</p> <p>b. it has developed in collaboration with the Clinton Health Access Initiative, the web-based logistics management information system, including the roll-out plan to ensure timely and efficient patient and inventory related data reporting and recording; and</p> <p>c. there is no overlap in staff or operational costs between the HIV and TB programs supported by the Global Fund.</p>	Procurement	Other	31.Mar.13	In Progress	<p>a. In view of the problems noted during the storage at Kimia Farma, the PR selected a new warehouse to store the OI & STI drugs (i.e. PT Caraka Sentosa Abadi), located in East Jakarta – all non ARV stocks have since been moved to the new warehouse. The contract covers warehouse service through December 31, 2013. The contract term is expected to be extended after the contract period is over. Improvement are required to be enforced in managing and monitoring over OI & STI drugs stored at the newly rented warehouse to avoid damage or loss of the same due to inappropriate storage, theft etc.</p> <p>b. The PR and SR CHAI have developed a system known as IOMS as its management information system for timely and efficient inventory data reporting and recording. IOMS is also used as one of the tools in processing ARV drugs requests from health facilities. The PR has not yet established a roll-out plan for IOMS. However, there are some selected personnel who have been trained in IOMS. These selected personnel have provided IOMS training to personnel of decentralized warehouses,</p> <p>c. there does not seem any overlap in staff or operational costs between the HIV and TB programs, hence, this part of the STC is considered as met.</p>
	Condition Precedent	<p>STC 3: Within six months after signing this Agreement, the Principal Recipient shall provide to the Global Fund, in form and substance satisfactory to the Global Fund, evidence that appropriate systems are in place for the implementation of quality assurance activities (including that of random sampling) in order to comply with the quality assurance policy of the Global Fund. Systems may include development and implementation of a quality assurance/quality control plan along with the relevant standard operating procedures.</p>	Procurement	Other	30.Jun.13	Met	<p>The Quality Assurance for ARV drugs is conducted on ARV drugs that have not been certified by Badan Pemeriksa Obat dan Makanan (Food and Drug Agency - "BPOM"). BPOM does not have the capacity to certify all ARV drugs funded by the Global Fund, as the basic ingredients differ and BPOM has the means to perform QA on only some of ARV drugs.</p> <p>The PR has selected a Singapore-based vendor (i.e. TUV SUD PSB PTE LTD) as approved by the Global Fund to perform quality assurance on ARV drugs.</p>

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CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>STC 4: No later than 30 June 2013, the Principal Recipient shall provide to the Global Fund, in form and substance satisfactory to the Global Fund, evidence that (a) the Principal Recipient's remuneration scheme is aligned with the Global Fund budgeting guidelines and</p> <p>(b) it has updated its financial guidelines according to direction from the Global Fund.</p>	Finance	Other	30.Jun.13	In Progress	<p>a. The CCM is currently undertaking a salary survey to develop a remuneration scheme. As of the end of this semester's Vol, this survey has not been completed and the PR has not been able to obtain a due date from the CCM as to when the survey will be completed. Once the survey is completed, the PR will align and adjust it with the Global Fund budgeting guidelines.</p> <p>b. The Country Team has decided to extend the deadline for the STC until 31 March 2014. The PR is advised that the update in its financial guidelines must reflect the findings from the management letters – for example reflecting adequate time for advance settlement, approval process and alternate delegated authorities for signatures, handling of cheques, petty cash thresholds, etc.</p>
	Condition Precedent	<p>STC 5: No later than 31 August 2013, the budget for Year 4 and Year 5 will be revisited to take account of the reasonable cash flow needs of the Principal Recipient. The Principal Recipient agrees that savings identified as a result of this review may be de-committed from the grant agreement amount.</p>	Finance	Other	31.Aug.13	Met	The PR has prepared the forecast through Q.17 (Semester 9). After continuous revisions, the PR has considered the potential savings on their cash disbursement request through the forecast.
	Condition Precedent	<p>STC 6: Together with each Progress Update and Disbursement Request, the Principal Recipient shall provide, in form and substance satisfactory to the Global Fund, evidence of best efforts to find alternative domestic sources of funding for the payment of incentives to outreach workers.</p>	Finance	Other		In Progress	The PR has requested the health departments for support through provincial budgets, including incentive payments to outreach workers. However, as yet, no response has been received from the provincial health departments regarding this request.
	Condition Precedent	<p>STC 7: Together with the Progress Update and Disbursement Request submitted for the second half of each calendar year, the Principal Recipient shall provide to the Global Fund, in form and substance satisfactory to the Global Fund, the results of the annual outcome surveys (combined sero-surveillance and behavioral studies) conducted for such calendar year.</p>	M&E	Other		In Progress	The PR and NAC have conducted a coordination meeting to select areas in which combined Behavior Rapid Survey and Sero Surveillance will be conducted. Currently, the PR is in the process of revising the budget for the activity to include procurement for syphilis tests.

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CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>STC 8: Prior to disbursement of Grant funds for the procurement of technical and management assistance consultancy services, the Principal Recipient shall provide to the Global Fund, in form and substance satisfactory to the Global Fund, justification and documentation to support the transparent selection of consultants for such services, including with respect but not limited to the following:</p> <p>a. Expansion and decentralization of quality care, adopting CIDHS at 60 priority Districts; b. Monitoring and Evaluation; c. Support for expansion of key health sector related to HIV prevention interventions (including STI prevention and management for populations at higher risk); d. Expansion and strengthening the national clinical mentoring system in line with national Guidelines; e. Secretary for administration and logistic assistant; and f. International consultant (intermittent recruited every quarter for STI, Blood Safety, Surveillance, HIVDR, Lab, COC).</p>	Others	Other		Met	<p>The PR sent out a letter on 20 June 2013 to WHO requiring supporting documents of transparent selection of consultants. WHO has not yet responded to the PR's letter.</p> <p>The letter was responded by the WHO dated 4 December 2013 and stated that appointment of the temporary staff was based on the "Guideline for Selection of Temporary Staff in South East Asia Region". Furthermore, the letter also stated that the recruitment has considered competency and integrity of the staff that meet the standards set out by WHO. Also, WHO has internal HR quality control mechanism at level of country and regional office to ensure compliance of the selection policies and procedures. However, WHO was not able to provide selection documents as this is deemed as confidential in their HR management business rules.</p> <p>Global Fund noted acceptance of this submission in fulfilment of this STC by email on 20 December 2013.</p>
	Condition Precedent	<p>STC 9: Prior to disbursement of Grant funds for the procurement of Health Products in Years 2 and 3 of this Implementation Period, the Principal Recipient shall provide to the Global Fund, in form and substance satisfactory to the Global Fund, a revised forecast justifying the quantities of Health Products (e.g., ARVs, reagents and test kits, OI/STI medicines and RDTs) to be procured for Years 2 and 3 of this Implementation Period based on inventory and patient related (consumption) data, as validated by the Local Fund Agent.</p>	Procurement	Procurement	30.Jun.13	Met	<p>SR CHAI prepared a forecast justifying the quantities of Health Products, including ARV drugs and OI & STI drugs. The PR has made a revision to the quantities of OI & STI drugs due to the drugs being procured locally; this revision was approved by the Global Fund on September 15, 2013. Furthermore, the CT conveyed approval and recommendation to the forecast for reagents, test kits and RDTs on 06 November 2013.</p>
	Condition Precedent	<p>STC 10: Prior to any procurement of Health Products, the Principal Recipient shall provide to the Global Fund, in form and substance satisfactory to the Global Fund, evidence that, in order to avoid potentially non-competitive, non-transparent procurement process and unreasonably higher supplier prices as compared to the international market prices, it has not disclosed ceiling prices in connection with such procurement.</p> <p>Notwithstanding the above, the Principal Recipient agrees that the procurement of Health Products (e.g., ARVs, reagents and test kits, OI, STI medicines and equipment) with the use of Grant funds shall be done through the Voluntary Pooled Procurement (VPP) mechanism until the Global Fund has agreed in writing, upon relevant assessment, that such procurement can be properly managed by the Principal Recipient.</p>	Procurement	Procurement		Met	<p>Based on Semester 6 review, it was noted that the PR had obtained a price quote in November 2012 (i.e. Semester 5) for 11 items of ARV drugs through VPP with an estimated total amounting to USD 987,207.52. The PR has also requested a carry forward budget to procure OI & STI drugs in Semester 7. Initially, this was to be carried out through VPP; however, given the relatively small quantities those would not have added value to procure through VPP, the CT advised the PR to conduct the procurement locally.</p>

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CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>STC 11: At least one month prior to the first disbursement of funds for training activities to be conducted during the Implementation Period, the Principal Recipient shall deliver to the Global Fund plans, in form and substance satisfactory to the Global Fund, the Training Plan for such training activities (the "Training Plan"). The Training Plan shall include, but will not be limited to, a detailed budget and assumptions for all training activities under the Program, procedures for the Principal Recipient's financial oversight over expenditures to finance training activities and controls to protect Grant funds for training from the risk of misuse or diversion.</p>	Others	Other	01.Mar.13	Met	<p>The training plan was approved by GF Country Team on 8 February 2013. The PR will as usual be required to note any changes to training activities or schedules in your forecasting and requests for exception as appropriate. The LFA will continue to verify actual expenditures against your training plan with each VOI.</p>

2. Key Grant Performance Information

2.1. Program Impact and Outcome Indicators

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2011	2022	2023	2024	2025

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

Impact 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						
	68%							2006						

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	67%	72%	77%	82%	87%										
Result	67.28%	65.3%													
Data source of Results	Clinical cohort follow-up studies	Clinical cohort follow-up studies													

Impact indicator	STI (gonorhea) prevalence among direct female sex workers													
	Baselines													
	Value							Year						
	34.52%							2009						

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target		30%		28%											
Result		38%													
Data source of Results		Other: IBBS 2011													

Impact indicator	STI (gonorhea) prevalence among transvestite sex workers													
	Baselines													
	Value							Year						
	29.11%							2009						

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target		23%		20%											
Result		29%													
Data source of Results		Other: IBBS 2011													

Impact indicator	STI/gonorhea prevalence among MSM													
	Baselines													
	Value							Year						
	17.33%							2009						

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	8%			7%											
Result	21%	21%													
Data source of Results	Other: IBBS 2011														

Impact indicator	HIV prevalence among female sex workers											Baselines			
												Value		Year	
												8.12%		2009	

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target		5%		4%											
Result		9%													
Data source of Results		Other: IBBS 2011													

Impact indicator	HIV prevalence among IDUs											Baselines			
												Value		Year	
												40%		2009	

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	38%			35%											
Result	42%														
Data source of Results	Other: IBBS 2011														

Outcome indicator	% of female and male sex workers reporting the use of a condom with their most recent client											Baselines			
												Value		Year	
												66.58%		2009	

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	70%			80%											
Result	68%														
Data source of Results	Other: IBBS 2011														

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	
												52.09%		2009	

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target		65%		70%											
Result		61%													
Data source of Results		Other: IBBS 2011													

Outcome indicator	Percentage of IDUs who are not sharing needles and syringes at the last injection										Baselines				
											Value		Year		
											87%		2011		
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target		Establi shed baselin e from 2011 IBBS.		To be determi ned at Renew al for the next Implem entatio n Period.											
Result															
Data source of Results															

2.2. Programmatic Performance

2.2.1. Reporting Periods

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

2.2.2. Program Objectives, Service Delivery Areas and Indicators

Objective 1 - To reduce HIV among key population at higher risk many of who are young, through provision of prevention services (PR-MoH, NAC, NU)

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		
No Level	372	Dec 09	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	2,059	4,698	7,047	9,397				
Result	2,127	2,202	2,214	2,276				

Indicator 1.2 - Number of female sex workers and waria receiving Periodic Presumptive Treatment (PPT) for STIs

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	7108	Dec 09	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target		49,176	24,588		0			
Result		48,132	24,094		0			

Indicator 1.3 - Number of cases of sexually transmitted infections treated

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	182062	Sep 09	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	30,000	105,000	75,000	150,000				
Result	35,625	94,987	60,931	133,283				

IND-H-MOH

Last Updated on: 22 August 2014

Prevention: Counseling and testing

Indicator 1.4 - Number of Most at risk populations (MARPs) who receive an HIV test and know their test results

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	160765	Dec 09	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	85,395	198,857	359,095	519,329				
Result	96,036	221,520	372,349	539,774				

Treatment: Prophylaxis and treatment for opportunistic infections

Indicator 1.5 - Number 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		
Level 3-People reached			Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	7,613	14,561	24,373	34,185				
Result	9,218	10,209	11,359	13,164				

Indicator 1.6 - Number of adults and children with advanced HIV infection (currently) receiving antiretroviral therapy

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	15442	Dec 09	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	21,672	24,705	27,738	31,055				
Result	16,758	20,402	23,046	25,824				

Prevention: PMTCT

Indicator 1.7 - Number of HIV positive pregnant women 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	199	Dec 09	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	70	165	94	190				
Result	259	611	429	873				

TB/HIV

Indicator 1.8 - 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 0-Process/Activity Indicator	25.8 % (1,005/ 3,892)	Jan-Dec 2009	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: D: P: 50%	N: D: P: 60%	N: D: P: 70%	N: D: P: 80%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: 3,780 D: 4,150 P: 91%	N: D: P: 58%	N: D: P: 70%	N: 8,418 D: 10,500 P: 80%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

Objective 2 - To increase the length and quality of life of people living with HIV through provision of care, support and treatment (PR-MoH, NU)

HSS: Service delivery

Indicator 2.1 - 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	16	Dec 09	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 78 D: 557 P: 14%	99	N: 125 D: 568 P: 22%	N: 150 D: 571 P: 26%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: 69 D: 557 P: 12%	175	N: 278 D: 568 P: 49%	N: 403 D: 571 P: 71%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

Indicator 2.2 - Percentage of health facilities dispensing anti-retroviral therapy that have not experienced a stock out of at least one required ARV drug in the past 6 months

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	10.4% 13/125	Dec 2009	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: D: P: 6%	N: D: P: 5%	N: D: P: 5%	N: 5 D: 100 P: 5%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: D: P: 5%	N: D: P: 3%	N: D: P: 1%	N: 2 D: 242 P: 1%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

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Objective 3 - To address systemic challenges to improve performance in achieving universal access for prevention and care support and treatment (PR-MoH, NAC)

HSS: Information System

Indicator 3.1 - Number of supervisory visits by districts/city level health staff to health facilities

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	Not Available	Mar 10	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	1,312	1,312	1,546	1,546				
Result	1,052	1,467	1,024	1,349				

Objective 4 - To expand effective interventions to achieve universal access to prevention of HIV infection and care, support, and treatment for key affected populations at higher risk.

Key Populations

Indicator 4.1 - Number and percentage of PWIDs currently receiving Methadone Maintenance Treatment (MMT)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level	2214	December 2011	Top 10 Equ.	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	2,600	N: 2,900 D: 27,101 P: 11%	N: 3,200 D: 27,101 P: 12%	N: 3,900 D: 27,101 P: 14%				
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	2,203	N: 2,270 D: 27,101 P: 8%	N: 2,362 D: 27,101 P: 9%	N: D: P: %				
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target	N: 4,700 D: 27,101 P: 17%	N: 5,762 D: 27,101 P: 21%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %			
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %			

Prevention: Condom Distribution

Indicator 4.2 - Number of condoms distributed by Health Facilities

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level			N	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target						1,540,570	1,790,173	2,035,011				
Result						862,572	1,255,655					
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target	2,297,845	2,630,182										
Result												

Facility-based diagnosis and treatment of sexually transmitted infections

Indicator 4.3 - Number and percentage of people received STI services

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level	60391	December 2011	Top 10 Equ.	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	62,338	N: 141,952 D: 1,977,710 P: 7%	N: 159,179 D: 2,106,605 P: 8%	N: 176,406 D: 2,235,500 P: 8%				
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	71,221	N: 93,673 D: 1,977,710 P: 5%	N: 108,612 D: 2,106,605 P: 5%	N: D: P: %				
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target	N: 193,633 D: 2,364,395 P: 8%	N: 210,860 D: 2,493,291 P: 9%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %			
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %			

Prevention: Counseling and testing

Indicator 4.4 - Number and percentage of KAPs who undergo testing and counseling and receive the result

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)														
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8						
No Level	372349	December 2011	Y	N														
Target										102,903	N: 341,505 D: 1,977,710 P: 17%	N: 401,345 D: 2,106,605 P: 19%	N: 463,843 D: 2,235,500 P: 21%					
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %						177,095	N: 262,308 D: 1,977,710 P: 13%	N: 400,966 D: 2,106,605 P: 19%	N: D: P: %					
					Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	N: 528,233 D: 2,364,395 P: 22%	N: 617,515 D: 2,493,291 P: 25%	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: %					

Treatment: Antiretroviral treatment (ARV) and monitoring

Indicator 4.5 - Number and percentage of adults and children with HIV currently receiving ART

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)														
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8						
No Level	23046	December 2011	Y	N														
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %						21,251	N: 27,167 D: 165,724 P: 16%	N: 31,066 D: 169,766 P: 18%	N: 34,188 D: 174,010 P: 20%					
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %						28,840	N: 29,721 D: 165,724 P: 18%	N: 33,384 D: 169,766 P: 20%	N: D: P: %					
					Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	N: 37,024 D: 178,254 P: 21%	N: 41,100 D: 182,711 P: 23%	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: %					

Prevention: PMTCT

Indicator 4.6 - Number and percentage of PLHIV pregnant women who received ARV

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)													
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8					
No Level	429	December 2011	Y	N													
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %					182		N: 959 D: 4,544 P: 21%	N: 1,935 D: 9,088 P: 21%	N: 1,016 D: 4,817 P: 21%				
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %					607		N: 768 D: 4,544 P: 17%	N: 1,551 D: 9,088 P: 17%	N: D: P: %				
Target	N: 2,358 D: 9,634 P: 25%	N: 1,490 D: 5,061 P: 29%	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: %				

Care and Support: Care and support for the chronically ill

Indicator 4.7 - Number and percentage of PLHIV referred to NGO for psychosocial support

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)													
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8					
No Level			N	N													
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %							N: 16,392 D: 27,320 P: 60%	N: 19,265 D: 32,108 P: 60%	N: 22,264 D: 37,107 P: 60%				
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %							N: 2,306 D: 13,231 P: 17%	N: 4,741 D: 15,220 P: 31%	N: D: P: %				
Target	N: 25,355 D: 42,259 P: 60%	N: 29,641 D: 49,401 P: 60%	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: %				

TB/HIV

Indicator 4.8 - Number and percentage of adult and children in HIV care who had TB status assessed

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)										
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
No Level	6724/6730 (99.9%)	December 2011	N	N										
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: 85%	N: 49,039 D: 54,487 P: 90%	N: 60,015 D: 63,174 P: 95%	N: 71,295 D: 71,295 P: 100%						
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: 91%	N: 62,061 D: 86,674 P: 72%	N: 38,367 D: 47,571 P: 81%	N: D: P: %						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	N: 79,283 D: 79,283 P: 100%	N: 90,501 D: 90,501 P: 100%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %					
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %					

Objective 5 - To improve health sector service delivery in the context of HIV and tackle critical health systems constraints**HSS: Facility management and organization****Indicator 5.1 - Number and percentage of Lab participating in QA system**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level	220/446 (49.3%)	December 2011	N	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	110	N: 225 D: 446 P: 50%	N: 446 D: 446 P: 100%	N: 225 D: 446 P: 50%				
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	98	N: 208 D: 446 P: 47%	N: 427 D: 446 P: 96%	N: D: P: %				
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target	N: 446 D: 446 P: 100%	N: 446 D: 446 P: 100%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %				
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %				

Treatment: Antiretroviral treatment and monitoring**Indicator 5.2 - Number and percentage of hospital experienced no stock out ARV**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level	236/238 (99.2%)	December 2011	N	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: 96%	N: 240 D: 242 P: 99%	N: 240 D: 242 P: 99%	N: 240 D: 242 P: 99%				
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: 246 D: 249 P: 99%	N: 263 D: 264 P: 100%	N: 297 D: 298 P: 100%	N: D: P: %				
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target	N: 240 D: 242 P: 99%	N: 240 D: 242 P: 99%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %				
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %				

HSS: Surveys, evaluation and research**Indicator 5.3 - Number of HIV and STI facilities supervised by district health staff**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level	1024	December 2012	N	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target					1,566	1,367	1,367	1,367				
Result					1,378	682	927					
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target	1,367	1,367										
Result												

2.2.3. Cumulative Progress To Date

Latest reporting due period : 7 (01.Jul.13 - 31.Dec.13)

Objective 1 To reduce HIV among key population at higher risk many of who are young, through provision of prevention services (PR-MoH, NAC, NU)

SDA Prevention: Behavioral Change Communication - Community Outreach

Indicator 1.1 - Number of IDUs currently receiving methadone maintenance treatment

	Target		Result		Progress (%)					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
No Level	4	9,397	4	2,276						24%

Indicator 1.2 - Number of female sex workers and warias receiving Periodic Presumptive Treatment (PPT) for STIs

	Target		Result		Progress (%)					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
No Level	3	24,588	3	24,094						98%

Indicator 1.3 - Number of cases of sexually transmitted infections treated

	Target		Result		Progress (%)					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	4	150,000	4	133,283						89%

SDA Prevention: Counseling and testing

Indicator 1.4 - Number of Most at risk populations (MARPs) who receive an HIV test and know their test results

	Target		Result		Progress (%)					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	4	519,329	4	539,774						104%

SDA Treatment: Prophylaxis and treatment for opportunistic infections

Indicator 1.5 - Number of adults and children enrolled in HIV care and eligible for co-trimoxazole prophylaxis currently receiving cotrimoxazole prophylaxis

	Target		Result		Progress (%)					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	4	34,185	4	13,164						39%

Indicator 1.6 - Number of adults and children with advanced HIV infection (currently) receiving antiretroviral therapy

	Target		Result		Progress (%)					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	4	31,055	4	25,824						83%

SDA Prevention: PMTCT

Indicator 1.7 - Number of HIV positive pregnant women who received anti-retrovirals to reduce the risk of mother-to-child transmission

	Target		Result		Progress (%)					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	4	190	4	873						120%

SDA TB/HIV

Indicator 1.8 - 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 (%)					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 0-Process/Activity Indicator	4	N: D: P: 80 %	4	N: 8,418 D: 10,500 P: 80.2 %						100%

Objective 2 To increase the length and quality of life of people living with HIV through provision of care, support and treatment (PR-MoH, NU)

SDA HSS: Service delivery

Indicator 2.1 - 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	4	N: 150 D: 571 P: 26.3 %	4	N: 403 D: 571 P: 70.6 %					120%	

Indicator 2.2 - Percentage of health facilities dispensing anti-retroviral therapy that have not experienced a stock out of at least one required ARV drug in the past 6 months

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	4	N: 5 D: 100 P: 5 %	4	N: 2 D: 242 P: 0.8 %					120%	

Objective 3 To address systemic challenges to improve performance in achieving universal access for prevention and care support and treatment (PR-MoH, NAC)

SDA HSS: Information System

Indicator 3.1 - Number of supervisory visits by districts/city level health staff to health facilities

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	4	1,546	4	1,349					87%	

Objective 4 To expand effective interventions to achieve universal access to prevention of HIV infection and care, support, and treatment for key affected populations at higher risk.

SDA Key Populations

Indicator 4.1 - Number and percentage of PWIDs currently receiving Methadone Maintenance Treatment (MMT)

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	7	N: 3,200 D: 27,101 P: 11.8 %	7	N: 2,362 D: 27,101 P: 8.7 %					74%	

SDA Prevention: Condom Distribution

Indicator 4.2 - Number of condoms distributed by Health Facilities

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	7	1,790,173	7	1,255,655					70%	


SDA Facility-based diagnosis and treatment of sexually transmitted infections

Indicator 4.3 - Number and percentage of people received STI services

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	7	N: 159,179 D: 2,106,605 P: 7.6 %	7	N: 108,612 D: 2,106,605 P: 5.2 %					68%	


SDA Prevention: Counseling and testing

Indicator 4.4 - Number and percentage of KAPs who undergo testing and counseling and receive the result

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	7	N: 401,345 D: 2,106,605 P: 19.1 %	7	N: 400,966 D: 2,106,605 P: 19 %					99%	


SDA Treatment: Antiretroviral treatment (ARV) and monitoring

Indicator 4.5 - Number and percentage of adults and children with HIV currently receiving ART

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	7	N: 31,066 D: 169,766 P: 18.3 %	7	N: 33,384 D: 169,766 P: 19.7 %					108%	


SDA Prevention: PMTCT

Indicator 4.6 - Number and percentage of PLHIV pregnant women who received ARV

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	7	N: 1,935 D: 9,088 P: 21.3 %	7	N: 1,551 D: 9,088 P: 17.1 %					80%	


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

Indicator 4.7 - Number and percentage of PLHIV referred to NGO for psychosocial support

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	7	N: 19,265 D: 32,108 P: 60 %	7	N: 4,741 D: 15,220 P: 31.1 %					52%	

SDA TB/HIV

Indicator 4.8 - Number and percentage of adult and children in HIV care who had TB status assessed

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	7	N: 60,015 D: 63,174 P: 95 %	7	N: 38,367 D: 47,571 P: 80.7 %					85%	

Objective 5	To improve health sector service delivery in the context of HIV and tackle critical health systems constraints
SDA	HSS: Facility management and organization

Indicator 5.1 - Number and percentage of Lab participating in QA system

	Target		Result		Progress					96%
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
No Level	7	N: 446 D: 446 P: 100 %	7	N: 427 D: 446 P: 95.7 %						96%

SDA	Treatment: Antiretroviral treatment and monitoring
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Indicator 5.2 - Number and percentage of hospital experienced no stock out ARV

	Target		Result		Progress					101%
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
No Level	7	N: 240 D: 242 P: 99.2 %	7	N: 297 D: 298 P: 99.7 %						101%

SDA	HSS: Surveys, evaluation and research
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Indicator 5.3 - Number of HIV and STI facilities supervised by district health staff

	Target		Result		Progress					68%
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
No Level	7	1,367	7	927						68%

2.3. Financial Performance

2.3.1. Grant Financial Key Performance Indicators (KPIs)

Grant Duration (months)	60 months	Grant Amount	64,750,740 \$
% Time Elapsed (as of end date of the latest PU)	70%	% disbursed by TGF (to date)	87%
Time Remaining (as of end date of the latest PU)	18 months	Disbursed by TGF (to date)	56,541,651 \$
Expenditures Rate (as of end date of the latest PU)	87%	Funds Remaining (to date)	8,209,088 \$

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.10	01.Oct.10	01.Jan.11	01.Apr.11	01.Jul.11	01.Oct.11	01.Jan.12	01.Apr.12
Period Covered To:	30.Sep.10	31.Dec.10	31.Mar.11	30.Jun.11	30.Sep.11	31.Dec.11	31.Mar.12	30.Jun.12
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	5,496,994	13,310,788	19,306,487	23,170,313	32,894,133	36,108,605	38,282,870	34,512,480
Summary Period Budget:	5,496,994	7,813,794	5,995,699	3,863,826	9,723,820	3,214,472	2,174,265	3,234,511

Expenditure Categories

Program Activities

Implementing Entities

	Budget Period 9	Budget Period 10	Budget Period 11	Budget Period 12	Budget Period 13	Budget Period 14	Budget Period 15	Budget Period 16
Period Covered From:	01.Jul.12	01.Oct.12	01.Jan.13	01.Apr.13	01.Jul.13	01.Oct.13	01.Jan.14	01.Apr.14
Period Covered To:	30.Sep.12	31.Dec.12	31.Mar.13	30.Jun.13	30.Sep.13	31.Dec.13	31.Mar.14	30.Jun.14
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	40,313,419	43,898,711	52,093,876	56,216,284	59,917,776	63,888,373	73,259,954	76,846,947
Summary Period Budget:	3,443,955	3,585,292	8,195,165	4,122,408	3,701,492	3,970,597	9,371,581	3,586,993

Expenditure Categories

Program Activities

Implementing Entities

	Budget Period 17	Budget Period 18	Budget Period 19	Budget Period 20	Budget Period 21	Budget Period 22	Budget Period 23	Budget Period 24
Period Covered From:	01.Jul.14	01.Oct.14	01.Jan.15	01.Apr.15	01.Jul.15	01.Oct.15	01.Jan.16	01.Apr.16
Period Covered To:	30.Sep.14	31.Dec.14	31.Mar.15	30.Jun.15	30.Sep.15	31.Dec.15	31.Mar.16	30.Jun.16
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	79,919,330	83,222,717	90,593,813	93,369,699	93,369,699	93,369,699	93,369,699	93,369,699
Summary Period Budget:	3,072,383	3,303,387	7,371,096	2,775,886				

Expenditure Categories

Program Activities

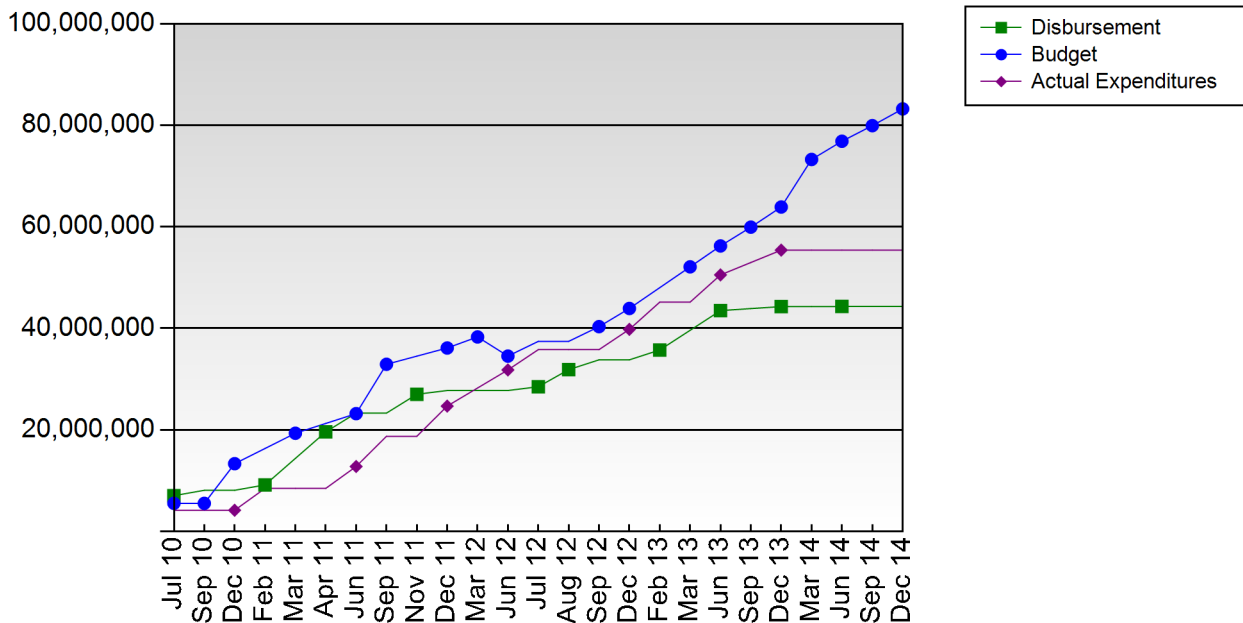
Implementing Entities

- Comments and additional information

2.3.3. Program Expenditures

Period PU7: 01.Jul.13 - 31.Dec.13	Actual Cash Outflow	Cumulative Budget	Cumulative Cash Outflow	Variance	Reason for variance
1. Total cash outflow vs. budget	\$ 4,887,291	\$ 63,888,373	\$ 55,393,836	\$ 8,494,537	
1a. PR's Total expenditure	\$ 2,316,642		\$ 24,231,847		
1b. Disbursements to sub-recipients	\$ 2,570,649		\$ 26,040,811		
1c. Expenditure Adjustments			\$ 5,121,178		Reason for adjustments
2. Pharmaceuticals & Health Product expenditures vs budget	\$ 748,460		\$ 10,485,428		
2a. Medicines & pharmaceutical products	\$ 748,460		\$ 8,634,903		
2b. Health products and health equipment			\$ 1,850,525		

2.3.4. Cumulative Program Budget, Expenditures and Disbursement to Date



2.4. Progress Update and Disbursement Information

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

Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
0	01.Aug.10 -		N/A	1	01.Jul.10 - 31.Mar.11	16,949,503	\$ 7,006,943	30 Jul 2010	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
N/A..					<p>The budget summary of the SSF Grant Agreement and the total budget approved by the Global Fund showed a discrepancy totaling USD 5,550,941 (USD 39,160,397 - USD 33,609,456). The difference represents the estimated cash balance at the PR level by the end of Round 8 grant (i.e. 30 June 2010 prior to consolidation into the SSF).</p> <p>Based on the LFA review of the detailed budget as well as of the budget summary, the total budget for Semester 1 (Quarter 1 - Quarter 2) and for the buffer for Quarter 3 is USD 16,949,503. However this budget does not take into account the estimated cash balance of USD 7,563,390 (i.e. USD 7,077,180 from the Round 8 USD Bank Account (large due to a very late transfer by TGF finance and USD 486,210 equivalent from the Round 8 Rupiahs Bank Account) and the outstanding obligation from Round 8 Activities amounting to USD 2,003,053 (please refer to attached LFA Appendix 3 for the review of the PR's outstanding obligation). The recommendation to release only of USD 7,006,943 consisting of the following:</p> <ul style="list-style-type: none"> - Semester 1 (i.e. Quarter 1 - Quarter 2) USD 10,953,804 - Buffer for Quarter 3 USD 5,995,699 - Estimated cash balance as of 30 June 2010 (USD 7,563,390) - Outstanding obligations as of 30 June 2010 USD 2,003,053 <p>Total LFA recommendation prior to VPP USD 11,389,166</p> <p>Less: Planned procurement through VPP USD 4,382,223</p> <p>Total LFA recommendation USD 7,006,943</p> <p>The LFA deducted, following the instruction from the regional team, the volume of funding corresponding to the procurement of ARVs through VPP covering the needs for the period spanning from during July 2010 to June 2011 totaling USD 4,382,223 (i.e. USD 3,553,003 using the budget from the Round 8 year 2 and USD 829,220 using the budget from the Round 9 year 1).</p> <p>The regional team recommends therefore to disburse USD 7,006,943 to the PR while the amount of USD 4,382,223 will be disbursed directly by the Global Fund to the VPP Agent later on when VPP orders negotiations are completed.</p>				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
0	01.Aug.10 -		N/A	1.1	01.Jul.10 - 31.Mar.11	2,121,365	\$ 2,121,365	14 Feb 2011	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
N/A..					<p>This disbursement is related to the release of US\$ 2,121,364.65 for the procurement via VPP of ARVs. The sum was directly wired to the procurement agent of the Global Fund, Partnership for Supply Chain Management, Inc.</p>				

Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
1	01.Jul.10 - 31.Dec.10			A1	2	01.Jan.11 - 30.Sep.11	19,583,344	\$ 10,442,468	15 Apr 2011
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 A1. This grant was consolidated into an SSF on July 1, 2010. Under the Round 8 grant - which only run for one year (July 2009 to June 2010) - the performance was weak (B2 and B1). The first reporting period under the SSF is showing excellent results as illustrated below with the average six top ten indicators performing over 108% while the average performance of all indicators scores at 105%.</p> <p>Out of 11 indicators, the PR achieved or exceeded more than 100% of the intended targets for seven indicators as follows:</p> <p>Number of IDUs currently receiving methadone treatment: 103% Number of cases of sexually transmitted infections treated: 119% Number of Most at risk populations (MARPs) who receive an HIV test and know their test results: 112% Number and percentage of adults and children enrolled in HIV care and eligible for co-trimoxazole prophylaxis currently receiving cotrimoxazole prophylaxis: 121% Number of HIV positive pregnant women (among MARPs) who received anti-retroviral to reduce the risk of mother-to-child transmission: 370% Percentage of health facilities dispensing anti-retroviral therapy that have experience a stock out at least one required ARV drug in the past 6 months: 101% 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: 101 %. Number and percentage of laboratories participating in quality assurance system: 88% Number of supervisory visits by districts/city level health staff to health facilities: 80%</p> <p>Furthermore, the PR has partially achieved 70% of the intended targets for one indicator:</p> <p>Number of adults and children with advanced HIV infection (currently) receiving antiretroviral therapy: 77%</p>					<p>The computation of the amount to be released by the Global Fund is as follows:</p> <ol style="list-style-type: none"> 1) Original approved budget for Semester 2 of US\$ 9,859,525; 2) Carry forward activities worth US\$ 1,906,848 as approved. 3) Reprogramming amounting to US\$ 833,131 at the central level as approved. 4) Carry forward activities at the SR level worth US\$ 77,562 and reprogramming at the SR level of US\$ 71,552 as approved. 5) Approved budget for capacity building at Kimia Farma warehouses for the storage of ARVs amounting to US\$ 370,234 as approved. 6) Q5 buffer totaling US\$ 9,723,820; 7) Deduction of the budget for ARVs, including distribution and freight costs, which is to be procured through VPP in Q3 and Q5 for US\$ (4,209,438). <p>PR Requested Disbursement: US\$ 19,583,344.3</p> <p>Adjustments:</p> <p>Adjustment to interest income: (US\$ 24.28) Adjustment to programmatic expenditures: (US\$ 29,530.93) Adjustment to bank chargers: US\$ 21.70 Adjustment to forecast (due to verified carry forward & reprogramming, and the exclusion of VPP amount): (1,155,568.62) Adjustment to reduce "cash received from Global Fund from after the period covered by Progress Update or cash "in transit"" that was erroneously included by the PR in their proposed forecast: (UD\$ 7,955,810.77). Un-reconciled difference and rounding adjustments: US\$ 37.03</p> <p>Total Adjustments: (US\$ 9,140,875.87)</p> <p>Disbursement decision : US\$ 10,442,468.49</p> <p>The first disbursement under the SSF grant made in July 2010 was below the range since the PR had a large Round 8 cash balance which explains the relatively low funding absorption rate under the SSF grant. We noted earlier as well that the Global Fund processed the last disbursement worth US\$ 6.3 million under the Round 8 grant with some delays due to miscommunications with the World Bank, which explained (i) that the PR took time to consume the Round 8 cash balance and (ii) that the first disbursement under the SSF was reduced considerably.</p> <p>This disbursement includes an amount of US\$ 1,147,954 covering training activities from January to September 2011.</p>				
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The PR has performed well since the signing of the SSF grant. In Semester 2 from January to June 2011, the PR has performed well for most of the indicators except two Top 10 indicators, which pulled down the overall rate from A2 to B1. The overall rate in B1.</p> <p>Out of 11 indicators, the PR had achieved or exceeded more than 100% of the intended targets for 5 indicators as follows:</p> <p>- Number of Most at risk populations (MARPs) who receive an HIV test and know their test results</p>					<p>The PR had a cash balance amounting to US\$11,599,191. This large cash balance represents a significant amount of reprogramming and carry-forward activities from Semester 1 as indicated above under analysis of expenditures. Around 1/3 of the cash balance is related to procurement of ARV drugs, OI, testing kits and CD4 machines which were not utilized due to failed tendering process and delayed VPP procurement. The rest are mainly due to the delay in training activities, procurement management costs, M&E costs, and TB and HIV collaboration activities. The LFA reviewed and recommended approval of the carry-over and reprogram activities amounting to USD 6,609,663, which are directly contributing to improving achievement of objectives by end of Semester 3, with PR's enhanced action plans in place to accelerate the absorbing rate.</p>				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
2	01.Jan.11 - 30.Jun.11			B1	3	01.Jul.11 - 31.Mar.12	10,733,196	\$ 5,405,711	01 Nov 2011
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The PR has performed well since the signing of the SSF grant. In Semester 2 from January to June 2011, the PR has performed well for most of the indicators except two Top 10 indicators, which pulled down the overall rate from A2 to B1. The overall rate in B1.</p> <p>Out of 11 indicators, the PR had achieved or exceeded more than 100% of the intended targets for 5 indicators as follows:</p> <p>- Number of Most at risk populations (MARPs) who receive an HIV test and know their test results</p>					<p>The PR had a cash balance amounting to US\$11,599,191. This large cash balance represents a significant amount of reprogramming and carry-forward activities from Semester 1 as indicated above under analysis of expenditures. Around 1/3 of the cash balance is related to procurement of ARV drugs, OI, testing kits and CD4 machines which were not utilized due to failed tendering process and delayed VPP procurement. The rest are mainly due to the delay in training activities, procurement management costs, M&E costs, and TB and HIV collaboration activities. The LFA reviewed and recommended approval of the carry-over and reprogram activities amounting to USD 6,609,663, which are directly contributing to improving achievement of objectives by end of Semester 3, with PR's enhanced action plans in place to accelerate the absorbing rate.</p>				

(111%)

- Number of HIV positive pregnant woman who received anti-retroviral to reduce the risk of mother to child transmission (370%)
- Number and percentage of laboratories participating in quality assurance system (177%)
- Percentage of health facilities dispensing anti-retroviral therapy that have experienced a stock out of at least one required ARV drugs in the past 6 months (102%)
- Number of supervisory visits by districts/city level health staff to health facilities (112%)

The PR significantly met the intended targets (i.e. achievement of equal to or greater than 80%) for 4 indicators, as follows:

- Number of people receiving Periodic Presumptive Treatment (PPT) for STIs (98%)
- Number of cases of sexually transmitted infections treated (90%)
- Number of adults and children with advanced HIV infection (currently) receiving antiretroviral therapy (83%)
- 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 (97%)

The PR has partially achieved (lower than 70% of the intended targets) on 2 indicators, as follows:

- Number of adults and children enrolled in HIV care and eligible for co-trimoxazole-prophylaxis currently receiving cotrimoxazole prophylaxis (70%)
- Number of IDUs currently receiving methadone maintenance treatment (47%)

The underachievement on the indicator "Number of IDUs currently receiving methadone maintenance treatment" was a result of a number of reasons:

- The 2006 estimation of IDUs used as the basis to determine the target was overestimated. Based on the 2009 estimation conducted by the MoH, there was a significant decrease in the number of IDUs in Indonesia by about half - from 219,130 in 2006 to 105,784 in 2009. This caused the PR as well as other PRs in Indonesia to have difficulties in reaching enough IDUs to meet the intended targets. This situation was reflected and agreed upon by the functional teams during grant renewal of the IPPA in May 2011. The Regional Team will ensure that the Performance Framework for both the Ministry of Health and NAC are revised to take into consideration this new development in epidemiology.
- The referral from outreach towards services provision of MMT appears not performing well. It reflects lack of effective coordination between different PRs.
- Some methadone treatment clinics that were planned to be activated during the SSF grant have not been activated yet due to difficulties in obtaining permits from the local area government and delays in the release of activation letter from the Directorate of Mental Health ("Kesehatan Jiwa") Bina Upaya Kesehatan' which is part of the MoH. These two institutions (i.e. the local government and the Directorate of Mental Health) are the two approvers that are needed to activate methadone treatment clinics according to law in Indonesia.

The PR needs to improve the coordination with other PRs to increase the referral numbers and coordination with "Keshhaten Jiwa" and local government to activate MMT clinics. other Ministries to speed up establishing MMT clinics as well as addressing the service quality issues. Regarding the new estimation of IDU population, MoH s yet to submit the IBBS report 2009 to provide strong evidence for justification of reducing targets related to reduced IDU population.

The disbursement from the Global Fund is computerized as follows:

Add: budget for the period from July to December 2011: US\$ 12,938,292
 Add: approved carry forward activities: US\$ 4,436,567
 Add: approved reprogramming: US\$2,173,096
 Add: buffer budget for the period from January to March 2012: US\$ 2,174,265
 Total of forecasted amount: US\$ 21,772,210
 Less: verified cash balance as at 30 June 2011: US\$11,599,191
 Less: procurement planned for VPP: US\$ 4,717,308
 Final disbursement recommendation: USD 5,812,727.20

The final disbursement will be split into two: USD 5,405,711 to PR and US\$407,016.20 to PFSM for VPP (first portion). While the Regional Team agrees the LFA's recommendation to disburse the amount of USD 5,405,711 to PR, it will be highlighted in the management letter that the budget of USD 725,931 related to the training activities from reprogramming and the period from October 2011 to March 2012 should not be utilized until the PR obtains approval from the Global Fund on the new training plan to cover these activities.

The PR has achieved 100% of target for one impact indicator due by July 2011: "Percentage of adults and children who are still on treatment after 12 months from the initiation of treatment".

The PR experienced stock-out of ARV drugs in Semester 2 and the risk of stock-out still exists, due to the delay in VPP procurement and delivery, particularly related to the triple pediatric drugs which faces a limitation of production globally. To cope with the potential risk of stock-out, the PR has determined a drug substitution which is deemed appropriate.

Progress Updates

Disbursement Information

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
2	01.Jan.11 - 30.Jun.11		B1	3.1	01.Jul.11 - 31.Mar.12	10,733,196	\$ 407,016	01 Nov 2011

Summary of Progress

Reasons for variance between PR Request and Actual Disbursement

The PR has performed well since the signing of the SSF grant. In Semester 2 from January to June 2011, the PR has performed well for most of the indicators except two Top 10 indicators, which pulled down the overall rate from A2 to B1. The overall rate in B1.

Out of 11 indicators, the PR had achieved or exceeded more than 100% of the intended targets for 5 indicators as follows:

- Number of Most at risk populations (MARPs) who receive an HIV test and know their test results (111%)
- Number of HIV positive pregnant woman who received anti-retroviral to reduce the risk of mother to child transmission (370%)
- Number and percentage of laboratories participating in quality assurance system (177%)
- Percentage of health facilities dispensing anti-retroviral therapy that have experienced a stock out of at least one required ARV drugs in the past 6 months (102%)
- Number of supervisory visits by districts/city level health staff to health facilities (112%)

The PR significantly met the intended targets (i.e. achievement of equal to or greater than 80%) for 4 indicators, as follows:

- Number of people receiving Periodic Presumptive Treatment (PPT) for STIs (98%)
- Number of cases of sexually transmitted infections treated (90%)
- Number of adults and children with advanced HIV infection (currently) receiving antiretroviral therapy (83%)
- 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 (97%)

The PR has partially achieved (lower than 70% of the intended targets) on 2 indicators, as follows:

- Number of adults and children enrolled in HIV care and eligible for co-trimoxazole-prophylaxis currently receiving cotrimoxazole prophylaxis (70%)
- Number of IDUs currently receiving methadone maintenance treatment (47%)

The underachievement on the indicator "Number of IDUs currently receiving methadone maintenance treatment" was a result of a number of reasons:

- The 2006 estimation of IDUs used as the basis to determine the target was overestimated. Based on the 2009 estimation conducted by the MoH, there was a significant decrease in the number of IDUs in Indonesia by about half - from 219,130 in 2006 to 105,784 in 2009. This caused the PR as well as

Split disbursement of USD 5,405,711 and USD 407,016 (VPP disbursement for procurement of ARV) for the same PU 1 Jan to 30 Jun 2011.

other PRs in Indonesia to have difficulties in reaching enough IDUs to meet the intended targets. This situation was reflected and agreed upon by the functional teams during grant renewal of the IPPA in May 2011. The Regional Team will ensure that the Performance Framework for both the Ministry of Health and NAC are revised to take into consideration this new development in epidemiology.

- The referral from outreach towards services provision of MMT appears not performing well. It reflects lack of effective coordination between different PRs.
- Some methadone treatment clinics that were planned to be activated during the SSF grant have not been activated yet due to difficulties in obtaining permits from the local area government and delays in the release of activation letter from the Directorate of Mental Health ("Kesehatan Jiwa") Bina Upaya Kesehatan' which is part of the MoH. These two institutions (i.e. the local government and the Directorate of Mental Health) are the two approvers that are needed to activate methadone treatment clinics according to law in Indonesia.

The PR needs to improve the coordination with other PRs to increase the referral numbers and coordination with "Keshhaten Jiwa" and local government to activate MMT clinics. other Ministries to speed up establishing MMT clinics as well as addressing the service quality issues. Regarding the new estimation of IDU population, MoH s yet to submit the IBBS report 2009 to provide strong evidence for justification of reducing targets related to reduced IDU population.

The PR has achieved 100% of target for one impact indicator due by July 2011: "Percentage of adults and children who are still on treatment after 12 months from the initiation of treatment".

The PR experienced stock-out of ARV drugs in Semester 2 and the risk of stock-out still exists, due to the delay in VPP procurement and delivery, particularly related to the triple pediatric drugs which faces a limitation of production globally. To cope with the potential risk of stock-out, the PR has determined a drug substitution which is deemed appropriate.

Progress Updates				Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
2	01.Jan.11 - 30.Jun.11		B1	3.2	01.Jul.11 - 31.Mar.12	1,603,444	\$ 1,603,444	01 Nov 2011

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
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The PR has performed well since the signing of the SSF grant. In Semester 2 from January to June 2011, the PR has performed well for most of the indicators except two Top 10 indicators, which pulled down the overall rate from A2 to B1. The overall rate in B1.

Out of 11 indicators, the PR had achieved or exceeded more than 100% of the intended targets for 5 indicators as follows:

- Number of Most at risk populations (MARPs) who receive an HIV test and know their test results (111%)
- Number of HIV positive pregnant woman who received anti-retroviral to reduce the risk of mother to child transmission (370%)
- Number and percentage of laboratories participating in quality assurance system (177%)
- Percentage of health facilities dispensing anti-retroviral therapy that have experienced a stock out of at least one required ARV drugs in the past 6

This is a VPP disbursement for ARV procurement.

months (102%)

- Number of supervisory visits by districts/city level health staff to health facilities (112%)

The PR significantly met the intended targets (i.e. achievement of equal to or greater than 80%) for 4 indicators, as follows:

- Number of people receiving Periodic Presumptive Treatment (PPT) for STIs (98%)
- Number of cases of sexually transmitted infections treated (90%)
- Number of adults and children with advanced HIV infection (currently) receiving antiretroviral therapy (83%)
- 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 (97%)

The PR has partially achieved (lower than 70% of the intended targets) on 2 indicators, as follows:

- Number of adults and children enrolled in HIV care and eligible for co-trimoxazole-prophylaxis currently receiving cotrimoxazole prophylaxis (70%)
- Number of IDUs currently receiving methadone maintenance treatment (47%)

The underachievement on the indicator "Number of IDUs currently receiving methadone maintenance treatment" was a result of a number of reasons:

- The 2006 estimation of IDUs used as the basis to determine the target was overestimated. Based on the 2009 estimation conducted by the MoH, there was a significant decrease in the number of IDUs in Indonesia by about half - from 219,130 in 2006 to 105,784 in 2009. This caused the PR as well as other PRs in Indonesia to have difficulties in reaching enough IDUs to meet the intended targets. This situation was reflected and agreed upon by the functional teams during grant renewal of the IPPA in May 2011. The Regional Team will ensure that the Performance Framework for both the Ministry of Health and NAC are revised to take into consideration this new development in epidemiology.
- The referral from outreach towards services provision of MMT appears not performing well. It reflects lack of effective coordination between different PRs.
- Some methadone treatment clinics that were planned to be activated during the SSF grant have not been activated yet due to difficulties in obtaining permits from the local area government and delays in the release of activation letter from the Directorate of Mental Health ("Kesehatan Jiwa") Bina Upaya Kesehatan' which is part of the MoH. These two institutions (i.e. the local government and the Directorate of Mental Health) are the two approvers that are needed to activate methadone treatment clinics according to law in Indonesia.

The PR needs to improve the coordination with other PRs to increase the referral numbers and coordination with "Keshhaten Jiwa" and local government to activate MMT clinics. other Ministries to speed up establishing MMT clinics as well as addressing the service quality issues. Regarding the new estimation of IDU population, MoH s yet to submit the IBBS report 2009 to provide strong evidence for justification of reducing targets related to reduced IDU population.

The PR has achieved 100% of target for one impact indicator due by July 2011: "Percentage of adults and children who are still on treatment after 12 months from the initiation of treatment".

The PR experienced stock-out of ARV drugs in Semester 2 and the risk of stock-out still exists, due to the delay in VPP procurement and delivery, particularly related to the triple pediatric drugs which

IND-H-MOH

Last Updated on: 22 August 2014

<p>faces a limitation of production globally. To cope with the potential risk of stock-out, the PR has determined a drug substitution which is deemed appropriate.</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.Jul.11 - 31.Dec.11		B2	4	01.Jan.12 - 30.Jun.12	8,468,936		N/A	
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
<p>The PR continues to show good progress, with a quantitative indicator rating of B1. Both the 'All Indicator' and 'Top Ten' ratings are also B1.</p> <p>Out of the 11 indicators reported, the PR achieved or exceeded targets for 5 indicators as follows:</p> <ul style="list-style-type: none"> - 1.4 Number of Most at risk populations (MARPs) who receive an HIV test and know their test results (cumulative over program) 104%; - 1.7 Number of HIV positive pregnant women who received anti-retrovirals to reduce the risk of mother-to-child transmission (cumulative annually) 456% - 1.8 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 (not cumulative) 100%; - 2.1 Number and percentage of laboratories participating in quality assurance system (cumulative over program term) 222%; and - 2.2 Percentage of health facilities dispensing anti-retroviral therapy that have experienced a stock out of at least one required ARV drug in the past 6 months (not cumulative) 556%. <p>The PR achieved above 60% for 4 indicators as follows:</p> <ul style="list-style-type: none"> - 1.2 Number of female sex workers and warias receiving Periodic Presumptive Treatment (PPT) for STIs (not cumulative) 98%; - 1.3 Number of cases of sexually transmitted infections treated (cumulative annually) 81%; - 1.6 Number of adults and children with advanced HIV infection (currently) receiving antiretroviral therapy (not cumulative) 83%; and - 3.1 Number of supervisory visits by districts/city level health staff to health facilities (not cumulative) 66%. <p>The PR did not achieve the intended target for 3 indicators as follows:</p> <ul style="list-style-type: none"> - 1.1 Number of IDUs currently receiving methadone maintenance treatment (not cumulative) 31%; and - 1.5 Number of adults and children enrolled in HIV care and eligible for co-trimoxazole prophylaxis currently receiving cotrimoxazole prophylaxis (not cumulative) 47%. <p>The under achievement of Indicator 1.1 is mainly due the decrease in the number of IDUs in the year 2009 estimation (92,346 IDUs) compared to the year 2006 estimation (143,050 IDUs). As this is a problem affecting all PRs implementing grants in the HIV/AIDS program, it has been agreed that the baseline and targets will be revised as part of the upcoming Grant Renewal (currently scheduled for June 2012). It is also noted that the reported number of people on MMT has not increased over the past 3 semesters.</p> <p>The under achievement of Indicator 1.5 mainly due to the reluctance of several clinics to prescribe co-trimoxazole to patients, as well as the change in the National Guidelines (revised in November 2011 by the MoH) resulting in more patients receiving ARV at an earlier stage making co-trimoxazole no longer needed.</p> <p>The overall rating of B2 is primarily a reflection of continued low absorption of grant funds,</p>				<p>The amount forecasted for semester 4 (January to June 2012) contains the budgetary provisions relating to carry forward activities, outstanding obligations and reprogrammed activities as approved by the Country Team.</p> <p>Amount as budgeted in the Semester 4 HIV SSF Budget: USD 5,408,776 Adjustment based on PR absorption capacity (70%): USD - 1,622,632 Adjusted Semester 4 Budget: USD 3,786,143 Carry Forward and Obligations (less VPP procurement): USD 5,660,890 Approved Reprogramming: USD 896,630 Adjusted Forecasted Amount: USD 10,343,663</p> <p>The Country Team has adjusted the budget for Semester 4 to 70% based on the PRs absorption capacity to date. The cumulative absorption is 66%, while the absorption for Semester 3 was 74%.</p> <p>Based on the adjusted forecasted amount and adjusted cash balance, there is a net positive variance of USD 115,963. Therefore, the Global Fund Country Team has decided to do a nil disbursement (i.e. USD 0). This decision differs from the amount request by the PR (USD 8,468,936) mainly due to the low absorption capacity of the PR as compared to the extremely high forecasted amount for the disbursement period as well as the large cash balance at the end of Semester 3 (USD 10,459,627 as of 31 December 2011).</p>					

Progress Updates				Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
3	01.Jul.11 - 31.Dec.11		B2	4.1	01.Jan.12 - 30.Jun.12	1,483,096	\$ 1,483,096	27 Jul 2012
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				
<p>The PR continues to show good progress, with a quantitative indicator rating of B1. Both the 'All Indicator' and 'Top Ten' ratings are also B1.</p> <p>Out of the 11 indicators reported, the PR achieved or exceeded targets for 5 indicators as follows:</p> <ul style="list-style-type: none"> - 1.4 Number of Most at risk populations (MARPs) who receive an HIV test and know their test results (cumulative over program) 104%; - 1.7 Number of HIV positive pregnant women who received anti-retrovirals to reduce the risk of mother-to-child transmission (cumulative annually) 456% - 1.8 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 (not cumulative) 100%; - 2.1 Number and percentage of laboratories participating in quality assurance system (cumulative over program term) 222%; and - 2.2 Percentage of health facilities dispensing anti-retroviral therapy that have experienced a stock out of at least one required ARV drug in the past 6 months (not cumulative) 556%. <p>The PR achieved above 60% for 4 indicators as follows:</p> <ul style="list-style-type: none"> - 1.2 Number of female sex workers and warias receiving Periodic Presumptive Treatment (PPT) for STIs (not cumulative) 98%; - 1.3 Number of cases of sexually transmitted infections treated (cumulative annually) 81%; - 1.6 Number of adults and children with advanced HIV infection (currently) receiving antiretroviral therapy (not cumulative) 83%; and - 3.1 Number of supervisory visits by districts/city level health staff to health facilities (not cumulative) 66%. <p>The PR did not achieve the intended target for 3 indicators as follows:</p> <ul style="list-style-type: none"> - 1.1 Number of IDUs currently receiving methadone maintenance treatment (not cumulative) 31%; and - 1.5 Number of adults and children enrolled in HIV care and eligible for co-trimoxazole prophylaxis currently receiving cotrimoxazole prophylaxis (not cumulative) 47%. <p>The under achievement of Indicator 1.1 is mainly due the decrease in the number of IDUs in the year 2009 estimation (92,346 IDUs) compared to the year 2006 estimation (143,050 IDUs). As this is a problem affecting all PRs implementing grants in the HIV/AIDS program, it has been agreed that the baseline and targets will be revised as part of the upcoming Grant Renewal (currently scheduled for June 2012). It is also noted that the reported number of people on MMT has not increased over the past 3 semesters.</p> <p>The under achievement of Indicator 1.5 mainly due to the reluctance of several clinics to prescribe co-trimoxazole to patients, as well as the change in the National Guidelines (revised in November 2011 by the MoH) resulting in more patients receiving ARV at an earlier stage making co-trimoxazole no longer needed.</p> <p>The overall rating of B2 is primarily a reflection of continued low absorption of grant funds,</p>				<p>This disbursement 4.1 is VPP disbursement for ARV procurement. The disbursement request of \$ 1,483,095.73 is within the approved budget and procurement plan (please see rationale below). The amount has been provided and approved by VPP. The disbursement is above the indicative range for a B2 rated grant, however in line with the programmatic achievement B1. The downgrade is driven by management issues which the PR is in the course of addressing.</p>				
Progress Updates				Disbursement Information				

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
4	01.Jan.12 - 30.Jun.12		B1	5	01.Jul.12 - 31.Dec.12	8,120,136	\$ 3,366,829	23 Aug 2012
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				
<p>The PR shows good progress, with a quantitative indicator rating of B1. Both the 'All Indicator' and 'Top Ten' ratings are also B1.</p> <p>From a total of 11 indicators, up to the end of Semester 4, the PR has achieved or exceeded the intended targets for 5 indicators. 3 indicators have between 80 and 90% achievement; and two indicators are below 40%. Indicator 1.2, Number of female sex workers and warias receiving Periodic Presumptive Treatment (PPT) for STIs, is not applicable for this period and has not been considered in the ratings calculation.</p> <p>The Global Fund verified results for IND-H-MOH for January – June 2012 are as follows:</p> <p>1.1 Number of IDUs currently receiving methadone maintenance treatment 24%;</p> <p>1.3 Number of cases of sexually transmitted infections treated: 89%;</p> <p>1.4 Number of Most at risk populations (MARPs) who receive an HIV test and know their test results: 104%;</p> <p>1.5 Number of adults and children enrolled in HIV care and eligible for co-trimoxazole prophylaxis currently receiving cotrimoxazole prophylaxis: 39%;</p> <p>1.6 Number of adults and children with advanced HIV infection (currently) receiving antiretroviral therapy: 83%;</p> <p>1.7 Number of HIV positive pregnant women who received anti-retrovirals to reduce the risk of mother-to-child transmission: 120%;</p> <p>1.8 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: 100%;</p> <p>2.1 Number and Percentage of laboratories participating in quality assurance system: 120%;</p> <p>2.2 Percentage of health facilities dispensing anti-retroviral therapy that have not experienced a stock out of at least one required ARV drug in the past 6 months 120%; and</p> <p>3.1 Number of supervisory visits by districts/city level health staff to health facilities:87%</p> <p>Action Plans and Recommendations for improvement on lagging indicator performance:</p> <p>1.1 Number of IDUs currently receiving methadone maintenance treatment</p> <p>The PR has only achieved 24% of the target this semester. The significantly low achievement for this indicator was due to the following:</p> <p>1. Decrease in population size as indicated in 2009 and 2011 population size estimations.</p> <p>2. Slow activation of MMT clinics: 2 MMT clinics activated (i.e. Jambi and East Kalimantan) out of 12 MMT clinics planned to be activated in Semester 4. The delay of the clinic activation is due to additional requirements for the MMT clinic activation that were recently issued, specifically for narcotics and logistics management. Activation documents are subject to review by the Directorate of Mental Health.</p> <p>The PR has proposed to set up 26 new MMT clinics in 9 provinces for the Phase 2 implementation in order to increase the achievement of Number of IDUs that currently receiving methadone maintenance treatment. The PR has allocated USD 31,111 for the setting up cost of these 26 new clinics,</p>				<p>The amount forecasted for Semester 5 (July to December 2012) contains budgetary provisions and outstanding obligation and carry forward activities as approved by the Global Fund Country Team.</p> <p>Amount as budgeted in the Semester 5 budget: USD 7,029,247 Obligations and Carry Forward Activities: USD 3,759,621 Total forecasted amount verified by GF: USD 10,788,868 Less Cash Balance: USD 3,268,124 Less Cash in transit (Disbursed by TGF on 28 August 2012) USD 3,366,829 Total disbursement approved by GF: USD 4,153,915</p> <p>The Country Team has reviewed the proposed carry forward by the PR and has approved the adjusted amount of USD 3,759,621. The details of approved and adjusted obligation and carry forward activities are attached in Annex 1 to the Management letter.</p> <p>The PR requested a disbursement of USD 8,120,136 for the period from 1 July – 31 December 2012. Based on the above revised forecast of USD 10,788,868, the ending cash balance of USD 3,268,124 and cash in transit of USD 3,366,829 transferred to PR by the Global Fund in August 2012, a disbursement of USD 4,153,915 has been approved for this grant. The PR will be requested to update the cash balance at the beginning of 2013 for the Global Fund to determine the needs of additional disbursement based on approved Phase 2 budget.</p>				

to be assessed during grant negotiations.

The PR also would accelerate the completion of supporting documents required to fulfill the activation of the remaining 10 MMT clinics that planned to be established in semester 4 by conducting intensive coordination with the personnel in charge. The PR expects to activate these 10 clinics by Semester 6. The PR is also strongly urged to work closely with the Directorate of Mental Health to avoid any further delays in clinic activation.

1.3 Number of cases sexually transmitted infections treated

The PR has achieved 89% of the intended target this semester. The NGO PRs (IPPA and NU) argued that the number of outreach workers were not sufficient. MOH further notes that the frequency of "Mobile STI" activity is not sufficient, with activities conducted only 3 times per quarter for 137 districts due to limited number of mobile STI's.

The PR has coordinated with 3 PRs (NU, IPPA and NAC) and other related parties (i.e. WHO, etc) to achieve a commitment by the outreach providers to increase the number of outreach workers with the objective to increase the number of MARPs that will be referred to STI Clinics for obtaining STI detection and treatment. The proposal for the second implementation period also includes plans to increase the Mobile Clinics for VCT and STI.

1.5 Number of adults and children enrolled in HIV care and eligible for co-trimoxazole prophylaxis currently receiving co-trimoxazole prophylaxis

The PR only achieved 39 % of the intended target this semester, due to clinician reluctance to prescribe CPT due to concerns about resistance, lack of CD4 assessment, and the change in treatment guidelines to start patients on ARVs at CD4 of 350. However, this last rationale is not entirely valid since the average CD4 at treatment initiation is still far below 350.

The PR has proposed to remove this indicator from the PF for the second implementation period. The PF is to be finalized during grant negotiations.

1.6 Number of adults and children with advance HIV infection (currently) receiving antiretroviral therapy

The PR only achieved 83 % of the intended target this semester, arguably because the target was set without considering that approximately 75% of PLHIV will continue with ART from previous period due to the mortality rate, lack of adherence and the limited access to the clinics; approximately 8% new PLHIV detected at VCT services whereas 40-60% of these PLHIV have the CD4 level of 350 and are eligible to receive the ART. Furthermore only 80% of these eligible patients have access to ART clinics.

For the second implementation period, the PR has set the target based on the variables above. Furthermore, the PR also plans to increase the number of PLHIV continue with ART by performing the following action plans:

1. Enhance the buddy system or support personnel and encourage adults and children with advanced HIV in order to increase the number of PLHIV to continuously use the ART;
2. Increase the number of VCT clinics for early detection and number of CST clinics for early treatment. The proposed budget for the second implementation period includes funding for setting up 93 new VCT clinics.

3.1 Number of supervisory visits by district/city level health staff to health facilities

The PR has only achieved 87% of the target this semester. As noted in the previous semester, SSRs are repeatedly visiting easily-reached health facilities instead of conducting supervisory visits to all health facilities in their coverage areas. Because of this practice (i.e. visiting the same health facilities more than required), there is insufficient budget to conduct supervisory visit to other health facilities.

The PR plans to re-socialize the SR's regarding the importance of visiting all health facilities (minimum 2 times for each semester) in order to ensure all clinics are regularly monitored. The PR will closely monitor the implementation during semester 5. If noted that there are still many SRs who are not in compliance with the policy, the PR will establish a penalty mechanism to mitigate this issue happening in the future. This should include not covering expenses associated with more than 2 visits to a site within a semester, as these expenses will be considered inadmissible by the Global Fund.

Progress Updates				Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
4	01.Jan.12 - 30.Jun.12		B1	5.1	01.Jan.13 - 31.Mar.13	4,066,442	\$ 3,213,958	08 Feb 2013

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
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The PR shows good progress, with a quantitative indicator rating of B1. Both the 'All Indicator' and 'Top Ten' ratings are also B1.

From a total of 11 indicators, up to the end of Semester 4, the PR has achieved or exceeded the intended targets for 5 indicators. 3 indicators have between 80 and 90% achievement; and two indicators are below 40%. Indicator 1.2, Number of female sex workers and warias receiving Periodic Presumptive Treatment (PPT) for STIs, is not applicable for this period and has not been considered in the ratings calculation.

The Global Fund verified results for IND-H-MOH for January – June 2012 are as follows:

- 1.1 Number of IDUs currently receiving methadone maintenance treatment 24%;
- 1.3 Number of cases of sexually transmitted infections treated: 89%;
- 1.4 Number of Most at risk populations (MARPs) who receive an HIV test and know their test results: 104%;
- 1.5 Number of adults and children enrolled in HIV care and eligible for co-trimoxazole prophylaxis currently receiving cotrimoxazole prophylaxis: 39%;
- 1.6 Number of adults and children with advanced HIV infection (currently) receiving antiretroviral therapy: 83%;
- 1.7 Number of HIV positive pregnant women who received anti-retrovirals to reduce the risk of mother-to-child transmission: 120%;
- 1.8 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: 100%;
- 2.1 Number and Percentage of laboratories participating in quality assurance system: 120%;
- 2.2 Percentage of health facilities dispensing anti-retroviral therapy that have not experienced a stock out of at least one required ARV drug in the past 6 months 120%; and
- 3.1 Number of supervisory visits by districts/city level health staff to health facilities:87%

Action Plans and Recommendations for improvement on lagging indicator performance:

There are two disbursement included in this DDMF. 1) Disbursement to PR to cover planned activities through the buffer period (Jan-Mar 13) based on the PRs cash balance at 31 December 2012. 2) VPP disbursement for ARV procurement. They are based on progress update information for period ending 30-Jun-12 since this is the latest available, and the next PU/DR will be only due at the end of February 2013.

The forecasted expenditure for disbursement#5 in November 2012 did not take into consideration of the buffer amount (Jan-Mar 2013) since the implementation period 1 ended in December 2012. The agreement of implementation period 2 was signed in January 2013.

The updated cash balance as at 31-Dec-12 is \$4,317,327. The actual expenditure incurred in the implementation of the Semester 4 activities is USD 3,606,555 (67 % of the budget for Semester 4). Cumulatively up to Semester 4, the PR had absorbed USD 29,168,459 or 74 % out of the total budget of USD 39,160,398.

On account of this delay, the Country team assumes that the PR will not be able to execute the full forecast of \$8.1 million and therefore recommends a percentage adjustment to 75% on account of absorption capacity. Therefore, the disbursement recommendation is formed in the following way:

Budget for Jan-Mar 2013:	\$8,195,165
Less budget for procurement:	(\$3,373,102)
Less 25% reduction account of expenditure rate:	(\$1,205,516)
Obligations:	\$2,259,681
Carry Forward:	\$1,655,057
Revised Forecast:	\$7,531,285
Less Cash Balance as of December 2012	(\$4,317,327)
Total Disbursement Request for IP2	\$3,213,958

Thus the County Team recommends a disbursement of \$3,213,958. For details on the originally reviewed and approved forecast for Jul – Dec 2012 of \$7 million, please refer to the rationale from disbursement #5 processed for US\$ 4,153,915.

The VPP disbursement request of \$661,632.71 is within the approved budget and procurement plan. The amount has been provided and approved by VPP on 10 December 2012.

1.1 Number of IDUs currently receiving methadone maintenance treatment

The PR has only achieved 24% of the target this semester. The significantly low achievement for this indicator was due to the following:

1. Decrease in population size as indicated in 2009 and 2011 population size estimations.
2. Slow activation of MMT clinics: 2 MMT clinics activated (i.e. Jambi and East Kalimantan) out of 12 MMT clinics planned to be activated in Semester 4. The delay of the clinic activation is due to additional requirements for the MMT clinic activation that were recently issued, specifically for narcotics and logistics management. Activation documents are subject to review by the Directorate of Mental Health.

The PR has proposed to set up 26 new MMT clinics in 9 provinces for the Phase 2 implementation in order to increase the achievement of Number of IDUs that currently receiving methadone maintenance treatment. The PR has allocated USD 31,111 for the setting up cost of these 26 new clinics, to be assessed during grant negotiations.

The PR also would accelerate the completion of supporting documents required to fulfill the activation of the remaining 10 MMT clinics that planned to be established in semester 4 by conducting intensive coordination with the personnel in charge. The PR expects to activate these 10 clinics by Semester 6. The PR is also strongly urged to work closely with the Directorate of Mental Health to avoid any further delays in clinic activation.

1.3 Number of cases sexually transmitted infections treated

The PR has achieved 89% of the intended target this semester. The NGO PRs (IPPA and NU) argued that the number of outreach workers were not sufficient. MOH further notes that the frequency of "Mobile STI" activity is not sufficient, with activities conducted only 3 times per quarter for 137 districts due to limited number of mobile STI's.

The PR has coordinated with 3 PRs (NU, IPPA and NAC) and other related parties (i.e. WHO, etc) to achieve a commitment by the outreach providers to increase the number of outreach workers with the objective to increase the number of MARPs that will be referred to STI Clinics for obtaining STI detection and treatment. The proposal for the second implementation period also includes plans to increase the Mobile Clinics for VCT and STI.

1.5 Number of adults and children enrolled in HIV care and eligible for co-trimoxazole prophylaxis currently receiving co-trimoxazole prophylaxis

The PR only achieved 39 % of the intended target this semester, due to clinician reluctance to prescribe CPT due to concerns about resistance, lack of CD4 assessment, and the change in treatment guidelines to start patients on ARVs at CD4 of 350. However, this last rationale is not entirely valid since the average CD4 at treatment initiation is still far below 350.

The PR has proposed to remove this indicator from the PF for the second implementation period. The PF is to be finalized during grant negotiations.

1.6 Number of adults and children with advance HIV infection (currently) receiving antiretroviral therapy

The PR only achieved 83 % of the intended target this semester, arguably because the target was set without considering that approximately 75% of PLHIV

will continue with ART from previous period due to the mortality rate, lack of adherence and the limited access to the clinics; approximately 8% new PLHIV detected at VCT services whereas 40-60% of these PLHIV have the CD4 level of 350 and are eligible to receive the ART. Furthermore only 80% of these eligible patients have access to ART clinics.

For the second implementation period, the PR has set the target based on the variables above. Furthermore, the PR also plans to increase the number of PLHIV continue with ART by performing the following action plans:

1. Enhance the buddy system or support personnel and encourage adults and children with advanced HIV in order to increase the number of PLHIV to continuously use the ART;
2. Increase the number of VCT clinics for early detection and number of CST clinics for early treatment. The proposed budget for the second implementation period includes funding for setting up 93 new VCT clinics.

3.1 Number of supervisory visits by district/city level health staff to health facilities

The PR has only achieved 87% of the target this semester. As noted in the previous semester, SSRs are repeatedly visiting easily-reached health facilities instead of conducting supervisory visits to all health facilities in their coverage areas. Because of this practice (i.e. visiting the same health facilities more than required), there is insufficient budget to conduct supervisory visit to other health facilities.

The PR plans to re-socialize the SR's regarding the importance of visiting all health facilities (minimum 2 times for each semester) in order to ensure all clinics are regularly monitored. The PR will closely monitor the implementation during semester 5. If noted that there are still many SRs who are not in compliance with the policy, the PR will establish a penalty mechanism to mitigate this issue happening in the future. This should include not covering expenses associated with more than 2 visits to a site within a semester, as these expenses will be considered inadmissible by the Global Fund.

Progress Updates				Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
4	01.Jan.12 - 30.Jun.12		B1	5.1	01.Jan.13 - 31.Mar.13	4,066,442	\$ 661,633	08 Feb 2013

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
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The PR shows good progress, with a quantitative indicator rating of B1. Both the 'All Indicator' and 'Top Ten' ratings are also B1.

From a total of 11 indicators, up to the end of Semester 4, the PR has achieved or exceeded the intended targets for 5 indicators. 3 indicators have between 80 and 90% achievement; and two indicators are below 40%. Indicator 1.2, Number of female sex workers and warias receiving Periodic Presumptive Treatment (PPT) for STIs, is not applicable for this period and has not been considered in the ratings calculation.

The Global Fund verified results for IND-H-MOH for January – June 2012 are as follows:

- 1.1 Number of IDUs currently receiving methadone maintenance treatment 24%;
- 1.3 Number of cases of sexually transmitted infections treated: 89%;
- 1.4 Number of Most at risk populations (MARPs)

There are two disbursement included in this DDMF. 1) Disbursement to PR to cover planned activities through the buffer period (Jan-Mar 13) based on the PRs cash balance at 31 December 2012. 2) VPP disbursement for ARV procurement. They are based on progress update information for period ending 30-Jun-12 since this is the latest available, and the next PU/DR will be only due at the end of February 2013.

The forecasted expenditure for disbursement#5 in November 2012 did not take into consideration of the buffer amount (Jan-Mar 2013) since the implementation period 1 ended in December 2012. The agreement of implementation period 2 was signed in January 2013.

The updated cash balance as at 31-Dec-12 is \$4,317,327. The actual expenditure incurred in the implementation of the Semester 4 activities is USD 3,606,555 (67 % of the budget for Semester 4). Cumulatively up to Semester 4, the PR had absorbed USD 29,168,459 or 74 % out of the total budget of USD 39,160,398.

On account of this delay, the Country team assumes that the PR will not be able to execute the full forecast of \$8.1 million and therefore recommends a percentage adjustment to 75% on account of absorption capacity. Therefore, the disbursement recommendation is formed in the following way:

IND-H-MOH

Last Updated on: 22 August 2014

who receive an HIV test and know their test results: 104%;

1.5 Number of adults and children enrolled in HIV care and eligible for co-trimoxazole prophylaxis currently receiving cotrimoxazole prophylaxis: 39%;

1.6 Number of adults and children with advanced HIV infection (currently) receiving antiretroviral therapy: 83%;

1.7 Number of HIV positive pregnant women who received anti-retrovirals to reduce the risk of mother-to-child transmission: 120%;

1.8 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: 100%;

2.1 Number and Percentage of laboratories participating in quality assurance system: 120%;

2.2 Percentage of health facilities dispensing anti-retroviral therapy that have not experienced a stock out of at least one required ARV drug in the past 6 months 120%; and

3.1 Number of supervisory visits by districts/city level health staff to health facilities: 87%

Action Plans and Recommendations for improvement on lagging indicator performance:

1.1 Number of IDUs currently receiving methadone maintenance treatment

The PR has only achieved 24% of the target this semester. The significantly low achievement for this indicator was due to the following:

1. Decrease in population size as indicated in 2009 and 2011 population size estimations.
2. Slow activation of MMT clinics: 2 MMT clinics activated (i.e. Jambi and East Kalimantan) out of 12 MMT clinics planned to be activated in Semester 4. The delay of the clinic activation is due to additional requirements for the MMT clinic activation that were recently issued, specifically for narcotics and logistics management. Activation documents are subject to review by the Directorate of Mental Health.

The PR has proposed to set up 26 new MMT clinics in 9 provinces for the Phase 2 implementation in order to increase the achievement of Number of IDUs that currently receiving methadone maintenance treatment. The PR has allocated USD 31,111 for the setting up cost of these 26 new clinics, to be assessed during grant negotiations.

The PR also would accelerate the completion of supporting documents required to fulfill the activation of the remaining 10 MMT clinics that planned to be established in semester 4 by conducting intensive coordination with the personnel in charge. The PR expects to activate these 10 clinics by Semester 6. The PR is also strongly urged to work closely with the Directorate of Mental Health to avoid any further delays in clinic activation.

1.3 Number of cases sexually transmitted infections treated

The PR has achieved 89% of the intended target this semester. The NGO PRs (IPPA and NU) argued that the number of outreach workers were not sufficient. MOH further notes that the frequency of "Mobile STI" activity is not sufficient, with activities conducted only 3 times per quarter for 137 districts due to limited number of mobile STI's.

The PR has coordinated with 3 PRs (NU, IPPA and NAC) and other related parties (i.e. WHO, etc) to achieve a commitment by the outreach providers to increase the number of outreach workers with the objective to increase the number of MARPs that will be referred to STI Clinics for obtaining STI detection and treatment. The proposal for the second implementation period also includes plans to

Budget for Jan-Mar 2013:	\$8,195,165
Less budget for procurement:	(\$3,373,102)
Less 25% reduction account of expenditure rate:	(\$1,205,516)
Obligations:	\$2,259,681
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Revised Forecast:	\$7,531,285
Less Cash Balance as of December 2012	(\$4,317,327)
Total Disbursement Request for IP2	\$3,213,958

Thus the County Team recommends a disbursement of \$3,213,958. For details on the originally reviewed and approved forecast for Jul – Dec 2012 of \$7 million, please refer to the rationale from disbursement #5 processed for US\$ 4,153,915.

The VPP disbursement request of \$661,632.71 is within the approved budget and procurement plan. The amount has been provided and approved by VPP on 10 December 2012.

increase the Mobile Clinics for VCT and STI.

1.5 Number of adults and children enrolled in HIV care and eligible for co-trimoxazole prophylaxis currently receiving co-trimoxazole prophylaxis

The PR only achieved 39 % of the intended target this semester, due to clinician reluctance to prescribe CPT due to concerns about resistance, lack of CD4 assessment, and the change in treatment guidelines to start patients on ARVs at CD4 of 350. However, this last rationale is not entirely valid since the average CD4 at treatment initiation is still far below 350.

The PR has proposed to remove this indicator from the PF for the second implementation period. The PF is to be finalized during grant negotiations.

1.6 Number of adults and children with advance HIV infection (currently) receiving antiretroviral therapy

The PR only achieved 83 % of the intended target this semester, arguably because the target was set without considering that approximately 75% of PLHIV will continue with ART from previous period due to the mortality rate, lack of adherence and the limited access to the clinics; approximately 8% new PLHIV detected at VCT services whereas 40-60% of these PLHIV have the CD4 level of 350 and are eligible to receive the ART. Furthermore only 80% of these eligible patients have access to ART clinics.

For the second implementation period, the PR has set the target based on the variables above. Furthermore, the PR also plans to increase the number of PLHIV continue with ART by performing the following action plans:

1. Enhance the buddy system or support personnel and encourage adults and children with advanced HIV in order to increase the number of PLHIV to continuously use the ART;
2. Increase the number of VCT clinics for early detection and number of CST clinics for early treatment. The proposed budget for the second implementation period includes funding for setting up 93 new VCT clinics.

3.1 Number of supervisory visits by district/city level health staff to health facilities

The PR has only achieved 87% of the target this semester. As noted in the previous semester, SSRs are repeatedly visiting easily-reached health facilities instead of conducting supervisory visits to all health facilities in their coverage areas. Because of this practice (i.e visiting the same health facilities more than required), there is insufficient budget to conduct supervisory visit to other health facilities.

The PR plans to re-socialize the SR's regarding the importance of visiting all health facilities (minimum 2 times for each semester) in order to ensure all clinics are regularly monitored. The PR will closely monitor the implementation during semester 5. If noted that there are still many SRs who are not in compliance with the policy, the PR will establish a penalty mechanism to mitigate this issue happening in the future. This should include not covering expenses associated with more than 2 visits to a site within a semester, as these expenses will be considered inadmissible by the Global Fund.

Progress Updates				Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
5	01.Jul.12 - 31.Dec.12		A2	6	01.Jan.13 - 30.Sep.13	15,725,738	\$ 7,763,980	06 Jun 2013	

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
<p>The PR continues to show good progress, with a quantitative indicator rating of A1. The 'All Indicator' rating is A1 and the 'Top Ten Indicator' rating is A1. Out of 9 applicable indicators for this semester, the PR has exceeded the target for 3 indicators and 3 indicators did not achieve the intended targets with achievement ranging from 85% - 89%:</p> <p>Number and percentage of KAPs who undergo testing and counselling and receive the result 120%. Number and percentage of adults and children with HIV currently receiving ART 120%. Number and percentage of PLHIV pregnant women who received ARV 120%. Number of cases of STIs treated 114%. Number and percentage of adult and children in HIV care who had TB status assessed 107%. Number and percentage of hospital experienced no stock out ARV 103%. Number and percentage of Lab participating in QA system 89%. Number of HIV and STI facilities supervised by district health staff 88%. Number and percentage of PWIDs currently receiving Methadone Maintenance Treatment (MMT) 85%.</p> <p>The PR's explanation for the low achievement for 3 indicators is outlined below:</p> <p>1. Number of PWIDs currently receiving MMT: The PR achieved 85% of the intended target this semester. The PR noted that the under achievement is mainly due to the following:</p> <ul style="list-style-type: none"> • PWIDs prefer other oral substitutions than MMT (amphetamine or other opioid substitutions), in addition to number of drop-out and demised cases. However, we would note that the estimated demand was considered in setting the new, lower targets, and therefore, we are of the view that this should not be a factor impacting performance in this period. • No additional MMT clinics established in Semester 5 (target: two MMT clinics) because the PR was focusing on the grant renewal/resubmission and grant negotiation. Only four out of ten MMT clinics are activated and functioning (West Sumatra, Banten, North Sulawesi, and DKI) - 6 were not activated because the districts were no longer targeted for the Phase 2 period; and • Less PWID referred to MMT clinics (outreach workers of other PRs, i.e. Nadhatul Ulama and IPPA are not referring enough clients to support MoH target, due to their budget restriction). However starting in January 2013, the PRs NU and IPPA have aligned this budget to support MoH target <p>Action plan</p> <ul style="list-style-type: none"> • The PR will set up the 26 additional MMT clinics for in the next period that has been budgeted in Semester 6. We are aware that the PR faces challenges of establishing the MMT clinics, specifically on obtaining the license from the Directorate of Mental Health to operate/activate the MMT clinics (including the permit to store the MMT drugs). The PR will intensify the communication with the respective regulator to obtain the license to operate the MMT clinics once MMT clinics have been established. • The PR is still in the process of conducting the training for MMT clinics staff on 29 April - 3 May 2013 for batch 1 and 20 May - 24 May 2013 for batch 2. MMT clinics are expected to be fully operational in approximately 3 - 4 months after the training is conducted. • The PR will intensify coordination with the other PRs (i.e Nadhatul Ulama and IPPA) to ensure that the outreach worker has performed and provide referral MMT patients as targeted (through outreach 	<p>Overall the grant continued to perform well with overall programmatic rating of A1. The country team has decided to downgrade the rating to A2 to stress on the need for solving of new and previous management actions. The cumulative expenditure amount at the end of December 2012 stands at USD 39,780,712 90 % of the total cumulative budget (i.e. USD \$ 43,898,711). The under budget absorption of USD 4,117,999 was largely the result of delays in procurement of medicines and health products and savings due to the availability of government funding for procurement of OI drugs and methadone and unimplemented budget under "Baseline IBBS" activity.</p> <p>The amount forecasted for Semester 6 (January to June 2013) contains budgetary provisions and outstanding obligation and carry forward activities as approved by the Global Fund Country Team.</p> <p>Approved budget for Semester 6 (January - June 2013) USD 12,317,573 Approved budget buffer period (July - September 2013) USD 3,701,492 Carry forward activities USD 2,263,529), Obligation USD 893,344 Reprogramming activities USD 10,883 Accelerated budget for HIV/AIDS Information System to semester 6 USD 25,100 Less 15% absorption reduction on non- health procurement budget (USD 2,062,237) Total forecast USD 17,149,683 Less Ending Cash Balance USD 4,316,542 Less Cash in Transition (Disbursement of 8 February 2013) USD 3,213,958 Less VPP Budget (VPP disbursement for health products and health equipments will be processed separately upon receipt of quotations) Total amount to be disbursed to the PR USD 7,763,980</p> <p>The Country Team has reviewed the proposed carry forward, obligation and reprogramming activities by the PR and has approved the adjusted amount of USD 3,167,755 as per the above breakdown. The details of approved and adjusted obligation, reprogramming and carry forward activities are attached in Annex 2 of the Management letter.</p> <p>The PR requested a disbursement of USD 15,725,738 for the period 6 from 1 January – 30 June 2013, the LFA recommended USD 14,895,379 for Period 6. The disbursement request also included an amount of USD 1,855,203 for procurement of health products and health equipments through VPP. The country team has decided that the disbursement for to VPP will be processed separately upon receipt of quotations from the VPP.</p> <p>Based on the approved budget for Semester 6, including buffer period (USD 16,019,065), the ending cash balance of USD 4,316,542, cash in transition of USD 3,213,958, 15% absorption reduction on non-health procurement budget (USD 2,062,237), a disbursement of USD 7,763,980 has been recommended for this grant.</p>

workers performance appraisal).

- PR will work with PWIDs associations (i.e MUST (Methadone user's society Tebet) and PKNI (Persatuan korban Napza Indonesia) to further promote and socialize the MMT usage to the PWIDs. MMT clinics will be involved in the evaluation meeting with the SR provinces to provide feedback and action plan to avoid drop out. PR will conduct a behavioral study of the PWIDs to examine the PWIDs behavior related to the methadone usage.

Number and percentage of laboratories participating in QA system: The PR achieved 89% of the intended target this semester. The PR explains that the under achievement is mainly due to the following:

- 16 lab did not receive the samples (difficult to reach due to remote geographical area in the eastern part of Indonesia)
- 1 lab did not perform testing due to mishandling (sample received by security officer whom did not immediately gave it to the lab technician, i.e. sample was not stored properly (2-8°C).

These incidents suggest lack of coordination between SR and BPPM.

Action plan

Starting in Phase 2, the PR will include SR provinces in the monitoring and oversight body to strengthen coordination.

Number of HIV and STI facilities supervised:

The PR achieved 88% of the intended target this semester. The PR notes that this is mainly due to SSR's reluctance to visit some clinics which are located in remote or difficult to access areas. Starting in Phase 2, the indicator and target will be changed, i.e. requiring each facility to be visited twice in one semester. The change was informed to all SRs and SSRs during Phase 2 Preparation Meeting on 5- 8 March 2013. For Semester 6, the PR targets 1,367 HIV and STI facilities supervised twice within the period.

Action plan

PR will monitor the SRs and SSRs performance on a quarterly basis through the quarterly supervisory report submitted by each SR. Subsequently, the PR will provide feedback (i.e performance note) to the SRs and SSRs who do not performed the supervisory visit to all the targeted health facilities supervised.

Through the Management Letter, the Country team has recommended the PR to ensure that the action plans as described are fully implemented.

Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
6	01.Jan.13 - 30.Jun.13		B2	14	01.Jul.13 - 30.Sep.14	21,444,531	\$ 787,460	10 Dec 2013	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>Following the analysis of the overall performance of the Program, including the implementation of activities, completion of conditions and management actions, as well as program management during Period 6 from 1 January – 30 June 2013, the Global Fund has decided to give the Principal Recipient a B2 rating.</p> <p>This represents a downgrade from the quantitative indicator rating of B1 because the Country Team has noted significant new findings related to program implementation and financial management. Also, we have noted that the PR has made insufficient progress towards the management actions conveyed by the Global Fund through the last management</p>					<p>Overall the grant performance remained adequate with an overall programmatic rating of B1. The Country Team has decided to downgrade the rating to B2 to reflect the intensity of new and previous management actions. The cumulative expenditure amount at the end of June 2013 stands at USD 48,014,868, 85 % of the total cumulative budget (i.e. USD 56,216,284). The under budget absorption of USD 8,201,416 was largely the result of delays in the procurement of medicines and health products and savings due to the availability of government funding for procurement of OI drugs and methadone and unimplemented budget under "Baseline IBBS" activity.</p> <p>The amount forecasted for the annual disbursement contains budgetary provisions and outstanding obligation and carry forward activities as approved by the Global Fund Country Team.</p>				

letter.

The PR's programmatic rating during the previous semester was A1 which was downgraded to A2 due to a large number of management issues. The PR's lower achievement in programmatic results during this period, as well as disappointing progress in addressing management issues have negatively affected the overall rating of the grant.

Given that operations are now better established in new districts and the PR has been advised of the management issues, we expect that the PR will show an improvement in the next reporting period in both programmatic results and the significant management findings noted in the Annex. CCM TWG has also been fully briefed on issues related to each HIV PR's performance and to coordination issues among PRs, and we count on their guidance and assistance in a coordinated, program level effort.

Approved budget for the annual disbursement, Semester 7 and 8 (July 2013 - June 2014) USD 20,630,663
 Approved budget buffer period (July - September 2014) USD 3,072,383
 Contractual Commitment USD 599,156
 Recommended carry forward and reprogramming activities USD 4,944,418
 Projected Overspending USD 509,355
 Less Projected Savings and Cancelled Activities USD 613,386
 Less 30% absorption adjustment on Q13-Q14 budget USD 2,301,627
 Less 25% absorption adjustment on Q15 budget (excluding VPP) USD 1,655,917
 Less 20% absorption adjustment on 16 budget USD 717,398
 Less 15 % absorption adjustment on 17 budget USD 460,857
 Total Forecast USD 24,006,790

Disbursement to VPP per estimated quote – this relates to previous semester budget USD 787,460
 Less Ending Cash Balance USD 7,673,868

Total Annual Disbursement Recommendation USD 17,120,382
 Less VPP Budget in Q1 of 2014 (VPP disbursement for health products and health equipments will be processed separately upon receipt of quotations). USD 2,747,911

Total amount to be disbursed to the PR
 (Total disbursement recommendation \$17,120,382 less two VPP disbursements of \$ 787,460 and \$ 2,747,911) USD 13,585,011

The Country Team has reviewed the proposed carry forward, obligation and reprogramming activities by the PR and has approved the adjusted amount of USD 4,944,418 as per the above breakdown.

Given the absorption rate of 52% during Semester 6, the country team has made an adjustment of 30% amounting to USD 2,301,627 on Q13 and Q14 budget of USD 7,672,089. Likewise, an adjustment of 25 % amounting to USD 1,655,917 has been made on the budget for Q15 of USD 6,623,670.00 (9,371,581.00 - 2,747,911 for VPP related budget= 6,623,670.00). In addition, absorption adjustments have been made of 20 % and 15 % on the budget for Q16 and Q17 respectively.

The PR requested a disbursement of USD 21,444,531 for the period from 1 July 2013 – 30 June 2014. Based on the approved budget for Semester 7 and 8, including buffer period (USD 23,703,046), the ending cash balance (USD 7,673,868), absorption reductions as mentioned above, a disbursement of USD 13,585,011 has been approved for the PR.

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

July-December 2013 approved PR budget USD 7,672,089 + contractual commitment USD 599,156+ carry forward and reprogramming activities USD 4,944,418 + Projected Overspending USD 509,355= USD 13,725,018
 Less cash balance USD 7,673,868
 Less Projected Savings and Cancelled Activities USD 613,386
 Less 30% absorption adjustment on Q13-Q14 budget USD 2,301,627
 1st transfer to PR USD 3,136,137 to be made in November 2013

January-March 2014 approved PR budget USD 6,623,670.00 (USD 9,371,581.00 – USD 2,747,911 for VPP related budget= USD 6,623,670.00)
 Less 25% absorption adjustment: USD 1,655,917
 2nd transfer to PR USD 4,967,753 to be made in end January 2014

April-June 2014 approved PR budget USD 3,586,993
 Less 20% absorption adjustment: USD 717,398
 3rd transfer to PR USD 2,869,595 to be made in April 2014

July –September 2014 approved PR budget USD 3,072,383
 Less 15 % absorption adjustment: USD 460,857
 4th transfer to PR USD 2,611,526 to be made in July 2014

Disbursements to VPP:
 USD 787,460: Direct disbursement to VPP per estimated quote, to be released in November, relating to previous semester budget

USD 2,747,911: Direct disbursement to VPP in Q1 of 2014 subject to

					receipt of quotations.				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
6	01.Jan.13 - 30.Jun.13			B2	15	01.Jul.13 - 30.Sep.14	21,444,531	\$ 19,944	30 Jun 2014
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>Following the analysis of the overall performance of the Program, including the implementation of activities, completion of conditions and management actions, as well as program management during Period 6 from 1 January – 30 June 2013, the Global Fund has decided to give the Principal Recipient a B2 rating.</p> <p>This represents a downgrade from the quantitative indicator rating of B1 because the Country Team has noted significant new findings related to program implementation and financial management. Also, we have noted that the PR has made insufficient progress towards the management actions conveyed by the Global Fund through the last management letter.</p> <p>The PR's programmatic rating during the previous semester was A1 which was downgraded to A2 due to a large number of management issues. The PR's lower achievement in programmatic results during this period, as well as disappointing progress in addressing management issues have negatively affected the overall rating of the grant.</p> <p>Given that operations are now better established in new districts and the PR has been advised of the management issues, we expect that the PR will show an improvement in the next reporting period in both programmatic results and the significant management findings noted in the Annex. CCM TWG has also been fully briefed on issues related to each HIV PR's performance and to coordination issues among PRs, and we count on their guidance and assistance in a coordinated, program level effort.</p>					<p>The program cash balance (PR+SR) at 28-Feb-14 was \$2,719,622 against which there were obligations of \$1,379,026. Recognizing that for the scale of this grant, the cash balance is not sufficient to implement even the current period budget (for reference Jan-Mar budget is \$6.6m), the country team recommends release of the next cash transfer of \$4,967,753. Should the implementation be slower than anticipated, the Country team may revise the amount and/or timing of the subsequent cash transfers.</p>				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
7	01.Jul.13 - 31.Dec.13			B1					N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>Rating for this period is B1. The PR has shown improved performance in this period, with a quantitative indicator rating of B1. Although indicator rating is B1 it should be noted that the quantitative indicator rating improved from 74% in period Jan-Jun 2013 to 82% for this reporting period Jul-Dec 2013. The 'All Indicator' rating and the 'Top Ten Indicator' rating are also B1. While there are still several outstanding management actions, the Global Fund notes good effort by the PR to address many of the issues noted in the previous period.</p>									

2.5. Contextual Information

Title	Explanatory Notes

2.6. Phase 2/ Periodic Review Grant Renewal	
Performance Rating	Recommendation Category
Rationale for Phase 2/ Periodic Review Recommendation Category	
Rationale for Phase 2/ Periodic Review Recommendation Amount	

Time-bound Actions	
Issues	Description

