

General SSF Information

| | | | | | |
|--|--|---|---------------|---|---------------|
| Country | Indonesia | | | | |
| SSF Agreement Number | IND-S10-G17-H | Component | HIV/AIDS | Last Round | 9 |
| SSF Title | Government and Civil Society Partnership in Thirty-three Provinces | | | | |
| Principal Recipient | Ministry of Health of Indonesia - Directorate of Diseases Control and Environmental Health | | | | |
| SSF Status | In Progress - Period 1 | | | | |
| SSF Start Date | 01 Jul 2010 | SSF End Date | 30 Jun 2012 | | |
| Current* Implementation Period Start Date | 01 Jul 2009 | Current* Implementation Period End Date | 30 Jun 2012 | Latest Rating | B2 |
| Current* Implementation Period Signed Amount | \$ 30,248,510 | Current* Implementation Period Committed Amount | \$ 30,248,510 | Current* Implementation Period Disbursed Amount | \$ 26,986,947 |
| Cumulative Signed Amount | \$ 30,248,510 | Cumulative Committed Amount | \$ 30,248,510 | Cumulative Disbursed Amount | \$ 26,986,947 |
| | | | | % Disbursed | 89% |
| Time Elapsed (at the end of the latest reporting period) | 18 months | | | | |

* Latest Implementation Period if SSF is closed

New GPR Report - Table of Contents

(For ExternalVersion)

1. Program Description and Contextual Information

- 1.1. Grant Summary - Web
- 1.2. Country Latest Statistics
- 1.3. Comments on Key Discrepancies between Approved Proposal and Grant Agreement
- 1.4. Conditions Precedent

2. Key Grant Performance Information

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

1. Program Description and Contextual Information

1.1. 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 |
|--|---------------------|-----------|---|
| Total population (in 1000s) | 239,871 | 2010 | United Nations. World Population Prospects: .The 2010 Revision |
| Pop age 0-4 (in 1000s) | 21,579 | 2010 | United Nations. World Population Prospects: .The 2010 Revision |
| Pop age 15-49 (in 1000s) | 134,977 | 2010 | United Nations. World Population Prospects: .The 2010 Revision |
| Physicians (number) | 65,722 | 2000-2010 | WHO. World Health Statistics 2011 |
| Nursing and midwifery personnel (number) | 465,662 | 2000-2010 | WHO. World Health Statistics 2011 |
| Infant mortality rate (per 1,000 live births) | 27 | 2010 | UNICEF. Child mortality database (http://www.childinfo.org/mortality_imrcountrydata.php) accessed on 01 December 2011 |
| Under-5 mortality rate (per 1,000 live births) | 35 | 2010 | UNICEF. Child mortality database (http://www.childinfo.org/mortality_ufrcountrydata.php) accessed on 01 December 2011 |
| Income level | Lower middle income | 2011 | World Bank. World Development Indicators database |
| GNI per capita, Atlas method (current US\$) | 2,580 | 2010 | World Bank. World Development Indicators database |
| Total health expenditure per capita (USD) | 51 | 2008 | WHO. World Health Statistics 2011 |
| ODA commitments in health sector (Current US\$ millions) | 175 | 2009 | .OECD |
| ODA commitments in all sectors (Current US\$ millions) | 3,770 | 2009 | .OECD |
| Human development index | medium | 2011 | UNDP. Human development index (http://hdr.undp.org/en/media/HDR_2011_EN_Table1.pdf) accessed on 01 December 2011 |
| HIV/AIDS | Estimate | Year | Source |
| Adult HIV prevalence (%) | 0.3 | 2009 | UNAIDS report on the global AIDS epidemic .2010 |
| Adult HIV prevalence (%) | 0.2 | 2009 | UNAIDS report on the global AIDS epidemic .2010 |
| People living with HIV | 310,000 | 2009 | UNAIDS report on the global AIDS epidemic .2010 |
| AIDS-related deaths | 8,300 | 2009 | UNAIDS report on the global AIDS epidemic .2010 |
| Estimated number of people needing ARV therapy (WHO 2010 guidelines) | 82,000 | 2010 | WHO. GLOBAL HIV/AIDS RESPONSE Epidemic update and health sector progress .towards Universal Access 2011 |
| Reported number of people receiving antiretroviral therapy | 19,572 | 2010 | WHO. GLOBAL HIV/AIDS RESPONSE Epidemic update and health sector progress .towards Universal Access 2011 |
| DALYs ('000), HIV/AIDS | 41 | 2004 | WHO. (http://www.who.int/healthinfo/global_burden_disease/gbddeathdalycountryestimates2004.xls) accessed on 01 December 2011 |
| People currently on ART | 20,000 | 2011 | Global Fund-supported programs, end 2011 results |

1.3. Comments on Key Discrepancies between Approved Proposal and Grant

1.5. Conditions Precedent

| CP # | Condition Precedent | CP Type | Tied To | Terminal Date | Is currently met? | Comments |
|------|---|-------------|--------------|---------------|-------------------|---|
| 1 | <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 | Yes | <p>The LFA conducted a site visit to the Kimia Farma (KF) central warehouse in Jakarta on 8 March 2011, and confirmed that the status is currently up to the standards of "good storage practices" (i.e. epoxy flooring has been installed, designated area to store ARVs, hygrometer installed to regulate temperature, Global Fund ARVs labeled appropriately and neatly).</p> <p>Additionally, the LFA has obtained and reviewed the extension of the agreement between the PR and KF that covers the storage of ARV drugs for the whole of Phase 1 (i.e. 1 July 2010 - 30 June 2012).</p> |
| 2 | 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 | Yes | 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. |
| 3 | 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 | | Yes | 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. |

IND-S10-G17-H

Last Updated on: 12 June 2012

| CP # | Condition Precedent | CP Type | Tied To | Terminal Date | Is currently met? | Comments |
|------|---|-------------|---------|---------------|-------------------|--|
| 4 | 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 | | Yes | <p>Based on the LFA verification to the Fixed Assets Register for the Semester 3, the PR has procured assets using funds from the SSF grant as follows:</p> <ol style="list-style-type: none"> 1. SHARP Dispenser SWD-70EH-WH 2. SEAGATE Free Agent GoFlex HDD External 500GB 3. 5 Unit TOYOTA Avanza <p>The LFA performed a physical check of fixed assets on 6 March 2012 and noted that two (2) of the fixed assets (SHARP Dispenser & SEAGATE External HDD) have been properly tagged. However, the LFA was unable to perform the physical check of fixed assets for the five (5) units of vehicles (Toyota Avanza), as these vehicles have been assigned to the SRs (i.e. SR Maluku, SR Bengkulu, SR Sumatera Barat, SR Kalimantan Tengah, SR Jambi). Instead, the LFA performed verification to the SR's fixed assets register and noted that these vehicles are registered in the respective SR fixed asset registers.</p> <p>In addition, the LFA noted that the PR performs physical verification of the fixed asset on a semi-annual basis but the results are not properly documented. It has been recommend that the PR properly document subsequent to conducting physical verification.</p> |
| 5 | 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 | | Yes | Met for 2011. Please see explanation immediately above for STC 3. |
| 6 | 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 | | Yes | Currently met. Please see explanation to CP #1 above. |

2. Key Grant Performance Information

2.1. Program Goals, Impact and Outcome Indicators

| Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |

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 |
|------------------------|-----------------------------------|-----------------------------------|--------|--------|--------|--------|--------|--------|--------|---------|
| Target | 67% | 72% | 77% | 82% | 87% | | | | | |
| Result | 67.28% | 69% | | | | | | | | |
| 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 |
|------------------------|--------|------------------|--------|--------|--------|--------|--------|--------|--------|---------|
| 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 |
|------------------------|--------|------------------|--------|--------|--------|--------|--------|--------|--------|---------|
| 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 |
|------------------------|------------------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| Target | 8% | | | 7% | | | | | | |
| Result | 21% | | | | | | | | | |
| Data source of Results | Other: IBBS 2011 | | | | | | | | | |

IND-S10-G17-H

Last Updated on: 12 June 2012

| | | | | | | | | | | | |
|------------------|---|--|--|--|--|--|--|-----------|------|--|--|
| 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 |
|------------------------|--------|---------------------|--------|--------|--------|--------|--------|--------|--------|---------|
| 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 |
|------------------------|---------------------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| 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 |
|------------------------|---------------------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| 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 |
|------------------------|--------|---------------------|--------|--------|--------|--------|--------|--------|--------|---------|
| 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 |
|------------------------|--------|--|--------|---|--------|--------|--------|--------|--------|---------|
| Target | | Establishe d baseline from 2011 IBBS. | | To be determined at Renewal for the next Implementa tion 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 | | | | | |

Indicator 1.2 - Number of female sex workers and warias 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 | | | | | |

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 | | | | | |

IND-S10-G17-H

Last Updated on: 12 June 2012

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 | | | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 | | |
| Level 3-People reached | 160765 | Dec 09 | Y | N | | | | | | | | | | |
| Target | 85,395 | 198,857 | 359,095 | 519,329 | | | | | | | | | | |
| Result | 96,036 | 221,520 | 372,349 | | | | | | | | | | | |

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 | | | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 | | |
| Level 3-People reached | | | Y | N | | | | | | | | | | |
| Target | 7,613 | 14,561 | 24,373 | 34,185 | | | | | | | | | | |
| Result | 9,218 | 10,209 | 11,359 | | | | | | | | | | | |

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 | | | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 | | |
| Level 3-People reached | 15442 | Dec 09 | Y | N | | | | | | | | | | |
| Target | 21,672 | 24,705 | 27,738 | 31,055 | | | | | | | | | | |
| Result | 16,758 | 20,402 | 23,046 | | | | | | | | | | | |

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 | | | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 | | |
| Level 3-People reached | 199 | Dec 09 | Y | N | | | | | | | | | | |
| Target | 70 | 165 | 94 | 190 | | | | | | | | | | |
| Result | 259 | 611 | 429 | | | | | | | | | | | |

IND-S10-G17-H

Last Updated on: 12 June 2012

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: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % |

IND-S10-G17-H

Last Updated on: 12 June 2012

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: 577 P: 26% | | | | |
| Result | N: 69 D: 557 P: 12% | 175 | N: 278 D: 568 P: 49% | N: D: P: % | 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: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % |

IND-S10-G17-H

Last Updated on: 12 June 2012

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 | | | | | |

2.2.3. Cumulative Progress To Date

Latest reporting due period : 3 (01.Jul.11 - 31.Dec.11)

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 | 3 | 7,047 | 3 | 2,214 | | | | | | 31% |

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 | 3 | 75,000 | 3 | 60,931 | | | | | | 81% |

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 | 3 | 359,095 | 3 | 372,349 | | | | | | 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 | 3 | 24,373 | 3 | 11,359 | | | | | | 47% |

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 | 3 | 27,738 | 3 | 23,046 | | | | | | 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 | 3 | 94 | 3 | 429 | | | | | | 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 | 3 | N: D: P: 70 % | 3 | N: D: P: 70 % | | | | | | 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 | | Progress | | | | | |
|----------------------------------|--------|-------------------------------|--------|---------------------------------|----------|-----|-----|-----|------|------|
| | Period | Value | Period | Value | 0% | 30% | 60% | 90% | 100% | |
| Level 2-Service Points supported | 3 | N: 125 D: 568.2 P: 22 % | 3 | N: 278 D: 568.2 P: 48.9 % | | | | | | 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 | | Progress | | | | | |
|----------|--------|--------------------|--------|----------------------|----------|-----|-----|-----|------|------|
| | Period | Value | Period | Value | 0% | 30% | 60% | 90% | 100% | |
| No Level | 3 | N: D: P: 5 % | 3 | N: D: P: 0.9 % | | | | | | 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 | | Progress | | | | | |
|----------|--------|-------|--------|-------|----------|-----|-----|-----|------|-----|
| | Period | Value | Period | Value | 0% | 30% | 60% | 90% | 100% | |
| No Level | 3 | 1,546 | 3 | 1,024 | | | | | | 66% |

2.3. Financial Performance

2.3.1. Grant Financial Key Performance Indicators (KPIs)

| | | | |
|---|-----------|------------------------------|---------------|
| Grant Duration (months) | 24 months | Grant Amount | 30,248,510 \$ |
| % Time Elapsed (as of end date of the latest PU) | 75% | % disbursed by TGF (to date) | 89% |
| Time Remaining (as of end date of the latest PU) | 6 months | Disbursed by TGF (to date) | 26,986,947 \$ |
| Expenditures Rate (as of end date of the latest PU) | 89% | Funds Remaining (to date) | 3,261,563 \$ |

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: | 3,140,010 | 10,953,804 | 16,949,503 | 20,813,329 | 30,537,149 | 33,751,621 | 35,925,886 | 39,160,397 |
| Summary Period Budget: | 3,140,010 | 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

- Comments and additional information

2.3.3. Program Expenditures

| Period PU3: 01.Jul.11 - 31.Dec.11 | Actual Cash Outflow | Cumulative Budget | Cumulative Cash Outflow | Variance | Reason for variance |
|---|---------------------|-------------------|-------------------------|--------------|---|
| 1. Total cash outflow vs. budget | \$ 17,452,844 | \$ 33,751,621 | \$ 30,198,365 | \$ 3,553,256 | <p>The PR has absorbed approximately 63% or USD 5,082,103 of the PR's own budget for Semester 3 of USD 9,122,936, resulting in a positive variance (i.e. under absorption) amounting to USD 4,040,833. The low budget absorption was mainly due to the following:</p> <ul style="list-style-type: none"> • Under budget amount of USD 3,903,395 from unimplemented activities due to time constraints from implementing the carry forward activities from the previous Semester. The PR proposes to carry forward these activities to the next Semester. • Under budget amount of USD 4,413,998 from activities that were not conducted due to insufficient time. • Over budget amount of USD 4,011,583 from the implementation of carry forward activities using the unutilized budget from the previous Semester. • Over budget amount of USD 599,879 due to the differences in foreign |
| 1a. PR's Total expenditure | \$ 5,082,103 | | \$ 11,454,903 | | |
| 1b. Disbursements to sub-recipients | \$ 4,462,598 | | \$ 10,835,319 | | |
| 1c. Expenditure Adjustments | \$ 7,908,143 | | \$ 7,908,143 | | |
| 2. Pharmaceuticals & Health Product expenditures vs budget | \$ 2,729,825 | | \$ 5,844,689 | | |
| 2a. Medicines & pharmaceutical products | \$ 2,010,460 | | \$ 4,654,213 | | |
| 2b. Health products and health equipment | \$ 719,365 | | \$ 1,190,476 | | |

exchange rates used by the PR and LFA.

The SRs absorbed approximately 117% or USD 4,462,598 of the SR budgets for Semester 3 of USD 3,815,356, resulting in a negative variance (i.e. over absorption) amounting to USD -647,242. The high budget absorption was mainly due to the following:

- Under budget amount of USD 698,697 from the unutilized budget for salary and wages at several SRs since less personnel were required as planned; unutilized budget for the operationalization of MMT clinics at various SRs; unutilized budget for the operationalization of VCT clinics at various SRs; and unutilized budget for service fees for lay support and case management at various SRs.
- Over budget amount of USD 1,353,629 from implementation of the provision of PPT for female sex workers as the budget was initially allocated to the PR; workshop for data officers using carry forward activities from the previous Semester; increase in incentives for 2010 for AIDS team leader for ART clinics at 5 SRs and STI team leaders at 7 SRs (which was not included in the approved budget); increase in unit cost for incentives for the operationalization of VCT sites in several SRs; and implementation of center of excellence on HIV Care for an SR as the budget was initially allocated to the PR.

Up to Semester 3, the PR had spent USD 22,301,592 or 66% of the total budget of USD 33,751,621. The PRs cumulative budget absorption rate is 52%, and the SRs cumulative absorption rate is 92%. In addition to the variance explanation for the current Semester, the under budget of USD 11,450,029 was also due to the following:

- Variance of USD 1,734,322 from the delay in implementing most activities that were originally budgeted during Semester 1 due to the PR having to prioritize the implementation of carry forward activities from Round 8 before being able to implement the SSF activities;
- Variance of USD 655,637 as the PR did not utilize

the budget to procure OI drugs, STI drugs, rapid test kits, and OI test kits during Semester 1 due to the national budget available to procure these drugs and laboratories supplies;

- Variance of USD 235,441 for "Management" due to several vacant positions at the PR during Year 1 and unutilized budget to procure office equipment since the PR has equipment from Round 4 and Round 8. However, it is noted that in Semester 3 the vacant position at the PR level has been filled;
- Variance of USD 317,282 for "Support for Management Information System Operationalization" due to the delay in implementation of the Center SR, CHAI.
- Variance of USD 169,771 for activities related to VCT due to lower unit costs;
- Variance of USD 147,250 from the delays in setting up the clinics for MMT due to the difficulties in obtaining the permits from local government and the issues with bureaucracy with the Directorate of Mental Health; and
- Variance of 101,027 for "Provision of antiretroviral therapy for adults and children (include PMTCT)" due to this activity being a joint training program with the Directorate of Motherhood.

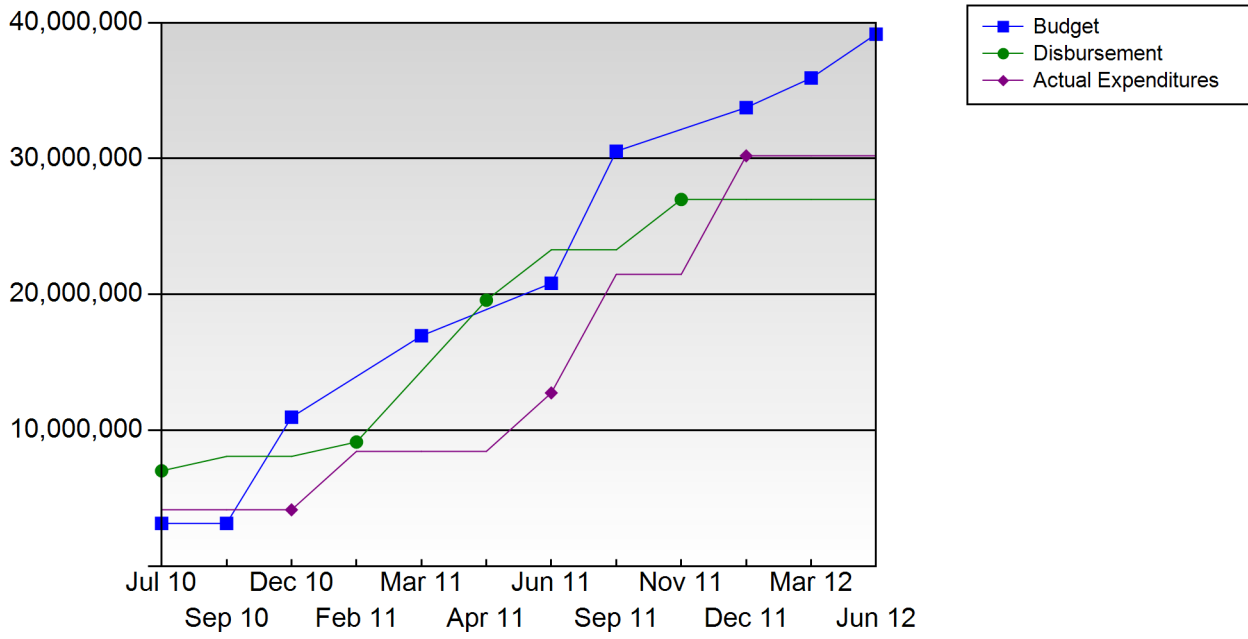
Reason for adjustments

Expenditure adjustment of USD 7,908,143 for the obligation and IBBS survey for Year 2011 of the R8 grant.

2.3.4. Cumulative Program Budget, Expenditures and Disbursement to Date

IND-S10-G17-H

Last Updated on: 12 June 2012



2.4. Progress Update and Disbursement Information

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

IND-S10-G17-H

Last Updated on: 12 June 2012

| 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> | | | | |

IND-S10-G17-H

Last Updated on: 12 June 2012

| 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: (US\$ 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> | | | | |
| 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 amounted 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</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.

place to accelerate the absorbing rate.

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.

IND-S10-G17-H

Last Updated on: 12 June 2012

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 |
|---------------------|---|
|---------------------|---|

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-S10-G17-H

Last Updated on: 12 June 2012

| | |
|--|--|
| <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> | |
|--|--|

| 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> | | | | |

2.5. Contextual Information

IND-S10-G17-H

Last Updated on: 12 June 2012

| 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 |
| | |

