

### Grant Confirmation

1. This document, dated as of the date of last signature below, is issued under, and constitutes a **Grant Confirmation** as referred to in, the Framework Agreement (effective as of 1 March 2015), as amended and supplemented from time to time (the "Framework Agreement") between the **Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and the **Government of the Republic of Indonesia** (the "Grantee") for the Program described herein.
2. This Grant Confirmation supplements, forms part of, and is subject to the Framework Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (2014)). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provision of this Grant Confirmation shall govern.
3. The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Republic of Indonesia
3.2	(Disease) Component:	Malaria
3.3	Program Title:	Intensified Malaria Control Program in Kalimantan, Sulawesi, Sumatra and Six Provinces of Eastern Indonesia
3.4	Grant Name:	IDN-M-MOH
3.5	GA Number:	591
3.6	Grant Funds:	Up to the amount of US\$40,467,837 (Forty Million Four Hundred Sixty-Seven Thousand Eight Hundred and Thirty-Seven US Dollars) or its equivalent in other currencies.
3.7	Implementation Period:	From 01 April 2016 to 31 December 2017

3.8	The Principal Recipient Nominated:	<p>Directorate General of Disease Control and Prevention, Ministry of Health of The Republic of Indonesia  Jalan Percetakan Negara No. 29, P.O. Box 223, Jakarta Pusat 10560  Republic of Indonesia</p> <p>Attention: Dr. Vensya Sitohang M.Epid  Director  Vector Borne and Zoonotic Disease Control and Prevention</p> <p>Telephone: +62 21 4247608  Facsimile: +62 21 4207807  Email: mc4gf_project@yahoo.com</p>
3.9	Fiscal Year of the Principal Recipient:	01 January to 31 December
3.10	LFA:	<p>PT PricewaterhouseCoopers FAS  Jl. H.R. Rasuna Said Kav. X-7 No.6; Jakarta, Indonesia, 12940</p> <p>Attention: Mr. Gopinath Menon</p> <p>Telephone: +62 21 5212901  Facsimile: +62 21 52905555  Email: gopinath.menon@id.pwc.com</p>
3.11	Global Fund (Notices information for this Grant Confirmation):	<p>The Global Fund to Fight AIDS, Tuberculosis and Malaria  Chemin de Blandonnet 8, 1214 Vernier, Geneva  Switzerland</p> <p>Attention: Dr. Urban Johannes Weber  Head, High Impact Asia Department  Grant Management Division</p> <p>Telephone: +41 58 791 1700  Facsimile: +41 58 791 1701  Email: urban.weber@theglobalfund.org</p>

4. The details of the Program, the Program Activities and related implementation arrangements are set forth in Schedule I (Integrated Grant Description). The Grantee acting through the Principal Recipient shall implement the Program in accordance with the detailed Program budget agreed with the Global Fund and adhere to the provisions of the "Global Fund Guidelines for Grant Budgeting and Annual Financial Reporting" (2014, as amended from time to time), available at the Global Fund's Internet site, throughout the Implementation Period.
  
5. The Global Fund and the Grantee acting through the Principal Recipient further agree that the following requirements are applicable to this Grant Confirmation:

- 5.1 In the event of any anticipated delay in the distribution of Health Products by a distribution agent of the Principal Recipient due to the delivery of Health Products from the Global Fund's pooled procurement mechanism (or other mechanism) after the fiscal year of the original contract, the Global Fund may, in its sole discretion, provide consent for the Principal Recipient to authorize a direct procurement contract for the distribution of the Health Products by the same or another distribution agent without the need to conduct a new competitive procurement process.
6. In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (2014)), the Grantee acting through the Principal Recipient hereby makes additional representations as follows:
- 6.1 The Grantee and the Principal Recipient acting on behalf of the Grantee have all the necessary power and/or have been duly authorised by or obtained all necessary consents, actions, approval and authorisations to execute and deliver this Grant Confirmation and to perform all the obligations of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Principal Recipient acting on behalf of the Grantee of this Grant Confirmation do not violate or conflict with any applicable law, any provision of its constitutional documents, any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.
7. Unless the Global Fund agrees otherwise in writing, the Grantee acting through the Principal Recipient shall cause and ensure that:
- 7.1 No later than the start date of the Implementation Period, any unspent grant funds and any revenue and interest generated or accrued therefrom (including those held by the Sub-recipient(s) and advances made to but not yet committed and liquidated by supplier(s) or service provider(s)) under the grant agreement for IND-M-MOH dated 26 March 2013 between the Directorate of Vector Borne Disease Control, Ministry of Health and the Global Fund (the "Previous Grant Agreement") after taking into consideration the amount of grant funds needed to settle relevant outstanding commitments and liabilities under the Previous Grant Agreement, shall be transferred to the bank account designated for this Program (the "New Bank Account"), if different from the bank account designated under the Previous Grant Agreement. In the event that any refund or other income is received or, after relevant outstanding commitments and liabilities under the Previous Grant Agreement being settled and paid, any cash left in the bank account under the Previous Grant Agreement after the start date of the Implementation Period, the Grantee shall immediately (1) arrange for these funds to be transferred to the New Bank

Account and (2) notify the Global Fund thereof;

- 7.2 No later than the start date of the Implementation Period, all non-cash assets remaining under the Previous Grant Agreement are fully accounted for and duly documented in order for them to be included into the Program Assets, managed under the Program and governed by the terms of this Grant Agreement; and
- 7.3 All other requirements (including, but not limited to, those concerning financial and other reporting) are duly complied with in order for the Global Fund to financially and administratively close the grant provided under the Previous Grant Agreement according to the relevant Global Fund policy.

*[Signature page follows]*

**IN WITNESS WHEREOF**, the Global Fund and the Grantee acting through the Principal Recipient have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives as of the date of last signature below.

**The Global Fund to Fight AIDS, Tuberculosis and Malaria**

**The Government of the Republic of Indonesia  
Acting through  
Directorate General of Disease Control and  
Prevention, Ministry of Health of the Republic  
of Indonesia**

By: \_\_\_\_\_

Name: Mr. Mark Eldon-Edington  
Title: Head, Grant Management Division

Date: 02 MAY 2016

By: \_\_\_\_\_

Name: drg. Vensya Sitohang, M. Epid  
Title: Director of Vector Borne and Zoonotic  
Disease Control and Prevention

Date: 20 April 2016

**Acknowledged by**

By: \_\_\_\_\_

Name: ~~Dr. H. Chairul Radjab Nasution,~~  
~~Sp.PD.~~  
Title: Chair of the Country Coordinating  
Mechanism for Republic of  
Indonesia

Date: 29 April 2016

By: \_\_\_\_\_

Name: Dr Caruelia Bayu.  
Title: Civil Society Representative of the  
Country Coordinating Mechanism  
for Republic of Indonesia

Date: 29 April 2016

## Schedule 1

### Integrated Grant Description

<b>Country:</b>	<b>Republic of Indonesia</b>
<b>Program Title:</b>	<b>Intensified Malaria Control Program in Kalimantan, Sulawesi, Sumatra and Six Provinces of Eastern Indonesia</b>
<b>Grant Name:</b>	<b>IDN-M-MOH</b>
<b>Grant Number:</b>	<b>591</b>
<b>Disease:</b>	<b>Malaria</b>
<b>Principal Recipient:</b>	<b>Directorate General of Disease Control and Prevention, Ministry of Health of The Republic of Indonesia</b>

#### A. PROGRAM DESCRIPTION

##### 1. Background and Rationale for the Program

Malaria program in Indonesia is in a control phase with around 5% of the population (10.8 million people) living in high risk control areas where 70% of malaria cases occur. In 2012, ~55% of total cases were caused by *P. falciparum*, and ~45% by *P. vivax*. According to the latest stratification of malaria risk using routine malaria data, there are three broad strategic regions in the country (elimination, intensification and acceleration) that roughly correspond respectively to the WHO-defined stages of malaria elimination, pre elimination and control. The draft NSP 2015-2019 envisages interventions tailored to the needs of the different strategic regions. In 2009, Indonesia officially launched the plan to eliminate malaria by 2030 with 3 elimination stages:

1. Malaria Elimination covering Java and Bali;
2. Pre-elimination covering Sumatra, Kalimantan and Sulawesi; and
3. Control covering Eastern Indonesia, Nusa Tenggara, the Maluku's, and Papua.

While Round 6 and TFM grants were targeted on Eastern Indonesia and Sumatra and the Round 8 grant was implemented in Kalimantan and Sulawesi, the NFM Malaria program 2015 – 2017 focuses primarily on reducing malaria morbidity and mortality in the high prevalence areas of eastern Indonesia where the malaria program is still in the control stage. The five easternmost of Indonesia's 34 provinces – Papua, West Papua, East Nusa Tenggara, Maluku and North Maluku – have only 8% of the country's population but 80% of its malaria cases; most of the districts with sustained high transmission of malaria are here. Eastern Indonesia is the least developed region of Indonesia. While rich in resources, it was neglected by the central government prior to the revival of democracy in 1998 and decentralization in 2000. Much of the region also happens to fall in the Australasian biogeographic zone, which has more anthropophilic malaria vectors than elsewhere in Indonesia. The combination of relative poverty plus anthropophilic mosquitoes has the predictable outcome of high levels of malaria transmission.

The Malaria Program in Indonesia is implemented by two principal recipients, the Ministry of Health and Perdhaki. Perdhaki is a faith-based organization with a network of hospitals, clinics and parishes which are mostly located in remote rural areas and dedicated to improving health services at the community level. The Ministry of Health, as the policymaking body and regulator for health related issues, including

the national malaria program in Indonesia, will remain the leader in the partnership by providing policy, legislative and technical guidance in addition to implementing about 80% of the Program.

## **2. Goals, Strategies and Activities**

**Goals:** To reduce morbidity and mortality associated with malaria by reducing malaria transmission to the lowest possible level with epidemiologically appropriate interventions

**Strategies:** Over three years, the proposed investment mix has potential to reduce transmission, morbidity and mortality significantly in the highest prevalence "control-phase" districts of the country, while modestly supporting efforts to keep elimination areas free of local transmission by carefully managing outbreak investigations of "imported" cases.

- Improving prevention of malaria by distributing LLINs in the highest prevalence "control-phase" districts of the country and in targeted pre-elimination districts;
- Increasing the quality of malaria diagnosis and providing sufficient malaria treatment, ACTs;
- Implementing collaborative activities with related sectors such as Maternal Health Care and Immunization sub-directorates to perform an integrated Malaria Control in Ante Natal Care (ANC) and Expanded Immunization Program (EPI);
- Improving support for malaria control to remote areas through advocacy to other sectors, community including Community-Based Organizations, Faith-Based Organizations and Non-Governmental Organizations;
- Improving the capacity of the routine system in epidemic prone areas to detect and respond to malaria outbreaks and to monitor the impact of interventions;
- Conducting advocacy at all levels so that malaria control receives the attention that it warrants and that this translates into sustained financial commitment required for sustainability; and
- Strengthening health systems.

### **Planned Activities:**

- Routine and mass distribution of LLINs;
- Maintaining access to early, confirmed diagnosis (microscopy/RDTs) and prompt treatment with ACTs in malaria endemic areas. This will be conducted through:
  - Training on microscopy diagnosis at the health centres,
  - Establishing Quality Assurance on diagnosis, including slide standards,
  - Providing microscopes and RDTs to health facilities,
  - Trainings for health centre staff such as medical doctors, hospitals and health centre laboratory staff, paramedics and village midwives, and
  - Conducting monitoring and supervision;
- Advocacy to support malaria control at community, district, provincial and national level;
- Ensuring adequate routine malaria surveillance and reporting through supervisory visits at central, provincial and district level
- Establishment of and maintaining project management units at the district, provincial and central levels according to the Project Implementation Manual;
- Capacity development on Implementation of E-Sismal for Malaria Surveillance Officers at Province
- Knowledge development and country-specific data:
  - Gather data on ACT and insecticide efficacy and LLIN use and durability
  - Initial assessment of the efficacy of artemisinin; and
- Procurement of supplies and equipment, i.e., LLINs, and laboratory equipment.

## **3. Target Group/Beneficiaries**

- General population in malaria endemic areas of Eastern Indonesia;
- Economic migrants;
- Pregnant women; and
- Children under 5 years old.

**B. PERFORMANCE FRAMEWORK**

Please see attached.

**C. SUMMARY BUDGET**

Please see attached.

**Framework Agreement**

**Perjanjian Kerangka Kerja**

**between**

**antara**

**The Global Fund  
to Fight AIDS, Tuberculosis and Malaria**

**The Global Fund  
to Fight AIDS, Tuberculosis and Malaria**

**and**

**dan**

**The Government of the Republic of  
Indonesia**

**Pemerintah Republik Indonesia**

**Dated as of 1 March 2015**

**Tertanggal 1 Maret 2015**

## FRAMEWORK AGREEMENT

This **Framework Agreement** (the "Framework Agreement"), dated as of 1 March 2015 (the "Effective Date"), is made by and between **The Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and the **Government of the Republic of Indonesia** (the "Grantee") (the Global Fund and the Grantee hereinafter referred to collectively as the "Parties" and individually each a "Party").

**WHEREAS**, the Global Fund was established in January 2002 as an innovative financing institution for the purpose of attracting and managing financial resources globally as well as providing such resources to countries to support national and regional programs that prevent, treat and care for people with the diseases of HIV/AIDS, tuberculosis and/or malaria; and

**WHEREAS**, the Ministry of Health has been, or is expected to be, nominated by relevant country or regional coordinating mechanism(s) to implement relevant Program(s) (as defined in the Global Fund Grant Regulations (2014)) in Indonesia.

**NOW, THEREFORE**, the Parties agree as follows:

### ARTICLE 1 THE GLOBAL FUND GRANT REGULATIONS (2014)

1.1 **Incorporation by Reference.** All the provisions of the Global Fund Grant Regulations (2014) available at the Global Fund's Internet site are hereby made applicable to this Framework Agreement with the same force and effect as if they were fully set forth herein, which are supplemented by the following provisions:

- (1) Regarding sub-paragraph (1) of Section 3.5 (*Exemption from Taxation*), the Parties understand that: (a) relevant tax exemption principle will be applied in accordance with the prevailing laws and regulations of the Grantee; (b) the Grant Agreement for any Program and the purchase and/or import of any goods or services using the Grant Funds for such Program are exempt from taxation under the existing laws and

## PERJANJIAN KERANGKA KERJA

**Perjanjian Kerangka Kerja** ini ("Perjanjian Kerangka Kerja"), tertanggal 1 Maret 2015 ("Tanggal Berlaku") dibuat oleh dan antara **The Global Fund to Fight AIDS, Tuberculosis and Malaria** ("Global Fund") dan **Pemerintah Republik Indonesia** ("Penerima Hibah") (Global Fund dan Penerima Hibah selanjutnya secara bersama-sama disebut sebagai "Para Pihak" dan secara masing-masing disebut sebagai "Pihak").

**BAHWA**, Global Fund didirikan pada Januari 2002 sebagai lembaga pembiayaan yang inovatif dengan tujuan untuk menarik dan mengelola sumber daya keuangan global serta memberikan sumber daya tersebut kepada negara-negara untuk mendukung program nasional dan regional dalam mencegah, mengobati dan merawat orang-orang dengan penyakit HIV/AIDS, tuberkulosis dan/atau malaria; dan

**BAHWA**, Kementerian Kesehatan telah, atau diharapkan, dinominasikan oleh mekanisme koordinasi negara yang bersangkutan atau regional untuk menerapkan Program yang relevan (sebagaimana didefinisikan dalam Peraturan Hibah Global Fund (2014)) di Indonesia;

**SEKARANG, OLEH KARENA ITU**, Para Pihak menyepakati sebagai berikut:

### PASAL 1 PERATURAN HIBAH GLOBAL FUND (2014)

1.1 **Penggabungan dengan Referensi.** Semua ketentuan dalam Peraturan Hibah Global Fund (2014) yang tersedia di situs internet Global Fund dengan ini dibuat berlaku untuk Perjanjian Kerangka Kerja ini dengan kekuatan dan akibat yang sama seakan sepenuhnya ditetapkan di sini, yang dilengkapi dengan ketentuan sebagai berikut:

- (1) Berkaitan dengan sub-ayat (1) dari Bagian 3.5 (Pembebasan Pajak), Para Pihak memahami bahwa: (a) prinsip pembebasan pajak yang relevan akan diterapkan sesuai dengan hukum dan peraturan yang berlaku di Penerima Hibah; (b) Perjanjian Hibah untuk setiap Program dan pembelian dan/atau impor barang atau jasa menggunakan Dana Hibah untuk Program tersebut dibebaskan dari pajak berdasarkan hukum dan

regulations of the Grantee; and (c) the Grantee has no intention or plan to change any of such existing laws or regulations;

- (2) Regarding sub-paragraph (1)(b) of Section 6.2 (*Progress Reports*), the Principal Recipient in submitting each report required thereunder may include relevant "BAST" (Handover Delivery Certificates) concerning Grant Funds and/or Program Assets. A sample of such "BAST" (Handover Delivery Certificate) is attached hereto as Attachment A;
- (3) Regarding Section 11.3 (*Indemnification*), the Parties understand that the application of this provision is limited to matters relating to, arising from, or otherwise associated with any Program; and
- (4) Regarding sub-paragraph (2) of Section 12.2, special treatment and facilities related to activities of the Global Fund under this Framework Agreement will be accorded to the extent it is allowed by the prevailing laws and regulations of the Republic of Indonesia.

1.2 **Defined Terms.** Wherever used in this Framework Agreement, the terms defined in the Global Fund Grant Regulations (2014) shall have the respective meanings set forth therein unless modified herein or the context requires otherwise.

## ARTICLE 2 CONFIRMATION OF GRANTS

### 2.1 Grant Confirmations.

- (1) The Global Fund and the Grantee anticipate entering into one or more Grant Confirmations for implementing certain Program(s) in Indonesia with relevant details set forth in each such Grant Confirmation.
- (2) Under each Grant Confirmation, if entered into, and subject to the provisions of Sections 3.2 and 3.3 of the Global Fund Grant

peraturan yang berlaku di Penerima Hibah; dan (c) Penerima Hibah tidak memiliki niat atau rencana untuk mengubah undang-undang atau peraturan yang ada tersebut;

- (2) Berkaitan dengan sub-ayat (1)(b) dari Bagian 6.2 (Laporan Perkembangan), Penerima Hibah Utama dalam menyampaikan setiap laporan yang diperlukan dapat mencakup "BAST" (Berita Acara Serah Terima) terkait mengenai Dana Hibah dan/atau Aset Program. Contoh "BAST" (Berita Acara Serah Terima) terlampir sebagai Lampiran A;
- (3) Berkaitan dengan Bagian 11.3 (Ganti Rugi), Para Pihak memahami bahwa penerapan ketentuan ini terbatas untuk hal yang berkaitan dengan, yang timbul dari, atau terkait dengan Program; dan
- (4) Berkaitan dengan sub-ayat (2) dari Bagian 12.2, perlakuan dan fasilitas khusus yang berkaitan dengan kegiatan Global Fund di bawah Perjanjian ini akan diberikan sejauh hal tersebut diperbolehkan oleh hukum dan peraturan negara Republik Indonesia yang berlaku.

1.2 **Istilah yang Ditetapkan.** Dimanapun digunakan dalam Perjanjian Kerangka Kerja ini, istilah yang ditetapkan dalam Peraturan Hibah Global Fund (2014) akan memiliki arti yang sama dengan yang tercantum di dalamnya kecuali diubah di sini atau konteks mensyaratkan sebaliknya.

## PASAL 2 KONFIRMASI HIBAH

### 2.1 Konfirmasi Hibah.

- (1) Global Fund dan Penerima Hibah mengantisipasi untuk memulai satu atau lebih Konfirmasi Hibah dalam pelaksanaan Program tertentu di Indonesia dengan rincian sesuai yang ditetapkan pada setiap Konfirmasi Hibah tersebut.
- (2) Dalam setiap Konfirmasi Hibah, jika akan memulai, dan tunduk pada ketentuan Bagian 3.2 dan 3.3 dari Peraturan Hibah Global Fund

Regulations (2014), the Global Fund will confirm its willingness to make available to the Grantee, for the sole purpose of the Program and for the duration of the Implementation Period, certain Grant Funds on such terms and conditions as specified in such Grant Confirmation.

- (3) Under each Grant Confirmation, if entered into, the Grantee will confirm its readiness to implement relevant Program Activities using Grant Funds under such terms and conditions as specified in such Grant Confirmation.

**2.2 No Reliance or Obligations.** By entering into this Framework Agreement, the Global Fund is not obliged to prepare, issue or execute any Grant Confirmation unless it, at its sole discretion, decides to do so, nor is the Global Fund liable for any damages, loss, costs or liability that the Grantee or any of its Principal Recipients, Sub-recipients or Suppliers actually or may potentially suffer or incur as a result of the Global Fund not preparing, issuing or executing one or more or any particular Grant Confirmation under this Framework Agreement.

### ARTICLE 3 INTERPRETATION

**3.1 Inconsistency.** Each and every Grant Confirmation is subject to the provisions of this Framework Agreement. In the event of any inconsistency between any provision of the Grant Confirmation for a Program and a provision of this Framework Agreement, the provision of the Framework Agreement shall prevail.

**3.2 Single Agreement.** All Grant Confirmations are made in reliance on the Parties' understanding that this Framework Agreement together with all Grant Confirmations (including any and all subsequent amendments thereto) form a single agreement between the Parties.

(2014), Global Fund akan mengkonfirmasi kesediaannya sehingga tersedia bagi Penerima, untuk tujuan satu-satunya Program tersebut dan selama Periode Pelaksanaan, Dana Hibah tertentu dengan syarat dan kondisi seperti yang ditentukan dalam Konfirmasi Hibah tersebut.

- (3) Dalam setiap Konfirmasi Hibah, jika akan memulai, Penerima Hibah akan mengkonfirmasi kesiapannya untuk melaksanakan Program Kegiatan menggunakan Dana Hibah, sesuai dengan syarat dan kondisi yang ditentukan dalam ketentuan Konfirmasi Hibah.

**2.2 Tidak ada Keterkaitan atau Kewajiban.** Dengan dimulainya Kerangka Perjanjian Kerja ini, Global Fund tidak berkewajiban untuk mempersiapkan, menerbitkan atau memutuskan Konfirmasi Hibah apapun kecuali, atas kebijakannya sendiri, memutuskan untuk melakukan hal tersebut, Global Fund juga tidak bertanggung jawab untuk kerugian-kerugian, kehilangan, biaya atau kewajiban dari Penerima Hibah atau salah satu Penerima Hibah Utama, Sub-penerima atau Pemasok yang sesungguhnya atau berpotensi dapat merugikan atau terjadi sebagai akibat dari Global Fund tidak mempersiapkan, menerbitkan atau memutuskan satu atau lebih dari Konfirmasi Hibah tertentu dalam Perjanjian Kerangka Kerja ini.

### PASAL 3 INTERPRETASI

**3.1 Inkonsistensi.** Setiap Konfirmasi hibah tunduk pada Perjanjian Kerangka Kerja ini. Dalam hal terjadi inkonsistensi antara ketentuan Konfirmasi Hibah untuk Program dan ketentuan dari Perjanjian Kerangka Kerja ini, maka ketentuan Perjanjian Kerangka Kerja akan berlaku.

**3.2 Perjanjian Tunggal.** Semua Konfirmasi Hibah yang dibuat tergantung pada pemahaman Para Pihak bahwa Perjanjian Kerangka Kerja ini bersama-sama dengan semua Konfirmasi Hibah (termasuk setiap dan semua perubahan sesudah itu) membentuk perjanjian tunggal antara Para Pihak.

3.3 This Framework Agreement is executed in 2 (two) original copies in Indonesian and English language, all text being equally authentic. Any discrepancy or inconsistency in the interpretation of the contents of this Framework Agreement shall be resolved as between the Parties by reference to the text in the English language version.

#### ARTICLE 4 MISCELLANEOUS

##### 4.1 Survival.

- (1) For each Program, all agreements, representations and covenants made by the Grantee (and if any, by the relevant Principal Recipient) in the Grant Agreement shall be considered to have been relied upon by the Global Fund and shall survive the execution and delivery of the Grant Agreement, regardless of any investigation or assessment made by the Global Fund or by other third party on its behalf prior to the execution and delivery of the Grant Agreement or notwithstanding that the Global Fund may have had notice or knowledge of any fact or incorrect representation or warranty at any time during the Implementation Period, and shall continue in full force and effect until the end of such Implementation Period.
- (2) For each Program, Sections 1.1, 1.2, 2.2, 3.1, 3.2, and 4.1 to 4.3 of this Framework Agreement, and Sections 1.3, 2.1 to 2.4, 3.1, 3.3(3), 3.4 to 3.6, 4.2, 4.3(4), 4.4(2), 5.2, 6.4(2), 6.5, 6.6, 7.1, 7.5, 7.6, 10.3, 10.4, and Articles 11 and 12 of the Global Fund Grant Regulations (2014) shall survive the expiry of the Implementation Period or early termination of the Grant Agreement.
- (3) For each Program, the expiry of the Implementation Period or any early termination of the Grant Agreement, for whatever reason, shall not affect any rights or obligations accrued or subsisting to either Party prior to such expiry

3.3 Perjanjian Kerangka Kerja ini dieksekusi dalam rangkap 2 (dua) dalam Bahasa Indonesia dan Inggris, semua naskah memiliki kekuatan hukum yang sama. Dalam hal terjadi perbedaan atau inkonsistensi penafsiran dari Perjanjian Kerangka Kerja ini, maka kedua Pihak harus merujuk kepada naskah Bahasa Inggris.

#### PASAL 4 LAIN-LAIN

##### 4.1 Masa Berlaku.

- (1) Untuk setiap Program, semua perjanjian, pernyataan dan persetujuan yang dibuat oleh Penerima Hibah (dan yang lain jika ada, oleh Penerima Hibah Utama yang relevan) dalam Perjanjian Hibah harus dianggap dapat diandaikan oleh Global Fund dan akan berlanjut pelaksanaan dan penyelesaiannya, terlepas dari penyelidikan atau penilaian yang dibuat oleh Global Fund atau pihak ketiga lainnya atas namanya sebelum pelaksanaan dan penyelesaian Perjanjian Hibah atau terlepas bahwa Global Fund mungkin mengamati atau mengetahui fakta atau perwakilan yang salah atau jaminan setiap saat selama Periode Pelaksanaan dan akan terus berlaku efektif sampai akhir Periode Pelaksanaan.
- (2) Untuk setiap Program, Bagian 1.1, 1.2, 2.2, 3.1, 3.2, dan 4.1-4.3 dalam Perjanjian Kerangka Kerja ini, dan Bagian 1.3, 2.1-2.4, 3.1, 3.3 (3), 3.4-3.6, 4.2, 4.3 (4), 4.4 (2), 5.2, 6.4 (2), 6.5, 6.6, 7.1, 7.5, 7.6, 10.3, 10.4, dan Pasal 11 dan 12 dari Peraturan Hibah Global Fund (2014) akan tetap berlaku terlepas dari berakhirnya Periode Pelaksanaan atau penghentian dini Perjanjian Hibah.
- (3) Untuk setiap Program, berakhirnya Periode Pelaksanaan atau penghentian dini dari Perjanjian Hibah, untuk alasan apa pun, tidak akan mempengaruhi hak atau kewajiban yang masih harus dibayar ke salah satu Pihak sebelum akhir

or early termination.

masa pelaksanaan atau penghentian dini tersebut.

**4.2 Governing law.** For each Program, the relevant Grant Agreement shall be governed by the UNIDROIT Principles of International Commercial Contracts (2004).

**4.2 Hukum yang Mengatur.** Untuk setiap Program, Perjanjian Hibah yang relevan akan diatur oleh Prinsip Kontrak Komersial Internasional UNIDROIT (2004).

**4.3 Notices.**

(1) Any notice under the Framework Agreement or any Grant Confirmation given by one Party to the other Party (the "Notice") shall be made in writing and delivered personally or by certified or registered mail (postage prepaid), by international courier, by fax, or by electronic messaging system to the relevant address and/or number described below, or to such other address(es) and/or number(s) as any Party may designate by written notice to the other Party in accordance with this Section:

**4.3 Pemberitahuan**

(1) Setiap Pemberitahuan di bawah Perjanjian Kerangka Kerja atau Konfirmasi Hibah yang diberikan oleh salah satu Pihak ke Pihak lainnya ("Pemberitahuan") harus dibuat secara tertulis dan disampaikan secara langsung atau melalui surat terdaftar atau bersertifikat (perangko prabayar), oleh kurir internasional, melalui fax, atau dengan sistem pesan elektronik ke alamat dan/atau nomor yang relevan yang dijelaskan di bawah, atau ke alamat dan/atau nomor lain karena setiap Pihak dapat menunjuk dengan pemberitahuan tertulis kepada pihak lain sesuai dengan Bagian ini:

(a) if for a matter concerning a specific Program, to the relevant address and/or number set forth in the relevant Grant Confirmation; and

(a) jika untuk masalah mengenai Program tertentu, ke alamat dan/atau nomor yang relevan yang ditetapkan dalam Konfirmasi Hibah yang relevan; dan

(b) if for a matter concerning this Framework Agreement in general or having potential impact on more than one Program under this Framework Agreement, to the relevant address and/or number set forth below, or to such other address(es) and/or number(s) as any Party may designate by written notice to the other Party in accordance with this Section:

(b) jika untuk masalah mengenai Perjanjian Kerangka Kerja ini secara umum atau memiliki dampak potensial pada lebih dari satu Program di bawah Perjanjian ini, ke alamat dan/atau nomor yang relevan yang ditetapkan di bawah, atau ke alamat dan/atau nomor lain karena setiap Pihak dapat menunjuk dengan pemberitahuan tertulis kepada pihak lain sesuai dengan Bagian ini:

**For the Global Fund:**

The Global Fund to Fight AIDS, Tuberculosis and Malaria  
Chemin de Blandonnet 8, 1214 Vernier, Geneva, Switzerland

**Untuk Global Fund:**

The Global Fund to Fight AIDS, Tuberculosis and Malaria  
Chemin de Blandonnet 8, 1214 Vernier, Geneva, Switzerland

Attention: Mark Eldon-Edington  
Head, Grant Management Division  
Telephone: +41 58 791 1700  
Facsimile: +41 58 791 17 01  
Email: headgrantmanagement@theglobalfund.org

Nama : Mark Eldon-Edington  
Kepala Divisi Manajemen Hibah  
Telepon: +41 58 791 1700  
Faksimili: +41 58 791 17 01  
Email: headgrantmanagement@theglobalfund.org

**For the Grantee:**

Ministry of Health, the Republic of Indonesia  
Jl. H.R. Rasuna Said, Blok X 5 Kav. 4-9 Blok A  
Jakarta 12950, Indonesia

**Untuk Penerima Hibah:**

Kementerian Kesehatan Republik Indonesia  
Jl. H.R. Rasuna Said, Blok X 5 Kav. 4-9 Blok A  
Jakarta 12950, Indonesia

Attention: Dr. Untung Suseno Sutarjo, M.Kes  
Secretary General  
Telephone: +62 21 520 1590  
Facsimile: +62 21 522 3001  
Email: untung.ss@kemkes.go.id

Nama: Dr. Untung Suseno Sutarjo, M.Kes  
Sekretaris Jenderal  
Telepon: +62 21 520 1590  
Faksimili: +62 21 522 3001  
Email: untung.ss@kemkes.go.id

- (2) Any Notice shall be deemed to have been duly given (a) when delivery to the receiving Party is complete if delivered in person or via international courier, (b) upon receipt if delivered by registered or certified mail, postage prepaid, (c) upon confirmation of successful transmission if sent by facsimile, and (d) when successfully sent if effected through electronically messaging system, provided that it is followed by transmittal of the original of such Notice via international courier or by registered or certified mail, postage prepaid.
- (3) In the case of any communication to the Global Fund through the LFA as may be required under the relevant Grant Agreement, the Grantee or the relevant Principal Recipient acting on behalf of the Grantee shall submit such communication to the LFA representative whose details are set forth in the Grant Confirmation, following a principle similar to that described in subparagraph (2) of this Section above.
- (4) All communications under the relevant Grant Agreement shall be in English with a copy to the relevant CCM or, as the case may be, RCM or RO.

- (2) Setiap Pemberitahuan dianggap telah sepatutnya diberikan (a) ketika pengiriman ke Pihak penerima dianggap selesai jika disampaikan secara langsung atau melalui kurir internasional, (b) telah diterima jika disampaikan dengan surat tercatat atau bersertifikat, perangko prabayar, (c) konfirmasi pengiriman berhasil jika dikirim melalui faksimili, dan (d) ketika berhasil dikirim jika dilakukan melalui sistem pesan elektronik, asalkan diikuti dengan pengiriman Pemberitahuan yang asli melalui kurir internasional atau dengan surat tercatat atau bersertifikat, ongkos kirim prabayar.
- (3) Dalam kasus dimana terdapat komunikasi Global Fund melalui LFA yang mungkin diperlukan dalam Perjanjian Hibah terkait, Penerima Hibah atau Penerima Hibah Utama terkait bertindak atas nama Penerima Hibah wajib menyampaikan komunikasi tersebut kepada perwakilan LFA yang rinciannya tercantum dalam Konfirmasi Hibah, mengikuti prinsip yang sama dengan yang dijelaskan dalam sub-ayat (2) dari Bagian ini di atas.
- (4) Semua komunikasi di bawah Perjanjian Hibah terkait harus dalam bahasa Inggris dengan tembusan kepada CCM terkait atau, sesuai keadaan mungkin, RCM atau RO.

**4.4 Expiration Date; Review and Amendment.** This Framework Agreement shall be effective until 31 December 2020. This Framework Agreement shall be reviewed annually by the Parties and may be amended at any time by mutual written consent of the Parties.

**4.5 Counterparts; Delivery through Facsimile or Electronic Messaging System.** This Framework Agreement and all Grant Confirmations may be executed in one or more identical counterparts, all of which shall constitute one and the same agreement as if the Parties had signed the same document. This Framework Agreement and all Grant Confirmations may also be signed and delivered by facsimile transmission or by electronic messaging system, and such signature and delivery shall have the same force and effect as an original document with original signatures.

**4.4 Tanggal Berakhir; Peninjauan dan Amandemen.** Perjanjian Kerangka Kerja ini berlaku sampai 31 Desember 2020. Perjanjian ini perlu ditinjau setiap tahun oleh Para Pihak dan dapat diubah setiap saat melalui persetujuan tertulis dari Para Pihak.

**4.5 Salinan; Pengiriman melalui Faksimili atau Sistem Pesan Elektronik.** Perjanjian Kerangka Kerja ini dan semua Konfirmasi Hibah dapat dilaksanakan dalam satu atau lebih salinan yang identik, yang semuanya akan merupakan satu perjanjian yang sama seperti jika Para Pihak telah menandatangani dokumen yang sama. Perjanjian Kerangka Kerja ini dan semua Konfirmasi Hibah juga dapat ditandatangani dan dikirimkan melalui faksimili atau dengan sistem pesan elektronik, dan tanda tangan dan pengiriman tersebut akan memiliki kekuatan dan akibat yang sama sebagai dokumen asli dengan tanda tangan asli.

**IN WITNESS WHEREOF,** the Parties have caused this Framework Agreement to be executed and delivered by their respective duly authorized representatives as of the Effective Date.

**SEBAGAI BUKTI,** Para Pihak telah menyatakan Perjanjian Kerangka Kerja ini dijalankan dan disampaikan oleh masing-masing wakil yang berwenang sejak Tanggal Berlaku.

**The Global Fund  
to Fight AIDS, Tuberculosis and Malaria**

**The Government of the Republic of Indonesia**

By: \_\_\_\_\_  
Name: Mark Edington  
Title: Head, Grant Management Division  
Date: 18 JAN. 2016

By: \_\_\_\_\_  
Name: Dr. Untung Suseno Sutarjo, M.Kes  
Title: Secretary General  
Ministry of Health, Republic of Indonesia  
Date: 15 January 2016

B. Performance Framework			
Modular Approach - Concept Note			English
<b>A. Program details</b>			
Country / Applicant:	Indonesia	Principal Recipients <i>(Please select from list or add a new one)</i>	Ministry of Health of Indonesia - Dir. of Disease Control & Environmental Health
Component:	Malaria		
Start Year:	2015		
Start Month:	April		
Annual Reporting Cycle	Jan - Dec		
Reporting Frequency (Months)	6		

B. Reporting periods				
Period	Apr 2016 - Jun 2016	Jul 2016 - Dec 2016	Jan 2017 - Jun 2017	Jul 2017 - Dec 2017
PU due	Yes	Yes	Yes	Yes
PU/DR due	No	Yes	No	Yes

Note: Although grant start date is 1 April 2016, targets for period Apr-Jun 2016 refer and will be reported for the achievement in the period Jan-Jun 2016.

C. Program goals and impact indicators	
Goals:	
1	To reduce morbidity and mortality associated with malaria by reducing malaria transmission to the lowest possible level with epidemiologically appropriate interventions
2	
3	

Linked to objective(s)	Impact indicator	Country	Baseline			Required disaggregation	Targets				Comments
			Value	Year	Source		2016	Report due date	2017	Report due date	
1	Malaria I-2: Confirmed malaria cases (microscopy or RDT) per 1000 persons per year	Indonesia	1.38	2013	Surveillance systems	Sex, Age, Species	0.81	15/2/2017	0.73	15/2/2018	Based on country's MDGs target for malaria, API should be 1 per 1000 population in 2014, and less than 1 per 1000 population in 2015. The assumption is that the value of API will be decline for 10% per year starting from 2014. Confirmed malaria cases are 417,819 cases in 2012 with API 1.69 per 1000 population, and 343,527 cases in 2013 with API 1.38 per 1000 population. We calculate that API decline by more than 10% from 2012 to 2013. However, we consider that API decline will be more difficult during elimination phase. Due to that matter, NMCP decided to use 10% decline per year for API per population.
1	Malaria I-3: Number of malaria deaths	Indonesia	252	2012	Surveillance systems		204	15/2/2017	184	15/2/2018	Based on the last report received in 2012, number of malaria death are 252 cases. Along with the trend of API, the number of malaria death also decline for 10% per year. Data in 2013 (reported 45 death) are potentially under-reported and possibly higher than the current result.
1	Malaria I-4: Malaria test positivity rate in Eastern Part of Indonesia (disaggregated by species vivax, falciparum, others)	Indonesia	32.51	2013	Surveillance systems		20.51	15/2/2017	16.51	15/2/2018	Based on the last report received in 2013, SPR of five provinces in eastern Indonesia are 32.51%. The trend of SPR from 2010-2013 are 4% of declined. The baseline used as the next target in 2015-2017
1	Malaria I-4: Malaria test positivity rate in Sumatera, NTB, Kalimantan, Sulawesi, Java, and Bali (disaggregated by species vivax, falciparum, others)	Indonesia	8.82	2013	Surveillance systems		7.32	15/2/2017	6.82	15/2/2018	Based on the last report received in 2013, SPR of five provinces in eastern Indonesia are 8.82%. The trend of SPR from 2010-2013 are 0.5% of declined. The based line use as the next target in 2015-2017

D. Program objectives and outcome indicators	
Objectives:	
1	Expand access to early, confirmed diagnosis (microscopy/RDTs) and prompt treatment with ACT among high risk population including children under 5 and pregnant women
2	Scale up coverage and use of LLINs among high risk population
3	Improve routine malaria surveillance and reporting for improved management including epidemic investigation and control so that investigation of reported epidemics is routinely initiated within 24 hours and > 90% of health facilities report on time
4	Through advocacy, increase support for malaria control at community, district, provincial and national level so that district and provincial contribution to malaria control are increased by the end of the grant period
5	Strengthen and improve malaria program management at central, provincial and district level

Linked to objective(s) #	Outcome indicator	Country	Baseline			Required disaggregation	Targets				Comments
			Value	Year	Source		2016	Report due date	2017	Report due date	
2	Malaria O-1a: Proportion of population that slept under an insecticide-treated net* the previous night	Indonesia	N/A	N/A	Households survey	Sex	N/A	15/2/2017	90%	15/2/2018	There is no baseline for the indicator. The result of indicator planned to received by 2016 and 2018 via KAP surveys from GF funding, conducted by BTKL in 2015 and 2017
2	Malaria O-1b: Proportion of children under five years old who slept under an insecticide-treated net* the previous night	Indonesia	49%	2012	Households survey		N/A	15/2/2017	90%	15/2/2018	Baseline is based on KAP Surveys result on 2012. The result of indicator planned to received by 2016 and 2018 via KAP surveys from GF funding, conducted by BTKL in 2015 and 2017
2	Malaria O-1c: Proportion of pregnant women who slept under an insecticide-treated net* the previous night	Indonesia	61%	2012	Households survey		N/A	15/2/2017	90%	15/2/2018	Baseline is based on KAP Surveys result on 2012. The result of indicator planned to received by 2016 and 2018 via KAP surveys from GF funding, conducted by BTKL in 2015 and 2017
2	Malaria O-6: Proportion of households with at least one insecticide-treated net* for every two people	Indonesia	63%	2012	Households survey		N/A	15/2/2017	90%	15/2/2018	Baseline is based on Kap Surveys result on 2012. The result of indicator planned to received by 2016 and 2018 via KAP surveys from GF funding, conducted by BTKL in 2015 and 2017
2	Malaria O-3: Proportion of population using an insecticide-treated net* among the population with access to an insecticide-treated net	Indonesia	N/A	N/A	Please select...	Sex	N/A	15/02/2017	90%	16/02/2018	The result of indicator planned to received by 2016 and 2018 via KAP surveys from GF funding, conducted by BTKL in 2015 and 2017

E. Modules																		
Module 1																		
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Targets				Comments				
					N#	%	Year	Source		Apr 2016 Jun 2016		Jul 2016 Dec 2016			Jan 2017 Jun 2017		Jul 2017 Dec 2017	
										D#	N#	%	N#		%	N#	%	N#
VC-1: Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns	MoH		National	Cumulative	4,584,092		2014	Reports (specify)							1) Target population for nets distributed are number of population who live in high endemic areas 2) Number of population counted to be scale-up for 1.49% per year; 3) Total number of nets is 5,435,418 to be distributed in 2015 and 2017 (1,451,194+3,984,224). 4) Total of target population are 10,863,515 persons. 8.2mil (76%) persons already covered by Interim Funding in 2014. The rest (up to 100%) will be covered in 2016 with 1,451,194 nets. 5) In 2017, we expect that the 8,251,366 high risk population that covered with LLINs in 2014 will decrease along with the endemicity and disease burden of each areas in several Sumatera, Kalimantan, Sulawesi, dan Eastern Indonesia. The decrease will be around 13%, from 8,251,366 to 7,171,603. The population in high risk areas covered until 2017 will be 7,171,603 + 2,612,149 = 9,783,752 6) 3,984,224 nets will be distributed to replace the remaining nets from 2014 and coverage will be 100% of the population in the high risk areas; 7) LLINs are distributed via mass campaign program; 8) Data base are district's routine report from villages and HCs. 9) Unit cost are based on PSM plan in previous grant 10) Replacement net will set as above indicative funding part. 11) The mass campaign will start on August 2015 Note: Although grant start date is 1 April 2016, targets for period Apr-Jun 2016 refer and will be reported for the achievement in the period Jan-Jun 2016.			
VC-2: Proportion of population at risk potentially covered by long lasting insecticidal nets distributed	MoH		National	Cumulative	8,251,366 10,863,515	76.0%		Reports (specify)		N/A	100.0%				1) Target population are number of pregnant women and infant who live in high and moderate endemic areas; 2) Number of population counted to be scale-up for 1.49% per year; 3) Total population in moderate and high endemic areas is 24,049,236 persons. a) The targeted pregnant women are 1.1*2.1% targeted pop = 555,537 b) The targeted infant are 2.1% targeted pop =505,034 c) Total LLIN 2015 = 1,060,571, covered 500,000 by government (555,537 pregnant women and 505,034 infant) d) Total LLIN 2016 = 1,076,373 (increase by 1.49% population growth rate), covered 600,000 by government (563,815 pregnant women and 512,559 infant) e) Total LLIN 2017 = 1,092,412 (increase by 1.49% population growth rate), covered 700,000 by government (572,216 pregnant women and 520,196 infant) 4) Annual target are set with 30%/70% distribution in the first/second half of the year. Note: Although grant start date is 1 April 2016, targets for period Apr-Jun 2016 refer and will be reported for the achievement in the period Jan-Jun 2016.			
VC-3: Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution	MoH		National	Cumulative	485,394		2013	Reports (specify)	Targeted risk group	#REF!	#REF!	#REF!	#REF!	#REF!	1) Target population are number of pregnant women and infant who live in high and moderate endemic areas; 2) Number of population counted to be scale-up for 1.49% per year; 3) Total population in moderate and high endemic areas is 24,049,236 persons. a) The targeted pregnant women are 1.1*2.1% targeted pop = 555,537 b) The targeted infant are 2.1% targeted pop =505,034 c) Total LLIN 2015 = 1,060,571, covered 500,000 by government (555,537 pregnant women and 505,034 infant) d) Total LLIN 2016 = 1,076,373 (increase by 1.49% population growth rate), covered 600,000 by government (563,815 pregnant women and 512,559 infant) e) Total LLIN 2017 = 1,092,412 (increase by 1.49% population growth rate), covered 700,000 by government (572,216 pregnant women and 520,196 infant) 4) Annual target are set with 30%/70% distribution in the first/second half of the year. Note: Although grant start date is 1 April 2016, targets for period Apr-Jun 2016 refer and will be reported for the achievement in the period Jan-Jun 2016.			
VC-4: Proportion of targeted risk groups receiving long-lasting insecticidal-nets	MoH		National	Cumulative	485,394 1,663,816	29.2%	2013	Reports (specify)	Targeted risk group		#REF!	#REF!	#REF!	#REF!	1) Target population are number of pregnant women and infant who live in high and moderate endemic areas; 2) Number of population counted to be scale-up for 1.49% per year; 3) Total population in moderate and high endemic areas is 24,049,236 persons. a) The targeted pregnant women are 1.1*2.1% targeted pop = 555,537 b) The targeted infant are 2.1% targeted pop =505,034 c) Total LLIN 2015 = 1,060,571, covered 500,000 by government (555,537 pregnant women and 505,034 infant) d) Total LLIN 2016 = 1,076,373 (increase by 1.49% population growth rate), covered 600,000 by government (563,815 pregnant women and 512,559 infant) e) Total LLIN 2017 = 1,092,412 (increase by 1.49% population growth rate), covered 700,000 by government (572,216 pregnant women and 520,196 infant) 4) Annual target are set with 30%/70% distribution in the first/second half of the year. Note: Although grant start date is 1 April 2016, targets for period Apr-Jun 2016 refer and will be reported for the achievement in the period Jan-Jun 2016.			
Module 2																		
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Targets				Comments				
					N#	%	Year	Source		Apr 2016 Jun 2016		Jul 2016 Dec 2016			Jan 2017 Jun 2017		Jul 2017 Dec 2017	
										D#	N#	%	N#		%	N#	%	N#
CM-1a: Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	MoH		National	Cumulative	1,708,161 1,833,256	93.2%	2013	Surveillance systems	Sex, Age, Type of testing	691,806	100%	1,383,611	100%	622,625	100%	1,245,250	100%	Target assumptions are all suspects to be examined by microscope and RDT via passive case detection at health facilities (health center, sub-chi, malaria center, hospital, government and private) and active cases detection (mass blood screening, mass fever screening). Targeted suspect tested with microscope and/or RDT are 100%. The proportion of microscope and RDT examination are 65:35 in 2015, 70:30 in 2016, and 75:25 in 2017. Government expected to covered up to 15% of total routine targeted suspect via microscope and RDT examination. The rest will be covered by GF sources. Targets are set with assumption of 10% reduction of test performed per year in line with the projected reduction in the epidemic (with 15% SPR). Note: Although grant start date is 1 April 2016, targets for period Apr-Jun 2016 refer and will be reported for the achievement in the period Jan-Jun 2016.
CM-2a: Proportion of confirmed malaria cases that received first-line antimalarial treatment according to national policy at public sector health facilities	MoH		National	Cumulative	300,425 343,527	87.5%	2013	Surveillance systems	Sex, Age, Type of treatment	103,245	100.0%	206,490	100.0%	92,921	100%	185,841	100.0%	Baseline is 87.5% of the total positive cases 343,527. Targets are set as 100% of all positive cases. We expected with NSP target of API <1 per 1000 in 2015 and total population are 255 million, the positive cases will be 229,433. We expect 10% decrease per year for targeted positive cases influenced by population growth rate. Note: Although grant start date is 1 April 2016, targets for period Apr-Jun 2016 refer and will be reported for the achievement in the period Jan-Jun 2016.
CM-5: Percentage of confirmed cases fully investigated (malaria elimination phase)	MoH		National	Cumulative	N/A N/A	-	2013	Surveillance systems		6,455	100.0%	12,910	100.0%	4,841	100%	9,682	100.0%	Data are based on positive cases in all low endemic areas (302 districts) with 17,394 cases. The decline percentage based on the trend of positive cases from 2010-2013 in the low endemic areas. Funding covered by government for this activity are 10%. Note: Although grant start date is 1 April 2016, targets for period Apr-Jun 2016 refer and will be reported for the achievement in the period Jan-Jun 2016.
CM-6: Percentage of foci fully investigated (malaria elimination phase)	MoH		National	Cumulative	N/A N/A	-	2013	Surveillance systems		7	100.0%	14	100.0%	6	100%	12	100.0%	1) Estimated number of activity are 15 per years and cover national areas 2) Number of household covered are up to 1000 houses per activity, and the population covered are up to 10 persons per houses. 3) Number of outbreak estimated to decline by 10% per year 4) The achievement at the end of the year will depend on actual outbreaks in the country 5) The investigation will include several activity: IRS, mass screening, contact survey Note: Although grant start date is 1 April 2016, targets for period Apr-Jun 2016 refer and will be reported for the achievement in the period Jan-Jun 2016.
Proportion of Pregnant women that receive a parasitological test (microscopy and/or RDTs)	MoH	CM-1a	National	Cumulative	389,699 489,306	79.6%	2013	Surveillance systems		281,908	100.0%	563,815	100.0%	286,108	100%	572,216	100.0%	Targeted pregnant women are from 24,049,236 people from moderate and high endemic areas. Pregnant women = 1.1 x 2.1% x [population] Number of pregnant women influenced by population growth rate (1.49%). The composition of screening will be 60% at health facilities and 40% at community. Note: Although grant start date is 1 April 2016, targets for period Apr-Jun 2016 refer and will be reported for the achievement in the period Jan-Jun 2016.
Proportion of Children under 5 that receive a parasitological test (microscopy and/or RDTs)	MoH	CM-1a	National	Cumulative	37,455 82,682	45.3%	2011	Surveillance systems		42,582	100.0%	85,164	100.0%	43,217	100%	86,433	100.0%	All children under 5 with fever targeted to be screened as per the national protocol. This kind of activity is new and aims to reach 100% coverage. Baseline result is from 2011, with following coverage per province: 69.9% (East Nusa Tenggara) 54.7% (Maluku) 66.3% (North Maluku) 51.9% (West Papua) 38.4% (Papua) Average : 45.3% Baseline are fever cases of children under 5 tested (26.6% from total children) in eastern Indonesia. Numerator: Number of children with fever under 5 that receive a parasitological test (microscopy and/or RDTs) Denominator: Children under 5 with fever cases in 5 high endemic provinces in eastern part of Indonesia. The estimated number of children is 310.835 and out of the total number 26.6% are children with fever cases. The composition of screening will be 40% at health facilities and 60% at community. 10% of the children will be screened at HC with microscope by government, the rest 90% by GF sources. Note: Although grant start date is 1 April 2016, targets for period Apr-Jun 2016 refer and will be reported for the achievement in the period Jan-Jun 2016.

Module 3																		
Health information systems and M&E																		
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (If Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Targets								Comments
					N#	%	Year	Source		Apr 2016 Jun 2016		Jul 2016 Dec 2016		Jan 2017 Jun 2017		Jul 2017 Dec 2017		
										N #	%	N #	%	N #	%	N #	%	
					D#					D #		D #		D #		D #		
M&E-1: Percentage of HMIS or other routine reporting units submitting timely reports according to national guidelines	MoH		National	Non-cumulative	180	63.2%	2013	Surveillance systems		226	85%	226	85%	239	90%	239	90%	The targeted report expected to be received from 266 districts. The baseline is 63.2% report received during 2013 implementation. We set the target from 80% to 90% due to the eastern Indonesia remote areas which cause delay on reporting from HC to DHO before submitting to PHO. <b>Note: Although grant start date is 1 April 2016, targets for period Apr-Jun 2016 refer and will be reported for the achievement in the period Jan-Jun 2016.</b>
					285					266		266		266		266		
Module 4																		
Procurement supply chain management (PSCM)																		
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (If Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Targets								Comments
					N#	%	Year	Source		Apr 2016 Jun 2016		Jul 2016 Dec 2016		Jan 2017 Jun 2017		Jul 2017 Dec 2017		
										N #	%	N #	%	N #	%	N #	%	
					D#					D #		D #		D #		D #		
PSM-1: Percentage of health facilities reporting no stock-outs of essential drugs	MoH		National	Non-cumulative	2565	80.1%	2013	Surveillance systems		3,403	94%	3,403	94%	3,603	100%	3,603	100%	The target are number of health centers in high burden areas, both in eastern Indonesia and outside eastern Indonesia. <b>Note: Although grant start date is 1 April 2016, targets for period Apr-Jun 2016 refer and will be reported for the achievement in the period Jan-Jun 2016.</b>
					3202					3,603		3,603		3,603		3,603		
Please select...	Please select...	Please select...	Please select...				Please											

C. SUMMARY BUDGET

Malaria

Country	Indonesia
Grant No.	IDN-M-MOH
PR	Ministry of Health
Currency	USD
Grant	

(Please indicate Periods covered by this budget in the cells below, as presented in the Performance Framework)

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Period Covered: from	1-Jan-15	1-Apr-15	1-Jul-15	1-Oct-15	1-Jan-16	1-Apr-16	1-Jul-16	1-Oct-16	1-Jan-17	1-Apr-17	1-Jul-17	1-Oct-17
Period Covered: to	31-Mar-15	30-Jun-15	30-Sep-15	31-Dec-15	31-Mar-16	30-Jun-16	30-Sep-16	31-Dec-16	31-Mar-17	30-Jun-17	30-Sep-17	31-Dec-17

A- SUMMARY BUDGET BREAKDOWN BY EXPENDITURE CATEGORY

#	Cost Grouping	Total Year 1				Total Year 2				Total Year 3				TOTAL	%		
		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12				
1	Human Resources (HR)	-	-	-	-	-	367,183	285,571	285,571	838,325	188,969	188,969	188,969	188,969	758,877	1,688,202	4%
2	Travel related costs (TRC)	-	-	-	-	-	3,457,823	1,465,445	957,363	5,880,632	983,671	1,697,535	490,258	1,125,197	4,296,661	10,167,282	24%
3	External Professional services (EPS)	-	-	-	-	-	227,788	-	-	227,788	-	170,902	-	-	170,902	398,671	1%
4	Health Products - Pharmaceutical Products (HPPP)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5	Health Products - Non-Pharmaceuticals (HPNP)	-	-	-	-	-	5,742,233	-	-	5,742,233	-	17,094,526	-	-	17,094,526	22,836,758	54%
6	Health Products - Equipment (HPE)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7	Procurement and Supply-Chain Management costs (PSM)	-	-	-	-	-	1,519,859	268,098	211,905	1,899,872	-	2,231,946	1,309,468	1,114,893	4,656,308	6,656,178	16%
8	Infrastructure (INF)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9	Non-health equipment (NHP)	-	-	-	-	-	21,555	2,993	2,245	28,793	3,219	14,588	3,219	2,414	23,441	50,234	0%
10	Communication Material and Publications (CMP)	-	-	-	-	-	13,065	-	-	13,065	-	9,595	-	-	8,585	22,630	0%
11	Programme Administration costs (PA)	-	-	-	-	-	73,656	73,656	73,656	220,969	79,226	79,226	79,226	79,226	318,903	537,671	1%
12	Living support to client/ target population (LSCTP)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13	Results-based financing (RBF)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	TOTAL*	0	0	0	0	0	11,423,152	2,095,784	1,530,740	15,048,658	1,256,085	21,488,257	2,062,140	2,511,899	27,318,181	42,367,837	100%

B. SUMMARY BUDGET BREAKDOWN BY PROGRAM ACTIVITY

#	Interventions	Total Year 1				Total Year 2				Total Year 3				TOTAL	%		
		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12				
1	Vector control	0	0	-	-	0	8,077,831	238,098	211,905	8,627,834	89,043,48	16,794,009	1,309,468	1,114,893	21,277,413	27,895,247	66%
2	Case management	0	0	-	-	0	3,194,871	719,778	91,314	4,006,960	165,498	1,540,038	181,584	83,620	1,950,740	5,956,701	14%
3	HBB - Health Information systems and M&E	0	0	-	-	0	859,237	598,003	60,398	1,517,639	20,981	472,444	131,737	226,661	851,823	2,369,462	8%
4	Program management	0	0	-	-	0	1,291,213	539,887	1,167,123	2,996,223	980,583	711,788	459,351	1,088,525	3,238,264	6,236,427	15%
	TOTAL*	0	0	0	0	0	11,423,152	2,095,784	1,530,740	15,048,658	1,256,085	21,488,257	2,062,140	2,511,899	27,318,181	42,367,837	100%

To add additional rows, right click the row number to the left of the row above the row for TOTAL and select copy, then over the same number, right click again and select insert Copied Cells. WARNING: Inserting Rows without copying a row as described above will cause the formula in the columns to become invalid and will mean the overall information will be inaccurate.

\* For the purpose of the report, the SOA Program management and administration should be included in the Supportive Environment Macro Category.

C. SUMMARY BUDGET BREAKDOWN BY IMPLEMENTING ENTITY (If known by Grant signature time)

#	Name	Total Year 1				Total Year 2				Total Year 3				TOTAL	%		
		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12				
1	MOH	0	0	0	0	0	7,244,590	1,150,281	617,806	9,012,677	479,576	19,932,299	522,497	748,074	21,682,448	30,895,125	72%
2	BR Prev	0	0	0	0	0	3,349,439	887,456	854,907	5,091,802	718,481	864,914	1,481,618	1,705,599	4,778,609	8,882,412	23%
3	BR Cent	0	0	0	0	0	829,123	58,027	68,027	945,178	58,027	691,044	58,027	58,027	865,124	1,810,300	4%
	TOTAL*	0	0	0	0	0	11,423,152	2,095,784	1,530,740	15,048,658	1,256,085	21,488,257	2,062,140	2,511,899	27,318,181	42,367,837	100%

To add additional rows, right click the row number to the left of the row above the row for TOTAL and select copy, then over the same number, right click again and select insert Copied Cells. WARNING: Inserting Rows without copying a row as described above will cause the formula in the columns to become invalid and will mean the overall information will be inaccurate.

\* The sum of all three breakdowns should be equal (A- Budget Line-Item, B- Program Activity, C- Implementing Entity).