

## BACKGROUND

The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) is the world's largest multilateral funder of health programs in developing countries; it aims to accelerate the end of AIDS, TB and malaria by 2030. The Global Fund partners with governments, civil society, private sector, health experts, marginalised populations and people affected by those three diseases.

In October 2019, Australian Prime Minister Scott Morrison pledged AUD \$242 million to the Global Fund from 2020-22. The pledge was made on the proviso that Australia would 'set aside' 10 per cent for the Asia-Pacific region to be implemented in the 2021-23 period. This ten per cent, or AUD \$24.2 million, is referred to as the Set-Aside and represents funds that DFAT will manage to supplement the efforts of the Global Fund to address AIDS, TB and malaria in the Indo-Pacific region.

As part of the Set Aside, AUD 1M was allocated to support the functioning and strengthening of the CCM in Indonesia namely Management and Technical Cooperation for AIDS, Tuberculosis and Malaria (MTC ATM).

Global Fund grants run in three-year cycles. Current grants will finish at the end of the 2020 calendar year and new grants are expected to begin in January 2021 and run for three years. Funding requests for the 2021-2023 grants were submitted in Q1 and Q2 of 2020 and grant negotiations between the Global Fund secretariat and Principal Recipients are on-going and will be mostly finalised in Q4 2020. Through engagement with the Global Fund Country Coordinating Mechanisms, partners should familiarise themselves with the recent Global Fund funding requests and be aware of the status of the current on-going grant negotiations.

## REQUESTING PROPOSAL FROM UNDP

Following approval from Canberra, DFAT requests UNDP to submit a proposal (partner-led design) to provide management and technical support to the Global Fund CCM in Indonesia. The proposal timeframe is 2021-2023, with the total amount of AUD one million over the three years. The proposal should build on the previous focus to strengthen management and technical capacities for good governance of Global Fund activities in Indonesia, and to continue to address procurement issues.

Furthermore, DFAT encourages UNDP cross-sharing on governance, human rights, gender and CSO strengthening and pushing forward the Global Fund's global strategy pillar 'to promote and protect human rights and gender equality'.

UNDP Indonesia is a key development partner for the Australian Embassy, and like other UN agencies has strong convening roles, program delivery and advocacy skills. UNDP regional and global works can be drawn upon through this program and should be further considered in the forward design.

We request that UNDP engages closely with key Government of Indonesia counterparts, including the CCM Secretariat, in finalising the proposal.

## ASSUMPTIONS REGARDING COVID-19

Partners should assume that the COVID-19 pandemic will continue through the duration of the grant delivery, and reflect this in proposed activities and budgets. There will be opportunities to periodically review/revisit the project activity plan should the COVID-19 epidemiological and operational environment shift significantly during the implementation period.

In general, DFAT will look to partners delivering projects under the Australian aid program to take a risk based approach to continuation of project activities and delivering project outcomes in the event of severe or prolonged disruptions due to outbreaks of COVID-19.

## TIMEFRAME AND KEY MILESTONES IN THE DESIGN PROCESS

With regards to timeframe, DFAT aims to have this investment signed and operational by 1 January 2021. As such, UNDP will have four weeks to submit its proposal to DFAT. Upon receipt of the proposal, DFAT will conduct an independent quality appraisal. After which there may be additional comments for UNDP to address as part of the finalisation process.

Additionally, DFAT would like to include the opportunity for a 'check-in' mid way through the proposal design in order to discuss the draft and any queries.

Following agreement of the proposal, the funding would be administered through an Exchange of Letters under the existing Head agreement, the DFAT-UNDP Strategic Partnership Framework 2016-2020 (with timeframe until mid-2022).

## DISBURSEMENT DETAILS

- There will be three annual disbursements for this program of work.
- The first disbursement will be in the January-June 2021 period.
- The final disbursement must be made by June 2023.
- Activities must be finalised by December 2023.
- Reporting and acquittals must be finalised by 31 March 2024.

## DFAT FOCAL POINTS

The DFAT operational focal points that will be engaged with you through the design process are the following:

- Aaron Watson, Second Secretary, Australian Embassy Jakarta (aaron.watson@dfat.gov.au), and
- Kate Snowball, Unit Manager/First Secretary, Australian Embassy Jakarta (kate.snowball@dfat.gov.au)

## INVESTMENT DESIGN TEMPLATE

Organisation name: UNDP	
Name of main contact person: Sophie Kemkhadze	
Contact details (phone and email): +62 811 1301 3997 and Sophie.kemkhadze@undp.org	
Project Title: Deputy Resident Representative	
Proposed start date: 01 January 2021	End date: 31 December 2023
Total funds requested: AUD \$1,000,000	
Funding request by Australian financial year (financial year means 1 July to 30 June):	
377.162 in 2020/21	AUD
AUD 319.237 in 2021/22	
AUD 303.601 in 2022/23	
Countries: Indonesia	

### I. EXECUTIVE SUMMARY

UNDP will working closely with Government of Indonesia and development partners to strengthen the effectiveness of the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) Country Coordinating Mechanisms (CCM) in Indonesia. UNDP has built strong relationships and systems to provide technical and management support by working with local global fund implementing agencies with support from Australia since since 2011.

The global fund categorizes Indonesia as a high impact country because until now it still has a high burden for HIV and tuberculosis which affects regional and global figures. Even though, Indonesia continues its progress to overcome the diseases, particularly on malaria elimination and tuberculosis. The majority of districts, covering 72% of the country's population, have officially been declared malaria-free. There has been a 50% reduction in confirmed cases and a 66% reduction in malaria-related deaths. Similarly, the country's case notification outcomes for presumptive TB increased by 24% between 2017 and 2018. Indonesia is still among the top 10 countries for TB, and accounts for 80% of missing TB cases globally. Furthermore, the number of key affected populations tested for HIV is steadily increasing, however, Indonesia remains far from reaching the UNAIDS 90-90-90 target. The country's HIV treatment cascade remains low at 50-17-7.<sup>1</sup>

The Global Fund has allocated Indonesia up to USD 293,407,740 for 2021-2023. At the time this proposal was made, The Global Fund was still in the process of confirming the budget allocation for Indonesia. Regarding funding request proposals, the Malaria and Tuberculosis component are moving forward, while for the AIDS component, has been asked to revise several aspects that need to be improved, especially in terms of strategy, target population, and leadership from the government in ensuring the sustainability of the AIDS response in Indonesia.

DFAT Australia and UNDP Indonesia are both members of the Country Coordinating Mechanism (CCM) in Indonesia. A range of Development Partners provide technical assistance to CCM Indonesia and Principal Recipients (PRs) on program implementation of The Global Fund support by the MoH and NGOs which contributes to achieving the national program objective.

DFAT Australia and UNDP Indonesia have been working together to support the CCM Indonesia and PRs though the Management and Technical Cooperation for AIDS, Tuberculosis, and Malaria (MTC ATM) Project since 2011. The

<sup>1</sup> The Global Fund's OIG report, 2020

recent Australian UNDP Management and Technical Cooperation for Aids Tuberculosis and Malaria (MTC-ATM) from 2018-2020 is a project of the Management and Technical Assistance Facility (MTAF) 2011- 2013 and the Joint Technical and Management Support (JTMS) 2014 – 2017. The MTC-ATM project had two primary Outputs namely: (i) Support to CCM, Technical Working Groups (TWGs) activities on oversight PRs performance and proposal development and (ii) Technical assistance for procurement and supply chain management on AIDS, tuberculosis, and malaria. The continuation of the technical assistance was designed to address key milestones, i.e. the MTAF was focus on strengthening the CCM Indonesia as part of government response, the JTMS focused on multi-stakeholders engagement through the CCM Indonesia leadership, and the MTC ATM supported the reformation of CCM Indonesia and provided technical support to PRs. Currently, CCM Indonesia is considered by The Global Fund as better organized than other countries, and CCM Indonesia is able to raise funds from donor agencies in Indonesia to support CCM Indonesia and PRs in ensuring that investments from the Global Fund can provide optimal results.

However, there are complex problems faced by the government and the Indonesian people for these three diseases which still require strong support from development partners. Improvements are needed if the HIV and TB program targets are to be achieved immediately. Regarding the malaria program, there are still 28 districts with high endemic malaria which needs an innovative solution to eliminate the disease. Through the MTC ATM Phase III, Australia's investment will support the CCM Indonesia and PRs by providing strategic technical assistance to overcome bottlenecks in program implementation in the new period of the Global Fund support, 2021-2023. This project , will support CCM Indonesia and the Global Fund to have a new NGO PR for tuberculosis program, Stop TB Partnership Indonesia (STPI) and will decide the new program implementor as PR or SR for a cross-cutting program to ensure the sustainability though integrated sub-national development plan and implementation for AIDS, tuberculosis, and malaria program led by Indonesia's Ministry of Home Affairs (MoHA), and for HIV, the Indonesia AIDS Coalition (IAC) will implement a project-related human right, gender, and community strengthening.

The MTC ATM project phase III Outcome is to improve cooperation among domestic and international partners to enhance the CCM and PRs role in leading high quality performance of the Global Fund AIDS, tuberculosis, and malaria programs in Indonesia. This project will continue support an administrative team in the CCM secretariat to strengthen multi-donor grants management from The Global Fund, USAID, UNICEF, JICA, UNAIDS, and APBN (Indonesian Government Funds ie. regular budget), provide technical assistance to STPI and MoHA in managing The Global Fund budget through grants management technical assistance and programmatic technical assistance such as policy development for MoHA, and monitoring and evaluation system for STPI. This project will also work with respective PRs for an information system, the scale-up of the public/private mix and treatment of MDR-TB patients, improve human right and gender mainstreaming and community system strengthening on the AIDS, tuberculosis and malaria program.

The project will be implemented over three years, from 2021-2023. It will follow the cycle of the Global Fund implementation which consists of the first year in 2021 in which all PRs have to fulfil The Global Fund requirement such as the PR's Project Implementation Manual (PIM) development or improvement, Monitoring and Evaluation plans including information management systems, technical assistance for grants management and support oversight functions of the CCM in Indonesia through the Technical Working Group for AIDS, Tuberculosis, and Malaria meetings to ensure the program implementation of the first year. In the second year, PRs will focus to improve and leverage their target to reach patients and key population. This project will support CCM and PRs to overcome bottlenecks in grants management, information system, procurement and supply chain management, and coordination between government and civil society. In the last year of the project, we will support CCM and PRs to develop a new proposal for the Global Fund and ensure the improvement of government support to continue The Global Fund support i.e malaria elimination, ARVs, tuberculosis and malaria medicines and health equipment.

In coming years, challenges in the implementation of ambitious target for AIDS, TB and Malaria will likely impacted by the COVID-19 pandemic in Indonesia, as stigma and discrimination for key affected population to HIV and AIDS still remains. This project will support the PRs to improve their protocols for each disease implementation, introduce innovative solutions such as telemedicine service, and information system improvement, and will gather

collaborative action to reduce stigma and discrimination for the key population through technical assistance for human right and gender mainstreaming to respective PRs and related government institution.

## II. RELEVANCE

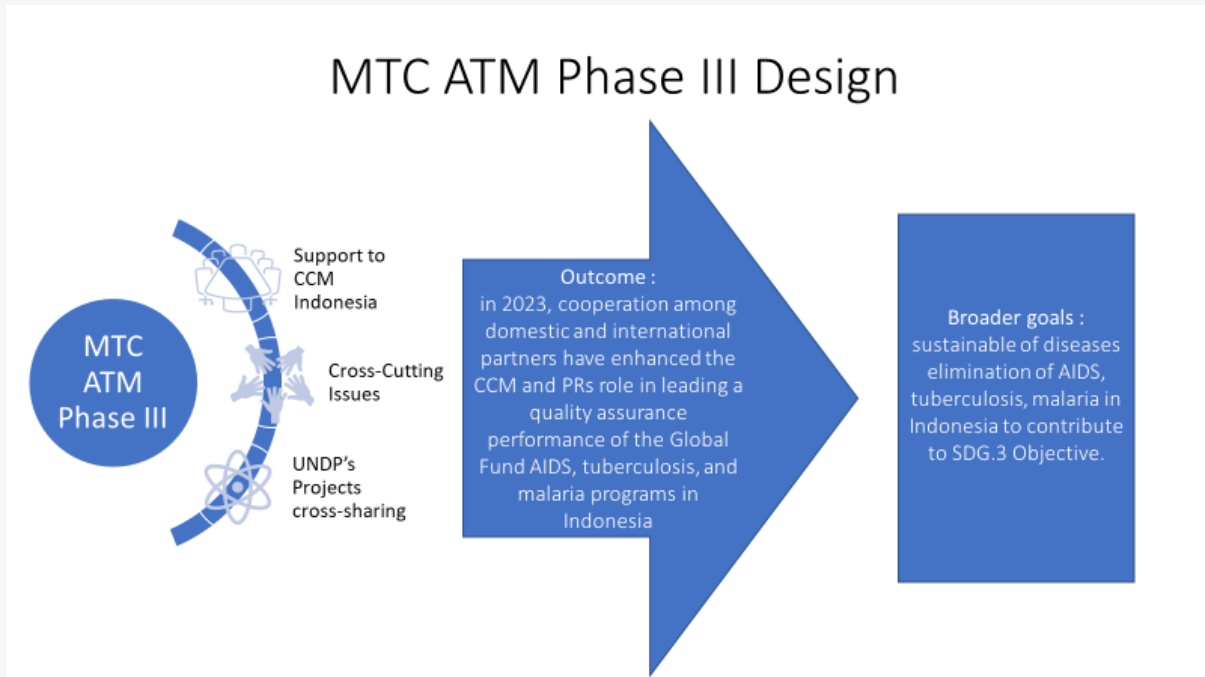
**Strategic focus:** The CCM is a networking organization that includes government agencies such as the Ministry of Health, the Coordinating Ministry for Human Development and Culture, the Ministry of National Development Planning (Bappenas), the Ministry of Finance, the Ministry of Home Affairs, the Ministry of Social Affairs, the Ministry of Law and Human Rights, Ministry of Manpower and NGOs / CSOs and development partners. This investment to support the CCM Indonesia is a strategic way for oversight on the Australian Government's contribution to The Global Fund in fighting disease and in supporting partner countries to build resilient and sustainable health systems, which are essential in preparing for emerging health threats in the Indo-Pacific region, including Indonesia. Through the MTC ATM project, UNDP will work closely with the CCM Chairpersons and members to strengthen the CCM Secretariat and provide cross-cutting technical assistance and evidence based practices to PRs related to critical elements of each Indonesia's epidemiological, socio economics and political context on AIDS, tuberculosis, and malaria diseases.

**Analysis and lessons learnt:** UNDP in 2016 was asked by the CCM Chairs to carry out reforms of Indonesia's CCM, especially the CCM Secretariat. UNDP was asked to take over the CCM secretariat in 3 months, January-March 2016, in which thanks to the support of DFAT Australia, UNDP was able to implement secretariat functions for the CCM, improve the CCM structure, guidelines and salary scale for the CCM secretariat staff, and carry out recruitment and hire qualified people. After the CCM Secretariat had a complete team, in April 2016, UNDP carried out a handover to CCM Indonesia and it has been assessed in recent times by Global Fund that the CCM in Indonesia is one of the best organizations compared to CCMs in other countries.

UNDP also has experience in providing technical assistance to PRs, especially in grants management. There are at least two PRs assisted by UNDP through the MTC ATM project in overcoming financial problems, namely the PR Health System Strengthening (HSS) Project, the Information and Data Center (Data and Information Center / Pusdatin) MoH, and PR MoH for Malaria Program. With the support of UNDP, performance rating for HSS improved from C to A2 when the project was finalized in 2018 and for Malaria program latest performance rating from B1 to A2.

### III. EFFECTIVENESS

#### MTC ATM Phase III Project Design



#### Proposed activities:

- a. **Strengthen the function of CCM Indonesia to ensure programme implementation performance by PRs through providing technical and management support**
  - *Strengthen the CCM Indonesia in managing multi-donor funds and facilitating CCM Indonesia's activities*

The MTC ATM project will continue to support CCM Secretariat in managing multi-donor funds from The Global Fund, USAID, UNICEF, JICA, UNAIDS, and Government Fund (APBN) amounting AUD 472,403 in 2020. It is estimated that next coming years the amount of funds to be managed will equal to this amount on annual basis. This amount figure is not large, but due to various donors with different forms of implementation and reporting and the intensity of meetings of the CCM, TWGs, OC, and The Global Fund Country Team, it has caused the Secretariat workload to become large from an administrative and financial perspective.

The CCM requested this project to support Administration and Finance team to strengthen the secretariat function to support CCM on (i) development of the implementation plan of Global Fund grants, in which the CCM guides and oversees the concept note preparation, development, and submission; (ii) identification and selection of PRs to implement Global Fund grants, in which the CCM is responsible for nominating PRs and ensuring an open and transparent process regarding the selection of PRs /Implementers, (iii) Supervision for PRs performance in program implementation. It should be noted that Grant supervision is one of the most important and challenging functions of a CCM. MTC ATM project will ready to help CCM Indonesia technically such as providing technical support if needed to support TWG work



- *Management and Technical Assistance for a new PRs/National Sub-Recipients (SRs)*

There are at least two implementors for The Global Fund support for 2021-2023 are new. One is known as Stop TB Partnership Indonesia (STPI) as PR for Tuberculosis Program. The other is Indonesia's Ministry of Home Affairs (MoHA) that is proposed to be PR or SR to encourage local governments to include prevention and care for AIDS, tuberculosis, and malaria into regional planning while also providing local budgets.

Both organizations have requested this project to support them in preparing project manuals, M&E plans, finance management, and institutional strengthening in managing the Global Fund budget. Usually The Global Fund asks a lot of technical and administrative requirements from new implementers, and UNDP has the experience in supporting new implementors in preparing for these needs and ensure that the institutions are ready to manage funds from the Global Fund.

**b. Technical Assistance on cross cutting issues on prevention and care of AIDS, tuberculosis, and malaria program.**

- *Strengthening implementation of community, human rights, gender*

The Global Fund's work related to community, rights and gender (CRG) aims to strengthen the Global Fund's inclusive partnership model and is contributing to the achievement of the objectives in the Global Fund Strategy. Furthermore, UNDP as a key partner on CRG leads the Global Action to eliminate stigma and discrimination on HIV and other diseases and implement advocacy for affordable medicines and access to health improvement for the vulnerable people and poor community. UNDP Indonesia is highly committed to mainstream gender equity and equality and becomes the first UNDP country office in Asia and Pacific region that has just been recently recognized with a GOLD certificate for global UNDP gender seal assessment.

Therefore, through this project, UNDP will work closely with PRs/SRs to implement the CRG activities in providing the technical assistance, particularly on a community feedback mechanism on violations of the human rights and gender issues on HIV, tuberculosis, and malaria.

- *Technical Assistance on local government's development planning implementation and local government budgeting on prevention and care of AIDS, tuberculosis, and malaria program.*

The Global Fund and Indonesian Government have the same vision to fight the AIDS, tuberculosis, and malaria and have sustainable approach to eliminate all three diseases. The approach developed in overcoming these three diseases is different. The target group can be the same and different as well, including geographic coverage. However, this approach in the regions needs to be integrated in terms of policy, program planning, budgeting, and implementation. Therefore, cooperation between MoH and MoHA as the coordinator of the development and supervision of sub-national government administration is needed.

One of the efforts is to include the program in the central and regional budgets. Another effort is the inclusion of AIDS and tuberculosis programs into the Minimum Service Standards (MSS). This has been mandated in Government Regulation No. 2/2018. Malaria has also been included as an indicator in the 2020-2024 RPJMN. It is expected that with encouragement from the ministries, i.e. MOHA, and MOH, the national indicators, especially in the health sector, can be achieved. Ultimately, this contributes to the expected success of Universal Health Coverage in the SDGs. 3.

Through this project UNDP will provide technical assistance for MoHA to develop the Integrated Technical Guideline for AIDS Tuberculosis and Malaria as a tool for local governments in preparing regional development planning documents that aims to provide guidelines or references for local

governments in integrating or internalizing the ATM program into regional development planning documents (RPJMD/RKPD).

**Outcomes and results focus:**

The outcome of this project is that by 2023 the cooperation among domestic and international partners have enhanced the CCM and PRs role in leading a quality assurance performance of the Global Fund AIDS, tuberculosis, and malaria programs in Indonesia.

**Delivery approaches:**

UNDP's approach in implementing this project is to work with PRs who already have a network in the province as SRs and in districts/cities as SSRs and at the field level as Impelenting units (IUs). The range of programs supported by the Global Fund covers 34 provinces and 514 districts / cities, with at least 218 districts / cities as focus areas that intersect with the AIDS, tuberculosis, and malaria programs. Technical assistance from UNDP to the PRs at national level will impact the SRs, SSRs, and IUs under the PR.

Implementation of this project will be mostly focusing in the national level, in which UNDP will cooperate with CCM Indonesia in providing human resource for CCM Secretariat and for PRs/National SRs from government and NGOs, UNDP will hire consultants to provide technical assistance.

For collaborative works with other projects at UNDP, this will be done through regular coordination between this project and other projects such as the Gender Based Violence (GBV) , Sistem Monitoring Imunisasi dan Logistik secara Elektronik (SMILE), Response toward Resilience for Covid-19 (RESTORE), SDG, and Papua Platform projects. UNDP have team present in Riau, West Java, Banten, DKI Jakarta, Central Java, East Java, Gorontalo, Central Sulawesi, NTB, and Papua.

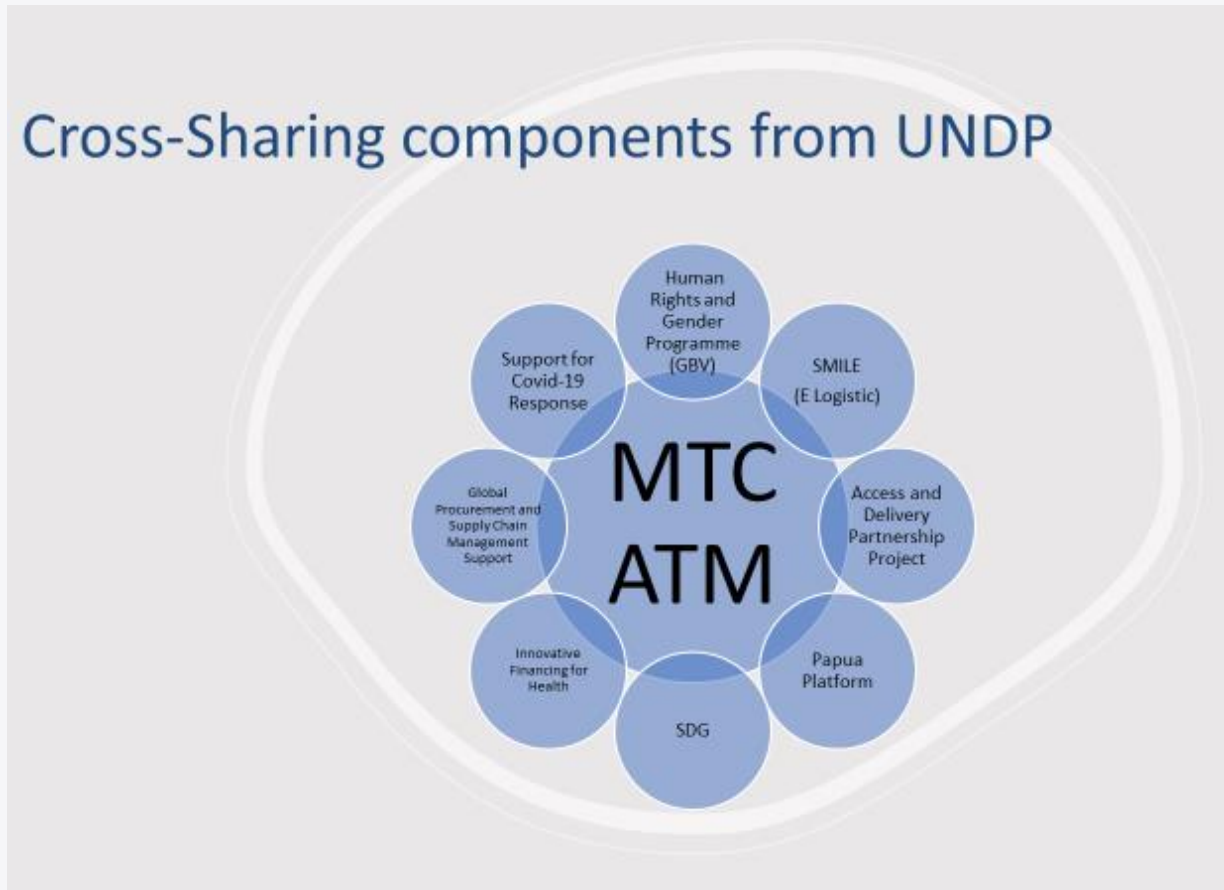
**Development landscape and coordination:**

UNDP will implement cross-sharing within projects. UNDP has made the Health related project into a program package called the Health Governance Initiative (HEART) Cluster where three parts have been developed, namely: Support to Fight AIDS, Tuberculosis and Malaria, the SMILE Project for Immunization, and Health Governance (ADP Project, Covid-19 response, and Environmental Health). In addition, HEART is part of the Democratic Governance and Poverty Reduction Unit (DGPRU) which has projects related to AIDS, Tuberculosis and Malaria for Cost Sharing initiative with SDG Cluster , Papua Platform, GBV. For cross unit collaboration, DGPRU will work together with the Recovery and Resilience Unit (RRU) for programs related to Covid-19, and



with the Innovative Financing Lab (IFL) Unit for Innovative Financing for Health specifically for AIDS, Tuberculosis, and Malaria.

Particularly for Procurement and Supply Chain Management support, the UNDP Global Fund/ Health Implementation Support Team (GF-HIST) in collaboration with Country Offices provides specialized advisory and health procurement support to Indonesia for AIDS, tuberculosis, malaria and Covid-19.



UNDP will ensure the proposed investment fits into the larger development response in a coordinated and coherent way through national dialogues, webinars, UNDP SDGTalks Platform, IFL collaboration with private sectors, young entrepreneurs, national NGOs, and Philanthropics organization.

#### IV. EFFICIENCY

**Overall:** The MTC ATM project is a very strategic project and fulfills the value for money principle, with AUD 1 Million (USD 730,000) we will support CCM and PRs in Indonesia in managing USD 293,407,740 from The Global Fund for the period 2021-2023. Based on experiences, through the collaboration of UNDP and DFAT Australia we have succeeded in strengthening Indonesia's CCM in carrying out its functions and supporting performance improvements of PRs. Even though there are still many challenges, but there have been many successes where the MTC ATM project has contributed both directly and indirectly.

**Governance:** The project will fill these gaps whenever possible and as appropriate, especially if the needs have not been addressed in the CCM and PR's work plan. In this regard, all requests for technical assistance and expertise must go through the following mechanism which UNDP has established with the CCM:

1. The PRs will have to submit a written request to their respective TWG, if request come from TWGs, the TWG Chairs will ask to UNDP for technical support in the meeting and it will be noted on the Minutes of Meetings (MoM).
2. Once PRs request reviewed by the TWG and approved by the TWG Chair, the request can be submitted to UNDP and copied to the CCM Secretariat.
3. Prior to identifying the appropriate candidate, UNDP will prepare Term of Reference (TOR) in consultation with the PR who requested technical assistance.
4. If the TWG is the requester (recorded in the minutes of meeting of the TWG), UNDP can immediately prepare the TOR (in consultation with TWG Chairs) and identify the appropriate candidate for recruitment.
5. If initiative from UNDP to provide Technical Assistance to PRs, UNDP will send email to respective PRs copied to TWG Chairs and CCM Secretariat.

#### Management arrangements and capabilities:

- **UNDP HEART team** will manage MTC ATM project, the roles and responsibilities of UNDP Indonesia will consist of project management support and quality assurance, including monitoring and reporting. UNDP will be responsible for (i) the identification and recruitment of project and programme personnel, (ii) procurement of goods and services, (iii) the administration of donor financial contributions and, (iv) provision of other technical or administrative support required to deliver the outputs. In providing these services, UNDP will apply its rules and regulations
- **Ministry of Health:** Building on the adopted national health development plans, the programme will work with related units in Ministry of Health (i) Directorate of Prevention and Control of Communicable Diseases for AIDS and Tuberculosis program, (ii) Directorate of Prevention and Control of Vector and Zoonotic Disease particularly for Malaria program.
- **Other National Governments Agencies:** Ministry of Home Affairs especially with Directorte of Local Development, The Country Coordinating Mechanism (CCM); the Technical Working Group (TWG)
- **Local Governments:** In addition to national governments, the programme will engage local and sub-national governments. A key aspect of the work of the programme is to promote the delivery of public services to all parts of Indonesia
- **Non-State Actors:** In addition to work with national and local governments, UNDP will engage non-state actors: STPI, Indonesia AIDS Coalition, Spiritia Foundation, Perdhaki, Adinkes to leverage their knowledge and expertise in the delivery of the programme outputs.
- **UN Agencies:** Work being conducted by other UN agencies in Indonesia, will be relevant to the work of this programme such as UNAIDS, UNFPA, UNICEF, UN Women, ILO, UNODC, IOM, UNHCR, and World Bank.
- **Donors:** Bilateral donors, including Australia DFAT, USAID, Japan Government, and Global Fund are committed to investing significant resources to support Fight to AIDS, Tuberculosis, and Malaria in Indonesia. Their support for the objectives of this programme is critical to its success.

Stakeholders' engagement for this programme is aligned with the principle of national ownership as enshrined in the Jakarta Commitment<sup>2</sup>. This programme is a consolidation of existing projects in the growing portfolio of UNDP Indonesia's Health Governance Cluster. The programme development is the result of extensive consultations and ongoing dialogue between UNDP and the national partners (mentioned above) and the encouragement of these same national partners for UNDP to take on a greater role in support health Governance in Indonesia. Target groups including those affected, both men and women, directly by HIV and AIDS among others the key populations and Tuberculosis patients, along with the general populations affected by Tuberculosis and malaria. Other targeted groups are stakeholders, having decision making roles in the

<sup>2</sup> a declaration put forward by the government and its development partners in 2009 to strengthen aid effectiveness in Indonesia

government at central and sub-national levels, along with community leaders acting as opinion makers in society.

#### Value for Money:

Cost efficiency and effectiveness in the programme management will be achieved through adherence to the UNDP Programme and Operations Policies and Procedures (POPP) and reviewed regularly through the governance mechanism of the UNDP country Programme for Indonesia (2016-2020) and the Management Committee. In addition, there are specific measures for ensuring cost-efficient use of resources through using a portfolio management approach. This approach by DGPRU Health Governance cluster leverages activities and partnerships among a number of initiatives and projects in Indonesia.

The strategy of this programme is to deliver maximum results with the available resources through ensuring the design is based on good practices and lessons learned, that activities are specific and clearly linked to the expected outputs, and that there is a sound results management and monitoring framework in place with SMART indicators consistent with the Theory of Change. The programme aims to balance cost efficient implementation and best value for money with quality delivery and effectiveness of activities. For its capacity building activities, the programme will utilise outside

#### Financing and resourcing:

A total budget of AUD 1.293.233 is required to cover the activities for the period of 3 years from January 2021 to December 2023. From this amount, AUD 1 Million is requested from The Australian Government.

No	Donor	Output	Amount (AUD)	Period
1	Australian Government	1,2	1 million	January 2021- Dec 2023
2	UNDP/ADP/UBRAF	2	293,233	January 2021 – Dec 2023
<b>Total</b>				

The MTC-ATM project for 2021-2023 consists of two funding sources, including Australian Government and UNDP's resource mobilization. The fund from Australian Government will support the Project to achieve outputs 1 and 2 comprehensively in terms of financing the project's team at the UNDP office, project implementation team at CCM Secretariat and PR Secretariat, consultants, meetings/workshops.

Through funding from the UNDP, we will support the MTC-ATM team for output 2 to conduct assessment research/studies regarding the human right and gender and support to sub-national planning developments analysis.

#### V. MONITORING AND EVALUATION

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following monitoring and evaluation plans:

Monitoring Activity	Purpose	Frequency	Expected Action	Partners
Track results progress	Progress data against the results indicators will be collected and analysed to assess the progress of the project in achieving the agreed outputs.	Quarterly, or in the frequency required for each indicator	Slower than expected progress will be addressed by project management.	DFAT Australia
Monitor and Manage Risk	Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP's Social and Environmental Standards. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk.	Quarterly	Risks are identified by project management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken.	DFAT Australia
Learn	Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	At least annually	Relevant lessons are captured by the project team and used to inform management decisions	DFAT Australia, CCM Indonesia
Annual Project Quality Assurance	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	Annually	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.	DFAT Australia
Review and Make Course corrections	Internal review of data and evidence from all monitoring actions to inform decision making.	At least annually	Performance data, risks, lessons and quality will be discussed by the project board and used to make course corrections.	
Project Report	A progress report will be presented to the DFTA	Annually, and at the end of		DFAT Australia

Monitoring Activity	Purpose	Frequency	Expected Action	Partners
	Australia, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk long with mitigation measures, and any evaluation or review reports prepared over the period.	the project (final report)		
Project Review (Project Board)	The project's governance mechanism (UNDP senior management and DFAT Australia) will hold regular project reviews to assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the project.	At least annually	Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.	DFAT Australia

## VI. GENDER EQUALITY & CROSS-CUTTING ISSUES

**Gender Equality:** UNDP Indonesia recently received a Gender Gold Seal from UNDP HQ and we have internal mechanisms to monitor all projects to ensure gender mainstreaming will be implemented. Therefore, the project will promote gender equality to support Indonesia in developing a system for universal health coverage. In this Project, efforts will be made to ensure gender equality in participation and equal benefit. Through project initiatives, men and women at the AIDS, tuberculosis, and malaria programme will be supported to ensure access to prevention and care services. Using the framework of no one left behind, the project will support the development and advocacy of gender-sensitive evidence and technical assistance to strengthen gender perspectives of partners and stakeholders in the process of relevant policy planning and implementation. The project will work with various stakeholders, including women and gender groups, and key affected people, both men and women. The Project will report to CCM Indonesia annually and provide thematic discussion on gender equality on AIDS, tuberculosis, and malaria issues.

**Disability inclusiveness:** UNDP has concerns for building inclusive systems that are focused on vulnerable groups and key populations taking into account gender, age and disability to ensure that no one is left behind, especially those who are already disadvantaged and are more vulnerable to HIV, TB and malaria and the impacts of pandemics. UNDP will promote leveraging technologies designed for low-resource contexts to scale up innovative approaches and digital solutions that improve access to services for vulnerable populations in emergencies and contexts of instability. This includes technologies to improve health supply chains, data collection, and dissemination of information and training to community health workers.

**Private Sector:** UNDP supported the Public-Private Mix (PPM) Partnership for AIDS, tuberculosis, and malaria and provided support to the National Tuberculosis Program (NTP) in preparing the PPM project supported by the



Global Fund and through MTC ATM project and in the end 2020 UNDP support for PPM evaluation. The PPM for Tuberculosis is aim to increase private hospitals to provide tuberculosis treatment.

UNDP also have projects with private sectors namely Business and Human Rights and Innovative Financing Lab which is possible to integrate with sustainability plan on fighting AIDS, tuberculosis, and malaria. Particularly on Innovative financing with private sector, this project together with UNDP Innovative Financing Lab will implement resource mobilitation from private sector both for health services and financing such as CSRs, philanthropy, blended financing.

Set out expectations and opportunities for engaging the private sector and the ways in which the investment is able to incorporate attempts to encourage commercially sustainable solutions to the development challenge (if applicable).

**Innovation:** UNDP will continue introducing innovative solutions on health sectors including for AIDS, tuberculosis, and malaria. UNDP Indonesia have experience to develop real time electronic logistic monitoring information system (LMIS) for Immunization namely Sistem Monitoring Imunisasi dan Logistik Secara Elektronik (SMILE) and it is possible to be adopted in the information system of AIDS, tuberculosis, and malaria. In grant management, UNDP supporting the MoH developing integrated Financial Management Information System (FMIS) for AIDS, Tuberculosis, and Malaria for MoH. For next three years, UNDP will support improvement of Sistem Informasi Malaria (SISMAL) and together with WHO will provide technical assistance of national pharmacovigilance system for tuberculosis.

## VII. SUSTAINABILITY

**Lasting benefits, local system, and leveraging resources :** Regarding sustainability, this project will support the Malaria Elimination Programme since the Global Fund has planned to reduce supporting the malaria program beyond 2023 and will fully handover to the government. This project will work closely with MoH and MoHA in preparing sustainability plan through the implementation of Province and District's Development Planing and ensure the establishment of policies and readiness of local budget, particularly in the high endemic districts. For AIDS and tuberculosis, both are already articulated on the Minimum Services Standard (MSS), UNDP will provide support to MoH and MoHA to measure the extent to which local government implement the MSS regulation and increase the local budget for fighting AIDS and tuberculosis disease.

### **Additional Questions**

## VIII. RISK MANAGEMENT & SAFEGUARD ISSUES

**Risks:** Covid-19 pandemic has impacted on the implementation of AIDS, tuberculosis and malaria program performance. HIV testing declined substantially compared to 2019. Slow progress has been observed on the number of people entering HIV care and initiating antiretroviral treatment i.e. 21% (133.551 PLHIV). It is estimated with the current progress that it will be difficult to achieve the target of 258.000 PLHIV cumulatively on ART by the end of 2020. Another issue is the increasing stigma and discrimination issues in line with increasing of radicalism in Indonesia particularly to MSM, Transgender, drug users, and sex workers.

Moreover, there has been a 68% decline in case notifications for tuberculosis in the first half of 2020, observed across all districts; furthermore, there has been a reported increase in treatment failure and loss to follow up of persons diagnosed with TB. The MDR-TB enrolment rate continued to be extremely low at about 50% which is unacceptably low. Transition to oral treatment and decentralization of MDR-TB treatment is the key to settle the issues. When compared to their respective indicators, case notification rates associated with community and private sector referrals and the rates of preventive treatment for children under five years old, as well as



among PLHIV continued to remain very low. Sub-optimal performance was also recorded for TB/HIV co-infected patients on ART. Community referrals were still low because of lack of coordination between PR and SRs/SSRs and relevant stakeholders such as MDR TB community organizations.

Similarly, malaria programs has been affected with a resultant decline in active and passive case finding by more than 50% from January to May 2020, compared to 2019. A mass and focused malaria campaign is scheduled in April and August 2020, however, due to the covid-19 situation, there was no campaign in April 2020.

During the COVID-19 pandemic, this project already supported the PRs in developing mitigation plans for implementation of AIDS, tuberculosis and malaria programme in a pandemic situation, the UNDP has changed the working modality into WFH, all meetings into virtual and reduce physical meetings and travelling the project staff. The pandemic is projected to continue beyond 2020 and this project will follow UNDP regulations in a pandemic situation, if the situation changed, UNDP will provide adjustment and consult to DFAT Australia for reprogramming or adjustment.

Regarding stigma and discrimination issues, through community, human rights and gender activity will provide technical assistance to PRs to reduce stigma and discrimination issues.

#### **Safeguard issues:**

The overall objective of this project is to promote universal health coverage that will eventually strengthen governance and health system sustainability. Through a systematic approach, this project uphold the principles of human rights, particularly towards especially for poor and vulnerable people, and marginalized groups. This project is also aimed at preventing people from CDCs and NCDs.

UNDP Indonesia as the Implementing Agency will ensure that UNDP's global policies for the application of human rights-based approaches are integrated into its projects and programmes, including considerations with regard to gender equality and the engagement and protection of the rights of indigenous and local peoples. UNDP Indonesia will therefore ensure that the procedures followed during project implementation adhere to these UNDP global policies, as well as Indonesia's government requirements. To this end, during project preparation all key stakeholders will be consulted appropriately. Opportunity will be given to key stakeholders to comment on project design and plan. The project M&E system, including demonstration project management committees and the project steering committee, will provide oversight for project implementation, including decisions required on any human rights issues arising from project implementation.

The project will also facilitate multisector policy dialogue to examine and act upon intellectual property rights regimes<sup>3</sup> while ensuring Indonesia's rights and obligations within the global trade frameworks. UNDP will support government in establishing enabling environment to improve universal health coverage for vulnerable people, poor people, children, and women.

#### **IX. NATIONAL BUY-IN**

UNDP Indonesia Country Programme 2021-2025 developed in partnership with the Indonesian Government and support national efforts to achieve 2030 Sustainable Development Goal indicator 3.8.1 regarding coverage of essential health services. The programme contributes directly to the RPJMN 2020-2024, aims at improving access and health services quality toward universal health coverage, objective 1) increasing the health status

<sup>3</sup> While the focus will be on TRIPS the programme will also support Indonesia's efforts to implement the Marrakesh Treaty

of society and; 2) increasing the responsiveness and protection to society towards social and financial risks related to health.

UNDP has engaged closely with Indonesia's Global Fund Secretariat in the process of developing this proposal. This has included mapping the needs and gaps existing and prioritising areas for support from this project.

X. COMMUNICATIONS STRATEGY & AUSTRALIAN BRANDING

In implementing the project, UNDP will develop communication materials with CCM and PRs, DFAT Australia, and The Global Fund. UNDP will inform DFAT Australia's support activities to the CCM, PRs and the Global Fund in meetings related to the scope of the MTC ATM project.

Furthermore, communication will be carried out with DFAT Australia in the form of presentations every quarter and semester and holding formal meetings for the Annual Report to DFAT and the Global Fund.

UNDP has a communication platform through social media, talk shows, and websites, through cross-sharing activities with other Australian funded programs in UNDP's portfolio or other initiatives, we will do visibility for DFAT Australian branding.

## Annex 1 – Preliminary M&amp;E Framework

Australian

	Desired result	Indicator	Data collection method & frequency	Risks	Who will collect and analyse the data	Baseline	Target	Use
<b>Broader goal</b>	sustainable of diseases elimination of AIDS, tuberculosis, malaria in Indonesia to contribute to SDG.3 Objective.	Extent to which a medium-term plan of national and sub-national development for AIDS, tuberculosis, and malaria are implemented sustainably	the data will be reflected in the Annual reports on the implementation of the National Mid-Term Development Plan (Bappenas, Kemendagri), these reports will be collected annually from websites and government's meetings.	Lack of leadership and support from government to handle AIDS, tuberculosis, and malaria issues	MTC ATM Project Manager	National mid-term development plan 2020-2024	Beyond 2023 until 2030 inline with the SDG goal	Bappenas, MoH, MoHA, The CCM Indonesia, and PRs, DFAT Australia
<b>End of investment outcomes</b>	in 2023, cooperation among domestic and international partners have enhanced the CCM and PRs role in leading a quality assurance performance of the Global Fund AIDS, tuberculosis, and malaria programs in Indonesia	Extent to which multisector collaborations framework is established for domestic and international partners have enhanced the CCM and PRs role in leading a quality assurance performance of the Global Fund AIDS, tuberculosis, and malaria programs in Indonesia	the data will be collected from CCM Indonesia through CCM plenary meetings, 2-3 times a year	Reduced financial support to AIDS, tuberculosis, and malaria form donors for next three years due to covid-19 pandemic	MTC ATM Project Manager	The CCM plenary meeting reports	2023	MoH, MoHA, The CCM Indonesia, and PRs, DFAT Australia
<b>Intermediate outcomes</b>	Strengthened the CCM Indonesia and PRs to improve programme performance of the Global Fund AIDS, tuberculosis, and malaria programs in Indonesia	Extent to which PRs performance are improved in implementing AIDS, tuberculosis, and malaria programme	The data will be collected from quarterly program update meetings in the CCM Technical Working Group for AIDS, tuberculosis, and malaria	Lack of leadership and coordination from CCM members and PRs to handle AIDS, tuberculosis	MTC ATM Project Manager	MTC ATM reports	Annually (2021-2023)	MoH, MoHA, The CCM Indonesia, and PRs, DFAT Australia

				s, and malaria issues				
<b>Outputs</b>	<p>(i) Strengthened the function of CCM Indonesia</p> <p>(ii) Performance Improved on the cross-cutting activities on prevention and care of AIDS, tuberculosis, and malaria program.</p> <p>(iii) cross sharing projects that create an interrelated approach and cooperation to broader impact to the community related to the AIDS, tuberculosis and malaria program and other projects in UNDP.</p>	<p>(i) Extent to which Improved oversight function on AIDS, tuberculosis, and malaria programme and coordination of CCM members and PRs.</p> <p>(ii) Extent to which Improvement of collaboration and target coverage of cross-cutting activities related to AIDS, tuberculosis, and malaria program</p> <p>(iii) Extent to which Issues related to AIDS, tuberculosis, and malaria integrated to broader issues and program implementation</p>	<p>(i) The data will be collect form quarterly program update meetings in the CCM Technical Working Group for AIDS, tuberculosis, and malaria</p> <p>(ii) The data will be collect form quarterly program update meetings in the CCM Technical Working Group for AIDS, tuberculosis, and malaria</p> <p>(iii) Project activities reports by UNDP, the report will be compiled each semester</p>	<p>The implementation of AIDS, tuberculosis and malaria programs has policies, financial, and social barriers, especially for women, with key populations such as transgenders, man sex with man, drugs users, sex workers. increased those barriers can created obstacles for program success</p>		MTC ATM reports PRs update reports	Semesterly (2021-2023)	MoH, MoHA, The CCM Indonesia, and PRs, DFAT Australia

<p><b>Activities</b></p>	<p>(a) Strengthening the CCM Indonesia in managing multi-donor funds and facilitate CCM Indonesia's activities</p> <p>(b) Management and Technical Assistance for a new PRs/National Sub-Recipients (SRs)</p> <p>(c) Strengthening implementation of community, human right, gender</p> <p>(d) Technical Assistance on local</p>	<p>(a) Availability of adequate human resources in CCM Indonesia in managing multi-donor funds and facilitate CCM activities</p> <p>(b) There has been increased readiness of new PRs in managing The Global Fund's funds and support programs</p> <p>(c) reduced policy and budget barriers for vulnerable people, people with HIV, tuberculosis patients and malaria, men, women and children in accessing health services</p> <p>(d) increased number of</p>	<p>(a) the data will be collect from CCM Indonesia through CCM plenary meetings, 2-3 times a years</p> <p>(b) The data will be collect form quarterly program update meetings in the CCM Technical Working Group for AIDS, tuberculosis, and malaria</p> <p>(c) The data will be collect form quarterly program update meetings in the CCM Technical Working Group for AIDS, tuberculosis, and malaria</p> <p>(d) The data will be collect</p>	<p>Implementation of the MTC ATM project activity depends on the readiness of the project partners, if there is a change in leadership it will take time to return to advocacy or to re-explain this project.</p>	<p>MTC ATM Project Associate</p>	<p>MTC ATM Reports</p> <p>PRs update reports</p> <p>The Global Fund Performance Letters</p>	<p>Quarterly (2021-2023)</p>	<p>MoH, MoHA, The CCM Indonesia, and PRs, CSOs, DFAT Australia</p>
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	<p>government's development planning implementation and local government budgeting on prevention and care of AIDS, tuberculosis, and malaria program.</p> <p>(e) UNDP's Projects Cross-sharing related to AIDS, tuberculosis, and malaria programme</p>	<p>province and districts implement the integrated development planning for prevention and care of AIDS, tuberculosis, and malaria program</p> <p>(e) number of meetings/workshops/collaborative cross-sharing actions implemented</p>	<p>form quarterly program update meetings in the CCM Technical Working Group for AIDS, tuberculosis, and malaria</p> <p>(e) Project activities reports by UNDP, the report will be compiled each semester</p>					
<p><b>Inputs</b></p>	<p>Human resources: (i) Projects Project Manager and Project Associate (ii) Country Office: Senior Management, Procurement, HR, DGPRU team. (ii) budget for Project Management</p>	<p>Human resources: (i) consultants (ii) Experts (iii) Resource persons  budget for activities  agreement with government, NGOs, associations</p>	<p>Internal reports  UNDP</p>	<p>The resource person involved must have a value about universality because this project will involve vulnerable people such as sex workers, transgender people, man sex with man.</p>	<p>MTC ATM Project Associate</p>	<p>MTC ATM reports</p>	<p>Quarterly (2021-2023)</p>	<p>UNDP, DFAT Australia</p>





