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Management and Technical Cooperation for AIDS, Tuberculosis, and Malaria  
(MTC ATM Project)



January 2022 - December 2022

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## ACRONYMS

ADINKES	<i>ASOSIASI DINAS KESEHATAN</i> (ASSOCIATION OF HEALTH OFFICES)
ARV	Antiretroviral
ART	Antiretroviral Therapy
ATM	AIDS, Tuberculosis, And Malaria
CBMF	Community Based Monitoring and Feedback
CCM	Country Coordinating Mechanism
COVID-19	Coronavirus Disease – 2019
CP	Conditions Precedent
CRS	Coorporate Social Responsibility
CSO	Civil Society Organisation
CSS	Community System Strengthening
DIN	DIGITAL INVENTORY NATIONAL
DFAT	Department of Foreign Affairs and Trade
FDC	Fixed Dose Combination
FOV	Field Oversight Visit
FR	Financial Request
FSW	Female Sex Workers
GBV	Gender Based Violence
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV-AIDS	Human Immunodeficiency Virus - Acquired Immune Deficiency Syndrome
IAC	Indonesia AIDS Coalition
IU	Implementing Unit
JICA	Japan International Cooperation Agency
LLINs	Long-Lasting Insecticide Nets
LKNU	<i>Lembaga Kesehatan Nahdlatul Ulama</i> [the Health Institute of the Nahdlatul Ulama, a mass-based socioreligious Islamic organisation under the leadership of ulema, the largest of its kind in Indonesia]
LKPP	<i>Lembaga Kebijakan Pengadaan Barang Dan Jasa Pemerintah</i> [Indonesia's National Public Procurement Agency]
MDR TB	Multidrug-Resistant Tuberculosis
MoH	Ministry of Health
MoHA	Ministry of Home Affairs
MTC ATM	Management and Technical Cooperation For AIDS, TB, and Malaria
M&E	Monitoring & Evaluation
NTP	National Tuberculosis Control Programme
Perdhaki	<i>Persatuan Karya Dharma Kesehatan Indonesia</i> [Indonesian Catholic Voluntary Health Services Association]
PIM	Project Implementation Manual
PUDR	Progress Update and Disbursement Request
Pusdatin	<i>Pusat Data dan Informasi</i> (Data and Information Centre)
PLHIV	People Living With HIV
PR	Principal Recipient
PT	<i>Perseroan Terbatas</i> (Limited Company)

QRM	Quarterly Report Meeting
Regmal	<i>Registrasi Malaria</i> (a malaria register containing complete information on malaria cases found by Health Service Facilities)
RSSH	Resilient & Sustainable System for Health
SDG	Sustainable Development Goal
SISMAL	<i>Sistem Informasi Surveilans Malaria</i> (Malaria Surveillance Information System)
SMILE	<i>Sistem Monitoring Imunisasi dan Logistik Elektronik</i> (Electronic Logistics and Immunization Monitoring System)
Spiritia	Not-for-profit, non-governmental organisation and a legal entity in the form of a foundation whose mission is to provide quality support and care for people living with HIV in Indonesia and uphold their human rights
SP4N LAPOR	<i>Sistem Pengelolaan Pengaduan Pelayanan Publik Nasional - Layanan Aspirasi dan Pengaduan Online Rakyat</i> (a National Public Service Complaint Management System/Online People's Aspirations and Complaints Service)
SR	Sub Recipient
SSR	Sub-sub Recipient
TB	Tuberculosis
TGF	The Global Fund
TLE	Tenofovir Lamivudine Efavirenz
TLD	Tenofovir Lamivudine Dolutegravir
TRP	Technical Review Panel
TWG	Technical Working Group
USAID	U.S. Agency for International Development
UNAIDS	United Nations Programme on HIV and AIDS
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women

The Government of Australia and UNDP Indonesia are committed to continuing the Management and Technical Cooperation for AIDS, Tuberculosis and Malaria (MTC ATM) Project. The project, which has entered its second year, aims to support Indonesia in managing the AIDS, TB and Malaria (ATM) program. The support provided remains focused on the catalytic implementation of the program from the Global Fund for ATM grants through support for the functioning and strengthening of the Country Coordinating Mechanisms (CCM) in Indonesia. This project will also provide Technical Assistance on cross cutting issues on prevention and care of ATM.

In terms of support to the CCM, seven of the eleven staff members of the CCM Indonesia Secretariat have been dedicated to enhancing the function in handling project management, technical issues, and are responsible for organising and facilitating meetings such as plenaries, oversight committee meetings, and TWG meetings. They are also responsible for coordinating field monitoring visits and providing technical assistance as needed and proposed. Staffing assistance to the CCM secretariat has made CCM Indonesia one of the best CCMs in the world in CCM governance to support the main mandate of the CCM.

In addition, UNDP Indonesia has specifically assigned an advisor to be in charge of each technical working group, support PR and supervise their work, and provide assistance for the PRShip process to new PRs. This assistance is expected to ensure the quality of program implementation is in accordance with the respective agreed performance targets, expenditures are in accordance with the respective budget amounts, and progress made commensurates with the Conditions Precedent (CP) detailed in the Grant Agreement or other Global Fund requirements.

In Semester I 2022, the MTC ATM Project has provided technical assistance to the Indonesian AIDS Coalition. As the new Community PR for the HIV AIDS program, they needed to produce a Project Implementation Manual according to the Global Fund's grant governance requirements including a monitoring and evaluation (M&E) plan as supporting documents needed for grant approval. The IAC will be tasked with implementing HIV/AIDS prevention and treatment interventions under the following sub-components: female sex workers (and other populations most at risk of contracting HIV), human rights, gender equality, and strengthening community systems. This assistance was provided upon an urgent request from CCM Indonesia to enable Community PR to carry out activities in a timely manner.

Human rights and gender equality are the focus of the cross-cutting issue of ATM program interventions. UNDP has conducted several discussions with several stakeholders including community grantees (Indonesia AIDS Coalition/IAC and Spiritia). This is to map out the assistance and support needed to strengthen institutions in implementing AIDS programs that are more human rights and gender friendly. After conducting the mapping, UNDP started efforts to integrate the SP4N-LAPOR application, namely a public complaint and handling mechanism under the management of the Ministry of Administrative and Bureaucratic Reform with the CBMF that is being developed by IAC as a mechanism for reporting violence and discrimination. Public outreach to further introduce this reporting

mechanism will also be carried out together. In addition, UNDP together with UNAIDS and UNWomen will collaborate to provide technical assistance to IAC in 2023 in human-rights barrier reduction efforts including the integration of the Gender Based Violence (GBV) approach in HIV programs.

Another cross-cutting issue which is the focus of this project is sustainability. This is pursued through advocacy for funding and local government programs for ATM programs. In line with this, CCM Indonesia has formed a new technical working group called the Technical Working Group (TWG) for Health Resilience & Sustainability System (RSSH). The TWG RSSH will be tasked with ensuring consistency, efficiency and sustainability of local government development plans and budgeting for the GFATM program to combat AIDS, tuberculosis and malaria throughout Indonesia through an integrative approach to enable a more holistic and better implementation. With support from the MTC-ATM Project, regular TWG RSSH meetings including field oversight visits in 4 selected provinces have been facilitated and well organised. A recruited technical officer has provided technical assistance to the CCM Secretariat to manage RSSH activities.

## II. PROJECT BACKGROUND

The Australian Government and the UNDP have agreed to continue with the MTC ATM Project grant agreement for the implementation of management and technical cooperation to support the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) Project from 2021 to 2023.

Under the agreement, the project proposal will be built on the previous focus on strengthening management and technical capacities for carrying out Global Fund support activities in Indonesia in accordance with the principles of good governance. The proposal will also continue to address inefficient procurement issues that have led to low achievement. Furthermore, DFAT has encouraged the UNDP to cross-share any lessons learned, findings and experiences regarding governance, human rights, gender and civil society organisation (CSO) strengthening and also to put a particular emphasis on advancing one of the four strategic objectives of the Global Fund Strategy 2017-2022, that is, 'promote and protect human rights and gender equality'.

For the 2022 period, DFAT has committed AUD 472,133.94 (USD 319,009.42) for the MTC ATM Project for a duration of twelve months with the following expected outputs :

Output 1: Improved oversight function on AIDS, tuberculosis, and malaria program and coordination of CCM members and PRs through the provision of technical and management support in the following activities:

Activities 1.1	Strengthen the CCM Indonesia in managing multi-donor funds and facilitating CCM Indonesia's activities
Activities 1.2	Management and Technical Assistance for a new PRs/National Sub-Recipients (SRs)

Output 2: Improvement of collaboration and target coverage of cross-cutting activities related to AIDS, tuberculosis, and malaria program through:

Activities 2.1	Strengthening community systems, protecting human rights and gender equality
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Activities 2.2	Technical Assistance on local government's development planning implementation and local government budgeting on prevention and care of AIDS, tuberculosis, and malaria program.
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### III. PROGRESS REVIEW

#### PROGRESS TOWARDS OUTPUT 1:

#### 1. Strengthening the CCM Indonesia's capacity in managing multi-donor funds and facilitating its activities

The MTC-ATM project contributes to strengthening the performance of the CCM Secretariat through assistance provided by six staff plus one RSSH Technical Officer who just joined in early 2022. These staff provide technical and administrative support to ensure tasks in grant negotiation, approval to program implementation run smoothly. Several meetings were organised and facilitated including technical working group meetings for the three ATM components to monitor program achievements and budget absorption. The Malaria Technical Officer through this funding has played quite a crucial role in facilitating and supporting the discussion and playing an active role in producing follow-up plans and recommendations for the GF Malaria program. Other staff such as CCM Project Associate, project clerk (2 people), admin and finance support, and office support supported CCM in administrative matters. They are involved in correspondence, ensuring the attendance of meeting participants, financial matters, and other non-technical matters.

During 2022, the CCM Secretariat held 37 meetings both online and offline with members of the Technical Working Group and GF ATM grantees with the following details:

#### TWG Malaria meetings handled by Malaria - Technical Officer during Jan-Dec 2022

No	Date	Agenda	Type of Meeting	Co-Funding Support
1	01/11/2022	TWG Malaria Integrity Technical Guidelines for ATM	TWG Malaria Adhoc Meeting	TGF
2	01/18/2022	TWG Malaria Meeting Work Plan 2022	TWG Malaria Routine Oversight Meeting	TGF
3	02/18/2022	CSO Malaria Consultation Meeting 2022	TWG Malaria Routine Oversight Meeting	TGF
4	02/21/2022	Monthly Call Meeting with GF Country Team	TWG Malaria Core Team Routine Meeting	TGF
5	04/06/2022	Monthly Call Meeting with GF Country Team	TWG Malaria Core Team Routine Meeting	TGF
6	04/20/2022	TWG Malaria PUDR Malaria	TWG Malaria Routine Oversight Meeting	JICA
7	05/18/2022	QRM Malaria with GF Country Team	TWG Malaria Routine Oversight Meeting	JICA
8	05/24/2022	Closing PUDR MoH	Oversight	TGF
9	06/16/2022	Geo-spatial System for E-sismal	Adhoc meeting CT GF with PR MoH	TGF
10	07/13/2022	FOV 2022 preparation	TWG Malaria Routine Oversight Meeting	JICA

11	07/18/2022	Follow Up QRM Malaria	TWG Malaria Routine Oversight Meeting	JICA
12	07/26/2022	FOV preparation (Revision for FOV Tools) dan Update C19RM	TWG Malaria Routine Oversight Meeting	JICA
13	08/05/2022	Virtual FOV North Sumatera	TWG Malaria Routine Oversight Meeting	JICA
14	08/11/2022	Virtual FOV Southeast Sulawesi	TWG Malaria Routine Oversight Meeting	JICA
15	08/12/2022	PUDR Malaria Jan-Jun 2022	TWG Malaria Routine Oversight Meeting	UNICEF
16	08/19/2022	Virtual FOV East Kalimantan	TWG Malaria Routine Oversight Meeting	JICA
17	08/22/2022	Virtual FOV Papua (Day 1)	TWG Malaria Routine Oversight Meeting	JICA
18	08/23/2022	CSO Malaria Constituency Meeting	TWG Malaria Routine Oversight Meeting	JICA
19	08/24/2022	Virtual FOV Papua (Day 2)	TWG Malaria Routine Oversight Meeting	JICA
20	08/29/2022	FOV West Papua	TWG Malaria Routine Oversight Meeting	UNICEF
21	09/07/2022	Discussion of the TWG Malaria FOV Report 2022	TWG Malaria Routine Oversight Meeting	JICA
22	09/09/2022	QRM Malaria with CT GF	TWG Malaria Routine Oversight Meeting	UNICEF
23	10/05/2022	Funding Request Preliminary Meeting	Adhoc meeting	JICA
24	11/03/2022	Dashboard dan QRM Q3 Malaria	TWG Malaria Routine Oversight Meeting	JICA
24	11/17/2022	Pembentukan Writing Team FR Malaria	Adhoc meeting	TGF
24	11/29/2022	TWG Malaria Evaluation 2022	TWG Malaria Routine Oversight Meeting	UNICEF
25	12/19/2022	Country Dialogue Funding Request Malaria	Adhoc meeting	UNICEF

### Quarterly Review Meeting

UNDP supported Quarterly Review Meetings by providing interpreter as follows:

1. QRM for TB: Wednesday, 2 November 2022
2. QRM for HIV: Friday, 4 November 2022
3. QRM for Malaria: Friday, 9 September 2022
4. QRM for TB: Tuesday, 13 September 2022
5. QRM HIV: Wednesday, 14 September 2022
6. HIV: 09 March 2022 at 14.30
7. Malaria: 28 March at 14.30
8. TB: 29 March at 14.30
9. HIV: 30 March at 14.30

## Field Oversight Visit

The MTC-ATM Project also supported the implementation of ATM field oversight visits in several areas by providing car rentals with the following schedule:

1. FOV TB Surabaya 11 – 14 July 2022
2. FOV Malaria West Papua 29 August – 2 September 2022
3. FOV HIV Bandung 14 – 16 September 2022

In addition, CCM Secretariat through the Technical Working Group has implemented a supervisory function to ensure program achievements are aligned with the annual targets. UNDP as a TWG member for the three components contributed by providing inputs, monitoring progress, and making endorsements. Meanwhile, assistance for several more technical agendas was provided by dr. Carmelia Basri, MTC ATM Senior Adviser. She was involved in NTP's external evaluation of District-based Public Private Mix implementation and improvement, Joint Malaria Program Review, and others.

Through the CCM Secretariat, the Global Fund has issued a performance report for each Principal Recipients for the first semester of 2022 with program and finance ratings as follows:

**Table 1. Principal Recipient Performance Ratings Based on a Six-Monthly Performance Review Period from 2020 to mid-2022**

No	Principal Recipients		Jan-Jun 2020	Jul-Dec 2020	Jan-Jun 2021	Jul-Dec 2021		Jan-Jun 2022	
						Program	Finance	Program	Finance
1	AIDS	MOH HIV	B1	B1	B1	C	4	C	5
2		Spiritia	B1	A1	A1	A	1	B	3
3		IAC						C	5
4	TB	MOH TB	B2	B2	B2	D	5	D	5
5		Penabulu – STPI			C	D	3	C	5
6	Malaria	MOH Malaria	B1	B1	B1	B	5	C	5
7		Perdakhi	A2	A2	A2	B	4	A	4

### Rating levels

A1	>100%	=	A	>=100%	»	1	Excellent >=95%
A2	90 – 100%		B	90 – 99%		2	Good 85 – 94%
B1	60 – 89%		C	60 – 89%		3	Moderate 75 – 84%
B2	30 – 59%		D	30 – 59%		4	Poor 65 – 74%
C	<30%		E	<30%		5	Very Poor <65%

Based on the table, we can see that PR performance in 2022 has not changed much from before. Furthermore, the budget absorption for almost all PRs was very poor, while most program achievements were below 90%.

For the AIDS component, the achievement of the program by Spiritia was 90-99% which was the best among other PRs even though it was down from the previous results. They were able to screen the target population with the right target. Meanwhile, IAC as a new PR had the same program and finance achievements as MOH HIV, namely C (60-89%) and very poor respectively.

For the TB component, the achievement of the MoH TB program did not improve and remained below 60%, while the PR of Penabulu-STPI as the PR for the TB community only increased 1 level. However, the two PRs have planned to accelerate the program to CCM to improve program performance and finances. Including conducting and improving TB case findings using a more sensitive portable digital imaging X-ray (CAD/X-Ray)

For the Malaria component, Perdakhi once again showed a positive trend where they are able to maintain their program's achievements at the highest level. Meanwhile, the MOH Malaria program, which had improved last semester was back to level C (60-89%). There were a number of logistics procurement processes such as for mosquito nets that were delayed causing their ratings to drop.

Overall, financial results are expected to improve significantly in 2023, considering that most of the procurement under the C19RM module is in the delivery process.

## 2. Management and Technical Assistance for new PRs/National Sub-Recipients (SRs)

In 2022, IAC was appointed and in the process of preparing its organisation as a new PR for community HIV interventions. For this, IAC needed to complete the Project Implementation Manual (PIM) as a supporting document to the Global Fund. The document needed to obtain prior endorsement from the HIV Technical Working Group (TWG). During the TWG HIV meeting, there were several reviews and suggestions for improvement such as pertaining to the structure, writing order, incomplete information. At the TWG Meeting in April 2022 for review and endorsement, the chairman and members of HIV TWG returned the draft document for improvement according to the notes provided. HIV TWG also recommended assistance to the IAC in developing the PIM. CCM Indonesia then followed up by sending a request letter to UNDP to provide technical support to IAC to improve their PIM.

UNDP through the MTC-ATM project then responded by delegating two staff assisted by a consultant to assist IAC. The UNDP team was led by Christina Inawati as Finance Specialist for GF ATM to provide reviews and improvements in the finance section. Carmelia Basri as a senior advisor was involved to provide strategic and general inputs. Meanwhile, a consultant, Fitri Dewi, was hired to work on a thorough revision according to inputs from the team including revisions to institutional/HR management, financial management, logistics/procurement management, and the Programmatic monitoring & evaluation plan.

The PIM (Project Implementation Manual) revision process was carried out on June 27 - July 28, 2022. The PIM was revised five times based on discussion and inputs from HIV TWG and IAC. One of the revisions in the secretariat and human resource management chapter was improving the organisational structure. This was to clarify the different leadership positions in the PMU Team implementing GFATM grants at each level (PR/SR/SSR/IU). Then, in the procurement of goods/services chapter, adjusting the flow of the goods/services procurement process. This should be in accordance with the Presidential Regulation No. 16/2018 (and its amendments) and the value stated in the IAC procurement threshold (value and process limits). With the support provided, the final draft was sent to PR IAC for submission to CCM. At the end of August 2022, CCM and HIV TWG issued an endorsement sheet for the final PIM IAC documents for submission to the GFATM.

Thereafter, the UNDP team strengthened institutional capacity in implementing HIV prevention programs implemented by PR IAC. After developing the module, UNDP provided socialisation training on the Community System Strengthening (CSS) program, Human Rights-Based Barriers Reduction (HR), HIV Prevention in Female Sex Workers (FSW), and PIM. The 3-day training in Bogor was provided to 24 staff of PR IAC at national level. The participants showed an improvement in their knowledge level in all sessions. The average score of the participants increased from 71 on the pre-test to 90 on the post-test with the following details:

Session	Score Max.	Average Score of Participants	
		Pre-Test	Post-Test

Session 1	Background and brief information of GFATM funding	14	13	14
Session 2	PIM on Project Management	16	13	14
Session 3	PIM on secretariat & HR management	16	10	15
Session 4	PIM on Procurement of Goods/Services, and Asset Management	18	12	16
Session 5	PIM on Finance Management	18	13	15
Session 6	PIM on information system, Monitoring & Evaluation	18	11	16
<b>Total</b>		<b>100</b>	<b>71</b>	<b>90</b>

## PROGRESS TOWARDS OUTPUT 2:

### 1. Strengthening community systems, protecting human rights and gender equality

MTC ATM followed up the recommendations of the gender and human rights assessment in last year's HIV AIDS program. There were two technical assistance provided focusing on strengthening human rights and gender approaches and strengthening feedback mechanisms for discrimination. This assistance was provided in collaboration with the GF AIDS Program community grantee, namely the Indonesia AIDS Coalition (IAC).

Together with UNWomen and UNAIDS, this project started its assistance by conducting a needs assessment of the Human Rights and Gender intervention in HIV program. Apart from mapping the key areas needed by the Principal Recipients of the community, this was to avoid replication of TA. UNDP started by observing the activities of the IAC Human Rights Summit in Bali, from October 5-8, 2022. Findings from the event will be used to develop a technical assistance plan for IAC in 2023.

One of the activities that was followed up was the national dissemination on feedback mechanism to strengthen public participation in monitoring the quality of public services. Several applications introduced were SP4N-LAPOR which is managed by the Ministry of Administrative Reform (*Kemenpan RB*) which is connected to 34 ministries and 490 Districts/Cities (<https://www.lapor.go.id/>), CBMF which is managed by IAC, and Halo Kemkes which is managed by the Ministry of Health. Communities and participants were exposed to systematic and regulated complaint channels that focus on public services, including HIV. Through SP4N-Lapor, people can submit reports of discrimination and violence they have experienced, such as being denied access to health services because they do not have ID cards, being forced to replace breastfeeding with formula milk for mothers with HIV, or disclosing HIV status without the patient's consent. The complaints will be verified and forwarded to the relevant agency for improvement.

Several recommendations from the workshop included strengthening and integration. The most important aspect for strengthening is the special feature for HIV complaints in the SP4N-LAPOR application, which allows people to easily use the application and be recorded in the system. With data on complaints, the government can analyse existing trends for advocacy and service improvement. Another important recommendation was to connect all complaint channels made by the community including IAC's CBMF to the SP4N-LAPOR application. This increases the role of the community in forwarding complaints from the assisted key population, verifying complaints, and monitoring the progress of complaints submitted.

MTC ATM will follow up on the recommendations. Some of the activities include a series of discussions with several groups of the HIV population regarding how to link the complaint system in the community to SP4N-LAPOR. Apart from that, several discussions will also be held with stakeholders in the education, employment, and justice sectors. With these efforts, this project can participate in expanding the complaint platform advocacy to the community and related stakeholders to provide recommendations, submit complaints, and obtain information regarding public services, especially those related to HIV services to create HIV services that are human rights and gender friendly to eliminate stigma and discrimination in HIV services.

Several innovations will also be explored and mapped. One thing that can be developed is the integration of Gender Based Violation (GBV) in the HIV program by developing movable GBV services as integrated health, psychological and legal services under one roof for PLHIV experiencing violence. The concept for this service is being developed and equipment for the service will be procured afterwards in collaboration with several projects at UNDP. This service can serve as a best practice to be replicated in other areas.

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

### **Technical assistance to assist CCM in RSSH grant implementation.**

In the 2021-2023 period, the Indonesian government receive grants for the three components of ATM and RSSH. The RSSH component has been provided with a sub-grant through the Ministry of Health's PR TB, with ADINKES as a special Sub Recipient (SR) that runs the RSSH ATM activity program. A total of USD 3,543,678 has been approved and provided by GF to SR ADINKES through the Ministry of Health's PR TB to carry out RSSH ATM activities for the period January 2022 - December 2023.

UNDP through this project provides support to the CCM Secretariat to ensure that the implementation of the RSSH goes according to plan. A Technical Officer has been recruited to lead and moderate the meeting of the RSSH technical working group. During 2022, a total of 19 meetings were facilitated by the MTC-ATM Project with the following topics of discussion:

### **TWG RSSH activities handled by RSSH - Technical Officer during Jan-Dec 2022**

1. Thursday, 06 January : Discussion draft of Integrity Technical Guidelines for ATM
2. Thursday, 20 January : 1. Finalise workplan of TWG RSSH  
2. Progress update RSSH by SR ADINKES
3. Tuesday, 25 January : Integration meeting with TWG TB and TWG Malaria to discuss draft of PTIATM
4. Tuesday, 08 March : 1. Election of TWG RSSH Chair & Vice chair  
2. Progress update of RSSH
5. Friday, 25 March : Discussion the solution of SR ADINKES constraints
6. Tuesday, 19 April : Progress update RSSH
7. Tuesday, 17 May : Meeting TWG RSSH with GF Country Team to Discuss Progress Update of RSSH
8. Tuesday, 28 June : To discuss follow-up meeting results with CT GF on 17 May and PU of RSSH
9. Wednesday, 10 Aug : To discuss PUDR of RSSH period Jan – Jun 2022

10. Monday, 12 Sept : QRM of RSSH – CT GF Visit
11. Monday, 17 Oct : To discuss additional the locus of RSSH Program
12. Tuesday, 01 Nov : To discuss the budget for 44 of new locus
13. Friday, 11 Nov : Preparation of Field Oversight Visit TWG RSSH 2022
14. Tuesday, 22 Nov : Virtual FOV to West Nusa Tenggara
15. Wednesday, 23 Nov : Virtual FOV to North Kalimantan
16. Tuesday – Thursday, 29 Nov-1 Dec : Offline FOV to South Sumatera
17. Friday, 02 Dec : Virtual FOV to Papua
18. Friday, 09 Dec : Report of FOV TWG RSSH 2022
19. Tuesday, 13 Dec : Performance and Evaluation of TWG RSSH 2022 and Workplan of TWG RSSH 2023

After a year of implementation, the CCM Secretariat conducted a field oversight visit to ensure the accountability of the grant implementation. The purpose of the oversight was to ensure that activities are carried out and resources are used as specified in the grant agreement. With support from MTC-ATM, this activity was well implemented offline in South Sumatra (Palembang City and Banyuasin District) and online in Papua (Jayapura District), West Nusa Tenggara (West Lombok District), and North Kalimantan (Tarakan City).

UNDP as a member of TWG RSSH participated in FOV together with other TWG members. This active role included providing strategic direction to the SR Adinkes, ensuring compliance with Global Fund policies and procedures, monitoring the absorption of funds, and providing recommendations. TWG RSSH also wanted to ensure broad participation from the provincial and district governments in pursuing the sustainability of the Aids, TB and Malaria programs through local funding.

Several recommendations produced and conveyed to stakeholders (including local governments) are as follows:

1. There is a need for Sub-national Action Plans for the Prevention of Aids, TB and Malaria Transmission at the provincial and district/city levels.
2. It is necessary to calculate the need for the Aids, TB and Malaria Transmission Prevention Program to reach elimination. This is to find out the gap analysis and future financing plans.
3. Assistance is needed in musrenbang at the village level and district level for planning so that the PP ATM budget can be accommodated.
4. Collaboration with private companies is needed to increase the contribution of CSR/private sector.
5. Collaboration with the TNI/Polri is needed in relation to mitigating the findings of imported malaria cases brought by troops returning from high endemic areas.
6. It is proposed that the nomenclature of ATMs be included in the Ministry of Health's e-frame. So that harmonisation can be created between the Ministry of Home Affairs and the Ministry of Health.
7. Cross-sector partnership forums are very important, and existing commitments need to be made into a Memorandum of Understanding.

Banyuasin District in South Sumatra Province was selected as a benchmark in the implementation of the RSSH program. The district government is very supportive and actively involved in ensuring the sustainability of the ATM program through local funding. In terms of partnerships, for example, they have built partnership forums at the district level and involve almost all private companies in the district. In addition to funding contributions, this forum also produced a joint agreement towards eliminating ATM by 2030 in Banyuasin District. In addition, the local government has encouraged 50 villages to budget village funds of at least IDR 10 million. The best

practices that exist in Banyuasin District need to be spread and serve as examples for other regions.

### **Cross Sharing Events**

The MTC ATM Project organised cross-sharing forums to share progress and ensure coherent HIV interventions. UNDP and DFAT successfully ran this sharing forum since 2021. Two previous cross-sharing meetings were carried out well with great enthusiasm from the participants during the discussion. The first topic discussed the results of the performance evaluation of ARV supply and human rights and gender interventions in the 2020 HIV program. The second topic discussed Resilient and Sustainable Systems for Health (RSSH).

In 2022, the next topic of discussion was information system interoperability at the Directorate for the Prevention and Control of Communicable Diseases (P2PM) for monitoring and managing health data. This topic was aligned with one of the Ministry of Health's focuses on digital transformation. Currently, several groups in the P2PM Directorate have developed their own information systems. One example is SISMAL which is a malaria surveillance information system. Likewise, the HIV group also has SIHA as an information system for HIV AIDS recording and monitoring.

The positive results obtained from this digital transformation needed to be shared. Therefore, the MTC ATM Project invited five resource persons from the Ministry of Health who were involved in the development of an ATM information system, pharmacy, and One Health Data. The Malaria Group shared lessons learned from the *Regmal* Module at SISMAL to monitor and record positive and negative patient data. SISMAL may also be used by malaria program administrators at the district, provincial and national levels for real-time monitoring of cases, cadre data and patient data. Meanwhile, the HIV and TB groups shared how SIHA and SITB can strengthen the integration of recording and reporting of HIV and TB data nationally. The person in charge of the ATM program learnt about architectural design, input modules, and data analysis on the dashboards or applications at the event.

The presentation from the Directorate General of Pharmacy regarding the National Digital Inventory (DIN) was also interesting. DIN is an information system for drugs and medical devices which is currently being developed will be able to monitor the drug supply chain starting from the national level to health care facilities. In addition, health facilities at the district level in the future can propose drug requests based on the number of cases and forecasting analysis via an online dashboard. This can strengthen planning based on needs and accurate data. Coupled with an early warning system, program holders at the district level may be informed in advance about the current stockout or overstock of medicines.

Another interesting topic under discussion was the Ministry of Health's plan to interoperate all information systems into one health data. In this forum, the Digital Transformation Office of the Ministry of Health's Center for Data and Information had the opportunity to explain the stages and strategies for integrating the entire system, including those for AIDS, TB and Malaria. The ATM Information System will also be integrated with the DIN for monitoring ATM program drugs. This integration also aims to unify patient data so that each program does not need to enter patient data preventing data duplication. As a follow-up to logistics management, in 2023, UNDP will integrate Malaria logistics management into the SMILE online application for recording and reporting, where the SMILE system that was used to monitor vaccines logistics was to be expanded to monitor health commodities under the MoH Digital Health Blue Print Strategy.

Digital transformation is a great opportunity to strengthen intervention and transparency. The person in charge of the program can see trends in cases in several provinces/districts as a basis for making decisions. Program holders may distribute budget, logistics, human resources, and

technical assistance to priority areas with higher cases. In addition, budget owners may analyse the effectiveness of interventions, budget absorption and achievements. There is also a medicine and supplies monitoring module at the provincial and district levels. This effort may be used to ensure that the amount of logistics received is in accordance with the plan and may be used optimally.

#### IV. CHALLENGES

The implementation of MTC ATM activities in 2022 did not encounter significant obstacles. Some of the obstacles in the past year, such as working mechanisms during a pandemic, may be overcome by conducting online or hybrid meetings. In mid-2022, policies for meetings or travel began to be relaxed as more of the population were vaccinated and the number of cases decreased. Therefore, UNDP and the CCM Secretariat then held offline meetings and were able to organise visits to several areas. This ultimately supported budget absorption and program.

The project also addressed several obstacles such as sudden requests outside the annual work plan. Although it had an effect on the reduced remaining funds for the following year, this was strategic for increasing program achievements and partnerships with CCM Indonesia, TWG ATM, and the government. Some of these requests included interpreter services to support several important meetings such as the Quarterly Report Meeting and the Global Fund's visit to Indonesia. In June 2022, Peter Sands as the Executive Director of the Global Fund made a visit to the Banguntapan 1 Health Center in Yogyakarta and the Research and Development Laboratory in Jakarta to see the progress of the ATM program implementation. Other support was car rental during field oversight visits for the three components in several areas to support the smooth running of field visits with local governments, Sub-Recipients and partners.

#### V. LESSONS LEARNED

1. Field oversight visit by CCM/TWG members can leverage program advocacy on local policy development and local/private stakeholder participation.

*The MTC ATM Project together with TWG Malaria representatives made a visit to Raja Ampat District in August 2022. One of the islands named Gaag in the district had an increasing trend of malaria cases and accounted for 80% of cases throughout West Papua Province which is working towards malaria elimination. Based on the data presented by the Provincial Health Office, the largest number of malaria cases came from the nickel mine workers on the island.*

*TWG Malaria then conducted advocacy with nickel mining companies and the Raja Ampat District Government using the latest data. Involving several partners such as the Sub-Recipient (SR) from MoH Malaria and SR from Perdakhi, TWG succeeded in making a written agreement with the Head of Raja Ampat District. One of these agreements was to collaborate with PT. Gaag Nickel for the prevention and transmission of malaria on Gaag Island. This began with developing a work plan and an annual budget. After being reviewed and approved by TWG Malaria and the Papua Provincial Health Office, this activity was implemented with funding from PT. Gaag Nickel's CSR. The West Papua Provincial Health Office which is the SR of the MoH Malaria program will carry out the monitoring and supervision of the implementation. The Provincial Health Office was also ready to support laboratory supplies and training for health workers and laboratories if needed.*

*Another lesson from the successful advocacy is the commitment from the Head of Banyuasin District in South Sumatra Province to continue the ATM Transmission Prevention program. This was obtained during a field oversight visit conducted by TWG RSSH at the end of November. The TWG started with an audience with the South Sumatra Provincial Government including the Health Office and Bappeda followed by audiences with the Health Office, Bappeda, CSR companies and village heads in Banyuasin*

*District. Several inputs obtained from the audience were then conveyed to the Head of District, including the plan to continue the ATM Transmission Prevention program through local funding. The majority of funding currently supported by the Global Fund will gradually decrease and may conclude in 2030. TWG RSSH then conveyed several points that needed to be followed up, such as preparing a decree on task force team formation by optimising the participation of all cross-sectoral agencies outside the Health Office, optimising village support and CSR programs for funding support, and increasing the involvement of health cadres in screening ATM cases and promotional activities. This was then included in the agreement document signed by the Head of District, heads of relevant agencies, and TWG RSSH representatives.*

2. MTC-ATM support extends beyond planning, to respond to CCM urgent request such as immediate finalization of IAC implementation manual.
3. Cross-sharing potential collaboration among partners and collaboration with other UNDP projects such as with GBV and SP4N labor projects.

## VI. CONCLUSION AND WAY FORWARD

The MTC ATM will continue to support the strengthening of ATM Programs. It will focus on several cross-cutting issues such as to make the ATM programs more gender-friendly and implemented on the basis of full respect for human rights. In addition, the sustainability of the programs will be improved by enhancing the capacity of provinces and districts to achieve the programs' objectives and ensure that their respective ATM programs are seamlessly integrated and properly budgeted. Lastly, support to strengthen digital transformation to shift the paradigm of information technology from a mere reporting and recording mechanism to an advanced online and real-time IoT system for health services improvement will be key to achieve national health indicators and the SDGs commitment. To make this happen, with DFAT support, UNDP will integrate all health projects under Health Governance Cluster with the MTC-ATM project. Coordination with other development partners and stakeholders is important, with the cross sharing event as one of the activities. Lessons learned from programs that have been successfully implemented will then be used to replicate the programs elsewhere to keep the sustainability of the programs alive and well after the grant funding has run out.

## VII. FINANCIAL STATUS

The Project has been receiving funding support in the amount of AUD (USD) since January 2021 and will continue to receive the instalments through December 2023. Since the agreement was signed on April 26, 2021, and the funding was received sometime in May 2021, budget revisions had to be made to enable access to the funding and carry forward balance from the previous financial period. By the end of December 2022, the project spent **90.1 percent** of the 2022 budget allocation or **65 percent** of the total fund for three years.

## VIII. ANNEX

### INTERIM PROVISIONAL FINANCIAL REPORT

Project: 00106768 - Health Governance Initiative

Output: 00126904

Donor: 11854 - The Australian DFAT

Period: January 2022 to December 2022

<b>Component</b>	<b>FY 2022 (in USD)</b>	<b>FY 2022 (in AUD) Using UN Rate per 31 Dec 2022; 1 USD = 1.48 AUD)</b>
Total Revenue FY 2022	220,877.71	326,899.01
Remaining Balance from 2021	98,131.71	145,234.93
Total Available Funding as of 1 Jan 2022	319,009.42	472,133.94
Expenditure:		
Output 1	154,463.09	228,605.37
Output 2	21,031.39	31,126.46
Project Management	82,022.48	121,393.27
Sub Total	257,516.96	381,125.10
GMS	20,617.61	30,514.06
Current Commitment	9,300.16	13,764.24
Balance	31,574.69	46,730.54