



Australian Government
Department of Foreign Affairs and Trade



PROGRESS REPORT

United Nations Development Programme Indonesia

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

January 2023 - June 2023

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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

I. EXECUTIVE SUMMARY

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 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 Semester I 2023, the MTC ATM Project has been actively involved in writing Funding Request proposals. This is provided through four consultants who make up the writing team. The majority of consultants are involved in the malaria proposal through contributions to consolidate the information, provide epidemiological analysis, construct detailed funding landscape, and budgeting. Specifically for TB, the project is involved in the funding landscape and modular human rights & gender barriers.

The MTC ATM Project also collaborates with several parties to address human rights and gender barriers. Together with UNWomen, the project conducts a rapid assessment regarding human rights impacts in HIV Programs that are implemented by the Principal Recipients through funding support from the UN Joint Teams for AIDS. The results of this assessment will become recommendations for improvement in planning, implementation and evaluation. One such recommendations is the strengthening of PSEAH (Protection from Sexual Exploitation, Abuse and Harassment) for field workers and health workers.

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.

For the 2023 period, DFAT has committed AUD 300,595 (USD 250,438.17) 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
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.

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 and approval to program implementation run smoothly. They are involved in not only technical but also non-technical aspect like project management, finance, and administration.

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 reviewing National Action Plan for AIDS 2020-2024 and in bridging plan (interim) development 2025-2026, which is in line with GC-7 2024-2026.

Through the CCM Secretariat, the Global Fund has issued a performance report for each Principal Recipients for the second 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 2022

No	Principal Recipients	S1 2020	S2 2020	S1 2021	S2 2021		S1 2022		S2 2022		
					Program	Finance	Program	Finance	Program	Finance	
	AIDS	MoH HIV	B1	B1	B1	C	4	C	5		
		Spiritia	B1	A1	A1	A	1	B	3	B	3
		IAC						C	5	C	4
	TB	MoH TB	B2	B2	B2	D	5	D	5	C	5
		Penabulu-STPI			C	D	3	C	5	C	4
	Malaria	MoH Malaria	B1	B1	B1	B	5	C	5	C	3
		Perdakhi	A2	A2	A2	B	4	A	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 the latest PR performance has increased from before. This is especially true for budget absorption, which increased an average rating of from 'very poor' to 'poor'. The most significant increase was recorded by PR MoH Malaria, which jumped two levels to 'moderate'.

For the AIDS component, IAC has a C rating for program performance due to achievements on the Female Sex Workers (FSWs) testing. However, two other indicators, sex workers reached with HIV prevention packages and Community Based Screening for FSWs, are underachieved. Financial Performance received a poor rating due to several activities that had been initiated and overbudgeting. Meanwhile, Spritia has a better performance with a B and moderate rating for program and finance. Six out of eight indicators achieved above 100% of the target but were unable to reach the annual targets for community-based testing due to a lack of oral fluid test kits available in Indonesia.

For the TB component, PR MoH has a positive trend from last year. It is informed that there was a big increase in the TB notifications, but others need improvement such as the Initiation of TB Preventive Therapy (TPT) among contacts of persons testing and TB notifications among key affected populations and high-risk groups. Penabulu STPI has the same program rating as PR MOH. Although there no significant increased from semester I, Penabulu also have a positive trend where several indicators progressing positively to be achieved, such as the proportion of lost-to-follow up for MDR-TB and TB preventive therapy.

For the Malaria component, PR MoH has the same rating as previously. Several indicators can be achieved such as testing, treatment, investigation, and LLIN distribution. The absorption is moderate with the achievement of 77% absorption. Meanwhile, Perdakhi has an A rating for programs but poor for finance. They can conduct examinations of suspected malaria cases in the community. Budget absorption is not optimal due to delays in cadre training and other activities.

The Financial absorption for PRs (except Malaria) showed in a poor performance due to performance rating modality changed by the Global Fund in 2022, where based on the new indicator, poor performance (katagori 4 with 65-74% absorption), essentially equal to B2 (adequate performance) in the old rating system. Additionally, it is estimated that PR TB – MoH budget absorption rating will increased significantly in Q2 2023 report. For example, PO obtained through UNDP Procurement mechanism, equipping 29 national laboratory network at amount of USD 15 mio to strengthening diseases survailance and pricise medication using genomic sequencing initiatives still could not be calculated as absorption until fully paid to vendors.

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

In 2023, the MTC ATM Project is focused on the 2024-26 Funding Request. This project supports CCM and Principal Recipients (PRs) in writing proposals for the three components by involving four consultants. MTC ATM has contributed to the consolidation of information, the funding landscape, budgeting, and gender and human rights. The consultants have contributed to improving the quality and completeness of documents, and the timeliness of proposal submission.

A Senior Writing Consultant contributed to the creation of an attractive and comprehensive Malaria Funding Application. By leveraging his epidemiology and partnership expertise, he has succeeded in building synergies between PRs, development partners, and relevant stakeholders. The result is the strengthening the narrative, framework, and budget which are aligned with the 2024-2026 Malaria National Action Plan. Collaborating with the team of authors and members of the CCM/TWG, the consultant was also involved in the grant negotiation process. This process

includes revising the proposal based on input from the Global Fund and finalizing a coherent and convincing response to the Technical Review Panel (TRP).

The LLIN (Long lasting Insecticide Net) campaign schedule is one that the TRP asked about. PR was asked to reschedule the LLIN campaign and develop an operational plan optimizing sustainable distribution. The Senior Writing Consultant assisted by conveying information that a mass campaign would be held every two years (not three years) in Papua based on the results of a study which showed that the effectiveness of insecticides disappeared after two years. A cost plan for sustainable distribution has also been developed through three elements, namely Ante Natal Care services, 'cadre' network, and ad hoc/collaboration with employers for the Mobile Migrant Population.

Additionally, a Funding Landscape consultant has contributed to completing the Funding Landscape Table (FLT). This is an important document and a mandatory attachment to the Request for Funding of Global Funds which identifies sustainability challenges and sustainability efforts through domestic financing. With his expertise, the consultant has completed the table with the three important information needed. First, an estimate of the gap between the financing needs for the AIDS, TB, and Malaria program and the funding that is expected to be available from domestic and external sources other than the Global Fund. Second, establishing a baseline amount of actual spending in the three year period leading up to the start of the new grant and estimating spending over the new grant period, which is used to determine and then monitor the government's commitment to cofinancing. Third, an overview of the coordination of all domestic and foreign sources of financing for AIDS, TB and Malaria during the period of this new grant, including with donors outside the Global Fund.

There were no specific issues related to FLT presented by the Country Team (CT) of the Global Fund. The consultant has also completed CT's request regarding an explanation of the sources and basis for calculating the 2026 co-financing which has also been attached to the commitment letter. The government is committed to financing management programs, especially in the Ministry of Health's PR by 12% in the second year and its sustainability in 2026.

Another consultant has contributed to the consolidated programmatic plan and budgeting for Malaria. The detailed preparation of this budget begins by providing coaching and assistance to the PIC of each module to calculate the details of the proposed costs. The data is then transcribed by the consultant into the GF Funding Request budget template. This includes the allocation of funds for budget allocation and PAAR. This consultant is involved until the budget consolidation is final and works according to input from the GF Country Team.

Specifically for TB, a consultant has been involved to finalize the Annex on Human Rights and Gender. This annex requires an analysis of the situation of human rights protection and gender equality of people with TB in Indonesia. With the literature review and technical expertise she has, the consultant can provide an analysis of the context of legal rights and gender relations in the local and national context and TB substantive technical area. The analysis includes the gender division of labour, access and controls over TB, power and decision-making, and the values, skills, knowledge levels associated with women and men. The consultant then makes recommendations and an action plan to address human rights and gender barriers to TB services. One example is the ToT and Training on Human Rights (HAM), Gender and Protection from Sexual Harassment, Exploitation, and Abuse (PSHEA) in the TB Community program.

PROGRESS TOWARDS OUTPUT 2:

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

The MTC ATM Project contributes to reducing gender and human rights in the HIV Program. In semester I 2023, Technical Assistance has been provided by being actively involved in the Technical Working Group and the UN Joint Team for AIDS to provide technical inputs. This was started by participating in a review of the National Action Plan on STI HIV for the Gender Them which still lacks specific gender mainstreaming plans. Recommendations which are then accommodated in the strategy include (1) Conduct regular gender assessments for HIV prevention programs in Indonesia using the Gender Analysis Pathway (GAP); (2) Corporate gender responsive budget principles into funding for HIV programs; and (3) Implement gender-responsive monitoring and evaluation (M&E) by collecting sex-disaggregated data and formulating gender-sensitive indicators.

In the Funding Request, assistance is also provided by being involved in writing the Human Rights Modular. This section emphasizes the insufficient attention on addressing human rights and gender and proposes four actions to help increase coverage and to increase the cost effectiveness of the interventions. One of the proposed actions is to explore the use of virtual interventions as a cost-effective way to expand paralegal support and access to justice. The MTC ATM Project supports the development of the Terms of Reference (ToR) for virtual paralegal services. This action will be implemented under the HIV and Tuberculosis program collaboration. To optimize it, the chatbot will be developed by IAC as an online paralegal covering 178 districts.

MTC ATM also provides Technical Assistance to Community PR and SR. One of the main examples is collaborating with UN Women conducting rapid assessment on the Impact of Community System Strengthening and Human Rights (CSS-HR) by Global Fund Principal Recipient Indonesia AIDS Coalition (IAC). The team visited Jayapura, Surabaya, Surakarta, Semarang, and Medan to meet with Sub-Sub Recipients (SSRs) and beneficiaries. Overall, the beneficiaries expressed a positive response to the implementation of the CSS-HR program, attributing it to the program's holistic approach. Prior HIV interventions were predominantly focused on health aspects such as prevention and treatment. However, through the CSS-HR program, beneficiaries learned about their rights as citizens to access and monitor various public services, including reporting cases related to violence they may be experiencing. The findings are currently undergoing further analysis, and the results will be utilized to develop a Technical Assistance (TA) package for PR IAC, aiming to enhance the current and future CSS-HR program.

Other Technical Assistance was provided for the PLHIV Stigma Index 2.0. As the steering committee, MTC ATM Project emphasizes on the importance of having strong preparation, implementation, and utilization of the index, especially when the enumerators come from the communities with lack of experience on conducting research. The data collection will be utilizing quantitative and qualitative methods and involve a minimum of 1,616 respondents throughout 17 provinces: Aceh, North Sumatra, Riau, Lampung, DKI Jakarta, West Java, East Java, Bali, West Nusa Tenggara, East Nusa Tenggara, West Kalimantan, East Kalimantan, North Sulawesi, South Sulawesi, Maluku, Papua, and West Papua. The data will serves as valuable evidence for advocacy, shaping policies, programs, and initiatives aimed at eradicating HIV-related stigma and discrimination.

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

UNDP through this project provides support to the CCM Secretariat in RSSH implementation. This RSSH component is an initiative from the national and Global Fund to strive for the continuation of the self-funded ATM program. After a year of implementation with Adinkes as Sub Recipients, some progress has started to be seen as there are several districts allocating funds for preventive and promotive efforts.

In semester 2023, the CCM Secretariat focus on the RSSH Funding Request. Technical Assistance has been provided to CCM to optimize the process of writing, consolidation, and discussion running optimally including the Principal Recipient selection process. The Secretary General of the Ministry of Health was proposed to be the Principal Recipients for the next cycle and the RSSH TWG has endorsed the grant documents. This document covers several actions such as the integration of project management units and management program costs in GF projects using APBN (State Budget) starting in 2026.

IV. CHALLENGES

There are two main challenges that are being managed by this project to mitigate unachieved deliverables. The first is the risk of limited scope to deeper interventions for programmatic support to local level. UNDP is aware of the obstacles faced by PR in terms of performance and budget achievements. This is because this project can only provide oversight and technical input through CCM/TWG meetings, several external factors cannot be controlled directly by this project and there are no programs and allocations of funds to provide interventions. This obstacle has become a common concern and through the recommendations of the Global Fund, it is hoped that there will be increased coherence in the project management as well as improve the efficiency and effectiveness of the Global Fund's grant implementation within the MoH from the national to provinces and districts levels. UNDP through Global Fund funding will conduct an assessment to see the design of the organogram, job descriptions, and key performance indicators for each of the job positions across the three components up to the SSR levels. Analysis and recommendations for One PMU and One Operational will be provided to the Director of CDC afterwards for the implementation of the 2024-26 funding cycle.

Second, there are budget constraints on reducing human right and legal barrier. The integration of the SP4N LAPOR complaint channel by inclusion of specific follow up monitoring features in the system, such as for HIV and community complaints, still need to seek funding. There is an opportunity for integration of CBMF (a community complaint channel developed by IAC) with SP4N LAPOR. Communities diharapkan can submit complaints from their assisted populations, monitor follow-up of complaints, and validate incoming complaints. However, this strengthening and opportunity is constrained by the high budget for information Systems development.

V. LESSONS LEARNED

The Project Board Meeting which is held every semester contributes to ensuring the quality of implementation goes according to plan. Consisting of beneficiaries, donors and executives, the board looks at absorption of funds, progress and achievements over the last 6 months. In addition, the board can provide recommendations on issues and challenges faced such as time and budget

constraints. Several points of agreement will be discussed for follow-up so that these challenges can be managed properly.

Recommendations from strategic partners are needed to ensure sustainability, expand impact, and make decisions. An example is the Global recommendation submitted through a Country Letter to increase the effectiveness and efficiency of the Global Fund's grant implementation within the MoH. This recommendation was then properly addressed by the Director of CDC with a plan to integrate the Project Management Unit and its operations. Therefore, this project will continue to increase the ownership and involvement of relevant partners from planning to evaluation.

VI. CONCLUSION AND WAY FORWARD

The MTC ATM Project in its third phase has contributed to national efforts to tackle Aids, TB and Malaria. This effort is provided through the CCM Secretariat which is a multi-sectoral representative organization at the national level that prepares all proposals submitted to The Global Fund and oversees GFATM grants in Indonesia. The Technical Assistance provided to CCM has made it one of the best secretariats among grant recipient countries.

The continuation of the MTC ATM program has assisted the CCM Secretariat in carrying out its functions. This is especially in carrying out supervision over the performance of PR in the implementation of activities. Through the Technical Working Group, members monitor the programmatic and financial performance of PR and provide recommendations for improvement. Some PRs can maintain their good performance and some can improve. Entering the end of the implementation cycle year, MTC ATM has also supported the secretariat in the function of preparing proposals for the next cycle. Currently, the progress of the Funding Request has entered the grant negotiation stage which hopes to get grant approval by the end of this year.

With the funding request process to be completed, the implementation of the Global Fund Program for Aids, TB and Malaria will continue into the 2024-2026 cycle. CCM Indonesia said that support is still needed so that the process of monitoring and ensuring consistency of implementation is getting better and aligned with the national program or strategy. Therefore, the funding commitment for this matter will be discussed more intensely in Semester II between the three parties (Donors, UNDP and CCM Indonesia).

VII. FINANCIAL STATUS

The Project has been receiving funding support in the amount of AUD 1,000,000 (USD 729,929) 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, carrying forward balance from the previous financial period. By June 2023, the project spent 21 percent of the 2023 budget allocation.

VIII. ANNEX

INTERIM PROVISIONAL FINANCIAL REPORT

Project: 00106768 - Health Governance Initiative

Output: 00126904

Donor: 11854 – The Australian DFAT

Period: January 2023 to June 2023

Component	FY 2023 (in USD)	FY 2023 (in AUD) Using UN Rate per 30 June 2023; 1 USD = 1,497 AUD)
Total Revenue FY 2023	200,263.16	300,595.00
Remaining Balance from 2022	31,574.69	47,267.31
Total Available Funding as of 1 Jan 2023	231,837.85	347,862.31
Expenditure:		
Output 1	36,859.89	55,179.26
Output 2	11,962.72	17,908.19
Project Management	9,766.86	14,620.99
Sub Total	58,589.47	87,708.44
GMS	4,634.57	6,937.95
Current Commitment	18,048.06	27,018.95
Balance	150,565.75	226,197.98

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