PROJECT DOCUMENT

Indonesia

Empowered lives. Resilient nations.

Project Title	: Health Governance Initiative (HEART)
Project Number	: 00106768
Implementing Partner	: UNDP CO Indonesia
Beneficiary	: Ministry of Health
Start Date	: 16 March 2020
End Date	: 31 December 2023
PAC Meeting date	: 5 March 2020

Brief Description

The Millennium Development Goals and national efforts to advance the 2030 Agenda for Sustainable Development remain unfinished work. Therefore, UNDP Indonesia Country Program 2021-2025 partners with the Government of Indonesia develop the Health Governance Initiative Program (HEART) to improve access and quality of health services towards universal health coverage. Working with government partners and civil society organizations, the HEART program will leverage UNDP's global expertise in governance for health and implementation support for major health initiatives. The program will consider gender perspective, develop innovative solutions, and capacities through technical assistance, south-south cooperation, and partnerships for better and sustainable health outcomes for all.

The HEART Program has two outputs: (i) By 2023, strengthened national policy and institutional environment that is governing access and delivery of needed health technologies and affordable medicines through evidence-based and multisector collaboration; and (ii) By 2023, the performance of national programmes is improved and positively impacts the coverage and the sustainability of service delivery and the health systems better integrates environmental concerns in climate change adaptation and waste management practices to mitigate or limit its impact on environment(s). This program contributes directly to the 2020-2024 RPJMN and New CPD Outcome 1 UNDP country program for Indonesia (2021-2025) which is in line with the Government of Indonesia's Health Sector Goals, commitment to Universal Health Coverage, and SDG 3.8 in ensuring healthy living and promoting wellbeing for all at all ages.

The Project Document (Prodoc) revision is to accommodate additional budgets in 2021 and 2022, changes in partners' nomenclature to the recent Ministry of Health organizational restructuration, inclusion of preparational work that include GFATM and DFAT from 2018 to 2020, and project end date extension from 2022 to 2023.

Contributing Outcome (UNDAF/CPD, RPD or GPD):
2021-2025 UNSDCF/ CPD Outcome 1: People living in Indonesia, especially those at risk of being left furthest behind, are empowered to fulfil their human development potential as members of a pluralistic, tolerant, inclusive and just society, free of gender and all other forms of discrimination.

Indicative Output(s) with gender marker[2]:
2021-2025 UNDCF/ CPD Output 1.2: National and subnational level capacities strengthened to promote inclusive local development and service delivery (Strategic Plan Output 2.1.1;1.4.1; and 1.4.2.
Project Output 1 attribute to CPD Output Indicator 1.2.1 (GEN 2)
Project Output 2 attribute to CPD Output Indicator 1.2.2 (GEN 2)

Total resources required:		$40,579,677.51
Total resources allocated:		$37,979,677.51
	DFAT	$1,366,350.92
	GAVI - Post Transition Engagement	$ 2,365,959.00
	GAVI - CDS Covid 19	$ 3,050,000.00
	Government of Japan (GoJ) – Japan Supplementary Budget (JSB) Summer	$ 916,757.00
	CRODA Foundation	$ 138,674.38
	Global Fund (PR Aisyiyah)	$82,409.52
	Targets for Resource Assignments from Core (TRAC)	$207,399.91
	Access and Delivery Partnership (ADP)	$159,040.00*
	Gov. of Indonesia-PR GF AIDS (2E612TKA, 2YJXYCAA) TB (26KCA77A1, 2957VBGA) Malaria (71097101), HSS	AIDS: $1,729,160.34 TB: $22,837,933.92 Malaria: $5,040,783.46 HSS: $85,209.06
Unfunded:		2,600,000.00

Agreed by (signatures)[1]:

UNDP	Ministry of Health	Ministry of Finance
Norimasa Shimomura	**Kunta Wibawa Dasa Nugraha**	**Suminto**
Date:	Date:	Date: 15 March 2023

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I. DEVELOPMENT CHALLENGE (1/4 PAGE – 2 PAGES RECOMMENDED)

Indonesia's Health Programme as stated in the National Medium Term Development Plan (RPJMN) 2020-2024, aims at improving access and health services quality toward universal health coverage by encouraging an increased promotive and preventive measures supported by innovation and technology utilization.

Challenges have been identified to occur in the implementation of some efforts, among others:

- The need for acceleration of stunting reduction through specific interventions to increase knowledge and nutrition of the public in a broad and integrated manner
- the need to improve access and quality of health services towards universal health coverage with an emphasis on strengthening primary health care (Primary Health Care)
- an immediate increase in the competitiveness of pharmaceutical preparations and medical devices and the development of production and certification of medical devices to encourage the independence of domestic production

Meanwhile, health development is met with the challenge of reducing the disparity of access and increasing quality of health services, the fulfillment of infrastructure facilities and health workers. Intersectionality background of Indonesian on gender, income level, marital status, geography, etc. may even influence their capacity in accessing and afford for health facilities and health services. Specifically, the next five years requires to increase the participation of the National Health Insurance, the quality of health care providers and management to ensure that national targets are met.

Economic growth does not necessarily translate to better health for all

Over the past eighteen years, Indonesia has shown significant economic progress, reaching the middle-income country (MIC) status in the early 1990s and becoming a member of the G20 group. Lately Indonesia was able to maintain strong economic growth and recover from the 1997-1998 crisis. Real GDP growth remained above 5% in 2017 and 2018. Economic development over the period translated into significant health outcomes at the population level. The widening inequality in Indonesia translates into profound differences in health status, and in the distribution of health determinants between different population groups. So even if at the aggregate level population health is shown to be improving, there remain important health and development disparities to be tackled. UNDP is well positioned[2] to strategically address some of them.

The disease burden is becoming more complex, as economic growth also brought consumerism and capitalistic behavior, thrusting society into less healthier lifestyles. In consequence, there has been a rise in non-communicable diseases in the country as well as communicable infections, not only among risk groups but moving into the general population.

Noncommunicable diseases are reaching epidemic level while malnutrition persists. Heart disease, cerebrovascular disease and diabetes account for the largest and fastest growing share of death and disability[3] combined. Over 10 million people are living with diabetes in Indonesia[4], 75,800 of them dying each year prematurely (before age 70) [5] . Tobacco alone kills over 200,000 Indonesians every year. NCDs risk factors are widespread and driven by global commercial determinants and local environments. The indoor air pollution caused by the use of wood or charcoal is alone responsible for an estimated 45,000 premature deaths annually. Children and women are particularly affected. Obesity is rising rapidly alongside stagnating high levels of stunting. Almost 9 million children under five years old (37.2 per cent) are stunted, placing Indonesia among the top five countries for stunting burden[6].

Tuberculosis, HIV and Malaria remain large contributors to the communicable disease burden. Indonesia along with four other countries (i.e., India, Myanmar, Nepal and Thailand) accounts for 99% of the HIV burden in the South-East Asia region. Indonesia is among the 22 countries in the world with the highest TB burden. Alone it contributes to 10% of the global burden alongside China (10%), and India (23%). TB remains the top three cause of death (unchanged from 2005). HIV still constitutes an important threat. Yearly new infections are above 40,000 (48 000 in 2016) and almost as many AIDS related death occur each year (38 000 in 2016). Over half a million people are living with HIV (620 000 in 2016), among whom less than 15% (13% in 2016) are accessing antiretroviral therapy[7]. HIV Key affected populations such as Men who have sex with Men, Transgender people, people who inject drugs, prisoners and sex workers –all of whom are often marginalised- bear the brunt of the epidemic.

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[2] World Bank. Health Sector Review (2009).
[2] Stuckler et al. The political economy of universal health coverage. Global Symposium on Health System research. Montreux 2010.
[2] By for example developing domestic production, promoting generics and using WTO TRIPS flexibilities
[2] Saraswati et al 2018; Vaccine 35 (2017) 2103-2104; UNICEF 2015;ADB 2016
[3] Global Burden of Disease. Institute of Health Metrics and Evaluation 2016 – Indonesia country profile. www.healthdata.org/indonesia
[4] International Diabetes Federation 2018.
[5] Number of deaths attributable to high blood glucose, male female combined. World Health Organization – Diabetes country profiles, 2016.
[6] RISKESDAS 2013.
[7] UNAIDS 2018.

Close to half of Indonesia's population lives in malaria-endemic areas and in the outer island groups, the incidence of malaria is much higher than anywhere else, Climate change was estimated to be responsible in 2000 for approximately 6% of malaria in some middle-income countries.[8]

The poor suffer disproportionately from Indonesia's major health issues. They are less likely to be vaccinated or have their birth attended by a skilled practitioner. Despite remarkable progress in the past decades and large-scale campaigns there remains an immunization gap of nearly 2 million under-immunized children[9].

Neglected-tropical diseases (NTDs) are an issue of public health importance. Conditions such as Dengue, Typhoid, parasitic and diarrheal diseases are emerging or re-emerging. This is due to environmental factors but also very much caused by a lack of investment in developing diagnostics, medicines, and vaccines to treat them. Only about 1.3% of new medicines routinely approved yearly are specifically developed for tropical diseases.

Antimicrobial resistance is a global threat and a stark reality in Indonesia. It is accelerated by misuse and substandard production in both the health sector and food production. Standard anti-TB drugs used for decades are giving rise to resistance and the same can be said for malaria. Multidrug-resistant tuberculosis (MDR-TB) is a serious cause for concern with 6,800 new cases yearly. Extensively drug-resistant TB, XDR-TB, a form that responds to even fewer available medicines is also increasing. The problem of antibiotic resistance is **an issue for health, food security and development**. It underscores the profound linkages between human (and animal) health and healthy ecosystems[10] requiring attention and investment on a global scale.

Covid-19 pandemic as emerging infectious disease in 2020 that has direct impact toward population health drawback and has hampered access to healthcare. The World Bank reported a 45 percent disruption to healthcare access during the first wave of the pandemic in Indonesia. A joint UN study on the Social and Economic Impacts of COVID-19 on Households noted that 13 per cent of households in Indonesia with children under the age of 5 were unable to get access to standard vaccines. 36.7 per cent of households with children with disabilities were unable to access health care services, including therapy. Furthermore, the risk of lost learning is high and can have long term impacts on children's growth, development, and advancement.

The Indonesian health system is under pressure to deliver Universal Health Coverage. There is a need for better value for money.

Indonesia has launched its universal health care scheme, the National Health Insurance (*Jaminan Kesehatan Nasional (JKN)*) with the aim of making basic care available to all by 2019. To sustain JKN without 'breaking the bank' in future, Indonesia will have to **maintain fiscal sustainability by controlling pharmaceutical spending**. This means keeping prices for health services low, so they remain accessible and at the same time accommodate increased demand for quality health services while keeping up with health innovation without deepening inequities. This is no easy feat.

Currently Indonesia spends less than its neighbors on health with total health expenditures at 2.9% of GDP (Thailand, Malaysia and Philippines are all above 4%)[11]. Out of pocket expenditures remain high and the allocation for public health and prevention is relatively low as compared to curative services[12]. Spending on pharmaceutical and vaccines is estimated to be around 30% of total health spending. Analysis suggests the value for money from such spending could be greatly improved[13][14].

To improve value for money the **regulatory and legal framework needs to be enabled.** It needs to be able to balance affordability and access with maintaining quality. This is a common challenge for developing countries implementing Universal Health Coverage (UHC)[15]. Indonesia has enjoyed massive price reduction for medicines[16]. However, it is important that these reductions do not have unwanted consequences such as, for example, suboptimal quality or essential medicines being driven out of production because they are no longer commercially viable.

Public procurement and logistics are another area that deserves attention. Inefficiencies in the supply chains exacerbates low accessibility of services. Human resources capacity is often suboptimal, systems and procedures are underdeveloped, and technology is underutilised[17]. According to the Basic Health Survey (*Riskesdas*), the vaccine reach (or coverage) for example was only 53.8% in 2010,

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[8] Climate change and human health - risks and responses. Summary. WHO,2003
[9] UNICEF Annual Report 2015
[10] The Rockefeller Foundation–Lancet Commission on planetary health. The Lancet, Vol. 386, No. 10007
[11] WHO 2018..
[12] The Republic of Indonesia Health System Review. WHO Health Systems in Transition Vol. 7 No. 1 2017
[13] UNDP –ADP pricing analysis (in press)
[14] World Bank. Health Sector Review (2009).
[15] Stuckler et al. The political economy of universal health coverage. Global Symposium on Health System research. Montreux 2010.
[16] By for example developing domestic production, promoting generics and using WTO TRIPS flexibilities
[17] Saraswati et al 2018; Vaccine 35 (2017) 2103-2104; UNICEF 2015; ADB 2016.

increased to just 59.2%, still below target. This number is far lower than the health services routine reporting of 89.9%. Data discrepancy of this scale if not responded to have the potential to seriously impact planning processes and further deepen the vaccine gap.

To meet the UHC ambitions, supply chains and procurement for health need to become more cost efficient, reliable, predictable, and responsive. Large-scale health programmes, including the few left that are donor funded, also need to do a better job at reaching those 'left behind'. Developing competence for improved grant implementation and accountability is critical for programmes' continuity as well as their 'integration' with the national UHC (JKN) programme.

As JKN progresses, health care utilization will increase and the impact on the environment will grow. A 'greener' health system is needed.

Health care may not be the biggest polluter in Indonesia, but it is still a significant source. **Poor and unregulated medical waste management negatively affects the environment.** This in turn impacts both human and animal health and exacerbates fundamental inequities in access to health services. Poor environmental health practices from the health sector, include large water and fossil fuel consumption, inappropriate management and disposal of waste and potentially toxic substances. Studies suggest that 'one in three Community Health Clinics do not practice medical waste segregation. Of those who do, almost half reported burning their medical waste in the open air facility'[18]. A number of studies also point to the oftentimes "irrational use of medicines" in Indonesia which is fuelling antimicrobial resistance[19],[20]. Heavy metals such as mercury remain common in health care settings. There are safe and cost-effective alternatives that are unfortunately underutilized. The same goes for energy consumption. More sustainable health sector practices vis a vis potentially harmful substances, waste management as well as water and energy consumption are important for both the population at large and workers engaged in health-related activities[21]. If not mitigated by appropriate measures the impact of health systems on the wider environment will worsen as the population grows and healthcare utilisation increase. Change in world climate would influence the functioning of many ecosystems and their member species. Likewise, there would be impacts on human health.

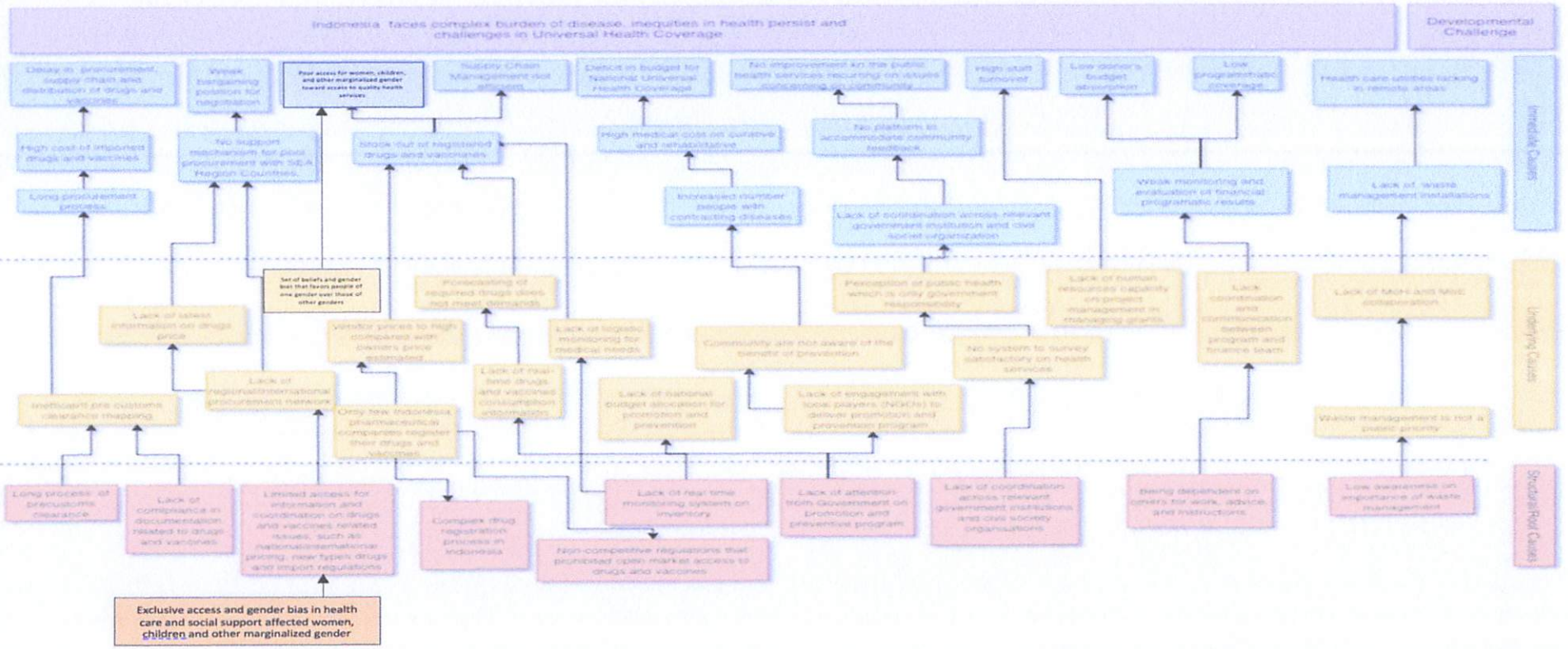
[18] Irianti S. et al. Healthcare Waste Management in Indonesia: An Analysis of the Correlates of Medical Waste Segregation and Its Final Disposal Methods in Community Health Centres. September 2015. Conference: International Solid Waste Association (ISWA) 2015 World Congress, At Antwerp, Belgium

[19] Pradipat, I et al. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4415124/#;

[20] Ashemi. S. et al EXCLI J. 2013; 12: 384–395

[21] Social equity and environmental risks in health care services. WHO 2018.

Figure 1. Problem Tree[22]



[22] (Note: the problem tree below represents a simplified and arbitrary reductionist representation of an extremely complex problem. It highlights issues within the scope of this project that contribute to address the development challenge)

II. STRATEGY

2.1. Theory of Change

The programme addresses inequity in health[23] in support of Universal Health Coverage Programme in Indonesia. It does so by providing demand driven **competence development, innovative solutions, and partnership development** to address critical health system governance challenges including resilience to health emergency responses.

While the programme focuses on immediate and underlying causes of the problem tree above, UNDP broader engagement in Indonesia addresses important environmental, social or structural determinants of health which are the structural (or root) causes of the problem (tree).

The programme approach recognises the importance of remaining responsive to a constantly changing environment. It makes best use of UNDP's existing programmes, initiatives, and innovative practices. It leverages support, develops synergies and strengthens partnerships (see below Partnerships section). The approach builds on solid relationships across multiple sectors forged by many decades of country presence.

The programme will ensure gender equality principles are fully considered and reflected. This will be achieved through applying a gender lens to ensure activities being implanted are contributing to produce outputs that respond to a current urgency on gender-related issues and interests; ensure activities endeavor gender balanced participation; promote the incorporation of gender dimension as a key variable in policy or action that contributes to addressing gender inequalities; and collect gender disaggregated data to ensure the impact of the programmes can be measured effectively. In terms of policy advocacy, Project will strengthen policy framework on affordable drug pricing, that will impact to the lives of marginalized group and key affected population, including women, poor people, etc. Women, as well as men, will be consulted in the process of policy planning and development. Project will also strengthen gender perspectives by recognizing the different needs and distributions of resources, actions, responsibilities and power between men and women, in terms of universal health coverage, of PR, CCM, and TWG. Project will ensure gender equal participation and women to involve actively in decision making process at all intervention levels. To create solutions on procurement and supply chains monitoring system, project will ensure the increasement of men and women's knowledge and skills in applying innovative application of Evin/SMILE.

The programme's Theory of Change logic is as follows: an improved national policy and institutional environment for access to health technologies support supply chains and health programmes to deliver better health outcomes. Better performing and more cost-effective supply chains and health programmes are more able to reach underserved populations with quality health resources. These health resources are not only affordable but also environmentally sustainable. These developments combined contribute to a more sustainable health system that promotes Universal Health Coverage leading to more equitable health outcomes.

To facilitate opportunities for integrated policy and programme solutions, the project has been designed so that the outputs are mutually reinforcing, harnessing interlinkages across project components. The programme is articulated around two interdependent work streams:

1. **Strengthening an enabling policy and environment, regulatory and institutional environment for access to new health technology**
   The project plans to attain the results by focusing on the following interventions:
   1.1 Affordable medicines and health technology save lives, prevents impoverishment, enhances human development. There is a constant need for newer, more efficacious, and less toxic medicines which are often patented and prohibitively expensive. Improving access and sustaining access requires an enabling environment. The programme will work with national counterparts with the support of the Access and Delivery Partnership programme to provide evidence-based policy analysis and develop national capacity. Focus areas include pharmacovigilance capacity and active safety surveillance, Health & Technology Assessments, procurement, and supply chains planning.
   1.2 The programme will also facilitate multisector policy dialogue while ensuring participation of women and vulnerable people to examine and act upon intellectual property rights regimes[24] 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.

[23] inequity in health is defined as avoidable inequality, i.e inequality stemming from poor policy choices, resource distribution or discrimination.
[24] While the focus will be on TRIPS the programme will also support Indonesia's efforts to implement the Marrakesh Treaty.

1.3 Working with Data and Information Center (*Pusat Data dan Informasi* / Pusdatin) of the Ministry of Health, the programme will contribute to plans for digital transformation and the development of One Data Integration. This includes technical assistance on i) strengthening coordination among relevant stakeholders, ii) strengthening an integrated digital management process; iii) development National framework/blueprint of digital transformation strategy

2. **Capacity Development and Innovative Solutions for implementation of national health programmes[25] (Programmatic, grant management, procurement, and logistics management information systems)**

The project plans to attain results by focusing on the following interventions:

2.1 The programme will leverage UNDP's global expertise in Global Fund for AIDS Tuberculosis (TB) and Malaria (GF-ATM) grants implementation within this context that UNDP will support government in order to ensure the successful achievement of programmatic, financial, and management indicators for the AIDS, TB, and malaria programs funded by the Global Fund, including health procurement and supply chain management.

2.2 Based on past experiences, UNDP has also identified additional technical assistance needs from Government and NGOs. These needs are generally focused on technical and management support, including data management and information technology improvement and institutional strengthening. UNDP will fill gaps whenever possible and as appropriate, especially if the needs have not been addressed in the MoH annual work plan.

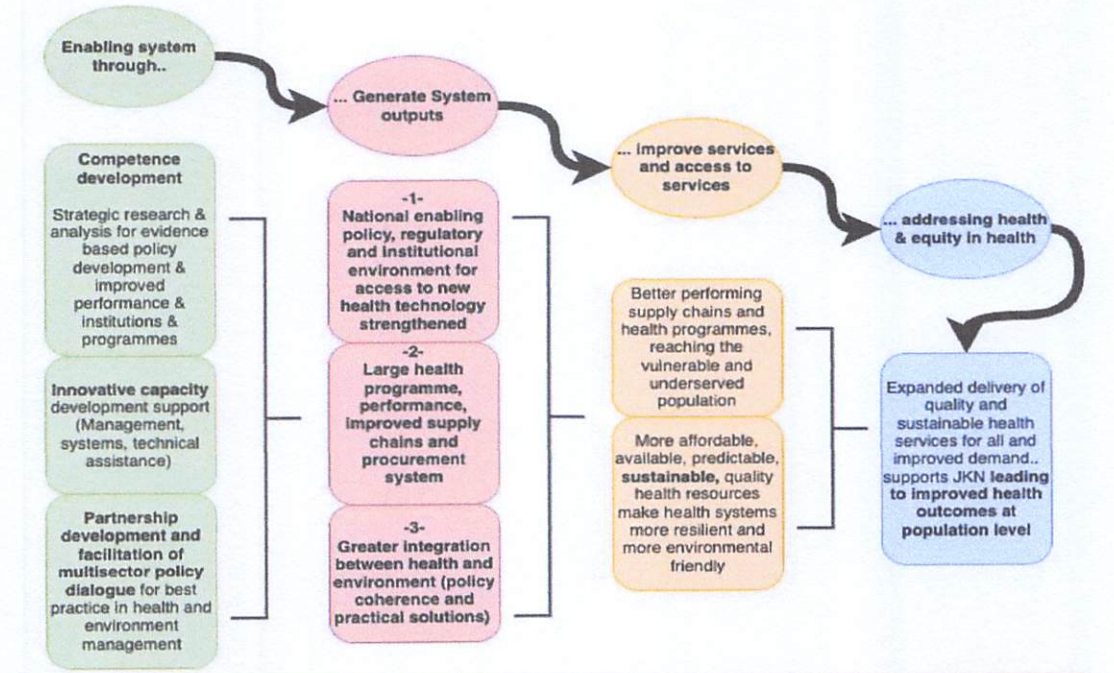
2.3 Improved logistics information systems (LMIS) for decision making and end-to-end supply chain management using innovative technologies such as eVIN[26] for Immunization program will contribute to better supply chains and better managed programmes also save money and address bottlenecks that currently delay progress, limit impact and stall new technology introduction.

2.4 Better performing supply chains (including public procurement) and more transparently managed health programmes help overcome both supply and demand side determinants affecting access to health. Innovative technology for example can help surmount geographical constraints. Better performing health programmes and supply chains also enhance trust in the services which in turn improves demand and ability to reach underserved populations

[25] The primary focus is on Immunisation, AIDS, TB and Mlaria programmes but not limited to these only.

[26] UNDP has played a lead role in implementing eVIN in India alongside the Indian Government. UNDP supports 2 pilot projects in Kota Bogor and Kota Tangerang Selatan using eVIN technology (called SMILE in Indonesia). Within the next two years horizon, opportunities to scale up the support to cover the entire two pilot provinces will be considered.

Figure 2. Programme's Theory of Change



Human and Gender right values incorporated in implementation of activities that strengthen health system capacity at national level through **Digital Health Innovation as the main accelerator**

Risk and Assumption:

1. Political and regulatory changes, amendment to roles and responsibilities due to organizational and human resources shift, and update to new technology will be addressed through continuous coordination, sharing of knowledge and strategies around innovative digital and financing
2. Quality improvement and accountability to beneficiaries is prioritised and health information systems are upgraded to support decision making, based on accurate data.

To achieve the expected outputs, the following conditions need to be in place:

1. Increasing national ownership and domestic investment in health.
2. Quality improvement and accountability to beneficiaries is prioritised
3. Laws and policies are respectful of gender equality and human rights in accessing health services
4. Infrastructure will improve.
5. Supply chain for commodities is not interrupted
6. There are sufficient quantity and coverage of human resources

Accelerators	Human rights-based and gender-transformative approaches	Innovations and digitalization	Partnerships, and South-South and triangular cooperation, and financing	Data and evidence	Leaving no one behind and reaching the furthest behind	Resilience and adaptation, and complementarity of humanitarian action, development and peace-responsive efforts

III. RESULTS AND PARTNERSHIPS (1.5 - 5 PAGES RECOMMENDED)

3.1. Expected Results (later defined as outputs in the RRF)

Result 1: By 2022, strengthened national policy and institutional environment that is governing access and delivery of needed health technologies and affordable medicines for poor, vulnerable people, and gender-sensitive through evidence based and multisector collaborations.

This result supports Indonesia's endeavour to fully benefit from opportunities associated with new medical technologies to address the complex and changing disease burden the country faces. The result supports the progressive realisation of the right to health which is well founded in international law. In the context of National Universal Health Coverage (UHC) Programme the result helps balance affordability and access with maintaining quality. This result also supports Indonesia's ability to improve the sustainability of its own pharmaceutical industry as well as to utilise the WTO Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities to safeguard policy space for health.

UNDP generate evidence based information and will share these information to the public in a balanced manner that brings comprehensive description including success stories from Indonesia and also the challenges to improve access of health services and affordable medicines in Indonesia.

Activities (indicative, refer to multiyear work plan):

- Generate recommendations based on result studies and data of medicine pricing analysis to support ministries of health on developing appropriate and effective pricing policies to improve access to more affordable medicines. Project will incorporate gender lens in developing comprehensive analysis for policy recommendation on drugs pricing.
- Develop multisector collaborations framework for community networks engagement, including relevant women and gender stakeholders, on improving access to affordable medicines for poor and vulnerable people.
- Strengthened health system through providing procurement services for oxygen cylinder 6000 litters for better access in treating COVID-19 patients
- Support to Promote South-South learning, exchange, and capacity building trough Health Technology Asialink annual meeting
- Provide support for an effective national framework and digital regulatory health governance to improve e-health and one health data policy

Special Linkages include the activities' contribution to ensure Universal Health Coverage (JKN) in Indonesia maintains its fiscal sustainability by controlling pharmaceutical spendings, as activities focus on assessing regulatory frameworks as the enabler factor. A sustainable, affordable, and accessible health care services reduce health inequity that vastly perpetuates marginalized populations, including women, children, and those of lower socioeconomic status. Activities also response to the emergency needs of procurement of health supplies that furthers put the focus of the project on elevating the response to urgent needs of marginalized populations. Aligned with the UNDP Strategic Plan, activities strengthen accountability of service delivery at different levels of the health system (Linkages to output 1).

Key Partners will include the Directorate General for Pharmaceuticals and Health Supplies, Health Crisis Centre, Centre of Health Financing and Decentralization, Centre of Data and Information Technology, Health Intervention and Technology Assessment Program Thailand (HITAP), and the Centre of Clinical Epidemiology and Evidence-Based Medicine at Rumah Sakit Cipto Mangunkusumo (RSCM).

Result 2: By 2022, the performance of national programmes is improved and positively impacts the coverage and the sustainability of services delivery, and the health system better integrates environmental concerns in waste management practices to mitigate or limit its impact on environment(s).

These results support Indonesia's efforts to improve some of its supply chains for health, those concerned with immunisation, AIDS, TB and Malaria. Building on current projects and bringing them to scale, this result area will contribute to transforming the supply side of select national programmes. For immunization, the implementation of SMILE provides an integrated solution to address widespread inequities in vaccine coverage by overcoming constraints of infrastructure, monitoring and management information systems and human resources, often resulting in overstocking and stock-outs of vaccines. The SMILE system can also be used for other health commodities and the programme will explore its use beyond vaccines. Key areas of improvement will include grant management, procurement, human resources development, and information systems -real time monitoring. This will lead to better planning, greater availability of quality products at lower cost, and improved visibility and integrity in supply chain

management and procurement. Combined, these developments increase value for money in support of Universal Health Care.

This result builds on national efforts to better align health and environment objectives. In particular, this result helps the Indonesian health sector to lead by example by greening itself and reducing its ecological impact. This in turn improves health of communities and the wider environment. This results also contributes to improve safety and quality of practices in the health sector.

Expanding on these results the programme will also be able to inform evidence-based mitigation strategies to leverage health care leadership in sustainable development.

Activities (indicative, refer to multiyear work plan):

- Facilitate provision of innovative solutions to transform logistics, information and supply chains systems and management for immunization programme
- Facilitate provision of innovative solutions to transform logistics, information and supply chains systems and management for ATM
- Strengthened roles of CCM and TWGs (AIDS, TB, and Malaria) to enhance PRs performance
- Provide effective technical advisory services for AIDS, TB, and Malaria Program
- Provide effective technical advisory services of finance management, programmatic, procurement, and Human Resource management
- Support the implementation of hazardous and toxic substance management improvement in health services facility and community in Indonesia by developing a digital waste management monitoring system
- Support the pilot project or policy on medical management disposal in health facilities
- Support the inventory of air quality pollution and its relation to public health in recommended provinces/cities

Special Linkages include the contribution of activities to respond to AIDS, Tuberculosis, and Malaria as large contributions of communicable diseases in Indonesia. Through incorporating main accelerators such as digital innovations, partnership development, and gender values, this output is aligned with the Country Programme to strengthen national and subnational level capacities in promoting local service delivery. In specific, through innovative digital solutions that consider environmental concerns, different needs and distribution of resources between genders, and its innovative application, activities create interconnections between different UNDP core values and main goals (Linkages to output 2).

Key Partners will include Directorate of Immunization Management, Directorate of Communicable Disease Prevention and Control, Directorate of Environmental Health, Country Coordinating Mechanism Indonesia, Indonesia AIDS Coalition, Spiritia Foundation, Perdakhi, TB Care Aisyiyah (Global Fund PR), Consortium of STPI-Penabulu, and UNAIDS for the UN Joint Team.

3.2. Resources Required to Achieve the Expected Results

Resources required to deliver the program will consist of technical human resource experts consisting of three technical teams according to UNDP Compact commitment with RBAP and integrated work plan. A Resilient and Inclusive Digital Health System and Covid-19 Response Team will be formed. It will focus on strengthening resilience and efficiency encompassing: (a) Digitization of health system including finalization of Health Digitalization Strategy and (b) Capacity development and transitioning towards national ownership of SMILE initiative. In addition, a Health and Governance Team will be formed to provide technical inputs for: (a) new opportunities via Health Governance Programme; (b) dissemination of SMILE's advantage; and (c) advice CO related medical procurement. (Health Team RBAP). A Project Management Unit (PMU) will also be established to facilitate technical teams and connect with senior managers and other units at the UNDP Country Office and with UNDP Regional and HQ. This includes assisting UNDP senior managers in dealing with donors, governments and CSOs.

3.3. Partnerships

The project will leverage diverse partnerships with government entities both at national and subnational levels, civil society, the private sector, academia, United Nations results and thematic working groups, and international development partners. The project therefore will work with partners to enhance the impact of the programme and to ensure its work is well-coordinated with efforts of other actors. Partners will be engaged in a collaborative relationship defined by:

- Result for effective pricing policy to improve access of information on international drug prices (e.g., UNDP Bangkok Regional Hub support, and Access Delivery Partnership)
- Result for improved national regulation on international procurement mechanism in emergency (e.g., UNDP Procurement Services Unit support and CRODA Foundation)
- Result for effective access and delivery of health technology and health system (e.g., UNDP Procurement Services Unit support, Access Delivery Partnership, Health Intervention and

Technology Assessment Program Thailand, and The Centre of Clinical Epidemiology and Evidence-Based Medicine at Rumah Sakit Cipto Mangunkusumo (RSCM)
- Result for effective national framework and digital regulatory health governance to improve one data policy on health program (e.g., Digital Transformation Office in Ministry of Health)
- Result for established innovative supply chain monitoring system for drug, vaccines, and health equipment products (e.g., Digital Transformation Office, UNDP India, Procurement Service Unit support)
- Result for PRs performance are improved in implementing AIDS, TB, and Malaria programme (e.g., Global Fund Grant implementation support, CCM Secretariat Indonesia, Technical Working Group for ATM, PMU Global Fund for ATM, Spiritia, Indonesia AIDS Coalition, UNAIDS, TB Aisyah, Consortium STPI-Penabulu, WHO Indonesia)
- Result for greening the health system by local governments (e.g., WHO Indonesia and Procurement Service Unit support)

National Partners include:
National leadership and ownership of development results that reinforce national and local institutions, policies, systems, and processes will be prioritized. The project will work with the Government and partners to address longer-term sustainability through national budget provisions, to scale up and roll out effective initiatives nationwide. The lead national partners are as follows:

- **Ministry of Health:** Building on the adopted national health development plans, the programme will work with related units in Ministry of Health such as: (i) Directorate of Governance for Pharmaceuticals and Health Supplies for affordable medicines program and procurement support, (ii) Health Crisis Center for strengthened health system through providing procurement services for better access in treating COVID-19 patients, (iii) Center of Health Financing and Decentralization for HTA related program, and (iv) Center of Data and Information Technology for Health Information System support, (v) Directorate of Immunization Management for Immunization programme, (vi) Directorate of Prevention and Control of Communicable Diseases for AIDS, Tuberculosis program and malaria program, (vii) Directorate of Health Environment for climate change and medical waste management. In addition, this programme will also work with other units in Ministry of Health based on needs especially for emergency response in health sector.
- **Other National Governments Agencies:** The programme will work, in particular, with Ministry of National Development Planning of Indonesia, the National Agency of Food and Drug Control/BPOM, the Ministry of Law and Human Rights, the Ministry of Home Affairs and the National Public Procurement Agency/LKPP; and The Country Coordinating Mechanism (CCM)
- **Local Governments:** In addition to national governments, the programme will engage local governments at the subnational level. 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 such as: *Aisyiyah Nahdlatul Ulama*, Indonesia AIDS Coalition, Spiritia Foundation, Perdhaki, Adinkes, National Community Networks, Bali Fokus, and Project Hope Indonesia to leverage their knowledge and expertise in the delivery of the programme outputs focus on Aids, Tuberculosis, and Malaria issues.
- **Governance Implementers:** Numerous international NGOs and bilateral agencies have been working in Indonesia and with UNDP to build effective governance institutions. The programme will coordinate and, perhaps, partner with these groups and others to ensure support to relevant governance sectors in the region is as effective as possible. The international NGO partners of relevance for this programme include: Health Intervention and Technology Assessment Program Thailand (HITAP), HTA Committee, Clinton Health Access Initiative Indonesia (CHAI), PATH, and USAID.
- **Donors:** Bilateral donors, including Australia DFAT and Japan Government, and global financing facilities such as GAVI and Global Fund, as well as private sectors such as the CRODA Foundation, are all committed towards investing significant resources to support UHC (JKN) in Indonesia. Their support for the objectives of this programme is critical the success implementation of the programme.
- **UN Agencies:** Work being conducted by other UN agencies in Indonesia, will be relevant to the work of this programme.

UNDP will also leverage its broader partnership base in support to this programme and to Indonesia. This includes among others:

- **The World Health Organization**. In May 2018 UNDP and WHO signed a five-year Memorandum of Understanding (MoU) to help support countries to achieve the health-related targets across the 2030 Agenda for Sustainable Development. The UNDP-WHO partnership particularly addresses Universal Health coverage and Health & Environment nexus.
- **The Joint United Nations Programme on HIV/AIDS** to which UNDP is a co-sponsor. Under the UNAIDS Division of Labor, UNDP has the major responsibility at global, regional, and country levels for human rights and gender equality.
- **The Department of Foreign Affairs and Trade of the Government of Australia** responsible for foreign policy, foreign relations, foreign aid, consular services, and trade and investment. UNDP and DFAT has been implementing Technical and Management Support for The Global Fund implementation in Indonesia since 2014.

- **The Global Fund to Fight AIDS, TB and Malaria**. UNDP has acted as interim Principal Recipient of Global Fund financing in 45 countries since 2003, involving total disbursements of more than $3.5 billion. UNDP is able to bring its strong country presence and operational capacity in support of global fund grants implementation.
- **GAVI,** created in 2000, Gavi is an international organisation - a global Vaccine Alliance, bringing together public and private sectors with the shared goal of creating equal access to new and underused vaccines for children living in the world's poorest countries.
- **The Access & Delivery Partnership,** which is a collaboration between UNDP, the World Health Organization, the Special Programme for Research and Training in Tropical Diseases and PATH
- UNDP also has strong partnerships with several special disease-focused initiatives including **Roll Back Malaria and the Stop TB Partnership.**
- Of particular relevance to this programme, UNDP has been the driver for the establishment of the UN initiative on **Sustainable Procurement in the Health Sector (SPHS)** that includes seven UN agencies and the Global Fund, the Global Alliance for Vaccines and Immunizations and UNITAID, and hosts the SPHS Secretariat.
- This programme will also benefit from dedicated support and resources from **UNDP Regional Hub** for Asia and Pacific in Bangkok and also from the Bureau for Policy and Programme Support (BPPS) based in New York which provide relevant policy and guidance to support the results of UNDP's projects and programmes.
- **GEF (Global Environment Facility)** and **GCF (Green Climate Funds)**: UNDP will leverage knowledge and expertise in implementing various environment programmes funded by both GEF and GCF to explore partnership in addressing environmental health issues.
- **Government of Japan**: UNDP will be working with GoJ to improve access and delivery of essential health services for COVID-19 response by strengthening governance and management of integrated digital data system of the health system, Telemedicine platforms collaboration and the services delivery and the health system better integrates environmental concerns into waste management practices.

3.4. Risks and Assumptions

UNDP has mapped out some of the risks that might arise. These risks may occur based on several categories such as environmental, financial, operational, organizational, political, regulatory, security, and strategic factors. In the 2020-2021 period, some risks have been resolved or reduced, but several others are still ongoing when this project document is amended in 2022, such as:

- In early 2022, there were delayed coordination with national and sub-national government in support of policy and programming due to the changing nomenclature of directorate level at Ministry of Health (MoH) where HEART has formal collaboration. Due to the change in Ministry of Health nomenclature, there will be a shift in the leadership personnel. Therefore, it is expected to observe a key priority shift in program implementation and strategies. It impacts slow delivery rate requires reprogramming and repurposing implementation strategies to respond to the government's priority shift. The project will coordinate closely, both with the MoH and internally to gain accurate information and adjust programmatic strategies in respond to the new nomenclature, both regarding project document and other related report and implementation.
- There is a potential failure of the Human Resource module during the Implementation of the Microsoft dynamics 365 Financial Management Information System (FMIS) for MOH PRs with full scope of Finance, Procurement and HR if there are unexpected changes in the labour law of Government of Indonesia. This is caused by the changes in local tax and labour law requirements, there is an expected lack of understanding and insufficient manpower (system developers) to fully customize the HR module, coupled with expected unresolved system bugs that deplete confidence of system stability that will delay the activity timeline. It might strain relationship between UNDP and MOH due to failure to process accurate and timely HR reports by the PR ad wrong tax computations that could lead to penalties that might affect grants. Therefore, the project will update the progress to donor and MoH frequently including discuss the changes in labour and tax laws and quality assurance result by 3rd party to Donor and MoH for follow up options to enable UNDP to take way forward.
- Another risk that should be noted is the access to change data inputs of monitoring and logistic of vaccination in Electronic Logistic Monitoring Information System for Immunization Program (SMILE) utilized for COVID-19. Transparency on the number of vaccines being used might be jeopardized as all data will be managed by BioFarma as private partners appointed by MoH to procure vaccines.
- The project has been asked by MoH to assist procurement activities such as provision of Whole Genome Sequencing (WGS) to strengthen national laboratory for surveillance of Covid-19 genome mutation. However, delayed procurement can be happened due to limited human resources in procurement processes, followed with expected trouble in the delivery of procured items and permission for tax-free delivery in customs. It can cause delayed timeline of procurement and insufficient spending of budget allocation. Therefore, the project will seek help from UNDP Headquarter (HQ) and Regional Bureau for Asia and the Pacific (RBAP) to conduct procurement with vendor already having existing LTA.
- Coordination with national and sub-national government in support of policy and programming. Government frequent changes the priority; and Frequent changes in IP's structure and

procedures. It might create Slow delivery rate requires reprogramming and repurposing to respond to the government's priority shift.
- Delays in project as this project has large-scale procurements. Slow delivery rate requires adjustment to respond to the delays
- Other risks have been described in Annex 3 regarding Risk Analysis

To achieve these outputs, the following conditions need to be in place:
- Increasing national ownership and domestic investment in health. This is fundamental to the ability of government and community providers, and health systems, to maintain and improve human welfare and ensure universal access to health. NGO/CSO/private sector partnerships are supported, and space is available for community-led health and reproductive rights initiatives and interventions.
- Quality improvement and accountability to beneficiaries is prioritised and health information systems are upgraded to support decision making, based on accurate data.
- Laws and policies are respectful of gender equality and human rights in accessing health services.
- Infrastructure including transportation, facilities, water supply, electrical grids, electronic and digital platforms, and communication networks will improve. These are critical for health services to be effective and efficient.
- Supply chain for commodities is not interrupted during humanitarian emergencies and dedicated and longer-term logistics personnel exist at the regional and national level to support sub-national supply chain systems.
- There are sufficient quantity and coverage of human resources.

3.5. Stakeholder Engagement

Stakeholders' engagement for this programme is aligned with the principle of national ownership as enshrined in the Jakarta Commitment27. 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. There will be one engagement through Low Value Grant Agreement (LVGA) for key intervention on Monitoring, Evaluation, and Cost-Benefit Assessment Study of Vaccination Logistic Monitoring System (SMILE) Effectiveness.

The LVGA will rely to UNDP's CSO Assessment Committee in which will act the oversight mechanism on the result of CSO proposals evaluation conducted by project team that ensures objective, transparent, and effective grant selection process against the established quality criteria in line with UNDP's Programme and project management policies and procedures for LVGA. The grant recipient of LVGA will be those with experience in carrying out activities/programs in the field of scientific research and development; public health research; training and supervising health workforce at the community health centre; implement research interview; field community empowerment; and will complete and submit the Grant Proposal in accordance with UNDP's LVGA Proposal Template. All proposals are subject to grant selection processes, which consist of a Pre-screening against the selection criteria and Full Review by the CSO Steering Committee. The agreed selection criteria for LVGAs are elucidated at Annex 6.

The assessments are intended to ensure that the effectiveness of projects will bring concrete benefits to target groups. The interventions will focus on policy advice and technical support to the Government and key stakeholders and convening and engaging with national, subnational, and local stakeholders, including civil society, frontline service providers and institutions that provide downstream services, particularly targeting women and girls from marginalized and disadvantaged groups, including persons with disabilities.

Target groups including those affected, both men and women, directly by HIV and AIDS among others the key populations and TB patients, along with the general populations affected by TB and the need of immunization in Indonesia. Other intended beneficiaries are community leaders and stakeholders that having decision making roles in the government at central and sub-national levels. This includes Directorate of Infectious Disease Prevention and Control, Directorate of Health Surveillance and Quarantine, Directorate of Governance for Public Drugs and Health, Directorate of Health Insurance and Financing, Data Centre and Information Technology, and Directorate of Environmental in Ministry of Health. Consultation with affected groups was carried out from the beginning to map out the issues and support needed. It is followed by regular coordination for implementation and report submission to ensure the required assistance is in accordance with the planning and is properly monitored. This will be even more apparent during emergency or pandemic situations.

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[27] a declaration put forward by the government and its development partners in 2009 to strengthen aid effectiveness in Indonesia.

As for the coordination with relevant stakeholders, the assistance will be concentrated in the Ministry of Health so that the main targeted area is Jakarta. For immunization, the project in collaboration with the Directorate of Health Surveillance and Quarantine will expand the intervention to 13 provinces, namely West Java, Banten, DKI Jakarta, Central Java, Riau, Gorontalo, South Sumatra, North Sumatra, West Papua, East Java, West Nusa Tenggara, Aceh, and South Kalimantan. To strengthen ARV supply chain management, a joint project with the Directorate of Infectious Disease Prevention and Control will assist Banten and West Java.

3.6. South-South and Triangular Cooperation (SSC/TrC)

The programme implements South-South and triangular cooperation across all its activities. The work related to enabling policy and institutional environments benefits directly from UNDP Access Delivery and Partnership which brings Indonesia, Thailand, Ghana and Tanzania together. The eVIN/SMILE technology for improved supply chains stems directly from a South-South Cooperation project with India. The works related to procurement, supply chains more broadly and capacity development for programme implementation draws heavily on UNDP's engagement with the Global Fund (over 25 countries). The programme also benefits from triangular and south-south cooperation facilitated by UNDP Regional Hub (Bangkok) as well as BPPS (Headquarters)

3.7. Digital Solutions

UNDP has an opportunity to support the Ministry of Health in building and empowering digital ecosystems that benefit everyone. This is in response to the request from MoH after seeing the successful implementation of SMILE (Electronic Logistic Immunization Monitoring System) as a digital application to monitor vaccine logistics throughout Indonesia. This momentum will be taken by the project by supporting MoH in developing a blueprint for a digital transformation strategy. The strategy includes how to develop a one health data and integrate all data including logistics for COVID-19 vaccines, logistics for routine immunization, patients, and surveillance of infectious diseases. UNDP will also explore collaborative actions with other UN agencies namely UNICEF and WHO for a national discussion on post-pandemic health crisis due to routine immunization disruption among children and how digital supply-chain management can ensure vaccine availability, equity, and quality.

The programme will also conduct empirical research on health sector digital transformation in the context of COVID-19 vaccine distribution throughout Indonesia. It is important that health sector adopts a critical and proactive stance towards digital technology during and post-Covid-19 pandemic. By bringing up the evidence and learning from the COVID-19 namely communication strategies for vaccination uptake, safe delivery of health care through telemedicine, and integration of health data system that is transparent and accessible, the MoH should have a better understanding and be able to use digital technologies in daily health programmes. These health programmes may include financial management and digital logistic management of drugs, health devices, and waste management that benefits the large population.

3.8. Knowledge management

Capacity development is at the core of the programme. The programme will facilitate the transfer of knowledge and generate new knowledge to address health inequity in Indonesia. Knowledge products developed during the programme, including expert's reports, project reports, commissioned research, implementation reviews, lessons learned, and policy briefs will be collected in an internal system of learning and management. Reports with necessary information will be shared with donors and other stakeholders. Further, relevant information from these deliverables that can be sought as good learning lessons for others will then be shared with wider audiences and main stakeholders. These sharing of knowledge can be in forms of videos, articles, and other media formats that are digestible for the wider public. Under special circumstances, events that will be attended by all stakeholders will be conducted to share learning lessons and receive feedback to increase visibility and accountability of project.

Results of the programme will contribute to create visibility for Indonesian expertise and know-how. The programme will actively identify and participate, as relevant and appropriate, in scientific, policy-based, and/or any other networks, which may be of benefit to programme implementation though lessons learned.

More broadly, UNDP brings the resources of its extensive global knowledge network linking health-governance-environment and human development. This programme by integrating an environmental dimension can help looking at ways to better align health and environment objectives, towards 'ecological public health' (also more broadly defined as 'Planetary Health'). This programme also helps bringing together new perspectives regarding the interconnections between society, economy, health and well-being. It also helps foster new collaborations between disparate communities of knowledge (e.g., public health, social sciences, economics, legal profession and activism).

3.9. Sustainability and Scaling Up

The project is designed and implemented in close consultation with national partners, putting national agencies in the driving seat. The sustainability and scaling up for this programme essentially depends on the financing which is also a major challenge for UHC (JKN). The policy and technical support from this programme are specifically geared towards supporting affordability. It is also about improving evidence base for decision making in resources allocation in the health system including at decentralised level. This is many ways and beyond financial consideration, contributes to sustainability.

In addition, the technical innovations and capacity development work around supply chains and procurement improve value for money and cost efficiencies is grounded on national ownership. Although external funding support to address AIDS, Tuberculosis and Malaria will likely continue in the short/medium term, Indonesia will increasingly transition towards domestic financing. The HIV programme is already seeing a transition by local and national domestic funds for programmes at community levels and for health care services mostly through the JKN system. The national malaria programme is also following on a similar path for the procurement of Long-Lasting Insecticidal Nets (LLINs) with support from UNDP. This programme will support these transitions.

Indonesia' health system is complex and changing. High level of decentralisation poses important challenges but also brings great opportunities. The programme will also offer opportunities to develop innovative health financing by exploring for example new mechanisms such as co-financing, further exploring taxation on health harming products for SDG financing (e.g., tobacco) which UNDP supports globally. There are also opportunities to build on ongoing initiatives led by UNDP in Indonesia engaging Islamic Fund ZAKAT. At the policy level, this programme can also foster public-private partnerships and social impact bonds which are policy levers so far underutilised by Indonesia and which are particularly relevant at decentralised levels.

IV. PROJECT MANAGEMENT

4.1. Cost Efficiency and Effectiveness

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

4.2. Project Management

The project will be implemented under the framework of the UNDP Country Programme Document (CPD) period of 2016 – 2020 and 2021-2025 applying the Direct Implementation Modality (DIM)], where UNDP will act as the Implementing Partner. The project will be located in the Ministry of Health offices for Financial Management and Technical Assistance Global Fund ATM and Strengthening Digital Health; in several health facilities in provinces/cities for SMILE, i.e. West Java (Bogor City and Bandung District), Banten (South Tangerang City and Tangerang Districts), DKI Jakarta (Kepulauan Seribu, Central Jakarta, North Jakarta, West Jakarta, South Jakarta, East Jakarta), Central Java (Semarang City, Magelang District, Kendal District, Demak, Kudus, Pati, Kebumen, Solo, Pekalongan dan Banyumas, and Grobogan District), Riau (Pekanbaru City), Gorontalo (Gorontalo City), South Sumatra (Palembang City), North Sumatra (Medan City), West Papua (Sorong City), East Java (Surabaya City), West Nusa Tenggara (Mataram City), Aceh (Aceh Tengah District and Banda Aceh City), and South Kalimantan (Banjarmasin City).

Under UNDP's support to country's GF-ATM grant implementation, the Project works with the Principal Recipients of Global Fund such as the Sub-directorate for AIDS Tuberculosis and Malaria of the Ministry of Health, Spiritia, Indonesian AIDS Coalition, Perdakhi, TB Care Aisyiyah (Global Fund PR), as well as with UNAIDS for the UN Joint Team. SMILE project works with the Directorate of Environmental Health, Directorate of Immunization Management, and Directorate of Pharmaceutical and Medical Supplies.

This project complies with policies, procedures, and practices of the United Nations Security Management System (UNSMS), and as such, is consistent with UNDP's Programme and Operations Policies and Procedures, social and environmental sustainability through application of the UNDP Social and Environmental Standards. The Indonesia UNDP country office has extensive experience with the DIM modality, including the USD 141 million post tsunami project. The project office will be based in UNDP Country Office and Ministry of Health, which has agreed to make space available. UNDP will supervise and support the implementation of the project with the close involvement of senior management, as well as dedicated support in the form of a senior national staff of UNDP Indonesia and Professional Officer who will work on the project implementation, and closely work with counterparts.

Project will conduct joint operation and collaboration with other UN Agencies to increase the quality of activity implementation through sharing of knowledge and resources. The development of Malaria Standard Slide is an example of a joint collaboration with the World Health Organization, in which technical inputs and partnerships are shared among each other. UNDP also participates in the effort to respond to HIV in Indonesia with the UN Joint Team, among other agencies, namely UN Women and UNAIDS. This ensures maximizing the delivery of results with the available resources.

With respect to the Government of Indonesia's reporting procedures on grant realization, UNDP shall prepare the Minutes of Handover *(Berita Acara Serah Terima – BAST)* of Goods and Services to be signed jointly by UNDP and the Beneficiary's Authorized Budget Owners (*Kuasa Pengguna Anggaran - KPA*). This will be submitted by the Ministry as Beneficiary of this project, as an attachment of SP3HL-BJS (Authorization Letter of Revenue Recognition of Direct Grant: Goods, Services, and Securities) to the State Treasury Service Office *(Kantor Pelayanan Pembendaharaan Negara – KPPN)* under the Directorate General of Treasury *(Direktorat Jenderal Perbendaharaan)* of the Ministry of Finance.

V. RESULTS FRAMEWORK[28]

UNPDF/NEW CPD Outcome 1: People living in Indonesia, esp.at risk of being left furthest behind, are empowered to fulfil their human dev. potential as members of a pluralistic, tolerant, inclusive & just society, free of gender & all other forms of discrimination.
Outcome indicators 1.2 as stated in the Country Programme: National and subnational level capacities strengthened to promote inclusive local development and service delivery Indicator-1. 2.1 Systems in place for quality assurance and financial management of Global Fund programmes; Baseline (2020): 2-very partially; Target 4-largerly Indicator-1.2.2 Percentage of community health centres reports of stockouts of immunization vaccines in the past six months; Baseline (2020): 50%; Target: 75%.
Applicable Output(s) from the UNDP Strategic Plan: 1.4.1 Number of people who have access to HIV and related services: • Behavioral change communication • Number of females reached • Number of males reached • Antiretroviral (ARV) treatment • Number of females reached • Number of males reached 1.4.2 Number of countries, which: • introduced digital solutions for vaccine delivery and health systems strengthening • deployed hyperlocal vaccine data analytics for decision making and equitable and inclusive responses • introduced environmentally and socially sustainable disposal of immunization waste • introduced scalable and reliable clean energy solutions across COVID-19 vaccination services 2.1.1 Number of measures to strengthen accountability (including social accountability), prevent and mitigate corruption risks, and integrate anti-corruption in the management of public funds, service delivery and other sectors at: • Regional level • National level • Sub-national level • Sectoral level

[28] UNDP publishes its project information (indicators, baselines, targets and results) to meet the International Aid Transparency Initiative (IATI) standards. Make sure that indicators are S.M.A.R.T. (Specific, Measurable, Attainable, Relevant and Time-bound), provide accurate baselines and targets underpinned by reliable evidence and data, and avoid acronyms so that external audience clearly understand the results of the project.

Project title and Atlas Project Number: Health Governance Initiative/ 00106768										
EXPECTED OUTPUTS	**OUTPUT INDICATORS** [29]	**DATA SOURCE**	**BASELINE**		**TARGETS (by frequency of data collection)**					**DATA COLLECTION METHODS & RISKS**
			Value	**Year**	**Year 2020**	**Year 2021**	**Year 2022**	**Year 2023**	**Final**	
Output 1 By 2023, strengthened national policy and institutional environment that is governing access to affordable medicines for poor, vulnerable people, and gender-	***1.1*** Extent to which an effective pricing policy is developed and improve access of information on international drug prices reference **(Output ID 00119508)**	Published price analysis report and policy brief (various sources of publication); Access and Delivery Partnership (ADP) reports of regional meetings and networking	Drug price comparison study in Southeast Asia completed by UNDP BRH; ii) Procurement assessment report for ATM completed by UNDP	i) 2015; ii) 2018	Preliminary research on drug pricing analysis including international price information for ATM drug, other drugs and vaccines.	Final reports on drug pricing analysis including international price information for ATM drug, other drugs and vaccines.	-	-	Approved drug pricing analysis	Reports are collected from researchers as activity reports and study documents. Risk: Massive turnover of government officials causing changes in personnel, organizational structure and policy so that the results of the analysis are not accepted and followed up.

[29] It is recommended that projects use output indicators from the Strategic Plan IRRF, as relevant, in addition to project-specific results indicators. Indicators should be disaggregated by sex or for other targeted groups where relevant.

Output 2 By 2023, the performance of national programmes is improved and positively impacts the coverage and the sustainability of services delivery.	***2.1*** Established innovative supply chain monitoring system for drug, vaccines, and Health Equipment Products **(Output ID 00119509, 00129920, 00130535, 00130379)**	districts pilot-initiated SMILE system for in-country routine immunization	Metadata SMILE Pilot Report Lesson learned from current GDF experiences	2017-2018	i) SMILE scale-up in 600 Health Centres ii) Techno-economic assessment of SMILE iii) Preliminary report on interoperability from SMILE to MoH e-Logistic and DHIS2	i) SMILE scale-up in 1800 cumulative health centres ii) Final report on interoperability system from SMILE to MoH e-Logistic and DHIS2 iii) Pilot project in 2 districts for integrated logistics management information system with existed ATM and vaccines information system, in one-system	i) SMILE scale-up in 3,600 cumulative health centres ii) Scaling up Pilot project in 13 provinces for integrated logistics management information system with existed ATM and vaccines information system, in one-system	i) SMILE scale-up in 6,000 cumulative health centres ii) Scaling up Pilot project in 32 provinces for integrated logistics management information system with existed ATM and vaccines information system, in one-system	SMILE scale up in 6,000 cumulative health centres in 32 provinces	Process scaling up is done through developing cost-benefit analysis and scale-up planning scenarios. Risks: - Unanticipated requirement in Electronic Vaccine Intelligence Network (eVIN) scale up plan due to COVID-19 pandemic - Technical disruption to the data migration for SMILE (Immunization and Logistics Electronic Monitoring System) from public cloud hosting migration (GCP) and Ellitery (AWS) due to big amount of data being stored and data migration processes being unpredictably more complex - Electronic Logistic Monitoring Information System for Immunization Program (SMILE) utilized for COVID-19 and BIO FARMA have access to change data inputs of monitoring and logistic of vaccination.

	1.4 Extent to which an effective national framework and digital regulatory health governance to improve one data policy on health program **(Output ID: N/A)**				-	-	Draft of grant proposal for policy and regulatory National framework and governance on e-health developed	Draft of grant proposal for Dashboard development for one health data as national health data reference developed	Cleared grant proposal for digital health regulatory	Reports are collected from deliverable reports and desk review regarding grant proposal. Risk: Low level of health financing due to poor fiscal capacity, and low prioritization of spending for health compared to other sectors.

sensitive through evidence based and multisector collaborations.	***1.2*** Extent to which an improved national regulation on international procurement mechanism in emergency situation and established for items identified by MOH as critical and with insurmountable obstacles to get good prices/quality **(Output ID 00132431)**	Emergency procurement mechanism policy document (e.g., internationally procured drugs)	Lesson learned from current GDF experiences	<2018	-	-	525 oxygen cylinders are procured and distributed to 13 hospitals in West Java Provinces	-	Report of distributed 525 oxygen cylinders	Reports are from progress report and desk review recurring oxygen tanks stock in West Java. Risk: The oxygen tanks from vendor might not meet the qualification from the Ministry of Industrial and Hospital.
	1.3 Enhanced capacity to identify and address country-specified needs for effective access and delivery of health technology and health system **(Output ID 00119508)**	ADP Status report 2019			-	-	Setting topic priority based on high volume, high risk, high cost, and high variability criteria established	i) Minimum one result of study assessment regarding health technology and health system produced and disseminated ii) Minimum one of south-south learning and exchange related to health technology and health system conducted	Approved report of Health Technology Assessment Telemedicine	Reports will be collected from approved final guidelines and manuscripts for scientific publication of the 2022 HTA. Risk: - Massive turnover in Government can shift priorities of stakeholders.

	1.4 Extent to which an effective national framework and digital regulatory health governance to improve one data policy on health program **(Output ID: N/A)**				-	-	Draft of grant proposal for policy and regulatory National framework and governance on e-health developed	Draft of grant proposal for Dashboard development for one health data as national health data reference developed	Cleared grant proposal for digital health regulatory	Reports are collected from deliverable reports and desk review regarding grant proposal. Risk: Low level of health financing due to poor fiscal capacity, and low prioritization of spending for health compared to other sectors.

Output 2 By 2023, the performance of national programmes is improved and positively impacts the coverage and the sustainability of services delivery.	***2.1*** Established innovative supply chain monitoring system for drug, vaccines, and Health Equipment Products **(Output ID 00119509, 00129920, 00130535, 00130379)**	districts pilot-initiated SMILE system for in-country routine immunization	Metadata SMILE Pilot Report Lesson learned from current GDF experiences	2017-2018	i) SMILE scale-up in 600 Health Centres ii) Techno-economic assessment of SMILE iii) Preliminary report on interoperability from SMILE to MoH e-Logistic and DHIS2	i) SMILE scale-up in 1800 cumulative health centres ii) Final report on interoperability system from SMILE to MoH e-Logistic and DHIS2 iii) Pilot project in 2 districts for integrated logistics management information system with existed ATM and vaccines information system, in one-system	i) SMILE scale-up in 3,600 cumulative health centres ii) Scaling up Pilot project in 13 provinces for integrated logistics management information system with existed ATM and vaccines information system, in one-system	i) SMILE scale-up in 6,000 cumulative health centres ii) Scaling up Pilot project in 32 provinces for integrated logistics management information system with existed ATM and vaccines information system, in one-system	SMILE scale up in 6,000 cumulative health centres in 32 provinces	Process scaling up is done through developing cost-benefit analysis and scale-up planning scenarios. Risks: - Unanticipated requirement in Electronic Vaccine Intelligence Network (eVIN) scale up plan due to COVID-19 pandemic - Technical disruption to the data migration for SMILE (Immunization and Logistics Electronic Monitoring System) from public cloud hosting migration (GCP) and Ellitery (AWS) due to big amount of data being stored and data migration processes being unpredictably more complex - Electronic Logistic Monitoring Information System for Immunization Program (SMILE) utilized for COVID-19 and BIO FARMA have access to change data inputs of monitoring and logistic of vaccination.

	2.2 Extent to which PRs performance are improved in implementing ATM programme **(Output ID 00108050, 00127136, 00126904, 00130203, 00130379, 00132833)**	Progress Report Health Governance Initiative	The Global Fund Management Letters, PUDR Reports; PRs performance rating increase from B2	2018	PRs progress report reflecting improvement in managing ATM programs and finance management. Gender perspectives will be incorporated in this report	Minimum one new proposal for The Global Fund program implementation developed.	PRs performance report reflecting on improvement of PRs in financial, grants, programmatic management in the implementation of ATM programme	PRs performance report reflecting on improvement of PRs in financial, grants, programmatic management in the implementation of ATM programme	PRs performance report reflecting on improvement of PRs in financial, grants, programmatic management in the implementation of ATM programme	Reports are produced and collected from annual Global Fund reports for Performance of Principal Recipients of AIDS, TB, and Malaria. Risks: - Potential failure of implementation for advocacy regarding discriminatory local regulations if there is limited engagement from stakeholders. This cause by limited interest, motivation, and contribution of partners namely PR and SR HIV GF program.
	2.3 Extent to which greening the health system by local governments **(Output ID: N/A)**	Roadmap of Hazardous and toxic substance management in health services facility, MoH and Ministry of Environment, 2018 Guidelines for Identifying Risk Factors Into health due to Climate Change, MoH 2012	Report on health-care waste management status in countries of the South-East Asia Region Report on climate change and human health status in in countries of the South-East Asia Region	2017	-	-	Analysis on implementation of Roadmap of Hazardous and toxic substance management at health services facility	Initial draft of project document collaboration between MoH and MoE to improve Hazardous and toxic substance management in health services facility	Cleared project document collaboration for greening the health system	Reports are collected from consultants regarding roadmap analysis and draft project document Risks: - Low commitment and contribution from government partners causing slow start on drafting and approving project document collaboration - Low level of health financing due to poor fiscal capacity, and low prioritization of spending for health compared to other sectors.

VI. 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 Plan

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost (if any)
Track results progress	Progress data against the results indicators in the RRF will be collected and analysed to assess the progress of the project in achieving the agreed outputs. Monitoring and data collection will use reports of supervision, mission, learning, and micro assessment/internal control audit	Quarterly, or in the frequency required for each indicator	Slower than expected progress will be addressed by project management.	MoH	
Field Monitoring Visit	Field visits to monitor implementation of projects, ensure activities deliver intended outputs, and maintain efficient collaboration with partners	Biannually	Implementation of projects in several locations run smoothly, and any correction actions can be taken to prevent inefficiency	MoH	
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, which will be updated into ATLAS PMM.	MoH	
Lessons Learned Report	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 (e.g. photo story, human-interest story, beneficiaries testimonial video)	MoH	
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.	Biannually	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.	MoH	
Project Report	Project progress will be presented to the Project Board and key stakeholders, consisting of progress data showing the results achieved	Semesterly	Progress and key achievements are documented formally, which	MoH	

	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. Project reports to donor (.i.e. GAVI, DFAT, JSB and GF) are subject to be submitted regularly.		can be used for reporting mechanism to donors and beneficiaries. Internally, progress and achievement reports can be used for implementation improvements, scale-up and/or extension of projects.		
Project Review (Steering Committee)	The Steering Committee will hold annually to assess the performance of the project. In the project's final year, the Steering Committee shall hold an end-of project review to capture lessons learned and discuss opportunities for scaling up and to socialize project results and lessons learned with relevant audiences.	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.	MoH	
Project Review (Project Boards)	The Project Board at directorate level will hold semesterly to ensure realistic budgeting over the life of the project. Any changes to activities and fundings of projects under HEART cluster can be approved by Project Boards at directorate level, followed by formal exchanges of Minutes of Meeting and Letter of Agreement.	Semesterly	Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.	MoH	

Evaluation Plan[30]

Evaluation Activity	Partners (if joint)	Related Strategic Plan Output	UNDAF/CPD Outcome	Planned Completion Date	Key Evaluation Stakeholders	Cost and Source of Funding
Cost-Benefit Analysis Evaluation of SMILE	MoH	Strategic Plan Output 2.2.1	2021-2025 UNDCF/CPD Output 1.2: National and subnational level capacities strengthened to promote inclusive local development and service delivery	31/12/2022	MoH	$ 150,000 GAVI CDS, ADP, BRH
Project Final Evaluation	n/a	Strategic Plan Outcome Output 1 and 2	2021-2025 UNDCF/CPD Output 1.2: National and subnational level capacities strengthened to promote inclusive local development and service delivery	31/07/2023	MoH	$ 30,000 GAVI, DFAT, Global Fund

[30] Optional, if needed

VII. MULTI-YEAR WORK PLAN [31]&[32]

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Utilization			Planned Budget		RESPONSIBLE PARTY	PLANNED BUDGET		
		Prior 2020 (Project Initiation)	2020	2021	2022	2023		Funding Source	Budget Description	Amount
Output 1: By 2023, strengthened national policy and institutional environment that is governing access to affordable medicines for poor, vulnerable people, and gender-sensitive through evidence based and multisector collaborations. ***Indicator 1.1*** *Extent to which an effective pricing policy is developed and improve access of information on international drug prices reference* ***Indicator 1.2*** Extent to which an improved national regulation on international procurement mechanism in emergency situation and established for items identified by MOH as critical and with insurmountable	**1.1 .1 Generate gender-sensitive evidence based to support ministries of health on developing appropriate and effective pricing policies to improve access to more affordable medicines**									
	a) Research on drug pricing analysis including international price information for ATM drug, other drugs and vaccines and dissemination at Regional Multilateral Southeast Asia Meetings **(Output ID 00110744)** Government Partner: ***Ditjen Farmalkes***	42,240.00	0	0	0	0	• UNDP	ADP Japanese Government	Knowledge Events; Knowledge Products; Technical Assistance	42,240.00
	b) Multisector collaboration framework to improve access to affordable medicines for vulnerable people, key affected population, women, and children **(Output ID 00110744)** Government partner: ***Ditjen Farmalkes***	0	16,800.00	0	0	0	• UNDP	ADP Japanese Government	Knowledge Products; Technical Assistance	16,800.00
	1.2 .2 International procurement support for those items identified by MOH as critical and with insurmountable obstacles to get good prices/quality using Government procurement.									
	a) Strengthened health system through providing procurement services for oxygen cylinder 6000 litters for better access in treating COVID-19 patients **(Output ID 00132431)** Government Partners: ***Puskris Pemerintah Provinsi Jawa Barat***	0	0	0	128,401.90	0	• UNDP	CRODA	Filled Oxygen cylinders $6m^3$ Delivery Technical Assistance	128,401.90

[31] Cost definitions and classifications for programme and development effectiveness costs to be charged to the project are defined in the Executive Board decision DP/2010/32.

[32] Changes to a project budget affecting the scope (outputs), completion date, or total estimated project costs require a formal budget revision that must be signed by the project board. In other cases, the UNDP programme manager alone may sign the revision provided the other signatories have no objection. This procedure may be applied for example when the purpose of the revision is only to re-phase activities among years.

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obstacles to get good prices/quality ***Indicator 1.3*** Enhanced capacity to identify and address country-specified needs for effective access and delivery of health technology and health system ***Indicator 1.4*** Extent to which an effective national framework and digital regulatory health governance to improve one data policy on health program *Gender marker:2*	**1.3.3 Enhanced capacity to identify and address country-specified needs for effective access and delivery of health technology and health system**								
	a) Evidence based studies for responsive legislation, policy and regulatory frameworks governing access to medicines and health technologies and health system **(Output ID 00110744)** *Government partner:* ***Pusjak PDK***	0	0		20,000.00	50,000.00	• UNDP	ADP Japanese Government	Knowledge Events; Knowledge Products; Technical Assistance	70,000.00
	b) Support to Promote South-South learning, exchange, and capacity building through Health Technology **(Output ID 00110744)** *Government partner:* ***Pusjak PDK***	0	0	0	15,000.00	15,000.00	• UNDP	ADP Japanese Government	Knowledge Events; Knowledge Products; Technical Assistance	30,000.00
	1.4.4 Extent to which an effective national framework of digital regulatory and strengthen one health data									
	a) Development and Implementation of National framework and governance on e-health **(Output ID: N/A)** *Government partner:* ***Pusdatin***	0	0	0	10,000.00	10,000.00	• UNDP	Unfunded	Knowledge Events; Knowledge Products; Technical Assistance	20,000.00
	b) Development for one health data as national health data reference **(Output ID: N/A)** Government partner: ***Pusdatin***	0	0	0	10,000.00	10,000.00	• UNDP	Unfunded	Knowledge Events; Knowledge Products; Technical Assistance	20,000.00
	MONITORING	0	0	0	0	0				0
	Sub-Total for Output 1									**327,441.9**
Output 2:	2.1.1 Provide technical assistance for pharmaceutical procurement and supply chains policy implementation using appropriate information Technology									

By 2023, the performance of select procurement, supply chains and programmes is improved and positively impacts coverage of services ***Indicator 2.1*** Established innovative supply chain monitoring system for drug, vaccines, and Health Equipment Products ***Indicator 2.2*** Extent to which PRs performance are improved in implementing ATM programme ***Indicator 2.3*** Extent to which greening the health system by local governments *Gender marker: 2*	a) Facilitate provision of innovative solutions to transform logistics, information and supply chains systems and management for immunization programme **(Output ID 00119509, 00129920, 00130535)** *Government partner:* ***Dit. Pengelolaan Imunisasi***	0	401,984.28	1,554,873.97	3,696,048.06	176,429; 2,400,000.00 (Unfunded)	• UNDP	GAVI JSB – GoJ Unfunded	Knowledge Events; Knowledge Products (SMILE); Technical Assistance	8,229,335.31
	b) Facilitate provision of innovative solutions to transform logistics, information and supply chains systems and management for ATM **(Output ID 00130379)** *Government partner:* ***Dit. P2PM***	0	0	Mal: 0	Mal: 29,647.40	Mal: 33,497.00	• UNDP	GFATM	Knowledge Products (SISMAL) & Events; Technical Assistance	63,144.40
	2.2.2 Provide technical assistance to improve national program of AIDS, TB, and Malaria implementation performance benefitting both women and men									
	a) Strengthened roles of CCM and TWGs (AIDS, TB, and Malaria) to enhance PRs performance **(Output ID 00108050; 00126904)** Government partner: **P2PM**	DFAT: 438,486.09 TRAC: 22,055.84 HSS: 79.634.64 Total: 540,176.57	171,418.18	106,586.09	98,362.57	91,900.00	• UNDP	DFAT GFATM UNDP	Knowledge Products & Events; Technical Assistance	1,008,443.41
	b) Provide effective technical advisory services for AIDS, TB, and Malaria Program **(OUTPUT ID 00108050; 00126904)** Government partner: **P2PM**	77,012.96	0	74,176.92	163,933.59	112,757.00	• UNDP /	DFAT Global Fund (PR Aisyiyah)	Knowledge Products & Events; Technical Assistance	427,880.47

	c) Provide effective technical advisory services of finance management, programmatic, procurement, and Human Resource management **(OUTPUT 00127136; 00130203; 00130379; 00132833)** *Government partner:* ***Dit. P2PM***	AIDS: 129,879.16 TB 223,929.58 Mal: 94,050.42 TRAC: 185,344.07 Total: 633,203.23	AIDS: 412,927.56 TB: 711,944.07 Mal: 299,016.51 Total: 1,423,888.14	AIDS: 568,031.41 TB: 1,348,741.62 Mal: 678,404.78 Total: 2,595,177.81	AIDS: 505,199.66 TB: 10,760,124.27(excluding planning of second batch WGS procurement) Mal: 3,249,340.54 (excluding planning of second batch WGS procurement) Total: 14,514,664.37	AIDS: 0 TB: 8,299,123.93 Mal: 352,294.63 Total: 8,651,418.56	• UNDP	GFATM UNDP	Knowledge Products (FMIS) & Events; Technical Assistance	AIDS: 1,616,037.79 TB: 21,343,863.47 Mal: 4,673,106.88 TRAC: 185,344.07 Total: 27,818,352.21
	2.3.3 Improving hazardous and toxic substance management in health service facilities and community in Indonesia									
	a) Implementation of improving Hazardous and toxic substance management in health services facility and community in Indonesia by developing a digital waste management monitoring system **(Output ID: N/A)** • Government partner: ***Dit. Kesling***	0	0	0	0	100,000.00	• UNDP	Unfunded	Knowledge Products (Digital Waste Management Monitoring Systems); Technical Assistance	100,000.00
	b) Proposal development pilot project on climate village adaptation related to public health **(Output ID: N/A)** *Government partner:* ***Dit. Kesling***	0	0	0	0	15,000.00	• UNDP	Unfunded	Knowledge, Products & Events; Technical Assistance	15,000.00
	c) Proposal Development inventory of air quality pollution and its relation to public health in recommended provinces/cities **(Output ID: N/A)** *Government partner:* ***Dit. Kesling***	0	0	0	0	15,000.00	• UNDP /	Unfunded	Knowledge, Products & Events; Technical Assistance	15,000.00

	MONITORING	0	0	0	0	0			0
	Sub-Total for Output 2								**37,677,155.8**
Evaluation	Lessons learned and final project evaluation completed	0	0	0	0	30,000.00	UNDP	Unfunded	30,000.00
General Management Support	General Management Service (GMS) Fees								
	Global Fund 7%	AIDS: 9,091.54 TB: 15,675.07 Mal: 6,583.53 HSS: 5,574.42 Total: 36,924.56	AIDS: 28,904.93 TB: 49,836.08 Mal: 20,931.16 Total: 99,672.17	AIDS: 39,762.2 TB: 94,411.91 Mal: 47,488.33 Total: 181,662.44	AIDS: 35,363.98 TB: 1,313,208.7 Mal: 229,529.16 Total: 1,578,101.84	TB: 20,938.68		Global Fund		AIDS: 113,122.65 TB: 1,494,070.44 Mal: 304,532.18 HSS: 5,574.42 **Total:** 1,917,299.6
	DFAT 8%	35,072.93	13,701.73	18,582.82	25,000.00	16,373.00		DFAT		108,730.48
	JSB 8% (GoJ)	0	0	0	50,931.00	16,977.00		JSB		67,908.00
	CF 8%	0	0	0	10,272.48	0		CF		10,272.48
	GAVI 8%	0	32,115.41	109,965.28	293,392.00	0		GAVI		435,472.69
	Global Fund (PR Aisyiyah)	5,464.36	0	-67.80	0	0				5,396.56
		1,370,094.62	2,159,579.91	4,640,957.53	20,658,755.21	11,750,290.24				
TOTAL										40,579,677.51

VIII. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

This project is a collaboration between UNDP and MoH. UNDP Indonesia will serve as the managing agent of this initiative using the Direct Implementation Modality (DIM). The roles and responsibilities of UNDP Indonesia will consist of project management support and quality assurance, including monitoring and reporting as well as coordination and outreach. For that purpose, UNDP and MoH will establish a dedicated Steering Committee (SC), Output Project Boards (PB), and Project Management Unit (PMU) to ensure a smooth implementation of this project. Details of the HEART organization structure can be seen in Figure 3 below.

Steering Committee (SC) is responsible to provide current and future programmatic strategic and recommendation to achieve Project Document outputs. According to UNDP policies, the Steering Committee contains three roles, including:

1) An Executive: individual representing the project ownership to chair the group. In this case, UNDP will take the responsibilities of the Executive. The Project Executive is UNDP Deputy Resident Representative
2) Senior Beneficiary: individual or group of individuals representing the interests of those who will ultimately benefit from the project. The Senior Beneficiary's primary function is to ensure the realization of project results from the perspective of project beneficiaries. The Senior Beneficiary Representative(s) is The Secretary General of Health, Ministry of Health or representative delegated by the Secretary General.
3) Senior Supplier: individual or group representing the interests of the parties concerned which provide funding and/or technical expertise to the project. The Senior Supplier's primary function is to provide guidance regarding the technical feasibility of the project. In this case, the UNDP Resident Representative will assume this function

During the project initiation phase, the project is managed directly by UNDP. The management arrangement outlined below intends ensure that the project is set up appropriately to deliver results effectively and efficiently, with proper substantive and financial oversight. The Steering Committee will be responsible for the strategic direction of the project and oversee the execution of the project and its activities. The Steering Committee will convene at least annually.

Under the general guidance of the Steering Committee, any changes related to project yearly budget, planning, implementation, and evaluation will be discussed and agreed in **Project Boards (PB)** at output level. Any changes made by Project Board should be reflected in the form of Minutes of Meeting and formal exchange of letters of approval. This document must be communicated in writing to the Steering Committee through *Tim Penilai Hibah* (Grant Assessment Committee) for prior review. There are 7 (seven) project boards based on each output indicator that is comprised of HEART Cluster Lead in UNDP, relevant beneficiaries, and the corresponding donors. These project boards are expected to meet on a semesterly basis.

Meanwhile, the **Project Management Unit (PMU)** provides project administration, management, and technical support to the Project Board as required by the needs of the individual project or HEART Cluster Lead. PMU consists of Project Manager, Project Associate, Budget management Associate, Project Assistant, Procurement Assistant, Monitoring & Evaluation Assistant, and IT Adviser for HEART

In accordance with the decisions and directives of UNDP's Executive Board, the financial contribution here under shall be subject to cost recovery for indirect costs incurred by UNDP headquarters and country office structures in providing General Management Support (GMS) services. Furthermore, all direct costs of implementation will be identified in the budget against a relevant budget line.

UNDP shall administer the contribution and implement the activities hereunder in accordance with UNDP regulations, rules, policies and procedures and decisions of the UNDP Governing Bodies.

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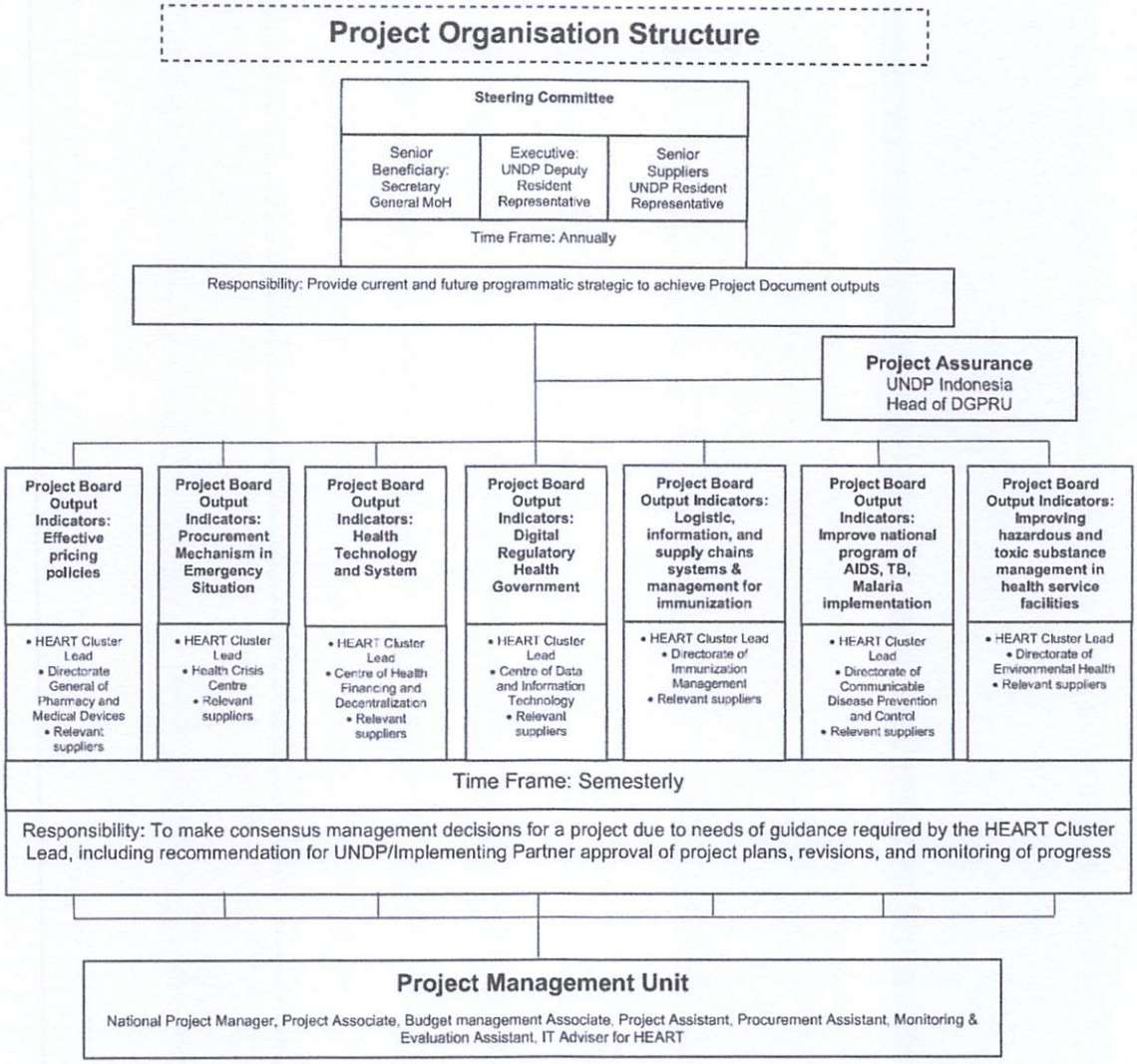
Figure 3. The Project Organisation Structure



IX. LEGAL CONTEXT

Legal Context Standard Clauses

The project document shall be the instrument envisaged and defined in the Supplemental Provisions to the Project Document, attached hereto and forming an integral part hereof, as "the Project Document".

This project will be implemented by UNDP in accordance with its financial regulations, rules, practices, and procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. Where the financial governance of an Implementing Partner does not provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition, the financial governance of UNDP shall apply.

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X. RISK MANAGEMENT

1. UNDP as the Implementing Partner will comply with the policies, procedures, and practices of the United Nations Security Management System (UNSMS.)

2. UNDP as the Implementing Partner will undertake all reasonable efforts to ensure that none of the project funds are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.

3. Social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (http://www.undp.org/ses) and related Accountability Mechanism (http://www.undp.org/secu-srm).

4. UNDP as the Implementing Partner will: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.

5. In the implementation of the activities under this Project Document, UNDP as the Implementing Partner will handle any sexual exploitation and abuse ("SEA") and sexual harassment ("SH") allegations in accordance with its regulations, rules, policies and procedures

6. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.

7. UNDP as the Implementing Partner will ensure that the following obligations are binding on each responsible party, subcontractor and sub-recipient:

    a. Consistent with the Article III of the Supplemental Provisions to the Project Document, the responsibility for the safety and security of each responsible party, subcontractor and sub-recipient and its personnel and property, and of UNDP's property in such responsible party's, subcontractor's and sub-recipient's custody, rests with such responsible party, subcontractor and sub-recipient. To this end, each responsible party, subcontractor and sub-recipient shall:
        i. put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
        ii. assume all risks and liabilities related to such responsible party's, subcontractor's and sub-recipient's security, and the full implementation of the security plan.

    b. UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the responsible party's, subcontractor's and sub-recipient's obligations under this Project Document.

    c. Each responsible party, subcontractor and sub-recipient (each a "sub-party" and together "sub-parties") acknowledges and agrees that UNDP will not tolerate sexual harassment and sexual exploitation and abuse of anyone by the sub-parties, and other entities involved in Project implementation, either as contractors or subcontractors and their personnel, and any individuals performing services for them under the Project Document.
    (a) In the implementation of the activities under this Project Document, each sub-party shall comply with the standards of conduct set forth in the Secretary General's Bulletin ST/SGB/2003/13 of 9 October 2003, concerning "Special measures for protection from sexual exploitation and sexual abuse" ("SEA").
    (b) Moreover, and without limitation to the application of other regulations, rules, policies and procedures bearing upon the performance of the activities under this Project Document, in the implementation of activities, each sub-party, shall not engage in any form of sexual harassment ("SH"). SH is defined as any unwelcome conduct of a sexual nature that might reasonably be expected or be perceived to cause offense or humiliation, when such conduct interferes with work, is made a condition of employment

or creates an intimidating, hostile or offensive work environment. SH may occur in the workplace or in connection with work. While typically involving a pattern of conduct, SH may take the form of a single incident. In assessing the reasonableness of expectations or perceptions, the perspective of the person who is the target of the conduct shall be considered.

d. In the performance of the activities under this Project Document, each sub-party shall (with respect to its own activities), and shall require from its sub-parties (with respect to their activities) that they, have minimum standards and procedures in place, or a plan to develop and/or improve such standards and procedures in order to be able to take effective preventive and investigative action. These should include: policies on sexual harassment and sexual exploitation and abuse; policies on whistleblowing/protection against retaliation; and complaints, disciplinary and investigative mechanisms. In line with this, sub-parties will and will require that their respective sub-parties will take all appropriate measures to:
   (i) Prevent its employees, agents or any other persons engaged to perform any services under this Project Document, from engaging in SH or SEA;
   (ii) (ii) Offer employees and associated personnel training on prevention and response to SH and SEA, where sub-parties have not put in place its own training regarding the prevention of SH and SEA, sub-parties may use the training material available at UNDP;
   (iii) (iii) Report and monitor allegations of SH and SEA of which any of the sub-parties have been informed or have otherwise become aware, and status thereof;
   (iv) (iv) Refer victims/survivors of SH and SEA to safe and confidential victim assistance; and
   (v) (v) Promptly and confidentially record and investigate any allegations credible enough to warrant an investigation of SH or SEA. Each sub-party shall advise UNDP of any such allegations received and investigations being conducted by itself or any of its sub-parties with respect to their activities under the Project Document, and shall keep UNDP informed during the investigation by it or any of such sub-parties, to the extent that such notification (i) does not jeopardize the conduct of the investigation, including but not limited to the safety or security of persons, and/or (ii) is not in contravention of any laws applicable to it. Following the investigation, the relevant sub-party shall advise UNDP of any actions taken by it or any of the other entities further to the investigation.

e. Each sub-party shall establish that it has complied with the foregoing, to the satisfaction of UNDP, when requested by UNDP or any party acting on its behalf to provide such confirmation. Failure of the relevant sub-party to comply of the foregoing, as determined by UNDP, shall be considered grounds for suspension or termination of the Project.
f. Each responsible party, subcontractor and sub-recipient will ensure that any project activities undertaken by them will be implemented in a manner consistent with the UNDP Social and Environmental Standards and shall ensure that any incidents or issues of non-compliance shall be reported to UNDP in accordance with UNDP Social and Environmental Standards.
g. Each responsible party, subcontractor and sub-recipient will take appropriate steps to prevent misuse of funds, fraud, corruption or other financial irregularities, by its officials, consultants, subcontractors and sub-recipients in implementing the project or programme or using the UNDP funds. It will ensure that its financial management, anti-corruption, anti-fraud and anti money laundering and countering the financing of terrorism policies are in place and enforced for all funding received from or through UNDP.
h. The requirements of the following documents, then in force at the time of signature of the Project Document, apply to each responsible party, subcontractor and sub-recipient: (a) UNDP Policy on Fraud and other Corrupt Practices (b) UNDP Anti-Money Laundering and Countering the Financing of Terrorism Policy; and (c) UNDP Office of Audit and Investigations Investigation Guidelines. Each responsible party, subcontractor and sub-recipient agrees to the requirements of the above documents, which are an integral part of this Project Document and are available online at www.undp.org.

i. In the event that an investigation is required, UNDP will conduct investigations relating to any aspect of UNDP programmes and projects. Each responsible party, subcontractor and sub-recipient will provide its full cooperation, including making available personnel, relevant documentation, and granting access to its (and its consultants', subcontractors' and sub-recipients') premises, for such purposes at reasonable times and on reasonable conditions as may be required for the purpose of an investigation. Should there be a limitation in meeting this obligation, UNDP shall consult with it to find a solution.

j. Each responsible party, subcontractor and sub-recipient will promptly inform UNDP as the Implementing Partner in case of any incidence of inappropriate use of funds, or credible allegation of fraud or corruption with due confidentiality.

Where it becomes aware that a UNDP project or activity, in whole or in part, is the focus of investigation for alleged fraud/corruption, each responsible party, subcontractor and sub-recipient will inform the UNDP Resident Representative/Head of Office, who will promptly inform UNDP's Office of Audit and Investigations (OAI). It will provide regular updates to the head of UNDP in the country and OAI of the status of, and actions relating to, such investigation.

k. Each responsible party, subcontractor or sub-recipient agrees that, where applicable, donors to UNDP (including the Government) whose funding is the source, in whole or in part, of the funds for the activities which are the subject of the Project Document, may seek recourse to such responsible party, subcontractor or sub-recipient for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document.

Where such funds have not been refunded to UNDP, the responsible party, subcontractor or sub-recipient agrees that donors to UNDP (including the Government) whose funding is the source, in whole or in part, of the funds for the activities under this Project Document, may seek recourse to such responsible party, subcontractor or sub-recipient for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document.

Note: The term "Project Document" as used in this clause shall be deemed to include any relevant subsidiary agreement further to the Project Document, including those with responsible parties, subcontractors and sub-recipients.

l. Each contract issued by the responsible party, subcontractor or sub-recipient in connection with this Project Document shall include a provision representing that no fees, gratuities, rebates, gifts, commissions or other payments, other than those shown in the proposal, have been given, received, or promised in connection with the selection process or in contract execution, and that the recipient of funds from it shall cooperate with any and all investigations and post-payment audits.

m. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the project or programme, the Government will ensure that the relevant national authorities shall actively investigate the same and take appropriate legal action against all individuals found to have participated in the wrongdoing, recover and return any recovered funds to UNDP.

n. Each responsible party, subcontractor and sub-recipient shall ensure that all of its obligations set forth under this section entitled "Risk Management" are passed on to its subcontractors and sub-recipients and that all the clauses under this section entitled "Risk Management Standard Clauses" are adequately reflected, *mutatis mutandis*, in all its sub-contracts or sub-agreements entered into further to this Project Document.

XI. ANNEXES

1. List of Abbreviation
2. Project Quality Assurance Report
3. Social and Environmental Screening Template
4. Risk Analysis
5. Project Board Terms of Reference and TORs of key management positions
6. Supplemental Provisions to the Project Document: The Legal Context
7. Annex Low Value Grant Assessment Selection Criteria

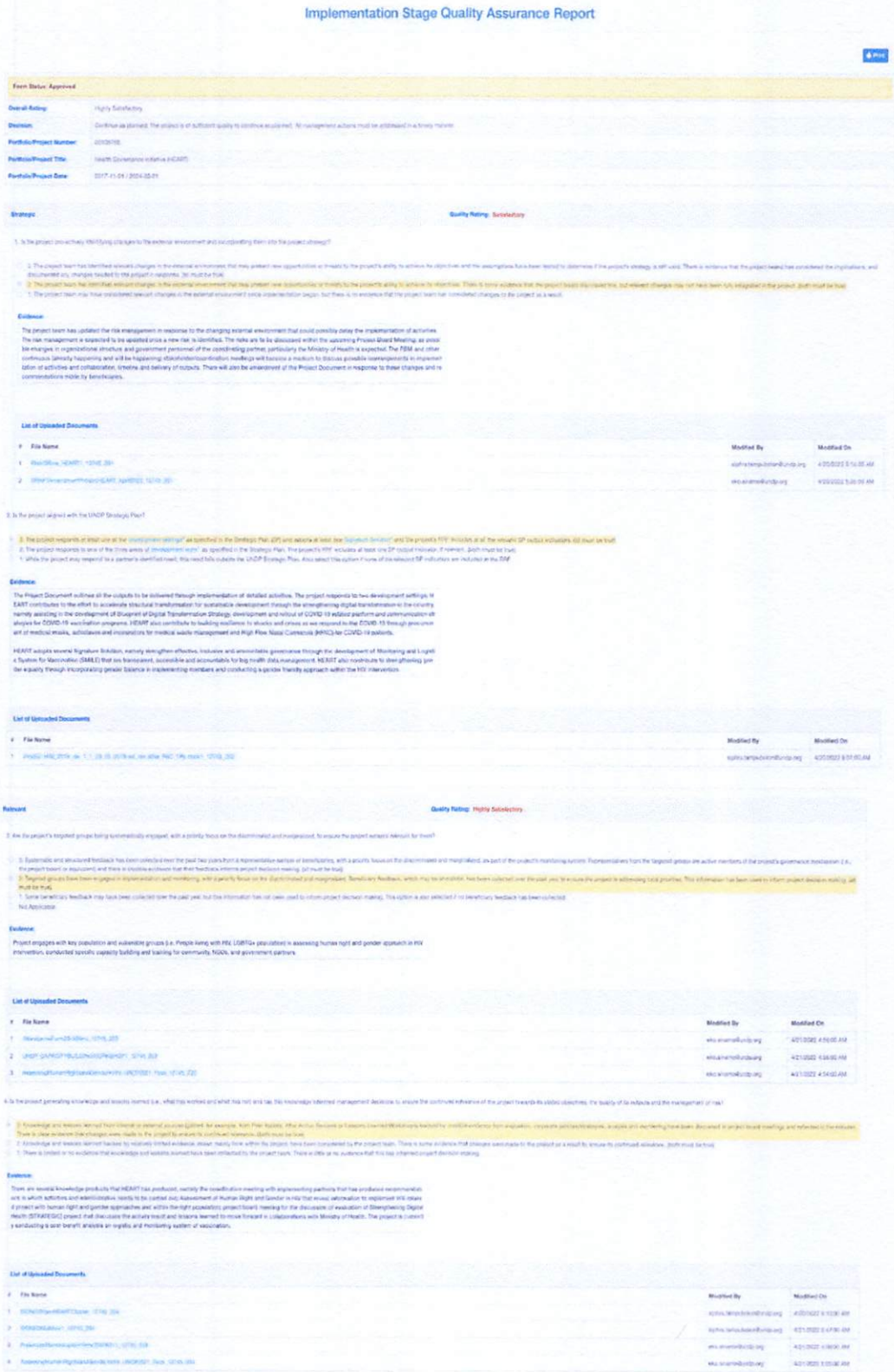
Annex 1. List of Abbreviation

ADP	Access and Delivery Partnership
ARV	Antiretroviral
ART	Antiretroviral Therapy
ATM	AIDS, Tuberculosis, And Malaria
AWS	Amazon Web Services
BPOM	National Agency of Drug and Food Control (Badan Pengawasan Obat dan Makanan)
BPPS	Bureau for Policy and Programme Support
CHAI	Clinton Health Access Initiative
CCM	Country Coordinating Mechanism
COVID-19	Coronavirus Disease - 2019
CPD	Country Programme
CSO	Civil Society Organization
DFAT	Department of Foreign Affairs and Trade
DGPRU	Democratic Governance
DIM	Direct Implementation Modality
Dit. P2PM	Direktorat pencegahan dan pengendalian penyakit (Directorate of disease control and prevention)
Dit. Kesling	Direktorat kesehatan lingkungan (Environmental health)
CF	Croda Foundation
Evin	Electronic vaccine intelligent network
FMIS	Financial management information system
FR	Financial Request
GCP	Google Cloud Platform
GCF	Green Climate Funds
GDF	Global Drug Facility
GDP	Gross domestic product
GEF	Global Environment Facility
GEN	Gender
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GoJ	Government of Japan
HEART	Health Governance Initiative
HITAP	Health intervention and technology assessment program
HIV-AIDS	Human Immunodeficiency Virus - Acquired Immune Deficiency Syndrome
HTA	Health technology assessment
HQ	Head quarters
JKN	Jaminan kesehatan nasional
JSB	Japan Supplementary Budget
LKPP	Lembaga Kebijakan Pengadaan Barang Dan Jasa Pemerintah [Indonesia's National Public Procurement Agency]
LLINs	Long-Lasting Insecticidal net
LMIS	Logistic Information System
LTA	long term agreement
LVGA	Low Value grant assessment
MDR TB	Multidrug-Resistant Tuberculosis
MoH	Ministry of Health
MTC ATM	Management and Technical Cooperation For AIDS, TB, and Malaria
NCDs	Non communicable Diseases
PAC	Project Approval Committee
PLHIV	People Living With HIV
POPP	Programme and operations policy and procedures
PR	Principal Recipient
Pusdatin	Pusat Data dan Informasi (Data and Information Centre)
Pusjak PDK	Pusat Kebijakan pembiayaan dan desentralisasi kesehatan (Center of health financing and decentralization)
Prodoc	Project Document

RBAP	Regional Bureau for Asia and Pacific Region
Riskesdas	Laporan Hasil Riset Kesehatan Dasar
RPJMN	National Medium-Term Development plan
RSCM	Rumah Sakit Citromangunkusumo
SDG	Sustainable Development Goal
SMART	Specific, measurable, achievable, relevant, and time-bound
SMILE	sistem monitoring logistik imunisasi berbasis elektronik (Immunization and Logistics Electronic Monitoring System)
SPHS	Sustainable Procurement in the Health Sector
SR	Sub Recipient
SSC/TrC	South-South Side triangular Cooperation
TB	Tuberculosis
TRAC	Targets for Resource Assignments from Core
TRIPS	Trade-Related Aspects of Intellectual Property Rights
TWG	Technical Working Group
UHC	Universal Health Coverage
UNDAF	UNITED NATIONS DEVELOPMENT ASSISTANCE FRAMEWORK
UNAIDS	joint United Nations programmes on Hiv/aids
UNDCF	united nations capital development fund
UNDP	United Nations Development Programme
UNDP BRH	United nations development programme Bangkok regional hub
UNSMS	United nations Department for Safety and security
WGS	whole genomic sequencing
WHO	World health organization
WTO	World Trade Organization

Annex 2. Project Quality Assurance Report

Project quality assurance report is undertaken through on-line UNDP process the link: https://tinyurl.com/3ekm33a6



Implementation Stage Quality Assurance Report

Print

Form Status: Approved

Overall Rating: Highly Satisfactory

Decision: Continue as planned. The project is of sufficient quality to continue as planned. All management actions must be addressed in a timely manner.

Portfolio/Project Number: 00106705

Portfolio/Project Title: Health Governance Initiative (HEART)

Portfolio/Project Date: 2017-11-04 / 2024-05-31

Strategic — Quality Rating: Satisfactory

1. Is the project proactively identifying changes in the external environment and incorporating them into the project strategy?

1: The project team has identified relevant changes in the external environment that may present new opportunities or threats to the project's ability to achieve its objectives and the assumptions have been tested to determine if the project's strategy is still valid. There is evidence that the project team has considered the implications, and documented any changes required to the project in response. [All must be true]

2: The project team has identified relevant changes in the external environment that may present new opportunities or threats to the project's ability to achieve its objectives. There is some evidence that the project team has considered this, but relevant changes may not have been fully integrated in the project. [Both must be true]

1: The project team may have considered relevant changes in the external environment since implementation began, but there is no evidence that the project team has considered changes to the project as a result.

Evidence:

The project team has updated the risk management in response to the changing external environment that could possibly delay the implementation of activities. The risk management is expected to be updated once a new risk is identified. The risks are to be discussed within the upcoming Project Board Meeting, as areas like changes in organizational structure and government personnel of the coordinating partner, particularly the Ministry of Health is expected. The PBM and other continuous dynamic happening and will be happening stakeholder coordination meetings will become a medium to discuss possible rearrangements in implementation of activities and collaboration, timeline, and delivery of outputs. There will also be amendment of the Project Document in response to these changes and re commendations made by beneficiaries.

List of Uploaded Documents

#	File Name	Modified By	Modified On
1	[redacted]	[redacted]	[redacted]
2	[redacted]	[redacted]	[redacted]

2. Is the project aligned with the UNDP Strategic Plan?

2: The project responds to at least one of the development settings as specified in the Strategic Plan, and records at least one Signature Solution and the project's RRF includes at all the relevant SP output indicators. [All must be true]

2: The project responds to one of the three areas of development work as specified in the Strategic Plan. The project's RRF includes at least one SP output indicator, if relevant. [both must be true]

1: While the project may respond to a partner's identified need, this need falls outside the UNDP Strategic Plan. Also select this option if none of the relevant SP indicators are included in the RRF.

Evidence:

The Project Document outlines all the outputs to be delivered through implementation of detailed activities. The project responds to two development settings. H EART contributes to the effort to accelerate structural transformation for sustainable development through the strengthening digital transformation in the country namely assisting in the development of Blueprint of Digital Transformation Strategy, development and rollout of COVID 19 related platform and communication str ategies for COVID-19 vaccination programs. HEART also contributes to building resilience to shocks and crises as we respond to the COVID-19 through procurem ent of medical masks, activalaser and incinerators for medical waste management and High Flow Nasal Cannula (HNC) for COVID-19 patients.

HEART adopts several Signature Solution, namely strengthen effective, inclusive and accountable governance through the development of Monitoring and Logisti c System for Vaccination (SMILE) that are transparent, accessible and accountable for big health data management. HEART also contributes to deepening gov ernance equality through incorporating gender balance in implementing members and conducting a gender friendly approach within the HIV intervention.

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1	[redacted]	[redacted]	[redacted]

Relevant — Quality Rating: Highly Satisfactory

3. Are the project's targeted groups being systematically engaged, with a priority focus on the discriminated and marginalized, to ensure the project remains relevant for them?

3: Systematic and structured feedback has been collected over the past two years from a representative sample of beneficiaries, with a priority focus on the discriminated and marginalized. As part of the project's monitoring system. Representatives from the targeted groups are active members of the project's governance mechanism (i.e., the project board, or equivalent) and there is credible evidence that their feedback informs project decision making. [all must be true]

2: Targeted groups have been engaged in implementation and monitoring, with a priority focus on the discriminated and marginalized. Beneficiary feedback, which may be anecdotal, has been collected over the past year to ensure the project is addressing local priorities. This information has been used to inform project decision-making. [all must be true]

1: Some beneficiary feedback may have been collected over the past year, but the information has not been used to inform project decision making. This option is also selected if no beneficiary feedback has been collected.

Not Applicable

Evidence:

Project engages with key population and vulnerable groups (i.e. People living with HIV, LGBTQ+ population) in assessing human right and gender approach in HIV intervention, conducted specific capacity building and training for community, NGOs, and government partners.

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#	File Name	Modified By	Modified On
1	[redacted]	[redacted]	[redacted]
2	[redacted]	[redacted]	[redacted]
3	[redacted]	[redacted]	[redacted]

4. Is the project generating knowledge and lessons learned (i.e., what has worked and what has not) and has this knowledge informed management decisions to ensure the continued relevance of the project towards its stated objectives, the quality of its outputs and the management of risk?

3: Knowledge and lessons learned from internal or external sources (piloted, for example, from Peer Reviews, After Action Reviews or lessons Learned Workshops) have led to credible evidence from evaluation, corporate policies/strategies, analysis and monitoring have been discussed in project board meetings, and reflected in the minutes. There is clear evidence that changes were made to the project to continue relevance. [both must be true]

2: Knowledge and lessons learned backed by relatively limited evidence, mostly from within the project, have been considered by the project team. There is some evidence that changes were made to the project as a result to ensure its continued relevance. [both must be true]

1: There is limited or no evidence that knowledge and lessons learned have been reflected in the project team. There is little or no evidence that this has informed project decision making.

Evidence:

There are several knowledge products that HEART has produced, namely the coordination meeting with implementing partners that has produced recommendati ons in which activities and administrative needs to be carried out; Assessment of Human Right and Gender in HIV that would advocation to implement HIV relate d project with human right and gender approaches and; within the right population; project boards' meeting for the discussion of evaluation of Strengthening Digital Health (STRATEGIC) project that discussed the activity result and lessons learned to move forward in collaborations with Ministry of Health. The project is current y conducting a cost benefit analysis on logistic and monitoring system of vaccination.

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#	File Name	Modified By	Modified On
1	[redacted]	[redacted]	[redacted]
2	[redacted]	[redacted]	[redacted]
3	[redacted]	[redacted]	[redacted]
4	[redacted]	[redacted]	[redacted]

11. Are risks to the project adequately monitored and managed?

3: The project has actively managed risks every quarter including consulting with key stakeholders, including security advisors, to identify continuing and emerging risks and to assess if the main assumptions remain valid. There is clear evidence that relevant management plans and mitigating measures are being fully implemented to address each key project risk, and have been updated to reflect the latest risk environment. (all must be true)
2: The project has monitored risks every year, as evidenced by an updated risk log. Some updates have been made to management plans and mitigation measures.
1: The risk log has not been updated as required. There may be some evidence that the project has monitored risks (including security risks or incidents) that may affect the project's achievement of results, but there is no explicit evidence that management actions have been taken to mitigate risks. In the case of a deteriorating security environment, no consultation has occurred with the UNDP Security Office on appropriate measures.

Evidence

Project conducted risk and mitigation assessment in project regular monthly meetings & uses risk with the Senior Management and revised risk log.

New risk at risk log in Q1 2022 are updated regularly, new risk identified and irrelevant risk are deleted

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#	File Name	Modified By	Modified On
1	[redacted]	[redacted]	[redacted]

Efficient **Quality Rating: Exemplary**

12. Adequate resources have been mobilized to achieve intended results. If not, management decisions were taken to adjust expected results in the project's results framework.

Yes
No

Evidence

The project's 2022 Annual Workplan states that financial resources are to be used effectively in implementing activities and deliver output in a timely manner. This begins to monitor this include project quarterly update (both programmatic and financial) and close coordination with implementing partners to discuss financial a nd administrative necessities.

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1	[redacted]	[redacted]	[redacted]

13. Are project inputs procured and delivered on time to effectively contribute to results?

3: The project has an updated procurement plan. Implementation of the plan is on or ahead of schedule. The project quarterly reviews operational bottlenecks to procuring inputs in a timely manner and addresses them through appropriate management actions. (all must be true)
2: The project has an updated procurement plan. The project annually reviews operational bottlenecks to procuring inputs in a timely manner and addresses them through appropriate management actions. (all must be true)
1: The project does not have an updated procurement plan. The project may or may not have reviewed operational bottlenecks to procuring inputs in a timely manner, however management actions have not been taken to address them.

Evidence

The project has an updated procurement plan that is closely monitored by the Project Manager and Project Management Unit. Strategy to ensure procurement is done in a timely manner is that project quarterly review updates the procurement plan with implementing partners and take planned actions which risk that has be en identified previously arises.

List of Uploaded Documents

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1	[redacted]	[redacted]	[redacted]

14. Is there regular monitoring and accounting of cost efficiencies taking into account the expected quality of results?

3: There is evidence that the project regularly reviews inputs against relevant benchmarks (e.g., other projects or country efficiency or industry benchmarks) to ensure the project maximizes results that can be delivered with given resources. The project actively coordinates with other relevant ongoing projects and initiatives (UNDP or others) to ensure complementarity and seek efficiencies, wherever possible (e.g. joint activities). (both must be true)
2: The project monitors its own costs and gives anecdotal examples of cost efficiencies (e.g., spending less to get the same result) but there is no systematic analysis of costs and no link to the expected quality of results delivered. The project coordinates activities with other projects to achieve cost efficiency gains.
1: There is little or no evidence that the project monitors its own costs and is considering ways to save money beyond following standard procurement rules.

Evidence

The project conducts procurement comparison analysis to review costs between vendors that will be used to support implementation activities, in purpose that t he financial resources is used efficiently. In addition, the project is also undergoing a cost/benefit analysis for the monitoring and logistic system for vaccinations (SMILE) in collaboration with the World Bank and Access and Delivery Partnership to maximize efficiencies.

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1	[redacted]	[redacted]	[redacted]
2	[redacted]	[redacted]	[redacted]

Effective **Quality Rating: Exemplary**

15. Is the project is on track to deliver its expected outputs?

Yes
No

Evidence

The project is on track to deliver its expected output, as planned in the Annual Workplan. Some evidence of progress are written in details as accountability and tr ansparency of program its stored in forms of progress reports. Close monitoring by Project Manager with team members and beneficiaries are done continuously to track progress.

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2	[redacted]	[redacted]	[redacted]

16. Have there been regular reviews of the work plan to ensure that the project is on track to achieve the desired results, and to inform course corrections if needed?

3: Quarterly progress data has informed regular reviews of the project work plan to ensure that the activities implemented are most likely to achieve the desired results. There is evidence that data and lessons learned (including from evaluations and/or other Action Reviews) have been used to inform course corrections, as needed. Any necessary budget revisions have been made. (both must be true)
2: There has been at least one review of the work plan per year to assess if project activities are on track to achieving the desired development results (i.e., outputs). There may or may not be evidence that data or lessons learned has been used to inform the revisions. Any necessary budget revisions have been made.
1: While the project team may have reviewed the work plan at least once over the past year to ensure outputs are delivered on time, no link has been made to the delivery of desired development results. Select this option also if no review of the work plan by management has taken place over the past year.

Evidence

Conduction of cluster monthly and quarterly project review to track progress, discuss learning lessons, challenges and way forward. Attached is MAM cluster me eting 2022 conducted in April 19.

List of Uploaded Documents

#	File Name	Modified By	Modified On
1	[redacted]	[redacted]	[redacted]

17. Are targeted groups being systematically identified and engaged, prioritizing the marginalized and excluded, to ensure results are achieved as expected?

- 3: The project is targeting specific groups and/or geographic areas, identified by using credible data sources on their capacity needs, deprivation and/or exclusion from development opportunities relevant to the project's area of work. There is clear evidence that the targeted groups are being reached as intended. The project has engaged regularly with targeted groups over the past year to assess whether they are benefiting as expected and adjustments were made if necessary to refine targeting, set more so that
- 2: The project is targeting specific groups and/or geographic areas, based on some evidence of their capacity needs, deprivation and/or exclusion from development opportunities relevant to the project's area of work. Some evidence is provided to confirm that project beneficiaries are members of the targeted groups. There has been some engagement with beneficiaries in the past year to assess whether they are benefiting as expected, but it must be made
- 1: The project does not report on specific targeted groups. There is no evidence to confirm that project beneficiaries are deserved and/or excluded from development opportunities relevant to the project area of work. There may have been some engagement with beneficiaries to assess whether they are benefiting as expected, but it has been limited or has not occurred in the past year.
- Not Applicable

Evidence:

The project targets vulnerable groups such as specific community in which children are behind for routine immunizations and communities with low Covid-19 vac creation options are recorded on SMILE dashboard. The project ensure stock and management of quality vaccines in the SMILE Dashboard. Attached is the dashb used somewhat for COVID-19 vaccine distribution for affected community groups.
The project also targets People Living with HIV (PLHIV) through assistance in a discriminatory and assault reporting platform by ensuring that they have a voice. A assessment of human right and gender in HIV program implementation has also been done as basis of correction actions that can be make to the activities that ha a human right and gender approaches.

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#	File Name	Modified By	Modified On
1	[redacted]	[redacted]	[redacted]
2	[redacted]	[redacted]	[redacted]

Sustainability & National Ownership **Quality Rating:** Highly Satisfactory

18. Are stakeholders and national partners fully engaged in the decision-making, implementation and monitoring of the project?

- 3: Only national systems (i.e., procurement, monitoring, evaluation, etc.) are used to fully implement and monitor the project. All relevant stakeholders and partners are fully and actively engaged in the process, playing a lead role in project decision-making, implementation and monitoring. Both must be true.
- 2: National systems (i.e., procurement, monitoring, evaluation, etc.) are used to implement and monitor the project, but some support (such as country office support or project systems) may also be used if necessary. All relevant stakeholders and partners are fully and actively engaged in the process, playing an active role in project decision-making, implementation and monitoring. Both must be true.
- 1: There is relatively limited or no engagement with national stakeholders and systems in the decision-making, implementation and/or monitoring of the project.
- Not Applicable

Evidence:

The project conduct continuous coordination and engagement with the senior beneficiary MoH, as well as Ministry of Finance and National Development Plannin g Agency to receive information on government needs of development project, capacity building needs, as well as feedback and recommendations on implement ing activities. Those recommendations are well received to be considered as corrective actions for project's improvement in delivering outputs and increased effic iency. Project provides supports in the form of Technical Assistance with government leadership in project implementation and monitoring that produce results s uch as policy recommendations, health informatic applications - all are fully adopted under government's mechanism.

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#	File Name	Modified By	Modified On
No documents available			

19. There is regular monitoring of changes in capacities and performance of institutions and systems new are in the project, as needed. The [redacted] have been adjusted according to changes in partner capacities.

- 3: In the past two years, changes in capacities and performance of institutions and systems have been comprehensively assessed/monitored using clear indicators, rigorous methods of data collection and credible data sources including relevant HACT assurance activities. Implementation arrangements have been formally reviewed and adjusted, if needed, in agreement with partners according to changes in partner capacities. Both must be true.
- 2: In the past two years, aspects of changes in capacities and performance of relevant national institutions and systems have been monitored by the project using indicators and reasonably credible data sources including relevant HACT assurance activities. Some adjustment has been made to implementation arrangements if needed to reflect changes in partner capacities. Both must be true.
- 1: Some aspects of changes in capacities and performance of relevant national institutions and systems may have been monitored by the project, however changes to implementation arrangements have not been considered. Also select this option if changes in capacities and performance of relevant national institutions and systems have not been monitored by the project.
- Not applicable

Evidence

Project executed relevant assessment in regards to the changing partners/institution priorities and capacities to implement activities. The project then responde d accordingly in making the appropriate changes to the activities to respond to the MoH in government's needs. Implementation management has also shifted in response to the change in said activities to include more relevant stakeholders which then contribute to a more efficient delivery of output. Examples are addition al collaboration with PSPI (Perhimpunan Dokter Paru Indonesia) for Covid-19 response and Subdirectorate Malaria Prevention and Control within MoH to respond to their need of higher control by expanding in malaria, since standard making.

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1	[redacted]	[redacted]	[redacted]

20. The transition and phase-out arrangements are reviewed regularly and adjusted according to progress (including financial commitments and capacity).

- 3: The project's governance mechanism has reviewed the project's sustainability plan, including arrangements for transition and phase-out, to ensure the project is on track in meeting the requirements set out in the plan. The plan has been adjusted according to progress as needed. Both must be true.
- 2: There has been a review of the project's sustainability plan, including arrangements for transition and phase-out, to ensure the project is on track in meeting the requirements set out by the plan.
- 1: The project may have a sustainability plan, but there has not been a review of this strategy since it was developed. Also select this option if the project does not have a sustainability strategy.

Evidence:

The project conduct close coordination with implementing partners to make sure that changes in organizational structure, government personnel and government priorities are well informed to team members. The close coordination is conducted to ensure that implementation of activities are in a timely manner, conducted e fficiently within the planned financial resources, and are done based on the government's levels and priorities. Feedback given by platform resolved as corrective actions to ensure progress delivery.

List of Uploaded Documents

#	File Name	Modified By	Modified On
1	[redacted]	[redacted]	[redacted]

QA Summary/Project Board Comments

In summary, Health Governance Initiative have included strategies that ensure activities are being implemented on time, efficiently and aligned with partners' priorities and needs. The Project Board Meeting that will be conducted at the soonest of partners' availability will serve as satisfaction of projects' success, as well as generatin g knowledge product that could further improve the project's result delivery, while simultaneously contributing to UNDP's priorities and values.

Annex 3. Social and Environmental Screening Template

The completed template, which constitutes the Social and Environmental Screening Report, must be included as an annex to the Project Document. Please refer to the Social and Environmental Screening Procedure and Toolkit for guidance on how to answer the 6 questions.

Project Information

Project Information	
1. Project Title	Health Governance Initiative
2. Project Number	00106768
3. Location (Global/Region/Country)	Indonesia
4. Project Stage (Design or Implementation)	Implementation
5. Date	16 March 2020

Part A. Integrating Overarching Principles to Strengthen Social and Environmental Sustainability

QUESTION 1: How Does the Project Integrate the Overarching Principles in order to Strengthen Social and Environmental Sustainability?
Briefly describe in the space below how the Project mainstreams the human-rights based approach
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 upholds the principles of human rights, particularly towards especially for poor and vulnerable people (under five children and elderly), and marginalized groups (PLHIV). This project is also aimed at preventing people from CDCs and NCDs. UNDP Indonesia as the Implementing Partner of this project 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.
Briefly describe in the space below how the Project is likely to improve gender equality and women's empowerment
Project will promote gender equality to support Indonesia in developing 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, women, and other marginalized populations are hoped to enjoy capacity enhancement on the use of innovative digital health application. Development of Electronic Monitoring Logistic of Vaccination and assistance to regulating Telemedicine use ensure accessibility of health care services, particularly vaccines, for women, children, and those who reside in rural areas. The usage of digital health application in primary care is one of the ways the project ensures women participation in capacity and skills building. Using the framework *No one left behind,* project will support the development and advocacy of affordable drug prices, by providing gender-sensitive evidence such as assessing human right and gender in HIV prevention and care in Indonesia. Project will also strengthen gender perspectives through ensuring gender balance participation and collecting gender disaggregated data of beneficiaries and stakeholders in the process of relevant policy planning and development. Project will work with various stakeholders, including women and gender groups, and key affected people, both men and women. Project will also engage Women's and Child Protection ministry, to raise their awareness and gather support on project's initiative.
Briefly describe in the space below how the Project mainstreams environmental sustainability
The project will facilitate to mainstream health environmental sustainability through improvement medical waste treatment by developing a digital waste management to ensure appropriate waste disposal processes from health facilities, as well as integrating the environmental friendly principles into the project activities.

Part B. Identifying and Managing Social and Environmental Risks

QUESTION 2: What are the Potential Social and Environmental Risks? *Note: Describe briefly potential social and environmental risks identified in Attachment 1 – Risk Screening Checklist (based on any "Yes" responses). If no risks have been identified in Attachment 1 then note "No Risks Identified" and skip to Question 4 and Select "Low Risk". Questions 5 and 6 not required for Low Risk Projects.*	QUESTION 3: What is the level of significance of the potential social and environmental risks? *Note: Respond to Questions 4 and 5 below before proceeding to Question 6*			QUESTION 6: What social and environmental assessment and management measures have been conducted and/or are required to address potential risks (for Risks with Moderate and High Significance)?
Risk Description	***Impact and Probability (1-5)***	***Significance (Low, Moderate, High)***	***Comments***	***Description of assessment and management measures as reflected in the Project design. If ESIA or SESA is required note that the assessment should consider all potential impacts and risks.***
Risk 1: The project fails to recognize the sensitivity of the issue on violent extremism and radicalization.	I = 5 P =1	**Low**	**Unlikely Scenario**	**N.A**

QUESTION 4: What is the overall Project risk categorization?		
Select one (see SESP for guidance)		**Comments**
Low Risk	X	
Moderate Risk	☐	
High Risk	☐	

QUESTION 5: Based on the identified risks and risk categorization, what requirements of the SES are relevant?		
Check all that apply		**Comments**
Principle 1: Human Rights	X	
Principle 2: Gender Equality and Women's Empowerment		
1. Biodiversity Conservation and Natural Resource Management	☐	
2. Climate Change Mitigation and Adaptation	☐	
3. Community Health, Safety and Working Conditions	X	
4. Cultural Heritage	☐	
5. Displacement and Resettlement	☐	
6. Indigenous Peoples	☐	
7. Pollution Prevention and Resource Efficiency	☐	

SESP Attachment 1. Social and Environmental Risk Screening Checklist

Checklist Potential Social and Environmental Risks		
Principles 1: Human Rights		**Answer (Yes/ No)**
1.	Could the Project lead to adverse impacts on enjoyment of the human rights (civil, political, economic, social or cultural) of the affected population and particularly of marginalized groups?	No
2.	Is there a likelihood that the Project would have inequitable or discriminatory adverse impacts on affected populations, particularly people living in poverty or marginalized or excluded individuals or groups? [33]	No
3.	Could the Project potentially restrict availability, quality of and access to resources or basic services, in particular to marginalized individuals or groups?	No
4.	Is there a likelihood that the Project would exclude any potentially affected stakeholders, in particular marginalized groups, from fully participating in decisions that may affect them?	No
5.	Is there a risk that duty-bearers do not have the capacity to meet their obligations in the Project?	No
6.	Is there a risk that rights-holders do not have the capacity to claim their rights?	No
7.	Have local communities or individuals, given the opportunity, raised human rights concerns regarding the Project during the stakeholder engagement process?	Yes
8.	Is there a risk that the Project would exacerbate conflicts among and/or the risk of violence to project-affected communities and individuals?	Yes
Principle 2: Gender Equality and Women's Empowerment		
1.	Is there a likelihood that the proposed Project would have adverse impacts on gender equality and/or the situation of women and girls?	No
2.	Would the Project potentially reproduce discriminations against women based on gender, especially regarding participation in design and implementation or access to opportunities and benefits?	No
3.	Have women's groups/leaders raised gender equality concerns regarding the Project during the stakeholder engagement process and has this been included in the overall Project proposal and in the risk assessment?	Yes
4.	Would the Project potentially limit women's ability to use, develop and protect natural resources, taking into account different roles and positions of women and men in accessing environmental goods and services? *For example, activities that could lead to natural resources degradation or depletion in communities who depend on these resources for their livelihoods and well being*	No
Principle 3: Environmental Sustainability: Screening questions regarding environmental risks are encompassed by the specific Standard-related questions below		
Standard 1: Biodiversity Conservation and Sustainable Natural Resource Management		
1.1	Would the Project potentially cause adverse impacts to habitats (e.g. modified, natural, and critical habitats) and/or ecosystems and ecosystem services? *For example, through habitat loss, conversion or degradation, fragmentation, hydrological changes*	No
1.2	Are any Project activities proposed within or adjacent to critical habitats and/or environmentally sensitive areas, including legally protected areas (e.g. nature reserve, national park), areas proposed for protection, or recognized as such by authoritative sources and/or indigenous peoples or local communities?	No

[33] Prohibited grounds of discrimination include race, ethnicity, gender, age, language, disability, sexual orientation, religion, political or other opinion, national or social or geographical origin, property, birth or other status including as an indigenous person or as a member of a minority. References to "women and men" or similar is understood to include women and men, boys and girls, and other groups discriminated against based on their gender identities, such as transgender people and transsexuals.

1.3	Does the Project involve changes to the use of lands and resources that may have adverse impacts on habitats, ecosystems, and/or livelihoods? (Note: if restrictions and/or limitations of access to lands would apply, refer to Standard 5)	No
1.4	Would Project activities pose risks to endangered species?	No
1.5	Would the Project pose a risk of introducing invasive alien species?	No
1.6	Does the Project involve harvesting of natural forests, plantation development, or reforestation?	No
1.7	Does the Project involve the production and/or harvesting of fish populations or other aquatic species?	No
1.8	Does the Project involve significant extraction, diversion or containment of surface or ground water? *For example, construction of dams, reservoirs, river basin developments, groundwater extraction*	No
1.9	Does the Project involve utilization of genetic resources? (e.g. collection and/or harvesting, commercial development)	No
1.10	Would the Project generate potential adverse transboundary or global environmental concerns?	No
1.11	Would the Project result in secondary or consequential development activities which could lead to adverse social and environmental effects, or would it generate cumulative impacts with other known existing or planned activities in the area? *For example, a new road through forested lands will generate direct environmental and social impacts (e.g. felling of trees, earthworks, potential relocation of inhabitants). The new road may also facilitate encroachment on lands by illegal settlers or generate unplanned commercial development along the route, potentially in sensitive areas. These are indirect, secondary, or induced impacts that need to be considered. Also, if similar developments in the same forested area are planned, then cumulative impacts of multiple activities (even if not part of the same Project) need to be considered.*	No
Standard 2: Climate Change Mitigation and Adaptation		
2.1	Will the proposed Project result in significant[34] greenhouse gas emissions or may exacerbate climate change?	No
2.2	Would the potential outcomes of the Project be sensitive or vulnerable to potential impacts of climate change?	No
2.3	Is the proposed Project likely to directly or indirectly increase social and environmental vulnerability to climate change now or in the future (also known as maladaptive practices)? *For example, changes to land use planning may encourage further development of floodplains, potentially increasing the population's vulnerability to climate change, specifically flooding*	No
Standard 3: Community Health, Safety and Working Conditions		
3.1	Would elements of Project construction, operation, or decommissioning pose potential safety risks to local communities?	No
3.2	Would the Project pose potential risks to community health and safety due to the transport, storage, and use and/or disposal of hazardous or dangerous materials (e.g. explosives, fuel and other chemicals during construction and operation)?	No
3.3	Does the Project involve large-scale infrastructure development (e.g. dams, roads, buildings)?	No
3.4	Would failure of structural elements of the Project pose risks to communities? (e.g. collapse of buildings or infrastructure)	No
3.5	Would the proposed Project be susceptible to or lead to increased vulnerability to earthquakes, subsidence, landslides, erosion, flooding or extreme climatic conditions?	No
3.6	Would the Project result in potential increased health risks (e.g. from water-borne or other vector-borne diseases or communicable infections such as HIV/AIDS)?	No

[34] In regards to CO_2, 'significant emissions' corresponds generally to more than 25,000 tons per year (from both direct and indirect sources). [The Guidance Note on Climate Change Mitigation and Adaptation provides additional information on GHG emissions.]

3.7	Does the Project pose potential risks and vulnerabilities related to occupational health and safety due to physical, chemical, biological, and radiological hazards during Project construction, operation, or decommissioning?	No
3.8	Does the Project involve support for employment or livelihoods that may fail to comply with national and international labor standards (i.e. principles and standards of ILO fundamental conventions)?	Yes
3.9	Does the Project engage security personnel that may pose a potential risk to health and safety of communities and/or individuals (e.g. due to a lack of adequate training or accountability)?	No
Standard 4: Cultural Heritage		
4.1	Will the proposed Project result in interventions that would potentially adversely impact sites, structures, or objects with historical, cultural, artistic, traditional or religious values or intangible forms of culture (e.g. knowledge, innovations, practices)? (Note: Projects intended to protect and conserve Cultural Heritage may also have inadvertent adverse impacts)	No
4.2	Does the Project propose utilizing tangible and/or intangible forms of cultural heritage for commercial or other purposes?	No
Standard 5: Displacement and Resettlement		
5.1	Would the Project potentially involve temporary or permanent and full or partial physical displacement?	No
5.2	Would the Project possibly result in economic displacement (e.g. loss of assets or access to resources due to land acquisition or access restrictions – even in the absence of physical relocation)?	No
5.3	Is there a risk that the Project would lead to forced evictions?[35]	No
5.4	Would the proposed Project possibly affect land tenure arrangements and/or community based property rights/customary rights to land, territories and/or resources?	No
Standard 6: Indigenous Peoples		
6.1	Are indigenous peoples present in the Project area (including Project area of influence)?	No
6.2	Is it likely that the Project or portions of the Project will be located on lands and territories claimed by indigenous peoples?	No
6.3	Would the proposed Project potentially affect the human rights, lands, natural resources, territories, and traditional livelihoods of indigenous peoples (regardless of whether indigenous peoples possess the legal titles to such areas, whether the Project is located within or outside of the lands and territories inhabited by the affected peoples, or whether the indigenous peoples are recognized as indigenous peoples by the country in question)? *If the answer to the screening question 6.3 is "yes" the potential risk impacts are considered potentially severe and/or critical and the Project would be categorized as either Moderate or High Risk.*	No
6.4	Has there been an absence of culturally appropriate consultations carried out with the objective of achieving FPIC on matters that may affect the rights and interests, lands, resources, territories and traditional livelihoods of the indigenous peoples concerned?	No
6.5	Does the proposed Project involve the utilization and/or commercial development of natural resources on lands and territories claimed by indigenous peoples?	No
6.6	Is there a potential for forced eviction or the whole or partial physical or economic displacement of indigenous peoples, including through access restrictions to lands, territories, and resources?	No
6.7	Would the Project adversely affect the development priorities of indigenous peoples as defined by them?	No
6.8	Would the Project potentially affect the physical and cultural survival of indigenous peoples?	No

[35] Forced evictions include acts and/or omissions involving the coerced or involuntary displacement of individuals, groups, or communities from homes and/or lands and common property resources that were occupied or depended upon, thus eliminating the ability of an individual, group, or community to reside or work in a particular dwelling, residence, or location without the provision of, and access to, appropriate forms of legal or other protections.

6.9	Would the Project potentially affect the Cultural Heritage of indigenous peoples, including through the commercialization or use of their traditional knowledge and practices?	No
Standard 7: Pollution Prevention and Resource Efficiency		
7.1	Would the Project potentially result in the release of pollutants to the environment due to routine or non-routine circumstances with the potential for adverse local, regional, and/or transboundary impacts?	No
7.2	Would the proposed Project potentially result in the generation of waste (both hazardous and non-hazardous)?	No
7.3	Will the proposed Project potentially involve the manufacture, trade, release, and/or use of hazardous chemicals and/or materials? Does the Project propose use of chemicals or materials subject to international bans or phase-outs? *For example, DDT, PCBs and other chemicals listed in international conventions such as the Stockholm Conventions on Persistent Organic Pollutants or the Montreal Protocol*	No
7.4	Will the proposed Project involve the application of pesticides that may have a negative effect on the environment or human health?	No
7.5	Does the Project include activities that require significant consumption of raw materials, energy, and/or water?	No

Final Sign Off

Signature	*Date*	*Description*
QA Assessor		UNDP staff member responsible for the Project, typically a UNDP Programme Officer. Final signature confirms they have "checked" to ensure that the SESP is adequately conducted.
QA Approver		UNDP senior manager, typically the UNDP Deputy Country Director (DCD), Country Director (CD), Deputy Resident Representative (DRR), or Resident Representative (RR). The QA Approver cannot also be the QA Assessor. Final signature confirms they have "cleared" the SESP prior to submittal to the PAC.
PAC Chair		UNDP chair of the PAC. In some cases, PAC Chair may also be the QA Approver. Final signature confirms that the SESP was considered as part of the project appraisal and considered in recommendations of the PAC.

Annex 4. Risk Analysis

Project Title: Health Governance Initiative	Award ID: 00106768	Date: 16 March 2020

#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Mngt response	Owner	Submitted, updated by	Last Update	Status
1	Difficulty in information dissemination with the facility group, monitoring, and implementation delays because restricted movement from COVID-19.	Q1 2019	Other	Slow delivery rate requires reprogramming and repurposing to respond to COVID-19. P = 3 I = 3	- Online project implementation and monitoring - Activities are running with adjustment	HEART Cluster Lead	Monev Assistant	Q3 2021 for offline monitoring and project implementation and coordination runs as travel restriction lifted, however potential 3rd wave is expected to be happened. However, we back on online mode since 3rd wave struct Indonesia from end of January 2022	Ongoing
2	Delayed coordination with national and sub-national government in support of policy and programming due to the Changing nomenclature of directorate level at Ministry of Health (MoH) where HEART has formal collaboration. Due to the change in Ministry of Health nomenclature, there will be a shift in the leadership personnel. Therefore, it is expected to observe a key priority shift in program implementation and strategies	Q4 2021	Organizational	Slow delivery rate requires reprogramming and repurposing implementation strategies to respond to the government's priority shift. P = 3 I = 3	Close coordination, both with the MoH and internally to gain accurate information to adjust programmatic strategies in respond to the new nomenclature, both regarding project document and other related report and implementation	HEART Cluster Lead	Monev Assistant	Project prepares legal documents for amend ahead of time with MoH partners	Ongoing

4	Electronic Logistic Monitoring Information System for Immunization Program (SMILE) utilized for COVID-19 and BIO FARMA have access to change data inputs of monitoring and logistic of vaccination	Q4 2020	Political	Transparency on the amount of vaccines being used might be jeopardized as all data will be managed by BioFarma P = 3 I = 3	Working closely with MoH as owner of SMILE; Develop clear communication about transparency of data	SMILE Team Leader	Monev Assistant	SMILE is becoming national vaccines stock management and project will maintain coordination with MoH and BioFarma	Completed
5	Increasingly complicated permit application process to Indonesia's National Research Agency (BRIN) because change to permit processes due to recent update of Indonesia's National Research Agency (BRIN) regulation	Q1 2022	Regulatory	Planned activities for the cost benefit analysis might be delayed from the initial timelines P = 3 I = 3	Detailed and comprehensive proposal need to be developed prior on submission to the National Research and Innovation Agency (BRIN) to prevent further delay	SMILE Team Leader	Monev Assistant	Progress meeting is proposed to be held every week to monitor the progress of each study activity	Ongoing
6	Weak implementation of feedback mechanism regarding HIV because communities and population impacted have no awareness of the application to report discrimination and assault events	Q1 2022	Regulatory	Decision makers and implementers of programs in provincial or district level might not aware of the events that might not be reported in the system, therefore there might an information gap that prevents them from fixing the problem effectively P = 3 I = 3	Outreach activities to socialize the SP4N-LAPOR application as a feedback mechanism that can be utilized to report any discrimination or assault events regarding HIV	Gender and Human Right Officer	Monev Assistant	Socialization of SPAN-Lapor and engagement with communities is being conceptualized	Ongoing

7	Delayed project implementation and insufficient spending of allocated budget, in particular the Whole Genome Sequencing because limited human resources in procurement processes, followed with expected trouble in the delivery of procured items and permission for tax-free delivery in customs	Q1 2022	Organizational	Delayed project implementation and insufficient spending of allocated budget P = 3 I = 3	Seek help from Head Quarter and Regional to conduct procurement with vendor already having existing LTA	HEART Cluster Lead	Monev Assistant	Have conducted initial communication between project, procurement team and MoH as user to clarify roles, responsibilities and receive inputs and recommendations	Ongoing
8	Delays in project implementation due to large-scale procurements. There is a slow start to on-ground project procurement activities because Procurement for UNDP's activities must be agreed by the national and sub-national authorities and complying with Socio-Environmental Standards.	Q2 2022	Operational	Delay in procurement and implementation of project activities P = 3 I = 3	Discuss regularly with Senior management and senior beneficiaries on the progress of procurement	Head of DGPRU Unit	Monev Assistant	The project has regularly meeting every week with the Senior Management on the progress to date related to procurement plan	Ongoing
9	Unanticipated requirement in Electronic Vaccine Intelligence Network (eVIN) scale up plan due to COVID-19 pandemic	Q2 2022	Operational	New equipment translates to increased requirement for Temperature data loggers and increased trainings than previously planned P = 3 I = 3	- Risk will be identified well in advance and its funding options will be discussed with MoH - Initiate and expedite procurement and consultation with RBAP	HEART Cluster Lead	Monev assistant	Funds required for increased number of data loggers and trainings will be supported for preparation of activities to start in time	On-going

10	The oxygen tanks from vendor might not meet the qualification from the Ministry of Industrial and Hospital	Q2 2022	Regulatory	Inability to meet pre-decided timelines and projected targets as the oxygen tanks might need to be replaced if there is any defect. P = 3 I = 2	- Put the complete requirement in the bidding vendor document - Ensure within the agreement that there is a guaranteed statement with the vendor that if the oxygen tanks are not filled properly based on given the requirements, the vendor responsible to provide replacement and/or refund	STRATEGIC Programme Manager	Monev Assistant	Counter measurements are being taken as the procurement processes are going to start soon to prevent the aforementioned risks.	On-going
11	Technical disruption to the data migration for SMILE (Immunization and Logistics Electronic Monitoring System) from public cloud hosting migration (GCP) and Ellitery (AWS) due to big amount of data being stored and data migration processes being unpredictably more complex	Q2 2022	Operational	During the data migration process, data loss might occur. When the data is migrated to the new system or target system, some of the data may not migrate over the same source system, and it will impact to the reputation of UNDP P = 3 I = 3	- Develop the Migration Strategy and close consultation with the Ministry of Health as the beneficiary - Implement Migration Tools by provider to obtain minimum downtime	HEART Cluster Lead	Monev assistant	- The unit has developed data migration strategy to prioritize the level of risk complexity, including timeline of implementation - Technical discussions on tools and configurations in the provider environment will be held during the kickoff meeting and implementation meeting with the engineer from provider and engineer from application developer.	On-going
12	Natural disasters happening in disaster-prone project areas (e.g., flood in Jakarta, drought in	Q1 2022	Decentralization	Slow delivery rate and oversight difficulties in affected areas requires reprogramming and	Allocation of flexible funds that would mitigate any gaps affecting program	HEART Cluster Lead	Monev Assistant	Part of cluster are ready for emergency response and only activated when disaster happened	On-going

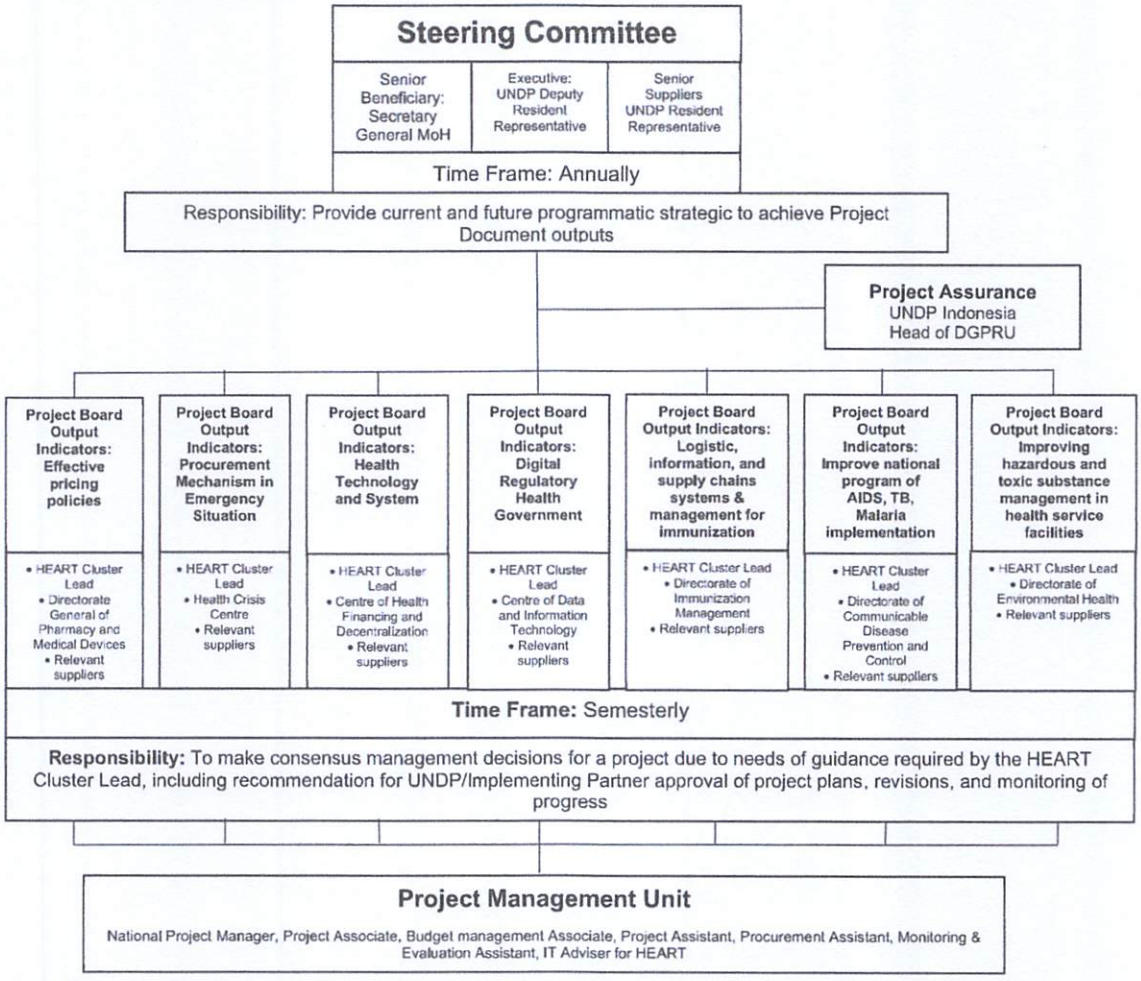
	Timor Leste, flash floods in Kalimantan and Sulawesi).			repurposing to respond to the natural disasters. Possible delay in achieving outputs and adhering to project timelines. P = 4 I = 2	implementation, prioritizing most urgent and strategic activities				
13	Limitation of government and donor budget because low level of health financing due to poor fiscal capacity and low prioritizing of spending for health sectors; Program Aids, TB, dan Malaria is not included in priorities of provincial/districts regulation	Q1 2022	Financial	In the absence of international funding support for vaccine supply chain management and activities regarding HIV, TB, Malaria, scaling up for program implementation might be limited ad conditioned by other funding sources which is not sustainable P = 3 I = 3	- Develop a robust evidence-based investment case that shows high-cost effectiveness of vaccine supply chain management system - Facilitating CCM Secretariat Indonesia, TWG RSSH, and Adinkes to strengthen its function in activity planning and implementation for Resilience for Sustainable System for Health Program through close, clear and continuous coordination	HEART Cluster Lead HEART Project Associate	Monev Assistant	- UNDP (SMILE), ADP, and WB on process of conducting cost benefit analysis study of SMILE - Already hired Technical Officer RSSH for CCM Secretariat that will provide technical assistance	On-going
14	Coordination with national and sub-national government in support of policy and programming, including poor partners' capacity for project delivery	Q1 2021	Organizational	Slow delivery rate requires reprogramming and repurposing to respond to the government's priority shift. P = 3 I = 2	Clear and constant coordination, capacity building, engagement of HR bureau, and training allocation with flexible funds	HEART Cluster Lead	Monev Assistant	Staff changing is a part of continuing challenge where project will assess and provide continuous staff improvement	On-going

Annex 5. Project Steering Committee and Project Board Terms of Reference and TORs of key management positions

All UNDP projects must be governed by a multi-stakeholder board or committee established to review performance based on established monitoring and evaluation metrics and high-level implementation issues to ensure quality delivery of results. For the purpose of this ToR and to ensure standardization, henceforth, as regards project documentation, such a body shall only be referred to by the name: '**Project Steering Committee**'. The Steering Committee is the most senior, dedicated oversight body for a UNDP 'Development Project', which is defined in the PPM as an instrument where UNDP "Delivers outputs where UNDP has accountability for design, oversight, and quality assurance of the entire project."

Under Steering Committee, any changes related to project yearly budget, planning, implementation, and evaluation can be conducted in **Project Board** at directorate level. The Project Board provide management decisions by consensus for a project when guidance is required by the HEART Cluster Lead, including recommendation for UNDP/Implementing Partner approval of project plans and revisions. In order to ensure UNDP's ultimate accountability, Project Board decisions should be made in accordance to standards[36] that shall ensure best value to money, fairness, integrity transparency and effective international competition. In case a consensus cannot be reached, final decision shall rest with the HEART Cluster Lead. Any changes made by Project Board should be reflected in the form of Minutes of Meeting and formal exchange of letters of approval. This document must be communicated in writing to the Steering Committee through *Tim Penilai Hibah* (Grant Assessment Committee) for prior review.

HEART Project Organisation Structure:



[36] UNDP Financial Rules and Regulations: Chapter E, Regulation 16.05: a) The administration by executing entities or, under the harmonized operational modalities, implementing partners, of resources obtained from or through UNDP shall be carried out under their respective financial regulations, rules, practices and procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. b) Where the financial governance of an executing entity or, under the harmonized operational modalities, implementing partner, does not provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition, that of UNDP shall apply.

*Contribution received from regional project led through the Bangkok Regional Hub (BRH) on 2018. This regional project is conducted by UNDP CO in Indonesia through HEART project considering its nature and scope. This regional project will therefore not be captured in HEART's financial statement.

PROJECT STEERING COMMITTEE

Overall responsibilities: The Steering Committee is the group responsible to provide current and future programmatic strategic and recommendation to achieve Project Document outputs. In order to ensure UNDP's ultimate accountability, Steering Committee decisions should be made in accordance with standards that shall ensure best value to money, fairness, integrity, transparency and effectiveness by engaging senior beneficiaries, senior suppliers and stakeholders to ensure their voice and participation through coordination meetings, focus group discussions and any decision-making processes.

Composition and organization: This group contains three roles, including:

1) An Executive: individual representing the project ownership to chair the group.
2) Senior Beneficiary: individual or group of individuals representing the interests of those who will ultimately benefit from the project. The Senior Beneficiary's primary function within the Board is to ensure the realization of project results from the perspective of project beneficiaries.

Senior Supplier: individual or group representing the interests of the parties concerned which provide funding and/or technical expertise to the project. The Senior Supplier's primary function within the Board is to provide guidance regarding the technical feasibility of the project.

Potential members of the Steering Committee are reviewed and recommended for approval during the PAC meeting. For example, the Executive role can be held by a representative from the Government Cooperating Agency or UNDP, the Senior Supplier role is held by a representative of the Implementing Partner and/or UNDP, and the Senior Beneficiary role is held by a representative of the government or civil society. Representative of other stakeholders can be included in the Board as appropriate.

Specific responsibilities:

Running a project

- Provide overall guidance and direction to the project, ensuring it remains within any specified constraints;
- Conduct annual meetings to review the Project Annual Progress Report and provide direction and recommendations to ensure that the agreed deliverables are produced satisfactorily according to plans; and
- Provide ad-hoc direction and advice for exception situations when project manager's tolerances are exceeded.

Closing a project

- Assure that all Project deliverables have been produced satisfactorily;
- Review and approve the Final Project Review Report, including Lessons-learned; and
- Commission project evaluation (only when required by partnership agreement).

EXECUTIVE

The Executive is ultimately responsible for the project, supported by the Senior Beneficiary and Senior Supplier. The Executive's role is to ensure that the project is focused throughout its life cycle on achieving its objectives and delivering outputs that will contribute to higher level outcomes. The Executive has to ensure that the project gives value for money, ensuring a cost-conscious approach to the project, balancing the demands of beneficiary and supplier. The Project Executive is: UNDP **Deputy Resident Representative (DRR)**.

Specific Responsibilities (as part of the above responsibilities for the Steering Committee)

- Ensure that there is a coherent project organisation structure and logical set of plans
- Set tolerances in the AWP and other plans as required for the Cluster Lead
- Monitor and control the progress of the project at a strategic level
- Ensure that risks are being tracked and mitigated as effectively as possible
- Brief Outcome Board and relevant stakeholders about project progress
- Organise and chair Steering Committee meetings

The Executive is responsible for overall assurance of the project as described below. If the project warrants it, the Executive may delegate some responsibility for the project assurance functions.

SENIOR BENEFICIARY

The Senior Beneficiary is responsible for validating the needs and for monitoring that the solution will meet those needs within the constraints of the project. The role represents the interests of all those who will benefit from the project, or those for whom the deliverables resulting from activities will achieve specific output targets. The Senior Beneficiary role monitors progress against targets and quality criteria. This role may require more than one person to cover all the beneficiary interests. For the sake of effectiveness, the role should not be split between too many people. The Senior Beneficiary

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Representative(s) is: **The Secretary General of Health, Ministry of Health or representative delegated by the Secretary General.**

Specific Responsibilities (as part of the above responsibilities for the Steering Committee)

- Prioritise and contribute beneficiaries' opinions on Project Outcome Board decisions on whether to implement recommendations on proposed changes
- Resolve priority conflicts

The assurance responsibilities of the Senior Beneficiary are to check that:

- Risks to the beneficiaries are frequently monitored

Where the project's size, complexity or importance warrants it, the Senior Beneficiary may delegate the responsibility and authority for some of the assurance responsibilities.

SENIOR SUPPLIER

The Senior Supplier represents the interests of the parties which provide funding and/or technical expertise to the project (designing, developing, facilitating, procuring, implementing). The Senior Supplier's primary function within the Board is to provide guidance regarding the technical feasibility of the project. The Senior Supplier role must have the authority to commit or acquire supplier resources required. If necessary, more than one person may be required for this role. Typically, the implementing partner, UNDP and/or donor(s) would be represented under this role. The Senior Supplier is: UNDP **Resident Representative (RR).**

Specific Responsibilities (as part of the above responsibilities for the Steering Committee)

- Ensure that the supplier resources required for the project are made available.
- Arbitrate on, and ensure resolution of, any supplier priority or resource conflicts.

The supplier assurance role responsibilities are to:

- Monitor potential changes and their impact on the quality of deliverables from a supplier perspective.
- Monitor any risks in the implementation aspects of the project.

PROJECT ASSURANCE

Overall responsibility: Project Assurance is the responsibility of each Steering Committee member; however, the role can be delegated. The Project Assurance role supports the Steering Committee by providing advice and recommendation in assuring quality assurance.

Project Assurance has to be independent of the Cluster Lead; therefore, the Steering Committee cannot delegate any of its assurance responsibilities to the Head of DGPRU in UNDP CO Indonesia.

Specific responsibilities:

The implementation of the assurance responsibilities needs to answer the question "What is to be assured?". The following list includes the key suggested aspects that need to be checked by the Project Assurance throughout the project as part of ensuring that it remains relevant, follows the approved plans, and continues to meet the planned targets with quality.

- Maintenance of thorough liaison throughout the project between the members of the Steering Committee;
- Beneficiary needs and expectations are being met or managed;
- Risks are being controlled;
- Adherence to the Project Justification (Business Case);
- Projects fit with the overall Country Programme;
- The right people are being involved;
- An acceptable solution is being developed
- The project remains viable;
- The scope of the project is not "creeping upwards" unnoticed
- Internal and external communications are working
- Applicable UNDP rules and regulations are being observed;
- Any legislative constraints are being observed;
- Adherence to Resource Management Guide (RMG) monitoring and reporting requirements and standards;
- Quality management procedures are properly followed; and
- Steering Committee's decisions and recommendation are followed

PROJECT BOARD

There are 7 (seven) project boards based on each output indicator. This is based on input from the previous coordination meeting with the grant assessment team at the Ministry of Health. The aim is to ensure the implementation of semester meetings with more detailed, structured, and in-depth discussions regarding the implementation of activities in each output indicator.

Overall responsibilities: Based on the approved annual work plan (AWP), the Project Board may review and approve project semesterly plans when required and authorizes any major deviation from these agreed quarterly plans. It is the authority that signs off the completion of each semesterly plan as well as authorizes the start of the next quarterly plan. It ensures that required resources are committed and arbitrates on any conflicts within the project or negotiates a solution to any problems between the project and external bodies. In addition, it approves the appointment and responsibilities of the HEART Cluster Lead ger and any delegation of its Project Assurance responsibilities.

Composition and organization: The Project Board members consist of Heart Cluster Lead in UNDP, beneficiaries, and the corresponding donors for the relevant outputs.

Specific responsibilities:

- Address project issues as raised by the HEART Cluster Lead;
- Provide guidance and agree on possible countermeasures/management actions to address specific risks;
- Agree on the Cluster Lead's tolerances in the Annual Work Plan and quarterly plans when required;
- Review Combined Delivery Reports (CDR) prior to certification by the Implementing Partner;
- Appraise the Project Annual Review Report, make recommendations for the next AWP, and inform the Steering Committee about the results of the review;
- Make recommendations for follow-on actions to be submitted to the Steering Committee;
- Assess and decide on project changes through revisions. Any changes to the Prodoc including yearly budget, planning, implementation, and evaluation will be reviewed and agreed by the Project Board, while the resulting revision will be shared with Steering Committee as a notification;
- Address complaints made by individuals, peoples, and communities that are affected by the UNDP projects through the UNDP Stakeholder Response Mechanism (SRM) and/or the UNDP Social and environmental Compliance unit (SECU)[37];
- Review and approve end project report, make recommendations for follow-on actions; and
- Notify operational completion of the project to the Steering Committee.

HEART CLUSTER LEAD

Overall responsibilities: The Cluster Lead has the authority to run the project on a day-to-day basis on behalf of the Project Board within the constraints laid down by the Board. The Cluster Lead is responsible for day-to-day management and decision-making for the project. The Project Manager's prime responsibility is to ensure that the project produces the results specified in the project document, to the required standard of quality and within the specified constraints of time and cost.

The Implementing Partner appoints the Cluster Lead, who should be different from the Implementing Partner's representative in the Outcome Board. Prior to the approval of the project, the Project Developer role is the UNDP staff member responsible for project management functions during formulation until the Project Manager from the Implementing Partner is in place.

The Cluster Lead is: National Technical Specialist for HEART or representative delegated by the UNDP Indonesia.

Specific responsibilities would include:

Overall project management:

- Manage the realization of project outputs through activities;
- Provide direction and guidance to project team(s)/ responsible party(ies);
- Liaise with the Project Board or its appointed Project Assurance roles to assure the overall direction and integrity of the project;
- Identify and obtain any support and advice required for the management, planning and control of the project;
- Responsible for project administration;
- Liaise with any suppliers; and
- May also perform Team Manager and Project Support roles.

Running a project

- Plan the activities of the project and monitor progress against the initial quality criteria.
- Mobilize goods and services to initiative activities, including drafting TORs and work specifications;
- Monitor events as determined in the Monitoring & Communication Plan, and update the plan as required;

[37] http://www.undp.org/content/undp/en/home/operations/accountability/secu-srm.html

- Manage requests for the provision of financial resources by UNDP, using advance of funds, direct payments, or reimbursement using the FACE (Fund Authorization and Certificate of Expenditures);
- Monitor financial resources and accounting to ensure accuracy and reliability of financial reports;
- Manage and monitor the project risks as initially identified in the Project Brief appraised by the LPAC, submit new risks to the Project Board for consideration and decision on possible actions if required; update the status of these risks by maintaining the Project Risks Log;
- Be responsible for managing issues and requests for change by maintaining an Issues Log.
- Prepare the Project Quarterly Progress Report (progress against planned activities, update on Risks and Issues, expenditures) and submit the report to the Project Board and Project Assurance;
- Prepare the Annual review Report, and submit the report to the Project Board and the Steering Committee; and
- Based on the review, prepare the AWP for the following year, as well as Quarterly Plans if required.

Closing a Project

- Prepare Final Project Review Reports to be submitted to the Project Board and the Outcome Board;
- Identify follow-on actions and submit them for consideration to the Project Board;
- Manage the transfer of project deliverables, documents, files, equipment and materials to national beneficiaries; and
- Prepare final CDR/FACE for signature by UNDP and the Implementing Partner.

BENEFICIARY/WORK UNIT

The Beneficiary is responsible for validating the needs and for monitoring that the solution will meet those needs within the constraints of the project. The role represents the interests of all those who will benefit from the project, or those for whom the deliverables resulting from activities will achieve specific output targets. The Beneficiary role monitors progress against targets and quality criteria. This role may require more than one person to cover all the beneficiary interests.

The Beneficiary Representative(s) is Echelon 2/Directors from each work unit (Directorate of Governance for Public Drugs and Health Supplies, Centre oh Health Crisis, Centre of Health Financing and Decentralization, Data Centre and Information Technology, Directorate of Immunization Management, CCM Indonesia, Directorate of Communicable Disease Prevention and Control, and Directorate of Environmental in the Ministry of Health) **or representative delegated by the Directors.**

Specific Responsibilities (as part of the above responsibilities for the Project Steering Committee)

- Ensure the expected output(s) and related activities of the project are well defined;
- Make sure that progress towards the outputs required by the beneficiaries remains consistent from the beneficiary perspective;
- Promote and maintain focus on the expected project output(s);
- Prioritise and contribute beneficiaries' opinions on Project Steering Committee decisions on whether to implement recommendations on proposed changes;
- Resolve priority conflicts; and
- Approve revisions in the Prodoc

The assurance responsibilities of the Beneficiary are to check that:

- Specification of the Beneficiary's needs is accurate, complete, and unambiguous;
- Implementation of activities at all stages is monitored to ensure that they will meet the beneficiary's needs and are progressing towards that target;
- Impact of potential changes is evaluated from the beneficiary point of view; and
- Risks to the beneficiaries are frequently monitored.

Where the project's size, complexity or importance warrants it, the Beneficiary may delegate the responsibility and authority for some of the assurance responsibilities. In addition, the quarterly meeting will be separated per work unit.

SUPPLIERS

The Supplier represents the interests of the parties which provide funding and/or technical expertise to the project (designing, developing, facilitating, procuring, implementing). The Supplier's primary function within the Steering Committee is to provide guidance regarding the technical feasibility of the project. The Supplier role must have the authority to commit or acquire supplier resources required. If necessary, more than one person may be required for this role. Typically, the implementing partner, UNDP and/or donor(s) would be represented under this role. The Supplier is: Representative from DFAT Australia, The Global Fund, GAVI, Japanese Government, Croda Foundation, and UNDP.

Specific Responsibilities (as part of the above responsibilities for the Project Steering Committee)

- Make sure that progress towards the outputs remains consistent from the supplier perspective;
- Promote and maintain focus on the expected project output(s) from the point of view of supplier management;
- Ensure that the supplier resources required for the project are made available;
- Contribute supplier opinions on Project Steering Committee decisions on whether to implement recommendations on proposed changes; and
- Arbitrate on, and ensure resolution of, any supplier priority or resource conflicts

The supplier assurance role responsibilities are to:

- Advise on the selection of strategy, design, and methods to carry out project activities;
- Ensure that any standards defined for the project are met and used to good effect;
- Monitor potential changes and their impact on the quality of deliverables from a supplier perspective; and
- Monitor any risks in the implementation aspects of the project

PROJECT ASSURANCE

Overall responsibility: The Project Assurance also supports the Project Steering Committee and the Project Board(s) by carrying out objective and independent project oversight and monitoring functions. This role ensures appropriate project management milestones are managed and completed.

The Project Assurance is the Head of Democratic Governance and Poverty Reduction (DGPRU) Unit in UNDP.

Specific responsibilities would include:

Initiating a project

- Ensure that project outputs definitions and activity definitions including description and quality criteria have been properly recorded in the Atlas Project Management module to facilitate monitoring and reporting;
- Ensure that people concerned are fully informed about the project; and
- Ensure that all preparatory activities, including training for project staff, logistic supports are timely carried out.

Running a project

- Ensure that funds are made available to the project;
- Ensure that risks and issues are properly managed, and that the logs in Atlas are regularly updated;
- Ensure that critical project information is monitored and updated in Atlas, using the Activity Quality log in particular;
- Ensure that Project Quarterly Progress Reports are prepared and submitted on time, and according to standards in terms of format and content quality;
- Ensure that CDRs and FACE are prepared and submitted to the Project Board and the Steering Commitee;
- Perform oversight activities, such as periodic monitoring visits;
- Ensure that the Project Data Quality Dashboard remains "green"; and
- Ensure revisions are managed in line with the required procedures.

Closing a project

- Ensure that the project is operationally closed in Atlas;
- Ensure that all financial transactions are in Atlas based on final accounting of expenditures; and
- Ensure that project accounts are closed and status set in Atlas accordingly.

PROJECT MANAGEMENT UNIT

Overall responsibilities: The Project Management Unit (PMU) role provides project administration, management, and technical support to the Cluster Lead as required by the needs of the individual project or Project Manager. The provision of any Project Support on a formal basis is optional. It is necessary to keep Project Support and Project Assurance roles separate in order to maintain the independence of Project Assurance.

PMU consists of Cluster Lead, Project Associate, Budget management Associate, Project Assistant, Procurement Assistant, Monitoring & Evaluation Assistant, IT Adviser for HEART

Specific responsibilities: Some specific tasks of the Project Support would include:
Provision of administrative services:

- Set up and maintain project files
- Collect project related information data
- Update plans
- Administer the quality review process
- Administer Project Board meetings

Project documentation management:

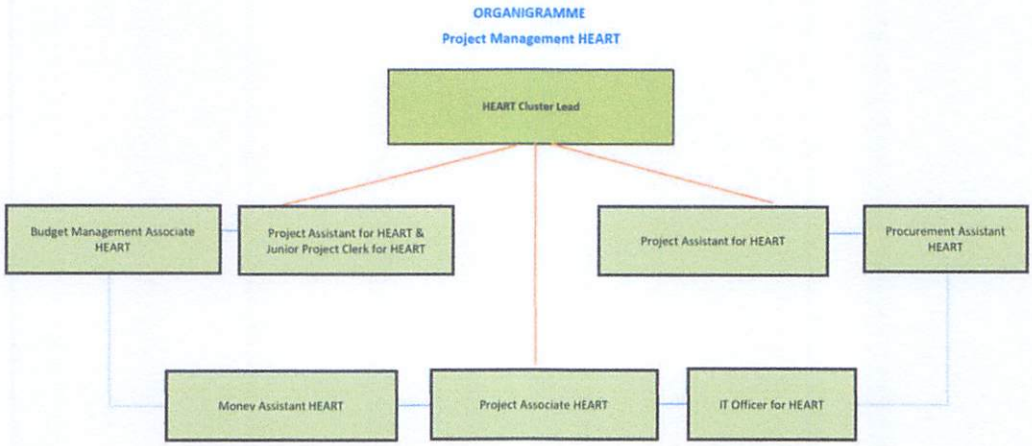
- Administer project revision control
- Establish document control procedures
- Compile, copy and distribute all project reports

Financial Management, Monitoring and reporting

- Assist in the financial management tasks under the responsibility of the Project Manager
- Provide support in the use of Atlas for monitoring and reporting

Provision of technical support services

- Provide technical advices
- Review technical reports
- Monitor technical activities carried out by responsible parties



Annex 6. Supplemental Provisions to the Project Document[38]: The Legal Context

General responsibilities of the Government, UNDP and the executing agency

1. All phases and aspects of UNDP assistance to this project shall be governed by and carried out in accordance with the relevant and applicable resolutions and decisions of the competent United Nations organs and in accordance with UNDP's policies and procedures for such projects, and subject to the requirements of the UNDP Monitoring, Evaluation and Reporting System.

2. The Government shall remain responsible for this UNDP-assisted development project and the realization of its objectives as described in this Project Document.

3. Assistance under this Project Document being provided for the benefit of the Government and the people of Indonesia, the Government shall bear all risks of operations in respect of this project.

4. The Government shall provide to the project the national counterpart personnel, training facilities, land, buildings, equipment and other required services and facilities. It shall designate the Government Co-operating Agency named in the cover page of this document (hereinafter referred to as the "Co-operating Agency"), which shall be directly responsible for the implementation of the Government contribution to the project.

5. The UNDP undertakes to complement and supplement the Government participation and will provide through the Executing Agency the required expert services, training, equipment and other services within the funds available to the project.

6. Upon commencement of the project the Executing Agency shall assume primary responsibility for project execution and shall have the status of an independent contractor for this purpose. However, that primary responsibility shall be exercised in consultation with UNDP and in agreement with the Co-operating Agency. Arrangements to this effect shall be stipulated in the Project Document as well as for the transfer of this responsibility to the Government or to an entity designated by the Government during the execution of the project.

7. Part of the Government's participation may take the form of a cash contribution to UNDP. In such cases, the Executing Agency will provide the related services and facilities and will account annually to the UNDP and to the Government for the expenditure incurred.

(a) Participation of the Government

1. The Government shall provide to the project the services, equipment and facilities in the quantities and at the time specified in the Project Document. Budgetary provision, either in kind or in cash, for the Government's participation so specified shall be set forth in the Project Budgets.

2. The Co-operating Agency shall, as appropriate and in consultation with the Executing Agency, assign a director for the project on a full-time basis. He shall carry out such responsibilities in the project as are assigned to him by the Co-operating Agency.

3. The estimated cost of items included in the Government contribution, as detailed in the Project Budget, shall be based on the best information available at the time of drafting the project proposal. It is understood that price fluctuations during the period of execution of the project may necessitate an adjustment of said contribution in monetary terms; the latter shall at all times be determined by the value of the services, equipment and facilities required for the proper execution of the project.

4. Within the given number of man-months of personnel services described in the Project Document, minor adjustments of individual assignments of project personnel provided by the Government may be made by the Government in consultation with the Executing Agency, if this is found to be in the best interest of the project. UNDP shall be so informed in all instances where such minor adjustments involve financial implications.

5. The Government shall continue to pay the local salaries and appropriate allowances of national counterpart personnel during the period of their absence from the project while on UNDP fellowships.

6. The Government shall defray any customs duties and other charges related to the clearance of project equipment, its transportation, handling, storage and related expenses within the country. It shall be responsible for its installation and maintenance, insurance, and replacement, if necessary, after delivery to the project site.

The Government shall make available to the project - subject to existing security provisions - any published and unpublished reports, maps, records and other data which are considered necessary to the implementation of the project.

7. Patent rights, copyright rights and other similar rights to any discoveries or work resulting from

[38] Standard annex to project documents for use in countries which are not parties to the Standard Basic Assistance Agreement (SBAA).

UNDP assistance in respect of this project shall belong to the UNDP. Unless otherwise agreed by the Parties in each case, however, the Government shall have the right to use any such discoveries or work within the country free of royalty and any charge of similar nature.

8. The Government shall assist all project personnel in finding suitable housing accommodation at reasonable rents.

9. The services and facilities specified in the Project Document which are to be provided to the project by the Government by means of a contribution in cash shall be set forth in the Project Budget. Payment of this amount shall be made to the UNDP in accordance with the Schedule of Payments by the Government.

10. Payment of the above-mentioned contribution to the UNDP on or before the dates specified in the Schedule of Payments by the Government is a prerequisite to commencement or continuation of project operations.

(b) Participation of the UNDP and the executing agency

1. The UNDP shall provide to the project through the Executing Agency the services, equipment and facilities described in the Project Document. Budgetary provision for the UNDP contribution as specified shall be set forth in the Project Budget.

2. The Executing Agency shall consult with the Government and UNDP on the candidature of the Project Manager[39] who, under the direction of the Executing Agency, will be responsible in the country for the Executing Agency's participation in the project. The Project Manager shall supervise the experts and other agency personnel assigned to the project, and the on-the-job training of national counterpart personnel. He shall be responsible for the management and efficient utilization of all UNDP-financed inputs, including equipment provided to the project.

3. The Executing Agency, in consultation with the Government and UNDP, shall assign international staff and other personnel to the project as specified in the Project Document, select candidates for fellowships and determine standards for the training of national counterpart personnel.

4. Fellowships shall be administered in accordance with the fellowships regulations of the Executing Agency.

5. The Executing Agency may, in agreement with the Government and UNDP, execute part or all of the project by subcontract. The selection of subcontractors shall be made, after consultation with the Government and UNDP, in accordance with the Executing Agency's procedures.

6. All material, equipment and supplies which are purchased from UNDP resources will be used exclusively for the execution of the project, and will remain the property of the UNDP in whose name it will be held by the Executing Agency. Equipment supplied by the UNDP shall be marked with the insignia of the UNDP and of the Executing Agency.

7. Arrangements may be made, if necessary, for a temporary transfer of custody of equipment to local authorities during the life of the project, without prejudice to the final transfer.

8. Prior to completion of UNDP assistance to the project, the Government, the UNDP and the Executing Agency shall consult as to the disposition of all project equipment provided by the UNDP. Title to such equipment shall normally be transferred to the Government, or to an entity nominated by the Government, when it is required for continued operation of the project or for activities following directly therefrom. The UNDP may, however, at its discretion, retain title to part or all of such equipment.

9. At an agreed time after the completion of UNDP assistance to the project, the Government and the UNDP, and if necessary, the Executing Agency, shall review the activities continuing from or consequent upon the project with a view to evaluating its results.

10. UNDP may release information relating to any investment-oriented project to potential investors, unless and until the Government has requested the UNDP in writing to restrict the release of information relating to such project.

Rights, Facilities, Privileges and Immunities

1. In accordance with the Agreement concluded by the United Nations (UNDP) and the Government concerning the provision of assistance by UNDP, the personnel of UNDP and other United Nations organizations associated with the project shall be accorded rights, facilities, privileges and immunities specified in said Agreement.

2. The Government shall grant UN volunteers, if such services are requested by the Government, the same rights, facilities, privileges and immunities as are granted to the personnel of UNDP.

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[39] May also be designated Project Co-ordinator or Chief Technical Adviser, as appropriate.

3. The Executing Agency's contractors and their personnel (except nationals of the host country employed locally) shall:

   (a) Be immune from legal process in respect of all acts performed by them in their official capacity in the execution of the project;

   (b) Be immune from national service obligations;

   (c) Be immune together with their spouses and relatives dependent on them from immigration restrictions;

   (d) Be accorded the privileges of bringing into the country reasonable amounts of foreign currency for the purposes of the project or for personal use of such personnel, and of withdrawing any such amounts brought into the country, or in accordance with the relevant foreign exchange regulations, such amounts as may be earned therein by such personnel in the execution of the project;

   (e) Be accorded together with their spouses and relatives dependent on them the same repatriation facilities in the event of international crisis as diplomatic envoys.

1. All personnel of the Executing Agency's contractors shall enjoy inviolability for all papers and documents relating to the project.

2. The Government shall either exempt from or bear the cost of any taxes, duties, fees or levies which it may impose on any firm or organization which may be retained by the Executing Agency and on the personnel of any such firm or organization, except for nationals of the host country employed locally, in respect of:

   (a) The salaries or wages earned by such personnel in the execution of the project;

   (b) Any equipment, materials and supplies brought into the country for the purposes of the project or which, after having been brought into the country, may be subsequently withdrawn therefrom;

   (c) Any substantial quantities of equipment, materials and supplies obtained locally for the execution of the project, such as, for example, petrol and spare parts for the operation and maintenance of equipment mentioned under (b), above, with the provision that the types and approximate quantities to be exempted and relevant procedures to be followed shall be agreed upon with the Government and, as appropriate, recorded in the Project Document; and

   (d) As in the case of concessions currently granted to UNDP and Executing Agency's personnel, any property brought, including one privately owned automobile per employee, by the firm or organization or its personnel for their personal use or consumption or which after having been brought into the country, may subsequently be withdrawn therefrom upon departure of such personnel.

1. The Government shall ensure:

   (a) prompt clearance of experts and other persons performing services in respect of this project; and

   (b) the prompt release from customs of:

      (i) equipment, materials and supplies required in connection with this project; and

      (ii) property belonging to and intended for the personal use or consumption of the personnel of the UNDP, its Executing Agencies, or other persons performing services on their behalf in respect of this project, except for locally recruited personnel.

1. The privileges and immunities referred to in the paragraphs above, to which such firm or organization and its personnel may be entitled, may be waived by the Executing Agency where, in its opinion or in the opinion of the UNDP, the immunity would impede the course of justice and can be waived without prejudice to the successful completion of the project or to the interest of the UNDP or the Executing Agency.

2. The Executing Agency shall provide the Government through the resident representative with the list of personnel to whom the privileges and immunities enumerated above shall apply.

Nothing in this Project Document or Annex shall be construed to limit the rights, facilities, privileges, or immunities conferred in any other instrument upon any person, natural or juridical, referred to hereunder.

Suspension or termination of assistance

1. The UNDP may by written notice to the Government and to the Executing Agency concerned suspend its assistance to any project if in the judgement of the UNDP any circumstance arises

which interferes with or threatens to interfere with the successful completion of the project or the accomplishment of its purposes. The UNDP may, in the same or a subsequent written notice, indicate the conditions under which it is prepared to resume its assistance to the project. Any such suspension shall continue until such time as such conditions are accepted by the Government and as the UNDP shall give written notice to the Government and the Executing Agency that it is prepared to resume its assistance.

2. If any situation referred to in paragraph 1, above, shall continue for a period of fourteen days after notice thereof and of suspension shall have been given by the UNDP to the Government and the Executing Agency, then at any time thereafter during the continuance thereof, the UNDP may by written notice to the Government and the Executing Agency terminate the project.

3. The provisions of this paragraph shall be without prejudice to any other rights or remedies the UNDP may have in the circumstances, whether under general principles of law or otherwise.

Annex 7. Low Value Grant Assessment Selection Criteria

The full document can be accessed here.

Under HEART Project, there will be one (1) engagement through Low Value Grant Agreement (LVGA) for key intervention on the following key interventions:

➔ Monitoring, Evaluation, and Cost-Benefit Benefit Assessment Study of Vaccination Logistic Monitoring System (SMILE) Effectiveness

Additional engagement using LVGA modality will be consulted and approved by project board prior to CSO selection and assessment process.

The LVGA will rely to UNDP's CSO Assessment Committee in which will act the oversight mechanism on the result of CSO proposals evaluation conducted by project team that ensures objective, transparent, and effective grant selection process against the established quality criteria in line with UNDP's Programme and project management policies and procedures for LVGA.

ELIGIBLITY AND SELECTION PROCESS

Institutional Requirement

The grant recipient (civil society or non-governmental organization, academia) with experience in carrying out activities / programs in the field of:

- Scientific research and development;
- Public health research, particularly in Covid-19 Data Surveillance and Information management;
- Experience in handling national and local training
- Experience in training and supervising health workforce at the community health centre (Puskesmas);
- Experience in implementing research interview, focus group discussion, webinar, seminars and dissemination;
- Experience in the field of community empowerment and involvement of local governments and stakeholders in preventing the transmission of COVID-19

shall complete and submit the Grant Proposal in accordance with UNDP's Low Value Grant Proposal Template (**ANNEX A**) and the Request for Information (RFI) From CSO/NGO (**ANNEX B**).

All grant proposals shall be subject to grant selection processes, which consist of a Pre-screening against the selection criteria and Full Review by the CSO Steering Committee.

Selection Criteria

The Selection Criteria are as follows:

a) **Method (30%)**: Proposed methodology, workplan, approach, timeline, completeness of deliverables.
b) **Identity (30%)**: Registration status, having a specific status if that is necessary in the country context, etc.
c) **Capacity (30%)**: specialized knowledge and experience on similar engagement, standard operating procedure, financial report (audit report if available)
d) **Submission Requirements (10%)**: ideas presented including any requirements with regards to utilization of resources, reporting, duration, and other formal criteria.

Only those organization obtaining a minimum of **70%** in the technical evaluation will be considered for the financial evaluation round.

No	Description of the Criteria	Points Obtainable
1	**Proposed Methodology, Approach, and Implementation Plan**	**300**
1.1	Understanding of the aspects of the tasks, the proposed activities appropriate, practical, and consistent with the objectives and expected results.	35
1.2	Description of the Proposer's approach and methodology for meeting or exceeding the requirements of the Terms of Reference.	65
1.3	Details on how the different service elements shall be organized, controlled, and delivered.	50

1.4	Description of available performance monitoring and evaluation mechanisms and tools; how they shall be adopted and used for a specific requirement.	35
1.5	Assessment of the implementation plan proposed including whether the activities are properly sequenced and if these are logical and realistic	80
1.6	Demonstration of ability to plan, integrate and effectively implement sustainability measures in the execution of the contract. ***Sustainability:*** - The proposed action like to have tangible impacts to the target groups - The proposal likely to have multiplier effects. (Including scope for replication and extension of the outcome of the action and dissemination of information.) ***The expected results of the proposed actions sustainable*** - Financially *(how will the activities be financed after the funding ends?)* - Institutionally *(will structures allowing the activities to continue be in place at the end of the action? Will there be local "ownership" of the results of the action?)* - At policy level (where applicable) *(what will be the structural impact of the action e.g., will it lead to improved legislation, codes of conduct, methods, etc?)?* - Environmentally (if applicable) *(will the action have a negative/positive environmental impact?)*	35

2	**Identity and Eligibility of the Organization**	**300**
2.1	Reputation of Organization and Staff Credibility / Reliability / Industry Standing	50
2.2	General Organizational Capability which is likely to affect implementation: management structure, financial stability and project financing capacity, project management controls, extent to which any work would be subcontracted	50
2.3	Relevance of specialized knowledge and experience on similar engagements: • At least have 5(five) years' experience in the field of scientific health economics, public health research and development • Experience in handling Covid-19 Data Surveillance and Information management • Experience in the area of community development, particularly in handling national and local training • Experience in training health workforce from health facilities • Experience in implementing research interview, focus group discussion, webinar, seminars and dissemination • Experience in the field of community empowerment and involvement of local governments and stakeholders in preventing the transmission of COVID-19	50
2.4	Permit to work in Indonesia (eligible legal status)	50
2.5	Quality assurance procedures, risk mitigation measures and management plan	50
2.6	Organizational commitment to sustainability. It demonstrates significant commitment to sustainability through some other means, for example internal policy documents on women empowerment, youth engagement, or membership of institutions promoting such issues on tolerance and respect for diversity.	50

3	**Capacity**	**300**
3.1	Composition and structure of the team proposed. Are the proposed roles of the management and the team of key personnel suitable for the provision of the necessary services?	75
3.2	Qualifications of key personnel proposed	

3	**Capacity**	**300**
	1.Lead Researcher • Strong knowledge and at least 5 (five) year-experience of research management and successful performance in implementation of research in economics, public health program, social studies and other studies • Experience in needs assessments, analysis, and development of logical framework, as well as formulation of realistic activity implementation plan. • Experience in team management, mentorship and on the job capacity building with specific focus on epidemiology and emerging pandemic threats • Experience in the data surveillance in handling Covid-19 would be an advantage • Languages required: Indonesian, English	75
	2.Research Associate • Specific skills and minimum 3 (three) year-experience in public health research and programs. • Experience in project management and report writing. • Involving in community empowerment and community customary project is desirable.	75
	3.Enumerator • Sound knowledge and experience in public health research and program • Sound knowledge and experience in developing results monitoring framework and plan, as well as managing monitoring and reporting processes. • Strong experience in report writing • Familiar with research, data collection, analysis, and management. • Languages required: English, Indonesian.	75
4	**Utilization of Resources and Value for Money**	**100**
4.1	Price offered based on the price schedule format	
	Total	**1000**