



Australian Government
Department of Foreign Affairs and Trade



FINAL REPORT

United Nations Development Programme Indonesia

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

**PENINGKATAN AKSES PENGOBATAN
DAN PENDEKATAN TRANSFORMATIF GENDER
DALAM PENANGGULANGAN HIV
SELAMA MASA PANDEMI DI INDONESIA**
SENIN, 30 AGUSTUS 2021, PUKUL 09.00 - 11.00 WIB

AYU OKTARIANI
Moderator

MAURA LINDA SITANGGANG
Pakar Senior UNDP untuk Manajemen Rantai Pasokan Farmasi

RACHEL ARINI
Konsultan Gender UNDP

DR. RATNA BUDI HAPSARI, MKM
Koordinator substansi HIV AIDS dan PIMS, Kementerian Kesehatan

MONICA AMY NABELLA, S.IP
Analisis Pengaduan Masyarakat KemenPANRB

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January 2021 - December 2021

Table of Contents

Executive summary	3
Project Background	5
Progress Review	6
Challenges	22
Lessons Learned	22
Conclusions and Way Forward	23
Financial Status	23
Annex	24

ACRONYMS

ARV	Antiretroviral
ART	Antiretroviral Therapy
ATM	AIDS, Tuberculosis, And Malaria
CCM	Country Coordinating Mechanism
COVID-19	Coronavirus Disease - 2019
CSO	Civil Society Organization
DFAT	Department of Foreign Affairs and Trade
FDC	Fixed Dose Combination
FR	Financial Request
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV-AIDS	Human Immunodeficiency Virus - Acquired Immune Deficiency Syndrome
IAC	Indonesia AIDS Coalition
JICA	Japan International Cooperation Agency
LLINs	Long-Lasting Insecticide Nets
LKNU	<i>Lembaga Kesehatan Nahdlatul Ulama</i> [the Health Institute of the Nahdlatul Ulama, a mass-based socio-religious Islamic organization under the leadership of ulema, the largest of its kind in Indonesia]
LKPP	<i>Lembaga Kebijakan Pengadaan Barang Dan Jasa Pemerintah</i> [Indonesia's National Public Procurement Agency]
MDR TB	Multidrug-Resistant Tuberculosis
MoH	Ministry of Health
MoHA	Ministry of Home Affairs
MTC ATM	Management and Technical Cooperation For AIDS, TB, and Malaria
Perdhaki	<i>Persatuan Karya Dharma Kesehatan Indonesia</i> [Indonesian Catholic Voluntary Health Services Association]
PUDR	Progress Update and Disbursement Request
Pusdatin	Pusat Data dan Informasi (Data and Information Centre)
PLHIV	People Living With HIV
PR	Principal Recipient
RSSH	Resilient & Sustainable System for Health
SDG	Sustainable Development Goal
Spiritia	Not-for-profit, non-governmental organization and a legal entity in the form of a foundation whose mission is to provide quality support and care for people living with HIV in Indonesia and uphold their human rights
TLE	Tenofovir Lamivudine Efavirenz
TLD	Tenofovir Lamivudine Dolutegravir
TRP	Technical Review Panel
TWG	Technical Working Group
USAID	U.S. Agency for International Development
UNAIDS	United Nations Programme on HIV and AIDS
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women

The Australian Government and UNDP Indonesia are committed to continuing the Management and Technical Cooperation for AIDS, Tuberculosis and Malaria (MTC ATM) Project to support Indonesia in managing USD 293,407,740 country allocation and its complementing USD 16,300,000 matching fund committed by the Global Fund (GF) under its current funding period that runs from 2020 through 2022. The matching fund is part of the Global Fund's catalytic investments support program and is provided in addition to the country allocation to stimulate and activate the programming of the country allocation for priority areas. For Indonesia, the country allocation and its matching fund commitments are implementation-ready grants for the ongoing 2021-2023 implementation period during which activities to eliminate HIV, tuberculosis, and malaria throughout the country are to be carried out effectively and efficiently.

During the first semester of this implementation period, more precisely on April 14, 2021, Indonesia signed a Debt-to-Health Swap (D2H) agreement that will convert €50 million of debt owed by Indonesia to Germany into investments to support the expansion of tuberculosis response in the country, including services and treatment for multidrug-resistant tuberculosis, community-based case identification and treatment follow-up. Another funding made available to Indonesia during the first semester of the implementation period is the COVID-19 Response Mechanism (C19RM) Funding. Amounting to USD 65,811,909 million, the C19RM Funding is provided by the Global Fund to support Indonesia in mitigating the impact of COVID-19 on programs to fight HIV, TB and malaria, and initiating urgent improvements in health and community systems.

The MTC ATM Project provides support to the Global Fund to Fight AIDS, TB and Malaria (GFATM)'s Country Coordinating Mechanism in Indonesia (CCM Indonesia) and its technical working groups (TWGs), CCM Indonesia's Secretariat, and the principal recipients (PRs) that implement the grant through their own activities and or their sub-recipients (SRs) activities. The UNDP Indonesia's MTC-ATM team has specifically assigned a technical officer to take charge of each technical working group, support the PRs and their SRs and oversee their work to ensure that they achieve sustained high level performance in accordance with their respective performance targets, their expenditures are in line with their respective budget amounts and the progress they make corresponds with the Conditions Precedent (CP) detailed in the Grant Agreement or other Global Fund requirements.

Through its Department of Foreign Affairs and Trade (DFAT), the Australian Government has set aside \$1 million to support the functioning and strengthening of CCM Indonesia in undertaking their three main responsibilities: (1) to coordinate the proposal development, (2) to carry out PRs selection process and (3) to oversee the implementation of the Global Fund's grant according to the need and purpose for which it is intended. Channelled through the MTC ATM Project, the fund constitutes a co-financing with the Global Fund's grant and supplements efforts to implement the Global Fund's program to eliminate AIDS, TB and malaria in Indonesia.

The co-financing arrangements entailed quite a long process. UNDP and DFAT signed a cooperation agreement/contract on the MTC ATM Project earlier 2021. However, the actual fund transfer was only received in May 2021. Before that, the project used co-financing from the Unified Budget, Results and Accountability Framework (UBRAF) allocation to cover CCM Indonesia activities during the first quarter of 2021 (from January through May 2021) as this was such a crucial period for Indonesia.

The support that is provided by the MTC ATM Project Team to CCM Indonesia including its Secretariat and technical working groups and the principal recipients of the grant is meant to ensure that the grant is properly and effectively used to implement the country's AIDS,

tuberculosis, and malaria programs and to ensure that the desired performance and outcomes of the programs are achieved. This means that throughout the 2021-2023 Global Fund funding period, the MTC ATM Project will continue to be implemented by the Project's team together with the CCM Secretariat until the funding period concludes.

Out of the ten staff members that CCM Indonesia Secretariat has, six have been dedicated to this Project. The six are the ones who handle day-to-day project management and technical issues and are in charge of organizing and facilitating Project-related meetings such as plenaries, oversight committee meetings, and TWGs meetings. They are also responsible for coordinating field oversight visits and providing technical assistance as needed and proposed.

Recently, CCM Indonesia has set up a new technical working group called the Technical Working Group on Resilient & Sustainable System for Health (RSSH) and requested the Project to provide remuneration to the new technical working group's technical officer and cover the cost of its meetings. Aimed at strengthening both the planning and the governance components of the RSSH, the new TWG is tasked with ensuring consistency, efficiency and sustainability of local government development plans and budgeting for the GFATM's programs to fight AIDS, tuberculosis, and malaria across the country through an integrative approach to allow for more holistic and better implementation. For this purpose, the Ministry of Home Affairs (MoHA), in collaboration with the Ministry of Health, will be engaged as the lead government agency overseeing the handling of cross-cutting issues arising from the integration.

As of the end of 2021, the MTC ATM Project provided technical assistance to two new principal recipients, namely, a community-based national consortium to stop TB in Indonesia known as the Stop TB Partnership Indonesia (STPI) and a civil society organization known as the Penabulu Foundation. These newly accepted community-based principal recipients have replaced TB Care 'Aisyiyah that initially served as an implementing unit of the GFATM-funded TB program of the Ministry of Health in 2003 before finally becoming a community-based principal recipient for the GFATM's TB program for 13 years. Managed by 'Aisyiyah, the women's wing of the country's second-largest Muslim organization Muhammadiyah, TB Care 'Aisyiyah ran community-based intervention programs for the prevention and control of tuberculosis through its institutional networks across Indonesia. 'Aisyiyah's partnership with the Global Fund formally concluded on April 10, 2021.

The STPI is a consortium of non-government organizations active in tuberculosis programs that has been selected as a team of new principal recipients (new PR team) by the GFATM's Country Coordinating Mechanism Indonesia through a transparent, fair and open selection process in accordance with the CCM Governance Manual. The MTC ATM team has provided support to the consortium to enable it to better prepare itself for capacity assessment by PwC (Price Waterhouse Coopers) and the GFATM's assigned LFA (Local Fund Agency), enhance its capacity for grant negotiation to meet the requirements of grant making process and develop project implementation manuals (PIM) and monitoring and evaluation (M&E) plan. The MTC ATM team has also provided technical and management support to the PR team as well as project management training to SRs' staff, particularly in the context of PIM and M&E plan.

As far as the HIV/AIDS program is concerned, a group of non-government organizations called the Indonesia AIDS Coalition (IAC) is currently being subjected to capacity assessment process. If everything goes as expected, the IAC will be accepted as a new principal recipient in 2022. As part of the preparations to ensure that the IAC meets all the Global Fund requirements, the team in charge of the MTC ATM Project (the Project team) will put together an ad hoc team to guide and assist the IAC in understanding and meeting the requirements. Upon the IAC's acceptance as a principal recipient, the ad hoc team will be dissolved and the IAC will start serving as a principal recipient for the HIV/AIDS Program Component tasked with implementing HIV/AIDS prevention and treatment interventions under the following sub-components: female sex workers (and other

populations most at risk for contracting HIV), human rights, gender equality, and community system strengthening.

As HIV weakens the immune system and thus increases the risk of TB in people with HIV, there are areas of work where the HIV/AIDS program intersects with the TB program. In light of this, decision will be made by the project team as to whether a new program implementer should be designated as a principal recipient or a sub-recipient to work in a cross-cutting program setting to address the challenges posed by the intersection of TB and HIV infection.

Furthermore, to ensure the progress and performance of the HIV/AIDS program in 2020 and 2021, in particular the program's sub-components and activities, UNDP utilized the Unified Budget, Results and Accountability Framework (UBRAF) of the Joint United Nations Program on HIV/AIDS (UNAIDS) as a co-financing. As a rule, technical assistance will be provided after an assessment is finalized and findings obtained through the assessment are disseminated. Therefore, a semi-public discussion with HIV/AIDS stakeholders and communities will be held by UNDP to follow up the findings and reach out to victims of harassment and or discrimination. Moreover, UNDP will also analyse any program-related and outstanding issues arising from the findings and follow up on these using platforms and mechanisms provided by government and non-governmental agencies to report any harassment and or discrimination to which such victims and other marginalized or vulnerable groups are subjected.

This document outlines project activities, outcomes and deliverables in the period from January 2021 to December 2021, including lessons learned during project implementation and the way forward.

II. PROJECT BACKGROUND

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

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

For the 2021-2023 period, the DFAT has committed AUD 377,162 for the MTC ATM Project for a duration of twelve months with the following expected outputs:

Output 1: CCM Indonesia's supervisory and oversight capacity to ensure acceptable program implementation and performance on the part of PRs is strengthened through the provision of technical and management support in the following activities:

Activities 1.1	Strengthening CCM Indonesia's capacity in managing multi-donor funds and facilitating its activities
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Activities 1.2	Providing management and technical assistance to PRs with a special emphasis on assisting new PRs/National Sub-Recipients (SRs)
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Output 2: technical assistance to help address cross cutting issues concerning prevention and care in AIDS, tuberculosis, and malaria programs is effectively rendered through:

Activities 2.1	Community system strengthening and promotion and protection of human rights and gender equality
Activities 2.2	Technical guidance on local government development planning, budgeting and implementation pertaining to prevention and care under AIDS, tuberculosis, and malaria programs.

III. PROGRESS REVIEW

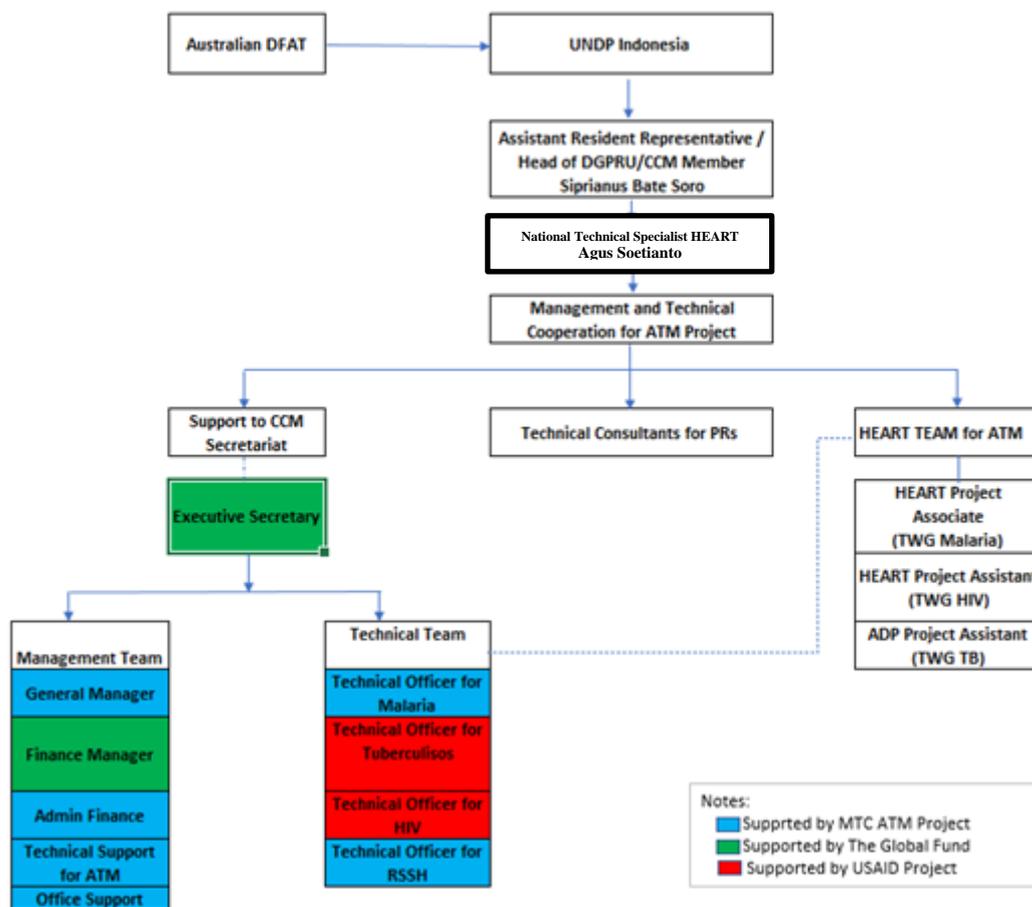
PROGRESS TOWARDS OUTPUT 1:

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

As indicated earlier, preparations for the contract with the DFAT entailed a long process of approval. As a result, the transfer of fund from the DFAT for the MTC ATM Project was received only in May 2021, not at the beginning of this year. In spite of this, UNDP continued to cover CCM Indonesia activities from January to May 2021. The project has also paid and will continue to pay the salary of six CCM Secretariat staff members dedicated to the project until December 2023. The success of CCM Indonesia's Secretariat in carrying out its roles and duties will also reflect the success of the MTC ATM Project because 60% of the key Secretariat's staff function are supported by this project. From the beginning of the project, UNDP Indonesia has been actively providing technical assistance to CCM Indonesia's personnel from those in senior management position to those in charge of the programs. UNDP Indonesia has also been actively supporting the PRs and TWGs. UNDP's presence in each TWG is aimed at ensuring optimal support for CCM Indonesia and the PRs.

The staffing structure of this project is as follows:

Figure 1. MTC ATM Project Structure



This project has contributed significantly to strengthen CCM Indonesia’s Secretariat by facilitating CCM Indonesia plenary meetings and TWG coordination meetings, and overseeing PRs’ performance to ensure that they meet the required standards. In terms of resource mobilization and management, the project has also ensured that each funding proposal is completed and meets the technical requirements of the Global Fund. The project has also encouraged other development partners to provide technical assistance.

From January to December 2021, CCM Indonesia Secretariat facilitated a total of 267 virtual meetings with the following results:

a. Endorsements and Oversight

During the first semester of 2021, CCM Indonesia focused on: (1) a funding request to the Global Fund for the country’s HIV Program for 2022-2023, (2) the acceptance of the updated governance manual for CCM Indonesia, and (3) the Covid-19 Response Mechanism (C19RM) proposal. During a plenary meeting, CCM Indonesia requested inputs from stakeholders including from its own members, TWGs, and partners on project reviews and proposal discussion before submission to the Global Fund. The three activities progressed according to the prescribed timeline. In June 2021, the Global Fund approved the C19RM proposal and in October 2021, the HIV Program Funding Request for the 2022-2023 period was approved. In addition, the majority of the CCM members agreed on the updated CCM Indonesia Governance Manual, which will be used from this year onwards.

CCM Indonesia has also held an oversight committee meeting to monitor progress and resolve issues. Matters discussed during the oversight committee meeting include:

- the end of grant reports of the tuberculosis and malaria components,
- the results of the asset audit of the Ministry of Health's Tuberculosis Sub-Directorate as a principal recipient for the tuberculosis program,
- the composition and workplan of CCM Indonesia's ad hoc team to support the IAC's candidacy as a new principal recipient,
- whistle blower reports,
- the appointment of CCM Indonesia's Ethics Focal Point (EFP), and
- CCM Indonesia & TWGs new member orientation program.

Discussions and deliberations during the meeting resulted in a number of solutions which are being implemented.

The HIV component: the MTC ATM Project supported CCM Indonesia and the technical working group on HIV in consultation or review regarding:

- the 2021 work plans of the TWGs and PRs on HIV,
- the revised funding request (FR) for the 2022-2023 period,
- the principal recipient progress update (PUDR) for the July-December 2020 period,
- the strengthening of CCM Indonesia's oversight function,
- the COVID-19 Response Mechanism,
- support for the Indonesia AIDS Coalition (IAC),
- the management dashboard of the HIV PR in the first quarter (Q1) of 2021
- the election of the chairperson and vice chairperson of the TWG on HIV,
- principal recipient performance review updates,
- updates on the TB-HIV pocketbook for the community,
- the plan to accelerate transition from TLE to TLD and the scaling up of HIV viral load, pre-exposure prophylaxis (PrEp) and the associated demand generation campaigns to build awareness of the availability of this HIV prevention medicine,
- preparations for the election of CCM Indonesia's new members who represent civil society organizations working with people living with HIV,
- Indonesia's funding request (FR) to the Global Fund and the ensuing grant-making process to obtain HIV grant for the 2022-2023 period,
- technical panel review recommendations on HIV funding request for the 2022-2023 period and responses to TB HIV issues,
- the National Action Plan (RAN) on TB HIV for the 2021-2025 period,
- election of new members representing civil society organizations working with people with HIV,
- lessons learned during the implementation of HIV program amidst the COVID-19 pandemic at the community level,
- concerns about the safety of COVID-19 vaccines for people living with HIV (PLHIV),
- the effects of COVID-19 vaccines' interactions with HIV medications and
- vaccination recommendations for people with HIV, untreated HIV and advanced HIV disease.

TB component: the MTC ATM Project also supported CCM Indonesia and TWG on TB in consultation or review regarding:

- the work plan for the first semester of 2021 (the S1 – 2021 work plan)
- preparations for the drawing up of a C19RM proposal
- the selection of a new chairperson for the TWG on TB
- discussions on value added tax (VAT) with PRs
- the achievement of TB-HIV programs in the April – June 2021 period,
- the most updated version of the TB HIV National Action Plan, issued on 26 July 2021.

- evaluation meeting to assess the effectiveness of the implementation of district-based public private mix for TB care, prevention and control by organizations (IO) in charge of implementing such public-private mix (known as IO-PPM in Indonesian), by district health offices, and through other initiatives
- guidelines for implementing TB control activities in the workplace and diagnosis and management of TB in children and how to handle issues related thereto
- assessment of the country's TB situation amidst the Covid-19 pandemic
- election of CCM Indonesia member(s) representing communities living with and impacted by TB and civil society organizations (CSO) that work with them
- Technical Panel Review recommendations concerning the revised HIV funding request for the 2022-2023 period
- community's role in supporting the continuity of treatment among TB patients and intervention strategies to reduce TB stigma through participatory and iterative approach and updates on the development of new TB drugs that are expected to shorten treatment regimens
- Election of new members representing civil society organizations working with communities living with and impacted by TB

Malaria component: with the support from the MTC ATM Project, CCM Indonesia together with the TWG on Malaria have provided consultations or reviews concerning:

- the preparations and finalization for the 2021 work plan for the TWG on Malaria
- the election of new CCM members who represent civil society organizations (CSO) working with people living with the disease (PLWD) for the 2021-2023 period
- the introduction of new members of the TWG on Malaria for the 2021-2023 period
- the orientation program for the new members of the TWG on Malaria
- the election of a new chairperson and vice chairperson of the TWG on Malaria
- the drawing up of a C19RM funding request proposal by the TWG on Malaria and its subsequent submission to CCM Indonesia for endorsement through the C19RM Fast-track Full Funding Request process)
- the acceleration of malaria elimination in Papua
- discussions on VAT (Ppn)
- progress update meetings during the periods of July through December 2020 and January through June 2021 aimed at overseeing and reviewing the performance of principal recipients in implementing their programs.
- the endorsement for LLINs for Mass Campaign 2022

b. Virtual Field Oversight Visits (FOVs)

Virtual FOVs have been conducted by CCM Indonesia together with the TWG on HIV and the TWG on TB to monitor the progress of the implementation of HIV and TB programs respectively using oversight tools that have previously been developed for this purpose. The virtual FOVs for the HIV program involved 7 provinces (DKI Jakarta, IAC-assisted areas, North Sumatra, Central Java, East Java, Bali, and West Java). The ones for the TB program involved 4 provinces (East Java, West Java, Central Java, and DKI Jakarta). After submitting reports detailing the progress of the implementation of the programs, constraints encountered and the best practices gained in the course of the implementation, the staff in charge of the programs in each province were given inputs by CCM Indonesia and the respective TWG to enable them to improve their implementation strategies and efforts.

c. Program Performance

CCM Indonesia through its TWGs implements an oversight function to ensure that principal recipients perform as expected and are able to provide feedback for solutions to improve program achievements. In the 1st Semester of 2021, the Global Fund published PRs' performance rating.

Table 1. Principal Recipient Performance Ratings Based on a Six-Monthly Performance Review Period that began on January 1, 2018 and ended on December 31, 2020

No	Principal Recipients	Jan-Jun 2018	Jul-Dec 2018	Jan-Jun 2019	Jul-Dec 2019	Jan-Jun 2020	Jul-Dec 2020
1	HIV Sub-Directorate, MOH	B2	B1	B1	B1	B1	B1
2	TB Sub-Directorate, MOH	C	B1	B1	B1	B2	B2
3	Malaria Sub-Directorate, MOH	B1	B1	B1	B1	B1	B1
6	Perdakhi (Malaria Program)	A2	B1	B1	B1	A2	A2
7	TB Care 'Aisyiyah	B2	B1	B1	A2	B1	B1
8	Spiritia (HIV Program)	A2	A2	A2	A1	B1	A1

There are mixed performances among the PRs. During the performance assessment period, Spiritia and Perdakhi continued to demonstrate good performance. Both achieved an average rating of 113% ("A1" rating) and 91% (A2 rating) on all indicators respectively. Spiritia had a fine track record in HIV prevention programs and testing. Perdakhi performed well in parasitological tests and antimalarial treatment, and managed to submit timely reports and was well-stocked with essential medicine and life-saving commodities. However, due to some serious financial management issues noted during the assessment period, Perdakhi had to be downgraded to the "B1" rating.

Most PRs had a B1 performance rating.

The HIV Sub-Directorate of the MOH managed to reach a performance rating of 69% on the coverage indicators. However, there are some concerns about the Sub-Directorate's low coverage performance in HIV testing and diagnosis, the administration of antiretroviral therapy (ART), and the management of TB/HIV co-infection.

The Malaria Sub-Directorate of the MOH received an average performance rating of 84% on seven applicable coverage indicators. Their best achievements were in diagnostic testing and treatment of malaria. However, they still need to improve their performance on two indicators: insecticidal nets distribution and the timely submission of its reports.

TB Care 'Aisyiyah received an average performance rating of 64% on all indicators ("B1" rating). They performed sufficiently well in handling bacteriologically confirmed TB patients but were less successful in the number of notified TB cases contributed by non-national TB program providers based on community referrals.

The TB Sub-Directorate of the MOH is a PR that needs to improve its performance. During 2020, they had B2 rating for 2 consecutive semesters. Several indicators that need to be improved are notified TB cases from non-national TB program providers, ART during TB treatment, people with HIV starting on TB preventive therapy, and number of cases with RR-TB and/or MMR-TB patients who begin second line treatment.

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

During the 2018-2020 grant cycle, a number of significant changes had occurred and affected the management of the GFATM grant in Indonesia. These changes took place due to a number of decisions made during the period. CCM Indonesia had decided that the Resilient and Sustainable

System of Health (RSSH) component should have its own principal recipient (PR). CCM Indonesia had also decided to continue with the process of upgrading the IAC's application from candidate status to full principal recipient status for the HIV program. Another key decision made during the period involved TB Care 'Aisyiyah which had decided not to continue in their role and position as a Global Fund principal recipient and was replaced by the STPI-Penabulu Consortium after a process of selection that was carried out to find the best candidate for the new principal recipient position. In addition, there was another decision that was made. UNDP decided to recruit a technical advisor to provide technical support to the new PRs during the 2021-2023 grant cycle in response to the new PRs' request for technical assistance.

The STPI-Penabulu Consortium's role as a new principal recipient for the TB program has now become official and the Consortium's work will focus on eliminating tuberculosis through community-based activities specifically targeted at high burden TB areas throughout Indonesia under the Global Fund's grant for the 2021-2023 allocation period. The willingness and determination of the Consortium to become a Global Fund principal recipient is stated in their formal letter No. 285/CCM/SEC/IX/2020 dated September 8, 2020. Addressed to CCM Indonesia, the letter was issued in response to the Global Fund's letter dated September 1, 2020 regarding Global Fund Grant Management Division (GMD)/ TH's results of capacity assessment of the STPI-Penabulu Consortium.

Technical advisors have been hired by the MTC ATM Project to support and assist potential new principal recipients at every step of the process that the prospective recipient must undergo to get selected as a principal recipient. Assistance and support were provided to them from the preparation stage to the assessment stage during which their financial, managerial and programmatic capacities were assessed by the local fund agent in the country to identify their readiness to fulfil all Global Fund requirements and qualify as Global Fund principal recipient. This means that they have to carefully follow the Project Implementation Manual (PIM) for Global Fund Principal Recipients, report any development or progress of their work, perform monitoring and evaluation according to prescribed plans, keep the details of their work along with the outcomes in their respective management information systems and be aware that the availability of funding support accessible to them depends on the cycle of implementation of the Global Fund's grant.

Support to STPI-Penabulu Consortium as the New PR Global Fund for TB Program

The Project has provided assistance to newly accepted principal recipients to make it easier for them to familiarize themselves with and to successfully navigate the requirements, the systems and the environment under which the Global Fund operates. As newcomers on board, they are supposed to have a really good knowledge and understanding of country proposals which have been approved by the GFATM's Technical Review Panel (TRP) and which constitute the foundational frame of reference for their work.

Capacity Assessment Tool

To assist prospective principal recipients in preparing themselves for capacity assessment, the Project has introduced the Organizational Capacity Assessment (OCA) tool designed to measure the overall capacity of an organization which the local fund agent (LFA) uses. The tool assesses the capacities of principal recipient candidates in five key areas: governance including organizational management, program management, human resources management, financial management and monitoring and evaluation.

Capacity Assessment Support to Principal Recipient candidates

Support has also been provided by this project to principal recipient candidates during capacity assessment to ensure that they are able to deliver effective presentations before the local fund agents and convince them that the proposed implementation arrangements, capacities of key grant implementers (sub-recipients or sub-sub-recipients) and systems under which the

implementers work are adequate for effective financial and programmatic management of the grant funds. The MTC ATM Project Team has also assisted and supported a new team that has been set up to enable principal recipient candidates to adequately respond to LFA's questions on issues regarding monitoring and evaluation, procurement and supply management, financial management and systems, and governance and program management (including sub-recipient management).

Support during Grant-Making

As a rule, a country's funding request to the Global Fund is turned into one or more grants through a process called grant-making. The Country Coordinating Mechanism and the Global Fund Country Team work with the implementing partner, the Principal Recipient, to prepare the documents required for Grant Confirmation which includes a face sheet, conditions (if any) and Schedule 1, consisting of the integrated grant description, performance framework, and budget summary.

The Project Team has assisted new principal recipients in understanding and familiarizing themselves with the Global Fund's grant-making process and helping them prepare documents that a new principal recipient is required to produce. In other words, newly appointed principal recipients are expected to prepare performance framework, work plan and detailed budget, procurement and supply chain management (PSCM) system and documents, monitoring and evaluation plan and project implementation manual.

- Performance Frameworks (PF)

The performance framework is a statement of intended performance and impact, to be reported to the Global Fund over the grant term. It includes an agreed set of indicators and targets consistent with the programmatic gap analysis submitted by the country in the funding request. To ensure that community-led or community-based organizations newly appointed as new principal recipients are able to correctly outline such agreed set of indicators and targets in their respective performance frameworks, they are put under the guidance of a UNDP technical advisor who assists them in setting such indicators and targets. The UNDP technical advisor will then look into these indicators to find out whether or not they exactly match up with the indicators listed in their respective financial request (FR) proposals, and whether these indicators are suitable to be used to monitor the quality or the implementation success in healthcare services provided to their respective target communities.

- Work Plan and Detailed Budget

Assistance is also provided by the UNDP technical advisor to principal recipients to ensure that their respective work plans and detailed budget documents are strongly linked to their performance frameworks so that appropriate levels of funding can be allocated to help them effectively carry out the activities that are required to achieve their respective performance framework objectives and targets.

- Procurement and Supply Chain Management

Although principal recipients are not authorized to carry out procurement and supply chain management of health products themselves without endorsement from CCM Indonesia and approval from the Global Fund, they are required to have a clear understanding of Global Fund procurement and supply chain management systems and documents because they are the ones responsible for the implementation of all procurement and supply chain management activities in accordance with grant agreements for the procurement of health products. In this regard, the involvement of UNDP Indonesia's MTC ATM Project Team in procurement and supply chain management of health products and its legal ability to enter into contracts with such providers are aimed at ensuring that the implementation of all

procurement and supply chain management activities by principal recipients is done in accordance with grant agreements for health and non-health products.

- **Monitoring & Evaluation Plan**

As indicated earlier, a new principal recipient is required to develop a monitoring and evaluation plan. For the plan to be acceptable, however, it has to be aligned with the new principal recipient's performance framework document that has been previously agreed upon. So, it is in this regard that the MTC ATM Project Team provided assistance and support to the STPI-Penabulu Consortium, a community-based entity recently accepted as a new principal recipient, in developing its monitoring and evaluation plan and to make sure that the plan was aligned with the Consortium's agreed performance framework document on which the plan must be based. With the assistance and support of the Project Team, the Consortium was able to submit its monitoring and evaluation plan on time, that is, on Oct. 30, 2020. The plan was reviewed on November 6, 2020 and following approval by the Global Fund was formally adopted as technical guidelines for the Consortium's monitoring and evaluation activities.

- **Project Implementation Manual (PIM)**

Project implementation manual is another document that a new principal recipient is required to produce. To facilitate the new principal recipients grouped under the STPI-Penabulu Consortium, a project implementation manual workshop was held on June 24, 2021. During the workshop, the MTC ATM Project Team equipped the new principal recipients with technical inputs to help them develop a project implementation manual in accordance with the needs and requirements of the grant implementation. The principle of performance-based funding was also introduced by the Project Team during the workshop to make the participants aware that continued grant funding is dependent on proven and effective results. The Progress Update and Disbursement Request (PU/DR) form was also explained during the workshop to enable the new principal recipients to understand how their performance are measured and specified in the performance letters that will be routinely sent to them by the Global Fund, including how to respond to such letters. Workshop participants were also briefed on Global Fund reporting and disbursement systems.

Completion of Paperwork

Following the workshop, the STPI-Penabulu Consortium developed a project implementation manual outlining how the community-based organizations under the Consortium will handle financial management and administration of the grant. After a number of discussions and consultation meetings, the Consortium decided to divide the manual into the following six chapters: (1) introduction/background; (2) general information on the STPI-Penabulu Consortium of Principal Recipients (PR); (3) grant management in each organization involved (including PR, SRs, SSRs, IUs and their selection process, their report, their performance measurement and their management systems); (4) program implementation; (5) financial management system including procurement process and asset management; and (6) monitoring, evaluation and learning system. Included in the final version of the manual is a simplified implementation arrangements map (IAM) for the 2021-2023 grant cycle which outlines who will be doing what with what portion of Global Fund grant funds, as well as the relations with the national health sector structures at central and local levels. The manual was approved by the Technical Working Group on TB on March 19, 2021. With the support provided by the MTC ATM Project Team, the Consortium managed to complete the required paperwork and submitted them to the Global Fund, including its performance framework which constitutes an integral part of its grant agreement with the Global Fund and serves as a reference to set targets and indicators for implementing the TB program during the 2021-2023 grant cycle. At the time of drafting this report, however, the Consortium was still in the process of submitting its Progress Update and Disbursement Request (PU/DR) report.

Integrity

The Consortium committed that all aid funds that it receives from the Global Fund will be managed wisely, carefully, and efficiently and correctly and accurately recorded. The Consortium also committed to use the funds only for programmatic purposes for which they are intended as agreed upon in the grant agreement between the Consortium and the Global Fund.

Participation in Monthly and Quarterly Meetings

During the first few months of the implementation of the grant by the new principal recipients grouped under the Consortium, the Global Fund Country Team provided them with guidance and direction on how the grant should be implemented. The Country Team also monitored how they implemented the grant. Thereafter, they are expected to actively take part in monthly meetings with the Global Fund to Fight AIDS, TB and Malaria (GFATM) Country Team, which will help them understand the mechanisms behind the grant management and implementation. For this reason, the MTC ATM Project Team facilitated their participation in the monthly meetings and advised them to use the monthly meetings as an opportunity to seek clarifications on matters or issues they do not fully understand and to learn the best ways to improve grant implementation. The MTC ATM Project Team also supported their participation in quarterly review meetings for the TB program to help them understand how their progress in implementing the grant is reviewed and to update them on the latest development and emerging trends in TB eradication strategies.

Transitional Arrangements

Several consultation meetings were held by the MTC ATM Project Team to support and assist the new principal recipients under the STPI-Penabulu Consortium to understand the situation surrounding TB Care Aisiyiah in its position as outgoing principal recipient and the Consortium in its position as a newcomer replacing TB Care Aisiyiah in implementing the forthcoming (2021-2023) grant. In the course of the meetings, they also discussed the transition from the outgoing to the incoming principal recipients. The intention was to smoothen out any handover issues arising from the transition that was made more challenging by the Covid-19 pandemic and to ensure seamless realignment and uninterrupted continuity in managing field activities. It was through such consultation meetings that the UNDP senior advisor assisted the six community-based organizations accepted as new principal recipients grouped under the Consortium in understanding detailed procedures and requirements on how to correctly implement and account for the grant.

C19RM Proposal Development

To mitigate the negative impacts of the Covid-19 pandemic on the implementation of the Global Fund's AIDS, TB and malaria programs across Indonesia, it was necessary that all principal recipients prepare work plan outlining their strategies to address the unfavourable situation. A number of meetings were held by the MTC ATM Project Team to assist the existing principal recipients develop a work plan, delineating strategies to pick up where they left off due to the pandemic. Support was also provided by the Project Team to enable the STPI-Penabulu Consortium to develop a work plan defining how they would continue the work left off by their predecessor, TB Care Aisiyiah, and proceed amidst the ongoing Covid-19 pandemic. On May 15, 2021, the Consortium submitted its work plan to CCM Indonesia. Subsequently, the Project Team facilitated the consolidation of the entire work plans of the TB Component, namely the Consortium's work plan and the Ministry of Health's work plan into one. This TB Component consolidated work plan together with the work plans of the HIV/AIDS Component and the Malaria Component were then further consolidated by CCM Indonesia. This resulted in one consolidated C19RM proposal that CCM Indonesia sent to the Global Fund as C19RM Funding Request (Fast-Track and Full Funding) on May 31, 2021. The Global Fund approved the C19RM proposal on June 21, 2021.

TB Grant Revision

Thanks to the debt-to-health swap agreement between Indonesia, Germany and the Global Fund signed on April 14, 2021 to increase support to TB program in Indonesia, the €50 million (equivalent to more or less USD 59 million) debt owed by Indonesia from Germany is going to be used to complement the Global Fund's investments in Indonesia's fight against tuberculosis for the 2021-2023 period, which amounts to USD 160 million. As a result, the debt swap proceeds will be used to support the priority programs and activities under the District Private Public Mix (DPPM) scheme that have already been approved by the Global Fund's Technical Review Panel but could not be fully funded because of limited resources under the existing Prioritized Above Allocation Request (PAAR). The money obtained from the debt swap will also be used to support a portion of the TB catch-up plan that is aimed at picking up programs and activities that had to be abruptly left off when the country was severely hit by the Covid-19 pandemic in parallel with the other portion of the catch-up plan supported by the Global Fund Covid-19 Response Mechanism after the country's fast-track and full funding requests were approved. In addition, the debt swap fund will also be used to support enablers to help multidrug-resistant (MDR) tuberculosis patients overcome barriers to completing their TB treatment and carry out community-based case investigation and treatment follow-up. All these mean that the Global Fund's existing TB grant for Indonesia has to be revised because the injection of fresh funds into the grant through the debt-to-health swap agreement significantly affects the resource allocation and budgeting process within the grant. Consequently, the portions of the grant that are managed by the Consortium will have to be revised accordingly. As the PRs are newcomers on board, the Project Team has been providing assistance to enable them to make the required adjustments to their respective resource allocation and budgeting processes.

Support to Adinkes as the New SR Global Fund for RSSH Program

This Project also provides Technical Assistance to SR candidates for RSSH Program. Assisted by MTC-ATM Technical Advisor and Officer, Adinkes (Health Department Association) ensures that work plans and detailed budget documents are strongly linked to their performance frameworks.

Support during budget review by Local Fund Agent (LFA)

Before a grant negotiation process, detailed budget should be reviewed by LFA. The budget review started on 21 October up to 27 October 2021. During the review, The advisor and officer of the RSSH TWG assisted and supported the Adinkes team in justifying the program activities, providing support documents, and responding to all the budget comments or issues such as unit cost and number of participants.

Support during Grant-Negotiation Process

Together with the RSSH TWG, the project assisted and supported the Adinkes Team in justifying the proposal, responding the CT comments, providing support documents needed, and finding the "win win" solution between SR ADINKES team and CT.

- **Performance Frameworks (PF)**
Assisted and supported Adinkes team in providing a strong explanation, justification, and supporting documents and data in each indicator. The TA also helped Adinkes to recalculate the target and determined the priority districts for implementing RSSH grant in 2022 -2023 based on the CT inputs.
- **Work Plan and Detailed Budget**
Together with RSSH TWG assisted and supported Adinkes Team in justifying the budget by explaining the details and expected results of each activities (e.g. number of participants, unit cost basis, etc), responding to CT comments related to budget, and providing support documents needed.
- **Implementation Arrangement Map (IAM)**

Together with RSSH TWG assisted and supported ADINKES team in explaining the structure of the RSSH grant related to the staff who will be involved in grant implementation, including their main duties, functions, and responsibilities.

- **Monitoring & Evaluation Plan development**
Together with RSSH TWG and ATM TWG ensured that the grant proposal accommodates cross cutting issues of ATM disease component with more detailed policies, strategies, approaches and operational aspects of monitoring and evaluation.

Support for preparation of grant implementation

MTC-ATM Project assisted Adinkes in liaising with PR to create new bank account, recruitment process for SR and SSR staff, and financial SOPs. In addition, the project assisted Adinkes to breakdown the work plan budget into 34 SSR provinces, to be sent to each province after the sub-grant agreement has been signed.

PROGRESS TOWARDS OUTPUT 2:

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

UNDP assists countries to eradicate poverty and reduce inequalities. It promotes gender equality and emphasizes the importance of respecting, protecting, defending and fulfilling human rights. To this end, UNDP engages in efforts to raise awareness among the general public to make them realize and accept the universality and inalienability of human rights. That is, human rights must be the equal everywhere and for everyone. People living with HIV are entitled to the same rights as everyone else. As such, people living with HIV and other vulnerable populations have the right to receive the same treatment like everyone else. Moreover, their rights can never be taken away, including their right not to be discriminated against due to their HIV status. In this regard, UNDP attaches great importance to rights-based responses to HIV as this will help ensure that affordable health services are accessible to those who are most at risk for HIV infection, key populations particularly susceptible to HIV and other affected communities, and that their voices are heard in public policy decision making. UNDP contributes to the establishment of a legal and policy framework that recognizes the right of HIV positive people to HIV treatment and addresses structural barriers to HIV prevention and care, which in turn will also help reduce the rate of HIV transmissions.

Such rights-based approach to HIV stands in stark contrast to laws and regulations that stigmatize people with HIV and criminalize HIV nondisclosure, exposure and transmission, consensual homosexual acts among adults, and gender expression that does not align with the person's biological sex or different from what people expect and have not been effective in reducing HIV incidence and rates of HIV infection. Such laws and regulations may even actually undermine public health efforts by, for example, providing a disincentive for people at risk to be tested (less individuals become aware of their infection and disclosing it to their sex partners) or by reinforcing discrimination against people living with HIV (PLHIV) and exacerbating HIV-related stigma.

Special attention should also be paid to how laws and regulations that criminalize sex work and drug use tend to disproportionately impact communities vulnerable to HIV, which makes them targets and create barriers to accessing healthcare when they need it most. Fear of prosecution can force sex workers to work underground, create economic insecurity, make them afraid to report violence and other crimes and talk openly with healthcare providers. The fear of criminalization can discourage drug users from seeking help in the event of an overdose and past convictions can hinder access to public benefits and jobs.

As a founding co-sponsor of UNAIDS, UNDP supports countries to ensure that non-health sectors and actors are involved in rights-based HIV responses and measures are taken to leverage progress in HIV interventions geared towards the realization of the 2030 agenda for sustainable development.

Constructive dialogue between those who make and enforce laws on the one hand and those who are affected by such laws on the other hand have contributed to more effective and inclusive national strategic HIV plans. To help address HIV/AIDS issues in Indonesia, UNDP Indonesia has been working with several key partners including DFAT which shares the same vision in terms of community system strengthening and efforts to address gender inequalities and gender-related barriers to sexual health and HIV services. UNDP and DFAT also emphasize the importance of integrating human rights approaches into all funding arrangements to fight HIV/AIDS to ensure that any interventions do not infringe on human rights.

To end the HIV epidemic, UNDP Indonesia finds it imperative that highly coordinated efforts are made to improve access to HIV prevention, testing, and treatment by focusing on areas where HIV transmission occurs most frequently. Equally important is the effectively targeted use of the country's health resources, infrastructure and programs in improving HIV prevention, diagnosis, treatment, and responses.

Therefore, it is essential to adopt the right strategies to effectively address harmful, inequitable gender norms that restrict gender identity into that which the society stereotypically considers normal and appropriate, eliminate sexual and gender-based violence, promote economic and legal empowerment, as well as improve access to sexual and reproductive health services for women and adolescent girls, especially those from poor households.

A regulatory instrument that the government has issued to this effect with UNDP's support is Presidential Instruction No. 9/2000 on Gender Mainstreaming, which makes gender mainstreaming mandatory for all government agencies at the national and sub-national/local levels. This policy officially obligates them to incorporate gender equality perspective into all their policies and programs at all levels and at all stages of policy-making (planning, implementation, monitoring and evaluation) to address gender inequality and eliminate gender-based discrimination. In addition, gender responsive planning and budgeting has also been integrated into the government planning and budgeting systems. Introduced in the 2010-2014 Medium-Term National Development Plan for the first time, gender responsive planning and budgeting has since become part of the country's subsequent national development plan. Law No. 23/2004 on the Elimination of Domestic Violence is another legislation that reflects UNDP's priority in addressing sexual and gender-based violence against women and girls and promoting their access to justice.

Another important regulatory instrument which resonates with the emphasis that UNDP places on the need to protect the rights of people living with HIV, women and girls living with HIV/ AIDS and key populations is Ministry of Health Regulation No. 21/2013 on HIV Management. Serving as the legal umbrella for all HIV programming throughout the country, this ministerial regulation aims at eliminating discrimination against people living with HIV/AIDS (Article 3, letter c), preventing social stigma and discrimination against people infected with HIV, their family members and key populations (Article 51 (1), letter c) and urging all members of society not to discriminate against people infected with HIV be it in terms of health services, education, work and all other aspects of life (Article 51 (4), letter c).

Assessment of Human Rights and Gender in HIV Response During Covid-19 Pandemic

Despite this praiseworthy regulatory support at the national level supposedly cascading to the sub-national level to protect the rights of people living with HIV, field interviews and recent focus

group discussions indicated that the respondents perceived that such protective policies were not fully implemented due to disruption of services vital for people living with the HIV as a result of Covid-19 restrictive policy measures. The respondents also suggested that implementation at the local level is still partial due to deep-rooted localism or religionism that tend to fuel discrimination against people living with HIV, harsh social attitudes towards sex workers and demand for mandatory HIV testing. This implies that even though local governments' regulations on HIV/AIDS are supposed to follow those of the national government, the reality on the ground tells a different story. In other words, these recent findings still reflect the 2017 findings presented in a Global Fund-sponsored report titled *Legal and Policy Review on HIV in Indonesia: An Overview of Legislation and its Implementation in Six Cities/Districts*. Published in 2017 by South Jakarta-based Community Legal Aid Institution.

The report says that although there are local regulations that impose sanctions on employers and or businesses who make HIV testing mandatory for recruitment, the implementation of these regulations is practically non-existent. The report further suggests that the absence of HIV negative test result requirement in student selection and admission process is no guarantee that there is no barrier for HIV positive students to have access to education due to the absence of neither penalties nor law enforcement in the event of violations. In contrast to the report, however, there is one exception: Klaten District Regulation No. 6/2017 on the Management of HIV/AIDS spells out imprisonment of up to 6 months or penalties of up to IDR 50 million for violations.

As the national response to HIV/AIDS officially falls under the jurisdiction of the Ministry of Health, the responsibility for preparing financial resources needed to address HIV/AIDS lies with the Ministry and so does the responsibility for addressing the Covid-19 pandemic. As a result, despite the annual increase in the Ministry of Health's budget over the last three years, the majority of the budget has been expended on public health interventions against Covid-19. With regard to the Ministry's budget for public health interventions against HIV/AIDS, the Ministry still needs to create a specific budget line to prevent young women, girls and key populations from being trafficked for sexual exploitation or subjected to child marriage, coercive sex and other harmful practices that increase the risk of contracting the virus. Given the ignorance of marginalized young women, girls and key populations to protect themselves from HIV and the difficulties to access treatment when infected, the Ministry needs to set aside additional resources to create an enabling environment that would make it easier for them to become knowledgeable about how to avoid and prevent HIV transmission. Otherwise, sexual and gender-based violence (SGBV) and the associated risk of getting infected with HIV will remain high as in the present case. Their low socioeconomic status compromises their ability to afford public transport, which makes it difficult for them to access life-saving treatment. In the absence of public health clinics nearby, they seek health care less often, and when they do seek health care, it is more likely to be for an emergency.

HIV and Human Rights – Key Entry Points and Recommendations for Indonesia

To make the most of synergies between HIV prevention and care, it is crucial to carefully approach key entry points for identifying people who could benefit from antiretroviral (ARV) treatment and scaling up their access to it, which must be built on the existing clinical or public health services. Key entry points must provide, or facilitate the link to HIV testing and counselling that facilitate treatment services. Usual key entry points where HIV-related disease is more likely are acute clinical services and tuberculosis services where there may be a high suspicion of HIV-related disease or where people seeking care have a high likelihood of HIV infection either transmitted through sexual contact or through injection drug use. Exploring community-based key entry points is also crucial to identifying people within high-prevalence networks who are not using clinic services and are likely to have asymptomatic HIV infection such as those engaging in same-sex relationship, transgender people, injecting drug users, sex workers and other

vulnerable groups especially poor and marginalized people. Generally ignorant of their rights, marginalized people living at subsistence levels are vulnerable to HIV infections because they are easy targets for human rights violations and sexual abuse. And if they get infected, they generally have no one to turn to for help or support. They have difficulties not only in accessing appropriate health services but also in seeking redress and remedies for human rights and economic rights violations that disproportionately affect them. This is the point of intersection between HIV and human rights which shall be the basis on which 'active' entry points are urgently needed to reach out to people who need HIV prevention, care and treatment but are beyond the reach of health-care services and to marginalized populations that do not seek treatment on their own.

The following are recommendations from the Project's advisory team to alleviate the situation:

- Raising awareness and educating the public on HIV, including prevention, access to treatment, care and support, recognizing and addressing the root causes of stigmatization and discrimination and the roles of law enforcement and government officials in HIV response at the national, provincial, district, and community levels targeted at law enforcement and government officials and community members (including students, parents, educational personnel, elders, health workers, and religious leaders);
- Educating, sensitizing and building the capacity of law enforcement officials/officers (police officers, prosecutors, and members of the judiciary) and municipal police unit officials under the control of local governments who are commonly involved in crackdowns on prostitutes, homosexuals, unmarried couples engaging in consensual sex and drug users in order to restore public order and security;
- Educating, sensitizing and building the capacity of the health care providers and establishing and maintaining links among NGOs, CBOs and communities to provide care and support to people living with HIV;
- Strengthening legal and governance mechanisms and developing the culture of accountability to address discrimination, gender-based violence and other violations of the rights of people with HIV. This includes efforts to sensitize and build the capacity of police officers to enable them to register and investigate complaints concerning allegations of sexual abuse and violence. This should also include guarantee of protection for gender-based violence victims.
- Actively documenting and monitoring complaints of discrimination within the healthcare setting and supporting the concomitant redress mechanisms;
- Enhancing labour force participation for people living with HIV and affected key populations and promoting their rights to participate in public and social activities;
- Advancing a nationwide legal protection system for people living with HIV and marginalized groups and advocating the passage of the bill on the elimination of sexual violence into law;
- Introducing People's Online Aspirations and Complaints Service (LAPOR!) to make it easy for people living with HIV to report any harassments and discriminations that they have experienced due to their positive HIV status; Part of the National Public Service Complaint Management System, this service is accessible through a website (www.lapor.go.id), short messaging service (1708), twitter (@lapor1708), Android application, and iOS application;
- Ensuring the availability, accuracy and validity of HIV/AIDS data along the clinical pathway, from testing to treatment, in order to generate gender-disaggregated data tracker;

Virtual Capacity Building Workshop on Mainstreaming Gender Equality and Human Rights Approaches in HIV and Aids Response

In collaboration with UN AIDS, the project has also provided capacity building to SSR (of PR Spiritia) in Central Java and West Java on 29-30 November 2021. The project discussed the achievements and obstacles to the implementation of mainstreaming gender and human rights in HIV-AIDS prevention policies and programs. There were discussions on local regulations being contrary to the spirit of human rights and gender. The existence of gender inequality causes stigma and discrimination in health services, which results in the reluctance to access health services. Therefore, the active involvement of community is very important to integrate gender

into programs and policies. PLHIV can also report stigma and discrimination experienced in health services and the community. Currently, the government has developed a reporting mechanism through the LAPOR app, which is an online complaint handling service for public service. Another initiative that should be noted is community-led monitoring in the context of human rights and HIV, an accountability mechanism that improves the quality and access of services for PLHIV and key populations.

2. Technical Assistance on local government development planning and budgeting for AIDS, tuberculosis, and malaria prevention and care program.

Technical assistance to assist CCM in developing a proposal for the RSSH's Governance and Planning Components and the entire required documents.

This activity is related to the Resilience and Sustainable Systems for Health (RSSH). In July 2021, the Global Fund approved the RSSH grant proposal for the 2022 - 2023 period which was jointly prepared by CCM Indonesia and the Ministry of Home Affairs. The proposal was submitted to the Global Fund as a key preventive strategy for Indonesia.

The MTC ATM Project facilitated an oversight committee meeting that was held by CCM Indonesia. The drafting of the RSSH proposal and the preparation for its implementation were discussed in this meeting during which the MTC ATM Project was involved in providing inputs, moderating the meeting, and preparing documentation/minutes of meeting through the CCM staff hired by the project. One of the agreements reached in this meeting was the establishment of a technical working group for RSSH and the decision regarding which government and non-government agencies will be involved in the technical working group.

The MTC ATM Project also supported CCM Indonesia to submit the proposal and to have a further discussion with the GFATM about this new initiative. A technical officer has been hired to provide assistance and facilitate the process in:

- developing a detailed performance framework, a monitoring and evaluation plan for the GFATM's RSSH Component for the 2022-2023 period and filling in the template provided by the GFATM for this purpose;
- developing a work plan and the budgeting process for the GFATM's RSSH Component for the 2022-2023 period using the template provided by the GFATM for this purpose;
- dealing with the local fund agent (LFA) during grant making, grant negotiation with the Global Fund Country Team and grant signing processes.

With the Technical Assistance provided by the project through the RSSH Technical Officer, the CCM Secretariat sent the RSSH documents to the Global Fund in September 2021. The documents included Concept Notes, Performance Framework, Work plan & Budget plan, and Implementation Arrangement Map. All of these documents were compiled and prepared by ADINKES and were reviewed and approved by the RSSH TWG.

During the grant negotiation, there were several revisions in the PF, namely the target number of districts for 2022 which was originally 88 out of 176 districts was changed to 42 out of 105 districts. This was discussed in the Coordination Meeting between TWG RSSH, ADINKES and PR ATM, and was mutually agreed. The revised Performance Framework (PF), Budget plan and IAM documents were then sent back to GF by ADINKES which was then continued with the preparation of a Monev Plan (M&E Plan) assisted by MTC-ATM senior advisor and officer. This M&E Plan was reviewed and approved in a meeting with the RSSH TWG and sent to the GF Grant Approval Committee on December 9, 2021.

ADINKES assisted by the advisor and officer began to prepare for the implementation of the PTI ATM activity which will be the first activity in January 2022 after the RSSH grant was approved in the GF Board Meeting. The GF Board Meeting approved the ADINKES proposal and sent an Implementation Letter from the GF Country Team to the Ministry of Health's TB PR containing an update of the 2021-2023 TB Grant which includes the Sub-Grant and RSSH budget which was approved on 23 December 2021.

Cross Learning Events

In 2021, UNDP in collaboration with DFAT conducted two cross-learning workshops for the Principal Recipients (PRs) and stakeholders. The workshops aimed at providing all partners with the same lessons learned during program implementation by UNDP and DFAT in a way that is customized to each target PRs to strengthen their respective planning, budgeting and implementation of GF ATM supporting programs. UNDP suggested the following 2 topics for the workshops:

Topic I: Improving access to treatment and the use of gender-based approaches to address HIV issues during the Covid-19 pandemic in Indonesia by:

- Presenting and discussing the results, findings and recommendations of assessment that has been conducted on:
 1. Supply chain management of HIV drugs during the pandemic
 2. Gender and human rights in HIV policy and program implementation
- Introducing the LAPOR! app and website as a communication channel to report cases of harassment and discrimination against people living with HIV
- Discussing and sharing the experiences of key populations groups and suggestions for improvement.

As the first cross learning event, it was a success in its implementation. The resource person and official from the Ministry of Health, including the invited target participants, attended the activity on August 30, 2021. The Director of P2PML, Ministry of Health, in her remarks highlighted that the government during the pandemic remains committed to HIV/AIDS treatment and elimination. Efforts have been made to provide access to test and treatment services, but the involvement and support of development partners and the community are still needed, especially during the pandemic. The results of the study conducted by UNDP can be used as substance for grant proposal to the Global Fund, and to ensure a better program planning and strengthening.

Two recommendations will be followed up from this meeting. First is the need to strengthen the reporting mechanism of communities who experience discrimination in obtaining access to HIV services. This can be done by collaborating with SPAN Lapor, Ministry of Administrative Reform (PANRB) to strengthen the LAPOR application that can be accessed by PLWHIV. In addition, the strengthening of ARV supply chain management at the provincial level needs to be followed up. This can be done by integrating a one-stop ARV policy at the district, provincial, and national levels with SIHA (HIV AIDS Information System) and early warning system to ensure better planning, acceptance and storage.

Topic II: Integration and strengthening of ATM programs, policies, regulations, and financing at the provincial and district levels, consisting of:

- Sharing session from Adinkes (Health Department Associations) regarding RSSH work plan and targets as well as experience from similar projects that can be replicated for RSSH.
- Experience from Papua Platform Project as a tool to: (1) tackle development issues holistically and align programs with national and local priorities, (2) facilitate coordination among development partners, and (3) serve as a program umbrella to host various interventions in supporting Papua's development that can be replicated for UNDP's AIDS, TB, and Malaria Program at district and provincial levels

- Experience from Innovative Financing Lab (IFLab) Project regarding collaborative space for the government, the private sector, financial institutions, investors, entrepreneurs, religious organizations, civil society, other UN agencies and other interested stakeholders to work together and develop solutions for financing the SDGs that can be replicated for UNDP's AIDS, TB, and Malaria Program
- Experience from KOMPAK on how the poor and other vulnerable groups benefit from improved village governance and what local governments have done to better address the needs of basic services that can be replicated for the DFAT's AIDS, TB, and Malaria program. KOMPAK is a facility funded by the Australian Government to support the Government of Indonesia in achieving its targets of reducing poverty and narrowing the rich-poor gap.

This cross-learning meeting was held online and offline by involving a national news anchor to lead the discussion on December 2, 2021. The topic this time was to ensure the intervention and sustainability of the ATM program, specifically the RSSH program, which was in the process of acquiring funding and was scheduled to start in January 2022. In addition, health program to combat ATM in several areas was not a priority. This can be seen from the budget that has not been allocated or needs to be improved. This is important and the RSSH program is a medium to strengthen the budget allocation and the realization. Key stakeholders, including Adinkes who will implement the RSSH program, were invited to discuss the subject and share their views.

IV. CHALLENGES

Due to the COVID-19 pandemic, CCM Indonesia meetings have to be held online. As a result, the budget allocated by the MTC ATM Project for CCM Indonesia to conduct on-site supervisory meetings with AIDS, TB and malaria programs' principal recipients was not absorbed. Furthermore, the cooperation agreement was officially signed on April 2021 while the Project team's work at CCM Indonesia started in the period from January through March 2021. Thus, further discussions are needed between UNDP and DFAT to address the issues.

In addition, a new budget allocation is required for the RSSH program from 2022 to 2023. Prior to the availability of the relevant budget, UNDP would be able to reallocate the fund that has currently been allocated for activities 2.2 in 2021 to support technical assistance provided through RSSH meetings by RSSH technical officers and to pay their salaries. However, this fund reallocation is only sufficient to finance preliminary and preparatory RSSH activities in 2021. Therefore, additional funds are needed to support RSSH activities upon its commencement and subsequent implementation for the upcoming two years.

V. LESSONS LEARNED

The support provided by the MTC ATM Project has improved the capacity of CCM Indonesia Secretariat in decision making, planning, monitoring and evaluation. This, coupled with technical inputs and recommendations provided by the technical working group' panel of experts and development partner representatives and factual inputs from program implementers at the grassroots level, has enhanced the implementation of the Global Fund's ATM program. In this regard, technical working group meetings serve as a forum to oversee and review the performance of principal recipients and provide them with technical feedback and suggestions to improve their work performance.

As a member of the technical working group, UNDP has been providing inputs and technical assistance to principal recipients to improve their financial management performance.

The success of such technical inputs and assistance is reflected in the timeliness and quality of their financial reports that measure up with the Global Fund's standards, improved human resource capacity of the project management unit (PMU) in managing finances and improved ability in filling out forms that has enabled them to prepare themselves for external audits. In addition, most of the principal recipients have managed to obtain a performance rating of B1 and above even though the COVID-19 pandemic remains a challenge.

The MTC ATM Project has also provided technical assistance to the existing and new principal recipients in the 2021-2023 period to ensure that their proposals are submitted in a timely manner.

UNDP and DFAT continue to communicate closely with each other to ensure that the funds are used as intended, in accordance with the plan to carry out activities that have been previously planned. This will be done through regular, informal discussions to enable both organizations to be in the same frame in carrying out activities and maintaining their flexibility which is necessary to accommodate new initiatives, reallocations or additional budgets. It is also crucial to develop the right solutions to address disrupted activities during the pandemic and to resolve cross-cutting issues that need to be prioritized in accordance with the current conditions and circumstances.

VI. CONCLUSION AND WAY FORWARD

The MTC ATM will continue to support the strengthening of the ATM Program. It will focus on several cross-cutting issues and ensure that the ATM program is more gender-friendly and implemented based on full respect for human rights. In addition, the sustainability of the program will be improved by enhancing the capacity of provinces and districts to achieve the program objectives and ensure that their respective ATM programs are seamlessly integrated and properly budgeted. To achieve this, UNDP and DFAT will coordinate with each other to prepare for cross learning by customizing the core contents of the program to each targeted group. Lessons learned from programs that have been successfully implemented will be used to replicate the programs elsewhere to ensure the sustainability of the programs after the grant funding has concluded.

In this regard, UNDP and DFAT will also continue to support the implementation of the RSSH program until 2023. This new initiative seeks to integrate and allocate budget for ATM program at the district level. Therefore, there will be discussions on budget use in 2021 for RSSH and additional costs for RSSH implementation in 2022 to 2023. These discussions will touch on the issue of how the MTC ATM Project can facilitate meetings of the TWG on Malaria and extend the contract of the technical officer in charge of the malaria program.

VII. FINANCIAL STATUS

The project had received funding support in the amount of USD 290,153.85 since January 2021 and continued to receive fund in tranches through December 2021. By the end of June 2021, the MTC-ATM Phase III project had spent 2.3 percent of the total amount. Since the agreement was signed on April 26, 2021, and the funding was received sometime in May 2021, budget revisions had to be made to enable access to the funding. Therefore, reverse journal entries had to be made at the beginning of the present accounting period to reverse or cancel out journal entry adjustment made at the end of the previous accounting period and were finalized after budgetary revisions were approved in July 2021. These are reflected in the financial year report 2021 for the period from January through December 2021. By the end of December 2021, the project had spent 69.8 percent of the total amount.

FINANCIAL REPORT

Project: 00106768 - Health Governance Initiative

Output: 00126904

Donor: 11854 – The Australian DFAT

Period: April 2021 up to December 2021

Component	Expenditure FY 2021 (USD)	Expenditure FY 2021 (AUD)
Total Revenue	290,153.85	373,428.00
Output 1	107,022.64	146,090.08
Output 2	23,660.12	32,296.99
General operating and other direct costs	47,114.65	64,313.33
GMS (8%)	14,224.73	19,417.31
Total Expenses	192,022.14	262,117.71
Current Commitment	10,607.19	14,479.23
Available resource Balance	87,524.52	96,831.06