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UNITED NATIONS DEVELOPMENT PROGRAMME

PROJECT DOCUMENT
Indonesia

Project Title	: Health Governance Initiative (HEART)
Project Award ID	: 00106768
Implementing Partner	: UNDP CO Indonesia
Beneficiary	: Ministry of Health
Start Date	: 16 March 2020
End Date	: 31 December 2022
PAC Meeting Date	: 5 March 2020

Brief Description

UNDP Indonesia Country Programme 2016-2020 developed in partnership with the Indonesian Government addresses the unfinished business of the Millennium Development Goals and support national efforts to advance the 2030 Sustainable Development Agenda. The programme contributes directly to the RPJMN 2020-2024, aims at improving access and health services quality toward universal health coverage, objective 1) increasing the health status of society and; 2) increasing the responsiveness and protection to society towards social and financial risks related to health and Outcome 2 of the UNDP country Programme for Indonesia (2016-2020), which are aligned with the Indonesian Government Health Sector's Objectives, commitment to Universal Health Coverage, SDG3 Ensure healthy lives and promote wellbeing for all at all ages (target 3.8 in particular) and other SDGs.

One of the Country Programme outcomes is national institutions strengthened for *Equitable access to quality basic social services and social protection*. Aligned with this particular outcome, the Health Governance Initiative will contribute to support specific national efforts to achieve SDG 3 and with a focus to meet Indonesia's commitment to address inequity in health through Universal Health Coverage. Working with government counterparts and civil society organisations, the Health Governance programme will leverage UNPD's global expertise in governance for health and implementation support for large health initiatives. The programme will develop innovative solutions and capacities through technical assistance, south-south cooperation and partnerships for improved and sustained health outcomes for all. The Health Governance Programme will have two outputs: (i) **By 2022, strengthened national policy and institutional environment that is governing access and delivery of needed health technologies and affordable medicines through evidence based and multisector collaborations**. (ii) 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 climate change adaptation and waste management practices to mitigate or limit its impact on environment(s).

UNPDF/CPD 2016-2020 Outcome 2: By 2020, the poor and most vulnerable have better and more equitable access to quality basic social services, including health and education, and to comprehensive social protection and better access to water supply and sanitation.

CPD 2016-2020 Indicative Output 2.2: Policy/legal frameworks strengthened, and systems established nationally and in targeted regions, to improve access to social services and medicines by excluded groups.

- Project Output 1 attribute to SP Output 1.2.1 (GEN 2)
- Project Output 2 attribute to SP Output 1.2.1 (GEN 2)

Total resources required:		$ 15,418,407.93
Total resources allocated:		$ 5,304,909.85
	DFAT (to be registered):	$ 362,805.40
	GAVI (to be registered):	$ 2,365,959.00
	Gov. of Indonesia-PR *GF (Registere No. 26KCA77A, 71097101, 2E61ZTKA)*:	$ 2,576,145.45
Unfunded:		$ 10,113,498.08

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Agreed by:

Christophe Bahuet Resident Representative of UNDP		Date: 29 July 2020
Drg.Oscar Primadi, MPH Secretary General of MoH		Date:
Ministry of Finance		Date:

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I. DEVELOPMENT CHALLENGE

Indonesia's Health Programme as stated in the RPJMN 2020-2024, aims at improving access and health services quality toward universal health coverage.

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 in 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[1] 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 infection, 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[2] combined. Over 10 million people are living with diabetes in Indonesia[3], 75,800 of them dying each year prematurely (before age 70)[4] . 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

[1] UNDP Indonesia Country programme 2016-2020 Outcome 2. Focuses on Equitable access to quality basic social services and social protection and has [quote] "At its core, the country programme will support Indonesia to address the unfinished business of the Millennium Development Goals and advance the global post-2015 sustainable development agenda."
[2] Global Burden of Disease. Institute of Health Metrics and Evaluation 2016 – Indonesia country profile. www.healthdata.org/indonesia
[3] International Diabetes Federation 2018
[4] Number of deaths attributable to high blood glucose, male female combined. World Health Organization – Diabetes country profiles, 2016

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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[5].

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[6]. 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. 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.[7]

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[8].

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 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[9] requiring attention and investment on a global scale.

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, *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

[5] RISKESDAS 2013
[6] UNAIDS 2018
[7] Climate change and human health - risks and responses. Summary. WHO,2003
[8] UNICEF Annual Report 2015
[9] The Rockefeller Foundation–Lancet Commission on planetary health. The Lancet, Vol. 386, No. 10007

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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%)[10]. Out of pocket expenditures remain high and the allocation for public health and prevention is relatively low as compared to curative services[11]. Spending on pharmaceutical and vaccines is estimated to be around 30% of total health spending. Analysis suggest the value for money from such spending could be greatly improved[12][13].

To improve value for money the regulatory and legal framework needs to be enabling. It needs to be able to balance affordability and access with maintaining quality. This is a common challenge for developing countries implementing UHC[14]. Indonesia has enjoyed massive price reduction for medicines[15]. However, it is important that these reductions are not having 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[16]. According to the Basic Health Survey (*Riskesdas*), the vaccine reach (or coverage) for example was only 53.8% in 2010, increased to just 59.2%, still below target. This number is far lower than 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 Universal Health Coverage 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'[17]. A number of studies also point to the oftentimes

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

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"irrational use of medicines" in Indonesia which is fueling antimicrobial resistance[18],[19]. 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 potential 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[20]. 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.

Antwerp, Belgium

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

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

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

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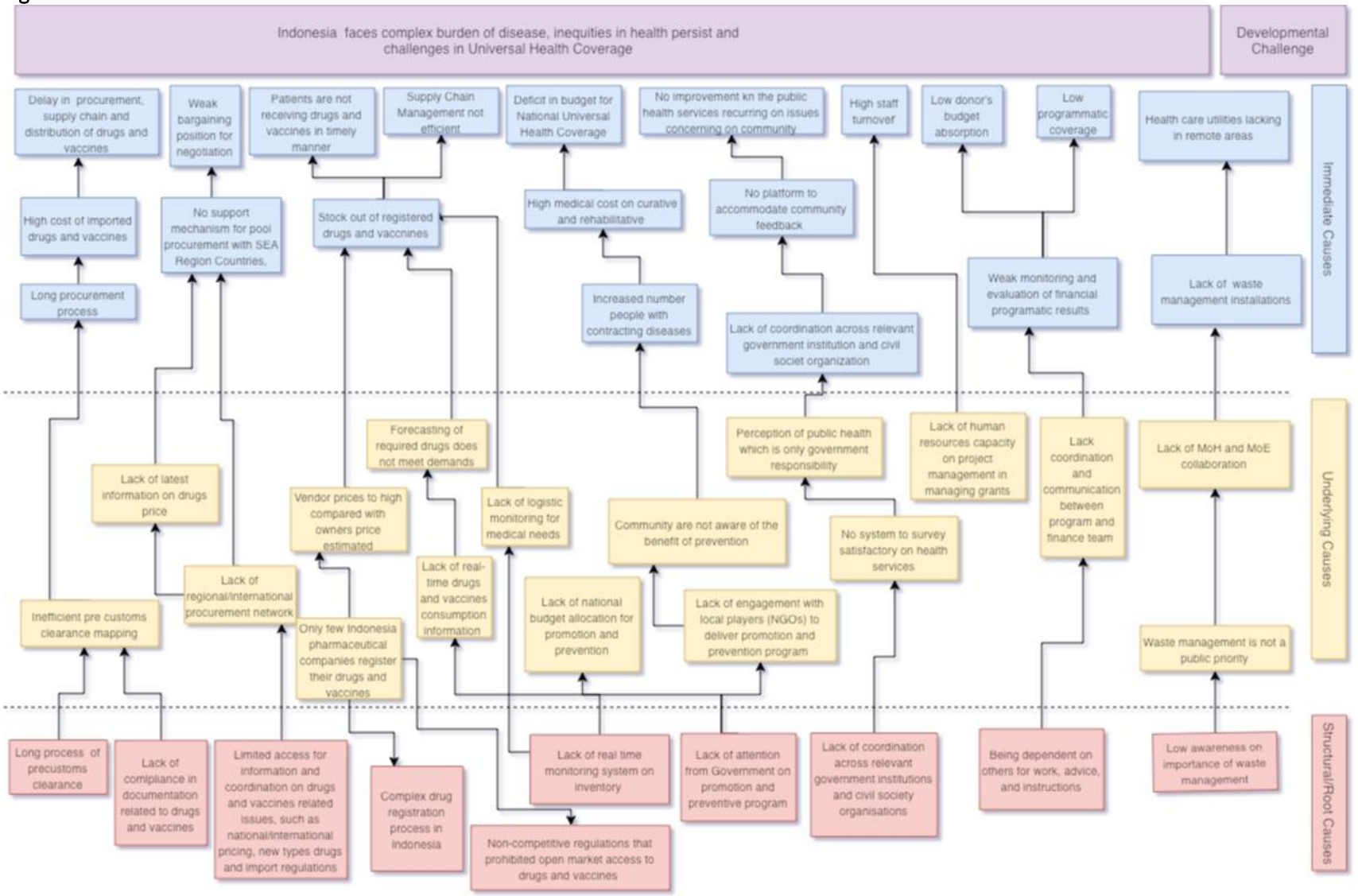
Figure 1. Problem Tree[21]



[21] (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)

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II. STRATEGY

2.1. Theory of Change

The programme addresses inequity in health[22] 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.

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 and their perspectives are fully considered and reflected. This will be achieved through: applying a gender lens to ensure all inputs are reflecting a gender needs and interests; ensuring activities endeavor gender balanced participation; promoting where most relevant institutionalizing gender equality; and collect gender disaggregated data to ensure the impact of the programme's work 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, 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 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.

[22] inequity in health is defined as avoidable inequality. i.e inequality stemming from poor policy choices, resource distribution or discrimination

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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**

   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.
   The programme will also facilitate multisector policy dialogue to examine and act upon intellectual property rights regimes[23] 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.

2. **Capacity Development and Innovative Solutions for implementation of national health programmes[24] (programmatic, grant management, procurement and logistics management information systems)**

   The programme will leverage UNDP's global expertise in GFATM 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.

   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.

   Improved logistics information systems (LMIS) for decision making and end-to-end supply chain management using innovative technologies such as eVIN[25] 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.

   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

Figure 2. Programme's Theory of Change

[23] While the focus will be on TRIPS the programme will also support Indonesia's efforts to implement the Marrakesh Treaty
[24] The primary focus is on Immunisation, AIDS, TB and Malaria programmes but not limited to these only
[25] 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.

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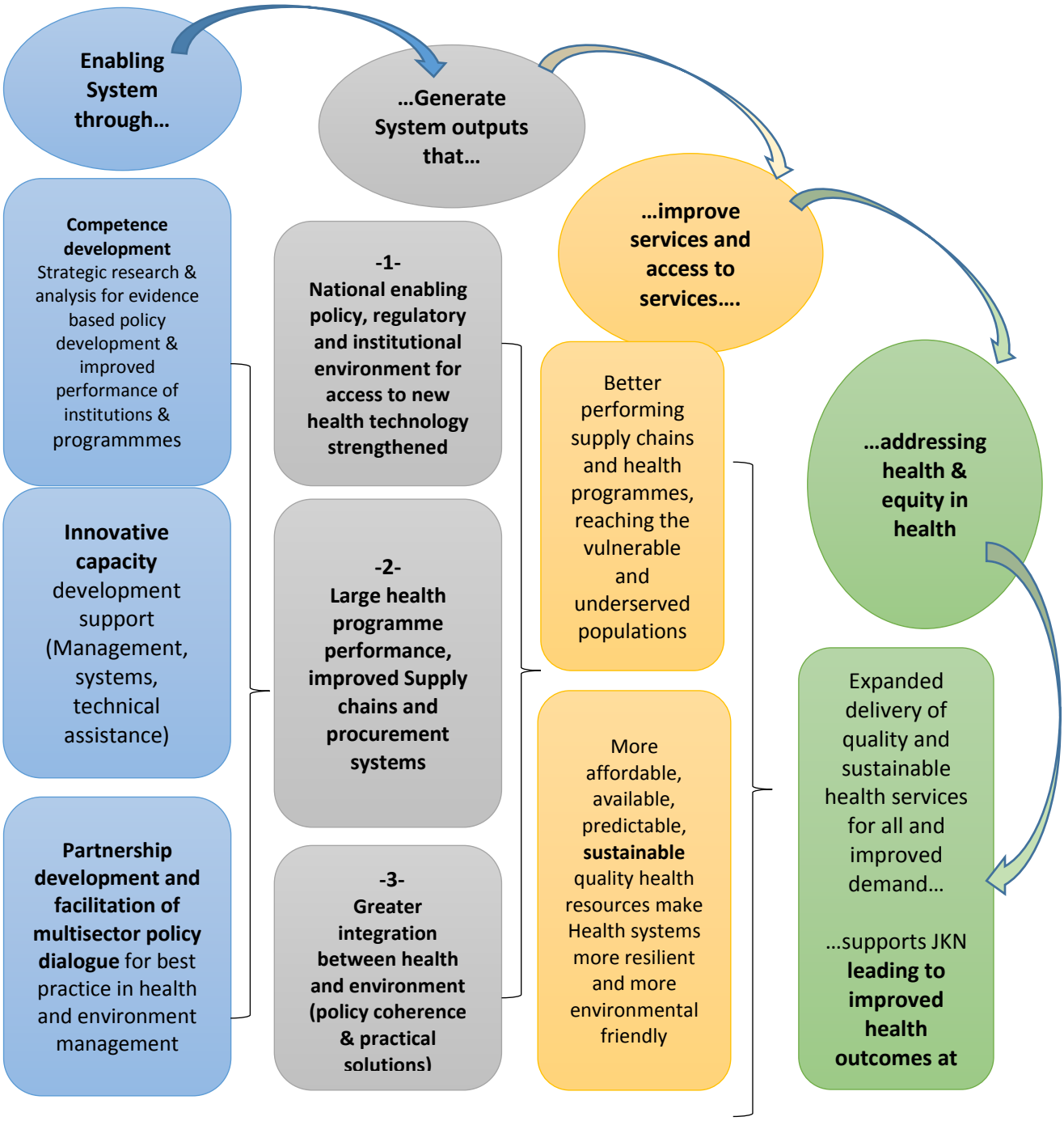

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III. RESULTS AND PARTNERSHIPS

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 (Jaringan Kesehatan) 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 TRIPS flexibilities to safeguard policy space for health.

UNDP generate evidence based and will delivered in a balance manner that bring comprehensive description including success story from Indonesia and challenges to improve access of health services and affordable medicines in Indonesia.

Activities (indicative, refer to multiyear work plan):

- Generate evidence based 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.
- International procurement support for those items identified by MOH as critical and with insurmountable obstacles to get good prices/quality using Government procurement.
- Evidence based studies for responsive legislation, policy and regulatory frameworks governing access to medicines and health technologies and health system

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, in particular those concerned with immunisation, AIDS, TB and Malaria. Building on current projects and bringing them to scale, this result area will contribute to transform 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

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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 this 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):

- Provide technical assistance for pharmaceutical procurement and supply chains policy implementation using appropriate information technology, including dedicated support to help donor funded programmes to transition towards domestic financing. Such as innovative solutions (piloted) to transform logistics, information systems, supply chains and their management (e.g SMILE and its application for other health commodities supply chain);
- Provide technical assistance to improve national program of AIDS, TB, and Malaria implementation performance benefitting both women and men
- Improve grant management and accountability with focusing on GFTAM programme.
- In terms of human resources development, project will ensure the enhancement of capacities both men and women at the sector in the application of SMILE innovative system.
- Technical assistance to national initiatives for greening the health system (e.g develop specific regulation to assist in 'greening' health sector's policy implementation; develop 'model approach' of medical waste management at decentralised level –inclusive of community participation and climate change adaptation);

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 the output of projects in the Health Governance Initiative Cluster, one PMU will be formed to facilitate technical teams and connect with senior managers and other units at the UNDP Country Office and also with UNDP Regional and HQ. The PMU will also assist UNDP senior managers in dealing with donors, governments and CSOs.

3.3. Partnerships

The programme 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:

- Co-creation of programme leading to more appropriate / implementable solutions (e.g Global Fund Grant implementation support, Supply Chain management)
- Pooling of technical and financial resources for innovative solutions (e.g SMILE implementation, Procurement and Supply Chain Management, Access to affordable health resources)
- Co-design of flexible solutions adaptable to local realities or unexpected events (e.g all aspects of the programme)
- High level of buy-in, beyond a contractual agreement by sustained and mutual engagement

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National Partners include:

- 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 Prevention and Control of Communicable Diseases for AIDS and Tuberculosis program, (ii) Directorate of Prevention and Control of Vector and Zoonotic Disease particularly for Malaria program, (iii) Directorate of Health Quarantine and Surveillance for Immunization programme, (iv) Directorate General of Pharmaceutical and Medical Devices for affordable medicines program and procurement support, (v) Directorate of Health Environment for climate change and medical waste management, (vi) Center of Health Financing and Health Security (PPJK) for HTA related program, and (vii) Center of Data and Information for Health Information System support. This programme also will work with other units in Ministry of Health based on needs especially for emergency response in health area.
- 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 and sub-national governments. A key aspect of the work of the programme is to promote the delivery of public services to all parts of Indonesia
- Non-State Actors: In addition to work with national and local governments, UNDP will engage non-state actors: *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.
- Governance Implementers: Numerous iNGOs and bilateral agencies have been working in Indonesia and with UNDP to build effective governance institutions. The programme will need to be well-coordinated and, perhaps, partnered, with these groups and others to ensure support to relevant governance sectors in the region is as effective as possible. iNGO partners of relevance for this programme include:
- Donors: Bilateral donors, including Australia DFAT, USAID, Japan Government, and Global Fund are committed to investing significant resources to support UHC (JKN) in Indonesia. Their support for the objectives of this programme is critical to its success.
- 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 Labour, 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.

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- 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 hubs including Bangkok Regional Hub and the Bureau for Policy and Programme Support (BPPS) which provide relevant policy and guidance to support the results of UNDP's projects and programmes.
- Environmental Health in Indonesia need to be resolve and collaboration between health program and environmental which support health system better integrates environmental concerns in climate change adaptation and waste management practices to mitigate or limit its impact on environment(s) through this project we will engage Global Environment Facility (GEF) and Global Climate Change Foundation (GCCF) to upscale environmental health programme in Indinesia.

3.4. Risks and Assumptions

By 2018, Indonesia has entered an election year, which will take place in 17 April 2019. This time of contention usually puts key populations at risk of social pressure. Post-election may also be problematic as change in administration opens the door to change of government leadership, hence approach towards international aid.

Based on experience, the other risk affecting implementation is the high level of staff turn-over, in particular at sub-national level. This requires constant training and refreshing of technical skills and advocacy.

The last two years, Indonesia has been experiencing natural disasters in several areas, with massive destruction. E.g. landslide - Ponorogo (East Java), earthquake - Lombok (NTB) and earthquake and tsunami - Palu (Sulteng). If these take place in implementing areas, it will completely disrupt any form of project implementation.

3.5. Stakeholder Engagement

Stakeholders' engagement for this programme is aligned with the principle of national ownership as enshrined in the Jakarta Commitment[26]. 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

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

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(mentioned above) and the encouragement of these same national partners for UNDP to take on a greater role in support health Governance in Indonesia.

Target groups including those affected, both men and women, directly by HIV and AIDS among others the key populations and TB patients, along with the general populations affected by TB and the need of immunization. Other targeted groups are stakeholders, having decision making roles in the government at central and sub-national levels, along with community leaders acting as opinion makers in society. This will be even more apparent during emergency situations.

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 work 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. Knowledge

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 shared with wider audiences and main stakeholders.

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 help 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).

3.8. Sustainability and Scaling Up

Sustainability and scaling up for this programme essentially rest with 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.

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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 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.

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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) 2016 – 2020 applying the Direct Implementation Modality (DIM), where UNDP will act as the Implementing Partner.

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.

UNDP will provide technical guidance, administrative and managerial support and oversight to the project.

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 Implementing Partner's Authorized Budget Owner (*Kuasa Pengguna Anggaran - KPA*). This will be submitted by the Implementing Partner 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.

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V. RESULTS FRAMEWORK

UNPDF/CPD Outcome 2: By 2020, the poor and most vulnerable have better and more equitable access to quality basic social services, including health and education, and to comprehensive social protection and better access to water supply and sanitation
Outcome indicators 2.2 as stated in the Country Programme Results and Resources Framework, including baseline and targets: Policy/legal frameworks strengthened, and systems established nationally and in targeted regions, to improve access to social services and medicines by excluded groups Indicator-2.1 Human Development Index; Baseline (2013): 73.81; Target 76.3 Indicator-2.4 Percentage of the population registered in the Social Health Insurance scheme, disaggregated by sex; Baseline (2014): 51.84%; Target: 95%
Applicable Output(s) from the UNDP Strategic Plan: 1.2.1. Capacities at national and subnational levels strengthened to promote inclusive local economic development and deliver basic services including HIV and related services
Project title and Atlas Project Number: Health Governance Initiative / 00106768

EXPECTED OUTPUTS	OUTPUT INDICATORS	DATA SOURCE	BASELINE		Target			DATA COLLECTION METHODS & RISKS
			Value	Year	2020	2021	2022	
Output 1 By 2021, 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.	1.1 Extent to which an effective pricing policy is developed and improve access of information on international drug prices reference	Published price analysis report and policy brief (various sources of publication); Access and Delivery Partnership (ADP) reports of regional meetings and networking	i) Drug price comparison study in South East Asia completed by UNDP BRH; ii) Procurement assessment report for ATM completed by UNDP	i) 2018; ii) 2015	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. .	Indonesian success story on drug process and and Policy brief on recommendation for reducing drug and vaccines prices	Reports are collected from researchers as activity reports and study documents.

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EXPECTED OUTPUTS	OUTPUT INDICATORS	DATA SOURCE	BASELINE		Target			DATA COLLECTION METHODS & RISKS
			Value	Year	2020	2021	2022	
	1.2. Extent to which multisector collaborations framework is established for community networks, women groups and gender stakeholders engagement, on improving access to affordable medicines	Annual reports on Health Governance Initiative (HGI)	i) Policy review on HIV-AIDS, UGM; ii) Community Based Monitoring Feedback (CBMF)	i) 2015; ii) 2018	Draft of multisector collaboration framework to improve access to affordable medicines for vulnerable people, key affected population, women, and children	Final document of multisector collaboration framework to improve access to affordable medicines for vulnerable people, key affected population, women, and children	Establishment of Technical Working Group (TWG) as multisector collaboration community framework to improve access to affordable medicines	Reports are collected from communities as activity reports and study documents.
	1.3 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	Emergency procurement mechanism policy document (e.g. internationally procured drugs)	Lesson learned from current GDF experiences	< 2018	i) Gap Analysis on ATM drug stock out in the last 10 years in Indonesia ii) Study on procurement and supply chain management from planning, procurement to distribution of goods in an emergency as a	i) Initial draft of Guideline on national emergency response procurement mechanism for drugs stock out ii) Support to improve number of drug and medical devices registered to	i) Decree of the Minister of Health on (perpres 54 tahun 2010—no 16 tahun 2018) national emergency response procuremen t mechanism	Reports are from study and desk review recurring drug stock out in Indonesia

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EXPECTED OUTPUTS	OUTPUT INDICATORS	DATA SOURCE	BASELINE		Target			DATA COLLECTION METHODS & RISKS
			Value	Year	2020	2021	2022	
	using Government procurement.				recommendation to accelerate the process on disaster recovery response.	national procurement system	for drugs stock out ii) Support to improve number of drug and medical devices registered to national procurement system	
	1.4. Enhanced capacity to identify and address country-specified needs for effective access and delivery of health technology and health system	ADP Status report 2019			i) Support to Promote South-South learning, exchange and capacity building trough Health Technology Asialink annual meeting 2020 ii) strengthen institutional and human capacity	i) Two study report on health technology and health system for policies/laws/ regulations development ii) Strengthen institutional related to health technology and health system	i) Minimum two of a new policies/ laws/ regulation related to health technology and health system established ii) Strengthen institutional related to health	

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EXPECTED OUTPUTS	OUTPUT INDICATORS	DATA SOURCE	BASELINE		Target			DATA COLLECTION METHODS & RISKS
			Value	Year	2020	2021	2022	
					related to health technology and health system		technology and health system	
	1.5. Extent to which an effective national framework and digital regulatory health governance to improve one data policy on health program				National framework for e-health established	regulatory health governance for one data policy on health program improved	Monitoring system on one data dashboard improved	
Output 2 By 2021, 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	2 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 Centers; 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 centers ii)Final report on interoperability system from SMILE to MoH e-Logistic and DHIS2 iii) Pilot project in 2 districts for integrated logistics management	i) SMILE scale-up in 3.600 cumulative health centers ii) Scaling up Pilot project in 2 provinces for integrated logistics management information system with existed ATM	Process scaling up is done through developing cost-benefit analysis and scale-up planning scenarios.

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EXPECTED OUTPUTS	OUTPUT INDICATORS	DATA SOURCE	BASELINE		Target			DATA COLLECTION METHODS & RISKS
			Value	Year	2020	2021	2022	
						information system with existed ATM and vaccines information system, in one-system	and vaccines information system, in one-system	
	2.2. Extent to which PRs performance are improved in implementing ATM programme	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	Development of new proposal for The Global Fund program implementation.	PRs performance report reflecting on improvement of PRs in grants management in the implementation of ATM programme	Risk: programme development and planning is often male dominated. Project will ensure, women, as well as men at the sector, are able to influence relevant activities and taking part in decision

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EXPECTED OUTPUTS	OUTPUT INDICATORS	DATA SOURCE	BASELINE		Target			DATA COLLECTION METHODS & RISKS
			Value	Year	2020	2021	2022	
								making process.
	2.3. Extend to which greening the health system by local governments	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*	i) Analysis on implementation of Roadmap of Hazardous and toxic substance management at health services facility ii) Pilot project in 2 districts for climate change adaptation, including air pollution analysis	i) Initial draft of project document collaboration between MoH and MoE to improve **Hazardous and toxic substance management in health services facility** ii) Scaling up pilot project in 6 districts for climate change adaptation, including air pollution analysis	i) Implementation of improving Hazardous and toxic substance management in health services facility ii) Scaling up pilot project in 12 districts for climate change adaptation, including air pollution analysis	**This output needs strong leadership and support from both ministries**

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EXPECTED OUTPUTS	OUTPUT INDICATORS	DATA SOURCE	BASELINE		Target			DATA COLLECTION METHODS & RISKS
			Value	Year	2020	2021	2022	

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 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.	Quarterly, or in the frequency required for each indicator	Slower than expected progress will be addressed by project management.	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.	MoH	

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Learn	Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	At least annually	Relevant lessons are captured by the project team and used to inform management decisions	MoH	
Annual Project Quality Assurance	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	Annually	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.	MoH	
Review and Make Course corrections	Internal review of data and evidence from all monitoring actions to inform decision making.	At least annually	Performance data, risks, lessons and quality will be discussed by the project board and used to make course corrections.	MoH	
Project Report	A progress report will be presented to the Project Board and key stakeholders, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk long with mitigation measures, and any evaluation or review reports prepared over the period.	Annually, and at the end of the project (final report)		MoH	
Project Review (Project Board)	The project's governance mechanism (i.e., project board) will hold regular project reviews to assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In the project's final year, the Project Board 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.	At least annually	Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.	MoH	

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VII. MULTI-YEAR WORK PLAN [27] [28]

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year			Responsible Party	PLANNED BUDGET			
		2020	2021	2022		Funding Source	Budget Description	Amount	Parallel Funding
Output 1: By 2021, strengthened national policy and institutional environment that is	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 South East Asia Meetings	10.000	10.000	10.000	• Farmalkes • UNDP	ADP Japanese Government	Knowledge Events; Knowledge Products; Technical Assistance		30,000

[27] 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

[28] 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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EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year			Responsible Party	PLANNED BUDGET			
		2020	2021	2022		Funding Source	Budget Description	Amount	Parallel Funding
governing access to affordable medicines for poor, vulnerable people, and gender-sensitive through evidence based and multisector collaborations.	b) Multisector collaboration framework to improve access to affordable medicines for vulnerable people, key affected population, women, and children	10.000	10.000	20.000	• Farmalkes • UNDP	ADP Japanese Government	Knowledge Products; Technical Assistance		40,000
	1.2 Develop multisector collaborations framework for community networks engagement, including relevant women groups and gender stakeholders, on improving access to affordable medicines.								
	a) Develop a policy brief about the situation on drug prices in Indonesia	10.000	10.000	10.000	• Farmalkes • UNDP	DFAT	Knowledge Events; Knowledge Products; Technical Assistance	30,000	
	b) Meeting with CSO and key affected population to increase sensitization of drugs procurement and distribution and increase participation in solving procurement and distribution of ARV in Indonesia	10.000	10.000	10.000	• Farmalkes • UNDP	DFAT	Knowledge Events; Knowledge Products; Technical Assistance	30,000	

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EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year			Responsible Party	PLANNED BUDGET			
		2020	2021	2022		Funding Source	Budget Description	Amount	Parallel Funding
	c) High Level Roundtable discussion with multi-stakeholders who plays a significant role in health and other related issues involving medicines	20.000	20.000	20.000	• Farmalkes • UNDP	DFAT	Knowledge Events; Knowledge Products; Technical Assistance	60,000	
	1.3. International procurement support for those items identified by MOH as critical and with insurmountable obstacles to get good prices/quality using Government procurement.								
	a) Develop emergency national procurement and supply chain mechanism	50.000	50.000	50.000	• Farmalkes • UNDP	DFAT/Other Donors	Knowledge Events; Knowledge Products; Technical Assistance	150,000	
	1.4 Enhanced capacity to identify and address country-specified needs for effective access and delivery of health technology and health system								

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EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year			Responsible Party	PLANNED BUDGET			
		2020	2021	2022		Funding Source	Budget Description	Amount	Parallel Funding
	a. Evidence based studies for responsive legislation, policy and regulatory frameworks governing access to medicines and health technologies and health system	30.000	30.000	30.000	• PPJK • UNDP	ADP Japanese Government	Knowledge Events; Knowledge Products; Technical Assistance		90.000
	b. Support to Promote South-South learning, exchange and capacity building trough Health Technology Asialink annual meeting	25.000	25.000	25.000		ADP Japanese Government	Knowledge Events; Knowledge Products; Technical Assistance		75.000
	1.5. Extent to which an effective national framework of digital regulatory and strengthen one health data								
	a. Development of National framework and governance on e-health	10.000	10.000	10.000	• Pusdatin • UNDP	GAVI and DFAT	Knowledge Events; Knowledge Products; Technical Assistance	60.000	
	b. Dashboard development for one health data as national health data reference	10.000	10.000	10.000					
	1.5 Direct Project Costs[29]							19,800	
	Sub-Total for Output 1							**349,800**	**235,000**
Output 2	**2.1 Provide technical assistance for pharmaceutical procurement and supply chains policy implementation using appropriate information technology**								

[29] Operational Costs (Finance and Procurement), Common Service Charges, and UNDP Communication and Programme Finance.

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EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year			Responsible Party	PLANNED BUDGET			
		2020	2021	2022		Funding Source	Budget Description	Amount	Parallel Funding
By 2021, the performance of select procurement, supply chains and programmes is improved and positively impacts coverage of services	a) Facilitate provision of innovative solutions to transform logistics, information and supply chains systems and management for immunization programme	2.340.000	1,800.000	2.400.000	• Farmalkes • Dit. P2PML • Dit. P2PTVZ • Dit. Surkarkes • Pusdatin • UNDP	GAVI and MoH/other donors	Knowledge Products & events; Technical Assistance; Equipment & software	6,540,000	
	b) Facilitate provision of innovative solutions to transform logistics, information and supply chains systems and management for ATM	10.000	10.000	10.000	• Farmalkes • Dit. P2PML • Dit. P2PTVZ • Dit. Surkarkes • UNDP	GFATM	Knowledge Products & events; Technical Assistance; Equipment & software	30.000	
	c) Transition plan development towards domestic financing	10.000	10.000	10.000	• Farmalkes • Dit. P2PML • Dit. P2PTVZ • Dit. Surkarkes • UNDP	DFAT	Knowledge Products & events; Technical Assistance	30,000	
	2.2 Provide technical assistance to improve national program of AIDS, TB, and Malaria implementation performance benefitting both women and men								

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EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year			Responsible Party	PLANNED BUDGET			
		2020	2021	2022		Funding Source	Budget Description	Amount	Parallel Funding
	a) Strengthened roles of CCM and TWGs (AIDS, TB, and Malaria) to enhance PRs performance	150.000	150.000	150.000	• Dit. P2PML • Dit. P2PTVZ • UNDP	DFAT	Knowledge Products & events; Technical Assistance	450,000	
	b) Provide effective technical advisory services for AIDS, TB, and Malaria Program	100.000	100.000	100,000	• Dit. P2PML • Dit. P2PTVZ • UNDP	DFAT	Knowledge Products & events; Technical Assistance	300,000	
	c) Provide effective technical advisory services of finance management and Human Resource management	400.000	500.000	500.000	• Dit. P2PML • Dit. P2PTVZ • UNDP	GFATM	Knowledge Products & events; Technical Assistance	1,400,000	
	2.3. 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	200.000	700.000	1.500.000	• Dit. Kesling • UNDP	UNDP and GEF/other donors	Knowledge Products & events; Technical Assistance	2.400.000	
	b. Pilot project on climate village adaptation related to public health	200.000	400.000	800.000	• Dit. Kesling • UNDP	UNDP and GCF/other donors	Knowledge Products & events; Technical Assistance	1.400.000	

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EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year			Responsible Party	PLANNED BUDGET			
		2020	2021	2022		Funding Source	Budget Description	Amount	Parallel Funding
	c. Inventory of air quality pollution and its relation to public health in The City of Surabaya and Medan and other cities	100.000	200.000	400.000	• Dit. Kesling • UNDP •	UNDP and GCF/other donors	Knowledge Products & events; Technical Assistance	700.000	
	2.3 Direct Project Costs							812,640	
	Sub-Total for Output 2							**14,361,640**	
Monitoring	Lessons learned and final project evaluation completed	10.000	10.000	10.000	UNDP	Donor (TBC)		30,000	
Total programme costs								**14,741,440**	**235,000**
General Management Support	General Management Service (GMS) Fees								
	Global Fund 7%							223,667.73	
	DFAT 8%							29,023.48	
	GAVI 8%							189.276.72	
TOTAL								**15,183,407.93**	**235,000**

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VIII. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

This project is a joint 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 Project Board (PB) and Project Management Unit (PMU) to ensure a smooth implementation of this project.

The Project Board (PB) is responsible for strategic decisions that will guide the Project Management Unit (PMU), including recommendation for approval of project plans and its revisions. In order to ensure UNDP's ultimate accountability, Project Board decisions should be made in accordance to standards that shall ensure best value to money, fairness, integrity, transparency and effectiveness. According to UNDP policies, the Project Board 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.
2) 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. In this case, the Government of Japan, which is represented by the Japan Embassy in Jakarta will assume this function.
3) 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.

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 Project Board will be responsible for the strategic direction of the project and oversee the execution of the project and its activities.

In accordance with the decisions and directives of UNDP's Executive Board, the financial contribution hereunder shall be subject to UNDP's rules and regulations on cost recovery. 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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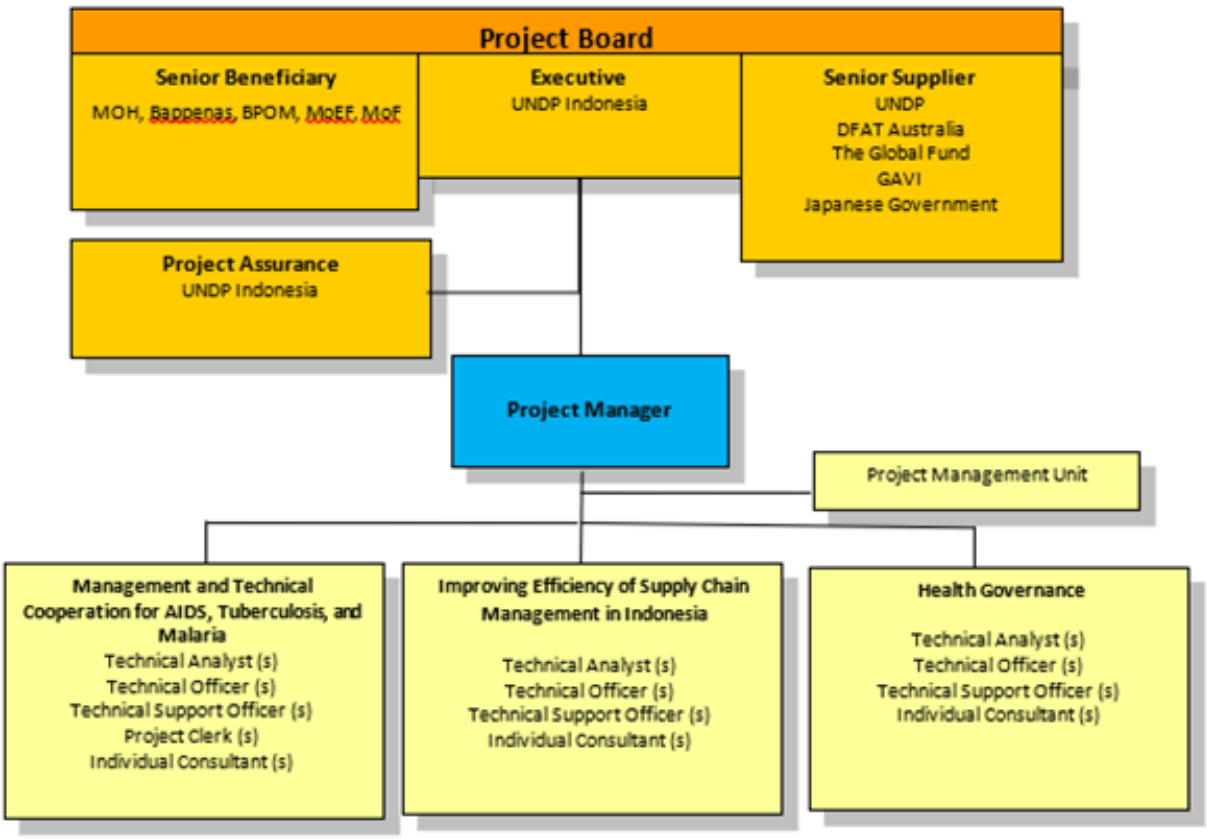
Project Organisation Structure



Project Organisation Structure

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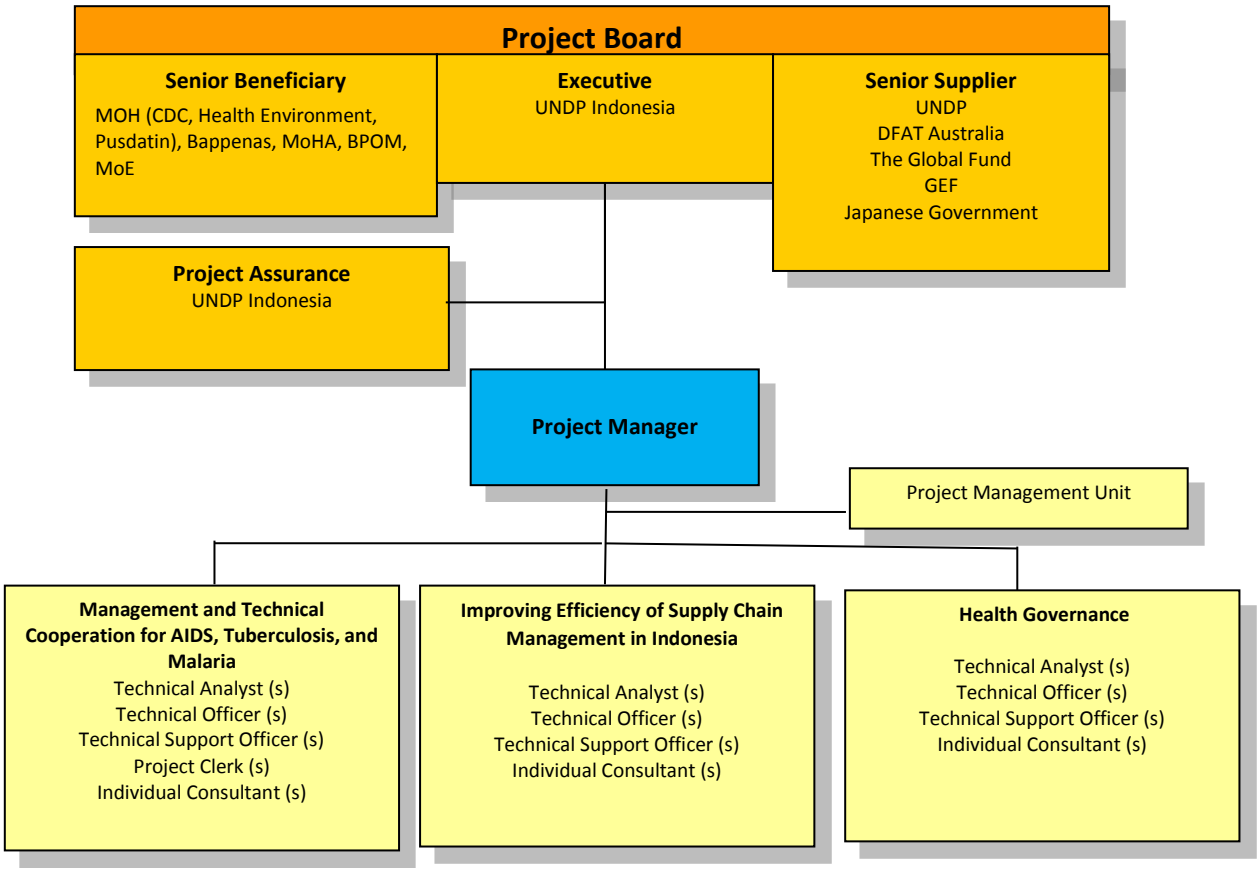

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IX. LEGAL CONTEXT

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.

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. 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.

6. 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.

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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 will take appropriate steps to prevent misuse of funds, fraud or corruption, 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 and anti-fraud policies are in place and enforced for all funding received from or through UNDP.

d. 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 and (b) 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.

e. 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.

f. 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.

g. 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,

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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.

h. 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.

i. 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.

j. 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.

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XI. ANNEXES

- Annex 1. Project Quality Assurance Report

- Annex 2. Social and Environmental Screening

  Including additional Social and Environmental Assessments or Management Plans as relevant. *(NOTE: The SES Screening is not required for projects in which UNDP is Administrative Agent only and/or projects comprised solely of reports, coordination of events, trainings, workshops, meetings, conferences, preparation of communication materials, strengthening capacities of partners to participate in international negotiations and conferences, partnership coordination and management of networks, or global/regional projects with no country level activities).*

- Annex 3. Risk Analysis.

  Use the standard Risk Log template. Please refer to the Deliverable Description of the Risk Log for instructions

- Annex 4. Project Board Terms of Reference and TORs of key management positions

- Annex 5. Supplemental Provisions to the Project Document: The Legal Context

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Annex 1. Project Quality Assurance Report

Project quality assurance report is undertaken through on-line UNDP process the link: https://intranet-apps.undp.org/ProjectQA/?year=2020&ou=IDN&pid=00106768&fltr=PROJECT

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Annex 2. 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

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 uphold the principles of human rights, particularly towards especially for poor and vulnerable people, and marginalized groups. This project is also aimed at preventing people from CDCs and NCDs. UNDP Indonesia as the Implementing Agency will ensure that UNDP's global policies for the application of human rights-based approaches are integrated into its projects and programmes, including considerations with regard to gender equality and the engagement and protection of the rights of indigenous and local peoples. UNDP Indonesia will therefore ensure that the procedures followed during project implementation adhere to these UNDP global policies, as well as Indonesia's government requirements. To this end, during project preparation all key stakeholders will be consulted appropriately. Opportunity will be given to key stakeholders to comment on project design and plan. The project M&E system, including demonstration project management committees and the project steering committee, will provide oversight for project implementation, including decisions required on any human rights issues arising from project implementation.
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 and women at the sector will enjoy capacity enhancement on the use of innovative health application. Project will also ensure affordable medicines prices for all people, both men and women. Using the framework *No one left behind,* project will support the development and advocacy of affordable drug prices, by providing gender-sensitive evidence. Project will also strengthen gender perspectives of Implementing partners 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
Indirectly, the project will facilitate to mainstream health environmental sustainability by integrating the principles into the project activities.

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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**
[add additional rows as needed]				

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	☐	

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	3. Community Health, Safety and Working Conditions	X	
	4. Cultural Heritage	☐	
	5. Displacement and Resettlement	☐	
	6. Indigenous Peoples	☐	
	7. Pollution Prevention and Resource Efficiency	☐	

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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? [30]	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?	No
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?	No
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
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

[30] 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.

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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[31] 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
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)?	No

[31] 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.]

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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?[32]	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
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

[32] 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.

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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.

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Annex 3. Risk Analysis

Project Title: Health Governance Initiative	Award ID: 00106768	Date: 17 January 2019

#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Mngt response	Owner	Submitted, updated by	Last Update	Status
1	Indonesia has entered a political year, with the General Election coming up in 2019. These usually are times of contention where sensitive issues are politicized including LGBT, international aid, etc. It also a period where limited budget are derailed to the conduct of the election itself.	Q1 2018	Political	The country's backlash since 2016 – after the case of Universitas Indonesia's SGRCGSS (p.17, https://www.hrw.org/sites/default/files/report_pdf/indonesia0816_web.pdf) which received UN funds was followed by intensive negative outcry at the highest level, such as the minister of education's comments. The impacts has been felt to point of service levels where access to HIV care and	- Indonesia's role at the UN's Security council could be utilized as leverage for advocacy. This position certainly requires an appropriate human rights record. Thus violation to its people, especially minorities could be constantly reminded, that it will affect its international image. - Strengthening and providing evidence of violation to the Human rights commission and its international counterparts for internal and external advocacy.	Programme Manager	Programme Manager		reducing

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				treatment has declined. P = 3 I = 5					
2	Indonesia has entered a political year, with the General Election coming up in 2019. These usually are times of contention where sensitive issues are politicized including LGBT, international aid, etc. It also a period where limited budget are derailed to the conduct of the election itself.	Q1 2018	Political	It is common that during election year, much of the local budget would be absorbed to infrastructure and activities related to the preparation of the election. Domestically funded programmes, especially those that don't require much procurement but consists of trainings and meetings could be averted to the preparation and conduct of the general election in 2019. P = 2 I = 3	- Close coordination with BAPPENAS to inquire the effect of the preparation and conduct of the election on other programs. - Allocation of flexible funds that would mitigate any gaps affecting program implementation, prioritizing most urgent and strategic activities.	Programme Manager	Programme Manager		Reducing
3	Drafted Penal code (RKUHP) may be		Political	Drafted articles that include	- Strengthening and providing evidence				

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	formalized and becomes legal with much of its current criminalizing articles unchanged.			making cohabitation between unmarried couples illegal, criminalising homosexual acts, and the introduction of prison terms for adultery could be detrimental to outreach efforts and prevention education to HIV risk groups. This would impede the progress of implemented HIV programs P = 3 I = 5	of violation to the Human rights commission and civil society for audience and lobbying to parliament.				
4	Indonesia is laying on the “ring of fire” with active volcanos across the region continue to show some activities. Most recent ones are Mt Sinabung in Sumatra, Mt Agung in Bali and Mt Merapi in Yogyakarta. The latest disasters recently in September 2018, in		Natural Disaster	Natural disaster, when they occur and cause tremendous disasters, would not only impede provision of services, interrupted transportation of goods but also derailed budget	Allocation of flexible funds that would mitigate any gaps affecting program implementation, prioritizing most urgent and strategic activities.				

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	Sulawesi – Palu and Donggala districts.			to restoration post disaster. P = 1 I = 5					
5	Indonesia's decentralization process started after the *Reformasi* Movement of 98, in 2001 with the enactment of the Law on Decentralization that year.		Decentralization	Although started a decade ago there are still tensions between central and sub-national governments (PEMDA)- provincial and in particular city/district levels . This can impact appropriate accountability and clarity within the bureaucracy when projects are being implemented. P = 2 I = 3	Close coordination with Mo Home Affairs for better understanding of the current bureaucracy status.				
6	Low level of health financing due to poor fiscal capacity, and low prioritization of spending for health compared to other sectors		Financing	In the absence of international funding support for vaccine Supply Chain management, the scaling up of eVIN/ SMILE implementation	- A robust evidenced based investment case needs to be developed and be seen as impartial - Coordinated advocacy at the highest level and decentralised level				

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				will be conditioned by domestic financing. P = 2 I = 3	- Strong communication and PR				
7	High turnover of staff. It is common to have turnover of staff within government offices for the staff's carriers. There are instances where certain departments or sections have higher turnover than others. After a new government is in place, it also common to have a massive turnover of government officials.		Management	New staff need to be trained and advocated to understand the importance of UNPD's role and the work it is facilitated with the government. This would take time, resources and most of the times are not anticipated in planning. P = 2 I = 3	- Capacity building should focus on training of trainers to ensure peer to peer approach can take place as a transfer of knowledge mean. - Engage BPSDM to ensure that trainings are made part of the public system. - Allocation of flexible funds for training of new staff.				

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Annex 4. Project Board Terms of Reference and TORs of key management positions

PROJECT BOARD

Overall responsibilities: The Project Board is the group responsible for making by consensus management decisions for a project when guidance is required by the Project Manager, 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[33] 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 UNDP Programme Manager. Project reviews by this group are made at designated decision points during the running of a project, or as necessary when raised by the Project Manager. This group is consulted by the Project Manager for decisions when PM tolerances (normally in terms of time and budget) have been exceeded.

Based on the approved annual work plan (AWP), the Project Board may review and approve project quarterly plans when required and authorizes any major deviation from these agreed quarterly plans. It is the authority that signs off the completion of each quarterly 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 Project Manager and any delegation of its Project Assurance responsibilities.

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

1) An Executive: individual representing the project ownership to chair the group.
2) 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.
3) 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.

Potential members of the Project Board are reviewed and recommended for approval during the PAC meeting. For example, the Executive role can be held by a representative from the

[33] 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.

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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;
- Address project issues as raised by the Project Manager;
- Provide guidance and agree on possible countermeasures/management actions to address specific risks;
- Agree on Project Manager's tolerances in the Annual Work Plan and quarterly plans when required;
- Conduct regular meetings to review the Project Quarterly Progress Report and provide direction and recommendations to ensure that the agreed deliverables are produced satisfactorily according to plans.
- 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 Outcome Board about the results of the review.
- Review and approve end project report, make recommendations for follow-on actions;
- Provide ad-hoc direction and advice for exception situations when project manager's tolerances are exceeded;
- Assess and decide on project changes through revisions;
- 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)[34].

Closing a project

- Assure that all Project deliverables have been produced satisfactorily;
- Review and approve the Final Project Review Report, including Lessons-learned;
- Make recommendations for follow-on actions to be submitted to the Outcome Board;
- Commission project evaluation (only when required by partnership agreement)
- Notify operational completion of the project to the Outcome Board.

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.

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

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

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- 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 Project Manager
- 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 Project Board 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.

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

- 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 Board decisions on whether to implement recommendations on proposed changes
- Resolve priority conflicts

The assurance responsibilities of the Senior 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
- 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.

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

- 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 Board decisions on whether to implement recommendations on proposed changes
- 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
- Monitor any risks in the implementation aspects of the project

PROJECT MANAGER

Overall responsibilities: The Project Manager 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 Project Manager 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 Project Manager, 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.

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;
- 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;

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- 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 Outcome Board;
- 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;
- Prepare final CDR/FACE for signature by UNDP and the Implementing Partner.

PROJECT ASSURANCE

Overall responsibility: Project Assurance is the responsibility of each Project Board member, however the role can be delegated. The Project Assurance role supports the Project Board by carrying out objective and independent project oversight and monitoring functions. This role ensures appropriate project management milestones are managed and completed.

Project Assurance has to be independent of the Project Manager; therefore the Project Board cannot delegate any of its assurance responsibilities to the Project Manager. A UNDP Programme Officer typically holds the Project Assurance role.

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 Project Board.
- 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

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- 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 RMG monitoring and reporting requirements and standards
- Quality management procedures are properly followed
- Project Board’s decisions are followed and revisions are managed in line with the required procedures

Specific responsibilities would include:

Initiating a project

- Ensure that project outputs definitions and activity definition 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
- 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 Outcome Board;
- Perform oversight activities, such as periodic monitoring visits and “spot checks”.
- Ensure that the Project Data Quality Dashboard remains “green”

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;
- Ensure that project accounts are closed and status set in Atlas accordingly.

PROJECT SUPPORT

Overall responsibilities: The Project Support role provides project administration, management and technical support to the Project Manager 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.

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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

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Annex 5. Supplemental Provisions to the Project Document[35]: 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

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

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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

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28. 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.

29. The Government shall continue to pay the local salaries and appropriate allowances of

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national counterpart personnel during the period of their absence from the project while on UNDP fellowships.

30. 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.

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

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

33. 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.

34. 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[36] 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

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

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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.

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.

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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.

3. 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.

<u>Suspension or termination of assistance</u>

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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.