MID-TERM EVALUATION OF THE UNDP-INDONESIA PROJECT

OF

HEART (HEALTH ACCESS AND RESOURCE TRANSFORMATION) GOVERNANCE INITIATIVE

Project ID: 00106768
Country: Indonesia

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This report would not have been possible without the collaboration and dedication of all those involved. Thank you for your commitment and engagement.

Map No. 4110 Rev. 4 UNITED NATIONS
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ABBREVIATIONS AND ACRONYMS

ADP	Access and Delivery Partnership
ATM	AIDS, Tuberculosis, and Malaria
B2	Performance Rating for Principal Recipients
CCM	Country Coordinating Mechanism
CSOs	Civil Society Organizations
DAC	Development Assistance Committee
DFAT	Department of Foreign Affairs and Trade (Australia)
Empati TB	EMPATI (e-TB Mobile for Tuberculosis Patient Assistance) [1]
eVIN	Electronic Vaccine Intelligence Network
GAVI	Global Alliance for Vaccines and Immunization
GESI	Gender Equality and Social Inclusion
GEWE	Gender Equality and Women's Empowerment.
GF	Global Fund
JSB	Japan Supplementary Budget
MoEF	Ministry of Environmental and Forestry
MoH	Ministry of Health
MTR	Mid-Term Evaluation
OECD	Organisation for Economic Co-operation and Development
PWD	Persons with Disabilities
PUDR	Progress Update and Disbursement Request
ROAR	Results-Oriented Annual Report
SDG	Sustainable Development Goals
SESP	Social and Environmental Screening Procedure
SITK	*Sistem Informasi Tuberkolosis*/ Tuberculosis Information System
SMILE	Immunization and Logistics Electronic Monitoring System
SOBAT TB	SOBAT TB is an online platform designed to improve public access to TB information and has a TB screening feature to help find TB cases. This platform allows patients, patient organizations, medical personnel and the general public to improve TB services throughout Indonesia.
SRs	Sub-Recipients
TRAC	Target Resource Allocation from Core
UNDP	United Nations Development Programme
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNEG	United Nations Evaluation Group

[1] Android-based mobile information system designed to assist health workers at MTPTRO (Integrated Management of Drug-Resistant Tuberculosis Treatment) referral hospitals, and their satellite health centers, case managers, cadres and peer educators in providing assistance and ensuring that patients, especially Drug-Resistant Tuberculosis (TB RO) complete their treatment. This application was developed by the KNCV Indonesia Foundation in strengthening the community-based TB RO patient assistance system. This Android-based mobile information system can be downloaded from the Playstore soon.

EXECUTIVE SUMMARY

BRIEF OVERVIEW OF THE MTR PURPOSE AND OBJECTIVE

The Mid-Term Review (MTR) of the *Health Governance Initiative (HEART) Project* provided an independent external assessment of the project's progress at its midpoint. Its primary purpose was to evaluate progress toward the project's objectives and outcomes, as specified in the Project Document, and to identify necessary adjustments to ensure the project remained on track to achieve its intended results. The MTR examined early indicators of success or challenges, assessed factors influencing implementation, and reviewed the project's strategy and sustainability risks.

The evaluation engaged stakeholders, including UNDP, government counterparts, and key institutions, through a participatory approach. The findings and recommendations aimed to enhance the project's relevance, efficiency, effectiveness, impact, and sustainability, providing actionable insights for ongoing and future programming. These insights supported UNDP and its partners in designing interventions that promoted national ownership and sustainable outcomes while informing the country programme's annual and final reviews (2021–2025). Key objectives of the MTR included:

- Identifying design challenges and strategic adjustments.
- Assessing progress toward achieving project objectives and outcomes.
- Documenting lessons to enhance project sustainability and inform UNDP programming.
- Providing recommendations to consolidate project results and support sustainability.

SUMMARY OF THE MTR SCOPE AND MAIN AREAS OF INQUIRY

The MTR evaluated the implementation of the *HEART Project* from 2021 to 2024 across thematic, temporal, and geographic dimensions. It employed the OECD/DAC evaluation criteria—relevance, efficiency, effectiveness, impact, and sustainability—to provide a comprehensive understanding of the project's performance. The evaluation assessed the project's contributions to:

- Strengthening national policies and institutional frameworks governing access to affordable medicines, particularly for vulnerable populations and women.
- Improving performance and sustainability of national health programs, including the integration of evidence-based, multisectoral collaboration.
- Introducing digital health innovations, such as the SMILE system, to enhance health system efficiency.
- Promoting environmentally sustainable practices and addressing social inclusion for marginalized groups.

The evaluation reviewed progress achieved during the implementation period, including milestones, successes, and challenges, to identify adjustments required to ensure intended outcomes were met.

The MTR focused on six pilot areas, including Palembang, Bandung, and Makassar, providing region-specific insights into the effectiveness and adaptability of project interventions.

The evaluation also analyzed the project's alignment with donor priorities and national stakeholder expectations, providing recommendations for sustaining project outcomes. Its findings informed both the *HEART Project's* next phases and the design of future interventions by UNDP and other stakeholders.

Figure 1.Project Information Table.

Project title:	**Health Governance Initiative (HEART)**
Project Number:	00106768
Convening Agency:	UNDP Indonesia
Project start Date:	16 March 2020
Project End Date:	31 December 2025
Country:	Indonesia
The overall goal of HEART Project is leveraging UNDP's global expertise in governance for health and implementation support for major health initiatives. This program contributes directly to the 2020-2024 RPJMN and New CPD (2021-2025) Outcome 1 which is in line with the Government of Indonesia's Health Sector Goals, commitment to Universal Health Coverage, and SDG 3.8 in ensuring healthy living and promoting wellbeing for all at all ages.	
Total Project Budget:	USD 70,703,080.93
Evaluation time frame:	September - November 2024

BRIEF DESCRIPTION OF THE PROJECT

Implemented by UNDP Indonesia and funded by the Global Fund, the HEART initiative is a transformative program aimed at advancing universal health coverage by enhancing access to quality healthcare services. The initiative works in close collaboration with Indonesia's Ministry of Health, along with key stakeholders such as the Directorate of Communicable Disease Prevention and Control, Directorate of Environmental Health, and civil society organizations like the Spiritia Foundation and Perdakhi. International partners, including UNAIDS and WHO, provide critical financial and technical support. Through a comprehensive approach that integrates gender perspectives, fosters innovation, and builds institutional capacities, HEART addresses systemic challenges in health governance, equity, and resilience. It focuses on strengthening national frameworks for access to affordable health technologies and medicines while improving service delivery and integrating environmental sustainability into health system practices. Key achievements include the development of effective pricing policies, enhanced procurement mechanisms during emergencies, innovative supply chain monitoring systems, and improved performance of national programs targeting AIDS, Tuberculosis, and Malaria. By fostering collaboration across sectors and leveraging UNDP's global expertise, HEART builds a resilient, sustainable health system that delivers equitable outcomes for underserved populations while addressing structural determinants of healthcare disparities.

SUMMARY OF KEY EVALUATION FINDINGS

- **Integration of Cross-Cutting Themes.** The integration of critical cross-cutting themes such as gender equality, environmental sustainability, and capacity-building was inadequately defined, limiting the project's ability to address sustainability, risk management, and long-term success.
- **Results Framework Alignment.** While the Results Framework of HEART was comprehensive and aligned with project goals, gaps in baseline specificity, multi-year targets, and risk mitigation measures reduced its effectiveness.
- **Operationalization of Social and Environmental Screening.** The Social and Environmental Screening process was insufficiently operationalized during implementation, leading to inadequate gender-disaggregated indicators, risk mitigation plans, and real-time monitoring systems.
- **Gender Equality and Human Rights-Based Approaches.** Despite the project's GEN 2 status, limited evidence showed how its design contributed to gender equality, women's empowerment, or human rights-based approaches.
- **Alignment with country needs, national health priorities, CPD and** Global Fund Strategy. Project HEART aligned with Indonesia's National Development Priorities for 2020–2024, supporting government efforts to eliminate malaria, AIDS, and TB while strengthening human capital development. The project design aligned with CPD and UNSDCF frameworks, directly addressing critical health sector challenges and promoting equitable, sustainable solutions. Project HEART aligned closely with the Global Fund Strategy (2023–2028), addressing barriers to health outcomes and fostering innovation, resilience, and sustainability.
- **Cost Savings and Resource Efficiency.** Significant cost savings of up to 50% were achieved through UNDP's tax-exempt procurement, reallocating $5.5 million to enhance project activities in subsequent years. Procurement delays, regulatory challenges, and administrative bottlenecks led to variances in budget utilization and delivery timelines across project components.
- Mixed Efficiency in Project Management. The project's management structure showed mixed efficiency, with tools like SMILE and FMIS improving coordination but gaps in HR integration and local tax alignment revealing areas for improvement.
- **Digital Innovation and Technology Integration.** The project leveraged digital tools like SMILE to improve healthcare access and health data systems but highlighted the need for strengthened systems to measure and address inequalities.
- **Robust Monitoring and Reporting.** The project demonstrated structured monitoring and reporting mechanisms, addressing delays through adaptive management strategies to ensure progress across key outputs.
- **Variances in Budget Utilization.** Procurement delays, regulatory challenges, and administrative bottlenecks led to variances in budget utilization and delivery timelines across project components.

- Mixed Efficiency in Project Management. The project's management structure showed mixed efficiency, with tools like SMILE and FMIS improving coordination but gaps in HR integration and local tax alignment revealing areas for improvement.
- **Financial Management Progress.** FMIS implementation improved financial processes and mitigated diversion risks, although gaps in proactive planning, such as software customization, exposed areas for further enhancement.
- **Strengthened Health Outcomes.** The project effectively delivered results in health access initiatives and digital health applications, particularly through innovations like SMILE, which improved vaccination logistics and malaria tracking.
- **Good Governance and Environmental Integration.** While the project contributed to health outcomes, its impact could have been enhanced by integrating good governance practices and addressing environmental sustainability challenges like medical waste management.
- **Need for Improved Results Reporting.** Strengthened reporting mechanisms are required to better measure benefit distribution and assess project impacts, especially for marginalized groups. Sustainability Challenges. Long-term sustainability of key initiatives like SMILE and WGS requires strengthened financial planning, gender integration, and human rights-based exit strategies.
- **Inclusion and Data Gaps.** Systematic data collection on marginalized groups, including people with disabilities, poor, and indigenous populations, was inadequate, limiting the project's capacity to assess and address inequalities.
- **Advancing Gender Equality.** Greater incorporation of UNDP's Signature Solution on Advancing Gender Equality in Health could have strengthened the project's GEN 2 rating and addressed gender disparities more effectively.

EVALUATION RATING TABLE

Figure 2. Evaluation Ratings for Health Governance Initiative (HEART)[2].

Monitoring & Evaluation (M&E)	**Rating**
M&E design at entry	5
M&E Plan Implementation	4
Overall Quality of M&E	4
Implementation & Execution	Rating
Quality of UNDP Implementation/Oversight	5
Quality of Implementing Partner Execution	5
Overall quality of Implementation/Execution	5
Assessment of Outcomes	Rating
Relevance	5
Effectiveness	5
Efficiency	5
Overall Project Outcome Rating	5
Sustainability	Rating
Financial resources	2
Socio-political/economic	3
Institutional framework and governance	3
Environmental	2
Overall Likelihood of Sustainability	2

SUMMARY OF CONCLUDING STATEMENTS

[2] Outcomes, Effectiveness, Efficiency, M&E, I&E Execution, Relevance are rated on a 6-point rating scale: 6 = Highly Satisfactory (HS), 5 = Satisfactory (S), 4 = Moderately Satisfactory (MS), 3 = Moderately Unsatisfactory (MU), 2 = Unsatisfactory (U), 1 = Highly Unsatisfactory (HU). Sustainability is rated on a 4-point scale: 4 = Likely (L), 3 = Moderately Likely (ML), 2 = Moderately Unlikely (MU), 1 = Unlikely (U)

The Mid-Term Evaluation of the HEART Project revealed both strengths and areas for improvement in its design, implementation, and outcomes.

Project Design and Formulation
The Results Framework (RF) provided a robust foundation for monitoring and implementation with SMART indicators and defined targets, but gaps in baseline precision, continuous monitoring, and integration of cross-cutting themes like gender equality and environmental sustainability limited its effectiveness. Social and environmental screening processes were not rigorously operationalized during implementation, resulting in insufficient metrics to address gender and LNOB principles. Additionally, the project lacked transformative gender goals and intersectional strategies, reducing its capacity to tackle structural inequalities effectively.

Relevance
The project demonstrated strong alignment with Indonesia's national health priorities, UNDP's strategic goals, and the Global Fund's objectives. It effectively supported malaria, AIDS, and TB elimination efforts, contributing to broader development goals like human capital advancement. However, coherence between the Results Framework and CPD/UNSDCF indicators was limited, and insufficient gender-disaggregated metrics restricted the project's ability to address systemic inequities comprehensively. The project faced coherence challenges, with limited international and national stakeholder engagement and unclear linkages to other CPD Outcomes **in the implementation,** particularly with the Outcome on Environment. Gaps in the Theory of Change and a lack of measurable indicators further constrained internal alignment. Strengthening coordination and monitoring frameworks would enhance coherence and alignment with broader development goals.

Efficiency
The project exhibited operational efficiency through its structured design, cost-saving measures, and innovative tools like SMILE and FMIS, which improved logistics and financial management. However, inefficiencies, such as delayed transitions to unified structures and integration challenges in digital systems, highlighted the need for adaptive management and contingency planning. Despite these challenges, financial management processes showed improvement, with significant absorption rates achieved by 2023.

Effectiveness
Project HEART made substantial progress in achieving health outcomes, notably in malaria prevention, digital health innovations, and strengthening health logistics. Initiatives like SMILE improved supply chain management and health service delivery for vulnerable populations. However, gaps in data collection, system integration, and medical waste governance underscored the need for enhanced governance and reporting mechanisms to maximize impact.

Sustainability
The evaluation identified potential for long-term sustainability, especially for the SMILE system, due to its institutional alignment and operational efficiency. However, financial sustainability of initiatives like WGS was at risk due to high operational costs and lack of funding strategies. Socio-political sustainability was promising but hindered by the absence of gender-responsive and rights-based exit strategies. Environmental sustainability was underdeveloped, with missed opportunities to integrate sustainable waste management practices.

Human Rights, Gender Equality, Disability Inclusion, and LNOB
The project addressed the needs of vulnerable groups but lacked systematic integration of human rights, gender equality, and disability inclusion principles. The absence of gender-disaggregated data

and mechanisms to assess the inclusion of people with disabilities limited its capacity to evaluate impacts comprehensively. Efforts to address systemic inequities, such as discriminatory practices and punitive laws, were insufficiently reflected in the Results Framework, weakening the project's rights-based approach.

SYNTHESIS OF THE KEY LESSONS LEARNED

Challenges in Infrastructure and Human Resources: Infrastructure limitations, including connectivity and resource constraints at health facilities, present challenges to real-time data reporting and sustained program implementation. Limited human resources, high staff turnover, and inadequate digital access to training were also identified as barriers impacting program continuity and effectiveness.
Delayed Real-Time Data Entry: The recording of data into the SITB system is not conducted in real-time, leading to delays that impact the timely monitoring and response to TB cases.
Delays in Laboratory Results and Follow-Up: Lengthy waiting times for laboratory and diagnostic test results, combined with difficulties in patient follow-up, impede timely care and reporting.
Ongoing Integration with BPJS: Integration efforts with BPJS health information systems, particularly with BPJS, are still in progress, posing challenges to seamless data exchange and patient tracking.
Infrequent Data Validation: Routine data validation is not consistently performed on a quarterly basis, which impacts the reliability and quality of reported data. However, the data on the used vaccine for SMILE needs to be updated promptly every month, typically by the end of the month. However, some findings in various areas have indicated that there have been delays in updating the data due to certain factors, such as limited human resources in healthcare facilities that are managing numerous applications.
Lack of Routine Feedback on Recording and Reporting: Feedback mechanisms for recording and reporting are not systematically provided across all levels, reducing opportunities for continuous improvement and alignment.

GOOD PRACTICES

Integrated Health Efforts and Partnerships: The National Tuberculosis Program and malaria initiatives have seen progress through integrated approaches, combining health system strengthening, community engagement, and multisectoral collaboration. Partnerships created by HEART with organizations such as WHO, and UNICEF play a crucial role in supporting these efforts.
Focus on High-Risk and Migrant Populations: HEART's efforts are targeted at reaching high-risk populations, including migrants and indigenous communities, with tailored interventions to address specific transmission risks and barriers to healthcare access.
Data-Driven Decision-Making: The importance of data integration and validation is stressed and is the, with various levels of the health system benefiting from improved information systems to support real-time decision-making and measure program impact.
Advancing Health Systems through South-South Cooperation: Indonesia, with support from UNDP Indonesia, the Bangkok Regional Hub, and the Digital Health for Development Hub, exemplifies South-South Cooperation through the SMILE system. This open-source digital platform enhances healthcare logistics and equitable vaccine distribution and is now available for adoption in other countries, including Malawi. The adaptable nature of SMILE promotes local customization, enabling diverse healthcare systems to benefit. This initiative aligns with SDG 3: Good Health and Well-being and SDG 17: Partnerships, showcasing how UNDP-backed efforts drive sustainable, scalable healthcare solutions globally.

RECOMMENDATIONS

Figure 3 Summary of MTR Recommendations.

Rec #	MTR Recommendation	Entity Responsible	Time frame
A	**Category 1: Corrective Actions for Project Design, Implementation, Monitoring, and Evaluation**		
A.1	Develop and implement robust systems for collecting and analyzing disaggregated data on HEART's impact on gender equality and empowerment, disability, and intersectional vulnerabilities across all project activities. (Finding 24, 25) Regularly review and update the Theory of Change (ToC) to clarify interdependencies between components, ensuring a cohesive approach to achieving project outcomes. (Finding 9) Integrate coherence-specific indicators into the project's monitoring framework to track synergies and interlinkages across interventions. Ensure stronger linkages between the HEART project and other UNDP interventions by aligning objectives and activities with relevant CPD Outcomes, especially those on environment and health governance. (Finding 9)	UNDP, HEART PMU, MoH, and national implementing partners.	Short-term (6–12 months)
A.2	Enhance Integration of Gender Equality, Human Rights-Based Approaches and other cross-cutting issues. (Findings 9, *20, 23, 24)*		
	Strengthen the project's monitoring and evaluation (M&E) frameworks to better assess and report on project impact, particularly for vulnerable populations.	UNDP, HEART PMU, and M&E specialists.	Short-term (6–12 months).
B	**Category 2: Actions to Follow Up or Reinforce Initial Benefits**		
B.1	Develop long-term financing strategies to sustain the SMILE system and WGS initiative. ***(****Finding 22*)	UNDP, HEART PMU, MoH, private sector partners.	Medium-term (12–24 months).
B.2	Strengthen Environmental Sustainability Measures by integrating strategies that minimize environmental impacts and promote sustainability, aligning with broader environmental protection goals. (*Finding 21)*	HEART PMU, UNDP, MoH, Ministry of Environment, and healthcare facility management.	Medium-term (12–18 months).
B.3	Build Institutional Capacity for National Ownership and develop comprehensive Exit Strategies. (Findings 21,24)	UNDP, HEART PMU, MoH, and regional health authorities.	Long-term (18–20 months).
B.4	Finalize and implement detailed exit strategies for all key initiatives, ensuring a smooth transition to national ownership. (Findings 21, 22)	UNDP, HEART PMU, MoH, and	Long-term (18-20 months).

		regional health authorities.	
B.5	Include coherence as a standalone section in the Terminal evaluation to allow for a more focused and detailed analysis. Ensure that evaluation terms of reference explicitly include coherence-specific questions and indicators to guide data collection and analysis.	UNDP, HEART PMU	Long-term (18-20 months).

INTRODUCTION

THE PURPOSE OF THE EVALUATION

The Mid-Term Evaluation (MTR) served as an independent, external assessment of the project's progress at its mid-point. Its goal was to identify necessary adjustments to keep the project on track to achieve its intended results by completion. The evaluation reviewed early indications of success or failure, analyzed factors that facilitated or hindered progress, and assessed the project's strategy, with a particular focus on sustainability risks. Conducted through a collaborative and participatory process, the MTR engaged key stakeholders, including UNDP, government counterparts, and relevant agencies across the six pilot areas. The evaluation assessed the project's relevance, efficiency, effectiveness, impact, and sustainability, providing critical insights for both current and future programming to ensure national ownership and sustainable outcomes. The main objectives of the MTR were to:

1. Identify potential design challenges.
2. Evaluate progress toward achieving the project's objectives and outcomes.
3. Document lessons learned to strengthen the sustainability of project benefits and enhance UNDP's regional programming.
4. Provide actionable recommendations to consolidate project results and ensure long-term sustainability.

The findings and recommendations will guide future interventions by donors and stakeholders and informed the annual and final reviews of the country program (2021-2025), ensuring continuous improvement in project design, implementation, and evaluation.

THE SCOPE OF THE EVALUATION

The Mid-Term Evaluation (MTR) of the HEART Project focused on assessing its implementation from **2021 to 2024** across thematic, temporal, and geographic dimensions.

Thematically, the evaluation reviewed the project's contributions to strengthening national health governance, particularly in improving access to affordable health technologies and medicines for vulnerable populations. It also examined the integration of innovative digital health solutions, such as the SMILE system, to enhance health system efficiency, as well as efforts to build local capacities for sustainable governance and resource mobilization. The incorporation of environmentally sustainable practices, including waste management, was evaluated alongside the project's commitment to addressing gender disparities and fostering social inclusion for marginalized groups.

Temporally, the evaluation covered the project's activities and progress throughout the implementation period, assessing milestones achieved and challenges encountered.

Geographically, the evaluation focused on key implementation sites in Palembang, Bandung, and Makassar, providing insights into how the project's interventions addressed diverse regional challenges. Through this comprehensive scope, the evaluation provided critical insights into the relevance, effectiveness, efficiency, sustainability of the HEART Project's interventions.

METHODOLOGICAL APPROACH

The Mid-Term Review (MTR) complied with UNDP Evaluation Guidelines and UNEG Norms and Standards for Evaluations. The evaluation was conducted in accordance with UNDP principles of independence, credibility, utility, impartiality, transparency, disclosure, ethics, participation, competencies, and capacities. The consultants signed the Evaluation Consultant Code of Conduct, agreeing to abide by the UNEG Code of Conduct in the UN System (2008). An independent international consultant and a national consultant carried out the evaluation.

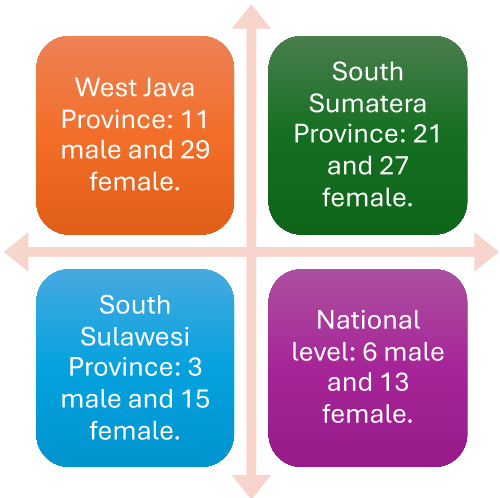
Following the inception meeting, a hybrid model of online and face-to-face engagement was adopted for this evaluation. The evaluation team employed a rigorous, participatory, and consultative methodological approach, ensuring meaningful engagement with a broad range of stakeholders to capture a comprehensive view of the project's progress and prospects of impact and sustainability. To the extent possible, the evaluation team involved stakeholders in implementing and evaluating initiatives.

The methodology included both qualitative and quantitative approaches. The methods utilized encompassed desk reviews, field visits, and consultations with a diverse range of stakeholders to gather insights. Sampling strategies were applied to ensure representativeness, and data was analysed using statistical tools for quantitative information and thematic analysis for qualitative data. The methodology also incorporated cross-validation and triangulation to enhance the reliability of findings. A Rights-Based Approach (RBA) and Gender Equality (GE) perspectives were integrated throughout the process to ensure inclusivity and alignment with human rights principles. Ethical considerations, such as informed consent and confidentiality, were strictly adhered to. Additionally, the evaluation team identified and accounted for limitations and risks, ensuring a transparent and balanced assessment.

STAKEHOLDER ENGAGEMENT

A central feature of this approach was thorough and continuous consultation with the Project Team, government counterparts, Implementing Partners, the UNDP Country Office, direct beneficiaries, and other essential actors. The team conducted targeted interviews with stakeholders at various levels of the project, including executing agencies, senior officials, task team leaders, key experts, consultants, Project Board members, academia, local government representatives, civil society organizations (CSOs), community members, and GESI (Gender Equality and Social Inclusion) target groups. This engagement ensured that diverse perspectives were gathered and that all voices—particularly those of underserved groups—were adequately represented in the evaluation.

FIELD MISSIONS AND SITE VISITS: As per the MTR work plan, a data collection mission was conducted in October 2024. During this period, the national expert carried out field missions to three key project sites—Palembang, Bandung, and Makassar—from October 6 to 15, 2024, allowing direct engagement with local communities and project beneficiaries. These regions were chosen for their representativeness of the project's diverse operational contexts, enabling the team to gather valuable on-the-ground data and insights. In South Sumatra, the evaluation team focused on engagements with the provincial and city health offices in Palembang, the Muhammad Husein Palembang Hospital, and the Plaju Health Center. Through key informant interviews and focus group discussions, the team evaluated the project's progress and contributions, identifying both the successes achieved and the challenges faced by healthcare providers and administrators. In West Java, fieldwork extended to the provincial and city health offices in Bandung, the ITB College of Life Sciences, and the Puter Health Center. These visits provided a critical perspective on the implementation of the project within a densely populated and resource-intensive urban setting.



The field visit to South Sulawesi was the most comprehensive, involving the provincial and city health offices in Makassar and four key health centers: Kassi-kassi, Kampus, Minasa Upa, and the Makassar City Health Center. This multi-faceted approach enabled the team to collect a diverse range of insights, capturing the varying degrees of the project's impact across administrative levels and healthcare facilities.
Throughout these visits, the evaluation team utilized a structured and systematic interview guide to ensure consistency in data collection. The primary data gathered from interviews and focus group discussions were rigorously triangulated with secondary data from the HEART Project documentation. This methodological rigor allowed the team to uncover critical gaps, challenges, and opportunities for improvement while also verifying the alignment of project activities with intended outcomes. The insights gained from these field visits informed the development of actionable recommendations to enhance the project's effectiveness, scalability, and sustainability, ensuring that the HEART Project continues to deliver meaningful and inclusive health outcomes across Indonesia.

Simultaneously, the international expert conducted all interviews with state officials from the Ministry of Health, development partners, and CSOs through online platforms. This dual approach enabled the evaluation

team to capture comprehensive insights into the project's on-the-ground implementation as well as high-level perspectives, facilitating a well-rounded assessment of the project's impact, effectiveness, and alignment with national priorities.
A total of 125 stakeholders were engaged in the evaluation process across various provinces and at the national level, providing a comprehensive range of insights into the project's implementation and impact. In West Java Province, 40 individuals (11 males and 29 females) participated, while in South Sumatera Province, 48 stakeholders (21 males and 27 females) contributed their perspectives. South Sulawesi Province saw the involvement of 18 individuals (3 males and 15 females), and at the national level, 19 participants (6 males and 13 females) offered high-level insights from government, development partners, and civil society organizations.

DATA COLLECTION TOOLS, SAMPLING, ANALYSIS AND TRIANGULATION[3]

The evaluation used a mixed-methods approach, combining both qualitative and quantitative data. The evaluation team employed a comprehensive methodology that included both qualitative and quantitative approaches. The methods utilized encompassed desk reviews, field visits, and consultations with a diverse range of stakeholders to gather insights.

Sampling strategies were applied to ensure representativeness, and data was analyzed using statistical tools for quantitative information and thematic analysis for qualitative data. The methodology also incorporated cross-validation and triangulation to enhance the reliability of findings. A Rights-Based Approach (RBA) and Gender Equality (GE) perspectives were integrated throughout the process to ensure inclusivity and alignment with human rights principles. Ethical considerations, such as informed consent and confidentiality, were strictly adhered to. Additionally, the evaluation team identified and accounted for limitations and risks, ensuring a transparent and balanced assessment.

In-depth interviews, document analysis, field observations, and stakeholder workshops will ensure a thorough assessment of the project's outcomes and challenges. Inputs from stakeholders were verified for accuracy and transparency, with strict attention to maintaining confidentiality and neutrality. The evaluation team implemented clear protocols to prevent conflicts of interest, ensuring the integrity of the evaluation process.
This methodological approach not only facilitated an objective and evidence-based evaluation but also allowed for iterative feedback loops, ensuring that findings are grounded in the realities of those directly affected by the project. This ensured that the final recommendations are practical, contextually relevant, and designed to enhance the project's sustainability and effectiveness. The MTR Team reviewed all relevant sources of information, including documents prepared during the preparation/design phase, the HEART Project Document, HEART Project reports, HEART revisions, national strategic and legal documents, and any other materials that the MTR Team considers useful for this evidence-based review.

Data was collected in a gender-segregated way where possible to allow for a specific assessment of impact for men and women. The evaluation had two levels of analysis and validation of information:

- A desk review of the HEART Project documentation
- Independent data collected by the evaluators through interviews with key stakeholders, and field visit

In collecting the data, evaluators ensured data protection aspects and the confidentiality of informants. An evaluation matrix was developed to gather qualitative inputs for analysis. The evaluation matrix defined the objective for gathering unbiased, valid, reliable, precise, and useful data with integrity to answer the evaluation questions.

Desk review*:* The initial stage involved the review of project documentation and associated documents. The HEART Project management team provided an information package. The evaluator reviewed all relevant sources of information, such as the project document, project reports – including annual reports, progress

[3] Details included in the evaluation matrix.

reports, project files, previous evaluations, national strategic and policy documents, and any other materials that the evaluator considers useful for an evidence-based evaluation assessment.

Semi-structured interviews: The HEART involves multi-stakeholders and teams in different capacities. Throughout the evaluation process, evaluators engaged and interviewed using a semi-structured interview[4] method. Interviews did rely on a purposive sampling strategy to include diversity and balance of perspectives from each stakeholder category. The HEART Project team has taken account of the geographical coverage, representative diversity, gender balance, etc. and inclusivity of key stakeholders and beneficiaries in designing the interview schedule and locations to be visited.
Effective engagement of stakeholders was vital to a successful MTR. Stakeholder involvement included online interviews with stakeholders and key HEART Project team personnel, as, well as face-to-face interviews and field visits. Semi-structured interviews were the most robust method to collect qualitative data and information about the delivery and effectiveness of the HEART Project. Stakeholders' interviews were conducted during the evaluation with various stakeholders and teams. Interviewees were asked open questions about their perspectives of the HEART successes, challenges and also about their particular roles in the HEART Project.

Focus Group Discussion (FGD) Insights: As part of the data collection process, focus group discussions (FGDs) were conducted across three provinces to explore the implementation of the SMILE project. **A total of 12 sessions were held, involving 105 participants, including 34 men and 71 women**. These discussions provided valuable insights into stakeholder perspectives and experiences. Participants expressed strong enthusiasm for the SMILE application, sharing their views openly and candidly. They highlighted key successes and challenges encountered during the project rollout and sought UNDP's support in addressing specific issues. The FGDs revealed several success stories, particularly during the COVID-19 outbreaks, where the application was effectively used to ensure real-time logistics for vaccine distribution and to streamline the immunization recording process. Despite these achievements, several challenges persist, including the need for enhanced training for health workers, resolution of technical issues, and addressing resource constraints such as limited personnel and time for data entry. Participants emphasized the importance of offline training sessions to improve their skills and maximize the application's potential. The FGD process offered a nuanced understanding of both the project's accomplishments and its ongoing challenges. This feedback will inform the evaluators' assessment of the SMILE project's progress and help identify areas requiring further improvement and support.

A. SAMPLING

Purposive sampling was used to achieve the level of rigour that is required for a robust evaluation. The evaluation responded to the existing diversity across the stakeholder groups. In essence, the purposive approach to sampling was used to identify the key informants who are best suited to provide detailed responses to the evaluation questions, to accurately reflect given elements of the work experience. This also allowed for additional data generation at all steps of the evaluation, to facilitate results reliability and completeness.
Interviews were based on a targeted and purposive sampling strategy to include a diversity and balance of perspectives from each stakeholder category. The interviewees were selected to be inclusive of all participating stakeholders including UNDP, participating UN agencies, Government counterparts, private sector and HEART Project staff and relevant international organisations.

Selected field sites.

[4] A semi-structured interview is a method of research used most often in the social sciences. While a structured interview has a rigorous set of questions which does not allow one to divert, a semi-structured interview is open, allowing new ideas to be brought up during the interview as a result of what the interviewee says. The interviewer in a semi-structured interview generally has a framework of themes to be explored.

1. Palembang (South Sumatra): This location was strategically chosen due to the implementation of the **Mandiri Cash Management** (MCM)[5] connected to the Financial Management Information System (FMIS) under activity 2.2.c. The Country Coordinating Mechanism (CCM) for the Global Fund project and the Technical Working Group are also engaged in field oversight visits (activity 2.2.a) and the SMILE initiative (activity 2.1.a).
2. Bandung: Selection of this location was justified as UNDP has provided technical assistance to enhance HIV supply chain management (activity 2.2.b), has been involved in the Technical Working Group on HIV for monitoring Global Fund HIV implementation in West Java (activity 2.2.b), supported the provision of 13 oxygen ventilators (activity 2.1), and has supported the implementation of both MCM linked to FMIS (activity 2.2.c) and the SMILE initiative (activity 2.1.a).
3. Makassar: Chosen for the successful implementation of FMIS and SMILE, this location aligns well with the objectives of the side project missions.

B. DATA ANALYSIS METHODS

Information was analysed and consulted with the HEART Project team and then an evaluation report draft was developed. All analysis presented in the current report are based on observed facts, evidence and data. The data analysis method involved:

Descriptive analysis: A descriptive analysis of the HEART Project was used to understand and describe its main components, including related activities; partnerships; modalities of delivery; etc. Descriptive analysis preceded more interpretative approaches during the evaluation.

Content analysis: A content analysis of relevant documents and the literature conducted to identify common trends and themes, and patterns for each of the key evaluation issues (as the main units of analysis). Content analysis was also used to flag diverging views and opposite trends and determine whether there was need for additional data generation. Emerging issues and trends were synthesized to inform each stage of the reporting process (validation; draft and final evaluation reports).

Thematic analysis: Responses collected from semi-structured interviews and field visit observations were analysed through thematic analysis, this is a method of analysing qualitative data. The evaluator closely examined the data to identify common themes – topics, ideas and patterns of meaning that come up repeatedly.

Quantitative analysis: A Simplified analyses was applied to all quantitative measures, including the budget of the project datasets on quantitative indicators. The generated statistics are included.

Triangulation: Triangulation involved validation of data through cross-verification from at least two sources, and evaluation findings and conclusions were synthesized based on triangulated evidence from the desktop review & interviews. The broad range of data provided strong opportunities for triangulation. For example, the **validation of digital system adoption**, the evaluation of the SMILE initiative verified the extent of its adoption by comparing project and government reports on system integration with feedback from healthcare workers during interviews in the visited regions. Both sources confirmed that the system was implemented across target regions, demonstrating its effectiveness in streamlining immunization logistics. This process was essential to ensure a comprehensive and coherent understanding of the data sets.

C. REPORTING

Debriefing: A presentation of initial findings was delivered remotely to the UNDP Project team on 17 October 2024, according to the Work Plan, presenting preliminary findings, assessments, conclusions and emerging recommendations to the participating agencies and other key stakeholders and to obtain their feedback to be incorporated in the early drafts of the report.

[5] Mandiri (bank)is national banking that is selected by the MOH (as the Principal Recipient) to receive funding from the Global Fund. The FMIS is a web-based financial system/application developed by UNDP (as requested by the GF) and utilized from central up to province and district/cities level, and it is linked to the MCM, impacting to real-time financial reporting.

Validation: The draft evaluation report will be shared with UNDP teams and Government counterparts for collecting feedback. Feedback received from these sessions should be considered when preparing the final report.

D. ETHICAL CONSIDERATIONS

The evaluation was conducted in accordance with the principles outlined in the UNEG 'Ethical Guidelines for Evaluation'. The evaluator safeguarded the rights and confidentiality of information providers, interviewees and stakeholders through measures to ensure compliance with legal and other relevant codes governing the collection of data and reporting of data. The evaluator ensured security of collected information before and after the evaluation and protocols to ensure anonymity and confidentiality of sources of information where that is expected. The information knowledge and data gathered in the evaluation process should be solely used for the evaluation and not for other uses without the express authorization of UNDP and partners.

E. CROSS-CUTTING ISSUE

The evaluation methodology incorporated a detailed evaluation matrix to collect data on cross-cutting issues, including leaving no one behind (LNOB). The matrix focused on key areas such as gender responsiveness, human rights, disability inclusion, and the promotion of equality, so enable a comprehensive analysis of the project's impacts. In total, seven evaluation questions were included in the evaluation matrix with relevant indicators to tackle the cross-cutting issues in the implementation.

2. For **gender responsiveness**, the matrix included questions such as: "To what extent will targeted men, women, and vulnerable people benefit from the project interventions in the long-term?" and "What structural or institutional changes have been made to support the ongoing inclusion of these populations?" Evidence was collected on gender-sensitive program design, the use of sex-disaggregated data, and efforts to link gender results with project outcomes. For instance, the evaluation explored whether the project implemented a gender marker and whether legislative acts or Standard Operating Procedures (SOPs) supporting gender equality were developed.
3. For **human rights**, questions focused on the extent to which poor, indigenous, and marginalized groups benefited from the project. Data were collected on improved access to essential services for these groups and the project's contribution to promoting inclusion and reducing disparities. The evaluation also examined the level of ownership by stakeholders and efforts to ensure fiscal sustainability for initiatives supporting vulnerable populations.
4. In terms of **disability inclusion**, evaluators examined whether persons with disabilities (PWD) were meaningfully consulted and involved during project planning and implementation. Questions addressed mechanisms for inclusion, the proportion of beneficiaries with disabilities, and barriers identified and removed to enhance accessibility. Quantitative metrics included the percentage of PWD benefiting from the project and the number of disability-inclusive policies or digital solutions developed. The implementing partners responsible for the digital applications were asked specific question on the applicability of the specific algorithm to collect data on PwD.
5. The evaluation matrix also assessed how resources were allocated to address inequalities, specifically focusing on gender and disability issues. For example, it reviewed the percentage of the project's budget directed toward initiatives promoting gender equality and the empowerment of women and evaluated the project's adherence to a twin-track approach for disability inclusion.
6. This robust methodology ensured the integration of LNOB principles across all evaluation dimensions, however, while the robust tools to assess cross-cutting issues such as disability inclusion and gender equality/women's empowerment (GE/WE) were designed, their application was limited. This was due to the absence of data collection mechanisms by the project and its partners specifically targeting persons with disabilities (PwD) and GE/WE metrics. As a result, critical analyses on these aspects could not be fully conducted. The evaluation provided recommendations to mitigate these issues.

LIMITATIONS

I. The evaluation faced several challenges, including the complex and cascaded design of the project, which created difficulties in understanding, coordination, and implementation across multiple levels. This multi-layered structure necessitated additional efforts to clarify roles and streamline processes among stakeholders by requesting the project team to refine the organizational structure of the HEART Project.

II. Another challenge was the unavailability of some key stakeholders for interviews. Therefore, it was partially possible to answer questions on **internal coherence**. For **external coherence**, the evaluation faced challenges due to limited engagement with key stakeholders, such as UNAIDS, Australian Aid, and UNICEF, making it difficult to fully assess complementarity, harmonization, and coordination. While some evidence of alignment with broader health sector priorities was noted, the lack of stakeholder inputs hindered a comprehensive evaluation of the project's added value and avoidance of duplication. Despite numerous communications sent to relevant partners and stakeholders, no responses were received. This limitation was beyond the evaluation team's control to mitigate.

III. Discussions with the National Directorate of Immunization Management, the Directorate of Communicable Disease Prevention and Control, and TB Care Aisyiyah could have contributed to understanding the HEART's sustainability, progress towards the impact, and other relevant aspects of this evaluation. These gaps were addressed by conducting interviews with UNFPA and WHO, reviewing other relevant Global Fund evaluations in similar sectors (as listed in the annex), and drafting sector analyses for this evaluation, and discussing the with the medical professionals representing the relevant departments in the sampled regions.

IV. There was a confusion or lack of awareness among some Civil Society Organizations (CSOs) about the project. To mitigate these issues, the evaluation team employed enhanced communication strategies, held additional briefings to clarify roles, and scheduled follow-up interviews to engage stakeholders effectively, ensuring that as much relevant information as possible was captured.

I. INTRODUCTION

PROJECT DESCRIPTION /INTERVENTION LOGIC OF THE PROJECT/PROGRAMME

In close partnership with Indonesia's Ministry of Health, the HEART initiative seeks to enhance access to quality healthcare services, ultimately working towards universal health coverage. Through a holistic approach that considers gender perspectives, fosters innovation, and builds capacities, the program aims to achieve sustainable health outcomes. The program's responsiveness to a constantly evolving environment leverages UNDP's existing resources, initiatives and partnerships, fostering synergy across various sectors.
The HEART initiative collaborates with governmental bodies and civil society organizations, leveraging UNDP's global expertise in health governance and implementation for community health improvement. Through a holistic approach that considers gender perspectives, fosters innovation, and builds capacities, the program aims to achieve sustainable health outcomes. It addresses health inequities by focusing on competence development, innovative solutions, and partnerships, tackling critical health system governance challenges and building resilience for emergency responses. HEART recognizes the broader determinants of health, addressing structural causes of healthcare disparities, and its responsiveness leverages UNDP's resources and partnerships, fostering synergy across various sectors.
There are two outputs (results) reflecting UNDP's assistance to Indonesia's health sector at the policy and implementation level:

Result 1: By 2023, strengthened national policy and institutional environment that governs access and delivery of needed health technologies and affordable medicines for poor, vulnerable people, and gender-sensitive through evidence-based and multisector collaborations. It has 4 indicators.

1.1 Extent to which an effective pricing policy is developed and improved access to information on international drug prices reference.
1.2 Extent to which an improved national regulation on international procurement mechanisms in emergency and established for items identified by MOH as critical and with insurmountable obstacles to get good prices/quality.
1.3 Enhanced capacity to identify and address country-specified needs for effective access and delivery of health technology and health systems.
1.4 The extent to which an effective national framework and digital regulatory health governance to improve one data policy on health programs.

Result 2: By 2025, the performance of national programs is improved and positively impact the coverage and the sustainability of service delivery, and the health system better integrate environmental concerns in waste management practices to mitigate or limit its impact on the environment(s). It has 3 indicators.

2.1 Established innovative supply chain monitoring system for drug, vaccines, and Health Equipment Products.
2.2 Extent to which PRs performance is improved in implementing ATM.
2.3 Extent to which greening the health system by local governments

The project was designed to facilitate opportunities for integrated policy and programmatic solutions by ensuring that the outputs were mutually reinforcing, leveraging interconnections across the project's outcomes. It aimed to improve the national policy and institutional environment to enhance access to health technologies, support supply chains, and strengthen health programs, ultimately leading to better health outcomes. More efficient and cost-effective supply chains and health programs were better equipped to deliver quality, affordable, and environmentally sustainable health resources to underserved populations. These advancements collectively contributed to a more resilient and sustainable health system, advancing Universal Health Coverage and fostering equitable health outcomes.

DESCRIPTION OF THE PROJECT'S THEORY OF CHANGE (TOC)

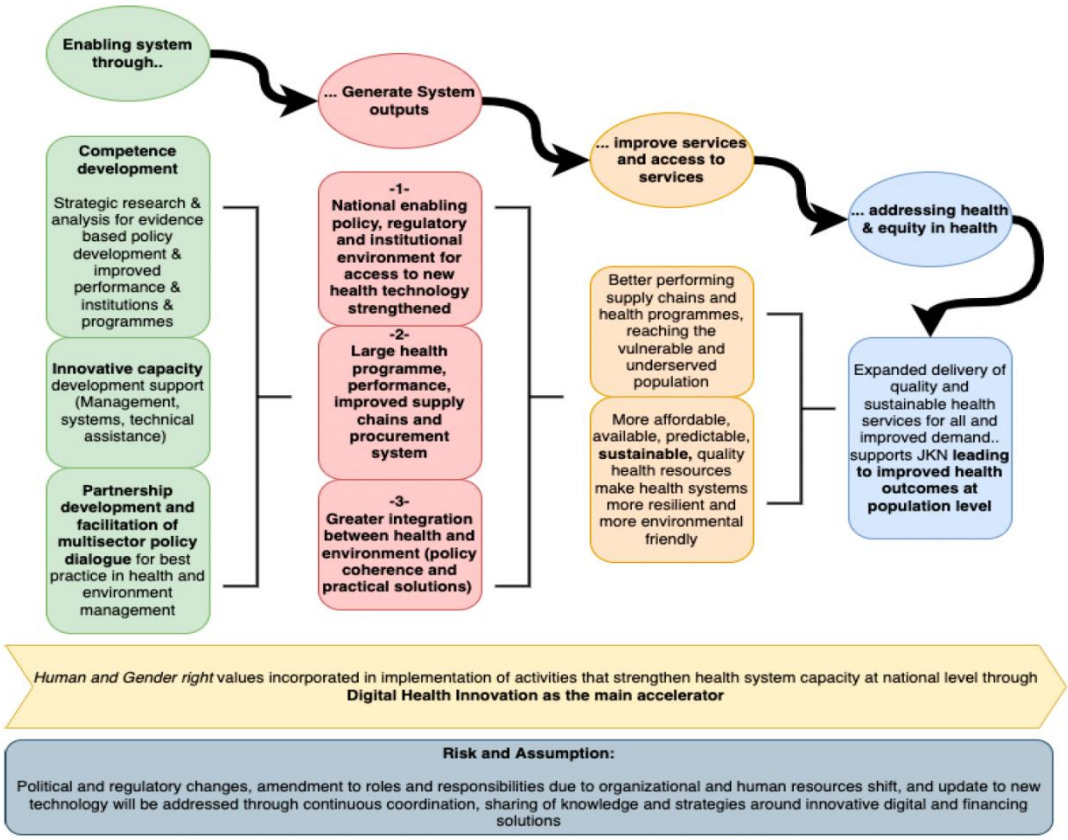
The Theory of Change (ToC) for the HEART Project outlines a structured pathway to achieving health equity and improved health outcomes, with a focus on strengthening health governance, integrating environmental sustainability, and leveraging digital health innovation. However, several weaknesses undermine its coherence. While the ToC logically links enabling systems (competence development, innovative capacity, and partnerships) to outputs and outcomes, it lacks clarity on the interdependencies among these components, making it difficult to assess how they collectively contribute to the intended impact. Additionally, the absence of measurable indicators for outputs, outcomes, and impacts limits the ability to track progress and evaluate the effectiveness of interventions.

The ToC identifies risks and assumptions, such as political and regulatory changes, but fails to provide specific strategies to mitigate these barriers, particularly in addressing capacity gaps or resistance to policy reforms. The reliance on digital health innovation as the main accelerator is not supported by adequate strategies to address challenges related to infrastructure, digital literacy, and data security, particularly in underserved regions.

Furthermore, the ToC's integration of environmental sustainability is conceptually sound but operationally vague, with insufficient detail on how health and environmental policies will translate into practical solutions and measurable impacts. While health equity is a stated objective, the framework provides limited detail on how marginalized groups, including women, children, and people with disabilities, will be systematically prioritized. Gender and human rights values are mentioned but lack specific, actionable steps or indicators to ensure their integration. More detailed analyses provided hereunder:

1. Definition of the Problem and Root Causes: The HEART Project's Theory of Change (ToC) identified key systemic challenges within Indonesia's health sector, including limited access to affordable health technologies, fragmented governance, and insufficient capacity for sustainability and environmental integration. The ToC demonstrated a clear understanding of these root causes, aligning them with broader systemic issues affecting health equity and universal health coverage. However, the ToC could have better articulated how these root causes interact and how addressing them collectively could create synergistic outcomes. For example, clearer linkages between health technology access reforms and environmental sustainability initiatives could have strengthened the overall framework.
2. Relevance of Outputs, Outcomes, and Intermediate States: The ToC's focus on improving access to health technologies and medicines, alongside integrating environmental sustainability into health system governance, was highly relevant to Indonesia's national health priorities and the Sustainable Development Goals (SDGs). These outputs were well-aligned with the project's intended intermediate states, such as strengthened governance frameworks, sustainable health system practices, and increased health equity for vulnerable populations. However, the broad and diverse nature of project interventions—ranging from digital health governance to hazardous waste management—posed challenges in assessing coherence and the combined impact of these efforts.
3. Plan for Phased Withdrawal and Sustainability: The ToC included a phased withdrawal strategy that emphasized capacity-building, local ownership, and sustainability of project outcomes. Key initiatives, such as embedding the SMILE system, training health workers, and supporting regulatory reforms, were designed to ensure continuity post-project. However, the success of this plan depends on the robustness of handover processes (also in case of the handing over the medical equipment), the sufficiency of technical and financial resources to maintain goods and digital services, and the ability of local institutions to sustain these interventions. The evaluation found that while these strategies were appropriate, their implementation required greater emphasis on resource mobilization and stakeholder engagement to ensure long-term impact.
4. Intended Long-Term Environmental Impacts: The ToC's focus on environmental sustainability was a notable strength, aiming to reduce the health system's environmental footprint through sustainable waste management and other "green health" practices. These efforts aligned well with global commitments to climate resilience. However, the evaluation noted that the long-term success of these measures depended on their integration into national health policies and addressing systemic infrastructure gaps.

Figure 4. ToC of the HEART Project. (Source: ProDoc)



The theory of change, based on the inception phase's preliminary assumptions, reconstructed in the following way:

If *national policies and institutional frameworks are improved to support access to health technologies and enhance supply chains,* ***and*** *these supply chains and health programs become more efficient, cost-effective, and environmentally sustainable,* ***then*** *underserved populations will have increased access to quality, affordable health resources,* ***because*** *stronger systems will ensure more effective delivery, promoting Universal Health Coverage and driving equitable health outcomes across all communities.*

The complexity of the ToC, with its broad focus areas and fragmented interventions, posed challenges in evaluating coherence and synergies. The diverse nature of activities, from regulatory reforms to environmental sustainability initiatives, made it difficult to assess the combined impact and alignment of outputs with intermediate and long-term outcomes. To address these gaps, the ToC would benefit from a clearer articulation of interdependencies, the inclusion of measurable indicators, detailed strategies for overcoming identified barriers, and more robust plans for integrating environmental and digital solutions into health governance. Strengthening the focus on equity, incorporating actionable gender and human rights strategies, and integrating feedback loops would enhance the ToC's coherence, evaluability, and relevance. These adjustments would ensure the ToC provides a stronger foundation for guiding the project's implementation and achieving its long-term goals of health equity and sustainability.

ROLES AND INVOLVEMENT OF STAKEHOLDERS IN THE HEART PROJECT

The table provides an overview of the roles and extent of involvement of stakeholders and partners in the implementation of the HEART project. The stakeholders are grouped based on their roles and responsibilities, ranging from primary beneficiaries to international and multilateral supporters.

Figure 5. Table of the HEART's stakeholders.

Stakeholder/Partner	Role	Extent of Involvement

Directorate of Immunization Management	Primary Beneficiary	Leads planning, local partnerships, monitoring, approvals, and provides strategic advice for immunization efforts.
Directorate of Communicable Disease Prevention and Control	Primary Beneficiary	Shapes policies and ensures program success through decision-making and direct execution of disease prevention programs.
Biomedical and Genomic Science Initiative (BGSI)	Primary Beneficiary	Focuses on planning and monitoring public health initiatives related to biomedical research and genomic science.
Directorate of Environmental Health	Primary Beneficiary	Provides strategic oversight and participates in monitoring program outcomes to ensure environmental health integration.
Directorate General for Pharmaceuticals and Health Supplies	Coordination and Advisory	Monitors progress, advises on optimizing the SMILE system, and provides approvals for pharmaceutical supply chains.
Country Coordinating Mechanism Indonesia	Coordination and Advisory	Coordinates proposal development for funding requests and oversees implementation of Global Fund-supported programs.
Spiritia Foundation	Community-Based Partner (Principal Recipient)	Ensures community representation and engages in proposal development and grassroots implementation of health initiatives.
Perdakhi	Community-Based Partner (Principal Recipient)	Works on grassroots implementation and specific program delivery under the Global Fund.
Consortium of STPI-Penabulu	Community-Based Partner (Principal Recipient)	Collaborates with communities to implement initiatives, ensuring representation and active participation.
Indonesia AIDS Coalition	Indirect Beneficiary	Provides technical assistance, supports planning, and addresses barriers related to gender and human rights in HIV programs.
TB Care Aisyiyah	Indirect Beneficiary	Supports HIV and TB programs by monitoring progress and facilitating partnerships with stakeholders.
UNAIDS	International and Multilateral Support	Provides financial and technical support for HIV-related programs and strengthens capacity-building efforts.
WHO	International and Multilateral Support	Offers financial and technical assistance to align stakeholder efforts and improve overall program effectiveness.

BACKGROUND AND CONTEXT

Despite Indonesia's economic progress over the last two decades, significant health inequities remain, with regional disparities in health system performance and governance issues due to varying local capacities. Adequate health financing and effective administration are critical concerns, particularly the need to identify new sources of funding and enhance spending efficiency, including drug procurement policy, as was identified by the Background Study of Indonesia's 2020-2024 National Medium-Term Development Plan (RPJMN).[6] Indonesia faces major health challenges, including being the second-highest tuberculosis burden country, with over one million new cases and 134,000 deaths in 2022[7]. The country has been struggling to achieve the

[6] The Consolidated Report on Indonesia Health Sector Review 2018, available at https://www.unicef.org/indonesia/media/621/file/Health%20Sector%20Review%202019-ENG.pdf%20.pdf also
[7] https://www.usaid.gov/indonesia/health

required investment levels in the health sector. The COVID-19 pandemic exposed further vulnerabilities in the health system, disrupting essential services and highlighting the need for urgent reforms.[8]
Furthermore, weak data collection systems and technology underutilization in the health sector continue to undermine the country's health response, including the AIDS, tuberculosis and malaria programs, and vaccination rollout.

To address these challenges, the Indonesian government launched the National Health Insurance (JKN) scheme, aimed at achieving universal health coverage with WHO's technical expertise. JKN now covers over 95% of the population by December 2023[9], significantly reducing financial barriers to healthcare, but access to quality health services, particularly for the poorest and most vulnerable people, remains a challenge.
Based on that background, the UNDP office, in collaboration with the Government of Indonesia launched the "Health Governance Initiative" Project (HEART) with the purpose of improving access and quality of health services towards universal health coverage. The project began in March 2020 and is expected to be completed by 31st December 2025, following two extensions, the latest from 31st December 2023. The UNDP intervention fits into the development agenda in the country, including in the health sector, and is aligned with the UNDP Indonesia Country Program for 2021-2025.

The reforms and interventions in the sector are also aligned with national and international priorities, in particular, Indonesia's **National Medium Term Development Plan 2020-2024 (RPJMN 2020-2024) and the 2030 Agenda for Sustainable Development (**SDG 3 good health and well -being and SDG 10 reduced inequalities) and coordinated with other main donors and international actors working on the health sector reforms, such as WHO, UNICEF, Global Fund and others.

SECTOR ANALYSES

1. In Indonesia, significant strides have been made to foster a supportive environment for addressing human rights barriers to HIV services. Key actions include applying for matching funds to expand programs aimed at removing human rights-related obstacles, increasing funding from the HIV and, more recently, TB allocations, and conducting a baseline assessment to identify key barriers, affected populations, existing initiatives, and potential responses. Following the assessment, a multi-stakeholder meeting was held to review findings, culminating in the development of a Multi-Year Plan to systematically dismantle these barriers. Collectively, these efforts are intended to build a sustainable, rights-oriented approach that expands access to HIV prevention, treatment, and care for key and vulnerable populations[10].
2. Since 2018, Indonesia has scaled up initiatives across all seven key program areas to reduce human rights-related barriers to HIV services[11]. To this end, the State has intensified efforts to address human rights-related barriers to HIV services by implementing initiatives across seven key program areas: stigma and discrimination reduction; training for healthcare workers on human rights and medical ethics; sensitization of lawmakers and law enforcement agents; legal literacy ("Know Your Rights") programs; HIV-related legal services; monitoring and reforming HIV-related laws, regulations, and policies; and reducing discrimination against women in the context of HIV. This progress includes notable increases in civil society's capacity to engage in national advocacy, creating a more supportive environment. Importantly, these advancements have occurred despite challenges posed by a conservative political climate and the impacts of COVID-19 restrictions.
3. In 2021, enhanced engagement from the Ministry of Health and other ministries, improved monitoring and evaluation systems, and strengthened coordination among programs were suggested to further these achievements and effectively address human rights barriers to services. However, the Multi-Year Plan lacked an adequate domestic funding, relying entirely on external donors, which underscores the need for sustainable financing mechanisms. Establishing a Technical Working Group for HIV, TB, and human

[8] Diagnosing Indonesia's health challenges, 2021
https://www.lowyinstitute.org/the-interpreter/diagnosing-indonesia-s-health-challenges#:~:text=Many%20chronic%20problems%20in%20Indonesia%E2%80%99s%20health%20system%2C%20including,2017%20outlined%20a%20comprehensive%20list%20of%20necessary%20reforms.
[9] https://www.who.int/about/accountability/results/who-results-report-2020-mtr/country-story/2023/indonesia-s-success-in-achieving-90-percent-coverage-and-minimizing-out-of-pocket-expenses-through-national-health-insurance-expansion
[10] Source: Indonesia Mid-term Assessment. *Global Fund Breaking Down Barriers Initiative*. August 2021. Geneva, Switzerland.
[11] Source: Global Fund.

rights or a similar oversight body could further address these gaps and support intersectoral collaboration for human rights programs.

4. There remain limited programs targeting human rights-related barriers to TB services. The Global Fund's 2024 Progress Assessment for Indonesia highlights that, while programs targeting these barriers remain limited, the Multi-Year Plan for Addressing Human Rights Barriers to HIV and TB Services, finalized in March 2020, reflects a strategic approach to overcoming these obstacles[12].
5. The latest funding request indicates a promising commitment from the government and key stakeholders to advancing efforts in this area. For example, the World Bank's approval of a $300 million loan in December 2022 aimed to improve the coverage, quality, and efficiency of Indonesia's TB response, further demonstrating a commitment to tackling human rights-related barriers within the healthcare system.
6. Since 2021, Indonesia has made significant progress in reducing human rights-related barriers to HIV and tuberculosis (TB) services, driven by a collaborative civil society and determined efforts to improve access for vulnerable populations. In the context of an increasingly conservative legal and political environment, substantial advancements have been achieved, particularly in areas of legal literacy and access to justice. These improvements have enabled broader, more consistent support for key populations across high-burden districts[13].
7. A notable development has been the role of District Task Forces (DTFs) across the country, which include local advocates, community monitors, and paralegals who represent diverse communities affected by HIV and TB. These Task Forces have facilitated greater collaboration among local government officials, community leaders, and stakeholders, creating an effective space for addressing complex barriers to health services. For example, District Task Forces (DTFs) in Indonesia, facilitated, organized, and supported by the Indonesia AIDS Coalition (IAC) as a Principal Recipient of the Global Fund program, play a crucial role in addressing human rights-related barriers to HIV and TB services. These Task Forces consist of local advocates, community monitors, and paralegals representing diverse communities affected by HIV and TB. They have fostered collaboration among local government officials, community leaders, and stakeholders, creating an effective platform for tackling complex barriers to health services[14]. Despite initial challenges in adapting these structures to local contexts, the DTFs have gained widespread support and recognition for their positive impact on access to care and rights advocacy[15].
8. Efforts to reduce barriers to services for transgender and waria populations illustrate these advances. Nearly a thousand individuals have been supported in obtaining national identification cards—an essential step for accessing critical health and social services. This initiative has been made possible through collaboration with transgender-led organizations and a supportive shift in government policy, easing identification requirements for marginalized groups.
9. Additionally, integrating legal literacy and access-to-justice training within HIV prevention programs for Female Sex Workers (FSWs) has demonstrated success in addressing rights violations, such as discrimination by clients, law enforcement, and intimate partners. Training peer educators and some outreach workers as paralegals has increased legal empowerment within these communities, reducing self-stigma and fostering a greater understanding of their rights in both health and legal contexts. Extending this training to healthcare providers and officials has also promoted a more rights-based approach in service delivery, fostering improved attitudes and protections for affected populations.
10. In TB care, a unique management approach has helped improve coordination between civil society organizations and government agencies, fostering a more integrated response to stigma and rights issues. In December 2022, the first-ever TB Stigma Assessment in Southeast Asia was published, offering crucial insights into the challenges TB-affected populations face and informing future efforts to reduce stigma and discrimination[16].
11. Indonesia’s progress underscores the critical role of inclusive, rights-focused approaches in ensuring access to health services for the country’s most vulnerable populations. For example, Indonesia’s strides in expanding access to health services for its most vulnerable populations highlight the pivotal role of

12 Source: The Global Fund

13 Source: Global Fund’s *Breaking Down Barriers* initiative. The initiative has advanced efforts to remove human rights-related barriers to HIV, tuberculosis (TB), and malaria services in key countries, including Indonesia. This initiative, launched in 2017, aims to enhance the impact of Global Fund grants by fostering inclusive health systems that reach the most vulnerable populations. Indonesia has been an active participant from the beginning, leveraging human rights matching funds to address and dismantle barriers to health services. Through these efforts, countries are supported to implement globally recognized human rights programs and cultivate enabling environments for comprehensive health responses.

14 Ibid.

15 Ibid.

16 Ibid.

inclusive, rights-based strategies. The National Health Insurance (JKN) scheme has been a cornerstone of these efforts, achieving over 90% coverage and significantly reducing out-of-pocket costs, thereby enhancing financial security for marginalized groups. Complementing this, mobile health clinics have been vital in delivering essential services to remote and underserved areas, ensuring that even the most isolated communities can access healthcare. Collaborative efforts between the World Health Organization (WHO) and the European Union (EU) have further bolstered Indonesia's health system, focusing on enhancing resilience and improving service accessibility for disadvantaged populations[17]. Sustained commitment and collaboration across sectors remain vital to building on these advancements, creating a health system that is more accessible, equitable, and resilient.

12. **Structured Multilevel Planning and Funding Mechanisms for Malaria Program Implementation in Indonesia.** The malaria program planning in Indonesia is grounded in the National Long-Term Development Plan (RPJPN) and the National Medium-Term Development Plan (RPJMN), which are further detailed in annual work plans. These national plans serve as strategic guides for regional governments, shaping their own Regional Long-Term and Medium-Term Development Plans.
13. Malaria program initiatives are executed through a structured, collaborative planning process involving national, provincial, district, and village levels. At the provincial level, malaria initiatives are jointly planned annually and supported by Deconcentration Funds, while district/city plans are executed through Special Allocation Funds (DAK), both physical and non-physical (BOK). Physical DAK funds are allocated for essential equipment and supplies, whereas non-physical DAK supports malaria operations. At the village level, the implementation of the malaria program is integrated into village development plans (Musrenbangdes) and financed through village funds. In 2024, Indonesia received a substantial grant of US$309 million from the Global Fund to combat HIV, tuberculosis (TB), and malaria. This funding is allocated as follows: US$103.7 million for HIV programs, US$126 million for TB initiatives, US$35.6 million for malaria control, and US$14.4 million for strengthening the health system.[18]
14. Effective implementation of Indonesia's 2020-2026 malaria prevention work plan relies on coordinated efforts among stakeholders at central and regional levels, translating the overarching plan into actionable annual program activity plans. This collaboration involves synchronized planning, coordination, and evaluation to ensure program alignment and effectiveness. Essential resources, including human resources, logistics, and financing, are allocated to support proven malaria prevention and control strategies. Political commitment, reflected through supportive regulations, is crucial at both central and regional levels to sustain program continuity and progress toward achieving long-term malaria eradication goals[19].
15. **Evolution of Electronic TB Surveillance and Reporting Systems in Indonesia's National TB Program.** Since 2014, Indonesia's National Tuberculosis Program (NTP) has utilized two electronic recording and reporting systems. The first, eTB-Manager, a TB electronic surveillance system for drug-resistant TB (DR-TB) cases, was launched in 2009 across 93 sites nationwide. In 2014, the SITT system, a web-based platform for drug-susceptible TB (DS-TB), began capturing data from public health centres and select government hospitals[20].
16. To streamline TB data management, the Sistem Informasi Tuberculosis Terintegrasi (SITB) — the Integrated Tuberculosis Information System — was introduced as a unified platform for recording and reporting case-based data for both DS-TB and DR-TB. Developed by the Sub-Directorate of Tuberculosis within the Ministry of Health, SITB has served as Indonesia's national TB reporting platform since January 2020. It was rapidly scaled to all Puskesmas (primary health centers) from 2017 to 2020. In 2021, SITB further integrated with other health systems, including Gx Alerts and community-based applications such as Sobat TB (Solusi Online Berbagi Informasi Tuberkulosis)[21], EMPATI TB (e-TB Mobile untuk Pendampingan Pasien Tuberkulosis[22]), and SITK, providing a cohesive data network for TB tracking[23].

[17] Source: WHO
[18] Source: Global Fund
[19] Source: *Annual Malaria Report 2022*. Directorate General of Disease Prevention and Control, Ministry of Health, Republic of Indonesia. Published with support from UNICEF Indonesia, 2023.
[20] Source: *Factsheet-Country Profile Indonesia 2022.* National Tuberculosis Program, Indonesia, 2022.
[21] Online Solution for Sharing Tuberculosis Information. SOBAT TB is an online platform designed to improve public access to TB information and has a TB screening feature to help find TB cases. This platform is a means for patients, patient organizations, medical personnel and the general public to improve TB services throughout Indonesia. SOBAT TB was developed by KNCV and also available in website version SOBATTB.ID.
[22] e-TB Mobile for Tuberculosis Patient Assistance
[23] Ibid.

17. Private sector clinics and general physicians can report TB cases through SITB or via WIFI TB, a mobile application that offers a simplified reporting alternative. SITB supports multi-level stakeholders, including health facilities, District/City/Provincial Health Offices, the Ministry of Health (MOH), and civil society partners, all of whom use the platform to report TB cases[24].
18. SITB servers, managed by NTP's in-house IT team, facilitate robust and centralized data storage. Currently, in collaboration with the Ministry of Health's District TB Officers (DTO), a unified dashboard has been developed to display real-time data on suspected TB cases, case findings, treatment adherence, and reporting compliance from health facilities. This dashboard enables policymakers to access timely, actionable data and enhances evidence-based decision-making for TB interventions nationwide.
19. **Gender Disparities and Increased Vulnerability**: Women account for 30-32% of new HIV cases and 34% of people living with HIV in Indonesia, demonstrating the need for gender-sensitive interventions. Housewives rank high among cumulative AIDS cases, suggesting that women are vulnerable to transmission from partners and are critical targets for prevention efforts like the Prevention of Mother-to-Child Transmission (PMTCT) program[25].
20. **Human Rights and Gender Barriers**: Human rights issues, including stigma, discrimination, and legal obstacles, create barriers to HIV testing, treatment, and retention in care. Addressing these barriers is essential to achieving the UNAIDS 90-90-90 targets and Indonesia's broader HIV goals[26].

[24] Ibid.
[25] Assessing Human Rights and Gender in HIV/AIDS Prevention and Care in Indonesia. UNDP 2021
[26] Ibid.

PROJECT DESIGN/FORMULATION

A) Analysis of Results Framework: project logic and strategy, indicators at the design stage

The Project Heart was supported with a Result Framework (RF). The evaluation experts took a stake of the RF and their analyses provided following findings:

Indicators

The HEART Project Results Framework includes seven output indicators, of which six are fully SMART, meeting criteria for specificity, measurability, attribution, relevance, and time-bound targets. However, one indicator related to the digital health governance framework is only partially SMART, as it lacks clear timelines. While all indicators are supported by defined baselines and targets, some targets are qualitative rather than quantitative, which may limit precise progress measurement. Notably, none of the indicators explicitly required or incorporated sex-disaggregated data, and there is a lack of integration of Gender Equality and Women's Empowerment (GEWE) metrics. The table hereunder provides short summary per indicator.

Figure 6 Analyses of the ProDoc Result Framework[27]

SMART Analysis	Gender-Disaggregated	LNOB	Baseline	Target	Risks Identified
Indicator 1.1 Extent to which an effective pricing policy is developed and improves access to international drug price information					
Specific, Measurable (pricing analysis reports, policy briefs), Attributable, Relevant (affordable medicine access), Time-bound (2023)	No	The indicator does not measure impacts on marginalized groups.	Drug pricing analysis and procurement assessments (2015, 2018)	Final reports on pricing analysis by 2023	High government turnover impacting policy adoption
Indicator 1. 2 Extent to which an improved emergency procurement mechanism is established					
Specific (emergency procurement policy), Measurable (525 oxygen cylinders), Attributable, Relevant (health resilience), Time-bound	No	The indicator does not assess the impact on vulnerable populations.	No emergency procurement mechanism	Procurement and delivery of emergency supplies, including oxygen cylinders	Vendor-supplied oxygen tanks failing to meet standards
Indicator 1.3 Enhanced capacity to address country-specific needs for health technology and health systems					
Specific (capacity-building), Measurable (studies, exchanges), Attributable, Relevant (health tech improvements), Time-bound (2022+)	No	There is no explicit measurement of impacts on marginalized groups.	Existing health technology gaps identified	At least one study and one knowledge-sharing initiative conducted	Stakeholder priorities disrupted by government turnover
Indicator 1.4 Extent to which a national digital health governance framework is developed					
Partially: Specific, Measurable (dashboards), Attributable, Relevant	No	The indicator does not measure the inclusion of	No unified e-health governance framework	Draft proposals for dashboards and digital governance policies	Low health sector financing

[27] Health Governance Initiative (HEART): 00106768. Annex V.

(digital governance), Time unclear		marginalized populations.			
Indicator 2.1 Establishment of an innovative supply chain monitoring system (SMILE)					
Specific, Measurable (6,000 centers by 2025), Attributable, Relevant (vaccine logistics), Time-bound	No	There is no specific tracking of benefits for marginalized or underserved groups.	SMILE initiated in pilot districts	Scale-up to 6,000 health centers across 32 provinces by 2025	Technical disruptions during data migration
Indicator 2.2 Improved performance of national health programs					
Specific (program performance), Measurable (ratings, reports), Attributable, Relevant (governance), Time-bound	No	The indicator does not include LNOB dimensions explicitly.	PRs performance rated B2 in 2018	Improvement in PRs performance ratings and new proposals developed	Limited stakeholder engagement and advocacy challenges
Indicator 2.2 Extent to which greening the health system is implemented by local governments					
Specific (hazardous waste), Measurable (roadmaps, guidelines), Attributable, Relevant (sustainability), Time-bound	No	Impacts on marginalized groups are not explicitly tracked.	Roadmaps and guidelines developed in earlier years	Roadmap implementation analysis and draft collaboration documents	Low government commitment and fiscal constraints

The HEART Project Results Framework included seven indicators and **outlined baselines and targets for all seven output indicators,** providing a structured approach to monitoring progress. The baselines were documented, spanning from 2015 to 2018, with indicators such as the completion of a drug price comparison study in Southeast Asia (2015) and the initiation of the SMILE system pilot (2017–2018). **Targets are defined for all indicators**, ranging from single-year milestones to multi-year progressions, with **some indicators**, such as the SMILE system and PR performance in ATM programs, **demonstrating robust multi-year planning.** For example, the SMILE system's scaling targets include progressive milestones, from implementation in 600 health centers in 2020 to nationwide coverage in 6,000 centers by 2023.

However, some baselines lacked precise documentation, as seen in indicators focused on national digital health governance frameworks. Targets for several indicators, such as improved emergency procurement mechanisms and greening the health system, are limited to specific years rather than continuous progression. While this structure provided actionable goals, it limited the potential for ongoing monitoring and evaluation. The framework identified risks for each indicator, including government turnover, fiscal constraints, and technical challenges, such as data migration for SMILE. These risks reflected the complexities of implementing multi-sectoral health initiatives, need for stronger mitigation strategies to ensure sustainability but were missing risks related to digital transformation of the national system.

Finding 1. The evaluation finds that the integration of cross-cutting themes, such as gender equality and environmental sustainability, challenges related to sustainability, risk management, and capacity-building that must be addressed to ensure long-term success were not defined at the implementation stage. Strengthening these areas, particularly through more robust risk mitigation and adaptive management, would enhance the overall effectiveness and impact of the project. To this end, the Logframe and risk log of the Health Governance Initiative highlight several areas needing improvement to enhance the project's effectiveness[28]:

[28] These findings are derived from a thorough review of the Project Assurance Report for Semester 2, 2023, of the Health Governance Initiative.

- Indicators within the result framework are often too broad, lacking specificity and measurable targets, which hinders accurate progress tracking. For instance, metrics related to financial and logistics management fail to provide detailed baselines, making it difficult to assess improvements.
- Additionally, while the project emphasizes gender equality and social inclusion, its metrics are not consistently disaggregated to capture impacts on marginalized groups, particularly in remote areas.
- System integration also remains incomplete; for example, the SMILE system, despite its success in reducing vaccine stockouts, is still in pilot phases for integration with other health systems like SISMAL for malaria, limiting its full potential.
- Furthermore, the framework falls short in addressing the sustainability of digital systems like SMILE and FMIS, posing a risk of these tools becoming obsolete post-project.
- Budget constraints further compound these issues, particularly affecting high-priority activities such as the consolidation of ATM PMUs. External dependencies, such as reliance on vendors for technical support, also introduce vulnerabilities, yet the risk log lacks robust mitigation strategies for these risks.
- Risk treatment plans are often vague, lacking clear timelines, and the impact of regulatory changes, such as delays in the LARTAS process for equipment imports, is underestimated.
- Additionally, limited engagement from key stakeholders like Principal and Sub-Recipients undermines advocacy and capacity-building efforts.

Finding 2. The Results Framework of HEART is comprehensive and aligns with project goals, but enhancing baseline specificity, expanding multi-year targets, and strengthening risk mitigation measures would further improve its effectiveness. Addressing these weaknesses requires refining indicators, enhancing gender and social inclusion metrics, developing a comprehensive sustainability plan, and implementing detailed risk mitigation and stakeholder engagement strategies. Accelerating system integration and ensuring robust testing and phased implementation would further strengthen the project's Logframe and risk management framework, enhancing its overall resilience and impact.

Analyses of the Social and Environmental Screening of the ProDoc.

At the design stage, the project conducted a social and environmental screening, which concluded that risks, including environmental degradation, improper medical waste management, climate change impacts, exclusion of marginalized groups such as PLHIV, and financial and regulatory challenges, were low to moderate[29].The screening effectively integrated principles of human rights and environmental sustainability by addressing inclusivity and waste management.

Finding 3. The operationalisation of Social and Environmental Screening was not evident in the process of implementation. The rigorous operationalization of this screening process was not clearly evident during the implementation phase. This may have resulted in the lack of specific activities gender-disaggregated indicators to measure impacts on women and men, inadequate action plans to mitigate gender-related risks, and insufficient provisions for real-time monitoring or adaptive management of operational challenges, such as government turnover and evolving priorities. In addition, these gaps limited the project's capacity to fully address emerging risks during implementation.

Gender responsiveness of project design

Finding 4: Integration of Gender Equality, Women's Empowerment, and Human Rights-Based Approaches. While the project was designed with GEN 2 status, the mid-term evaluation found limited evidence of how the design contributes to gender equality, women's empowerment, and the human rights-based approach. To this end, the project design has several key weaknesses: it lacks sufficient gender integration, with Result 1 failing to operationalize "gender-sensitive" commitments and Result 2 omitting gender considerations altogether. There are no transformative goals to address gender and power dynamics or structural inequalities. Indicators do not include gender-disaggregated data, hindering the measurement of differential impacts. The design overlooks intersectionality, failing to address how gender intersects with other vulnerabilities. Overall, it aligns weakly with the GRES framework, remaining predominantly gender-neutral and missing opportunities to address structural gender inequities.

[29] Annex 3. ProDoc. Amendment 1st revision. March 2023

Table 6 Analysis of Results and Weaknesses

Indicator	GRES Classification[30]	Analysis	Weaknesses
Result 1: By 2023, strengthened national policy and institutional environment governing access to health technologies and 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 improved access to information on international drug prices reference.	Gender-neutral	Focuses on pricing policies without reference to gender-specific access or affordability for women and marginalized groups.	Does not address how pricing policies impact gender disparities or empower vulnerable populations.
1.2 Extent to which an improved national regulation on international procurement mechanisms in emergency and established for items identified by MOH as critical and with insurmountable obstacles to get good prices/quality.	Gender-neutral	Relates to regulatory mechanisms but lacks gender-specific considerations for procurement in emergencies.	Ignores gendered barriers in accessing critical items during emergencies.
1.3 Enhanced capacity to identify and address country-specific needs for effective access and delivery of health technology and health systems.	Potentially gender-responsive	Capacity-building for health systems could address gender needs but does not explicitly emphasize such outcomes.	Lacks explicit inclusion of gender-specific needs or empowerment outcomes in capacity-building efforts.
1.4 The extent to which an effective national framework and digital regulatory health governance to improve one data policy on health programs.	Gender-neutral	Focuses on digital frameworks and governance without gender inclusivity in health data policies.	No inclusion of gender-sensitive health data or monitoring of differential impacts.
Result 2: By 2025, improved performance of national programs, positively impacting service delivery sustainability and integrating environmental concerns into waste management practices.			
2.1 Established innovative supply chain monitoring system for drugs, vaccines, and Health Equipment Products.	Gender-neutral	Focuses on supply chain monitoring without reference to gendered access to essential health items.	No assessment of how supply chain improvements address gendered inequities in access to health supplies.
2.2 Extent to which PRs performance is improved in implementing ATM.	Gender-neutral	Measures program performance without considering differentiated outcomes for men,	Does not address whether improved performance reduces gender-related inequities in service delivery.

[30] The Gender Results Effectiveness Scale (GRES). IEO

		women, and marginalized groups.	
2.3 Extent to which greening the health system by local governments.	Gender-neutral	Focuses on environmental sustainability but does not consider gender-specific impacts of health system waste management practices.	Misses the opportunity to analyze how environmental health impacts are distributed across gender lines or engage women in greening efforts.

As extensively discussed in the present report, the Logframe lacks sufficient activities and indicators that effectively measure and enhance outcomes related to Gender Equality and Women's Empowerment (GEWE) and the Human Rights-Based Approach (HRBA). Strengthening these aspects in the project's framework could improve its capacity to achieve more tangible and measurable impacts in these areas.

RELEVANCE

EVALUATION QUESTIONS:

1. To what extent was the project in line with national development priorities, country programme outputs and outcomes, the UNDP Strategic Plan, and the SDGs?
2. To what extent does the project design contribute to gender equality, the empowerment of women and the human rights-based approach?

Finding 5: Relevance of the HEART Project to National Priorities and Health Sector Needs
Project HEART aligns closely with Indonesia's National Development Priorities for 2020–2024, supporting the government's commitment to eliminating malaria, AIDs and TB by 2030 and contributing to the broader vision of preparing a "gold generation" by 2045. Through its targeted health interventions, Project HEART directly addresses priorities outlined in the Ministry of Health's Strategic Plan (2020–2023), particularly those aimed at reducing newborn and maternal mortality and halting malaria transmission. By doing so, Project HEART not only reinforces national health objectives but also strengthens Indonesia's human capital development, which is foundational to achieving sustainable progress and the country's long-term development aspirations.

The HEART Project demonstrates strong alignment with Indonesia's national health development priorities, SDG 3 and the Ministry of Health's Strategic Plan for 2020-2024, as established in Permenkes No. 13 of 2022. The project addresses critical needs in the health sector and supports the transformation of Indonesia's healthcare system. The logistics reporting application, developed with UNDP's support, is highly relevant for digital and real-time immunization logistics data collection, offering essential information on vaccine availability, expiration dates, and distribution.

The project was also relevant to the country's need for Genomic sequencing to support health system transformation 2021-2024 (category 6: health technology transformation). These initiatives were also in line with UNDP signature solutions[31] and their enablers. To this end, the health system transformation agenda categorizes genomic sequencing under **health technology transformation**, reflecting its role in revolutionizing healthcare delivery. The integration of genomic tools aligns with UNDP's broader goals of achieving **universal health coverage**, improving **health outcomes**, and ensuring systems are **inclusive and resilient**. Through its signature solutions and enablers, UNDP can facilitate technical expertise, funding, and governance needed to mainstream such technologies.

[31] Signature Solution 3: Strengthen Resilience to Shocks and Crises and Signature Solution 2: Accelerate Structural Transformation for Sustainable Development

Finding 6: The design of the HEART was in alignment by the project's contributions to specific outputs under the CPD and UNSDCF frameworks[32], which directly address critical health sector challenges and promote equitable, sustainable solutions. To this end, the HEART Project aligns with **UNSDCF Output 1.3**, which focuses on ensuring access to health and sexual and reproductive health services for universal health coverage, and **UNDP Strategic Plan (SP) Output 1.4**, which emphasizes strengthening equitable, resilient, and sustainable health systems for pandemic preparedness and addressing communicable and non-communicable diseases, including COVID-19, HIV, tuberculosis, malaria, and mental health. Similarly, the project supports **UNDP CPD Output 1.2**, aimed at strengthening national and subnational capacities to promote inclusive local development and service delivery[33]. The alignment is evident across multiple project outputs, as follows:

1. **Strengthened national policy and institutional environment for medicine affordability** directly supports the UNSDCF's goal of universal health access by fostering an inclusive healthcare environment, particularly for the poor and vulnerable, while also contributing to national-level policy development under CPD Output 1.2.
2. **Improving the performance of national programs and integrating environmental concerns in waste management** highlights the project's focus on sustainability and health systems strengthening, which aligns with SP Output 1.4 and UNSDCF Output 1.3 by ensuring resilient and integrated service delivery mechanisms.
3. **Provision of technical assistance for AIDS, TB, and Malaria programs** reflects the project's direct contribution to SP Output 1.4 by enhancing the performance and reach of disease-specific health interventions, ensuring they address the needs of both women and men, in line with equity goals.
4. **Enhancing supply chain management systems for vaccinations and provision of oxygen cylinders during the COVID-19 pandemic** demonstrates the project's role in pandemic preparedness and resilience, as outlined in SP Output 1.4 and UNSDCF Output 1.3.

While the HEART Project's design is relevant to national health priorities, the evaluation identified insufficient linkages between the project result framework and the Country Programme Document (CPD)'s Results and resources framework indicators [34] . For instance, the monitoring process conducted by the project team does not currently track **Indicator 1.2.2**, which measures the percentage of community health centers reporting stockouts of immunization vaccines in the past six months. The baseline for this indicator in 2020 was 50%, with a target of reducing stockouts to 25% by 2025. This suggests a need for stronger strategic alignment and coherence to ensure the project effectively contributes to broader development outcomes outlined in the CPD and UNSDCF. Enhancing these connections could improve the project's strategic positioning and impact within the UN's integrated programming framework.

Finding 7. UNDP support was relevant to address the needs of the country by providing technical assistance to key institutions such as the Country Coordinating Mechanism (CCM) for addressing for addressing Aids, Tuberculosis, and Malaria issues in the country. The Country Coordinating Mechanism (CCM) commends UNDP for its invaluable support in overseeing Global Fund activities on the ground. UNDP's provision of consultants played a key role in drafting proposals for Global Fund funding, leading to the successful securing of USD 309 million for a three-year funding period. This substantial amount will be allocated to both the Ministry of Health (MoH) and community-based organizations, with eight Principal Recipients, equally divided between the MoH (four recipients) and communities (four recipients). For the first time, the Global Fund opened a competitive bidding process, where CCM had to meet specific requirements outlined in the various modules. The identified needs are in alignment with the National Action Plan 2020–2024 on HIV, TB, AIDS and Malaria, as well as the bridging Action Plan for 2026. This ensures that the funding is strategically targeted towards addressing national priorities in the fight against AIDS.

[32] See: 2021-2025 UNSDCF and CPD Outcome 1: People living in Indonesia, especially those at risk of being left furthest behind, are empowered to fulfil their human development potential as members of a pluralistic, tolerant, inclusive and just society, free of gender and all other forms of discrimination. DP/DCP/IDN/4

[34] See Ibid at Annex. Results and resources framework for Indonesia (2021-2025)

Finding 8. **Project HEART was highly relevant to the Global Fund (GF) Strategy for 2023–2028, which sought to accelerate progress against HIV, tuberculosis, and malaria by fostering catalytic investments, driving innovation, addressing barriers to health outcomes, and building sustainable impact.** The GF's strategy prioritized strengthening resilient and sustainable health systems, empowering affected communities to lead and engage, advancing health equity, gender equality, and human rights, and mobilizing resources despite fiscal challenges exacerbated by the COVID-19 pandemic.

Through Project HEART, UNDP directly contributed to these strategic priorities by enhancing health system resilience and leveraging innovative solutions to improve programmatic outcomes. A key example was the development and expansion of the SMILE application—a web and Android-based logistics management platform. Initially deployed to streamline COVID-19 vaccination logistics, SMILE was subsequently scaled to manage the electronic logistics of routine immunizations and AIDS, tuberculosis, and malaria (ATM) programs across Indonesia.

This digital innovation reflected the Global Fund's emphasis on sustainable systems for health by addressing logistical challenges, empowering health workers with efficient tools, and ensuring the uninterrupted availability of essential medicines and vaccines. Furthermore, the platform's data-driven approach supported equitable distribution, aligning with the strategy's goals of advancing health equity and removing systemic barriers to care. By strengthening supply chains and improving health commodity management, Project HEART demonstrated how targeted investments and innovations effectively supported the Global Fund's vision of ending the epidemics of AIDS, TB, and malaria while reinforcing health systems to address future challenges.

Finding 9. The HEART project faced coherence challenges, with limited stakeholder engagement and unclear linkages to other CPD Outcomes, particularly on the environment. Gaps in the Theory of Change and a lack of measurable indicators further constrained internal alignment. Strengthening coordination and monitoring frameworks would enhance coherence and alignment with broader development goals.

The evaluation of the HEART project revealed significant challenges in both external and internal coherence. **External coherence** was difficult to assess in this mid-term review due to limited engagement with key stakeholders, including UNAIDS, Australian Aid, and UNICEF. Their inputs could have provided valuable insights into coordination, synergies, and potential overlaps with other health sector initiatives. Additionally, confusion with the other Global Fund project in the health sector and a lack of awareness about the project among some Civil Society Organizations (CSOs) further complicated the evaluation process. These gaps emphasized the need for more robust stakeholder engagement and communication strategies to enhance external alignment.

Internal coherence faced limitations due to weaknesses in the project's Theory of Change (ToC). While the ToC logically linked enabling systems, outputs, and outcomes, it lacked clarity on how these components interdependently contributed to the intended impacts. Moreover, the evaluation was unable to verify linkages between the project's implementation and other CPD Outcomes, particularly the Outcome on Environment. This lack of integration with environmental priorities weakened the project's alignment with broader UNDP goals. The absence of measurable indicators for key outputs and outcomes, such as vaccine stockouts, further constrained the ability to monitor progress and align with CPD/UNSDCF indicators.

Additionally, the project's diverse and fragmented interventions, including digital health governance and medical waste management, posed challenges in assessing their combined impact and internal coherence.

Despite these issues, the project achieved notable successes, particularly in medical waste management, where advanced equipment was installed and healthcare staff trained. Strengthening governance would ensure transparent, accountable, and efficient processes for handling medical waste, reducing risks to public health and the environment. Furthermore, integrating an environmental approach would promote sustainable and safe disposal practices, minimizing ecological impacts and ensuring compliance with health and environmental standards. These efforts would enhance both internal and external coherence, improve strategic alignment, and maximize the project's overall effectiveness in achieving sustainable and impactful health outcomes.

EFFICIENCY

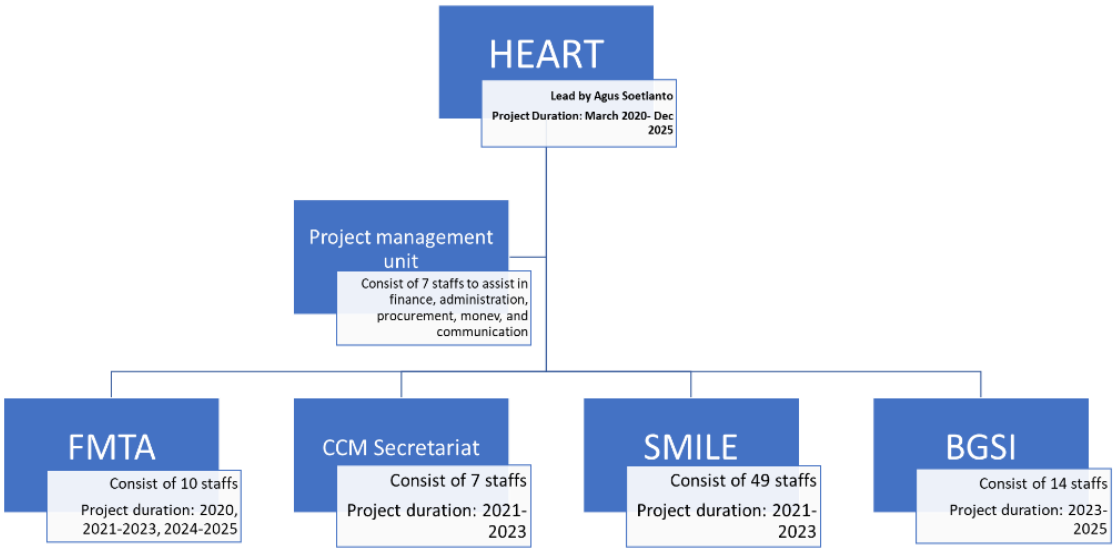
3. To what extent have the UNDP project implementation strategy and execution been efficient and time- and cost-effective?
4. To what extent have resources been used efficiently?
5. To what extent were the resources used to address inequalities in general, and gender issues in particular?

The HEART project has cascaded but clear organic structure. The project is organized into distinct units that operate at various stages of the project lifecycle. The HEART project is structured with a central Project Management Unit (PMU) that coordinates key functions such as finance, administration, procurement, monitoring and evaluation, and communication. The FMTA unit, with 10 staff, provides specialized support intermittently, while the CCM Secretariat, with 7 staff members, focuses on coordinating key partnerships and stakeholder relations between 2021 and 2023. The SMILE unit, the largest operational segment with 49 staff, drives critical programmatic activities during the same period, highlighting its central role in project implementation. The BGSI unit, consisting of 14 staff, become active from 2023 to 2025, focusing on sustaining and expanding project outcomes as the initiative approaches its conclusion. This phased and layered structure allows HEART to allocate resources effectively and adapt to evolving project demands, ensuring comprehensive support and targeted interventions throughout its duration.
One important sample provided by the Project' team is the cost analysis compared UNDP procurement prices to local vendor prices, revealing potential cost savings of up to 50%. Specific examples included a Nova six, 9000 system priced at $2.6 million locally versus $991,000 through UNDP. The IT system support for the Biomedical and Genome Science Initiative, with a planned budget of $6.4 million, emphasized the importance of technical assistance and sustainability measures.
Another example is the procurement system and strategies implemented by the HEART team have effectively saved USD 5.5 million in 2022. The procurement process conducted by UNDP demonstrates a clear advantage in efficiency over the offer made by the local vendor. Through the UNDP's established procurement channels, national partners are able to capitalize on a range of beneficial factors that ultimately drive down costs.

Finding 10. The cost savings were achieved by capitalizing on UNDP's unique ability to facilitate tax-free procurement and delivery within the country. The UNDP's tax-exempt status allows for significant savings on duty taxes that would otherwise be incurred when sourcing goods and services through standard commercial channels. This exemption from taxation applies to a variety of payment items, resulting in lower overall expenditures for the procuring entity. Additionally, the UNDP's global reach and centralized negotiating power enable it to leverage economies of scale and secure more favourable pricing from suppliers, further enhancing the cost-effectiveness of its procurement services**.** The organization's deep expertise in navigating complex logistics and import/export procedures also streamlines the acquisition process, avoiding delays and administrative problems that can plague local procurement efforts. The UNDP's procurement model thus provides a robust, reliable, and financially prudent alternative that organizations would be wise to strongly consider. These funds were reallocated to the project's 2023 budget, directly benefiting the end recipients. This outcome highlights the team's efficiency and strategic use of resources[35].

Figure 7. Structure of the HEART Project and staff supporting the implementation.

[35] HEART project report.



HEART projects assist MoH in conducting assessments and providing recommendations for one PMU structure/organigram, scope of work, and number of supervisees. The review of the progress reports provided that the HEART project managed two primary challenges to ensure the achievement of deliverables. The first challenge involved budget constraints that affected the proposed consolidation of AIDS, TB, and Malaria (ATM) Project Management Units (PMUs) into a single unit. One PMU is for Principal Recipients MoH. The integration of ATM (AIDS, TB, Malaria) Program Management Units (PMUs) into a unified structure was implemented based on recommendations from the Global Fund during the funding proposal process. This integration was a prerequisite set by the Global Fund for the Ministry of Health, as the Principal Recipient (PR), to proceed with the implementation of the new grant cycle (7th) for the period 2024–2026. To facilitate this consolidation, an assessment of the organizational structure, procedures, and processes was identified as necessary to develop recommendations for establishing a unified PMU in 2024. However, this assessment fell outside the Technical Assistance Arrangement and lacked allocated funding. Consequently, the HEART project requested additional funding, which was discussed and negotiated within the AIDS component at the recent Project Board Meeting.

The second challenge related to delays in procuring BGSI (Batch-II) devices and supplies. The procurement process was hindered by the LARTAS (clearing) procedure due to a new Ministry of Trade regulation on import restrictions introduced in July 2022. This regulatory change required an additional LARTAS permit and tax exemption, leading to unforeseen costs and extended processing times. To address this issue, the Project Board recommended a No-cost extension beyond December 2023 for C19RM-related activities, allowing the project to complete these procurements within the revised timeline.

Finding 11: UNDP has integrated its signature solutions and enablers by promoting digital innovation and technology, leveraging digital tools to improve healthcare access, enhance health data systems, and support e-health and mobile health interventions. However, certain areas still require further strengthening to maximize efficiency, effectiveness and generation of the data to measure the impact of inequalities. The evaluation finds that UNDP has integrated its signature solutions and enablers by promoting digital innovation and technology, leveraging digital tools to improve healthcare access, enhance health data systems, and support e-health and mobile health interventions. However, certain areas still require further strengthening to optimize integration, usability, and impact. These determinants are discussed hereunder in full details:

A. SMILE Immunization The SMILE immunization app, developed during the COVID-19 outbreak in 2020, represents an efficient use of project funds by enabling real-time monitoring of vaccine usage and logistics. It continues to deliver value post-pandemic, offering healthcare practitioners at all levels—from local clinics to provincial offices—real-time visibility of vaccine stock and usage. The monthly online stock-taking meetings

further enhance operational efficiency. However, the absence of structured in-person training at rollout led to challenges in effective adoption, impacting the app's overall efficiency.

B. SMILE AIDS, TB, and Malaria (ATM) The development of the SMILE ATM application demonstrates efficient resource allocation by addressing the specific need for tracking drug stocks for AIDS, TB, and malaria at the provincial and city levels. The requirement for pharmacy officers to input data into multiple applications is a nationwide mandate, reflecting the limited staff resources at the SR/SSR levels. The ongoing integration of SMILE with SIHA/SITB/SISMAL, initiated with a pilot in Papua in 2023, is set to continue until 2025, aiming for comprehensive adoption across all Indonesian provinces. However, at present, the simultaneous use of legacy systems (SIHA, SITB, and SISMAL) alongside SMILE ATM has led to inefficiencies, with health practitioners required to input data into multiple systems. This duplication undermines efficiency gains and indicates a need for better integration to optimize resource utilization.

C. Whole Genome Sequencing (WGS) Project funds were effectively used to expand WGS capabilities, initially focusing on COVID-19 but later transitioning to support tuberculosis elimination. Regarding the cost-effectiveness of WGS procurement, it has been reported that UNDP procurement is more cost-effective compared to government procurement based on cost comparison results. This adaptation of WGS technology represents an efficient pivot, maximizing investment by repurposing it to address ongoing public health priorities like TB. This strategic utilization underscores the flexibility and efficient deployment of resources toward evolving health needs.

D. Financial Management Information System (FMIS) The development of FMIS signifies an efficient use of funds, as it has streamlined financial transactions across city, district, and provincial health offices, particularly in Global Fund-supported projects. The web-based system has addressed previous delays, allowing for more timely and transparent financial processes. While some initial implementation challenges were reported, these were promptly resolved, reflecting effective fund utilization in strengthening financial management.

The HEART Project does not currently collect data that would indicate how much funding has been specifically allocated to vulnerable groups, such as women, children, pregnant women, and women from low-income households. However, national stakeholders have observed that these groups are benefiting significantly from the project. This indicates the potential to begin tracking and reporting disaggregated financial data to better understand the project's investment in addressing inequalities.

Finding 12 The extent to which the project is using resources to address inequalities in general is measurable. However, assessing resource allocation specifically for addressing gender issues is not feasible at this stage. Interviewed partners (MoH, WHO, and UNFPA) confirmed that the project specifically addresses the needs of vulnerable populations. It is possible to track data to monitor medical support distribution across implementation, targeted groups, and geographical areas. However, the evaluation finds that measuring the exact amount of funds allocated to gender-related issues is not feasible at this stage. In this context, gender issues also encompass the needs of population living with HIV AIDS, who often face barriers to accessing healthcare services due to stigma, discrimination, and socio-economic vulnerabilities. Ensuring that healthcare interventions are inclusive of for entire populations without discrimination is crucial for addressing broader gender inequalities. There is also need to collect data on maternal and child health services, reproductive health care, and support for women facing socio-economic barriers. The current lack of data on Project HEART's funding allocation for services specifically targeting LGBTQI needs further limits the ability to measure the project's impact on reducing disparities for this group.

Finding 13. The HEART Project has demonstrated a structured and robust approach to monitoring and reporting results, achieving progress across key outputs while addressing delays through adaptive management. The project's monitoring mechanisms and corrective actions provide valuable insights into its alignment with output indicators and CPD/UNSDCF outcomes. The review of the project documents provided that the HEART Project utilizes its risk log as a dynamic tool to identify, monitor, and mitigate project risks, ensuring continued progress toward its objectives. The risk log was last updated in **Semester 2 of 2023**, as

part of the project's structured monitoring and reporting process[36]. For example, delays in the procurement of Batch II biomedical equipment were flagged due to regulatory challenges with new Ministry of Trade restrictions. To address this, the project initiated weekly review meetings with vendors to expedite the LARTAS process and secure necessary permits.

Another notable use of the risk log was for addressing coordination delays with the Ministry of Health, arising from changes in leadership and priorities. The project mitigated this risk by conducting regular meetings with the Ministry to align strategies and maintain momentum. Similarly, risks associated with financial reporting under the FMIS system were addressed through third-party quality assurance reviews and the hiring of local vendors to customize the system to Indonesian payroll regulations. These examples illustrate the project's proactive approach to leveraging the risk log as an integral component of its adaptive management strategy, ensuring timely responses to challenges and minimizing their impact on project outcomes.

Finding 14. While the project demonstrated efficiency in some aspects, the variances in expenditure and delivery rates highlighted the need for improved adaptive management, stakeholder coordination, and contingency planning to address unforeseen challenges effectively. The financial performance in 2023 for the three components of the project demonstrated a significant improvement, with the absorption rate nearing 100% by the project's end on December 31, 2023. Notably, the Tuberculosis component exceeded expectations, achieving a 102% absorption rate[37]. This performance marked a stark contrast to the low financial absorption rates observed between project inception in 2021 and December 31, 2022[38]. The underperformance during this earlier phase was primarily attributed to delays in activity implementation and external challenges, such as regulatory bottlenecks and procurement inefficiencies. However, these issues were effectively addressed in 2023 through ramped-up efforts and intensified activities, particularly within the COVID-19-related components of the grant, including Malaria and Tuberculosis.

Finding 15. The project experienced variances between planned budgets and actual expenditures across several components, largely due to procurement delays, regulatory challenges, and administrative bottlenecks. For example, the procurement of genomic sequencing equipment was delayed by new import regulations and permit requirements, impacting budget utilization timelines and necessitating adjustments to planned activities[39]. Utilization rates varied significantly, with some components achieving full budget absorption, such as Output ID 00129920 at 100%, while others experienced delays due to coordination challenges or vendor issues, such as the postponed rollout of temperature loggers[40].

Finding 16. The project management structure demonstrated mixed efficiency[41]. Tools-like SMILE and FMIS strengthened coordination, transparency, and financial reporting, but delays in integrating HR modules and aligning operations with local tax laws highlighted gaps in adaptive management and technical capacity. The transition to a One-Project Management Unit structure was delayed, revealing inefficiencies in organizational alignment that hindered streamlined operations and increased administrative overheads[42].

Finding 17. Financial management processes showed progress with the implementation of FMIS, which mitigated risks of financial diversion and improved operational efficiency. However, issues such as software customization and license renewals exposed gaps in proactive financial planning. Reporting processes met donor requirements, but manual interventions in some areas revealed opportunities for automation to enhance accuracy and timeliness[43]. Operational risks, such as new government regulations and shifting Ministry of Health priorities, underscored the need for flexible planning. Additionally, strategic risks, including engagement challenges with stakeholders in advocacy programs, highlighted the importance of continuous monitoring and adaptive management to align with evolving priorities[44].

[36] Project Assurance Report (PAR) for Semester 2 of 2023 for the HEART Project.
[37] Source: Financial Management Technical Assistance (GF ATM) 2023 Project Report.
[38] Ibid.
[39] Source: Project Assurance Report (PAR) for Semester 2 of 2023 for the HEART Project.
[40] Source: Project Assurance Report (PAR) for Semester 2 of 2023 for the HEART Project.
[41] Desk review of the project reporting documents.
[42] Source: Ibid.
[43] Source: Project Assurance Report (PAR) for Semester 2 of 2023 for the HEART Project.
[44] Interview with the HEART project Team.

EFFECTIVENESS

EVALUATION QUESTIONS:

6. To what extent did the project contribute to the country programme outcomes and outputs, the SDGs, the UNDP Strategic Plan, and national development priorities?
7. What have been the key results and changes attained for men, women and vulnerable groups?
8. In which areas has the project had greatest achievements? Why and what have been the supporting factors?
9. To what extent has the UNDP partnership strategy been appropriate and effective

Finding 18. Project Effectively Delivers Results and Contributes to Health Outcomes; However, Effectiveness Could be Enhanced by strengthening good governance, environment and gender equality Integration. The HEART project significantly contributed to national development priorities and SDG 3 (Good Health and Well-being) through strengthened financial, human resource, and logistics management in the health sector. Key initiatives, such as the Financial Management Information System (FMIS) and Human Resource Information System (HRIS), aligned with UNDP's strategic plan by promoting good governance, accountability, and efficient service delivery. The project also made notable progress in malaria prevention, aligned with national health targets, particularly through the SMILE logistics system, which enhanced real-time malaria case tracking in remote areas, like Papua. However, the SMILE ATM application, still under development, faces challenges related to human resource capacity for data input, which could affect its operational effectiveness despite its relevance for logistical management of treatment types and medicines.

The project achieved critical health outcomes for vulnerable groups, especially in malaria prevention. It facilitated 3.4 million malaria tests last year, with 2.5 million tests conducted by community health workers. Additionally, 4,000 children received malaria kits, ensuring better health outcomes for underserved communities. These efforts were inclusive, targeting both men and women and supported access to healthcare for remote populations, contributing to reduced health disparities.

One of the project's most significant accomplishments has been in the area of the malaria logistics system implemented in remote regions like Papua. The SMILE ATM has been particularly helpful in enhancing the logistics system set up to support the current SISMAL application for case tracking and prevention. The national partners have highlighted the system's effectiveness in improving logistics management and acknowledged its potential for further expansion. Key supporting factors included robust technical support from UNDP, effective coordination with the Ministry of Health, and a focused capacity-building strategy, which enabled comprehensive real-time monitoring and distribution of medical supplies in hard-to-reach areas.

The UNDP partnership strategy has been highly appropriate and effective, as evidenced by **positive feedback from national partners, including the Ministry of Health, WHO, and UNFPA**. The collaborative efforts facilitated significant health outcomes, such as the implementation of FMIS and HRIS, which improved transparency and efficiency in financial and human resource management. The partnership approach also enabled the effective delivery of TB, HIV and malaria prevention measures, with 44,317 mobile migrant individuals benefiting from malaria kits and SCM & pharmacy warehouse renovation, highlighting UNDP's commitment to addressing the needs of vulnerable groups through strategic alliances.

In 2022, the HEART project demonstrated measurable achievements against its outputs, significantly enhancing Indonesia's health governance, digital infrastructure, and environmental health practices. By aligning with critical indicators, HEART contributed to stronger health systems, better data integration, and improved sustainability in healthcare delivery. The project's successes in supporting both immediate COVID-19 needs and long-term digital health strategies position Indonesia for future health resilience and efficient health service delivery.

The Project's support in the development of the Whole Genome Sequencing (WGS) initiative aligns with the broader transformation taking place in the field of biotechnology, particularly as it relates to biosurveillance activities and the provision of healthcare services. The primary aim is to enhance pathogen detection capabilities and improve the treatment of various medical conditions. In fact, the WGS method has already played a crucial role in Indonesia's efforts to mitigate the impact of the COVID-19 pandemic, providing healthcare professionals with a more definitive means of diagnosing and treating the disease. While the symptoms of certain illnesses, such as coughing, may appear similar across individuals, the underlying causes

and appropriate treatments can vary significantly. This is where the power of WGS comes into play. Through the Biomedical Genome Science Indonesia (BGSi) program, the WGS technique will be utilized to drive research and development in the treatment of six key disease categories: cancer, infectious diseases, brain and neurodegenerative disorders, metabolic diseases, genetic disorders, and age-related conditions. By mapping the genetic profiles of patients within these disease groups, researchers and clinicians will gain a deeper understanding of the underlying mechanisms, paving the way for the development of more targeted and effective therapies.

To support this ambitious initiative, the Indonesian government has identified seven major hospitals to serve as the primary centres for BGSi implementation: RSCM, National Brain Center Hospital (RSPON), Sulianto Saroso Hospital, Persahabatan Hospital, Dharmais Cancer Hospital, Sardjito Hospital, and I.G.N.G Ngoerah Hospital. Currently, the country has a limited number of WGS machines, with only 12 units in operation. However, the government has recognized the need to significantly expand this capacity and has committed to adding 48 more machines across the various national referral hospitals involved in the BGSi program. These WGS machines will be complemented by high-throughput sequencing equipment capable of processing hundreds of human genome samples per week. This substantial investment in cutting-edge technology will enable the government to achieve its ambitious goal of collecting and analysing 10,000 human genome sequences over the next two years. By mapping the genetic variants present in the Indonesian population, particularly those associated with the priority disease categories, researchers and healthcare providers will gain invaluable insights that can be leveraged to develop more personalized and effective treatment strategies, ultimately improving patient outcomes and enhancing the overall quality of healthcare in the country. The progress of the HEART project in 2022 listed hereunder:

Figure 8. Project Progress against the Outputs in 2022 (Source Annual Progress report)

Output 1: Strengthening National Policy and Institutional Environment for Health Access

The HEART project achieved critical milestones in enhancing policy frameworks and institutional capacity to support health access for vulnerable populations:

1. **Provision of Emergency Oxygen Supply**: In response to the COVID-19 crisis, 525 oxygen tanks were procured for distribution to hospitals in West Java, supporting health facilities in managing respiratory emergencies.
2. **Digital Health Transformation Initiatives**: HEART supported the launch of Indonesia's Digital Health Transformation Blueprint 2024 and facilitated a multi-sector Focus Group Discussion on telemedicine regulations. This progress, strengthened Indonesia's digital health framework, enabling better coordination and regulatory alignment.

Output 2: Enhancing Program Performance and Environmental Integration in Health Systems

The project made significant strides in improving health program performance and integrating environmental considerations:

1. **Expansion of SMILE System**: SMILE (Sistem Monitoring Imunisasi dan Logistik secara Elektronik) was scaled to 13 provinces, tracking over 486 million vaccine doses, including both COVID-19 and routine immunizations. This reinforces SMILE's role as a central tool in Indonesia's health supply chain management.
2. **Support for National Programs (AIDS, TB, Malaria)**: HEART provided technical assistance for the Global Fund's AIDS, TB, and Malaria projects, helping to strengthen surveillance through Whole Genome Sequencing (WGS) equipment and improve financial management systems. This activity contributed to enhanced monitoring and response capacities in national health programs.
3. **Medical Waste Management**: HEART developed and piloted a digital waste management system within SMILE, helping hospitals manage medical waste sustainably. Training was provided to hospital staff on the use of autoclaves and incinerators to control infectious waste.

COVID-19 Response and Digital Health Transformation

In response to COVID-19, HEART further supported the health system by:

1. **Procurement Support for COVID-19 Equipment**: HEART collaborated with the CRODA Foundation to procure oxygen cylinders to improve COVID-19 patient care in West Java hospitals, with monitoring and socialization planned for the second semester of 2022.
2. **Enhanced SMILE eLMIS for COVID-19 Supply Chain**: SMILE recorded over 421 million COVID-19 vaccine doses, trained personnel for vaccine data management, and received a commendation from the Governor of Riau for its role in supporting vaccination campaigns.

3. **Telemedicine and Public Communication Support**: The HEART project facilitated digital health and telemedicine knowledge-sharing sessions, helped improve the COVID-19 Command Post's response capabilities, and supported data integration across platforms like PeduliLindungi for COVID-19 tracking.

Strategic Digital Health Transformation

The HEART project contributed to Indonesia's digital health priorities by:

1. **Developing the Digital Health Blueprint**: HEART assisted in drafting the national Digital Health Transformation Blueprint, achieving a significant milestone in strengthening digital health governance in line with the "One Data" Presidential Regulation.
2. **Telemedicine and Health System Integration**: HEART conducted five webinars on digital health, improved public engagement through the ATENSI website, and held regular multi-sectoral coordination meetings, achieving indicators related to telemedicine collaboration and digital health system integration.

Output 3: Health Digitalization System Strengthening

The HEART project improved health service coverage, quality, and sustainability through:

1. **Training Vaccine Cold Chain Managers (VCCM)**: Twenty operators and seven technical experts were recruited and trained, improving visibility and accountability in the vaccine cold chain.
2. **Prototype Development for Medical Waste Monitoring**: A digital prototype for medical waste disposal was developed and trialled in Jakarta and Yogyakarta, by increasing system capacity for tracking medical waste.

Finding 19. The HEART project demonstrated progress from previous milestones by scaling up health access initiatives, broadening digital health applications, and enhancing program performance across various health areas. The expansion of SMILE, enhanced policy frameworks, and strengthened digital health systems mark substantial steps forward in achieving a more sustainable and integrated health infrastructure in Indonesia. The Project's contribution was vital particularly during COVID-19 outbreak to deliver fast and real-time results. The use of the WGS approach to further analyze bacteria through sequencing mechanism, for example, in TB case treatment, will be an advanced performance to provide accurate and effective results in a large number of samples, but consideration for independent financial capability should be bear in mind, particularly if the support from UNDP is no longer exist. These achievements align with national priorities, particularly in digital health transformation and environmental sustainability, showcasing the HEART project's critical role in modernizing and stabilizing Indonesia's healthcare landscape. Between the HEART project's outcomes in 2023 and the results from the previous reporting period, several key advancements were made, showing both continuity in achievements and progress in scaling health system innovations. Below is a comparison of achievements in 2023 against prior milestones:

1. **Strengthening National Policy and Institutional Environment for Health Access**:
   - *Provision of Emergency Oxygen Supply*: Previously, HEART supported the procurement of 13 oxygen tanks for COVID-19 response in West Java that was handed over to Center of Crisis MOH in 2023[45]. In 2023, HEART expanded its capacity-building efforts, focusing on enhancing supply chain management and integration with other digital health systems, addressing broader health emergencies beyond COVID-19. To this end, the collaboration between HEART and the Croda Foundation was pivotal in transforming HEART's objectives into measurable achievements. The provision of ventilators, for instance, addressed medical equipment shortages in public hospitals across the province, enhanced the quality of patient care, and contributed to Sustainable Development Goal (SDG) 3, which focuses on ensuring healthy lives and promoting well-being for all at all ages. Specifically, this project supported SDG indicators 3.8.1 and 3.8.2 by increasing the coverage of essential health services and expanding the number of people covered by public health systems. Moreover, this partnership between UNDP and the Croda Foundation strengthened SDG 17, advocating for global partnerships for sustainable development[46].
   - *Digital Health Transformation Initiatives*: Building on the 2022 launch of the Digital Health Transformation Blueprint, 2023 saw further operationalization of this framework, including refining

[45] Final Report. United Nations Development Programme Indonesia Croda Foundation and the Health Governance Initiative (HEART). Provision of ventilators in West Java Province.
[46] Ibid.

telemedicine regulations, enhanced data interoperability across health systems, and integration with platforms like SMILE. These efforts have increased alignment with the national "One Data" initiative, creating a more unified digital health landscape.

2. **Enhancing Program Performance and Environmental Integration in Health Systems**:
   - *Expansion of SMILE System*: In the previous period, SMILE tracked COVID-19 and routine immunization doses across 13 provinces, focusing on supply chain transparency. By 2023, the SMILE system was scaled further to reach all 34 provinces, enhancing Indonesia's vaccination program coverage and significantly reducing stockouts. Additionally, SMILE now incorporates malaria and HIV/TB logistics, showing progress in using digital solutions across various disease control programs.
   - *Support for National Programs (AIDS, TB, Malaria)*: The project has expanded technical assistance, including improved monitoring through Whole Genome Sequencing (WGS) and enhanced Financial Management Information System (FMIS) capabilities. In 2023, HEART also strengthened programmatic oversight for these diseases, with increased reporting accuracy and response capacity in line with Global Fund requirements. The project supported the CCM Secretariat in preparing proposals and implementing supervision of the Global Fund's ATM process.
   - *Medical Waste Management*: Initially, HEART piloted digital waste management within SMILE and trained hospital staff on autoclave and incinerator use. By 2023, this waste management system was scaled, incorporating IoT technology for better tracking and expanding implementation across additional health facilities, focusing on environmental sustainability in healthcare.
3. **COVID-19 Response and Digital Health Transformation**:
   - *Procurement Support for COVID-19 Equipment*: Beyond oxygen ventilators ~~cylinders~~, 2023 saw continued support for health infrastructure, with additional digital tools for tracking and managing pandemic-related resources. Coordination efforts were enhanced to prepare for future health crises, reflecting a more robust national response capability.
   - *Enhanced SMILE eLMIS for COVID-19 Supply Chain*: Building on the system's initial success, SMILE now incorporates extensive COVID-19 vaccination data and provides a unified view of vaccine availability and distribution. This integration has allowed for more responsive adjustments to stock levels, reinforcing SMILE's critical role in health logistics.
   - *Telemedicine and Public Communication Support*: Previous efforts in knowledge-sharing and public engagement through the COVID-19 Command Post were expanded in 2023. HEART continued to support telemedicine, focusing on integration with existing digital health systems and enabling more accessible health services across rural and underserved communities.
4. **Strategic Digital Health Transformation**:
   - *Developing the Digital Health Blueprint*: HEART's support for Indonesia's Digital Health Transformation Blueprint saw further refinement in 2023, with an added focus on regulatory frameworks and stakeholder capacity-building. Implementation of "One Data" principles strengthened, enabling data sharing across platforms for a more coordinated digital health infrastructure.
   - *Telemedicine and Health System Integration*: The project-maintained momentum with additional webinars and public engagement initiatives on digital health, particularly aimed at increasing digital literacy and engagement in health-related decision-making among healthcare providers and the public.
5. **Health Digitalization System Strengthening and advancement of digital infrastructure for the management of Global Fund (GF) grants:**
   - *Training Vaccine Cold Chain Managers (VCCM)*: HEART initially trained cold chain managers, improving visibility and accountability in vaccine logistics. By 2023, these training programs were scaled to enhance resilience in vaccine distribution systems across all provinces, promoting a sustainable cold chain management system.
   - *Prototype Development for Medical Waste Monitoring*: The medical waste tracking prototype, initially piloted in select hospitals, was expanded, ensuring that medical waste disposal adheres to national standards. Increased digitalization within waste management has also led to greater accountability and environmental compliance.
   - *FMIS (Financial Management Information System):* a robust, web-based grant management system was designed by the Project to oversee the disbursement and tracking of GF grants. It integrates seamlessly with Mandiri Cash Management (MCM), enabling efficient financial operations from the national to provincial, city, and district levels. Mandiri Bank, a top national bank in Indonesia, was

selected by the Ministry of Health as the Principal Recipient (PR) to manage GF funds across various components, including AIDS, TB, Malaria, and Resilient and Sustainable Systems for Health

- *HRIS (Human Resource Information System):* HEART contributed to the development of HRIS, which is a ERP web-based system that enhances human resource management for over 1,500 staff funded under GF grants. It supports e-payroll operations, incorporating withholding tax (PPh21) and BPJS (social security contributions). The system also tracks absence/attendance records and facilitates staff performance appraisals based on key performance indicators (KPIs). HRIS is linked to FMIS, ensuring streamlined operations and compliance across multiple administrative levels.
- *SISMAL (Malaria Surveillance Information System):* Project upgraded the SISMAL system to a web-based platform to enhance malaria case recording and surveillance. This improvement ensures real-time tracking of malaria cases, enabling better response and resource allocation at all administrative levels.

Finding 20. Need for Strengthened Results Reporting Mechanisms: **the evaluation finds that Project HEART is in a good position to collect more relevant data, to demonstrate that benefits are distributed adequately and effectively.** For example, in disaggregating the number of beneficiaries of oxygen equipment by gender and vulnerability. The other example is possibility to measure the project's contribution to medical waste management, because data on the amount of appropriately recycled medical waste remains limited. Additionally, the number of persons with disabilities (PwD) benefiting from the project, as well as the number of studies conducted to assess its impact, are not fully documented across the implementation neither by the project nor the state. Strengthening data collection and reporting mechanisms could enhance transparency, demonstrate progress more effectively, and inform targeted interventions for greater impact.

Finding 21. The effectiveness of the project could be significantly enhanced by integrating good governance and an environmental lens, particularly in areas like medical waste management.
As a result of the project, incinerators and autoclaves were installed and commissioned at various locations, with on-site training provided to 6-10 health staff per site. In total, 35 staff members were trained to operate the equipment effectively. Continuous coordination and knowledge exchange supported the facilities in obtaining operational licenses for the equipment from the Ministry of Environment, with assistance provided through online meetings and site visits from 2021 to 2023. Additionally, in 2023, ME-SMILE conducted training and socialization sessions for 30 health facilities across four provinces to enhance knowledge of safe and sustainable medical waste management practices. These sessions had high participation, with 473 participants on Day 1 (59.41% male, 40.59% female) and 386 participants on Day 2 (63.21% male, 36.79% female). The project's comprehensive capacity-building initiatives have significantly strengthened healthcare facilities' ability to manage medical waste effectively and sustainably.

However, this approach should be holistic and applied across all areas of project. Strengthening governance would ensure transparent, accountable, and efficient processes for handling medical waste, reducing risks to public health and the environment. An environmental approach would promote sustainable and safe disposal practices, minimizing the project's ecological impact and ensuring compliance with health and environmental standards. This combined strategy would enhance the project's overall effectiveness in delivering safer and more sustainable health outcomes.

SUSTAINABILITY

EVALUATION QUESTIONS:

10. To what extent will men, women and vulnerable people benefit from the project interventions in the long-term?
11. To what extent will financial and economic resources be available to sustain the benefits achieved by the project?
12. To what extent do UNDP interventions have well-designed and well-planned exit strategies that include a gender dimension, human rights and human development?

The sustainability of the HEART Project outcomes was assessed across institutional, financial, socio-political, and environmental dimensions, revealing both potential and challenges. The SMILE Immunization system is expected to deliver sustained long-term benefits to targeted populations, including men, women, and

vulnerable groups. Health workers across local to provincial levels report that the system has significantly streamlined their operations, making it easier to manage patient data and vaccine inventories[47]. This improved efficiency not only enhances service delivery but also increases access to immunization for vulnerable groups, potentially leading to long-term health improvements.

Finding 22: While the interventions have shown potential for long-term benefits, sustaining these outcomes will require strengthened financial planning, explicit gender integration, and human rights-based exit strategies to ensure equitable access and continued impact. The Whole Genome Sequencing (WGS) initiative showcased significant promise in accurately diagnosing diseases and tailoring treatment plans, particularly for managing tuberculosis cases. By shifting away from a "trial and error" approach, WGS has improved treatment efficacy for vulnerable populations. However, its long-term sustainability is threatened by the high costs of reagents and operational resources, emphasizing the urgent need for external funding or cost-sharing mechanisms to maintain its impact. Conversely, the SMILE Immunization system demonstrated strong potential for sustainability due to its cost-effectiveness in streamlining vaccine logistics and improving health service delivery. However, its success relies on continued financial support from national and regional health budgets to sustain its operations beyond the project's lifespan.

Exit strategies for both initiatives remain in development, with SMILE's design inherently supporting equitable vaccine access across genders and vulnerable populations. Nonetheless, the lack of explicit gender-focused and human rights-based provisions in the exit strategy limits its ability to ensure a sustainable transition to national ownership. Similarly, while WGS holds immense potential for contributing to human development, especially in tuberculosis elimination efforts, its exit strategy does not adequately integrate gender equality or human rights considerations, risking inequitable benefits distribution. Addressing these gaps through enhanced planning and stakeholder engagement is essential for securing the sustainability of these critical health innovations. The presented in this chapter findings, supplemented with examples from the project's achievements and challenges, provide a comprehensive understanding of sustainability risks and opportunities.

1. Institutional Framework and Governance Sustainability

The institutional framework supporting the SMILE Immunization system demonstrated strong potential for long-term sustainability. Health workers across local and provincial levels reported that the system significantly streamlined operations by improving patient data management and vaccine inventory tracking. These advancements facilitated more efficient service delivery and increased immunization access for vulnerable groups, highlighting the system's alignment with national health priorities. The WGS initiative, while impactful in diagnosing diseases and tailoring treatments, faced institutional challenges. The lack of routine integration into national health systems and limited technical expertise at the local level signaled gaps in governance. For instance, the success of WGS in tuberculosis management relied heavily on external technical support, indicating a need for sustained capacity-building and institutional ownership.
Rating: Moderately Likely Sustainable

2. Financial Sustainability

Financial sustainability varied significantly between the SMILE system and the WGS initiative as explained hereunder:

- **SMILE Immunization System**: The system demonstrated cost-effectiveness, saving time and administrative resources for health workers. However, its continued operation depends on sustained funding from national and regional health budgets. Without a clear commitment from these sources, the system risks becoming underfunded post-project.
- **WGS Initiative**: The high costs of reagents and operational resources for WGS posed a significant barrier to financial sustainability. Without external funding or innovative cost-sharing mechanisms, the long-term implementation of WGS remains uncertain. For example, the reliance on expensive materials for genomic sequencing, with no identified alternative financing strategies, jeopardizes its impact on TB elimination efforts.

Rating: Moderately Unlikely Sustainable

[47] Source: KIIs and FGDs with the beneficiaries of the HEART project.

3. Socio-Political Sustainability

The socio-political sustainability of the SMILE Immunization system was promising due to its focus on equitable vaccine access for vulnerable populations, including men, women, and marginalized groups. The system's design inherently supported inclusivity, aligning with national goals to strengthen universal health coverage. However, the lack of explicit exit strategies incorporating gender equality and human rights principles represents a missed opportunity to further institutionalize its socio-political impact.

For the WGS initiative, its contributions to TB elimination efforts and disease management aligned with national health priorities. However, the absence of clear gender-responsive and human rights-based provisions in the exit strategy limited its ability to address socio-political risks and ensure equitable benefits across diverse groups.

Rating: Moderately Likely Sustainable

4. Environmental Sustainability

Environmental sustainability considerations for the SMILE and WGS initiatives were limited. While the projects did not contribute to significant environmental risks, there were missed opportunities to embed environmentally sustainable practices, such as robust systems for medical waste disposal. For instance, the large-scale immunization programs under SMILE likely generated medical waste that required sustainable management practices, which were not explicitly addressed.

Rating: Moderately Unlikely Sustainable

HUMAN RIGHTS, GENDER EQUALITY, DISABILITY INCLUSION AND LEAVING NO ONE BEHIND

EVALUATION QUESTIONS:

13. To what extent have poor, indigenous and physically challenged, women, men and other disadvantaged and marginalized groups benefited from the work of UNDP in the country?
14. To what extent have gender equality and the empowerment of women been addressed in the design, implementation and monitoring of the project?
15. To what extent has the project promoted positive changes in gender equality and the empowerment of women? Did any unintended effects emerge for women, men or vulnerable groups?

Finding 23. Project HEART successfully addressed the needs of vulnerable groups in remote island communities. However, the lack of systematic data collection on key demographics, such as poor, indigenous populations, and individuals with physical disabilities, including both women and men, poses a challenge in accurately assessing the project's true impact on these disadvantaged and marginalized groups. By not fully addressing the intersectional vulnerabilities of those most at risk in the design and implementation, the HEART Project missed opportunities to uphold its commitment to ensuring equitable access to healthcare and fostering a rights-based approach to health governance.

In 2021, UNDP Indonesia conducted a study titled Assessment of Human Rights and Gender in HIV/AIDS Prevention and Care in Indonesia. The report provided a compelling assessment of the intersection of human rights and gender in HIV/AIDS programs in Indonesia that informed the design of HEART. Evaluators find that while report provided qualitative depth, actionable recommendations, including the and focus on marginalized groups, there was a lack of quantitative evidence and localized policy strategies, that could help to enhance its utility in the implementation of HEART, as well for policymakers and stakeholders.

The evaluation revealed that while key issues such as gender disparities, human rights challenges, and systemic barriers in the healthcare system were identified, these considerations were not adequately integrated into the design of the HEART Project. For example, the persistence of discriminatory practices, such as mandatory HIV testing for employment, particularly for women migrant workers, and the denial of healthcare services to transgender individuals in certain regions, highlights systemic violations that perpetuate exclusion and inequity[48]. Similarly, punitive laws targeting sex workers and people who inject drugs deter access to vital healthcare services, further marginalizing these groups[49].

[48] See: Assessing Human Rights and Gender in HIV/AIDS Prevention and Care in Indonesia.UNDP 2021.
[49] Ibid.

However, these critical realities were not sufficiently reflected in the project's results framework, which lacked a focused approach to address such systemic inequities through targeted interventions. This gap in design not only affected implementation by failing to prioritize the most vulnerable groups but also weakened monitoring processes, which did not adequately track the project's impact on marginalized populations through gender-disaggregated data or indicators aligned with the "Leave No One Behind" (LNOB) principle.
The UNDP's support for the development of the SMILE logistics system has been a key accomplishment of the project. This system was designed to bolster the existing SISMAL application, which enables real-time tracking of malaria cases in remote regions, particularly in Papua. National partners who were interviewed emphasized the system's effectiveness in improving logistics and highlighted its potential for future expansion. As a result of this implementation, 3.4 million malaria tests were conducted last year, with 4,000 children receiving malaria kits, and 2.5 million tests carried out by community health workers.

Finding 24. National partners acknowledged the absence of specific data on people with disabilities. While the national health system does not discriminate against people with disabilities, and these beneficiaries can receive services if they have access, data on their inclusion is not systematically collected, neither by the HEART project nor at the national level. None of the digital solutions developed by the HEART project include algorithms or mechanisms to collect data specifically on People with Disabilities (PWD) or other vulnerable groups[50]. This gap makes it challenging to assess the project's impact on these groups. In addition, challenges persist in ensuring that the eight PRs effectively reach key affected populations. National partners also explained that efforts have been necessary to reduce discrimination to ensure equitable access to treatment for individuals with HIV and people living with AIDS.
For example, the SMILE Immunization application provides data on vaccine types and quantities used, along with plans to improve vaccine availability. However, it does not include gender-disaggregated information. Similarly, the SMILE ATM application lacks gender-disaggregated data. In contrast, earlier health applications, such as SIHA, SITB, and SISMAL, included gender-segregated patient information, although they did not capture whether patients had disabilities.

Finding 25. Project HEART could have benefited from incorporating the UNDP Signature Solution on Advancing Gender Equality in Health.
National partners emphasized the significance of women's empowerment within the HEART project, with over 60% of its cadres being women. However, they frequently noted the need for greater involvement of medical professionals and additional research to assess the project's impact on gender equality and women's empowerment (GEWE). Moreover, for the project with a GEN2 score, it is important to support the implementation by **Integrating gender-responsive strategies into health interventions to address the specific needs of women and girls and other vulnerable groups, ensuring access to sexual and reproductive health services and supporting maternal and child health.**

[50] Source: FGD with the team responsible for the digital solutions development.

III. CONCLUSIONS

The evaluation team has drafted the conclusion chapter based on 25 findings, providing a comprehensive analysis of the HEART Project's achievements, challenges, and areas for improvement. The conclusions highlight the project's significant contributions to strengthening health systems, advancing digital innovation, and improving healthcare access for vulnerable populations, particularly in remote and underserved regions. Key initiatives, such as the SMILE Immunization system and the Whole Genome Sequencing (WGS) initiative, demonstrated the potential for lasting impacts. However, the findings also underscore critical gaps in integrating human rights, gender equality, and disability inclusion principles, as well as the need for enhanced financial planning, governance mechanisms, and environmentally sustainable practices to ensure the project's outcomes are sustained. These conclusions provide a roadmap for addressing shortcomings and aligning the project's efforts with national priorities and global development goals.

Project Design and Formulation

1. The mid-term evaluation of the HEART Project highlights both strengths and critical gaps in its design and formulation, providing a balanced perspective on its effectiveness and alignment with the intended outcomes. The evaluation reveals that the Results Framework (RF) provided a structured foundation for monitoring and implementation, with seven output indicators, six of which were fully SMART, meeting criteria for specificity, measurability, attribution, relevance, and time-bound targets. However, one indicator related to the digital health governance framework lacked clear timelines, limiting its effectiveness in guiding implementation (*Finding 1).* The RF outlined defined baselines and targets, with milestones spanning multiple years, as seen in the SMILE system's progressive scaling from pilot districts in 2017–2018 to a target of 6,000 health centers by 2023. Despite this, some baselines were imprecise, and targets for indicators like emergency procurement mechanisms and greening the health system were limited to specific years rather than continuous monitoring.

2. The evaluation identified critical weaknesses in addressing cross-cutting themes such as gender equality, environmental sustainability, and the Leave No One Behind (LNOB) principle *(Finding 2).* Indicators within the RF lacked gender-disaggregated data, limiting the project's capacity to measure differential impacts on women, men, and marginalized groups. For example, while the SMILE system improved vaccine logistics, there were no metrics to assess its impact on underserved populations. Additionally, system integration remained incomplete; the SMILE system, despite its success, remained in pilot phases for integration with malaria surveillance systems like SISMAL, restricting its full potential.

3. The social and environmental screening conducted at the design stage effectively integrated principles of human rights and environmental sustainability, identifying risks as low to moderate, such as environmental degradation and exclusion of marginalized groups. However, its operationalization during implementation was insufficient *(Finding 3).* This resulted in a lack of gender-disaggregated indicators and data, action to mitigate gender-related risks, and limited real-time monitoring of emerging challenges such as government turnover and shifting priorities.

4. The project design also lacked transformative gender-focused goals and failed to address intersectionality, as noted in Finding 4. While the project achieved GEN 2 status, it primarily adopted a gender-neutral approach with no transformative strategies to address structural inequalities. For example, Result 1 emphasized "gender-sensitive" commitments in policy and procurement but failed to operationalize them, and Result 2 omitted gender considerations altogether.

Relevance/Coherence

5. The HEART Project aligned with Indonesia's national health priorities, UNDP's strategic goals, and the Global Fund's vision, addressing critical health sector needs and contributing to broader development objectives. Its relevance is reflected in its focus on eliminating malaria, AIDS, and tuberculosis by 2030, while advancing the Ministry of Health's Strategic Plan for 2020–2024. By supporting health system transformation initiatives, such as reducing maternal and newborn mortality

and halting malaria transmission, the project contributes to Indonesia's long-term vision of human capital development and the preparation of a "gold generation" by 2045 *(Finding 5).*

6. Project HEART also aligned with UNDP's signature solutions and UNSDCF outputs, particularly through its emphasis on strengthening equitable, resilient, and sustainable health systems. The project's contributions to universal health coverage (UNSDCF Output 1.3) and inclusive local development (CPD Output 1.2) were evident across its outputs, including improved policy environments for affordable medicine, enhanced supply chain management systems (e.g., SMILE) and strengthened disease-specific health programs. However, the evaluation identified a lack of coherence between the project's results framework and CPD/UNSDCF indicators, particularly in tracking key metrics like vaccine stockouts *(Finding 4).*
7. The relevance of the project's digital innovations was particularly notable. The SMILE logistics management platform, initially developed for COVID-19 vaccination efforts, was scaled to manage routine immunizations and AIDS, tuberculosis, and malaria programs. This reflected a practical and impactful response to Indonesia's needs for digital transformation in health system logistics. Similarly, genomic sequencing under the health technology transformation agenda addressed systemic barriers to disease management, particularly in tuberculosis diagnostics, aligning with national priorities and UNDP's goals of universal health coverage and sustainable health systems *(Finding 5).*
8. UNDP's technical assistance to key institutions like the Country Coordinating Mechanism (CCM) further underscored the project's strategic relevance. Through its support, UNDP enabled Indonesia to secure USD 309 million in Global Fund financing, ensuring resources were allocated to both government and community-based organizations to address national health priorities effectively. This targeted support reflected alignment with the National Action Plan 2020–2024 and the Global Fund's 2023–2028 strategy, emphasizing innovation, equity, and resilience *(Findings 7 and 8).*
9. Despite these strengths, the evaluation highlighted areas where strategic alignment could be improved. The lack of gender-disaggregated indicators and metrics to capture impacts on marginalized groups limited the project's ability to address systemic inequities comprehensively. Similarly, the absence of explicit linkages and results between the results framework and broader CPD indicators weakened the project's ability to effectively measure its contributions to integrated programming outcomes *(Finding 4).*
10. The evaluation of the HEART project identified challenges in coherence. External coherence was limited due to insufficient engagement with key stakeholders, such as UNAIDS, Australian Aid, and UNICEF, and confusion among some Civil Society Organizations (CSOs) about the project, highlighting the need for stronger stakeholder coordination. Internal coherence was constrained by gaps in the Theory of Change, unclear interdependencies, and a lack of measurable indicators, which hindered the ability to assess the integration of interventions. Additionally, linkages with other CPD Outcomes, particularly on the environment, could not be verified. Strengthening stakeholder engagement, integrating environmental priorities, and improving monitoring frameworks would enhance the project's coherence and strategic alignment.(Finding 9)

Efficiency

11. The HEART Project demonstrated notable efficiency across its operations, as evidenced by its structured and phased organizational design and strategic resource management. Establishing distinct units, such as the Project Management Unit (PMU), SMILE, FMTA, CCM Secretariat, and BGSI, ensured a clear division of responsibilities and adaptability to evolving project demands. This approach enabled targeted interventions and the effective allocation of resources throughout the project lifecycle (*Finding 13).*
12. The project achieved significant cost savings by leveraging UNDP's procurement channels, tax-exempt status, and global negotiating power, which resulted in reductions of up to 50% on high-cost equipment and savings of $5.5 million in 2022. These funds were reallocated to support the project's 2023 activities, ensuring continued benefits for end recipients (*Finding 8*). Additionally, tools like the SMILE application and FMIS enhanced operational efficiency by improving logistics, financial reporting, and data management. However, gaps in integration and usability, such as duplicate data entry across legacy systems and SMILE ATM, reduced some efficiency gains (*Finding 11*).
13. While the project demonstrated a proactive approach to addressing challenges, including procurement delays and regulatory barriers, variances in expenditure and delivery rates highlighted the need for

improved adaptive management and contingency planning. For instance, delays in the rollout of temperature loggers and the procurement of genomic sequencing equipment were caused by new import regulations, impacting budget utilization timelines (*Finding 15*). Moreover, the delayed transition to a One-PMU structure underscored inefficiencies in organizational alignment, which increased administrative overheads and hampered streamlined operations (*Finding 16*).

14. Despite these challenges, the project's financial management processes improved significantly over time, with a nearly 100% absorption rate by the end of 2023, marking a stark contrast to earlier periods of underperformance (*Finding 14*). The implementation of FMIS mitigated risks of financial diversion and improved transparency, although manual interventions and customization delays revealed areas for further improvement (*Finding 17*).

Effectiveness

15. The HEART Project has demonstrated substantial effectiveness in achieving its objectives, contributing directly to national development priorities and SDG 3 (Good Health and Well-being). Key achievements include the implementation of the Financial Management Information System (FMIS) and Human Resource Information System (HRIS), which have strengthened financial, human resource, and logistics management, ensuring more transparent and efficient service delivery in Indonesia's health sector (*Finding 18*).
16. The project significantly advanced health outcomes, particularly in malaria prevention, facilitating 3.4 million malaria tests in 2022, of which 2.5 million were conducted by community health workers. Additionally, 4,000 malaria kits were distributed to children in underserved areas, reducing health disparities and improving access to essential healthcare services. The expansion of the SMILE logistics system to all 34 provinces by 2023 enhanced real-time tracking and distribution of critical medical supplies, underscoring the project's effectiveness in improving health service delivery for remote populations (*Finding 18, 19*).
17. In digital health, the project scaled the SMILE application to manage logistics for immunizations, malaria, HIV, and tuberculosis, significantly reducing stockouts and improving health program oversight. The Whole Genome Sequencing (WGS) initiative transitioned from COVID-19 applications to tuberculosis elimination, showcasing the project's adaptability in addressing emerging public health needs. These achievements contributed to improved healthcare resilience and sustainability (*Finding 19*).
18. While the project delivered measurable results, several areas require further strengthening to maximize effectiveness. Challenges such as limited human resource capacity for data input into the SMILE ATM application and duplication of efforts across legacy systems highlight the need for enhanced integration and training. Moreover, the project's medical waste management efforts, which included the installation and commissioning of incinerators and autoclaves with training for 35 staff, would benefit from a stronger focus on governance and sustainability to ensure compliance with health and environmental standards (*Finding 18, 21*).
19. The absence of disaggregated data, such as gender and vulnerability indicators, limits the ability to fully evaluate the project's impact. For example, while beneficiaries of oxygen equipment and malaria kits included vulnerable populations, the lack of detailed data hampers a comprehensive assessment of equity in resource distribution. Strengthening reporting mechanisms to capture such data would enhance accountability and better inform future interventions (*Finding 20*).

Sustainability

20. The sustainability of the HEART Project outcomes, assessed across institutional, financial, socio-political, and environmental dimensions, highlights both significant potential and critical challenges. The SMILE Immunization system demonstrated strong institutional sustainability by streamlining vaccine logistics and improving patient data management, enhancing service delivery and expanding access to vulnerable groups. These efforts align closely with national health priorities and underscore the system's potential for long-term benefits. However, the lack of routine integration of the Whole Genome Sequencing (WGS) initiative into national health systems and its reliance on external technical support highlight gaps in governance, signaling a need for capacity-building and institutional ownership to ensure sustained impact (*Finding 22*).
21. Financial sustainability varied across project components. While the SMILE system has shown cost-effectiveness and operational efficiency, its long-term success depends on consistent financial support

from national and regional health budgets. In contrast, the WGS initiative faces significant financial barriers due to high reagent and operational costs, with no identified cost-sharing mechanisms or alternative funding strategies, placing its sustainability at risk (*Finding 22*).

22. Socio-political sustainability for SMILE is promising due to its inclusivity and alignment with universal health coverage goals. However, the absence of gender-responsive and human rights-based exit strategies for both SMILE and WGS limits their ability to address systemic inequities and ensure equitable benefits for marginalized populations. This gap represents a missed opportunity to institutionalize socio-political impact and strengthen the "Leave No One Behind" agenda (**Finding 21**).
23. Environmental sustainability considerations were underemphasized, with missed opportunities to integrate sustainable practices, such as robust medical waste management systems, particularly in large-scale immunization efforts. While the projects did not pose significant environmental risks, the lack of explicit strategies to address waste generated during immunization programs signals a need for improvement in environmental planning (**Finding 20**).
24. To ensure the long-term sustainability of the HEART Project outcomes, enhanced financial planning, strengthened institutional capacity, explicit integration of gender and human rights considerations, and environmentally sustainable practices are essential. Addressing these gaps through comprehensive exit strategies and stakeholder engagement will be critical to securing the project's legacy and continued impact.

Human Rights, Gender Equality, Disability Inclusion, and Leaving No One Behind

25. The HEART Project demonstrated significant progress in addressing the needs of vulnerable groups, particularly in remote and underserved communities, but critical gaps in systematically integrating human rights, gender equality, and disability inclusion principles hindered its full alignment with the "Leave No One Behind" (LNOB) agenda. While national partners acknowledged the effectiveness of interventions such as the SMILE logistics system, which facilitated real-time tracking of malaria cases and improved access to healthcare in remote regions, the absence of gender-disaggregated data and mechanisms to assess inclusion for people with disabilities (PWD) limited the project’s capacity to evaluate its impact comprehensively (*Finding 23*).
26. The UNDP-supported SMILE system reached over 3.4 million malaria tests in 2022, including 2.5 million conducted by community health workers and 4,000 children receiving malaria kits, yet its lack of algorithms to capture data on PWD or intersectional vulnerabilities represents a missed opportunity to foster equitable access (*Finding 23, 24*). Additionally, while over 60% of project cadres were women, efforts to advance gender equality and women's empowerment within the project fell short of the UNDP’s Signature Solution on Advancing Gender Equality. The absence of specific gender-responsive strategies in health interventions, such as addressing maternal and child health or sexual and reproductive health services, further constrained the project’s potential to effectively meet the needs of women and girls (*Finding 25*).
27. Moreover, systemic barriers, such as discriminatory practices against women migrant workers and transgender individuals, punitive laws targeting marginalized groups, and the lack of targeted interventions to address these inequities, were not adequately reflected in the project’s results framework. This gap weakened the project’s rights-based approach and limited its ability to combat exclusionary practices that perpetuate health inequities (*Finding 23*).

IV. RECOMMENDATIONS

Rec #	MTR Recommendation	Entity Responsible	Time frame	Priority Level
A	**Category 1: Corrective Actions for Project Design, Implementation, Monitoring, and Evaluation**			
A.1	Develop and implement robust systems for collecting and analyzing disaggregated data on HEART's impact on gender equality, disability, and intersectional vulnerabilities across all project activities. (Finding 23, 24) - Integrate disaggregated data requirements into all digital tools, including SMILE and WGS, ensuring data capture on gender, disability, and marginalized groups. - Provide technical training for project staff and national partners on data collection and analysis methods to ensure accuracy and consistency. - Collaborate with stakeholders such as the Ministry of Health (MoH), WHO, and UNFPA to standardize data collection practices aligned with national priorities.	UNDP, HEART PMU, MoH, and national implementing partners.	Short-term (6–12 months)	High
A.2	Enhance Integration of Gender Equality and Human Rights-Based Approaches. (Findings 9, *20, 23, 24)*			
	Strengthen the project's monitoring and evaluation (M&E) frameworks to better assess and report on project impact, particularly for vulnerable populations. - Incorporate indictors aligned with the "Leave No One Behind" (LNOB) agenda, such as tracking healthcare access and outcomes for PWDs and other marginalized groups. - Ensure Full SMART Alignment: Revise some indicators to include baselines and targets, ensuring that all align with SMART criteria. - Conduct regular independent reviews of M&E practices and adjust frameworks based on findings. - Initiated another round of Human Rights Assessment (the last one was conducted in 2021) at this mid-term and inform the design and implementation of HEART. - Integrate good governance and environmental sustainability across HEART's implementation sites. Consider deploying environmental specialists to streamline processes and ensure compliance with health and environmental standards.	UNDP, HEART PMU, and M&E specialists.	Short-term (6–12 months).	Medium.
B	**Category 2: Actions to Follow Up or Reinforce Initial Benefits**			
B.1	Develop long-term financing strategies to sustain the SMILE system and WGS initiative. ***(****Finding 22*) - Collaborate with national and regional governments to secure budget allocations for continued operations. - Explore public-private partnerships to share costs, particularly for high-cost activities like WGS reagent procurement. - Verify that recipients have received comprehensive in-house training from the WGS provider, enabling them to fully leverage the capabilities of the technology while also ensuring proper waste management practices are in place	UNDP, HEART PMU, MoH, private sector partners.	Medium-term (12–24 months).	High.
B.2	Strengthen Environmental Sustainability Measures by integrating strategies that minimize environmental impacts and promote sustainability, aligning with broader environmental protection goals. (*Finding 21)* Integrate robust environmental sustainability practices into health interventions, particularly for medical waste management.	HEART PMU, UNDP Global Hub in Environmental Justice, MoH, Ministry of Environment,	Medium-term (12–18 months).	Medium.

	- Expand the implementation of digital medical waste management systems piloted within SMILE. - Train health facility staff on sustainable waste disposal techniques, such as autoclave and incinerator use. - Collaborate with the Ministry of Environment to ensure compliance with environmental regulations. - Integrate good governance and environmental sustainability across HEART's implementation sites. Consider deploying environmental specialists to streamline processes and ensure compliance with health and environmental standards.	and healthcare facility management.		
B.3	Build Institutional Capacity for National Ownership and Develop Comprehensive Exit Strategies. (Findings 21,24) - Enhance capacity-building efforts to ensure institutional ownership of SMILE and WGS initiatives. - Conduct regular training for MoH staff on the operational and technical aspects of SMILE and WGS systems. - Strengthen local capacity for sustainable health governance, particularly in resource mobilization, monitoring, and data management. - Develop knowledge-sharing platforms to disseminate lessons learned and best practices across regions. - Transition system management responsibilities gradually to national and local health authorities, supported by mentoring from project teams.	UNDP, HEART PMU, MoH, and regional health authorities.	Long-term (18–20 months).	High.
B.4	Finalize and implement detailed exit strategies for all key initiatives, ensuring a smooth transition to national ownership. (Findings 21,22) - Collaborate with stakeholders to co-design exit strategies that include gender and human rights provisions, financial sustainability plans, and operational guidelines. - Pilot transition models in selected regions to test and refine approaches before nationwide rollout. - Support the MoH to ensure that end users across all HEART's implementation areas can fully **utilize** the WGS and other Project-provided equipment and are capable of maintaining and managing medical waste generated by the use of these new technologies. Jointly with MoH develop comprehensive sustainability to ensure the long-term functionality and scalability of digital systems such as SMILE and FMIS beyond the project's lifecycle Establish a multi-stakeholder task force to oversee and support the implementation of exit strategies.	UNDP, HEART PMU, MoH, and regional health authorities.	Long-term (18-20 months).	High

V. LESSONS LEARNED AND GOOD PRACTICES

LESSONS LEARNED

Challenges in Infrastructure and Human Resources: Infrastructure limitations, including connectivity and resource constraints at health facilities, present challenges to real-time data reporting and sustained program implementation. Limited human resources, high staff turnover, and inadequate digital access to training were also identified as barriers impacting program continuity and effectiveness.

Delayed Real-Time Data Entry: The recording of data into the SITB system is not conducted in real-time, leading to delays that impact the timely monitoring and response to TB cases.

Delays in Laboratory Results and Follow-Up: Lengthy waiting times for laboratory and diagnostic test results, combined with difficulties in patient follow-up, impede timely care and reporting.

Ongoing Integration with BPJS: Integration efforts with BPJS health information systems, particularly with BPJS, are still in progress, posing challenges to seamless data exchange and patient tracking.

Infrequent Data Validation: Routine data validation is not consistently performed on a quarterly basis, which impacts the reliability and quality of reported data. However, the data on the used vaccine for SMILE needs to be updated promptly every month, typically by the end of the month. However, some findings in various areas have indicated that there have been delays in updating the data due to certain factors, such as limited human resources in healthcare facilities that are managing numerous applications.

Lack of Routine Feedback on Recording and Reporting: Feedback mechanisms for recording and reporting are not systematically provided across all levels, reducing opportunities for continuous improvement and alignment.

GOOD PRACTICES

Integrated Health Efforts and Partnerships: The National Tuberculosis Program and malaria initiatives have seen progress through integrated approaches, combining health system strengthening, community engagement, and multisectoral collaboration. Partnerships created by HEART with organizations such as WHO, and UNICEF play a crucial role in supporting these efforts.

Focus on High-Risk and Migrant Populations: HEART's efforts are targeted at reaching high-risk populations, including migrants and indigenous communities, with tailored interventions to address specific transmission risks and barriers to healthcare access.

Data-Driven Decision-Making: The importance of data integration and validation is stressed and is the, with various levels of the health system benefiting from improved information systems to support real-time decision-making and measure program impact.

Advancing Health Systems through South-South Cooperation: Indonesia, with support from UNDP Indonesia, the Bangkok Regional Hub, and the Digital Health for Development Hub, exemplifies South-South Cooperation through the SMILE system. This open-source digital platform enhances healthcare logistics and equitable vaccine distribution and is now available for adoption by other countries, including Malawi. The adaptable nature of SMILE promotes local customization, enabling diverse healthcare systems to benefit. This initiative aligns with SDG 3: Good Health and Well-being and SDG 17: Partnerships, showcasing how UNDP-backed efforts drive sustainable, scalable healthcare solutions globally.

Mid-Term Evaluation Terms of Reference (ToR) for Health Governance Initiative (HEART) Project

Assignment Title:	**International Evaluator/Team Leader and National Evaluator – Project Mid-Term Evaluation**
Project Name:	**Health Governance Initiative (HEART).**
Duty Station:	**Home-based with travel to Jakarta and selected project locations within Indonesia.**
Application Deadline:	**30 June 2024**
Category:	**International Evaluator/Expert and National Evaluator/Expert**
Type of Contract:	**Individual Consultant (IC)**
Assignment Type:	**Mid-Term Evaluation (MTE) International and National Evaluators**
Languages Required:	**English and Bahasa Indonesia (for National Evaluator)**
Starting Date:	**01 August 2024**
Duration of Initial Contract:	**40 workdays**
Expected Duration of Assignment:	**August – September 2024 (40 workdays)**

1. BACKGROUND AND CONTEXT

In accordance with UNDP policies and procedures, all full-sized UNDP-supported projects are required to undergo a Mid-Term Evaluation (MTE). These Terms of Reference (ToR) set out the expectations for the Expert Consultant or International Evaluator for the Mid-Term Evaluation. The International Evaluator will lead the project's Mid-Term evaluation of a full-sized project titled "Health Governance Initiative (HEART)" implemented by UNDP Indonesia. The project commenced on 16 March 2020 and is expected to be completed by 31st December 2025, following an extension from 31st December 2023. The MTE process must follow the guidance outlined in the document 'UNDP Evaluation Guidelines' (http://web.undp.org/evaluation/guideline/documents/PDF/UNDP_Evaluation_Guidelines.pdf)

In line with its Country Program 2021-2025, UNDP Indonesia partnered with the Government of Indonesia to develop the Health Governance Initiative (HEART) to improve access and quality of health services towards universal health coverage. Working with government partners and civil society organizations, the HEART initiative leverages UNDP's global expertise in governance for health and implementation support for major health initiatives. The program working closely with the key partner (Ministry of Health, Province Health Office, District Health Office, Principal Recipients GF ATM-RSSH, community health center, and development partners) to provide better and sustainable health outcomes for all particularly for the key beneficiaries including children, people living with HIV, people living in malaria endemic areas, people living with TB, health workforce, and health cadres by considering gender perspectives, develops innovative solutions, and enhances capacities through technical assistance, south-south cooperation, and partnerships.

The HEART Project has two outputs: (i) By 2023, strengthened national policy and institutional environment that is governing access and delivery of needed health technologies and affordable medicines through evidence-based and multisector collaboration; and (ii) By 2025, the performance of national programmes is improved and positively impacts the coverage and the sustainability of

service delivery and the health systems better integrates environmental concerns in climate change adaptation and waste management practices to mitigate or limit its impact on environment(s). This program contributes directly to national priorities outlined in the 2020-2024 RPJMN pertaining to Government of Indonesia's Health Sector Goals, commitment to Universal Health Coverage, and SDG 3.8 in ensuring healthy living and promoting wellbeing for all at all ages. The initiative also contributes to CPD Outcome 1 UNDP Country Program for Indonesia (2021-2025).

To facilitate opportunities for integrated policy and programme solutions, the project has been designed so that the outputs are mutually reinforcing, harnessing interlinkages across project outcomes.

Result 1: By 2023, 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 endeavor 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 realization of the right to health which is well founded in international law. In the context of National Universal Health Coverage (UHC) Programme the result helps balance affordability and access with maintaining quality. This result also supports Indonesia's ability to improve the sustainability of its own pharmaceutical industry as well as to utilize the WTO Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities to safeguard policy space for health.

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

Activities (indicative, refer to multiyear work plan):

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

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

Key Partners of this program with role and involvement in project implementation are as follow:

No	Key partners	Role	Involvement
1	Directorate General for Pharmaceuticals and Health Supplies	Main beneficiaries	Provides strategic advice in completing pricing study for medical commodities and partnership in conducting a workshop to disseminate the results
2	Health Crisis Centre	Coordinating	Involved in planning, partnership with local government, approval, and strategic advisory in deciding medical supplies that need to be procured and location to be distributed
3	Centre of Health Financing and Decentralization	Main beneficiaries	Involved in planning, monitoring, oversight, and strategic advisory
4	Health Intervention and Technology Assessment Program Thailand (HITAP)	Technical Assistance	Provides review and technical input for methodology and data collection for Health Technology Assessment (telemedicine)
5	the Centre of Clinical Epidemiology and Evidence-Based Medicine at ***Rumah Sakit Cipto Mangunkusumo*** (RSCM)	Implementing partners	Involved in technical proposal development for health technology assessment (telemedicine) including methodology, site and data collection, data analysis, and dissemination to panel expert.
6	Centre of Data and Information Technology	Coordinating	Involved in project proposal development by providing input for activities that need to be supported regarding health digitalization

Result 2: By 2025, the performance of national programmes is improved and positively impacts the coverage and the sustainability of services delivery, and the health system better integrates environmental concerns in waste management practices to mitigate or limit its impact on environment(s).

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

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

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

Activities (indicative, refer to multiyear work plan):

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

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

Key Partners of this program with role and involvement in project implementation are as follow:

No	Key partners	Role	Involvement
1	Directorate of Immunization Management	Main beneficiaries	Involved in planning, partnership with local government, monitoring, approval, and strategic advisory in SMILE development and utilization
2	Directorate General for Pharmaceuticals and Health Supplies	Coordinating and advisory	Provide approval, monitoring, and strategic advisory in optimizing SMILE to monitor stock of all medical supplies
3	Directorate of Communicable Disease Prevention and Control	Main beneficiaries	Involved in planning, monitoring, partnership, approval, and strategic advisory in Management and Technical Assistance implementation for GF Aids, Tuberculosis, and Malaria program
4	Country Coordinating Mechanism Indonesia	Coordinating and main beneficiaries	Coordinates and supports Technical Working Group for ATM in developing country proposal for funding request, assess and select the Principal Recipients, and oversight the implementation and budget utilization.
5	Indonesia AIDS Coalition	Indirect beneficiaries	Involved in planning, monitoring, and partnership in reducing gender and human rights barrier in HIV program
6	Spiritia Foundation	Partnership	As the Principal Recipients community based for GF AIDS program involved in proposal development to project implementation

7	Perdakhi	Partnership	As the Principal Recipients community based for GF Malaria program involved in proposal development to project implementation
8	TB Care Aisyiyah	Indirect beneficiaries	Involved in planning, monitoring, and partnership in providing Technical Assistance for GF TB program
9	Consortium of STPI-Penabulu	Indirect beneficiaries	As the Principal Recipients community based for GF TB program involved in proposal development to project implementation
10	UNAIDS for the UN Joint Team	Partnership	Provides support (budget and technical assistance) in HIV program
11	Biomedical and Genomic Science Initiative (BGSI)	Main beneficiaries	Involved in planning, monitoring, partnership, approval, and strategic advisory in BGSI implementation including procurement of medical devices and supplies for genetic sequencing
12	Directorate of Environmental Health	Main beneficiaries	Involved in project proposal development by providing input for activities that need to be supported regarding greening health.

d.

Theory of Change

The MTE team must assess and report on progress towards the long-term impacts outlined in the project's Theory of Change and the extent to which long-term impacts can be attributed to the project. The programme's Theory of Change logic is provided in **TOR Annex B** and is summarized as follows: The project aims at contributing to an improved national policy and institutional environment for access to health technologies support supply chains and health programmes to deliver better health outcomes. Better performing and more cost-effective supply chains and health programmes are more able to reach underserved populations with quality health resources. These health resources are not only affordable but also environmentally sustainable. These developments combined contribute to a more sustainable health system that promotes Universal Health Coverage leading to more equitable health outcomes.

2. EVALUATION PURPOSE, SCOPE AND OBJECTIVES

The Mid-Term Evaluation will assess progress towards the achievement of the project objectives and outcomes as specified in the Project Document and assess early signs of project success or failure with the goal of identifying the necessary changes to be made in order to set the project on-track to achieve its intended results. The Mid-Term Evaluation will also identify factors that have facilitated or impeded the achievement of the objectives as well as review the project's strategy and its risks to sustainability. This evaluation will also enable UNDP's Commissioning Unit to assess the relevance, efficiency, effectiveness, impact, and sustainability of the 'Health Governance Initiative (HEART)' Project.

The Mid-Term Evaluation process must follow a collaborative and participatory approach ensuring close engagement with key participants including the Commissioning Unit (the UNDP Country Office), Regional Technical Advisors, Regional M&E Advisors, Country Office M&E Focal Points and Programme Officers, Government counterparts including the Ministry of Health, Country Coordination Mechanism (CCM) for the Global Fund ATM Program in Indonesia, and other leading agencies and institutions at the national level, within the six pilot areas of the project, and other key stakeholders.

While a thorough review of the past is in itself very important, the in-depth evaluation is expected to lead to detailed overview and lessons learned for the future and particularly provide

recommendations that will contribute to sustaining the outcomes of the project to the stakeholders in the country.

The purpose of the evaluation is to provide an independent external view of the progress of the project at its mid-point, and to provide feedback and recommendations to UNDP and project stakeholders for consideration as the project progresses towards completion. Results and recommendations of the MTE will be used by the respective donors (TRAC, ADP, Croda Foundation, GAVI, Japan Supplementary Budget (JSB), Global Fund, and DFAT Australia. UNDP and national stakeholders for designing other relevant interventions in the future, ensuring national ownership and sustainability of project results. In addition to that, lessons learnt and recommendations from this MTE will be used by the country programme board during its annual review and final review of the country programme (Year 2021 - Year 2025), for proper adjustments and improvement of other project/programme design, implementation and evaluation.

Specifically, the objectives of the Terminal Evaluation is to:

- Identify potential project design issues;
- Assess progress toward achievement of expected project objective and outcomes;
- Identify and document lessons that can both improve the sustainability of benefits from this project and aid in the overall enhancement of UNDP programming in the region; and
- Make recommendations necessary to help consolidate and support sustainability of the project results.

The Mid-Term Evaluation should also provide recommendations for follow-up activities, which require a management response prepared by the project team, which should be uploaded to the UNDP Evaluation Office Evaluation Resource Center (ERC).

The International Evaluator (IE) will be responsible for the preparation of a high-quality report and timely submission.

The MTE will assess project performance against expectations set out in the project's Logical Framework/Results Framework (**see ToR Annex A**). The MTE will also assess results according to the OECD/DAC evaluation criteria outlined in the document 'UNDP Evaluation Guidelines' (http://web.undp.org/evaluation/guideline/documents/PDF/UNDP_Evaluation_Guidelines.pdf). A full outline of the MTE report's content is provided in **ToR Annex C**.

The following impact-related topics should be assessed in MTE reports, based on qualitative and quantitative evidence:

- Contributions to the strengthening 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.
- Contributions to the improvement of performance of national programmes that positively impact the coverage and the sustainability of service delivery.

The MTE report will include an Evaluation Ratings Table, as shown below:

Evaluation Ratings Table for Health Governance Initiative (HEART)

Monitoring & Evaluation (M&E)	Rating[1]
M&E design at entry	
M&E Plan Implementation	
Overall Quality of M&E	
Implementation & Execution	**Rating**
Quality of UNDP Implementation/Oversight	
Quality of Implementing Partner Execution	
Overall quality of Implementation/Execution	
Assessment of Outcomes	**Rating**
Relevance	
Effectiveness	
Efficiency	
Overall Project Outcome Rating	
Sustainability	**Rating**
Financial resources	
Socio-political/economic	
Institutional framework and governance	
Environmental	
Overall Likelihood of Sustainability	

3. EVALUATION CRITERIA AND KEY GUIDING QUESTIONS

Taking into consideration the MTE purpose and objectives, the evaluation team shall seek for the evaluation exercise to address the following key questions (**See Annex D**, for additional sample questions):

Relevance/ Coherence

- To what extent was the project in line with national development priorities, country programme outputs and outcomes, the UNDP Strategic Plan, and the SDGs?
- To what extent does the project contribute to the theory of change for the relevant country programme outcome?
- To what extent were lessons learned from other relevant projects considered in the design?
- To what extent does the project contribute to gender equality, the empowerment of women and the human rights-based approach?

Effectiveness

- To what extent did the project contribute to the country programme outcomes and outputs, the SDGs, the UNDP Strategic Plan, and national development priorities?
- To what extent were the project outputs achieved, considering men, women, and vulnerable groups?

[1] Outcomes, Effectiveness, Efficiency, M&E, I&E Execution, Relevance are rated on a 6-point rating scale: 6 = Highly Satisfactory (HS), 5 = Satisfactory (S), 4 = Moderately Satisfactory (MS), 3 = Moderately Unsatisfactory (MU), 2 = Unsatisfactory (U), 1 = Highly Unsatisfactory (HU). Sustainability is rated on a 4-point scale: 4 = Likely (L), 3 = Moderately Likely (ML), 2 = Moderately Unlikely (MU), 1 = Unlikely (U)

- What factors have contributed to achieving, or not, intended country programme outputs and outcomes?
- To what extent has the UNDP partnership strategy been appropriate and effective?
- What factors contributed to effectiveness or ineffectiveness?

Efficiency

- To what extent were resources used to address inequalities in general, and gender issues in particular?
- To what extent have the UNDP project implementation strategy and execution been efficient and cost-effective?
- To what extent have resources been used efficiently? Have activities supporting the strategy been cost-effective?
- To what extent have project funds and activities been delivered in a timely manner?

Sustainability

- To what extent will targeted men, women and vulnerable people benefit from the project interventions in the long-term?
- Are there any social or political risks that may jeopardize sustainability of project outputs and the project contributions to country programme outputs and outcomes?
- To what extent do mechanisms, procedures and policies exist to allow primary stakeholders to carry forward the results attained on gender equality, empowerment of women, human rights and human development?
- To what extent do stakeholders (men, women, vulnerable groups) support the project's long-term objectives?
- To what extent do UNDP interventions have well-designed and well-planned exit strategies which include a gender dimension?

Human rights

- To what extent have poor, indigenous and physically challenged, women, men and other disadvantaged and marginalized groups benefited from the work of UNDP in the country?

Gender equality

All evaluation criteria and evaluation questions applied need to be checked to see if there are any further gender dimensions attached to them, in addition to the stated gender equality questions.

- To what extent have gender equality and the empowerment of women been addressed in the design, implementation and monitoring of the project?
- Is the gender marker assigned to this project representative of reality?
- To what extent has the project promoted positive changes in gender equality and the empowerment of women? Did any unintended effects emerge for women, men or vulnerable groups?

Disability

- Were persons with disabilities consulted and meaningfully involved in programme planning and implementation?
- What proportion of the beneficiaries of a programme were persons with disabilities?
- What barriers did persons with disabilities face?

- Was a twin-track approach adopted? [2]

4. METHODOLOGY

The MTE report must provide evidence-based information that is credible, reliable, and useful.

The MTE team is **strongly encouraged** to review UNDP's evaluation quality guidelines and criteria (available here: http://web.undp.org/evaluation/guideline/section-6.shtml) to ensure that the evaluation report meets the highest standards for quality, as the finalized report will be internally reviewed by UNDP to ensure it meets quality standards.

The MTE team will review all relevant sources of information including documents prepared during the preparation phase (i.e., Prodoc, UNDP Social and Environmental Screening Procedure/SESP) project reports including annual Project Annual Reports (PAR), project budget revisions, lesson learned reports, national strategic and legal documents, and any other materials that the team considers useful for this evidence-based evaluation. A Project Information Package (**see Annex A**) shall be provided to the evaluators for reference.

The MTE process must follow a collaborative and participatory approach ensuring close engagement with key participants including the Commissioning Unit (the UNDP Country Office), RTAs, Regional M&E Advisors, Country Office M&E Focal Points and Programme Officers, and Government counterparts including the Ministry of Health and the CCM Indonesia.

The MTE team is expected to follow a participatory and consultative approach ensuring close engagement with the Project Team, government counterparts, Implementing Partners, donors (GAVI, the Global Fund, DFAT, CRODA, and ADP), the UNDP Country Office, direct beneficiaries, and other stakeholders.

Role of Evaluation Partners: The evaluation team is expected to follow a participatory and consultative approach ensuring close engagement with the Project Team, government counterparts, Implementing Partners, the UNDP Country Office, direct beneficiaries and other stakeholders. Engagement of stakeholders is vital to a successful MTE. Stakeholder involvement should include interviews with stakeholders who have project responsibilities, including but not limited to executing agencies, senior officials and task team/component leaders, key experts and consultants in the subject area, Project Board, project beneficiaries, academia, local government and CSOs, communities, GESI target groups, and other relevant stakeholders, etc. Additionally, the evaluation team is expected to conduct field missions to Indonesia, including selected project sites (West Java, North Sumatera, South Sumatera, South Sulawesi, East Nusa Tenggara (NTT), Maluku, Papua, and East Kalimantan) to meet with the local communities and beneficiaries. Evaluation partners and stakeholders will be expected to provide fact-based inputs to the evaluation in a clear and transparent manner, and the evaluation team will take all relevant and necessary measures to support them in doing so. This will include application of the appropriate level of confidentiality and ensuring avoidance of conflicts of interest.

The final design and methodology for the MTE should emerge from consultations between the MTE team and the above- mentioned parties regarding what is appropriate and feasible for meeting the

[2] The twin-track approach combines mainstream programmes and projects that are inclusive of persons with disabilities as well as programmes and projects that are *targeted* towards persons with disabilities. It is an essential element of any strategy that seeks to mainstream disability inclusion successfully. Also, see chapter 9 of the Technical Notes. Entity Accountability Framework. United Nations Disability and Inclusion Strategy: https://www.un.org/en/disabilitystrategy/resources

MTE purpose and objectives and answering the evaluation questions, given limitations of budget, time and data. The MTE team must, however, use gender-responsive methodologies and tools and ensure that gender equality and social inclusion (GESI), as well as other cross-cutting issues and SDGs are incorporated into the MTE report. It includes presentation of information using sex-disaggregated data.

As part of initial deliverables of the Evaluators, an Inception Report will be prepared for discussion. This will outline the proposed approach to the assignment and will include, but not be limited to, a detailed work plan of activities, and methodologies of approach. It is anticipated that the Evaluator will look at the entire evaluation and its activities in a holistic manner to maximize efficiencies. The Evaluator is expected to incorporate feedback provided, if any, and submit a revised Inception Report, accordingly.

The final methodological approach including interview schedule, field visits and data to be used in the evaluation must be clearly outlined in the MTE Inception Report and be fully discussed and agreed between UNDP, stakeholders, and the MTE team.

The final report must describe the full MTE approach taken and the rationale for the approach making explicit the underlying assumptions, challenges, strengths and weaknesses about the methods and approach of the evaluation.

Feedback Mechanism: Once the draft Mid-Term Evaluation report is complete, the evaluation team will share the draft report with the UNDP Country Office and Project team for factual corrections and suggestions for strengthening the quality of the evaluation report. The draft report may be circulated by UNDP to the other project stakeholders who have provided input to the report, as relevant. Once feedback and comments are shared with the evaluation team, the evaluation team will produce the finalized evaluation report, taking into account the feedback and comments received, as appropriate. In instances where there is unresolvable disagreement between the evaluation team and UNDP or other stakeholders on evaluation findings or conclusions, any dissenting views or additional relevant information will be included in the evaluation management response, which will be attached to the evaluation report as an annex.

Principles of the Evaluation: The evaluation must be conducted in accordance with the UNDP M&E Policy, which includes the following principles for evaluation: Credibility, Utility, Impartiality, Transparency, Disclosure, and Participation. The review must also be conducted in line with United Nations Evaluation Group norms and standards. The review must provide evidence-based information that is credible, reliable and useful. The review should follow a participatory and consultative approach ensuring close engagement with government counterparts, and with the UNDP project teams. The review should be carried out in accordance with the guidance outlined in the UNDP Handbook on Planning, Monitoring and Evaluating for Development Results.

5. EVALUATION PRODUCTS (DELIVERABLES)

The MTE team shall jointly prepare and submit:

- MTE Inception Report: MTE team clarifies objectives and methods of the MTE no later than 2 weeks before the MTE mission. MTE team submits the Inception Report to the Commissioning Unit and project management. Approximate due date: 12 August 2024.

- Presentation: MTE team presents initial findings to project management and the Commissioning Unit at the end of the MTE mission. Approximate due date: 09 September 2024.
- Draft MTE Report: MTE consultant submits full draft report with annexes within 4 weeks of the end of the MTE mission. Approximate due date: 20 September 2024.
- Final MTE Report* and Audit Trail: MTE team submits revised report, with Audit Trail detailing how all received comments have (and have not) been addressed in the final MTE report, to the Commissioning Unit within 1 week of receiving UNDP comments on draft. Approximate due date: 30 September 2024.

MID-TERM EVALUATION DELIVERABLES

Payments	Deliverables	Estimated Duration to Complete	Target Due Dates	Reviewers and Approvals Required
Installment 1 (25%)	1. Inception Report clarifying objectives and evaluation methods	5 workdays	Within 5 days of the contract signature	Key national stakeholders/UNDP and UNDP Evaluation Manager
	2. Data Collection and Analysis	15 workdays	Within three days from the date of the MTE mission	
	3. Presentation of initial findings to Project and Country Office Management	3 workdays	Within two days from the date of completion of an evaluation meeting	
Installment 2 (35%)	4. Draft Evaluation Report with annexes	12 workdays	Within two weeks from the date of completion of the evaluation mission	
Installment 3 (40%)	5. Approved Final Report with audit trail detailing how all comments in the draft report were addressed/not addressed in the final report.	5 workdays	Within one week of receipt of comments on the Draft Evaluation Report from UNDP	
Total		**40 workdays**		

*The final MTE report must be in English. If applicable, the Commissioning Unit may choose to arrange for a translation of the report into a language more widely shared by national stakeholders.

*All final MTE reports will be quality assessed by the UNDP Independent Evaluation Office (IEO). Details of the IEO's quality assessment of decentralized evaluations can be found in Section 6 of the UNDP Evaluation Guidelines[3]

[3]Access at: http://web.undp.org/evaluation/guideline/section-6.shtml
Note: UNDP evaluation report template is stipulated in the UNDP Evaluation Guidelines 2019 - Annex 3 UNDP evaluation report template and quality standards. The Quality Assurance requirements is stipulated in the

The results of the MTE team's work will be submitted to the Commissioning Unit and Project Management Unit. They will evaluate the submission to ensure it complies with what is stated in the ToR and provide input that needs to be followed up by the MTE Team. The Head of MPO will approve the deliverables considered to be of acceptable quality and complete.

6. EVALUATION TEAM COMPOSITION AND REQUIRED COMPETENCIES

A team of two Independent Evaluators will conduct the MTE – one International Team Leader (with experience and exposure to project and evaluations in other regions) and one national expert from Indonesia.

The International Evaluator will be the Team Leader and responsible for the overall design, writing, and presentation of the final report. The International Evaluator will also assess emerging trends concerning regulatory frameworks, budget allocations, capacity building, and work with the project team in developing the evaluation itinerary, etc.

The National Evaluator will work closely will the Team Leader in supporting any work that needs to be undertaken as laid out in this TOR and other tasks as required. The National Evaluator will also act as a focal point for coordinating and working with relevant stakeholders at national and sub-national levels. In the case of international travel restrictions and the mission is not possible, alternative interview and data collection methods such as Zoom/Skype interviews, mobile questionnaires, etc., and field visits will be undertaken by the National Evaluator under the Team Leader's guidance.

In close collaboration with the National Evaluator, the selected International Evaluator shall be responsible to undertake the exercise of having the MTE scope as laid down in Section 2 above. The international Evaluator is expected to undertake the following tasks:

1) Develop methodology for the terminal evaluation.
2) Undertake literature review/desk review.
3) Undertake data collection through key informant interviews and FGD and carry out analysis.
4) Develop a report covering the assessment process, lessons learned, key findings with a focus on GESI target groups; and finally frame recommendations.

The evaluation team will identify and collect/collate the appropriate information in-country and in organizing interviews, etc. as well as assess any emerging trends with respect to regulatory frameworks, budget allocations, capacity building, etc. The evaluation team will develop communication with stakeholders who will be interviewed, and work with the Project Team in developing the MTE workplan.

The evaluator(s) cannot have participated in the project preparation, formulation and/or implementation (including the writing of the project document), and should not have a conflict of interest with the project's related activities.

Qualifications for the International Evaluator (Team Leader) and National Evaluator

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UNDP Evaluation Guidelines 2019 - Section 6.10.2 on Evaluation report structure, methodology and data sources; Section 6.10.3 on Cross-cutting issues; and Section 6.10.4 on Evaluation results.

At least 15 years (International Evaluator) or 6 years (for National Evaluator) of working experience and a Master's degree (for International Evaluator) or Bachelor's degree (for National Evaluator) in a field related to Public Health, Statistic, Project Management, Development Studies, Monitoring and Evaluation, Social Science, Social Welfare, Sustainable Development or other closely related field from an accredited college or university.

Technical Knowledge and Experience:

- Relevant experience with results-based management evaluation methodologies; experience in assessing SMART indicators and reconstructing or validating baseline scenarios.
- Experience in undertaking evaluations for UNDP.
- Experience working in the area of health governance and/or health results-based evaluations, with demonstrable bias to gender and social inclusion.
- Experience in evaluating projects.
- Experience working in developing countries in Asia.
- Experience in relevant technical areas in public health like national health procurement/ Health Technology Assessment/ routine immunization/ communicable diseases/ health digitalization/ whole genome sequencing/ environmental health.
- Excellent communication skills.
- Demonstrable analytical skills.

Competencies:

Corporate

(i) Demonstrates integrity and fairness by modeling the UN/UNDP values and ethical standards

(ii) Promotes the vision, mission, and strategic goals of the UN/UNDP

(iii) Displays cultural, gender, religion, race, nationality and age sensitivity and adaptability

(iv) Treats all people fairly without favoritism

(v) Fulfils all obligations to gender sensitivity and zero tolerance for sexual harassment.

Technical

(i) Demonstrable analytical skills – ability to analyze and synthesize information from different sources and to deliver quality assessment and research products promptly.

(ii) Excellent report writing, program document drafting, and presentation skills

(iii) Knowledge of issues concerning institutional/capacity assessment and organization development,

(iv) Knowledge of results-based management and strategic planning processes

Functional

(i) High level logical and methodical organization skills

(ii) Ability to work under pressure in a stressful environment and adapt to a rapidly changing and challenging work environment.

(iii) Ability to work with minimal supervision, taking own initiative and control to implement and accomplish required goals and objectives

(iv) Excellent communication and interpersonal skills including public speaking and the ability to communicate with UN staff and national counterparts from different backgrounds.

(v) Ability to work collaboratively with multi-stakeholder groups to achieve Project goals.

Language Skills Required:

- Fluency in written and spoken English (both International & National Evaluators) and Bahasa Indonesia (for National Evaluator).

7. EVALUATION ETHICS

The MTE team will be held to the highest ethical standards and is required to sign a code of conduct upon acceptance of the assignment. This evaluation will be conducted in accordance with the principles outlined in the UNEG 'Ethical Guidelines for Evaluation' (**See ToR Annex E**). The Evaluator must safeguard the rights and confidentiality of information providers, interviewees, and stakeholders through measures to ensure compliance with legal and other relevant codes governing collection of data and reporting on data. The Evaluator must also ensure security of collected information before and after the evaluation and protocols to ensure anonymity and confidentiality of sources of information where that is expected. The information knowledge and data gathered in the evaluation process must also be solely used for the evaluation and not for other uses without the express authorization of UNDP and partners.

8. IMPLEMENTATION ARRANGEMENTS

The principal responsibility for managing the MTE resides with the Evaluation Manager in the Commissioning Unit. The Evaluation Manager is the Head of Management Performance Oversight (MPO) and the Commissioning Unit for this project's MTE is UNDP Indonesia Country Office.

The Commissioning Unit will contract the evaluators and ensure the timely provision of per diems and travel arrangements within the country for the MTE consultant The Project Team will be responsible for liaising with the MTE consultant to provide all relevant documents, set up stakeholder interviews, and arrange field visits.

9. TIME FRAME FOR THE EVALUATION PROCESS

The total duration of the MTE will be approximately 40 working days over a time period of 2 months starting on 01 August 2024. The tentative MTE timeframe is as follows:

Activity	Timeframe (Duration)
Document review and preparation of MTE Inception Report	1 – 2 August 2024
Finalization and Validation of MTE Inception Report; latest start of MTE virtual assessment	3 - 12 August 2024

MTE assessment: in-person mission and virtual (when necessary) stakeholder's interviews.	13 – 30 August 2024
Mission wrap-up meeting & presentation of initial findings; earliest end of MTE mission	2 September 2024
Preparation of draft MTE report	3 – 9 September 2024
Circulation of draft MTE report for comments	9 September 2024
Incorporation of comments on draft MTE report into Audit Trail & finalization of MTE report	9 – 13 September 2024
Preparation and Issuance of Management Response	16 - 20 September 2024
Concluding Stakeholder Workshop (optional)	23 -24 September 2024
Expected date of full MTE completion + Audit Trail	25 - 30 September 2024

Options for site visits should be provided in the MTE Inception Report.

Duty Station:

a) The contractor's duty station will be home-based with travel to Indonesia: Jakarta, Bandung District (West Java Provinces), Medan City (North Sumatera Provinces), Palembang City (South Sumatera Provinces), Makassar City (South Sulawesi Provinces), Kupang City (East Nusa Tenggara (NTT) Provinces), Ambon City (Maluku Provinces), Sorong District (West Papua Provinces), and Samarinda City (East Kalimantan Provinces) during field visit to project sites. In the proposal, the contractor needs to include travel costs (airplane ticket) from the consultant's home base country to Jakarta and the return travel. Based on UNDP regulations, contractor should calculate the fare on the basis of the lowest available airfare.

b) The contractor working will be output-based, thus no necessity to report or present regularly, hence the requirement to travel to Indonesia and to the proposed project sites will be upon confirmation from UNDP.

Travel:

- International and domestic travel will be required to project sites during the MTE mission, considering if it is safe to operate and travel;
- The BSAFE training course must be successfully completed prior to commencement of travel; Herewith is the link to access this training: https://training.dss.un.org/courses/login/index.php. These training modules at this secure internet site is accessible to Consultants, which allows for registration with private email.
- Individual Evaluators are responsible for ensuring they have vaccinations/inoculations when travelling to certain countries, as designated by the UN Medical Director.
- Evaluators are required to comply with the UN security directives set forth under https://dss.un.org/dssweb/
- All related travel expenses will be covered upon submission using travel claim with supporting documents as per UNDP rules and regulations For duty travels, the UN's Daily Subsistence Allowance (DSA) rates are IDR 1,000,000 per day, travel expense within indonesia to Project location will be facilitated by the HEART project.

- Travel will be required to project locations in respect to her/his respective areas for 3 – 5 days mission including travel time for each province.
- Taking into consideration logistics, security, coverage, representation, financial resources, etc., the evaluation team in consultation with the project team shall select sample project sites to conduct validation field visits. Potential sites visit include the provinces of Jakarta, West Java, North Sumatera, South Sumatera, South Sulawesi, East Nusa Tenggara, and East Kalimantan. The field mission assignment for the Evaluators will be arranged in view of achieving the MTE evaluation objective. The arrangement will be coordinated by the MTE Team Leader and reflected in the Inception Report to get approval from UNDP.

For purposes of evaluation sampling, the selected International Evaluator together with the National Evaluator could consider visiting key partners in Jakarta and in the project locations as per following tentative plan:

No	Destination	Frequency	Duration/days
1	North Sumatera	1 time during the whole assignment	1 overnight stays in one travel
2	South Sumatera	1 time during the whole assignment	1 overnight stays in one travel
3	West Java	1 time during the whole assignment	1 overnight stays in one travel
4	South Sulawesi	1 time during the whole assignment	2 overnight stays in one travel
5	Papua	1 time during the whole assignment	2 overnight stays on one travel
6	East Nusa Tenggara	1 time during the whole assignment	2 overnight stays on one travel
7	East Kalimantan	1 time during the whole assignment	2 overnight stays in one travel

For the travel, a lump sum must be included in the total amount or to be listed separately in the proposal indicating the frequency and duration.

10. APPLICATION SUBMISSION PROCESS AND CRITERIA FOR SELECTION

10.1 APPLICATION PROCESS[4]

Scope of Price Proposal and Schedule of Payments

Financial Proposal:

- Financial proposals must be "all inclusive" and expressed in a lump-sum for the total duration of the contract. The term "all inclusive" implies all cost (professional fees, travel costs, living allowances etc.);
- For travel expenses from homebased to Jakarta – Indonesia and return, which should provide indication of flight ticket cost, terminal expenses (Taxi) and visa. The traveler will be selected with the lowest fare in the applicable class of service (economy class), Official travel by air will be by the most economical as per UNDP regulations selection of travel airline must using lowest fare cost.
- The lump sum is fixed regardless of changes in the cost components.

Payment Schedule:

(i) The duration of the MTE is expected to commence on 1 August 2024 and shall not exceed 30 September 2024. The maximum number of days payable under the contract is 40. The all-

[4]Engagement of evaluators should be done in line with guidelines for hiring consultants in the POPP https://popp.undp.org/SitePages/POPPRoot.aspx

inclusive professional fee shall be converted into an output-based contract and payment will be released upon completion of each Deliverable based on the weighted percentage corresponding to each Deliverable by the Deliverables Schedule in Section 6 above.

(ii) After review and acceptance of Deliverable(s) by UNDP, the Evaluator will submit an invoice (UNDP Certificate of Payment) to UNDP for certification that the Deliverable(s) have been achieved by the Deliverables Schedule in Section 6 above.

(iii) The final payment of 40% will be made upon satisfactory delivery of the final Mid-Term Evaluation report, approval by UNDP (via signature of the MTE Report clearance form), and delivery of the completed evaluation audit trail. Criteria for this payment shall include:

a) The final MTE report includes all requirements outlined in the MTE TOR and is by the MTE guidance.

b) The final MTE report is clearly written, logically organized, and specific for this project (i.e., the text has not been cut & pasted from other MTE reports).

c) The Audit Trail includes responses to and justification for each comment listed.

10.2 Recommended Presentation of Proposal

a) **Letter of Confirmation of Interest and Availability** using the template[5] provided by UNDP;

b) **CV** and a **Personal History Form** (P11 form[6]); Including experiences that mentioned in the Required Skills and Experience.

c) Brief description **of approach to work/technical proposal** of why the individual considers him/herself as the most suitable for the assignment, and a proposed methodology on how they will approach and complete the assignment, including approach of issues related to gender and public complaint handling mechanisms; (max 1 page)

d) **Financial Proposal** that indicates the all-inclusive fixed total contract price and all other travel related costs (such as flight ticket, per diem, etc.), supported by a breakdown of costs, as per template attached to the Letter of Confirmation of Interest template. If an applicant is employed by an organization/company/institution, and he/she expects his/her employer to charge a management fee in the process of releasing him/her to UNDP under Reimbursable Loan Agreement (RLA), the applicant must indicate at this point, and ensure that all such costs are duly incorporated in the financial proposal submitted to UNDP.

All application materials should be submitted to the address (insert mailing address) in a sealed envelope indicating the following reference "**Consultant for Mid-Term Evaluation of "Health Governance Initiative (HEART)**" or by email at the following address ONLY: bids.id@undp.org by **23:59 PM GMT +7** on **30 June 2024**. Incomplete applications will be excluded from further consideration.

10.3. Criteria For Evaluation of Proposal

[5] https://intranet.undp.org/unit/bom/pso/Support%20documents%20on%20IC%20Guidelines/Template%20for%20Confirmation%20of%20Interest%20and%

[6] http://www.undp.org/content/dam/undp/library/corporate/Careers/P11_Personal history_form.doc

Only those applications which are responsive and compliant will be evaluated. Offers will be evaluated according to the Combined Scoring method – where the educational background and experience on similar assignments will be weighted at 70% and the price proposal will weigh as 30% of the total scoring. The applicant receiving the Highest Combined Score that has also accepted UNDP's General Terms and Conditions will be awarded the contract.

Technical Evaluation (70%)		
1	**Expertise of the Consultant (Maximum Score 60)**	**Score**
1.1	Master's degree or higher in Public Health, Statistic, Project Management, Development Studies, Monitoring and Evaluation, Social Science, Social Welfare, Sustainable Development or other closely related field from an accredited college or university.	10
1.2	Experience with results-based management evaluation methodologies;	15
1.3	Experience in relevant technical areas in public health like national health procurement/ Health Technology Assessment/ routine immunization/ communicable diseases/ health digitalization/ whole genome sequencing/ environmental health.	15
1.4	Demonstrable analytical and report-writing skills (at least two reports in English relevant to technical areas must be provided);	10
1.5	Experience working for project in South-East Asia or Asia Pacific Region;	5
1.6	Experience in gender responsive evaluation and analysis;	5
	Sub Total 1	**60**
2	**Proposed Methodology, Approach, and Implementation Plan (Maximum Score 40)**	
2.1	Understands the task and applies a methodology appropriate for the task?	20
2.2	Important aspects of the task addressed clearly and in sufficient detail?	15
2.3	Is planning logical, realistic for efficient project implementation?	5
	Sub Total 2	**40**
	Total Technical Evaluation	**100**

Financial Proposal (30%)
• **Only bidder(s) who received minimum of 70 points of Technical Evaluation that the financial proposal will be opened.** • **To be computed as a ratio of the Proposal's offer to the lowest price among the proposals received by UNDP.**

ANNEX II. LIST OF PERSONS INTERVIEWED

FGD participants

No	Type of Stakeholders	Stakeholders Interviewed	No of the stakeholders interviewed
1	Local government at the provincial level	Provincial Health Office of West Java	22
		Provincial Health Office of South Sumatera	15
		Provincial Health Office of South Sulawesi	7
2	Local government at the city/ regency level	Health Office of Bandung	14
		Health Office of Palembang	8
		Health Office of Makassar	3
3	Local government at the district level	Puter Community Health Center (Bandung)	2
		Plaju Community Health Center (Palembang)	3
		Kampus Community Health Center (Palembang)	3
		Kassi Kassi Community Health Center (Makassar)	3
		Minasa Upa Community Health Center (Makassar)	2
4	Education Institution	Sekolah Tinggi Ilmu Hayati (STIH) Institut Teknologi Bandung (ITB)	2
5	Government owned hospital	Rumah Sakit Mohammad Husein Palembang, South Sumatera	19
6	Government Health Laboratory	Balai Besar Laboratorium Kesehatan (BBLK) Makssar, South Sulawesi	2
7	Central Government	Ministro of Health, CCM and others	18
8	International organisation	WHO, UNFPA	2

Key Informant Interviews (KIIs)

No	Type of Stakeholder	Name	Position	Date of Interview
A	Government of Indonesia - Ministry of Health			
1	Directorate of Environmental Health	Ms. Kristin	Environmental Health	17 Oct 2024
	Directorate of Communicable Disease Prevention and Control	Dr. Helen Prameswari	Head Malaria Working Team	7 Oct 2024
	PMIS	Dr. Endang Lukitosari	Head of HIV working group & PMIS	11 Oct 2024
2	PMU Global Fund (FMIS)	Ms.Benny Asmara	PMU Fin Manager	15 Oct 2024
3	Biomedical and Genomic Science Initiative (BGSI)	Ms. Meidiana Sinaga	Plt. Ka Binomika	15 Oct 2024
4	Malaria Working Team (SISMAL)	Mr. Bayu Kurnia	PMU Lead GF-ATM, PR MoH	15 Oct 2024
B	International organization			
1	UNDP	Eko Cipako Sinamo	Project Associate	11 Nov 2024
	UNDP	Siphra Jane Tampubolon	Project Associate	18 Oct 2024
	UNDP	Agus Sutianto	Project Officer	11 Nov 2024

	UNDP	Hasanah	Project Officer	17 Oct 2024
2	WHO	Herdiana Hasan Basri	National Officer for malaria	21 Oct 2024
3	UNFPA	Oldri Sherli Mukuan	HIV Programme Analyst for Indonesia	22 Oct 2024
4	CCM	Puji Suryantini	Executive Secretary of CCM	7 Oct 2024
C	NGO/CSO			
1	Perdakhi	Dr. Felix Gunawan	Executive Director	9 Oct 2024
2	Consortium STPI Penabulu	Betty Weri Yolanda Nababan	Executive Director	11 Oct 2024

ANNEX III: LIST OF DOCUMENTS REVIEWED

UNDP DOCUMENTS

Document – name
UNDP HEART Proposal
MTC ATM Project Fund Reports
HEART Achievement Reports
PASR HEAR 2023
Signed Prodoc HEART
Financial Management Technical Assistance Project Report (Project cycle 2021-2023)
FMTA 2022
HEART Project MoM Reports
PP of IPF Deep Dive Assessment
Annual Progress Reports: 2019, 2020, 2021
Financial Reports: 2020, 2021
Assessing Human Rights and Gender in HIV/AIDS Prevention and Care in Indonesia. UNDP 2021
Deliverable 3 SISMal (Malaria Surveillance Information System) V3 Enhancement 2024." Final Report. October 31, 2024.
PAR semester 2 HEART 2023
Comparative Assessment of Government Procurement Prices of Medicines In Indonesia. October 2019
Croda Foundation and the Health Governance Initiative (HEART) Provision of ventilators in West Java Province. Final Report. United Nations Development Programme Indonesia

EXTERNAL DOCUMENTS

Factsheet-Country Profile Indonesia 2022. National Tuberculosis Program, Indonesia, 2022.
Annual Malaria Report 2022. Directorate General of Disease Prevention and Control, Ministry of Health, Republic of Indonesia. Published with support from UNICEF Indonesia, 2023.
Indonesia Mid-term Assessment. Global Fund Breaking Down Barriers Initiative, August 2021, Geneva, Switzerland.

ONLINE SOURCES PROVIDED BY THE HEALTH PROJECT

https://www.undp.org/indonesia/blog/collaboration-between-undp-indonesia-and-croda-foundation-boosts-healthcare-access-west-java
Laboratory Genomic Sequencing Network and The Biomedical Genome Science Initiative (BGSI)
e-Learning SMILE
https://www.undp.org/asia-pacific/blog/harnessing-innovation-me-smile-and-south-south-cooperation-health-care-waste-management-0
Sukseskan Program Imunisasi dengan Aplikasi SMILE
Teleconference: Pemanfaatan IOT Logger dan Aplikasi SMILE pada Layanan Vaksinasi
UNDP, the MoH Discussed the Successful Digitizing Vaccine Supply Chain Management with GAVI Support
Kemenkes RI dan UNDP SMILE Melaksanakan Stock Opname AKhir Tahun 2022 untuk Vaksin COVID-19 dan Imunisasi Rutin Serentak secara Nasional
Panduan Teknis ME-SMILE untuk DIgitalisasi Tata Kelola Limbah Medis di Indonesia
ME-SMILE launch
Harnessing Innovation: ME-SMILE and South-South Cooperation in Health Care Waste Management
SMILE Malaria
Combating Malaria with SMILE: An Innovative Digital Solution in Indonesia
Training Aplikasi SMILE Mobile Phone, Monev Report, dan Dashboard SMILE Malaria serta Pengumpulan Metadata Malaria di 16 Puskesmas di Kab. Sumba Barat Daya
Training of SMILE Logistics for HIV-TB in Yogyakarta City
The Launch of SMILE for ATM at National Health Day
UNDP, through the SMILE HIV app, ensures people living with/affected by HIV get access to ARV
SMILE empowers communities to lead the fight to end HIV/AIDS

ANNEX IV: EVALUATION MATRIX

Evaluative Criteria Questions	Sub-questions:	Indicators/evidence	Sources	Methodology
	Relevance: How does the project relate to the development priorities at the local, regional and national level?			
16. To what extent was the project in line with national development priorities, country programme outputs and outcomes, the UNDP Strategic Plan, and the SDGs?	To what extent does the project contribute to the theory of change for the relevant country programme outcome To what extent were lessons learned from other relevant projects considered in the design?	Level of alignment of HEART's activities with key country priorities and stakeholders' plans Stakeholders' perceptions on the relevance of HEART's activities to their needs Degree of coherence of the HEART design in terms of the theory of change, components, choice of partners, structure, delivery mechanism, scope, budget, use of resources, etc. Degree of alignment of the HEART activities with the UN SDCF Degree to which suggested amendments to the HEART's targets are realistic and justified. Coherence of project design with national and international frameworks - Extent of gender issues addressed - Alignment with LNOB principles	HEART documentations national policies or strategies, HEART websites HEART Project stakeholders' feedback UN SDCF	Desk review Stakeholders' interviews Interview with the UNDP CO and project staff.
17. To what extent does the project design contribute to gender equality, the empowerment of women and the human rights-based approach?	Is the gender marker assigned to this project representative of reality?	- Relevance of the GEN and the project outcomes in the design of the HEART. Appropriateness of indicators (SMART criteria) - Gender-related outcomes achieved	ProDoc GEWE assessments conducted pre or during the implementation . - Project deliverables	Document review - Stakeholder consultations
1. Effectiveness: To what extent have the expected outcomes and objectives of the project been achieved?				
18. To what extent did the project contribute to the country programme outcomes and	What synergies have been identified between the project's outcomes and the broader UNDP country	Delivery on project targets defined in the HEART revised results framework towards the UNDP CPD result framework	UNDP CO ROAR	Document review Interview with the UNDP CO, and UNCT

Evaluative Criteria Questions	Sub-questions:	Indicators/evidence	Sources	Methodology
outputs, the SDGs, the UNDP Strategic Plan, and national development priorities?	programme and SDG goals?			
19. What have been the key results and changes attained for men, women and vulnerable groups?	In what ways has the project incorporated and responded to the needs of vulnerable groups, particularly in terms of health access, social inclusion, or economic opportunities?	Delivery on project targets defined in the HEART revised results framework: Evidence extracted from the MoM of the Steering committee minutes Stakeholders' perceptions on the constraints Geographical distribution of benefits Evidence of success factors Stakeholders feedback on the upscaling potential	PROJECT documentations Progress reports PROJECT deliverables PROJECT stakeholders' feedback	Desk review Stakeholders' interviews and feedback on the delivery of the financial instruments and/or mechanisms
20. In which areas has the project had greatest achievements ? Why and what have been the supporting factors?	Which specific components or areas of the project have seen the most significant progress or success?	Number of innovative solutions to transform logistics, information and supply chains systems and management for immunization programme and ATM introduced Status of digital waste management monitoring system Achievement of targets in the revised results framework Evidence of success factors and barriers	Project documentation Steering committee minutes Stakeholder feedback	
21. To what extent has the UNDP partnership strategy been appropriate and effective 2.	What factors contributed to effectiveness or ineffectiveness? What were the main factors that contributed to the	Joint success factors related to SDG acceleration Evidence of the successful implementation with partners.	Project documentation Steering committee minutes Stakeholder feedback	

Evaluative Criteria Questions	Sub-questions:	Indicators/evidence	Sources	Methodology
	project's success in these areas?	· evidence of successful partnership in support of South-South learning, exchange, and capacity building through Health Technology Asialink annual meeting		
	Efficiency: Was the project implemented efficiently in line with international and national norms and standards?			
22. To what extent have the UNDP project implementation strategy and execution been efficient and time- and cost-effective?	· How well has the project adhered to its planned timelines and milestones?	· Frequency and effectiveness of the board in decision-making and strategic guidance · Documented adaptive management actions to accommodate the changing priorities · The extent to which project targets are met on time and on budget · Evidence of adaptive management actions where alternative strategies have been identified and addressed · The existence, quality, and use of M&E, as well as feedback and dissemination mechanisms to share findings, lessons learned, and recommendations.	· HEART documentations · board MoM · Progress reports · HEART deliverables · HEART stakeholders' feedback · Stakeholders feedback on project implementation strategies and alternatives	· Desk review · Stakeholders' interviews · Stakeholders feedback on the effectiveness of their participation
23. To what extent have resources been used efficiently?	· Has the project remained within its allocated budget, and how effectively were financial resources managed?	· Co-financing data and evidence · Planned vs. actual funds leveraged · Level of discrepancy between planned and utilised financial expenditures · Cost in view of results achieved compared to costs of similar projects from other organisations	· HEART Project documentations · Stakeholders feedback on project implementation	
24. To what extent were the resources	· Were gender impact assessments or gender-sensitive	· The % of the resources distributed towards the needs of the vulnerable		

Evaluative Criteria Questions	Sub-questions:	Indicators/evidence	Sources	Methodology
used to address inequalities in general, and gender issues in particular?	budgeting practices used during implementation? · What were the key challenges or barriers in utilizing resources to address inequalities and gender issues, and how were they addressed?	groups disaggregated by gender and disabilities		
	Sustainability: To what extent are there financial, institutional, socio-political, and/or environmental risks to sustaining long-term project results?			
25. To what extent will targeted men, women, and vulnerable people benefit from the project interventions in the long-term?	· What structural or institutional changes have been made during the project to support the ongoing inclusion of targeted men, women, and vulnerable populations?	· Evidence of commitments from government or other stakeholders to financially support relevant sectors of activities after the HEART Project · Fiscal sustainability of Universal Health Coverage (JKN) in Indonesia · Level of project stakeholders' ownership · Level of capacities at the country level to continue delivering on the project results · Efforts to support the development of relevant policies at the country level	· HEART Project documentations · board MoM · Progress reports · HEART Project deliverables · HEART Project stakeholders' feedback · on the upscaling and replication potential, on the transformative changes	· Desk review · Stakeholders' interviews
26. To what extent will financial and economic resources be available to sustain the benefits achieved by the project?	· To what extent has the project developed strategies to attract future investments or financial support from international donors, the private sector, or other stakeholders?	· Existence of financial and institutional settings to support long-term benefits · Likelihood of financial sustainability of the financial solutions/instruments	· HEART Project documentations · board MoM · Progress reports · HEART Project deliverables · HEART Project stakeholders' feedback · on the upscaling and replication potential, on the transformative changes	· Desk review · Stakeholders' interviews

Evaluative Criteria Questions	Sub-questions:	Indicators/evidence	Sources	Methodology
27. To what extent do UNDP interventions have well-designed and well-planned exit strategies that include a gender dimension, human rights and human development?	· How have gender-specific needs and inequalities been addressed in the planning of the exit strategy?	· Identification of emerging risks · Risk log updates · Exit strategy in place and actively operationalisation ·	· HEART Project documentations · board MoM · Progress reports · HEART Project deliverables · HEART Project stakeholders' feedback · on the upscaling and replication potential, on the transformative changes	· Desk review · Stakeholders' interviews ·
	Cross-cutting issues			
Human Rights 28. To what extent have poor, indigenous and physically challenged women, men and other disadvantaged and marginalized groups benefited from the work of UNDP in the country?	· To what extent have marginalized groups, including women, men, and indigenous communities, experienced improvements in their access to essential services and resources through UNDP programs?	· The extent to which have poor, Indigenous and physically challenged women, men and other disadvantaged and marginalised groups benefited from the PROJECT	· HEART Project documentations · board MoM · Progress reports · HEART Project deliverables · HEART Project stakeholders' feedback · on the upscaling and replication potential, on the transformative changes	· Desk review · Stakeholders' interviews · FGD with the representatives of the vulnerable groups and CSOs.
Gender equality and women's empowerment 29. To what extent have gender equality and the empowerment of women been addressed in the design, implementation and monitoring of the project?	· How has the project ensured that both men and women have had equitable access to project resources and benefits?	· The extent to which programme products are sensitive to gender · The extent to which project data are sex-disaggregated · The existence of logical linkages between gender results and project outcomes and impacts · The existence of gender marker · A number of positive changes in gender equality and the	· HEART Project documentations · Progress reports · HEART Project deliverables · HEART Project stakeholders' feedback	· Desk review · Stakeholders' interviews ·

Evaluative Criteria Questions	Sub-questions:	Indicators/evidence	Sources	Methodology
		empowerment of women promoted		
30. To what extent has the project promoted positive changes in gender equality and the empowerment of women? Did any unintended effects emerge for women, men or vulnerable groups?	· How have men, women, and vulnerable groups been differently impacted by the project's interventions, particularly in terms of gender equality?	· Number of women professionals empowered · Number of legislative acts, SoP developed that support GEWE.	· HEART Project documentations · Progress reports · HEART Project deliverables · HEART Project stakeholders' feedback	· FGD with female professionals · FGD with legislative development group.
DISABILITY INCLUSION 31. Were persons with disabilities consulted and\or meaningfully involved in program planning and implementation?	· What mechanisms were used to ensure the meaningful involvement of persons with disabilities in the planning and implementation stages of the project?	· % of PWD benefiting from the project · Number of legislative acts, SoPs. Digital solutions promoted, implemented through the disability Lense · A number of PWDs participated in the project's design.	· Progress reports · HEART Project documentations · HEART Project stakeholders' feedback · Disability Inclusion Assessment conducted by the project.	· Desk review · Stakeholders' interviews · FGD with the representatives of the persons with disability and their association, organisations
32. What proportion of the beneficiaries of a program were persons with disability?	· How were persons with disabilities identified and targeted during the beneficiary selection process?	· % of the beneficiaries of a programme · Number of barriers identified/removed to address the needs of PWD · Status of the twin-track approach adopted in the project.	· Progress reports · HEART Project documentations · HEART Project stakeholders' feedback	· Desk review · Stakeholders' interviews · FGD with the representatives of the persons with disability and their association, organisations
33. To what extent were the resources used to address inequalities in general, and gender issues in particular?	· What proportion of the project's resources was allocated to initiatives specifically targeting gender equality and women's empowerment?	·	· Progress reports · HEART Project documentations · HEART Project stakeholders' feedback	·

1.SEMI-STRUCTURED INTERVIEW GUIDES BY STAKEHOLDER GROUP

The UNDP is in the process of conducting a Mid-Term Independent Project Evaluation of the HEART Project. The evaluation is undertaken in line with UNEG norms and standards for evaluation.
The purpose of the evaluation is to provide an independent external view of the progress of the project at its mid-point and to provide feedback and recommendations to UNDP and project stakeholders for consideration as the project progresses towards completion. Results and recommendations of the MTE will be used by the respective donors (TRAC, ADP, Croda Foundation, GAVI, Japan Supplementary Budget (JSB), Global Fund, and DFAT Australia. UNDP and national stakeholders are responsible for designing other relevant interventions in the future, ensuring national ownership and sustainability of project results. In addition to that, lessons learnt and recommendations from this MTE will be used by the country programme board during its annual review and final review of the country programme (Year 2021 - Year 2025) for proper adjustments and improvement of other project/programme design, implementation and evaluation.
The evaluation is carried out by a team of external independent evaluators consisting of an International Evaluation Expert, Ms. Bunafsha Gulakova and a National Evaluation Expert, Ms. Devi Sa'adah.
Confidentiality and informed consent: This interview is confidential, with all information received being aggregated and anonymised. No individual will be quoted, nor will the organization they represent be identified. The data collected will only be used for evaluation purposes. Your participation in the interview is voluntary, and you may withdraw from it at any time.

2. ON-SITE OBSERVATION AND DATA COLLECTION ACTIVITY

1. **Itinerary for Data Collection Activity HEART Project**

Table 1 below shows the itinerary of data collection activity for the HEART project in 3 cities, Palembang, Bandung and Makassar, from 6 to 15 October 2024.

Table 1.
Tentative Itinerary for Data Collection Activity HEART Project UNDP

Day	Date	Time	Activity
Sunday	6/10/2024	15.00 – 16.00	Fly from Jakarta to Palembang GA 108 13:50 – 15:00
Monday	7/10/2024	08.30 – 10.00	Interview with Dinas Kesehatan Prov. Sumsel on SMILE effectiveness, barriers, challenges, and eVIN for immunization programs to streamline logistics and supply chain management.
		10.30 – 12.00	• Interview with Dinas Kesehatan Prov. Sumsel on effective supply chain management of antiretroviral (ARV) medications. • Interview with a representative of TWG (related to act 2.2.a)
		12.00 - 14.00	Ishoma
		14.00 – 15.30	Interview with Dinas Kesehatan on SMILE implementation at provincial and district levels
Tuesday	8/10/2024	09.00 -12.00	• Discussion & interview with the Head Puskesmas and the Medical Officer in Puskesmas that uses SMILE application • Direct observation to Puskesmas (1)
		12.00 – 14.00	Lunch break
		14.00 – 15.30	• Discussion & interview with the Head Puskesmas and Medical Officer in Puskesmas that uses SMILE application

			• Direct observation to Puskesmas (2)
		18.15 – 19.25	Fly from Palembang to Jakarta Citilink QG-889 20:25 – 21:35
Wednesday	9/10/2024	12.00 – 16.00	Road trip from Jakarta to Bandung Pasteur Travel
Thursday	10/10/2024	09.00 – 10.30	Interview with Dinas Kesehatan Provinsi Jabar on strengthening HIV supply chain management
		11.00 – 12.30	Interview with a representative of TWG for oversight of GF HIV implementation
		12.30 – 14.00	Lunch break
		14.00 – 15.30	Interview with petugas puskesmas pengguna aplikasi SMILE
Friday	11/10/2024	09.00 – 11.30	• Discussion & interview with the Head of Puskesmas and the Medical Officer in Puskesmas that uses SMILE application • Direct observation of Puskesmas
		11.30 – 14.00	Friday pray and Lunch break
		14.00 – 18.00	Road trip from Bandung to Jakarta Pasteur Travel
Sunday	13/10/2024	16.35 – 20.10	Fly from Jakarta to Makassar GA 612 16:35 – 20:10
Monday	14/10/2024	09.00 – 12.00	Interview with Dinkes Provinsi Sulsel on FMIS and SMILE application at provincial and district levels
		12.00 – 14.00	Lunch break
		14.00 – 16.00	Interview with Kepala Puskesmas (implementasi SMILE)
Tuesday	15/10/2024	09.00 – 12.00	• Discussion & interview with the Head Puskesmas and Medical Officer in Puskesmas that uses SMILE application • Direct observation of Puskesmas
		12.00 – 14.00	Lunch break
		14.00 – 15.30	• Discussion & interview with the Head Puskesmas and Medical Officer in Puskesmas that uses SMILE application • Direct observation of Puskesmas
		18.35 – 19.50	Fly from Makassar to Jakarta Batik Air ID-6235 18.35 – 19.50

2. **Data Collection Tools for the field visits.**

The tools used for collecting data and information on the HEART Project are described in the list of interview questions.

List of interview questions (KII):

1. Please tell me about the role of your organization in the national response to HIV and/or TB and Malaria? What specific services or programs do you provide? Which groups or individuals are the beneficiaries of your programs?
2. What are the barriers to services that these groups face in your area? What causes these barriers to occur?
3. What is currently being done, by your organization or by others, to address and reduce the barriers you have described? Are these efforts documented anywhere to your knowledge?
4. How effective are these efforts, yours and those of other stakeholders, in reducing or removing the barriers? What are the main strengths or achievements? What are the main challenges and gaps?

5. How is this work to reduce barriers coordinated? Is the coordination effective?
6. How do you monitor and evaluate your work to remove barriers? With whom do you share this information?
7. How are the individuals and communities affected by barriers involved in your organization, particularly how you design, deliver and monitor the programs and services you provide?
8. How do you incorporate a human-rights based and gender-sensitive approach in your organization, including how you design and deliver your programs and services?
9. How can your service users or beneficiaries raise concerns about the quality of services they receive? How are these concerns addressed in your organization? Please give me some examples of issues that have been raised and how you have addressed them?
10. How are you and other organizations held accountable for the results of your work to reduce or remove barriers?
11. Who funds your work to address and remove barriers?
12. What is required (technical, operationally, changes in the program environment, for example) to strengthen your work to address and remove barriers to services? What can be done in the short term (next six months), for example? What can be done in the medium to long term (next 1-2 years)? What will take longer to achieve?
13. What specific investments or other support are needed to ensure that the communities and populations most affected by human rights or gender related barriers are central to programs aiming to reduce the barriers?
14. Whom else would you recommend being interviewed for the rapid assessment?
15. Do you have any questions for me before we conclude?

Key questions for FGD:

1. What has been your role in the project? What benefits have been achieved so far?
2. How relevant the project support to your organisation needs?
3. What challenges have you faced during the participation in the project?
4. Do you foresee any social, financial or political risks that may jeopardise the sustainability of the project outputs and outcomes?
5. Going forward, what are the future priorities from your perspective?
6. Do you have any recommendations that you would like to make as part of this review process?

INTERVIEW QUESTIONS FOR PROJECT STAFF:

3. How do you assess the project's progress towards its primary objectives, particularly in improving access to health technologies and enhancing the sustainability of health systems?
   (Follow-up: What specific indicators are being used to track this progress, and how well have they been met so far?)
4. What were the major operational or contextual challenges encountered during the project implementation, and how did the team respond to these challenges?
   (Follow-up: Were any strategic changes made to adapt to these challenges, and how effective have they been?)
5. How have partnerships with key stakeholders, including government agencies, civil society organizations, and local communities, influenced the success or limitations of the project?
   (Follow-up: Are there any gaps in stakeholder engagement that could be addressed to enhance the project's outcomes?)
6. In what ways has the project ensured the integration of cross-cutting themes such as gender equality, human rights, and social inclusion into its activities?
   (Follow-up: Can you provide specific examples of how these themes have been operationalized and their impact on project outcomes?)
7. What strategies have been put in place to ensure that the outcomes of the project are sustainable beyond its completion?

(Follow-up: What are the key risks to sustainability, and how are they being mitigated to ensure the long-term success of the project?)

INTERVIEW QUESTIONS FOR GOVERNMENT REPRESENTATIVES (RECIPIENTS):

8. How has the project supported national priorities and health policies, particularly in strengthening health systems and access to health technologies? (Follow-up: In what ways has the project aligned with or influenced national health strategies, such as Universal Health Coverage?)
9. Can you describe the level of collaboration between your department and the project team? (Follow-up: What have been the most valuable areas of collaboration, and are there any areas where improvements could be made?)
10. To what extent has the project contributed to building institutional capacity within the government for managing health programs and supply chains? (Follow-up: What further support or capacity-building efforts are needed to sustain these improvements long-term?)
11. How has the project addressed critical issues such as gender equality, social inclusion, and access for underserved populations within your region? (Follow-up: How do you see these elements being integrated into future government policies and programs?)
12. What steps do you believe are essential to ensure the sustainability of the project's outcomes once external support concludes? (Follow-up: What role does the government plan to play in maintaining and scaling up the project's successes in the future?)

INTERVIEW QUESTIONS FOR DONORS:

13. How well do you feel the HEART project aligns with your organization's strategic priorities and funding objectives in the health sector? (Follow-up: Are there any specific areas where you believe the project has exceeded or fallen short of expectations?)
14. How satisfied are you with the project's progress in terms of achieving its stated objectives, particularly in strengthening health systems and improving access to health technologies? (Follow-up: What specific results or outcomes have you found most impactful thus far?)
15. How effectively do you believe the project has managed financial resources, including the efficient use of donor funding? (Follow-up: Have you observed any concerns regarding financial management or reporting that should be addressed moving forward?)
16. In your view, how well has the project engaged with local stakeholders, including government counterparts and implementing partners, to ensure alignment with national priorities? (Follow-up: How important is this alignment for the future sustainability of the project's outcomes from a donor perspective?)
17. Looking ahead, what factors will influence your organization's decision to continue supporting this or similar initiatives in the future? (Follow-up: What additional measures or adjustments would you recommend to maximize the long-term impact of the project's results?)

INTERVIEW QUESTIONS FOR CSOS:

Introductory question

Could you please introduce yourself and explain your involvement and the role of your organisation/agency in the HEART Project?

Effectiveness

1) In your opinion, what has been the greatest achievement of the HEART Project to date? And why?
2) What were the challenges in delivering the HEART Project? How could we overcome these challenges?
3) What factors have contributed to achieving intended HEART Project outputs and outcomes?
4) What worked so well, and what didn't work so well? Why?
5) How do you assess the coordination of the HEART Project among UN agencies? Is there room for improvement?

Impacts

6) What sort of impacts did the HEART Project deliver to its stakeholders?
7) What trends do you foresee in health-related SDG financing?

Relevance

8) In your opinion, to what degree are the HEART activities aligned with the needs of the participating stakeholders?
9) In your opinion, to what degree are the HEART Project activities aligned with the strategic plans and strategies of the participating stakeholders?

Efficiency

10) In your opinion, has the HEART Project been delivered on time and on budget? Has there been anything underachieved or overachieved within the agreed framework of the HEART Project, and what are the reasons/explanations for it?
11) In what ways has the HEART Project been adaptive to emerging issues and opportunities? Examples?

Sustainability

12) Do you foresee any social, financial or political risks that may jeopardise the sustainability of the HEART Project outputs and outcomes?
13) What will happen to the HEART Project output and benefits when the GF funding is finished?
14) Going forward, how do you see the capacity of participating stakeholders to pursue delivering on the HEART Project-related outcomes?
15) What lessons have been learnt for the HEART Project in achieving outcomes?

Closing

- In what ways gender, LNOB, and social inclusions have been mainstreamed in the HEART Project? Do you have any gender-related concerns?
- Anything else you would like to add that we haven't covered?

INTERVIEW QUESTIONS FOR DIRECT BENEFICIARIES:

18. What has been your role in the project? What benefits have been achieved so far?
19. How relevant the project support to your organisation needs?
20. What challenges have you faced during the participation in the project?
21. Do you foresee any social, financial or political risks that may jeopardise sustainability of the project outputs and outcomes?
22. Going forward, what are the future priorities from your perspective?
23. Do you have any recommendations that you would like to make as part of this review process?

FOCUS GROUP GUIDES AND ARRANGEMENTS

Stakeholder group	Number of participants	Facilitator	Expected duration and modality
Persons with Disability	50	National Evaluation Expert Ms. Devi Sa'adah.	60 minutes/Focus Group Discussions
Gender Experts and activists	10-15	National Evaluation Expert Ms. Devi Sa'adah.	60 minutes/Focus Group Discussions

Guide for the Focus group discussions (including introduction, consent, questions and finalization note):

Confidentiality and informed consent: Your participation in this focus group is confidential, with all information received being aggregated and anonymized. No individual will be quoted nor will the organization they represent be identified. The data collected will only be used for evaluation purposes. Your participation in the focus group is voluntary, and you may withdraw from it at any time.

ANNEX VI: SIGNED UNEG CODE OF CONDUCT FORM

ANNEX 1:

PLEDGE OF ETHICAL CONDUCT IN EVALUATION

By signing this pledge, I hereby commit to discussing and applying the UNEG Ethical Guidelines for Evaluation and to adopting the associated ethical behaviours.

INTEGRITY

I will actively adhere to the moral values and professional standards of evaluation practice as outlined in the UNEG Ethical Guidelines for Evaluation and following the values of the United Nations. Specifically, I will be:

- **Honest and truthful** in my communication and actions.
- **Professional,** engaging in credible and trustworthy behaviour, alongside competence, commitment and ongoing reflective practice.
- **Independent, impartial and incorruptible.**

ACCOUNTABILITY

I will be answerable for all decisions made and actions taken and responsible for honouring commitments, without qualification or exception; I will report potential or actual harms observed. Specifically, I will be:

- **Transparent regarding evaluation** purpose and actions taken, establishing trust and increasing accountability for performance to the public, particularly those populations affected by the evaluation.
- **Responsive** as questions or events arise, adapting plans as required and referring to appropriate channels where corruption, fraud, sexual exploitation or abuse or other misconduct or waste of resources is identified.
- **Responsible** for meeting the evaluation purpose and for actions taken and for ensuring redress and recognition as needed.

RESPECT

I will engage with all stakeholders of an evaluation in a way that honours their dignity, well-being, personal agency and characteristics. Specifically, I will ensure:

- **Access to** the evaluation process and products by all relevant stakeholders – whether powerless or powerful – with due attention to factors that could impede access such as sex, gender, race, language, country of origin, LGBTQ status, age, background, religion, ethnicity and ability.
- **Meaningful participation and equitable treatment** of all relevant stakeholders in the evaluation processes, from design to dissemination. This includes engaging various stakeholders, particularly affected people, so they can actively inform the evaluation approach and products rather than being solely a subject of data collection.
- **Fair representation** of different voices and perspectives in evaluation products (reports, webinars, etc.).

BENEFICENCE

I will strive to do good for people and planet while minimizing harm arising from evaluation as an intervention. Specifically, I will ensure:

- **Explicit and ongoing consideration of risks and benefits** from evaluation processes.
- **Maximum benefits** at systemic (including environmental), organizational and programmatic levels.
- **No harm.** I will not proceed where harm cannot be mitigated.
- **Evaluation makes an overall positive contribution** to human and natural systems and the mission of the United Nations.

I commit to playing my part in ensuring that evaluations are conducted according to the Charter of the United Nations and the ethical requirements laid down above and contained within the UNEG Ethical Guidelines for Evaluation. When this is not possible, I will report the situation to my supervisor, designated focal points or channels and will actively seek an appropriate response.

Bunafsha Gulakova *Bunafsha Gulakova* 3.09.2024 (Signature and Date)

Independence entails the ability to evaluate without undue influence or pressure by any party (including the hiring unit) and providing evaluators with free access to information on the evaluation subject. Independence provides legitimacy to and ensures an objective perspective on evaluations. An independent evaluation reduces the potential for conflicts of interest which might arise with self-reported ratings by those involved in the management of the project being evaluated. Independence is one of ten general principles for evaluations (together with internationally agreed principles, goals and targets: utility, credibility, impartiality, ethics, transparency, human rights and gender equality, national evaluation capacities, and professionalism).

Evaluators/Consultants:

1. Must present information that is complete and fair in its assessment of strengths and weaknesses so that decisions or actions taken are well founded.
2. Must disclose the full set of evaluation findings along with information on their limitations and have this accessible to all affected by the evaluation with expressed legal rights to receive results.
3. Should protect the anonymity and confidentiality of individual informants. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are not expected to evaluate individuals, and must balance an evaluation of management functions with this general principle.
4. Sometimes uncover evidence of wrongdoing while conducting evaluations. Such cases must be reported discreetly to the appropriate investigative body. Evaluators should consult with other relevant oversight entities when there is any doubt about if and how issues should be reported.
5. Should be sensitive to beliefs, manners and customs and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to and address issues of discrimination and gender equality. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the stakeholders' dignity and self-worth.
6. Are responsible for their performance and their product(s). They are responsible for the clear, accurate and fair written and/or oral presentation of study imitations, findings and recommendations.
7. Should reflect sound accounting procedures and be prudent in using the resources of the evaluation.
8. Must ensure that independence of judgement is maintained, and that evaluation findings and recommendations are independently presented.
9. Must confirm that they have not been involved in designing, executing or advising on the project being evaluated and did not carry out the project's Mid-Term Review.

Evaluation Consultant Agreement Form

Agreement to abide by the Code of Conduct for Evaluation in the UN System:

Name of Evaluator: Devi Sa'adah

Name of Consultancy Organization (where relevant): UNDP

I confirm that I have received and understood and will abide by the United Nations Code of Conduct for Evaluation.

Signed at Jakarta (Place) on 30th Nov 2024 (Date)

Signature: Devi Sa'adah

ANNEX VII: STAKEHOLDERS CONTACTED DURING THE EVALUATION

No	Type of Stakeholders	Stakeholders Interviewed	No of the stakeholders interviewed
1	Local government at the provincial level	Provincial Health Office of West Java	22
		Provincial Health Office of South Sumatera	15
		Provincial Health Office of South Sulawesi	7
2	Local government at the city/ regency level	Health Office of Bandung	14
		Health Office of Palembang	8
		Health Office of Makassar	3
3	Local government at the district level	Puter Community Health Center (Bandung)	2
		Plaju Community Health Center (Palembang)	3
		Kampus Community Health Center (Palembang)	3
		Kassi Kassi Community Health Center (Makassar)	3
		Minasa Upa Community Health Center (Makassar)	2
4	Education Institution	Sekolah Tinggi Ilmu Hayati (STIH) Institut Teknologi Bandung (ITB)	2
5	Government owned hospital	Rumah Sakit Mohammad Husein Palembang, South Sumatera	19
6	Government Health Laboratory	Balai Besar Laboratorium Kesehatan (BBLK) Makssar, South Sulawesi	2
7	Central Government	Ministro of Health, CCM and others	18
8	International organisation	WHO, UNFPA	2
9	CSO		1

ANNEX VIII: MTR/ TE REPORT CLEARANCE FORM

Mid-Term Review/Terminal Evaluation Report for *(Project Title & ProjectID and/or UNDP PIMS ID*) **Reviewed and Cleared By:**

Commissioning Unit (M&E Focal Point)

Name: Riswan Andika (Management Performance Oversight Unit)

Signature: DocuSigned by: Riswan Andika C82F13955F094C6... **Date:** 03-Jan-2025

Head of Management and Performance Oversight.

Name: Ari Yahya Pratama

Signature: DocuSigned by: A9E92855636D444... **Date:** 03-Jan-2025