



**Management and Technical Assistance Facility to
Strengthen the Implementation of Global Fund Grants
in Indonesia**

Final Evaluation Report

Prepared for the MTAF Project Board by:

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Acronyms and Abbreviations

Adinkes	<i>Asosiasi Dinas Kesehatan</i> (Health Offices Association)
AIDS	Acquired Immune Deficiency Syndrome
APBN	<i>Anggaran PendapatanBelanja Negara</i> (State Budget)
ATM	AIDS, TB & Malaria
AusAID	Australian Agency for International Development
AWP	Annual Work Plan
CCM	Country Coordinating Mechanism
CPAP	Country Programme Action Plan
CSF	Community Systems Foundation
CSO	Civil Society Organization
DC&EH	(Directorate General of) Disease Control & Environmental Health
DOTS	Directly Observed Treatment Short-Course
FA	Finance Administrator
FBO	Faith-based Organization
FHI	Family Health International
FICT	Financial Internal Control Team
FKMUI	<i>Fakultas Kesehatan Masyarakat Universitas Indonesia</i> - University of Indonesia's Community Health Faculty
FMS	Financial Management System
FSW	Female Sex Workers
FTT	Financial Task Team
GFATM	Global Fund to Fight AIDS, Tuberculosis & Malaria
GoI	Government of Indonesia
HIV	Human Immunodeficiency Virus
HRM	High Risk Men
HSS	Health Systems Strengthening
IAKMI	<i>Ikatan Ahli Kesehatan Masyarakat</i> (Indonesian Public Health Expert Association)
IDU	Injecting Drug User
IPF	The Indonesian Partnership Fund for HIV/AIDS
LFA	Local Fund Agent
LoA	Letter of Agreement
M&E	Monitoring & Evaluation
MDGs	Millennium Development Goals
MSM	Men who have Sex with Men
MTA	Management and Technical Assistance
MTAF	Management and Technical Assistance Facility
NAC	National AIDS Commission
NGO	Non-government Organization
NPD	National Project Director
NU	<i>Nahdlatul Ulama</i>
OGAC	Office of the US Global AIDS Coordinator
OIG	Office of the Inspectorate General
PERDHAKI	<i>Persatuan Karya Dharma Kesehatan Indonesia</i> - Indonesian Association for Voluntary Health Services
PIM	Project Implementation Manual
PIP	Project Initiation Plan

PKBI	<i>Perkumpulan Keluarga Berencana Indonesia</i> - Indonesian Planned Parenthood Association
PLHIV	People living with HIV and AIDS
PLWD	People living with Disease
PMU	Project Management Unit
PR	Principal Recipient
PSM	Procurement and Supply Chain Management
PUSDATIN	Data and Information Centre
SC	Steering Committee
SR	Sub-recipient
SSR	Sub-sub-recipient
STI	Sexually-transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
TSF	Technical Support Facility
TWG	Technical Working Group
UNPDF	United Nations Partnership for Development Framework
WHO	World Health Organization

I. EXECUTIVE SUMMARY

1. The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was created in 2002 to dramatically increase resources to fight and prevent the three pandemics. It is the world's **largest financier** of anti-AIDS, Tuberculosis and Malaria programmes, supporting more than one thousand programmes in 151 countries. Since 2003, GFATM has committed USD 693 million (*Global Fund Grant Portfolio*) in funds to support Indonesia in combating AIDS, Tuberculosis and Malaria, and to engage in Health Systems Strengthening (HSS) in the country.
2. An international financing mechanism, the GFATM spurs **partnerships** between government, civil society, the private sector and communities living with the diseases, providing effective ways to fight them. Implementation is carried out by a Country Coordinating Mechanism (CCM), which is a committee of representatives from local stakeholder organizations such as the Government, non-government organizations (NGOs), United Nations (UN), faith-based organizations and private sector actors. In Indonesia, the CCM plays an important role in coordinating the development and submission of national proposals, nominating the Principal Recipients (PRs), overseeing the implementation of approved grants and requests for further funding. The CCM is also responsible for ensuring linkages and consistencies between Global Fund grants and other national health programmes.
3. The Global Fund grants are tied to performance and strong emphasis is placed on accountability and transparency. In 2007, due to operational weaknesses identified in Indonesia's programmes, Global Fund called a halt to the funding of all of its programmes. As a result of comprehensive assessment aimed at mitigating such risks, it was proposed that a dedicated facility to coordinate management and technical assistance to grant recipients in the country be established. The Management and Technical Assistance Facility (MTAF) was set up in 2011 as a nation-led, over-arching framework which presents an **innovative approach** in coordinating and providing high-quality assistance. The Facility also aimed to strengthen the oversight and implementation capacities of the CCM and grant management capacity in a coordinated, accountable and transparent manner.
4. Supported by the Australian Agency for International Development (AusAID) and set up under UNDP's National Implementation (NIM) modality, the MTAF consists of a Project Management/Implementing Unit (PMU/PIU) and Steering Committee (SC), which consults the Project Board on key decisions. In Indonesia, Global Fund channels its funds through ten Principal Recipients (PRs) that include the Ministry of Health (MoH), the National AIDS

Commission (NAC), the Indonesian Planned Parenthood Association (IPPA), *Aisyiyah*, the University of Indonesia's Community Health Faculty (*Fakultas Kesehatan Masyarakat Universitas Indonesia - FKM-UI*), the Indonesian Association for Voluntary Health Services (*Persatuan Karya Dharma Kesehatan Indonesia - PERDHAKI*) and *Nahdlatul Ulama (NU)*.

5. During the course of the project's execution phase from 2011 to 2013, known as the **transition phase**, the project has achieved its objectives in establishing and starting operations. The Facility has been able to fill a gap whereby a framework was needed to engage with the grant recipients on a level where their needs can be assessed and identified, and systems can be put in place that lead to greater grant effectiveness. The Facility also provided technical, management, and programmatic assistance to grant recipients. These include strengthening institutional and project management, financial management, procurement and supply chain management, and monitoring and evaluation, among others.
6. Global Fund's mandate and activities **resound** strongly with the UN's Millennium Development Goals (MDGs), the Government of Indonesia, as well as the Australian Government's commitment towards the fight against and prevention of the three diseases. In view of this and in recognition of the importance Global Fund places on grant absorption and effectiveness, the role of MTAF is highly **relevant**.
7. In terms of grant performance rating, MTAF reported that about 75% of its (9 out of 12) PRs that received support stood at A2 or above. However, assessment of specifically attributable **impact** is not possible at this stage. The Facility, by its own observation, cannot claim credit for grant rating enhancement due to various other factors that impact the score. Nonetheless, there is clearly a strong link between good governance in grant management which supports accountability (utilizing tools like resource tracking, financial management, procurement and supply management) and grant renewals and grant consolidation. MTAF has been able to organize and establish itself and achieve a convincing degree of success in bringing about a qualitative change in this area.
8. Based on stakeholders' feedback to the evaluation exercise, the MTAF has been effective in supporting CCM through the provision of sharper **oversight** tools, such as the Governance Manual, Oversight Plan and Manual, and Field Oversight Visit Manual. However, it should be noted here that the revision of these tools only occurs in response to national legal and regulatory changes, and changes to the GFATM funding mechanism.

9. The project's strongest achievement has been in aiding HIV/AIDS PRs in consolidating their MTA plans and conducting comprehensive capacity self-assessment that is likely to result in a more robust implementation of grants. The Facility has aided Round 10 PRs in developing MTA plans. This was further aided by GFATM's proposal in encouraging PRs to dedicate 3-5% of their total proposed budget for MTA. While this is not mandatory, MTAF has been able to create a sense of prioritization of MTA provision among grant recipients, encouraging them to source local expertise whenever available. However, the evaluation team finds that the project, despite repeated efforts, was unable to communicate to the recipients that getting MTA through the Facility is optional and they can openly source their requirements.
10. A tangible result from the project's transition phase is the creation of an online repository of local MTA providers/ experts/ consultants in the three said diseases. The MTAF database (<http://www.konkes.org>) contains (as of August 2013) over 540 consultants profiles (individuals and agencies) easily accessible to PRs and SRs. In order to tap into the pre-existing profiles of Health Consultants, the project tapped into the networks of Indonesian Public Health Expert Association (IAKMI), Health Offices Association (ADINKES) and Gadjah Mada University's Health Policy and Research Centre, and the Technical Support Facility (TSF) in order to increase the pool-base and provide a broader choice to clients. Despite a delay in its launch and pending marketing strategy and quality assurance, the database is a potentially strong tool for linking clients directly to providers. While it is still too early to evaluate whether it has been successful in providing standardization in terms of quality, equity of access, and cost-efficiency, the launching of the database is a positive step.
11. Gender mainstreaming exercise was overall unsatisfactory. According to the Project Document, a gender gap analysis should have been performed in the initial phase of the programme to determine how the project might impact men and women differently. This was not carried out due to a lack of resources. Instead, an internal gender gap analysis was done late into the project's life and its recommendations have yet to be applied. This was a missed opportunity as a budget line should have been dedicated towards advocating gender equality for PRs and SRs in grant implementation right from the inception stage.

12. The MTAF has been reporting on its progress regularly in the form of quarterly reports, internal project assurance reports and annual reports. These reports, monitored by UNDP, were developed internally and aligned to the Results Oriented Annual Report (ROAR). Given the nature of the outcomes, in addition to the lack of resources (financial and human), more comprehensive yet concise reporting tools need to be recognized and implemented.
13. In terms of sustainability, the evaluation teams finds that the Facility did reasonable due diligence in taking steps towards securing affirmation from the MoH regarding future funding. In collaboration with the MoH's legal office, a Ministerial Decree has been drafted that recognizes MTAF as a legal entity. However, as per currently envisioned plans, it will take a long time (as per project estimates: one year) for the decree to be officially passed. Evaluating the project team composition further with the sustainability lens, the team finds that MTAF organogram is concentrated at senior levels. While the senior leadership of the Facility adds a lot of reputable goodwill and credence to the Facility, which is an asset, potentially it could be risky for the sustainability of the MTAF in the event that the top leadership moves on to other endeavors. The recommendations section makes some suggestions in this regard.
14. CCM members have also reported receiving management and technical assistance from the MTAF; this makes CCM a client as well as the 'owner' of the Facility. Also, CCM members, due to their preoccupation with their official roles resulting in their frequent unavailability, have not been able to provide the consistent expertise to PRs and SRs that is expected. Furthermore, it should be noted that the members of CCM come from various MoH departments. Since the MoH is also a PR, this presents a clear conflict of interest, and while attempts were made to explicitly address it at the design stage, an alternative mechanism needs to be put in place to ensure the MTAF's independence and remove any negative perception of its role which might put its reputation at risk.
15. In sum, MTAF has been a reasonably efficient investment for AusAID and UNDP vis-à-vis its modest level of funding. The evaluation supports further funding in the 'extension' phase of the project. The final section of this report makes some recommendations to that effect.

II. INTRODUCTION TO THIS DOCUMENT

16. This report documents the findings and recommendations of the final evaluation of a project of the Government of Indonesia and the UNDP named 'Management and Technical Assistance Facility to Strengthen the Implementation of Global Fund Grants in Indonesia.' The purpose of the report, as stipulated by the Terms of Reference (ToR) of the evaluation, is 'to compile knowledge and information' that may be subsequently used 'as basis for better design and management for results of future UNDP activities, as well as other areas in an institutional capacity building context in general.' The terms of reference also designate the report as the instrument that 'supports public accountability of the Government of Indonesia, UNDP, and the AusAID.'
17. The evaluation was commissioned by the project's Board of Governance and carried out by a team of two independent evaluators. The ToR for the assignment of the Evaluation Team Leader, which at the same time serve as the terms of reference for the evaluation exercise, are attached to this document as *Annex IV*.
18. The purpose of the evaluation, as articulated by its Terms of Reference, was 'to conduct an independent assessment for UNDP, CCM, Ministry of Health, and key development partners on the project's successes and failures, long-term results, the sustainability of project benefits, and synthesize lessons learned that inform future interventions, in order to support the decision-making for the continuation of this project in the transition period.'
19. The report is the result of analysis of primary and secondary data, including stakeholder interviews (Annex V) conducted in-person, on-site, in Jakarta and subsequently via telecommunication and a wide array of documentation such as the Project Document, Operational Guidance paper, Quarterly & Annual Report, Internal Assurance reports, etc. provided by UNDP's Programme Monitoring and Evaluation Unit (PMEU), as well as the MTAF focal points.
20. The evaluation exercise looked at various dimensions of the project by studying the progress based on objectives, planned outputs and activities. The team looked at the evidence to derive lessons learned and highlight good practices in order to identify areas worth replicating. It also looked at key emerging areas for future UNDP and AusAID intervention in GFTAM. In sum, the report advises on the next course of action for UNDP and AusAID, in particular on the future of the Facility beyond the transition phase. Key findings and recommendations were presented to Reference Group, convened by UNDP and their comments were incorporated in the report.

III. DESCRIPTION OF MTAF

Background and Context

21. From 2003 until 2015, Global Fund has allocated USD 693 million towards fighting HIV/AIDS (34%)¹, TB (35%), and Malaria (28%), and towards Health Systems Strengthening (2%) in Indonesia with USD 534 million already disbursed (via *Global Fund Grant Portfolio: Indonesia, as of December 2013*). Accelerating the achievement of goals in the response to HIV/AIDs, Tuberculosis and Malaria in Indonesia reaching MDG targets and national development objectives requires a high level of commitment and strong technical and management capacity. Global Fund notes that such management and technical assistance (MTA) should address long-term local capacity building. It also recommends that management and technical assistance plans focus on utilizing local capacity whenever available and appropriate.
22. MTA can be defined as knowledge transfer or capacity building through the provision of staff, consultants, and equipment to improve programmes, reinforce implementers' management capacity or address specific management gaps. It can be provided regardless of source of programme funding, or specifically target Global Fund grants, especially in order to improve the preparation and implementation of grants. In the case of MTAF projects, technical assistance is geared towards securing targets included within grant agreements while management assistance is more geared towards ensuring PRs are compliant with guidelines and procedures.
23. In 2008, Global Fund called on CCMs to strengthen their oversight on all PRs and SRs in order to fortify their implementation capacity. The GF Guidelines recommended that CCM facilitate the development of a single technical national assistance framework to enhance the processes and implementation effectiveness at planning and delivery stages.
24. In line with this, AusAID supported UNDP from 2009-2011 in extending management and technical assistance to PRs and CCM. In 2011 this backing led to the creation of a dedicated Facility which reinforced the commitment of AusAID and UNDP in formalizing this critical set of services. In October 2011, a project was created, signed by UNDP and CCM, to create the Facility with this outcome: *"PRs and CCM will be strengthened to enable them to successfully manage the implementation of GF grants in Indonesia and accelerate achievement of Health-related MDGs."*

¹ Percentage of USD 693 million allocated towards each disease in parenthesis.

25. The objectives of the project are:

- a) To establish a single management and technical assistance framework (the Management and Technical Assistance Facility) to coordinate, harmonize and align the provision of management and technical assistance to strengthen capacity in the implementation of Global Fund grants;
- b) To build and strengthen the operational capacity of the Management and Technical Assistance Facility, including procurement and supply chain management, financial management and oversight capacity; and,
- c) To strengthen partnerships by developing a partnership mechanism for the provision of management and technical assistance that will enable an exchange of experience, good practice and expertise and support resource mobilization for the national Management and Technical Assistance Facility.

26. The Facility aimed to mobilize and guarantee more efficient, effective, appropriate and timely management and technical assistance for Principal Recipients, Sub-Recipients and other implementers. It will also guarantee that the management and technical assistance provided meets standards of quality, equity of access and cost-efficiency, and will contribute towards the building of a sustainable national framework for management and technical assistance. Three outputs expected to be attained during the implementation of the project were:

- a) The Management and Technical Assistance Facility established and operationalized;
- b) Functional capacity established in the implementation of the Management and Technical Assistance Facility;
- c) Global Fund programme performance enhanced.

IV. EVALUATION SCOPE AND METHODOLOGY

Evaluation

27. The evaluation exercise examines the progress, achievements, good practices, and lessons learned from the implementation of the MTAF management programme in order to give feedback to the project stakeholders. The evaluation will also assess current MTAF operations/implementation, resource mobilization to ensure continued funding is available, and to address the expectations of the development partners and stakeholder of this project. The specific objectives of the evaluation are as follows (extracted from Terms of Reference of the Team Leader (Annex IV):

- a) Review and critically evaluate the achievement of results since the project started in 2011;
- b) Review and contextualize UNDP's MTAF project efforts as part of the larger country Global Fund Programme implementation in Indonesia;
- c) Determine whether there have been any unexpected results in addition to the planned outputs specified in the Project Documents;
- d) Gain insights into the level of impact/result on the project stakeholders which include Principal Recipients, CCM and its TWGs (for AIDS, TB and Malaria component), national government partners and donors;
- e) Distil and document lessons learned from the MTAF project, including those pertaining to approaches, strategies, gender mainstreaming, management and partnerships, both in the context of country specific lessons
- f) Assess the effectiveness of capacity development for PRs and SRs, as well as the extent to which it contributed to overall improvement of PRs' GF grant performance;
- g) Provide recommendations in light of the findings of the assessment to enable UNDP and CCM GFATM Indonesia to sustain the benefits of the project and effectively respond to any future needs for institutional capacity development for Global Fund's wider health programme issues in Indonesia and under the MoH.
- h) Risk analysis of the MTAF project and its extension phase.
- i) In doing so, the evaluation exercise will use the standard OECD/DAC Evaluation Criteria for Evaluation of Development Assistance namely, Relevance, Effectiveness, Efficiency, Impact and Sustainability (For details see pages 168-170 of the Handbook on Planning, Monitoring and Evaluating for Development Results². The Evaluation team's approach is guided by the three guiding principles of impartiality, independence, and transparency.

² <http://www.undp.org/evaluation/handbook>.

Methodology

28. The Evaluation Team commenced its work by meeting with various stakeholders of the project where primary sources of information were available in the form of programme-related documentation and consultation with stakeholders and informants.
29. Tables and matrices were used to synthesise the information, and some of these were reviewed and endorsed by MTAF stakeholders to ensure accuracy and comprehensiveness. The process ensured stakeholder participation throughout the evaluation process. The key sources of data for interpretation and analysis outlined below were document reviews, minutes from stakeholders' consultations, summarising and cross-referencing.

V. FINDINGS

(a) Comments on design and monitoring of MTAF

30. In 2008, CCM in Indonesia requested UNDP to provide technical assistance to PRs towards greater grant effectiveness. From 2009-2011, AusAID supported UNDP with technical assistance in the setting up of the MTAF within CCM. Moving forward, the MTAF is envisaged as a nation-led initiative designed to encourage principal recipients and sub-recipients to design and plan technical assistance needs and fulfill them.
31. The above chronology of events set the stage for a dedicated Facility long before it was formally established. The key team members of the Facility were closely associated with providing technical assistance to PRs/SRs long before its formal inception, and the setting up of the MTAF formalized and institutionalized this approach. The MTAF was designed to be part of CCM, which is the implementing partner under the UNDP's National Implementation Modality (NIM) modality. The Project Document states that the Ministry of Health, in the longer term will assume responsibility for the management of the MTAF with CCM retaining the oversight role. This institutional arrangement required prior approval from CCM. UNDP and CCM jointly appointed the Project Implementation Unit (PIU) responsible for coordinating the implementation of all activities. A project assurance team was appointed at UNDP to ensure quality of outputs. The board is responsible for project assurance but delegated day-to-day monitoring to the PIU (also known as the PMU). The board comprises representatives from key stakeholder organizations (CCM, UNDP, UNAIDS and an authorized beneficiary).

32. MTAF working mechanism functioned in two ways – PRs identifying MTA needs and the Facility helping them assess those needs. In order to build a database of available expertise in Indonesia locally, and subsequently regionally (through entities such as TSF that has access to 800 HIV/AIDS specialist in the region), if local capacity is not available, the Facility drew in experts by creating an online repository of consultants in various themes. The database prioritizes the use of local capacity, which contributes to building sustainable resources to meet on-going MTA needs.
33. The evaluation team notes that while the outputs are sequential in nature, broadly listed as: (i) establishment (ii) operationalization (iii) performance implementation enhanced, the project activities were carried out in a simultaneous manner. This is most likely attributable to the aforementioned fact that while the Facility may have come into existence in 2011, similar activities were carried out under the umbrella of another project named ‘Capacity Development to Principal Recipients in Indonesia’, the groundwork and functions of which had been in existence since 2009. From a purely monitoring and design perspective, this makes it harder to track the achievement trajectory. This is also reflected in the way the Facility reported on budget, which was as amount spent per output and then cumulatively calculated as total. It would be worthwhile to mention here that out of the total USD 755,925 funding provided, the project has disbursed (as of July 2013) about 70% (USD 524, 252) of the funds. The project sought a no-cost extension until December 2013, and planned to fully disburse the remaining funds in Q3 or the extension months (October – December).
34. The evaluation team finds that all the outputs of the projects are designed towards the objective. They are not directly related to strengthening grant implementation at the grantee level, but through the provision of the Facility that is geared towards effectiveness. It might have been more efficient to follow and report sequentially as it makes tracking the progress more precise. This pattern is also reflected in budget reporting as it seems to contain activities that are simultaneous in occurrence. This is a possible design shortcoming during the inception stage.
35. In the Project Document, while the output one expected was the establishment and operationalization of the Facility, the indicators for this output seem ambitious, for instance, gaining ‘legal status of MTAF as a permanent body, integration of MTAF into MoH aimed at setting in place the institutional mechanisms’. At a stage where establishing the Facility is paramount, this should have been an output that ideally focuses on giving the Facility a robust structure in terms of goals, human resources, work-plans and training plans by way of internal/ self capacity diagnostics and assessment at the commencement stage of the project. This is a potential lesson learnt, and that is, in future projects where the human resource

- composition is continued from before the formal establishment of a project, there should be a fresh assessment of current and future needs of the project.
36. The team notes that the indicator referring to the drafting of official decrees should have been part of output two indicator for national/ independent sources identified. Furthermore, indicator 3 for output one states that the number of PRs procuring MTA through MTAF – this should not have been an indicator – abide by the principle that MTAF services are optional and PRs are free to access any source and not necessarily through the MTAF as it is not mandatory, but optional. This indicator should have been designed to reflect this important information during the design stage.
 37. In aiming for output two, one of the indicators for achieving functional capacity is establishing cost-sharing agreements. It was articulated on the assumption that funds to PRs should be channeled through MTAF; since this was not the case, this should have been revised to be reflected in the Project Document.
 38. As previously discussed, grant rating is a reflection of the combination of many factors. In aiming for output three, though it is logical to link MTAF performance at some level to grant rating, it should, however, have been articulated from the outset that manifestation of the Facility's work to actual grant rating is not directly attributable. Though the project clearly recognizes this at the design stage, perhaps it should not have been one of the targets to achieve or exceed A2 rating. The target setting should also have taken into consideration various intangible, external forces and ground realities that reflect rating.
 39. The evaluation team questions why the design framework did not consider exploring future roles outside of the MoH. It should have also been made clear at the conceptualization and design stage that funds will not be channeled through MTAF as this misconception led to considerable delay.
 40. In terms of reporting, the project followed prescribed tools, such as, the Quarterly Management Reports (QMRs), Internal Project Assurance Reports (IPARs) and Annual Report (2012). MTAF has used the percentage system to calculate overall achievement of outputs, apparently modeled after the Global Fund progress system. This is not an accurate representation of progress and UNDP should have advised on discontinuation or devised another suitable reporting indicator. During consultations with stakeholders, UNDP acknowledged this and plans to provide alternative ideas in the course of time. In view of this, UNDP should play a stronger role in project assurance and perhaps MTAF should have received better guidance on reporting tools.
 41. The MTAF was able to respond to the changing and emerging development priorities and needs following the implementation of the Global Fund

programmes in Indonesia. However, the Project Document does not 'compartmentalize' specific needs as per disease, for instance, Health Systems Strengthening arguably has different capacity needs and response due to its cross cutting character and recent existence, than, for instance, National AIDS Commission, which has a long, well established presence. The Project Document could have also looked into sub-categorizing MTA and then carry out a matching exercise. This is also another lesson learnt from the project.

(b) Relevance

42. *This section evaluates the extent to which intended outputs of MTAF are consistent with national policies and priorities and the needs of the CCM, PRs and SRs. It evaluates the extent to which the planning, design and implementation of MTAF was able to respond to changing and emerging development priorities and needs following the implementation of GFATM programmes in Indonesia.*
43. The evaluation team finds the intended objectives and planned outcomes of the project to be highly relevant to Global Fund grant implementation in Indonesia. These resources continue to be critical in supporting the management of response and delivery of targeted intervention towards the combating of the three diseases. The Global Funds system of performance-based funding was developed to link funding to the achievement of country-owned objectives and targets, and to ensure that money is spent on delivering services to people in need. The performance grading system provides incentives for grantees to focus on programmatic results and timely implementation.
44. Setting up and operationalizing the Facility encourages learning to strengthen capacities and improve programme implementation. By providing a national framework for coordinating MTA provision – the creation of the Facility formalized the set up of a convener for grant effectiveness - a gap that existed earlier was filled. It should be noted here that the provision of quality service providers in the form of a database of local, regional and international experts is a novel home-grown solution with long-term benefits, and has the potential to enhance ratings which will be very useful for future recipients of online database provision.
45. From the feedback received from various stakeholders, the team found that the outputs of the MTAF are consonant with national policies and priorities and the needs of the CCM, PRs and SRs. However, the degree of relevance varied among recipients, for example, MoH's Directorate of Health Systems-Strengthening shared with the evaluation team that they need assistance in

- subject matter expertise in areas like epidemiology, whereas National AIDS Commission stated that they need both technical and management assistance. Where MTAF has been most relevant is that they brought in experts to carry out capacity self-assessment and costed the MTA plans for HIV PRs and SRs.
46. MTAF has played a key role in strengthening the CCM. The CCM in Indonesia is responsible for coordinating the development and submission of national proposals, nominating principal recipients, and overseeing implementation of grants. The Facility has also provided CCM with updated oversight tools and organized oversight visits reports. However, it is not yet visible how those tools actually manifest in enhancing oversight as the tools were adopted much later during the transition phase. The project also reported that many of the recipients started to use oversight tools before formal endorsement by the CCM members.
47. The MTAF, due to its strong working relationship with CCM members, was able to support its role in ensuring linkages and consistency between global fund grants and sharpening oversight tools. Proven performance of grants is critical to raising additional funding and the MTAF's role has been relevant in introducing the tools and expertise for this area.
48. MTAF's work has been consistent with UNDPs overall planning framework and focus on MDG 6. Effective delivery of resources is also in line with Australia's commitment and development priorities towards Indonesia. AusAID is supporting Global Fund to address issues pertaining to life-threatening diseases like HIV/AIDS, TB and Malaria in the world's poorest countries. Global Fund helps Australia meet the aid programme's strategic objective of saving lives as well as achieve the MDGs. Since 2004, Australia has contributed \$310 million to Global Fund (AusAID Factsheet March 2013). Australia and Indonesia have an effective development partnership that involves improving health and education outcomes, boosting economic growth, providing support to protect the poor and vulnerable, and strengthening democracy, justice and governance. Maintaining and growing this partnership remains a top priority for Australia. Owing to Indonesia's size and proximity to Australia, increased prosperity, stability and growth in Indonesia are in the interests of both nations as well as in the broader region.³

³ Government of Australia's Department of Foreign Affairs and Trade <http://aid.dfat.gov.au>

(c) Appropriateness

49. *This section evaluates the acceptance and feasibility of MTA Facility activities and/or the method of delivery. While relevance examines the importance of the initiatives relative to the needs and priorities of intended beneficiaries, appropriateness examines whether the initiative as it is operationalized is acceptable and feasible within the local context.*
50. The evaluation team finds that the project followed consultative, multi-stakeholder-based, and country-owned process of setting up and endorsing the Facility. While the rationale and conceptualization of the Facility is appropriate, there were certain issues that challenge this notion. This is due to the problem of perception regarding conflict of interest. Furthermore, during the inception stage, several PRs and SRs believed that it is mandatory to use the Facility's services. This was unfortunate, as it was not made emphatically clear that MTA is not a requirement; it is one of the avenues available for grant recipients to source management and technical assistance.
51. Due to the inherent design of the operational structure, the MTAF is formally a part of, or in project parlance 'owned by' the CCM. As depicted in its working mechanism, the CCM members are drawn from various departments of the MoH, and the Ministry itself is also a PR of the grants, with various departments and directorates covering TB, HIV, Malaria and HSS. As described by Indonesia's Country Coordinator of UNAIDS, the conflict of interest constitutes the proverbial 'Achilles' heel'. The Global Fund Manager for Indonesia in Geneva also laid strong emphasis on the potential conflict of interest, which continues to persist unless a new mechanism of operation and reporting for the Facility is charted out.
52. According to the MTAF Operational Guidelines (April 2013), the Facility tried to address this by putting in place a set protocol for self-declaration and subsequent withdrawal from participation in deliberations. The Facility contends that this issue is largely tackled by ensuring that different individuals are participating in different aspects of Global Fund – whether it is becoming part of technical working groups, oversight committees or selection of candidates.
53. The team concludes that the current set-up is not appropriate as it exposes itself to potential risks related to quality assurance, equity of access and cost-efficiency standards in the hiring of consultants. Given the very operational and governance structure of the CCM, and as manifested in the Management Arrangements, particularly Ministry of Health as the client (principal recipient of grants) and 'owner' of MTAF, a more robust set-up needs to be identified.

Table (i) Current Working Mechanism of MTAF

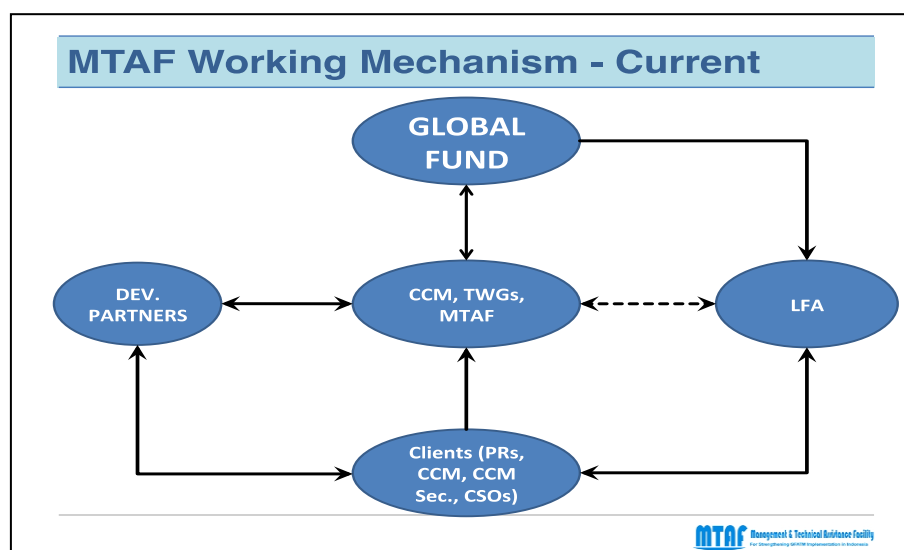


Table (ii) MTAF Institutional Arrangement

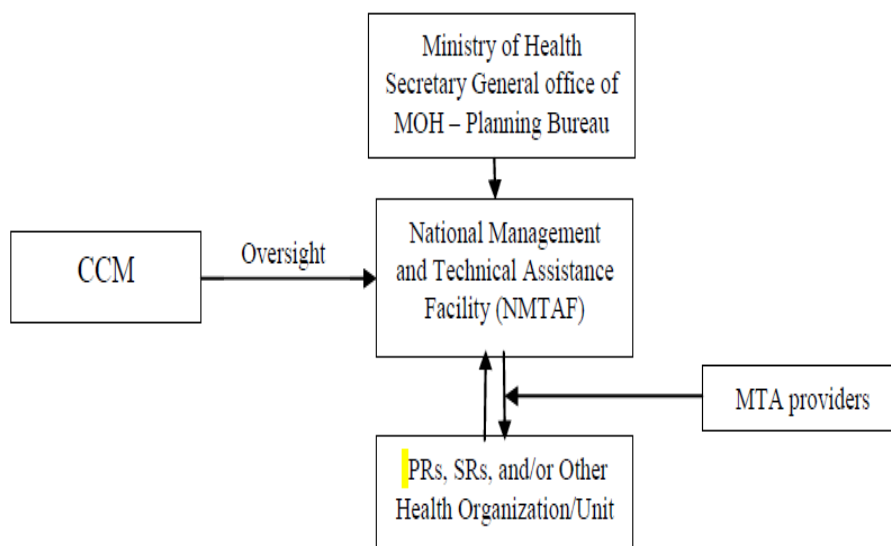
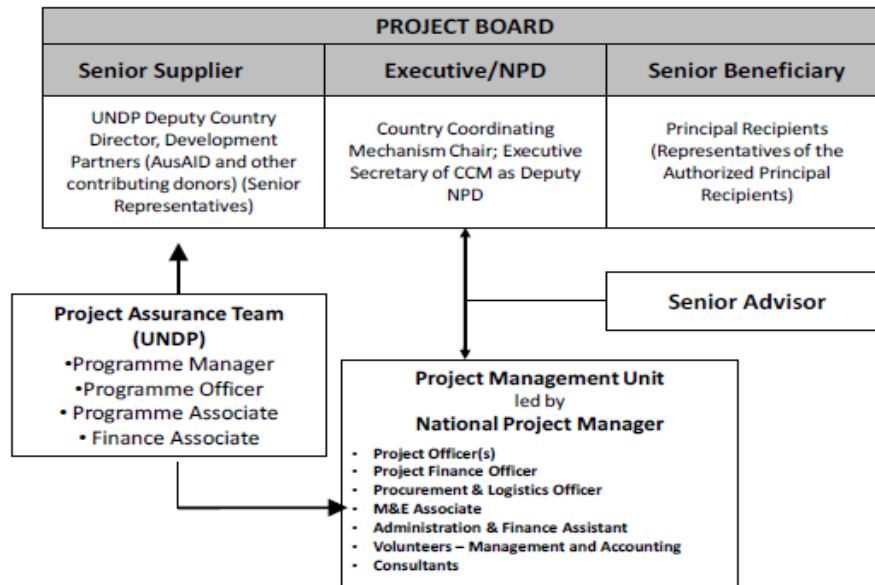


Table (iii) Project Organization Structure



54. The key team-members of the Facility have been associated with the GF grant implementation before the formal inception in 2011. Due to past associations, the Global Fund foray into Jakarta enjoys the close cooperation of MTAF key members, drawing from their vast experience as subject-matter experts. While this is advantageous, informal support and sharing of expertise led to several stakeholders not correctly understanding the role of MTAF. This caused a problem of perception about the role of MTAF and lack of demarcation of the types of assistance being provided. The project staff extended subject matter expertise in areas such as (i) planning & budgeting i.e. proposal development & grant renewal, (ii) monitoring & evaluation (in programme & finance) i.e. during the PUDR process, and (iii) procurement management. While this also demonstrates that there was clearly a strong need for subject matter expertise, beyond assistance of project management, oversight, financial management, etc., this was not envisioned at the design stage. It may not be incorrect to observe at this point that perhaps the Facility was a de-facto provider of the services that were expected from CCM.

(d) Effectiveness

55. *This section evaluates the extent to which the intended results of MTAF have been achieved. It is an assessment of cause and effect- that is attributing observed changes to project activities and outputs.*

56. **Effectiveness of Output 1:** As planned, the Facility established itself with key personnel coming on board and instating a steering committee. MTA plans for the Ministry of Health (HIV, TB, HSS) were developed, planned, approved and are now under implementation. A consultant was hired to assist NAC develop consolidated MTA plans for all PRs related to HIV. Six PRs procured assistance through the Facility, exceeding the target. Based on stakeholder response, the MTAF has been effective in attaining the overall outcome of the project, which was to strengthen the CCM and the PRs/ SRs in successfully managing the implementation of Global Fund grants in Indonesia and accelerate the achievement of MDGs. Both, CCM and PRs report close cooperation and accessible provision by the Facility colleagues and in accessing quality expertise via the consultants database.

57. **Effectiveness of Output 2:** This output can be divided into three sub-sections; (i) establishing local and partnership mechanisms; (ii) securing financial sustainability, (iii) focus on building capacity to establish in the implementation of the Facility. The Evaluation team finds that there is no strong link between the intended output and the targets. In order to establish functional capacity, formal partnerships were established and over 230 individuals registered in the online database of service providers. One of the targets, establishing cost-sharing agreements, was not achieved due to initial misconception that MTAF would be channeling funds to the PRs and SRs. This should have been rectified during the initial phase itself.

58. The project worked diligently to seek financial sustainability. However, they should have explored other avenues besides being absorbed by the Ministry of Health. In collaboration with MoH's Legal Office, a Ministerial Decree has been drafted that recognizes MTAF as a legal entity. This will enable the facility to tap into MoH's state budget (Anggaran Pendapatan Belanja Negara - APBN). However, CCM, as the 'owner' of MTAF, has not decided whether it should be integrated into MoH or kept as an independent facility. If the second option is chosen, a new strategy needs to be developed, which identifies sources of funding for the facility. CCM's decision on this was pending during the time this report was concluded.

59. **Effectiveness of Output 3:** This output focused on the overall strengthening of grant management performance, which is achieved through strengthening implementers' capacity. The evaluation team found strong evidence based on stakeholders' feedback that the Facility plays a pertinent role towards this

output. The project has achieved its objective by becoming a single focal point for delivery of management and technical support to the PRs, SRs and the CCM in Indonesia. The Facility has been instrumental in bringing planning, budgeting and work-plan formulation to the forefront, which will lead to greater grant effectiveness.

60. MTAF also supported the CCM Secretariat in conducting regular meetings with all CCM members including its Technical Working Group in order to discuss the revision of the CCM Governance Manual so that it is in accordance with the latest updated Global Fund mechanism. The project also supported CCM in developing field oversight visit reports for submission to GFATM. This resulted in the revision of oversight tools making them more applicable and adjusted to the current situation on the field.
61. In terms of measuring effectiveness, as previously stated, the project has also found it difficult to attribute MTAF results to the strong performance ratings of the PRs. There are two results which will have a direct and significant impact on the performance ratings of the PRs: (i) the level of progress by PRs in the implementation of the MTA plans (an Output 1, and to some extent, an Output 2 result); and (ii) the successful utilization of the updated tools by the recipients, CCM and TWG.
62. Implementation of the MTA plans is still in the early stages. The progress report states that though the number of PRs and SRs which are utilizing the updated tools in comparison is quite high, it does not quantify usage. At the time of the evaluation, not all recipients were trained in utilizing the tools; this has been planned for the extension phase (from October to December 2013). It should also be noted that not all grant recipients responded actively to MTAF's proposal to develop work-plans in the initial phase. During the time of the evaluation mission, the CCM and TWG were also not utilizing revised tools since these tools were formally endorsed by newly instated CCM members towards the end of the project cycle. It was reported that the lengthy selection process of the CCM members led to delays in the timely endorsement and implementation of these tools. For instance, although the CCM governance manual has been drafted since September 2012, it has not been implemented due to delays in its formal endorsement. Although, it has been reported that four PRs and 48 SRs began implementing updated tools without CCM's formal endorsement, instances like these limit MTAF's work.

Notable Practice: The MTAF helped in leveraging partnerships to extend support to Civil Society Organizations (IPPA, NU) though they had not planned nor had made the financial provisions for assistance. The MTAF worked in partnership with the Technical Support Facility for South East Asia, UNAID and Family Health International (FHI) to extend support to IPPA and NU in taking part in capacity self assessment and charting out clear MTA plans. This is a strong example where the facility stepped beyond set parameters to cater to the needs of the grant recipients. It was also reported that MTAF support in areas like condom marketing strategy will provide greater protection to vulnerable groups like Female Sex Workers (FSWs) against the transmission of HIV.

(e) Impact

63. *This section evaluates changes in human development and people's well-being that are brought about by the project, directly or indirectly, intended or unintended.*
64. The project set out to achieve the goal where PRs and CCM will be strengthened to enable them to successfully manage the implementation of GF grants in Indonesia and accelerate the achievement of health-related MDGs. As covered in the comments on the project's effectiveness, it is not easy to map the impact of the facility based on outputs as a significant portion of the focus is on establishing, operationalizing, financial sustainability and creating an online repository of experts. In line with this, the evaluation team is unable to offer quantitative evidence of impact due to the broader outcomes of the MTAF being more intangible in nature.
65. The CCM grant oversight online system called the 'dashboard' is an information tool to support CCM in carrying out their oversight role. While it is voluntary and not a requirement, this oversight tool provides CCM members with a highly visual, strategic summary of key financial, programmatic, and management information drawn from existing data sources (PUDR) for each Global Fund grant recipient. The oversight tool was developed through a joint partnership between Grant Management Solutions (GMS) and Global Fund. The tool is in the form of a Microsoft Excel® file and can be downloaded from the link below together with a set-up and maintenance guide, information about technical support, and a summary of the feasibility pilot. It is worth noting here that the dashboard is not a mandatory tool in general, but in the case of Indonesia, it was a tailored tool introduced through a CCM plenary and an important requirement for PRs presenting their updated progress every six months. The project staff has

made meticulous contribution in this regard by seconding its staff on a regular basis to provide training on accurate usage of the dashboard. This deserves acknowledgement.

66. Evaluating strictly on the basis of combination of a number of factors such as achievement of planned outputs and stakeholder responses, the team acknowledges that the Facility was impactful and added value to Global Fund grant effectiveness in Indonesia. This has bolstered a strong need for robust grant management and the role of the Facility in facilitating this demand.

Notable Achievement: The most significant contribution of the MTAF has been to facilitate the preparation of costed MTA plans for Phase II Grants for HIV/AIDS in Indonesia. The technical expert, funded by UNAIDS and commissioned by the Technical Service Facility brought together four main PRs as well as the CSOs (IPPA and NU) This resulted in a comprehensive exercise that is expected to have a solid impact on the way the PRs and SRs plan their activities in future. The project deserves praise for reaching out to CSOs that have less opportunity to build and expand their MTA capacity in the implementation of their grants.

(f) Efficiency

67. *This section evaluates how economically resources or inputs (such as funds, expertise and time) were converted to results. An initiative is efficient when it uses resources appropriately and economically to produce the desired outputs. Efficiency is important in ensuring that resources have been used appropriately and in highlighting more effective uses of resources.*
68. The evaluation team finds that efficiency has been somewhat inconsistent among the three intended outputs. Output one was reasonably efficient despite initial prevalence of misconception about MTAF's role. The efficiency in achieving output two was high. Especially notable were a sizable number of service providers signing up for the "Konkes" database.
69. The efficiency was also somewhat affected because of the difficulty for CCM members to convene due to various other full-time commitments. The CCM's approval of oversight tools established by MTAF took longer than expected. Nevertheless, the Facility was reasonably efficient in reaching out to high number of PRs and SRs.

70. The table iv below shows MTAF's budget and disbursement as of Q2 (June) 2013. The project's implementation period will be over by September 2013 and the project will be requesting a no cost extension till December 2013. The Project reports that funding was not sufficient to realize all targets. The approved Results and Resources Framework (RRF) was based on the assumption that the entire project budget would be close to USD 2 million. The actual budget, in comparison, was USD 600,000. The Project Document initially envisioned that Cost Sharing Agreements (CSAs) would be established with PRs. However, Steering Committee members agreed in April 2012, that funding could not be channeled through MTAF. As stated in previous sections, this led to significant confusion on the initial role of the Facility. Abridged budgets may have had impacted the efficiency in terms of a lack of human resources complementing the planned activities. The evaluation team suggests that the composition of the team should have been the result of the internal assessment for better design and higher efficiency. This can be noted for future endeavors.

Table (iv) : Project Budget and Expenditure (as of July 2013)

Output	Budget	Expenditure	%
1	482,591.10	429,104.47	89%
2	136,998.66	34,187.06	25%
3	136,335.85	60,961.28	45%
Total	755,925.61	524,252.81	69%

Source: MTAF Presentation at Project Board meeting July 2013

(g) Sustainability

71. *This section aims to evaluate the extent to which benefits of MTAF continue, given that external development assistance has come to an end. This includes evaluating the extent to which relevant social, economic, political, institutional, and other conditions are present and, based on that assessment, making projections about the capacity of the government to maintain, manage and ensure the development results in future. This assessment will explore the extent to which a sustainability strategy has been developed and/or implemented, whether financial mechanisms are in place to ensure ongoing benefits, whether policy and regulatory frameworks are in place and the extent*

to which institutional capacities (systems, structures, staff, expertise, etc.) are in place.

72. Securing sustainability was embedded as one of the project objectives (output 2). In collaboration with MoH's Legal Office, a Ministerial Decree has been drafted that recognizes MTAF as a legal entity. This will enable the facility to tap into MoH's state budget (*Anggaran Pendapatan Belanja Negara - APBN*). The CCM has not yet decided whether it should be integrated into MoH or kept as an independent facility. If the latter option is chosen, a new strategy needs to be developed, which identifies sources of funding for the facility.
73. The current HR composition of the MTAF is not sustainable; the facility is very concentrated on the top and relies heavily on goodwill and the long-standing good reputation of its leaders – while this lends credence to the work of the MTAF, this is not sustainable for long-term benefit. In future, the MTAF will need to find its niche and create compartmentalization of services, keeping in mind the demand and existing supply, and carve out a relevant role.
74. The results and benefits from MTAF have potential to be sustained given a sharper focus and continued funding. In sum, the Facility has extended capacities to the CCM, PRs and SRs that are sustainable in future.

(h) Gender

75. The project exhibits gender elements on two dimensions: internal (project staff composition/ organization) and at planning and execution level. The Project Document calls for a gender gap analysis to determine how the project might impact women and men differently. Also, it calls for principles of gender equity issues to be adopted in the recruitment, functioning and organizing of various groups. The team notes that gender mainstreaming was not part of the M&E framework, hence budget was not allocated at the programme execution level. This is unfortunate, as the MTAF could have played a strong role in promoting gender mainstreaming at the level of grant implementation.

76. The Project conducted an internal gender gap analysis towards the end of 2012, and based on the findings it identified the following strategies to be adopted and activities to be undertaken:

- a) Improve Gender Equality Mainstreaming Strategies (GEMS) capacity of MTAF staff
- b) Work in collaboration with the Ministry for Women's Empowerment
- c) Hire short-term consultants
- d) Amend the MTAF project document to include explicit awareness-raising of gender equality promotion
- e) Provide budget allocation for gender equality promotion
- f) Promote gender equality among beneficiaries and stakeholders
- g) Integrate gender equality in meetings and trainings
- h) Develop gender responsive MTAF M&E System

77. The Project next incorporated the Strategies and Activities into a Gender Framework to establish a schedule of gender mainstreaming activities it planned to carry out within the course of four quarters. The evaluation team could not find concrete evidence in the MTAF's Quarterly Monitoring Reports (QMR) and Internal Project Assurance Reports (IPAR) of the undertaking of the above activities, except that the MTAF staff carried out GEMS toolkit / checklist to do an internal review/ self assessment.

78. The project exhibited sensitivity towards gender concerns by observing gender balance in personnel set-ups, committees, participation, etc. However, it also acknowledges that the results and effectiveness of these practices are yet to be observed and gauged. It is indeed noteworthy that MTAF staff carried out GEMS of its own, but it is clear that the PR itself did not stress enough on gender mainstreaming for improving development outcomes.

(i) Risk Assessment

79. The risk management strategy covers political, financial, operational and organizational risks. The existing strategy identifies perils but does not offer concrete and innovative responses. For instance, one of the risks listed on progress reports are delays due to appointment of CCM members. This turned out to be prescient. However the mitigation strategy does not directly respond to this occurrence; rather it seeks to focus on training the new members as and when they are instated. The evaluation team recognizes that these are forces where the MTAF does not have much control over, but these nonetheless should have been addressed in a substantive way.

80. The risk management also overlooks the potential conflict of interest, which should have been a part of the strategy. Furthermore, one of the possible risks includes MTAF becoming an independent entity as a result of not securing funding. This is not a risk *per se*, but perhaps included due to the project's assumption that MTAF can only function under the MoH.

VI. LESSONS LEARNT

The evaluation team looked at various aspects of the project while distilling lessons learnt. The lessons can be broadly categorized in the following areas:

81. **Approach:** The project during inception stage should have included an output that focuses on giving the facility a robust structure in terms of human resources, work-plans, training and travel budget plans. It should have also allowed for a scope for internal/ self capacity diagnostics and assessment at the commencement stage of the project. This is a lesson learnt. In future, for projects where the human resource composition exists from before the formal establishment of a project, there should be a fresh assessment of current and future needs of the project.
82. During the time of the commencement of the project, it was perhaps crucial to do an assessment of the existing CCM framework and governance structure in Indonesia. This exercise would have been prescient in identifying more efficient ways where the Global Fund foray can organize itself given the realities on the ground and the unique challenges it offers.
83. **Management and Partnerships:** The MTAF's relationship with its intended beneficiaries was multi-dimensional and went beyond the standard format. Its experience in working with the MoH, CCM, PRs and SRs offers interesting perspectives in its own right. This is further enriched by the fact that all these actors are channelling funds from a foreign donor. The Facility is quite unique in its own way in offering rare insights and lessons, especially the importance of offering a list of caveats pre-emptively on what could be challenges.
84. The conflict of interest mitigating tools adopted by the MTAF were not able to dispel difficult, uneasy questions such as cost efficiency for recipients when procuring consultants. This was very challenging in itself as the MTAF operated in a very unique situation. In view of this, it probably teaches a lesson that entities like MTAF should be operating under a more independent and autonomous mechanism. The relationship of CCM with MTAF as client and beneficiary will need to be revamped substantially.

85. **Reporting:** As reported earlier, the MTAF reported its projects success and activities as per UNDP guidelines. However, the evaluation team finds that donors expect a sharper and more concise reporting of the Facility's work. One constructive way could have been to create communication tools such as newsletters or project *fiche* to convey progress on a more qualitative level.

VII. RECOMMENDATIONS

General Observations

86. The evaluation team finds complementarities between the work of Global Fund and the Government of Indonesia in UNDP and the Government of Australia's commitment towards combating the HIV/AIDS, Tuberculosis and Malaria scourge. Indonesia is listed among Global Fund's top 20 'high impact countries'; a stronger global fund grant implementation reinforces the aspirations to achieve the MDG six.
87. Despite successes, the Asian Epidemic Model projections in Indonesia for 2012 indicate that in the absence of additional and/or improved interventions, the number of annual new HIV infections would rise from an estimated 67,000 in 2011 to 84,700 in 2015, while the number of persons living with AIDS would increase from 547,000 in 2011 to 816,000 in 2015. All the four PRs have been rated high (A2) in their performance by Global Fund – which indicates that the basic systems are in place and key outputs (as defined in the performance framework) are being delivered. Past performance is indicative of future achievement. However, targets in Phase II are up sharply and all PRs run the risk of a lower performance, even in outputs.
88. Indonesia's AIDS response is largely funded by Global Fund (40%⁴) and as funding becomes more performance and results-based, the need to build capacity among grant recipients by using national-led approaches becomes more pronounced. MTAF is representative of efforts that call for strong commitment and sufficient implementation capacity at both central and regional/local levels.
89. Global Fund classifies Indonesia as an *Upper Lower Middle Income* (U-LMI) country and contrary to the prevalent assumption, the Fund is not expected to discontinue its grants beyond 2015.

⁴ *National AIDS Spending Assessment*

Specific Recommendations

90. Recommendation 1: The project set out to achieve the following outcome:

“PRs and CCM will be strengthened to enable them to successfully manage the implementation of GF grants in Indonesia and accelerate the achievement of health-related MDGs.”

While it has achieved a fair degree of success, MTAF's work is not complete. The 'transition phase' has merely set the stage and helped create a niche for a unique nation-led entity providing quality assistance towards grant effectiveness. The end of the transition phase presents an excellent opportunity to look back, reflect and restructure to correct past shortcomings and form a robust framework for the future. The evaluation team recommends continued funding support to the MTAF until the Ministerial decree has been passed and it becomes financially independent. However, the next phase of funding should be contingent upon a sharpened strategy to define its role, services, and structure.

The team believes that clearly defining and compartmentalizing of the 'basket of services' offered by MTAF should be carried out with a focus on its competitive advantage. In order to support this, current capacity levels and needs of the MTAF should be gauged and fulfilled.

91. Recommendation 2: In order to resolve the conflict of interest issue, the management arrangement should be revised to create a more independent functioning mechanism for the MTAF, as compared to the CCM. This recommendation is made in full cognizance of the fact that the original set-up was created and supported by the highest echelons of the Ministry of Health, and the agreement and vision of the Secretary General should be given due regard in any future change.

The MTAF should use the no-cost extension period (September – December 2013) to convene a forum to brainstorm various models. Some stakeholders have opined that perhaps, before the MTAF is able to be a fully independent entity, it would be better placed under the Ministry of Health as a Commission (modeled after the Hospital Accreditation Commission which is established by the Minister of Health Regulation No. 427, year 2011).

92. Recommendation 3: UNDP needs to play a stronger role in the future MTAF by way of capacity building and technical support. Consultations with UNDP indicated strong interest and broader opportunities for UNDP and AusAID to collaborate in programmes for strengthening health governance systems in Indonesia. If this comes to fruition, MTAF can be placed under the umbrella of a much larger project while serving the purpose of strengthening CCM. Such a project can address major needs such as a training and accreditation

centre, capacity building, and in future, the fight against other diseases.

93. **Recommendation 4:** For medium-term sustainability and competitive advantage, the online database can be expanded with quality assurance certification, trainings and workshops. In the long term, the online database can be modeled after Ikatan Nasional Konsultan Indonesia (INKINDO), with a paid membership base.
94. **Recommendation 5:** The project should formulate a gender strategy, translating and trickling down to PR and SR's grant implementation levels. The evaluation recommends the appointment of a gender specialist to be part of the future team.
95. **Recommendation 6:** MTAF exhibits strong potential for collaborating with "South South and Triangular Cooperation". One possible entry point would be to look into Technical Support Facility (Malaysia) and CCMs of other Asian countries to determine complementary concerns. The evaluation also recommends stronger ties and communication with the Global Fund office in Geneva.

Annex I: Questionnaire

The following were general questions that were modified for the audience to gain better understanding and evaluate the project:

1. What have been the roles and responsibilities of the MTAF and its activities?
(Background to all DAC criteria)

2. Was the process of setting up and endorsing the Facility consultative, multi-stakeholder based, and country-owned? ***(Appropriateness)***

3. The project, supported by UNDP and AusAID intended to provided capacity development support to the MTAF – has the MTAF in turn helped CCM, PRs and SRs to meet their technical, management and programmatic needs?
(Appropriateness, effectiveness and impact)

4 How relevant has MTAF been in establishing a ‘single national technical assistance framework for GFATM related process and activities? Has MTAF resolved the earlier reported problems of a fragmented and uncoordinated approach? ***(Relevance)***

5. What is the perception of the results achieved or progress made by MTAF? What is the perception of Principal recipients and Sub-recipients of MTAF’s achievements and why? What are the results that Principal recipients and Sub recipients believe have not been achieved by MTAF and why? Have there been unintended results, either positive or negative? Has the MTAF met the needs of its intended beneficiaries as per the Facility’s design? Has the CCM’s oversight role improved in the transition phase (2011-2013)? ***(Effectiveness)***

6. How satisfied have the intended beneficiaries been with the performance of the MTAF with regard to terms of grant implementation? What are the most important contributions made by the project? Why are these contributions the most important? ***(Appropriateness)***

7. Now that the transition phase (2011-2013) is coming to an end, what results are sustainable for future? What capacities still remain to be developed in local systems? **(Impact and sustainability)**

8. Has MTA provision reached out to build capacities of community-based organizations and district level bodies that act as SRs and SSRs to participate in grant implementation and translating into achievement of MDGs **(Impact, Relevance)** How has the Capacity Self-Assessments helped the Sub-recipients?

9. What lessons and good practices have emerged through MTAF's work and which of them can be utilised/replicated elsewhere? Are there any other such facilities (national and international) that MTAF has collaborated with, so far? **(Sustainability)**

10. Has UNDP managed the project to the satisfaction of its intended beneficiaries? How does AusAID, as the project's key donor, feel about the value of their contribution? Does it believe that the project has led to its intended results? What is the long-term vision of UNDP and AusAID for the MTAF? **(Effectiveness, Impact)**

11. How have the various MTAF activities met the needs of women and men? How have both men and women been involved? **(Effectiveness, Impact)**

12. Technically, how do WHO and UN AIDS in Indonesia perceive MTAF and its results in the transition phase? Has project reporting been relevant to agency needs and has it been clear, accurate and timely from their perspective? How has the information been used? **(Efficiency and effectiveness)**

13. Looking at the CCM MTA Committee, various CCM members are also part of Principal Recipients (Ministry of Health) – how does this augur in terms of potential conflict of interest? What has the MTAF done to avoid/ overcome this? **(Appropriate)**

14. Looking at long-term sustainability, has the Facility prioritised the building of a sustainable national MTA repository in Indonesia? What are the alternate sources of funding and what would be the composition of such a Facility? Would the Facility be expected to operate beyond the boundaries of the three diseases? ***(Sustainability)***

Annex II: List of Persons and Agencies Consulted

Ministry of Health

- Dr. Untung Suseno S., M.Kes., Head of Development and Empowerment of Health Human Resources (Kepala BPPSDMK)⁵
- Dr. Kirana Pritasari, Director, Pustanserdik SDM Kesehatan⁶

Country Coordinating Mechanism (CCM)

- Prof. Dr. Sudijanto Kamso, Vice Chairman
- Dr. Tine Tombokan, Executive Secretary
- Dr. Broto Wasisto MPH, Chairman of the Oversight Committee
- Dr. Edi Rahmat, European Union and concurrently Chairman of the Technical Working Group for Health Systems Strengthening (HSS)
- Dr. Mariani Reksoprodjo, Chairman of the Technical Working Group for TB
- Wenita Indrasari, Chairman of the Technical Working Group for AIDS

Principal Recipient (PR), Ministry of Health, TB and AIDS

- Dr. Slamet Basir, Director of Directly Transmitted Diseases Control, as Authorized PR for the Ministry of Health
- Dr. Siti Nadia, Head of the Sub-Directorate for AIDS
- Dr. Dyah Mustikawati, Head of the Sub-Directorate for TB
- Dr. Eddy Lamanepa, GFTAM M&E Coordinator, Sub-Directorate for AIDS
- Suprijadi, GFTAM Admin. Coordinator, Sub-Directorate for AIDS

Principal Recipient (PR), Ministry of Health, Malaria

- Dr. Asik Surya, Head of the Sub-Directorate for Malaria
- Dr. Ferdinand J. Laihad, Head of the CCM Technical Working Group for Malaria
- Dr. Elvieda Sariwanti, Sub-Directorate for Malaria
- Made Y. Sub-Directorate for Malaria
- Dr. Thomas Suroso, CCM Technical Working Group for Malaria
- Lukman Hakim, GF Malaria

Principal Recipient (PR), Ministry of Health, Health Systems Strengthening (HSS)

- Dr. Oscar Primadi, Head, Health Data and Information (PUSDATIN)
- Cecep Slamet Budiono, Project Manager for GFATM-HSS Crosscutting, PUSDATIN

⁵ meeting requested but not held due to time constraints

⁶ meeting requested but not held due to time constraints

AusAID

- John Leigh, Director for Health Unit⁷
- Adrian Gilbert, First Secretary, HIV and Communicable Diseases⁸
- Astrid Kartika, Senior Programme Manager, Health Unit
- Riri Silalahi, Programme Officer, Health Unit

UNAIDS

- Cho Kah Sin, Country Director
- David Bridger, Policy Adviser

WHO

- Oscar Barreneche, WHO Medical Officer, CCM Vice Chair

PR National AIDS Commission (NAC)

- Dr. Kemal Siregar, Secretary⁹
- Dr. Fony J. Silfanus, Authorized PR of the National AIDS Commission
- Budi Harnanto, Deputy for Operations

CSO/NGO

- Inang Winarso/Cahyo Setiabudi, Indonesian Planned Parenthood Association/PKBI
- Dr. H. Imam Rasjidi, SpOG (K) Onk./Anggia Ermarini, Nadhatul Ulama
- Bahrul Ulum, Programme Coordinator, Nadhatul Ulama
- Ghufroon S., PMU, Nadhatul Ulama
- Noor Rochmah Pratiknya, Samhari Baswedan, Aisyiyah Central Board

Other Beneficiaries

- Dr. Hadiat M.A., State Ministry for National Development Planning /BAPPENAS¹⁰
- Dr. Arum Atmawikarta, State Ministry for National Development Planning/BAPPENAS¹¹
- Drs. Bambang Wispriyono, Faculty of Public Health, University of Indonesia (FKMUI)¹²

⁷ meeting requested but not held due to time constraints

⁸ meeting requested but not held due to time constraints

⁹ unable to attend meeting due to time constraints

¹⁰ meeting requested but not held due to time constraints

¹¹ meeting requested but not held due to time constraints

¹² meeting requested but not held due to time constraints

UNDP Country Office, Jakarta, Indonesia

- Beate Trankman, Country Director
- Stephen Rodriguez, Deputy Country Director¹³
- Nurina Widagdo, Head, Democratic Governance and Poverty Reduction Unit (DGPRU)
- Sharief Natanagara, Programme Manager, DGPRU
- Danielle Ide-Tobin, Monitoring and Reporting Officer, DGPRU
- Hester Smidt, Monitoring and Reporting Officer, CPRU
- Handoko, Operations Manager
- Teuku Rahmatsyah, Head of Planning, Monitoring and Evaluation Unit (PMEU)
- Sirman Purba, Planning, Monitoring and Evaluation Unit (PMEU)
- Ari Yahya Pratama, Planning, Monitoring and Evaluation Unit (PMEU)

Management and Technical Assistance Facility (MTAF) Project Management Unit (PMU)

- Dr. Haikin Rachmat, Senior Advisor and Project Team Leader
- Dr. Bambang Hartono, Project Liaison Coordinator
- Dr. Carmelia Basri, Senior Consultant
- Krisyani Inawati, Project Officer
- Chiquita Abidin, Database and Administrative Assistant
- Thelma Monica, Project Assistant

¹³ meeting not held as Mr. Rodriguez was away on home leave

Annex III: List of Documents Reviewed

- Project Document of the Government of Indonesia–United Nations Development Programme (UNDP): Management and Technical Assistance Facility to Strengthen the Implementation of Global Fund Grants in Indonesia.
- Keputusan Menteri Kesehatan Republik Indonesia nomor 1740/MENKES/SK/XII/2010 tertanggal 1 Desember 2010 tentang Komite Koordinasi Penanggulangan AIDS, Tuberkulosis, dan Malaria di Indonesia (Decision of the Minister of the Minister of Health of the Republic of Indonesia number 1740/MENKES/SK/XII/2010 dated 1 December 2010 regarding the Coordinating Committee on AIDS, Tuberculosis, and Malaria in Indonesia)
- Country Coordinating Mechanism (CCM) Indonesia Governance Manual, Second Edition, for Discussion at CCM Orientation Workshop, 20 April 2013
- Management & Technical Assistance Facility Operational Guidelines, Final Draft, version 25 April 2013.
- Management and Technical Assistance Facility to Strengthen the Implementation of Global Fund Grants in Indonesia. Annual Report, 2012. Prepared by the United Nations Development Programme (UNDP) and Indonesia's Country Coordinating Mechanism (CCM) of the Global Fund to Fight AIDS, Tuberculosis and Malaria for the Australian Agency for International Development (AusAID), May 2013
- Template for Project Quarterly Monitoring Report (QMR) – Internal Project Assurance Report (IPAR)
- Quarterly Monitoring Report (QMR), October 2011 to March 2012
- Quarterly Monitoring Report (QMR), April to June 2012
- Quarterly Monitoring Report (QMR), July to September 2012
- Quarterly Monitoring Report (QMR), October to December 2012
- Internal Project Assurance Report (IPAR), April to June 2012
- Internal Project Assurance Report (IPAR), July to December 2012
- Quarterly Monitoring Report (QMR) – Internal Project Assurance Report (IPAR), January 2013 to March 2013
- Copy of letter from the Head of the Center for Data and Information as APR GF-HSS to the Head of the Management and Technical Assistance Facility (MTAF) dated 28 June 2013 requesting technical assistance for the Global Fund HSS Programme (referred to by Dr. Oscar Primaldi, HSS, Ministry of Health)

- Invitation from the Chairman of the Country Coordinating Mechanism (CCM) Indonesia as MTAF National Project Director to attend the MTAF Project Board Meeting on Wednesday, 17 July 2013 (copies of invitation letter and draft minutes of meeting)
- Management and Technical Assistance Facility (MTAF) Gender Equity Analysis & Strategy
- Management & Technical Assistance Facility (MTAF) Progress Update as of June 2013
- Management and Technical Assistance Facility (MTAF) Presentation, 7 November 2013: Brief Information and Progress Update as of Quarter 2, 2013
- Grant Performance Snapshot 2010 to June 2013
- Result focused Technical Support and Capacity Building, Assessment & a coordinated and integrated plan, Phase II, HIV Grant, Indonesia. Draft 1 (10 June 2013; Revised on 10 July 2013. *Swasti: Health Resource Center, Bangalore, India.*
- Terms of Reference: Expert Consultant for Provision of Technical Support to the Management and Technical Assistance Facility (MTAF) to Strengthen the Implementation of Global Fund Programmes in Indonesia
- Terms of Reference: Specialist for Procurement to Support Implementation of Global Fund Programmes in Indonesia

Annex IV: TOR of Team Leader

Terms of reference

Position: Expert/Consultant for Evaluation of MTAF project (1 International Consultant as Team Leader) ,
Closing date: 12 June 2013

General Information	
Title: Expert/Consultant for Evaluation of MTAF project (International: Team Leader)	
Project Name : Management and Technical Assistance Facility (MTAF) to Strengthen Implementation of Global Fund for AIDS, TB and Malaria (GFATM) Grants in Indonesia	
Reports to: PMEUP – UNDP CO (through Dr. Haikin Rahmat, Senior Advisor/MTAF Project Team Leader)	
Duty Station: MTAF Project Office, MOH building – block A, Adhyatma building, 9 th floor, Kuningan, Jakarta	
Expected Places of Travel (if applicable): Meeting with Principal Recipients/PRs and Sub Recipients/SRs at the province level (as approved by the NPD and/or Team Leader of the MTAF Project)	
Duration of Assignment: From Asap to end of July 2013 (maximum 25 effective working days)	
REQUIRED DOCUMENT FROM HIRING UNIT	
<input checked="" type="checkbox"/>	TERMS OF REFERENCE
<input type="checkbox"/>	CONFIRMATION OF CATEGORY OF LOCAL CONSULTANT , please select :
<input type="checkbox"/>	• Junior Consultant
<input type="checkbox"/>	• Support Consultant
<input type="checkbox"/>	• Support Specialist
<input type="checkbox"/>	• Senior Specialist
<input checked="" type="checkbox"/>	• Expert/ Advisor
<input type="checkbox"/>	CATEGORY OF INTERNATIONAL CONSULTANT , please select :
<input type="checkbox"/>	(1) Junior Specialist

- | | |
|---|-----------------------|
| | (2) Specialist |
| X | (3) Senior Specialist |
-
- | | |
|---|------------------------|
| X | APPROVED e-requisition |
|---|------------------------|

REQUIRED DOCUMENTATION FROM CONSULTANT

- | | |
|---|--|
| X | CV |
| X | Copy of education certificate |
| X | Completed financial proposal |
| X | Completed technical proposal (if applicable) |

Need for presence of IC consultant in office:

- ☐ partial (explain : after submission of the first draft (20 working days, the consultant may work outside the office to finalize the report, especially during the start of the work until submission of the first draft)
- ☐ intermittent (explain)
- ☐ full time/office based (needs justification from the Requesting Unit)

Provision of Support Services:

Office space: ☐ Yes ☐ No

Equipment (laptop etc): ☐ Yes ☐ No

Secretarial Services ☐ Yes ☐ No

If yes has been checked, indicate here who will be responsible for providing the support services: Thelma Monica and Djulie Abadi will book room in Menara Thamrin and Project office)

Signature of the Budget Owner: (Haikin Rahmat – Senior Advisor/ Project Team Leader)

II. Background Information

This project supports the efforts to strengthen the capacities of Principal Recipients and the oversight capacities of Country Coordinating Mechanism to successfully manage the implementation of the Global Fund for AIDS, TB and Malaria (GFATM) grants in Indonesia between 2011 and 2013. This project will support the first 2-year phase of a programme to establish and operationalize the Management and Technical Assistance Facility for the implementation of Global Fund grants. UNDP will provide capacity development services to the Management and Technical Assistance Facility while the Facility, in turn, will facilitate Principal Recipients and their Sub-

Recipients to fulfil their needs in the areas of technical or programmatic assistance and management assistance, such as institutional and project management, financial management, procurement and supply chain management, and monitoring and evaluation.

The objectives of the project are:

- 1) To establish a single management and technical assistance framework (the Management and Technical Assistance Facility) to coordinate, harmonize and align the provision of management and technical assistance to strengthen capacity in the implementation of Global Fund grants;
- 2) To build and strengthen the operational capacity of the Management and Technical Assistance Facility, including procurement and supply chain management, financial management and oversight capacity; and;
- 3) To strengthen partnerships by developing a partnership mechanism for the provision of management and technical assistance that will enable an exchange of experience, good practice and expertise and support resource mobilization for the national Management and Technical Assistance Facility.

The establishment of a single national Management and Technical Assistance Framework to coordinate, harmonize and align the provision of management and technical assistance will help to mobilize and guarantee more efficient, effective, appropriate and timely management and technical assistance for Principal Recipients, Sub-Recipients and other implementers. It will also guarantee that the management and technical assistance provided meets standards of quality, equity of access, and cost-efficiency; and will contribute to building a sustainable national framework for management and technical assistance.

Three outputs are expected to be attained during the implementation of the project. They are:

- 1) The Management and Technical Assistance Facility endorsed, established and operationalized;
- 2) Functional capacity established in the implementation of the Management and Technical Assistance Facility;
- 3) Global Fund programme performance implementation enhanced.

There is now a formal AusAID requirement as stated in the agreement between UNDP and AusAID for an Output to Purpose Review, to evaluate the project success to date (period of the current project is Oct 2011 to Sept 2013). The MTAF has been operational since Oct 2011, but is building upon existing work to address key expected result of output-2, i.e to facilitate the establishment of a single National Management and Technical Assistance Framework and working in partnership with both national and international providers to

support the Government of Indonesia to continue implementing all health related programs (Global Fund and non Global Fund Grants also); and to sustain the Facility and UNDP-AusAID support is phased out. The consultant will provide an evaluation to assess of whether programme activities are on track to produce stated programme outputs and results. The Evaluator will cover the project progress from Oct 2011 to current and specifically will consider:

- What progress has been made for each output against the Core Indicators in the Logical Framework?
- To what extent are outputs likely to be achieved?
- Are there any unexpected outputs?
- What is the likelihood that project purpose and goals will be achieved?
- To what extent is the achievement of purpose attributable to the project outputs?
- Review the risk analysis: does this remain valid? Does the risk management approach require revision?

The MTAF is now requesting for an extension to support the Government of Indonesia (MOH) for a transition period (Sept 2013 – Oct2015). The project purpose for this transition period will be remained the same since it was only a continuation period. However, the Transition period will prioritize to ensure the continuation and sustainability of National Management and Technical Assistance Framework/Facility (MTAF) in strengthening country capacity development in successfully manage the Global Fund Grants, as well as, other national health programmes related issues. Therefore, it is important to integrate MTAF into the existing government system with country ownership and sustained mechanism under the management of a proper unit of the Ministry of Health.

As of March 2013 the project's cumulative results are summarized below :

1. Output 1: To establish a single management and technical assistance framework (the MTAF) to coordinate, harmonize and align the provision of management and technical assistance to strengthen capacity in the implementation of Global Fund grants.
 - MTAF PIU and Steering Committee resourced and working effectively by hiring of MTAF Project Team (Senior Advisor, Project Officer, Project Coordinator, Finance Assistant, Support IT & M&E)
 - Availability of in-house experts to provide strategic advice to the PRs and CCM-TWG meetings for ATM component

- MTA Facility “Operational Guidelines” was developed and socialized to stakeholders (i.e. users and providers) and still under final reviewed by UNDP program team
- MTAF has assigned Community System Foundation (CSF) as the provider to develop MTAF Website and Database. During Q1, intensive meeting and communication with all stakeholders were conducted. Finally at the end of Q1, MTAF Website and Database is finished and ready to operate
- Management and Technical Assistance Plan for Global Fund activities (Round 10 and other Rounds) developed and under implementation process with close collaboration support from the MTAF
- Conduct Capacity Self-Assessment for (4) PRs AIDS to develop a coordinated of a costed Management/Technical Assistance Plan
- 6 PRs (MOH-TB, MOH-HSS, 4 PRs AIDS) have procured MTA with assistance from MTAF
- 6 M/TA providers/consultants received capacity building and hired by MTAF (i.e. procurement specialist, consultant for analysis of CCM Oversight Visit, consultant (3 persons) to conduct capacity self-assessment for PRs AIDS, consultant (procured by FHI-USAID with facilitation process by MTAF) for condom marketing strategy to IPPA).
- 13 local M/TA providers/consultants are hired under PRs with facilitation support from MTAF on the procurement process. MTAF also facilitated PRs to conduct induction briefing to provide capacity building to the hired consultants on the Global Fund projects and detailed assignments as expected by PRs, as well as on the reporting process to ensure quality and timely submission of their outputs/deliverables.

2. Output 2: To build and strengthen the operational capacity of the MTAF , including procurement and supply chain management, financial management and oversight capacity

- 5 partnerships established with Management and Technical Assistance provider (i.e. AusAID as the donor of the project; UNDP as the administrator of this project and assurance in the delivery MTAF Project; UNAIDS provides support in the HIV/AIDS networks and UN joint groups on AIDS; USAID – via FHI/SUM 1 to support IPPA in the implementation of MTA Plan of Condom Marketing Strategy; TSF provides consultant – works in close collaboration with MTAF, to develop

coordinated costed M/TA plan).

- 3 CSOs (NU, IPPA and Aisyyah) assisted in the implementation of GFATM grants

3. Output 3: Global Fund programme implementation performance enhanced

- 4 PRs of AIDS and all SRs under these PRs using updated tools. The updated tools are commonly recognized as SOP and PIM which has been applied together during the development and approval Renewal phase-2 SSF grants
- Development/Refinement of tools for oversight is still under development by Consultant. Draft of Analysis Oversight Report has been presented and endorsed by the CCM, and ready to be shared the final report in early Q2-2013.
- 11 grants (out of 16) received a grant performance rating at A2 or above

III. Objectives of Assignment

The main purpose of this evaluation is to conduct an independent assessment for UNDP, CCM, Ministry of Health, and key development partners on the project's successes and failures, long-term results, the sustainability of project benefits, and synthesize lessons learned that inform future interventions, in order to support the decision making for continuation of this project under the transition period.

Knowledge and information obtained from the evaluation will be used as basis for better design and management for results of future UNDP activities, as well as other areas in institutional capacity building context in general. The evaluation also supports public accountability of the Government of Indonesia, UNDP, and the AusAID.

IV. Scope of work

The proposed evaluation will examine the progress, achievements, good practices, and lessons learned from the implementation of the MTAF management programme in order to give feedback to the project stakeholders. The evaluation will also assess current MTAF operations/implementation, resource mobilization to ensure continued funding is available, and to address the expectations of the development partners and stakeholder of this project.

This evaluation focuses on both the earlier achievements of the project in the establishment of the MTA Facility, partnership building and MTA facilitation to the Principal Recipients and Sub-Recipients.

The specific objectives of the evaluation are as follows:

- a) To review and critically evaluate the achievement of results since the project started in 2011
- b) To review and contextualize UNDP's MTAF project efforts as part of the larger country Global Fund Programme implementation in Indonesia;
- c) To determine whether there have been any unexpected results in addition to the planned outputs specified in the Project Documents;
- d) To gain insights into the level of impact/result of the project' stakeholder, include Principal Recipients, CCM and its TWGs (for AIDS, TB and Malaria component), national government partners and donors;
- e) To distil and document lessons learned from the MTAF Project; including those pertaining to approaches, strategies, gender mainstreaming, management and partnerships, both in the context of country specific lessons and those relevant to other international post disaster programmes;
- f) To assess the effectiveness of capacity development for PRs and SRs, as well as the extent to which it contributed to overall improvement of PRs' GF grant performance;
- g) To provide recommendations in light of the findings of the assessment to enable UNDP and CCM GFATM Indonesia to sustain the benefits of the project and effectively respond to any future needs for institutional capacity development for Global Fund more wider health programme issues in Indonesia and under MOH.
- h) To provide a risk analysis on the MTAF project and its extension phase.

In doing so, the evaluation exercise shall use the standard OECD/DAC Evaluation Criteria for Evaluation of Development Assistance namely, Relevance, Effectiveness, Efficiency, Impact and Sustainability (For details see pages 168-170 of the Handbook on Planning, Monitoring and Evaluating for Development Results:

<http://www.undp.org/evaluation/handbook>.

Relevance: Evaluate the extent to which intended outputs of MTAF are consistent with national policies and priorities and the needs of the Country Coordinating Mechanism (CCM) , PRs and SR. Also evaluate the extent to which the planning, design and implementation of MTAF was able to respond to changing and emerging development priorities and needs following the implementation of GFATM programme in Indonesia

Appropriateness: Evaluate the acceptance and feasibility of MTA Facility activities

and/or the method of delivery. While relevance examines the importance of the initiatives relative to the needs and priorities of intended beneficiaries, appropriateness examines whether the initiative as it is operationalized is acceptable and feasible within the local context.

Effectiveness: Evaluate the extent to which the intended results of MTAF have been achieved. This includes an assessment of cause and effect- that is attributing observed changes to project activities and outputs. Assessing effectiveness involves three basic steps: 1) Measuring change in the observed output or outcome, 2) Attributing observed changes or progress toward changes to the initiative or determining MTAF contribution toward observed changes, 3) Judging the value of the change (positive or negative).

Efficiency: Evaluate how economically resources or inputs (such as funds, expertise and time) were converted to results. An initiative is efficient when it uses resources appropriately and economically to produces the desired outputs. Efficiency is important in ensuring that resources have been used appropriately and in highlighting more effective uses of resources.

Sustainability: Evaluate the extent to which benefits of MTAF continue given that external development assistance has come to an end. This includes evaluating the extent to which relevant social, economic, political, institutional, and other conditions are present and, based on that assessment making projections about the capacity of the government capacity to maintain, manage and ensure the development results in future. This assessment may explore the extent to which a sustainability strategy has been developed and/or implemented, whether financial mechanisms are in place to ensure ongoing benefits, whether policy and regulatory frameworks are in place and the extent to which institutional capacities (systems, structures, staff, expertise, etc.) are in place.

Impact: Evaluate changes in human development and people's well being that are brought about by the project, directly or indirectly, intended or unintended.

V. Evaluation Questions and Methodology

Questions

Evaluation questions must be agreed upon by the project board that commissioned the evaluation.

The consultant will work in a team to develop list of questions that will help generate information required. Below is a sample of questions as reference for the evaluators:

- Were stated outputs or outcomes achieved?
- What progress toward the outcomes has been made?

- What factors have contributed to achieving or not achieving intended outputs
- To what extent have the outputs contributed to the outcomes
- Has the UNDP partnership strategy been appropriated and effective
- What factors contributed to effectiveness or ineffectiveness
- To what extent can results achieved be sustained by local government, communities and businesses?
- What have been the benefits of the project on men and women? How has the project addressed any gender gaps or issues?
- To what extent has the capacity development work and infrastructure works been relevant and adequate?
- What lessons can be learned that would inform future initiatives?

Methodology

The team of the evaluators will design a detailed step-by-step work plan that specifies the methods the evaluation will use to collect the information needed to address its purpose and objectives. The overall approach and methodology should ensure the most reliable and valid answers to the evaluation questions and criteria within the limits of resources (for more details see pages 172-177 of Handbook on Planning, Monitoring and Evaluating for Development Results: <http://www.undp.org/evaluation/handbook>).

Data Collection Methods

Primary data: The consultant may use questionnaires to collect primary data from beneficiaries, stakeholders, key informants, and expert panellists. The data can also be collected through direct observation, interviews, focus group discussions, and case studies. MTAF will provide data and information generated through monitoring during the project's implementation cycle. The information includes: Project documents of MTAF (this includes: Results and Resources Framework with detailed indicators, baselines and targets, Quarterly Monitoring Reports, Internal Project Assurance Report (IPAR), Mid-Term reviews of MTAF, Minutes of Board Meetings, Donor Reports, and Monitoring and Evaluation plans).

Secondary data: Secondary data will be collected by the consultants from other sources that have direct relevance for the evaluation purposes. This includes amongst others: National Mid-Term Development Planning (RPJM) Documents, Global Fund Implementation report in Indonesia

Sample and sampling frame: The sample must be selected on the basis of a rationale or purpose that is directly related to the evaluation purposes and is intended to ensure accuracy in the interpretation of findings and usefulness of evaluation results. At least

CCM members, TWGs members, PRs and SRs. Final selection of the interviewees should be determined by the evaluation team based on clear sampling criteria agreed upon by the project board. Sampling criteria should take into account types of activities implemented in the districts and quality of results. Likewise, the evaluators should develop sampling procedures for beneficiaries, which is a representative sample on the basis of a rationale and purpose that is directly related to the purpose of this evaluation. A sampling plan and sample selection criteria (including size, characteristics and methodology) should be included in the inception report submitted by the evaluators.

Stakeholder consultations: The consultations should include the following stakeholders: 1) Principal and Sub Recipients, 2) Technical Working Groups, 3) Steering Committee, 4) UNDP staff and management, and 5) other development partners.

Data analysis: The evaluators will develop the procedures used to analyse the data collected to answer the evaluation questions and criteria. It should detail the various steps and stages of analysis that will be carried out, including the steps to confirm the accuracy of data and results. An evaluation matrix should be included in the inception report and used as a reference in planning and conducting the evaluation. The evaluation matrix should summarize the evaluation design and methodology and should include data sources, data collection, analysis tools or methods appropriate for each data source, and the standard or measure by which each question will be evaluated (For details see pages 199-200 of the Handbook on Planning, Monitoring and Evaluating for Development Results).

Findings: Should be presented as factual statements based on an analysis of the data. They should be structured around the evaluation questions and criteria.

Conclusions: Should be comprehensive and balanced, and highlight the strengths and weaknesses of MTAF.

Recommendations: The report should provide practical, feasible recommendations.

Lessons Learned: The report should include discussion on lessons learned from the evaluation, that is, new knowledge gained from the particular circumstances that are applicable to similar interventions or contexts. Lessons should be concise and based on specific evidence presented in the report.

VI. Deliverables / Final Products Expected

At minimum the evaluation team is accountable for the following products:

- **Evaluation inception report:** An inception report should be prepared by the evaluators before going into the full-fledged data collection exercise. Based on the Terms of Reference, initial meetings with UNDP programme staff, the Planning, Monitoring and Evaluation Unit (PMEU), and desk review of relevant documents, the evaluators should develop the inception report. The report should include, at minimum, a detailed

description of the evaluation purpose and scope, evaluation criteria and questions, methodology, sampling, evaluation matrix, and a revised workplan.

- Draft Evaluation report: The PMEUE of UNDP-Indonesia and Project Board of MTAF will review the draft evaluation report to ensure that the evaluation meets the required quality criteria. MTAF will facilitate the review process by organizing a mini workshop for UNDP, Project Boards, and key partners in Jakarta to review the draft report and discuss the findings and provide inputs. The final report will reflect the results of the workshop and feedback from participants.

Final evaluation report.

Review/approval time required to review/approve the outputs prior to authorizing payments:

No	Deliverables	Payment	Due date
1	Inception report: <ul style="list-style-type: none">- Project Evaluation Approach and Methodology- Implementation Arrangement- Evaluation work plan- Annex 1: Proposed list of respondents- Annex 2: Proposed agenda	30%	Day 6
2	Draft evaluation report and presentation of draft report	40%	Day 20
3	Final evaluation report and presentation of final report	40%	Day 25

Submit the expected written outputs above in printed and soft versions; MS Word (.doc) format including power point presentation.

VII. Requirements

The evaluators will consist of one international consultant as team leader and one national as member of the team.

The international consultant should possess the following competencies:

- Experience in monitoring and evaluation including demonstrated experience with program assessments;
- A background in development area, institutional capacity building,
- Familiarity with monitoring and evaluation techniques including in-depth interview; focus group discussion and participatory information collection techniques;

- Strong analytical skills;
- Experience in working with government agencies (central and local), civil society organizations, international organizations, UN Agencies, and Donors. Direct experience working in Indonesia is an asset;
- Experience in evaluating capacity development project, particularly in health-related development programme;
- Understanding of capacity development issues in Indonesia;
- Experience of international funding architecture, particularly the Global Fund for AIDS, TB and Malaria mechanism
- Experience of heading health and/or institutional capacity building technical assessment teams, including experience in transitional development programming;
- Strong experience and understanding in health for development works;
- Understanding of Indonesian government systems, especially policy and budget development at the national, district and provincial level;
- Good interpersonal and cross-cultural communication skills
- Ability to work efficiently and independently under pressure, handle multi tasking situations with strong delivery orientation;
- Experience in leading evaluation teams. A good team player committed to enhancing and bringing additional value to the work of the team as a whole;
- Advance proficiency in operating Microsoft office applications;
- Fluent written and oral English.

VIII. Recruitment Qualifications

Education: Master degree or higher in health, social or another relevant field

Experience: Minimum of 15 years, in design, monitoring, management and evaluation of development projects. Experience working in international health-related development programme management, particularly in developing countries

Specific skills: Ability and experience to lead evaluation teams, and deliver high quality reports

Language Requirements: Excellent command of the English language, spoken and written. Knowledge of Bahasa Indonesia is an asset.

Understanding of cultural and socio-economic context and development challenges in Indonesia.

IX. Time Frame for Evaluation Process

Activities	Time Frame
Briefing of evaluators	Day 1
Desk Review and Finalizing the evaluation design and methods and preparing the detailed inception report	Day 5
Data collection (interviews, questionnaire)	Day 15
Preparing the draft report	Day 19
Stakeholder meeting and review of the draft report (for quality assurance)	Day 20
Incorporating comments and finalizing the evaluation report	Day 25

XI. Implementation Arrangements

The consultant will compose an evaluation team under the supervision of the evaluation manager. The roles of evaluation team and its relations vis-à-vis other evaluation stakeholders are described in the table below and in the management structure.

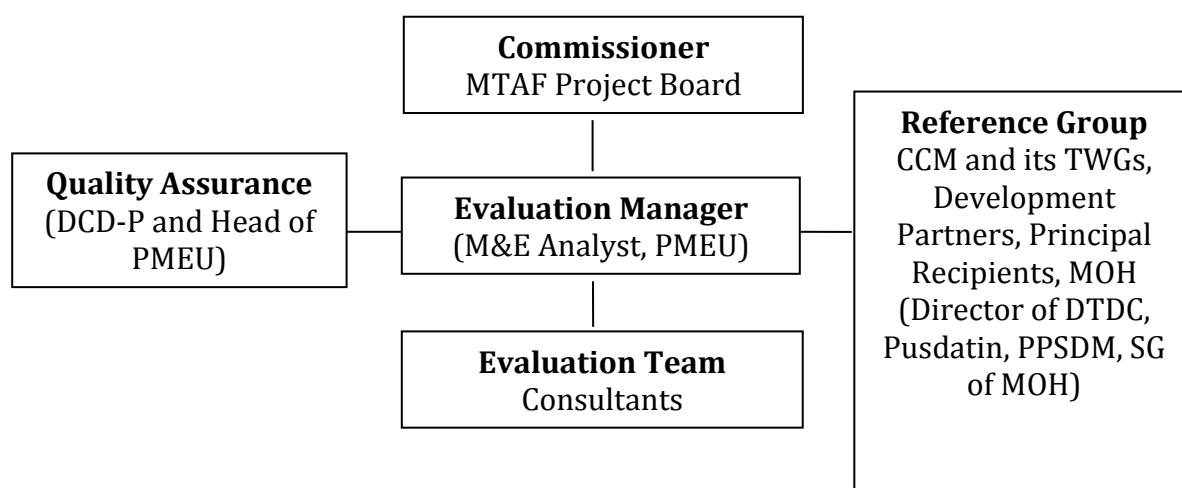
Table 1: Key roles and responsibilities in the evaluation process

Person or Organization	Roles and Responsibilities
MTAF Project Board as commissioner of the evaluation	<ul style="list-style-type: none"> • Determine which output will be evaluated and when • Provide clear advice to the evaluation manager at the onset on how the findings will be used • Respond to the evaluation by preparing a management response and use of findings as appropriate

	<ul style="list-style-type: none"> • Take responsibility for learning across evaluation on various content areas and about evaluations • Safeguard the independence of the exercise • Allocate adequate funding and human resources 	
Quality Assurance (DCD-P and Head of PMEUI)	<ul style="list-style-type: none"> • Review documents as required and provide advice on the quality of the evaluation and option for improvement 	
Evaluation Manager: M&E Analyst (PMEUI)	<ul style="list-style-type: none"> • Lead the development of the evaluation TOR • Manage the selection and recruitment of the external evaluators • Manage the contractual arrangements, the budget, and the personnel involved in the evaluation • Provide executive and coordination support to the reference group • Provide the evaluators with administrative support and required data • Liaise and respond to the commissioners • Connect the evaluation team with the wider programme unit, senior management and key evaluations stakeholders, and ensure a fully inclusive and transparent approach to the evaluation • Review the inception report and the draft evaluation report; ensure the final draft meet quality standard 	
Reference Group: Representative of the stakeholders: CCM and its TWGs (Chairs for AIDS, TB, Malaria and HSS-CC), Development Partners (AusAID, USAID, EU, WHO, UNAIDS, UNICEF), Principal Recipients (MOH AIDS SubDit,	<ul style="list-style-type: none"> • Define or confirm the profile, competencies and roles and responsibilities of the evaluation team • Participate in drafting and review of draft TOR • Assist in collecting required data • Oversee progress and conduct of the evaluation • Review the draft evaluation report and ensure final draft meets quality standard 	

MOH Malaria SubDit, MOH TB SubDit, NU, Aisyiyah), MOH (Director of DTDC, Pusdatin, PPSDM, SG of MOH).	
Evaluation Team: One international and one national consultant	<ul style="list-style-type: none"> Fulfil the contractual arrangements in line with the United Nations Evaluation Group (UNEG) norms and standards and ethical guidelines; this includes developing an evaluation matrix as part of the inception report, drafting reports, briefing the commissioner and stakeholders on the progress and key findings and recommendations as needed.

Figure 1: Proposed management structure for MTAF project evaluation



Annex 1: The Report should include the following headings

Title and opening pages
Table of contents
List of acronyms and abbreviations
Executive summary
Introduction
Description of the intervention
Evaluation Scope and objectives
Evaluation approach and methods
Data analysis
Findings and conclusions

General Recommendations

Specific recommendations for replication within existing government institutions
and programmes

Lessons learned

Annexes