USAID | INDONESIA
FROM THE AMERICAN PEOPLE

Issue Date: September 12, 2024

Subject: Amendment No. 01 Notice of Funding Opportunity (NOFO) Number: 72049724R00004 Health System Strengthening (HSS) Flagship

Dear Prospective Applicants,

The purpose of this Amendment No. 01 is to provide USAID/Indonesia's responses to the questions received by the due date provided in the subject NOFO as detailed in Attachment 1. Please see changes to the NOFO in yellow highlighted under Attachment 2.

Thank you for your interest in USAID Programs.

Mohib Ahmed

Digitally signed by Mohib Ahmed
Date: 2024.09.12 14:02:09 +07'00'

Mohib Ahmed
Supervisory Agreement Officer
Director, Office of Acquisition and Assistance
USAID/Indonesia

ATTACHMENT 1

QUESTIONS AND ANSWERS

SECTION A: PROGRAM DESCRIPTION

1. Can USAID indicate the level of effort for each of the objectives, in particular the technical area components (Health Financing, HIS, HRH, etc.)?

   USAID Responses:
   The level of effort for each objective depends on the Intermediate Results outlined in each of the objectives and also will depend on the discussion with Government of Indonesia stakeholders.

2. The NOFO mentions the importance of collaboration with multiple stakeholders, including government agencies, private sector partners, and other donors. Can USAID provide more details on your expectations regarding the structure and governance of these partnerships? Are there specific coordination mechanisms or platforms that applicants should plan to utilize or establish?

   USAID Responses:
   The collaboration is required to ensure that the program is addressing the needs and appropriate recommendations are developed to support the Government of Indonesia (GOI) program and targets. USAID expects that the partnership utilizes existing structures or governance, if available, and strengthens the partnership model and process of the GOI in policy dialogue and consultation, program implementation, monitoring, evaluation, and others. If it is required from the discussion with GOI to establish a new coordination mechanism or platform, USAID expects that it is institutionalized within the GOI system and this will be further discussed during the planning and implementation process.

3. Could USAID clarify what is meant by a “hub and spoke model” for relationships with key GOI counterparts?

   USAID Responses:
   The HSS Flagship will address relevant health system components, hence relevant technical units within the Ministry of Health and other relevant GOI counterparts. The Flagship needs to establish a cross-sectoral and cross-ministries coordination to ensure inclusivity, participation, alignment, and leverage of resources and information in the implementation.

4. Given USAID's focus on advancing the maturity of health information systems (Objective 2), particularly in relation to interoperability and the SatuSehat platform, how does USAID view the role of emerging technologies?

   USAID Responses:
   USAID supports the GOI effort in advancing the maturity of HIS. USAID is committed to supporting GOI in using and responding to the use of appropriate technologies, including emerging technology.

5. With the recent implementation of the Omnibus Health Law (Law 17/2023) and Indonesia's ongoing health transformation efforts, how should applicants align their proposed activities with these national policies? Are there particular aspects of the Omnibus Health Law that USAID is prioritizing in the context of this funding?

   USAID Responses:
   As outlined in the NOFO, the HSS Flagship design must align with GOI policy and regulations, especially Omnibus Health Law and Indonesia health transformation efforts. Relevant health system aspects of the Omnibus Law that align with the HSS Flagship program and scope have to be prioritized.

6. Can USAID please clarify the document referenced in footnote 3 (p.17)as the links for references to documents to footnote refs 3 and 4 are not working. Can USAID please share the document referenced or update the links?

   USAID Responses:
   The links in footnote 3 and 4 have been revised. Please see changes to the NOFO in yellow highlighted under Attachment 2.

   Should the applicants have difficulty to access the links, please copy and paste the following links:

   The link to footnote 3:
   https://www.measureevaluation.org/resources/publications/tr-17-167b/at_download/document

   The link to footnote 4:
   https://www.usaid.gov/sites/default/files/2022-05/Final_HSS_Learning_Agenda_.pdf

7. On pages 8 and 13, Section A, Program Description, Results, the NOFO states **"**Align revenue streams for a coordinated, flexible, and rationalized local planning approach by using the vertical programs as tracers and test cases." (page 8) "Support policy evaluation and implementation research for selected policies that impact USAID vertical programs, which will be used as "tracers" for the overall process." Could USAID please clarify the meaning of "tracers"?

   USAID Responses:
   USAID/Indonesia's Flagship is funded by vertical disease programming and therefore the HSS approaches should improve health system performance and demonstrate improvements in vertical program performance and health outcomes. An HSS intervention may involve using the vertical program (e.g., TB, HIV, GHS, etc) as a way to test if the intervention is improving health system performance - the vertical program measures therefore helps trace the HSS measures. To measure improvements in health system performance, the vertical disease measures/indicators can be used as tracers or "proxy" measures. The component of the vertical program selected to measure the health system progress (e.g., TB case notification, or HIV viral suppression) is the tracer we referred to in the NOFO.

8. On page 16, Section A, Program Description, Activity Parameters, Sustainability and Local Capacity Building**,** the NOFO states "The HSS Flagship will engage and strengthen the capacities of Indonesian universities, think-tanks, research institutes and explore potential areas for knowledge exchanges to generate collaborative ideas to increase internationalization efforts." Could USAID please clarify what it means by "internationalization efforts"?

   USAID Responses:
   The internationalization efforts aim to improve the capacity of local stakeholders to be able to meet international standards and be recognized as key providers of HSS technical assistance for Indonesia and others globally. The HSS Flagship will contribute to USAID's approach to localization that aims at increasing the global engagement and presence of Indonesian universities, think tanks, and research institutes foster collaboration and knowledge exchange across borders, enriching the local institutions' capabilities and impact on an international scale. It also highlights local actors as the leaders and critical component for greater equity, effectiveness, and sustainability of USAID programming. We aim to enable local actors to set their own agendas, develop solutions, and bring their leadership and resources to make those solutions a reality. Please refer to https://www.usaid.gov/localization.

   Please see changes to the NOFO in yellow highlighted under Attachment 2.

9. Would USAID please share more information about the specific integrated care models that are currently being tested in Indonesia (described under Objective 4 on page 11)?

   USAID Responses:
   USAID Indonesia is supporting the MOH ILP program implementation through the Momentum Country and Global Leadership (MCGL), USAID MENTARI-PHC, and USAID INTEGRASI that focus on strengthening the primary health care system in Indonesia.

10. On page 13, USAID states that the second illustrative activity under IR 5.2 is to 'support policy evaluation and implementation research for selected policies that impact USAID vertical programs, which will be used as "tracers" for the overall process.' Does USAID expect the HSS Flagship award to conduct implementation research on behalf of USAID vertical programs? If so, would USAID provide an example of a potential policy that might be selected?

    USAID Responses:
    If agreed upon during the implementation with the GOI, the HSS Flagship should aim to conduct and/or engage with local partners to facilitate implementation research on HSS interventions, which may include vertical programs as tracers. USAID/Indonesia's Flagship is funded by vertical disease programming and therefore the HSS approaches should improve health system performance and demonstrate improvements in vertical program performance and health outcomes. An HSS intervention may involve using the vertical program (e.g., TB, HIV, GHS, etc) as a way to test if the intervention is improving health system performance - the vertical program measures therefore helps trace the HSS measures. To measure improvements in health system performance, the vertical disease measures/indicators can be used as tracers or "proxy" measures. The component of the vertical program selected to measure the health system progress (e.g., TB case notification, or HIV viral suppression) is the tracer we referred to in the NOFO.

11. In Section 4.3 Geographic Site Selection on page 15, USAID refers applicants to Section H.2 for more information on the co-creation process; however, the co-creation process is described in Section D.3. Would USAID confirm that the reference in Section 4.3 should read D.3?

    USAID Responses:
    USAID revised the reference to be read D.3. Please see changes to the NOFO in yellow highlighted under Attachment 2.

12. Would USAID please clarify whether the $1M referenced in Section 4.6 on page 16 earmarked for climate change adaptation and health system resilience is part of or in addition to the $35M funding?

USAID Responses:
Yes, the $1M is part of the $35M.

13. Section 2.3 Relationship with Stakeholders, page 6 of the NOFO:
    a. Description: The HSS Flagship will forge and maintain partnerships with the main GOI counterparts and is expected to manage multi-government stakeholders, USAID Partners, donors, and development partners' engagement as the Activity is required to navigate the complexity of bureaucratic structure and relationships.
    b. Query: Is there an expectation for such partnerships to be governed through any formal arrangement (such as a Memorandum of Understanding)?

USAID Responses:
USAID expects that the partnership utilizes existing structures or governance, if available, and strengthens the partnership model and process of the GOI in policy dialogue and consultation, program implementation, monitoring, evaluation, and others. In addition, the HSS Flagship needs to coordinate, align, leverage other USAID projects and the relevant implementing partner, donors, and development partners. If it is required from the discussion with GOI to establish a new coordination mechanism or platform, USAID expects that it will be institutionalized within the GOI system and this will be further discussed during the planning and implementation process.

SECTION B: FEDERAL AWARD INFORMATION

1. ESTIMATE OF FUNDS AVAILABLE AND NUMBER OF AWARDS CONTEMPLATE

14. USAID referenced "$8,000,000 for a window of opportunity." Would USAID please clarify what is meant by "window of opportunity"? When planning activities for the bid, should the proposed scope align with the $35M ceiling, or should applicants align with $35M - $8M window of opportunity = $27M budget?

USAID Responses:
The purpose of the Windows of Opportunity (WOO) Component is to enable USAID to respond to unforeseen opportunities that may arise to support expansion beyond the existing objectives of the Health System Strengthening (HSS) Flagship. The WOO component may be exercised only at the discretion of the Agreement Officer and is contingent upon availability of funds. This additional information will be added to the NOFO. Please see changes to the NOFO in yellow highlighted under Attachment 2.

For planning purposes, the scope of activities should be not exceeding $27,000,000.

15. USAID USAID intends to provide up to $35,000,000, including $8,000,000 for a window of opportunity, over a five (5) year period. Could USAID clarify the following?
    a. Is the $8 million in addition to the $35million for a total of $43 million or, is it already part of the $35 million?
    b. Should the $8 million be represented in the budget as a line item or should it be budgeted for at a detailed level?

USAID Responses:
The total estimated amount of $35,000,000 includes a plug figure amount of $8,000,000 for the WOO component. The WOO component will be budgeted at a separate line item.

2. EXPECTED PERFORMANCE INDICATORS, TARGETS, BASELINE DATA, AND DATA COLLECTION

16. USAID notes that the Activity is expected to conduct at least one performance evaluation (mid term/ final) during the Activity period that will be conducted through an external contract. Can USAID confirm that funding for this will be outside of the $35 million?

USAID Responses:
Yes, the evaluation will be funded outside of the $35M.

17. USAID notes baselines and targets should be included. Are these expected in the concept note or in later stages?

USAID Responses:
The baselines and targets are expected at later stages.

18. On page 18, Section B, Federal Award Information, Expected Performance Indicators, Targets, Baseline Data, and Data Collection, the NOFO states, “Difference between actual expenditure linked to programs, priorities, and results and the originally budgeted expenditure.” Could USAID please clarify if this indicator is referencing the project’s expenditure?

USAID Responses:
This indicator is not project expenditure, but referred to GOI health expenditure.

19. Page 20 of the NOFO refers to Pause and Reflect workshops described in Section A, but they are not described in Section A. Could USAID please clarify?

USAID Responses:

Pause and Reflect workshop is one of the means of collaboration, learning and adaptation (CLA) approach, please refer to point 5 plans to monitor and evaluate performance in Section A. Please refer to https://usaidlearninglab.org/cla/cla-toolkit/understanding-cla

Please see changes to the NOFO in yellow highlighted under Attachment 2.

3. START DATE AND PERIOD OF PERFORMANCE FOR FEDERAL AWARDS

20. On page 20 of the NOFO, USAID states it will provide the estimated start date upon the signature of the resulting award. Could USAID provide a start date for budgeting purposes?

USAID Responses:
As described in the NOFO, "No budget or cost application will be accepted during Phase 1, so no cost information will be evaluated."

SECTION C: ELIGIBILITY INFORMATION

21. Description: U.S. and non-U.S. organizations from the authorized geographic code (937) may participate in this NOFO.

Query: As per our understanding, Geographic Code 937 covers – "the United States, the recipient country, and developing countries other than advanced developing countries, but excluding any country that is a prohibited source". Please clarify the following:

a. Is The Union (Paris HQ) eligible to apply as a prime recipient?
b. Is The Union (Paris HQ) eligible to apply as a sub-recipient?
c. If awarded, will there be requirements to set up local offices in Indonesia to apply or execute the project?

USAID Responses:
If the interested entities or organizations are legally organized or majority owned by the citizens of advanced developing countries, they are **NOT** eligible to apply both as a prime or as a sub-recipient.

SECTION D: CONCEPT PAPER AND APPLICATION SUBMISSION INFORMATION

3. APPLICATION PROCESS

22. Can USAID clarify that as only one applicant will be invited to co-creation (p.24), therefore only one applicant will receive a conditional acceptance from the evaluation?

USAID Responses:
Yes, only one Applicant will receive conditional acceptance of the concept paper and will be invited for a co-creation. Please see changes to the NOFO in yellow highlighted under Attachment 2 for more clarity.

4. GENERAL CONTENT OF CONCEPT PAPER APPLICATION

23. The NOFO states "10-point font can be used for graphs and charts. Tables, however, must comply with the 12-point Calibri requirement." Would USAID please consider allowing a smaller font size for tables?

USAID Responses:
We want to ensure that all content, including tables, remains easily readable and accessible. Therefore, the requirement to use the 12-point Calibri for tables remains unchanged.

24. The NOFO lays out a 12 pt font requirement for tables and allows 10 pt font for tables and graphs. Would USAID please confirm that 10 pt font is also permitted for textboxes?

USAID Responses:
Yes, a 10-point font can be used for graphs and charts or text boxes. Please see changes to the NOFO in yellow highlighted under Attachment 2.

25. The NOFO Section D.4 (p. 25) provides the following order for the concept note application, limited to 11 pages with no exceptions: cover, technical and implementation approach,management and staffing plan, and institutional capacity. Would USAID consider adding a one-page acronym list, thereby extending the total page limit to 12 pages?

USAID Responses:
No additional page is given. USAID keeps the maximum 11 pages of concept paper that will be evaluated.

26. Would USAID please allow the MEL Strategy and Theory of Change to be included as an annex?

USAID Responses:

No change on the requirement. Applicants must address the MEL Strategy and Theory of Change under Technical and Implementation Approach -- maximum six (6) pages of the concept paper.

27. Would USAID consider adding an additional page to the Technical and Implementation Approach portion of the concept note (total of seven pages) to allow applicants to fully describe the technical approach and include any relevant graphics?

USAID Responses:
No additional page is given. The maximum pages for Technical and Implementation Approach remains six pages.

28. Per the instructions in Section D.4.B Technical and Implementation Approach, does USAID expect the applicant to include one to two additional illustrative activities total, or one to two additional illustrative activities per intermediate result?

USAID Responses:
USAID expects the applicant to include one to two additional illustrative activities per intermediate result. Please see changes to the NOFO in yellow highlighted under Attachment 2.

29. Section B.2 (p. 18) says "The applicants will specify indicators and the necessary methodologies to enable USAID/Indonesia to monitor the progress of activities towards achieving the stated objectives. The Monitoring section must include Health System Strengthening (HSS) and Cross Cutting indicators and will have to respond to vertical program indicators that will be further discussed in the AMEL Plan." Section D.4.B (p. 26) says that in the Technical and Implementation Approach, "applicants must also provide a monitoring, evaluation, and learning (MEL) strategy to measure the Activity's progress and achievement that align with the technical approach."

Would USAID please confirm that the "Monitoring section" referenced in Section B.2 (p. 18) — inclusive of comprehensive proposed indicators — is part of the AMEL Plan to be developed as part of the full application and that the "MEL strategy" referenced in Section D.4.B is a broader discussion of the proposed learning agenda, theory of change, and measurement of overall Activity progress?

USAID Responses:
Yes, the MEL strategy (Section D.4.B) is a broader MEL concept to be included in the concept paper and the full AMEL Plan is to be developed as part of the full application

30. Would USAID please allow the organogram to be included as an annex?

USAID Responses:
No change on the requirement. The organogram must be included under the Management and Staffing Plan - maximum two (2) pages of the concept paper.

31. Section D.4.A (p. 26) instructs offerors to use NOFO No. 72067424R00004 on the application cover page; however, the cover sheet and headers of the NOFO use No. 72049724R00004. Would USAID please confirm the correct NOFO number?

USAID Responses:
USAID revised the instruction to the correct NOFO number 72049724R00004. Please see changes to the NOFO in yellow highlighted under Attachment 2.

6. FUNDING RESTRICTIONS

32. We have a question relating to the statement on page 28 "Profit is not allowable for recipients or subrecipients under this award". Can you please clarify what direct and indirect costs would be permitted by a for profit entity as part of this project?

USAID Responses:
USAID follows the guidance under 2 CFR Part 200 Subpart E -- Cost Principles. Guidelines for determining direct and indirect costs charged to Federal awards are provided in this subpart.

SECTION E: CONCEPT PAPER REVIEW INFORMATION

33. Section E.2 (p. 29) refers to "The Government" in its explanation of the confidence rating methodology. Can USAID please confirm that each instance of "The Government" in Section E.2 refers to the U.S. government/USAID or the Government of Indonesia?

USAID Responses:
The Government in section E.2 refers to the U.S. Government / USAID.

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ATTACHMENT 2

Issue Date: **August 27, 2024**
Deadline for Question: **September 4, 2024, at 2:00 PM Jakarta Time**
Closing Date and Time for Concept Paper Submission: **September 27, 2024, at 9:00 AM Jakarta Time**
Co-Creation Discussion Date: **O/A the week of October 28, 2024**

Subject:	**Notice of Funding Opportunity (NOFO) Number: 72049724R00004**
Program Title:	**Health System Strengthening (HSS) Flagship**
Federal Assistance Listing Number:	98.001 USAID Foreign Assistance for Programs Overseas

The United States Agency for International Development (USAID) is seeking concept paper applications for a Cooperative Agreement from qualified entities to implement the Health System Strengthening (HSS) Flagship. Eligibility for this award is restricted to the U.S. and non-U.S. organizations under authorized geographic code 937.

USAID/Indonesia intends to make an award to the applicant who best meets the objectives of this funding opportunity based on the merit review criteria described in this NOFO subject to a risk assessment. Eligible parties interested in submitting a concept paper application are encouraged to read this NOFO thoroughly to understand the type of program sought, concept submission requirements and selection process.

To be eligible for award, the applicant must provide all information as required in this NOFO and meet eligibility standards in Section C of this NOFO. This funding opportunity is posted on www.grants.gov, and may be amended. It is the responsibility of the applicant to regularly check the website to ensure they have the latest information pertaining to this notice of funding opportunity and to ensure that the NOFO has been received from the internet in its entirety. USAID bears no responsibility for data errors resulting from transmission or conversion process. If you have difficulty registering on www.grants.gov or accessing the NOFO, please contact the Grants.gov Helpdesk at 1-800-518-4726 or via email at support@grants.gov for technical assistance.

USAID may not award to an applicant unless the applicant has complied with all applicable unique entity identifiers and System for Award Management (SAM) requirements. The

registration process may take many weeks to complete. Therefore, applicants are encouraged to begin registration early in the process.

Please send any questions to the point(s) of contact identified in Section G. The deadline for questions is shown above. Responses to questions received prior to the deadline will be furnished to all potential applicants through an amendment to this notice posted to www.grants.gov.

Issuance of this notice of funding opportunity does not constitute an award commitment on the part of the Government nor does it commit the Government to pay for any costs incurred in preparation or submission of comments/suggestions or an application. Concept paper applications are submitted at the risk of the applicant. All preparation and submission costs are at the applicant's expense.

Thank you for your interest in USAID programs.

Sincerely,

Mohib Ahmed

Digitally signed by Mohib Ahmed
Date: 2024.09.12 14:02:57 +07'00'

Mohib Ahmed
Supervisory Agreements Officer
Office of Acquisition and Assistance
USAID/Indonesia

Table of Contents

SECTION A: PROGRAM DESCRIPTION

This funding opportunity is authorized under the Foreign Assistance Act (FAA) of 1961, as amended. The resulting award will be subject to 2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, and USAID's supplement, 2 CFR 700, as well as the additional requirements found in Section F.

1. OBJECTIVE

The HSS Flagship's overall objective is to improve the efficiency and effectiveness of the health system by strengthening the local institutional architecture within the financing, information, and health workforce functions of the system to be more accountable and responsive on a routine basis, as well as resilient in times of shock; and establish integrated care models and pathways for vertical, and other priority programs to provide equitable access to quality, affordable, essential health services to sustain gains and improvements in health outcomes. As USAID/Indonesia's priority health programs encompass Maternal and Newborn Health (MNH), Tuberculosis (TB), Human Immunodeficiency Virus (HIV), and Global Health Security (GHS), these will be referred to as the "vertical programs" throughout this program description.

2. BACKGROUND

2.1 General Background and Context

Indonesia faces significant health challenges, with high rates of TB, maternal and neonatal mortality, and a rising number of people living with HIV. To address this burden, the Government of Indonesia (GoI) is undertaking a comprehensive health system transformation, focusing on several areas including health financing, information systems, and healthcare workforce improvement, as well as integrated care. USAID is collaborating with the Indonesian government to create an equitable and responsive health system that optimizes resources and enhances population health outcomes.

The HSS Flagship project aims to integrate various information systems, address barriers to healthcare access, influence policies through research and evidence, improve the digital healthcare ecosystem, enhance health financing performance, and strengthen overall healthcare service delivery. This transformation aligns with USAID's health priorities and will improve the policy landscape for better health outcomes.

2.2 Problem Statement

Health Financing:
While the National Health Insurance (JKN) covers more than 97 percent of the Indonesian population, there is a continuous need to further improve the effectiveness and efficiency of the JKN program to provide health and financial protection and address the impact of catastrophic health spending. With the issuance of the 2023 Omnibus Health Law, there is a

need to support the implementation of the health financing master plan, which offers opportunities to link financing and performance. In addition, the multiple health funding streams in Indonesia have created complexities for health planning and expenditure tracking at the district and facility level, which will need to be overcome to realize the promise of performance-based budgeting.

Health Information Systems (HIS): Indonesia's health digital transformation has progressed, but the implementation of interoperability and other reforms remain incomplete, and further cross-ministry coordination is needed to enable nationwide adoption. In addition, there are multiple information systems used by the vertical programs that are still not fully incorporated in this vision, and further streamlining and clarification of information flows is needed. With improved data standards and pooling, the next challenge is to analyze and consolidate data to produce usable information to improve the continuum of care and inform decision-making.

Human Resources for Health (HRH): Indonesia faces a multitude of challenges in the human resources for health (HRH) function of the health system. The current national HRH management and planning are not responsive to political, policy, and regulatory changes, which affect the workload and responsibilities for the same number of staff. Currently, there are standardized recommendations for the number and skill mix at Primary Health Care (PHC) facilities to manage Integrated Primary Services (ILP/Integrasi Layanan Primer) (e.g. nine workers for each puskesmas), which does not consider the facility's catchment population's needs. Other challenges, such as dual practice, unfilled positions, and absenteeism will affect new policy changes, including the ILP PHC models, such as team-based care and the associated aspects of task-shifting. There is a need to improve the process in determining the HRH distribution of HRH. Additionally, with the high potential for zoonotic diseases, there is a need to strategize HRH for One Health that appropriately forecasts the production of HRH to fit the needs of the dynamics and systems that serve the crossover between human and animal health.

Integrated, Patient-Centered Care: The GOI's transformation agenda emphasizes the value that a strong primary health care (PHC) system can have in sustainably improving health outcomes in the USAID priority diseases. It is important to recognize that PHC should be integrated with other services, including public health services and secondary-level services, to support the continuum of care. Current priority challenges involve the inability to incentivize quality of care, inefficient models of care whereby providers are not networked, or referral systems are ineffective to support the appropriate continuum of care for patients across the levels of the system and/or across districts, and difficulties with gatekeeping, a lack of back-referrals, lost to follow up, and unnecessary referrals from PHC level to the secondary level. With the primary and secondary care transformation, the primary health care model may be modified to improve these management and organizational issues and thus the functioning of the health system.

Evidence to Policy: Through USAID/Indonesia's current and previous health programming, projects have been supporting pilots to test innovations in the health system. As Indonesia undergoes a health transformation reform, there is a need to initiate and continue innovative

designs and test efforts, and to use that evidence to inform the policy process to integrate and scale up these innovations to generate impact for broader health policy and change at subnational level. The evidence-to-policy process in Indonesia is weakened by gaps in governance, political externalities, regulatory restrictions, poor knowledge transfer to decision-makers, and therefore limited translation to policy and implementation at the national and subnational level.

2.3 Relationship with Stakeholders

The HSS Flagship is envisioned to partner with national GOI counterparts that align with the objectives described. The HSS Flagship will forge and maintain partnerships with the main GOI counterparts and is expected to manage multi government stakeholder, USAID Partners, donor, and development partners engagement as the Activity is required to navigate the complexity of bureaucratic structure and relationships. At the subnational level, the HSS Flagship will operate in selected subnational areas and partner with relevant counterparts, including subnational governments, USAID Partners, non-government actors, private providers, and communities. While the national and subnational stakeholder engagement (as described above across all objectives) focuses on the supply-side, the HSS Flagship will need to engage with the demand side to ensure the relevancy of the program accommodating both supply and demand needs.

Illustrative stakeholders would include the Ministry of Health, Ministry of Home Affairs, National Health Insurance Agency (BPJSK), Coordinating Ministry of Human Development and Cultural Affairs, Indonesia Digital (GovTech), Ministry of Agriculture, Ministry of Finance, subnational governments, Provincial and District / City Health Offices, professional associations, patient groups, and think tanks, among others.

3. RESULTS

3.1 Development Hypothesis (Theory of Change):

IF the local institutional architecture[1] in the financing, information systems, and human resources functions of the health system is strengthened; **AND IF** healthcare is integrated and better organized at the PHC level and across the public health system to respond to population needs; **AND IF** evidence from innovative models of care is used to inform the policy process and implementation, **THEN** the health system will perform more efficiently and effectively; be more accountable and resilient; and a pathway will be established for MNH, TB, HIV, and GHS programming to provide equitable access to quality, affordable, essential health services and sustainably improve health outcomes.

3.2 Goal and Objectives

[1] Institutional Architecture for HSS is the actors, processes, and resources that interact—or fail to interact—to perform a set of functions that produce health system improvements.

The overall goal is to improve the performance of the health system by strengthening the local institutional architecture within the financing, information system, and human resources functions of the system to be more accountable and resilient[2]; and establish a pathway for MNH, TB, HIV, and GHS programming to provide equitable access to quality, affordable, essential health services; and sustain improvements in health outcomes.

The objectives are as follows:

1. **Objective 1:** Strengthen accountability and performance of health financing to sustain an effective and equitable health system
2. **Objective 2**: Advance the maturity of health information systems to provide reliable, usable data
3. **Objective 3:** Optimize the health workforce to efficiently and equitably deliver services
4. **Objective 4**: Design and organize more integrated, patient-centered care models
5. **Objective 5**: Institutionalize mechanisms to support a routine, evidence-informed health policy process

3.3 Activity Description

Objective 1: Strengthen accountability and performance of health financing

The financing objective focuses on two intermediate results as outlined below. The expected outcome from this work is a simplified, aligned, and more flexible approach to health-related public financial management (PFM), providing a clearer link between financing and performance, clarified metrics and responsibility, and strategic purchasing under JKN. The relevance to the vertical programs will be the introduction of coherent local planning of vertical program activities, with accountability, and a pathway to more gender-responsive, inclusive, sustainable and targeted financing and purchasing options for the vertical programs. The HSS Flagship will also be supporting operationalization and implementation of the new Omnibus Health Law (Law 17/2023) as it relates to the below Intermediate Results (IRs).

IR1.1: Optimize and rationalize public financial management at the subnational level
The multiple flows of health financing in Indonesia have created complexities for financial planning at the national, district, and facility level, including lack of financial tracking and diversion of subnational funding away from health. The GOI is considering performance measures to determine future allocation levels to health facilities. The HSS Flagship will support this initiative, and GOI efforts to simplify and clarify rules around the tracking and use of revenue streams for greater flexibility and improved expenditure patterns by puskesmas, especially to better adapt and respond to routine and emergency public health situations. The HSS Flagship will also strengthen collaboration and coordination across the administrative levels, introduce supportive feedback loops from lower to higher levels on performance versus allocations or the ability to use funds as intended, advance towards performance-based financing, and strengthen the capacity of sub-national governments and facilities to improve financial planning. The HSS

[2] https://www.usaid.gov/global-health/health-systems-innovation/health-systems/promoting-resilience

Flagship will also support the implementation of the health financing master plan under the Omnibus Health Law.

Illustrative Activities:

The HSS Flagship may consider the following illustrative interventions:

1. Improve financial resource tracking and clarify who pays for what.
2. Tie financial transfers to health performance metrics at the sub-national level.
3. Align revenue streams for a coordinated, flexible, and rationalized local planning approach by using the vertical programs as tracers and test cases.

IR 1.2: Improve the purchasing and payment arrangement under JKN to improve TB, MNH, HIV services

USAID's previous Technical Assistance (TA) on strategic health purchasing (SHP) to Ministry of Health (MOH) and the Social Health Insurance Agency (BPJSK) under JKN focused on piloting Primary Health Care (PHC) provider payment models to incentivize public and private providers to improve MNH and TB services. The HSS Flagship will build on the strategic purchasing capacity and purchasing arrangement to improve quality and use of services at PHC level, while also intensifying the role of private providers in the health system. Another pivotal mandate under the JKN is to ensure financial protection and equitable access to health care services, particularly for vulnerable groups and those with the lowest 40 percent of incomes. The HSS Flagship envisions strengthening the performance of the JKN program, including improving the efficiency, health benefit package, monitoring, and evaluation of JKN initiatives to strengthen quality and accountability of providers in delivering healthcare services.

Illustrative Activities:

1. Provide TA to national and subnational level stakeholders to build strategic health purchasing capacity (SHP).
2. Explore the capacity and framework to contract with private or public facilities or organizations for specialized services (e.g., for HIV key population services or community-based TB services).
3. Ensure that the needs of the vertical programs are included in the JKN benefit package, if necessary by exploring moving some optional issues into supplemental JKN benefit packages.
4. Provide TA to MOH and relevant counterparts to conduct financial modeling, costing analysis, and/or monitoring of JKN tariff implementation, including Inagrouper.

Objective 2: Advance the maturity of health information systems to provide reliable, usable data

The health information system (HIS) focus is on ensuring the continuation of digital health transformation and building the data use culture to inform policy dialogue and decision making in alignment with the continuum of care and the data-driven achievements of USAID priority vertical programs, including MNH, TB, HIV, and GHS. The HSS Flagship will continue strengthening the health information system platform under the MOH known as "SatuSehat"

and the interoperability of disease information systems into the SatuSehat. Additionally, there will be a specific focus on improving information sharing from GHS multi-sectoral platforms such as the National Zoonosis and EID Information System that connects information from human health, animal health, and wildlife/environment sectors. The Flagship HIS work aims to reduce the burden of data entry, ensure data completeness, strengthen gender and disability disaggregated data, and improve the quality and use of data to ensure the health system is working to improve treatment, screening, prevention, surveillance, response, and disease control, and thus achieving better health outcomes.

IR 2.1. Improve availability of real-time high-quality data and interoperability of the health information system

Considerable progress has been made in articulating a digital health vision and in establishing the building blocks for this vision. However, the place of the vertical programs in this vision still requires clarification. The Flagship will roll out interoperability for information systems that is inclusive on gender and social issues, related to USAID vertical programs at national and subnational levels, document and measure the resulting savings in data entry burden, and assess where and how the resulting data can be visualized to drive more effective outcomes. The Flagship may also look at strengthening the PHC information system to be SatuSehat-compliant at selected geographical areas. The Flagship will support MOH efforts to ensure data security and data privacy in the SatuSehat platform, and address data quality issues such as de-duplication and data validation.

The HSS Flagship Activity will strengthen the HIS governance, especially multi-stakeholder coordination, and will involve cross-sectoral governance of key government counterparts. In addition, the Flagship will improve detection and response to any emerging infectious diseases that can potentially escalate to outbreaks or even pandemics. The Flagship will involve the vertical health programs in this governance approach and support necessary follow-on actions to address the capacity gaps identified by the vertical programs. The HSS Flagship will support the implementation of the Digital Health Transformation Strategy and address remaining challenges with deployment of SatuSehat and GHS related multisectoral platforms, as well as ensure key stakeholders understand and perform their roles and responsibilities accordingly.

Illustrative activities:

1. Clarify the MOH technical directorates' and other GOI cross-sectoral needs for data, information, data systems and dashboards, and support the development and adoption of a standardized data and interoperability approach for the vertical programs under the SatuSehat platform and GHS-related information systems.
2. Enhance SatuSehat and *Sistem Informasi Zoonosis dan* Emerging Infectious Diseases (SIZE) function and implementation for surveillance, prevention, and response to improve health resilience at subnational and facility level.
3. Define solutions for the data needs under the other Flagship objectives, e.g., to support gatekeeping and reduce referral delays (linked with Objective 4) and/or for the implementation of performance-based financing (linked with Objective 1).

IR 2.2 Promote culture of data use for decision-making across all users of the health system
With information systems in place, the Flagship will also strengthen the culture of using data to problem solve and take action, improve data analytics capacity of existing systems, and improve the ability of program managers at national and subnational levels, policy makers, HRH, and patients to make informed decisions which are gender responsive and inclusive to equally benefit everyone. The Flagship will continue to build and increase use of performance dashboards to analyze and interpret data and provide alert notification that compares to "benchmark" performance to inform national and subnational stakeholders, including around performance-based financing (see IR1), and particularly related to the MNH, TB, HIV and GHS programs.

Illustrative activities:

1. Improve design and user experience of data analysis and its applications for all relevant user groups (e.g. GOI, practitioners, patients) both at national and subnational levels, with a particular focus on the needs of the vertical programs.
2. Provide TA to improve data use and decision tools, as well interactive digital tools to facilitate the exploration and use of data at national and subnational level.

Objective 3: Optimize the health workforce to efficiently and equitably deliver services

The HSS Flagship will be the Mission's first bilateral project that focuses on strengthening the management and planning of HRH for primary health care and public health functions across the public and private sectors. The HSS Flagship outlines a vision for a more organized and efficiently distributed healthcare workforce. This workforce would better support integrated, patient-centered models of care by providing sufficient financial resources and staffing to meet workload demands. Additionally, the vision includes improved health workforce management capabilities to respond effectively to public health challenges and emergencies, as well as the development of a community health workforce (CHW) strategy.

IR 3.1 Improve management and planning of health workforce
The HSS Flagship will identify the current barriers to optimizing the existing health workforce. This is a high priority, as the objective is to efficiently and effectively manage the workload of primary care, and public health and one health functions. The HSS Flagship aims to build a resilient health workforce and work environment that can effectively respond to future primary care and public health demands including those in rural and remote areas. This involves carefully planning the distribution, deployment, and retention of health workers, ensuring the right mix of skills, numbers, and locations to support the continuum of care by having appropriate health personnel in place, ready to adapt and respond during times of crisis. This should include linkages to the community and field level and other facilities to address MNH, TB, HIV, and GHS program needs.

Illustrative Activities:

1. Provide TA to analyze the workload and staffing needs, assess the health labor market,

and develop the capacity to develop HRH projection and planning models to address gaps in HRH distribution, including gender sensitive lens, across districts and facilities.
2. Expand human resource information systems to better track both formal and informal, as well as public and private HRH data to make management and planning modifications.
3. Collaborate with national and subnational stakeholders, including facilities, to improve HRH strategies (including for CHWs), policies, and enabling environment.

Objective 4: Design and organize more integrated patient-centered care models

To improve the integration of service delivery, the HSS Flagship will operate under the MOH's and BPJSK's priorities. It will work through horizontal integration across providers and vertical integration across levels of care whereby the management and delivery of health services results in a continuum of healthcare that meets patients' needs. Currently USAID/Indonesia is testing integrated care models through the vertical programs to improve the effectiveness of program implementation. These models are exploring networks of providers across public and private sectors, facilitating team-based care, especially for PHC, and linking performance to quality of care. The HSS Flagship will further advance Indonesia's integrated care models by exploring clinical and organizational mechanisms that facilitate integrated care, as well as strengthening the associated health financing, health information, and HRH systems that are required to implement these models. The expected outcomes of this objective are optimized management and delivery of clinical and organizational mechanisms that are linked to quality, patient-centered, continuum of care. The level of effort under this objective will particularly depend on the level of domestic political commitment to this technical direction.

IR 4.1 Advance integrated care mechanisms and the associated system requirements
The HSS Flagship will further advance Indonesia's integrated care models by designing, monitoring, piloting, and evaluating clinical and organizational mechanisms that incentivize better health outcomes impacting MNH, TB, HIV, and GHS. Clinical mechanisms may include horizontal clinical networks and multi-specialty teams, defined referral protocols, expanding the scope of providers to provide more types of services, establishing care coordinators etc. Organizational mechanisms may include data interoperability, financial and health workforce management, providers vertical integration (e.g. co-location or merger), intermediary organizations to support community care, etc.

As these models evolve and the HSS Flagship tests various mechanisms, it should also strengthen the required systemic mechanisms to implement these models. Therefore, this IR links closely with all of the other objectives. For example, the electronic medical record (EMR) should be aligned with the integrated care model design where all network providers have access to the same, up-to-date patient information in the EMR to improve tracking of health data and aid clinical decision-making, promote gate-keeping, and facilitate referral protocols across providers, levels of care, and the community. The JKN systems will also need to advance in their ability to accredit networks of providers, incentivize quality of care across the network and consider specialized provider payment models for USAID-priority vertical programs and key populations.

Illustrative Activities:

1. Map and assign providers' roles in the networks, including formalizing their linkages, referrals, and accountabilities.
2. Design integrated care models including guidance, frameworks, and protocols (e.g. referrals) that formalize linkages and increase accountability across providers, with reference to the necessary financing, HRH, and information systems, ILP, and linkages to vertical programs and community-based responses.
3. Design and implement a pilot of an integrated care model and conduct monitoring and evaluation to identify challenges and best practices and advocate for policy and regulatory improvements.

IR 4.2 Performance linked to quality of care and patient experience

As the HSS Flagship Activity designs the integrated models to support more organized patient-centered care, the providers must be held accountable - specifically, linking their performance to the quality of care. This Activity will aim to leverage existing health facility quality assurance processes as an entry point, increase private provider participation, support the role of the network coordinator in improving the patient's experience with the health system, and improve policies to allow payment arrangements that influence providers' behavior.

Illustrative activities:

- Institutionalize the process of ensuring facility readiness and quality, under District Health Office (DHO) or other Memorandum of Understandings (MOUs), specifically for MNH, TB, and HIV.
- Explore an integrated supportive supervision tool that covers all priority programs and aligns with the ILP and team-based care models.

Objective 5: Institutionalize mechanisms to support routine, evidence-informed health policy process

As Indonesia is in the midst of implementing health transformation reforms, the capacity to continuously learn and innovate across the health system needs to be strengthened to ensure more effective, evidence-informed health policies are implemented. It is expected that the other HSS Flagship objectives and other USAID activities will continuously be conducting research and/or supporting the production of evidence (i.e. evaluating existing policies, designing and testing new innovative models around purchasing or care delivery), which should be used to inform the health sector. The expected outcomes of this IR are increased demand by policymakers for evidence across all policy development stages, improved enabling environment and mechanisms to support the evidence to policy development, and strengthened local capacity and institutions to flexibly pilot, test and generate evidence to enhance health system resilience, especially in times of shock.

IR 5.1 Enhance the agenda setting and health policy formulation process to incorporate evidence

The HSS Flagship will strengthen Indonesian institutions' capacities to recommend innovations and translate research findings and analytical insights to serve as a foundation for evidence-based policy making. In addition to capacity building support, this activity will explore and develop mechanisms to strengthen routine engagement between researchers and policy makers. While Indonesia constantly generates evidence, the HSS Flagship will empower think tanks, research institutions, universities, local partners, CSOs including those under-represented groups, such as women and marginalized communities, etc. to extend their focus beyond academic and pilot dissemination. The Activity will enable them to actively engage policymakers in agenda setting and health policy formulation. Equally important is understanding the political context, stakeholder interests, and power dynamics for each policy the HSS Flagship aims to influence. The HSS Flagship will help advance and improve policy effectiveness and implementation.

Illustrative Activities:

1. Strengthen health policy and systems research institutions capacity to support the implementation of health reforms on system performance and improvement of health outcomes.
2. Design new evidence to policy development pathways and provide support to local government and non-government stakeholders across the evidence-to-policy system.

IR 5.2 Establish an enabling environment to institutionalize routine testing of innovations and policy evaluation

The HSS Flagship Activity will establish an enabling environment for policy implementation to address the challenges around regulatory restrictions that hinder the process for testing innovations. Many countries that are working to achieve universal health coverage and implementing health sector reforms often implement flexible mechanisms to allow testing interventions under existing and/or special regulations, thereby fostering a more agile and responsive healthcare system. If the results of test intervention demonstrate success, this enabling policy environment should also support the full implementation and scale of the HSS intervention. As the evaluation stage in the policy process feeds into the agenda setting and formulation stages, these activities will be closely aligned with the institutional capacity strengthening activities (see IR 5.1).

Illustrative Activities

1. Introduce and institutionalize flexible, routine testing mechanisms, (e.g. regulatory sandbox models, innovation hubs/centers of excellence, learning labs at the district level) to support evidence genderation under the other HSS Flagship objectives.
2. Support policy evaluation and implementation research for selected policies that impact USAID vertical programs, which will be used as "tracers" for the overall process.
3. Improve national and local government performance implementing and monitoring policies, including mechanisms that support shared governance (when multiple institutions, ministries, and levels of government are all stakeholders) and client engagement and feedback that considers gender and social inclusion aspects.

3.4 Assumptions

Indonesia is entering a new period of Long Term (2025 - 2045) and Medium Term Development Planning (2025 - 2029), which will inform and define the government health priorities and strategic directions. In addition, with the new Presidential period (2024 - 2029), local government elections, and implementation of Omnibus Health Law (The Law 17/2023 concerning Health), the HSS Flagship Activity will need to be prepared to regularly assess the social, political, and bureaucratic dynamics, to include both national and subnational stakeholders' positions, agendas, interests, and commitments, and adapt to changing opportunities or obstacles presented by stakeholders and possibly changes of the stakeholders themselves. In addition, with the potential continuation of digital health transformation under the Ministry of Health, as well as the wider One Data Indonesia initiative from the national government, the HSS Flagship Activity will need to incorporate this government strategy into its upcoming implementation.

4. ACTIVITY PARAMETERS

4.1 Target Beneficiaries and Key Stakeholders

The primary beneficiaries and key stakeholders of the HSS Flagship Activity will be the MOH, BPJSK, Coordinating Ministry of Human Development and Cultural Affairs, and other relevant stakeholders at national level, as well as subnational government, public and private health providers/facilities, health workers, health systems and policy researchers and institutes, CSOs. The ultimate beneficiaries will be Indonesians, especially women, children, poor and vulnerable populations, particularly related to the targeted group under MNH, TB, HIV, and GHS.

4.2 Alignment and Collaboration

The HSS Flagship Activity will be built on a collaborative approach to project design and implementation with Government of Indonesia counterparts and USAID. The ability to adapt throughout the project cycle will give benefit to the HSS Flagship in strengthening the approach. It will allow the project to be more responsive and adaptive to any political, social and economic dynamic. The HSS Flagship needs to strengthen relationships in ways that will help to triangulate inputs across many perspectives, and understand how this is essential to ensure politically-savvy adaptive programming.

In addition, the HSS Flagship Activity will leverage USAID health system investments and will be complementary to the overall USAID health programs. The Activity will lead and coordinate with other relevant USAID Health Implementing Partners to ensure alignment and harmonization of the HSS Flagship with vertical programs. As the Flagship presents an opportunity to collaborate across offices within the Mission, the HSS Flagship Activity will also coordinate with relevant counterparts accordingly. In addition, the HSS Flagship will also collaborate with other donors and development partners working on the focus areas under the program description, such as the World Bank (WB), the World Health Organization (WHO), Food and Agriculture Organization

(FAO), Bill and Melinda Gates Foundation (BMGF), Australia Department of Foreign Affairs and Trade (DFAT), British Embassy, and others. This collaboration is expected to improve the project's overall effectiveness, ultimately leading to more resilient and equitable health systems.

4.3 Geographic Site Selection

HSS Flagship will occur on national level and subnational level, considering subnational capacities in the priority areas under the HSS Flagship. At the subnational level, the selection for specific areas for the Flagship will be considered by the requirement of GOI through further discussions and analysis with the Ministry of Health and USAID. The geographic site selection will also consider USAID/Indonesia priority provinces under USAID/Indonesia Country Development Cooperation Strategies (CDCS) 2020-2025, USAID Health focus areas, HSS programs subnational focus, and potential co-location with other HEA implementing partners (IPs). The potential geographic sites are West Java, Banten, East Java, and South Sulawesi. The HSS Flagship takes into account the geographic analysis of HIV, TB, GHS, and MCH programs, which are based on disease burden and GOI priorities that led to selection of subnational presence. The HSS conducted a mapping of health program based on locations and identified areas where Health is most represented, as follows:

West Java / Banten	East Java / South Sulawesi
TB, MCH, HIV, GHS	TB, MCH, GHS, HSS

The finalization will be conducted before the award and may occur during the co-creation process (see Section ~~H.2~~ D.3).

4.4 Gender Equality and Inclusive Development

Incorporating gender, disability, and social inclusion analysis into health system strengthening is crucial for achieving equitable and responsive healthcare. These factors significantly influence individuals' access and experiences within the healthcare system, impacting health outcomes and service effectiveness. Recognizing these linkages is vital for addressing disparities and ensuring accessible and tailored healthcare services for all Indonesians. Integrating gender, disability, and social inclusion analysis into health system strengthening initiatives can foster more inclusive and equitable healthcare systems, promoting the health and well-being of all populations.

The HSS flagship will apply a gender, disability, and social inclusion lens across five objectives: health financing, information systems, human resources, integrated care, and evidence-based policymaking. The program will consider power dynamics in implementation and decision-making processes, incorporating gender implications into each objective to ensure nuanced approaches. Periodic updates will refine the analysis to maintain relevance and effectiveness.

4.5 Sustainability and Local Capacity Building

The HSS Flagship will use the locally led development principles to ensure inclusive program development and implementation. The Flagship will also engage and strengthen GOI national and subnational counterparts as well local partners' capacity in implementing health systems strengthening objectives laid out in the HSS Flagship program. Subaward to local partners are strongly encouraged in order to successfully implement the activity.

The HSS Flagship will work with the Government of Indonesia to promote public-private partnerships across the entire activity cascade from planning to evaluation, to increase the private health providers' contribution to deliver health system strengthening solutions for Indonesia. The Flagship will also explore potential collaborations that leverage private sector resources with USAID for health system strengthening goals.

The HSS Flagship will engage and strengthen the capacities of Indonesian universities, think-tanks, research institutes and explore potential areas for knowledge exchanges to generate collaborative ideas to increase internationalization efforts. The internationalization efforts aim to improve the capacity of local stakeholders to be able to meet international standards and be recognized as key providers of HSS technical assistance for Indonesia and others globally. The HSS Flagship will contribute to USAID's approach to localization that aims at increasing the global engagement and presence of Indonesian universities, think tanks, and research institutes foster collaboration and knowledge exchange across borders, enriching the local institutions' capabilities and impact on an international scale. It also highlights local actors as the leaders and critical component for greater equity, effectiveness, and sustainability of USAID programming. We aim to enable local actors to set their own agendas, develop solutions, and bring their leadership and resources to make those solutions a reality. Please refer to https://www.usaid.gov/localization. The Flagship will explore options to strengthen the roles and functions of these institutions to support multi-sectoral national and subnational governments and other health systems stakeholders.

4.6 Climate change adaptation and health system resilience

The HSS Flagship would like to explore the possibility of addressing climate change adaptation programming into the activities to strengthen health systems through integration of essential public health and one health functions, primary care and achieving universal health coverage. As climate change can result in a shock to the health system and test its resilience, it is important to ensure the system can withstand multiple types of crises (e.g. acute emergency, chronic) to continue to deliver routine services and provide an uninterrupted continuum of care. The HSS Flagship may invest an estimated $1,000,000 over the life of the project to improve Indonesia's health system to adapt to climate change by 1) improving the organizational capacity of the Flagships' local partners to flexibly adapt to changing and evolving needs and 2) improve the availability and use of quality, timely information and analytical evidence, regarding the impact of climate change on the health system's ability to routinely prevent, detect, and respond to public health challenges. If applicable, the purpose of incorporating climate change adaptation

programming into the HSS Flagship is to improve the timely deployment of resources to ensure continuous access to health services through each of the objectives. Activities will therefore aim to increase the resilience of individuals, families, communities and health systems to climate-related shocks and stressors.

5. PLANS TO MONITOR AND EVALUATE PERFORMANCE

The collaboration, learning and adaptation (CLA) approach should be an integral part of the implementation. It will require collaborative work with GoI, other donor agencies, communities and other stakeholders to cultivate the learnings. The learnings will inform the decision making process with consideration of the best approach to improve implementation effectiveness. Therefore, the Activity should explore the CLA approach that will be integrated throughout the project life. Please refer to https://usaidlearninglab.org/cla/cla-toolkit/understanding-cla.

All HSS Flagship activities will engage with local partners, conduct joint planning, organize site visits, and support monitoring and reporting of critical indicators in coordination with other relevant Mission activities. As needed, the HSS Flagship will convene Technical Working Groups to facilitate multi-mechanism coordination to harmonize initiatives. The HSS Flagship will substantially coordinate with other United States Government and other complementary activities working in relevant sectors, including education, environment, economic development and democratic governance, where interests coincide. It will collaborate with and directly engage with the private sector, civil society, professional organizations, academic institutions, international experts, communities, schools, youth groups, women's organizations, faith-based organizations, and other donors and international organizations.

The HSS Flagship will develop and use a clear Monitoring, Evaluation, and Learning (MEL) plan. The MEL plan will describe how the activities contribute to the health outcomes according to the vertical priority programs as well as measure health systems performance as outlined in the USAID Vision for Health System Strengthening 2030 and USAID Indonesia's Country Development Cooperation Strategy (CDCS) 2020 - 2025. The newly released Health Systems Performance Assessment (HSPA)[3] Framework is related to the concept of health system resilience and utilized in the WHO resilience toolkit. It should therefore be considered as part of the MEL methodology. The HSPA is valuable as a MEL framework as it highlights how the health system functions and how that functionality is linked to health system performance; it centers governance as the most enabling function; and reflects quality of care as an intermediate objective. In addition to the HPSA assessment areas, the HSS compendium of indicators and the USAID HSS Learning Agenda[4] should be integrated into the MEL framework for the HSS Flagship. M&E for health outcomes should be aligned with the national health sector goals and MEL frameworks as well as USAID/Indonesia's priority health outcome measures. A midterm or final evaluation may be conducted to determine the success of the Flagship activities. The MEL team and staffing for this Flagship will be expected to coordinate closely with other Health Office activities and

[3] "Health Systems Strengthening – A Compendium of Indicators". Measure Evaluation. 2017
[4] "Health Systems Learning Agenda." USAID. 2022

implementing partners.

6. MANAGEMENT AND OPERATIONAL CONSIDERATIONS

The USAID/Indonesia Health Office, through the assigned AOR, and in consultation with the MOH, will be responsible for the management and oversight of this activity and will work to lead the work plan and budget approval processes and determine the optimal activities within the mechanism. The assigned AOR will lead the coordination between this activity and other health activities under the Health Portfolio.

The Flagship will establish/maintain the Health Office's primary relationships with the key HSS GOI and other local counterparts. It is expected that a hub and spoke model and/or a coordination unit may be required to support relationships with these key HSS counterparts and with vertical technical directorates via the other Mission activities to help streamline communications.

[END OF THIS SECTION]

SECTION B: FEDERAL AWARD INFORMATION

1. ESTIMATE OF FUNDS AVAILABLE AND NUMBER OF AWARDS CONTEMPLATE

USAID intends to award one (1) cooperative agreement pursuant to this notice of funding opportunity. Subject to funding availability and at the discretion of the Agency, USAID intends to provide up to $35,000,000, including $8,000,000 for a window of opportunity, over a five (5) year period.

The $8,000,000 is a plug figure for Windows of Opportunity (WOO) component that USAID reserves to respond to unforeseen opportunities that may arise to support expansion beyond the existing objectives of the Health System Strengthening (HSS) Flagship. The WOO component may be exercised only at the discretion of the Agreement Officer and is contingent upon availability of funds.

2. EXPECTED PERFORMANCE INDICATORS, TARGETS, BASELINE DATA, AND DATA COLLECTION

The applicants shall develop qualitative and quantitative indicators, including adopting appropriate Standard Foreign Assistance Indicators (F indicators) as mandated by USAID, to measure the activity achievement at the purpose, IR, sub-IR and output level, and establish baselines for those indicators. All indicators must be consistent with 1) USAID's Indo-Pacific Vision and 2) USAID/Indonesia's Mission-wide Performance Management Plan, especially the learning plan under the CDCS Development Objective 4: Priority Health Outcomes Improved. In addition, the Activity will also contribute to the USAID Vision for HSS 2030.

The applicants will specify indicators and the necessary methodologies to enable USAID/Indonesia to monitor the progress of activities towards achieving the stated objectives. The Monitoring section must include Health System Strengthening (HSS) and Cross Cutting indicators and will have to respond to vertical program indicators that will be further discussed in the AMEL Plan.

The non-exhaustive list of Standard, Health System Strengthening, and Cross Cutting indicators:

1. HL-6: Quality improvement - Overall facility utilization rate in areas implementing quality improvement (QI) supported by USAID.
2. HL-8: Index indicator for health workforce management at facility and community levels.
3. CBLD-9 IM-level: Percent of assisted organizations with improved performance.
4. PSE-2: Number of private health sector stakeholders that engaged with the USG to support U.S. Foreign Assistance objectives.
5. GNDR-8: Number of persons trained with USG assistance to advance outcomes consistent with gender equality or female empowerment through their roles in public or private sector institutions or organizations.

6. Percentage of annual expenditures on priority programs (HIV, TB, MNH, GHS) from all government sources on health.
7. Difference between actual expenditure linked to programs, priorities, and results and the originally budgeted expenditure.
8. Percentage of USAID-supported facilities that are contributing patient-level information electronically to a shared health record that is owned/managed by the government.
9. Documented instances of project/activity support to improve governance and enabling environment for digitalization.
10. Number of analytical products developed to inform policies or guidance based on evidence.
11. Number of instances in the last year where USAID support has enabled health system actors/institutions to utilize health system data or research to inform decision making.
12. Number of institutions that are equipped to support health workforce deployment and management during routine and emergency operations.
13. Number of health personnel receiving capacity development support (clinical / management / programmatic) to optimize the management of health services.

The full definition of standard indicators can be found here: https://pages.usaid.gov/F/ppr.

The applicants must propose custom indicators necessary to adequately track progress and outcomes of interventions, with reference to and in support of standard indicators. The applicants will monitor the outcome indicators, and their related disaggregates, to measure achievement of the five objectives through an Activity Monitoring, Evaluation and Learning (AMEL) plan.

The applicants are responsible for ensuring data collection, storage, analysis, reporting as well as ensuring the quality of indicator data, including those provided by any sub-awardees. The applicant must ensure the validity, integrity, precision, reliability, and timeliness of data used for measuring performance of the Activity and informing decision making. All externally reported indicators must have a data quality assessment (DQA) at least once every three years and/or within 12 months prior to the external reporting for the first time.

In order to better represent the results of USAID-funded activities, when applicable USAID requires geographically disaggregated indicators to measure the Activity's results. Such indicators include information on the location or geographic scale of the Activity's performance, impact, or other information. Geographically disaggregated indicators enable the Activity to investigate the geographic variation in performance for improved monitoring, learning, and adapting.

The time it takes to ascertain potential baselines will depend on the nature of the indicators and their data sources. The target will be determined once the baseline is established. It is generally expected that all such baseline and target information must be included in the AMEL Plan.

In addition, the Activity is expected to conduct at least one performance evaluation (mid-term/final) during the Activity period that will be conducted through an external contract and will be managed by USAID/Indonesia. The Recipient will be expected to collaborate with the USAID evaluation team by providing relevant data and information. The implementation of such performance evaluation should be aligned with the results of annual Pause and Reflect workshops described in the Section A.

3. START DATE AND PERIOD OF PERFORMANCE FOR FEDERAL AWARDS

The anticipated period of performance of the award made as a result of this Notice of Funding Opportunity is five (5) years subject to the availability of funds. The estimated start date will be upon the signature of the resulting award.

4. SUBSTANTIAL INVOLVEMENT

USAID plans to award a Cooperative Agreement pursuant to this NOFO. Through a Cooperative Agreement, USAID reserves the right of substantial involvement in assistance awards (including monitoring performance, reviewing reports, and/or providing approvals, in order to effectively support the achievement of the expected results, in addition to the standard prior approvals).

USAID considers collaboration with the awardee crucial for the successful implementation of this program. Substantial involvement is deemed necessary and therefore is anticipated between USAID and the Recipient during the performance of this activity.

USAID anticipates that it will be substantially involved in the following areas:

a. **Approval of the Recipient's Annual Implementation Plan / Work Plan.** USAID generally only requires approval of implementation plans annually; however, where changed contexts or new information require a pivot in the activity, USAID may consider changes to an implementation plan. The Agreement Officer Representative (AOR) will approve the Recipient's annual implementation plans (AIP) and any subsequent changes to the plans due to shifting context, new information, security conditions, etc. The AOR will participate in strategic planning sessions for the development of AIPs. The Recipient and AOR must review the agreement's terms and conditions to ensure inadvertent changes to them are not approved through the AIP.

b. **Approval of the Activity Monitoring, Evaluation and Learning Plan (AMELP)**: USAID must review and approve the Recipient's activity monitoring, evaluation and learning plan,

inclusive of realistic and appropriate performance indicators and plans for periodic evaluation of activities, and all subsequent changes to the AMEL plan.

c. **Approval of and Any Changes to in Key Personnel:** The positions designated as key personnel are essential to the successful implementation of the program objectives of this Agreement. The key personnel positions will be determined during the co-creation phase. Maximum five positions are considered as key personnel.
Key personnel positions will require concurrence from the AOR and approval from the Agreement Officer (AO). Prior to replacing the key personnel, the Recipient must immediately notify both the AO and AOR reasonably in advance and must submit written justification, including a proposed plan for replacement, in sufficient detail to permit evaluation of the impact on the activity. No replacement of key personnel may be made without the prior approval of the AO.

d. **Approval of Sub Partners Proposed:** The Agency will review and approve any substantive provisions of proposed subawards or contracts. The recipient must obtain AO's prior approval for the sub-award, transfer, or contracting out of any work under an award. The term 'sub-awards' includes both sub-agreements and contracts under assistance. Some of the subaward approval responsibilities may be delegated to the AOR.

e. **Agency and Recipient Collaboration or Joint Participation:** USAID and Recipient engagement in collaboration and joint participation may occur when the Recipient's successful accomplishment of program objectives would benefit from USAID's technical knowledge. USAID anticipates collaboration and joint participation where there is sufficient reason for USAID's involvement and the involvement shall be specifically tailored to support identified elements in the program description. Areas and spaces for joint participation and collaboration may be identified throughout the life of the Activity. All such direction or redirection must be within the program description budget, and other terms and conditions of the award.

f. **Direction of Program to Align with other USAID Programs:** The AOR will authorize specific kinds of direction or redirection because of interrelationships with other Activities sponsored by the U.S. Government or other donors and to ensure coordination and complementarity, avoid duplication of efforts, and/or support U.S. foreign policy considerations. All such direction or redirection must be within the program description, budget, and other terms and conditions of the award.

g. **Direct agency operational involvement or participation** to ensure compliance with statutory requirements such as civil rights, environmental protection, and provisions for people with disabilities that exceeds the Agency's role that is normally part of the general statutory requirements understood in advance of the award.

h. **USAID's Authority to immediately halt an activity if the recipient does not meet detailed performance specifications.** USAID has the authority to immediately halt an activity if the recipient does not meet detailed performance specifications. These would be provisions that go beyond the suspension remedies of the Federal Government for noncompliance as stated in 2 CFR 200, including non-performance. USAID/Agreement Officer may immediately halt an activity when identified specifications are not met.

   USAID reserves the right to expand Substantial Involvement at the stage of the resultant award.

5. AUTHORIZED GEOGRAPHIC CODE

The geographic code for the procurement of commodities and services under this program is 937. Geographic code 937 is defined as the United States, the cooperating/recipient country, and developing countries other than advanced developing countries, and excluding prohibited sources. USAID maintains a list of developing countries, advanced developing countries, and prohibited sources, which is available in USAID's Automated Directives System, ADS 310.

6. NATURE OF THE RELATIONSHIP BETWEEN USAID AND THE RECIPIENT

The principal purpose of the relationship with the Recipient and under the subject program is to transfer funds to accomplish a public purpose of support or stimulation of the HSS Flagship , which is authorized by Federal statute.

The successful Recipient will be responsible for ensuring the achievement of the program objectives and the efficient and effective administration of the award through the application of sound management practices. The Recipient will assume responsibility for administering Federal funds in a manner consistent with underlying agreements, program objectives, and the terms and conditions of the Federal award.

7. TITLE OF PROPERTY

Property title under the resultant agreement vests with the recipient in accordance with the Requirements of 2 CFR 200.310 through 2 CFR 200.316 regarding use, accountability, and disposition of such property.

[END OF THIS SECTION]

SECTION C: ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

U.S. and non-U.S. organizations from the authorized geographic code (937) may participate for this NOFO. USAID will not accept applications from individuals. All applications must be legally recognized organizations under applicable law.

Pursuant to Code of Federal Regulations (CFR) 2 CFR 200.400(g), it is USAID policy not to award profit under assistance instruments such as cooperative agreements. While for-profit firms may participate, pursuant to 2 CFR 700.13(A)(1) Prohibition against profit: no funds will be paid as profit to any for-profit entity receiving or administering Federal financial assistance as a recipient or subrecipient, and as such, for-profit organizations must waive profits and/or fees to be eligible to submit an application.

Applicants are encouraged to form partnerships when developing Concept Paper. Please note, that Applicants can serve as sub-awardees, members of a consortium or supporting partners on multiple Concept Paper. However, **all eligible interested organizations are restricted to submitting only one Concept Paper as the Prime Applicant at any given time**.

Successful applicants must have established financial management, monitoring and evaluation processes, internal control systems, and policies and procedures that comply with established U.S. Government standards, laws, and regulations.

USAID welcomes applications from organizations that have not previously received financial assistance from USAID.

Faith-based organizations are eligible to apply for federal financial assistance on the same basis as any other organization and are subject to the protections and requirements of Federal law.

2. COST SHARING OR MATCHING

USAID/Indonesia determined cost share is not required for this award and will not be considered as part of the merit review criteria.

3. EXCLUSIVITE COMMITMENTS

USAID/Indonesia discourages any applicant from requiring exclusive teaming arrangements with proposed local or international entities to participate as part of a consortium or sub-award. Local or International entities participating in a consortium may elect to participate in another consortium or sub-awardees under the different application.

[END OF THIS SECTION]

SECTION D: CONCEPT PAPER AND APPLICATION SUBMISSION INFORMATION

1. AGENCY POINT OF CONTACT

Name: Ikke Tristianti
Title: Acquisition & Assistance Specialist
Email: applications-indonesia@usaid.gov

2. QUESTIONS AND ANSWERS

Questions regarding this NOFO should be submitted in writing via email with a subject line: **"NOFO 72049724R00004 Concept Paper Questions"** to the POC specified above, no later than the date and time indicated on the cover letter. Any information given to a prospective applicant concerning this NOFO will be furnished promptly to all other prospective applicants as an amendment to this NOFO, if that information is necessary in submitting applications or if the lack of it would be prejudicial to any other prospective applicant.

3. APPLICATION PROCESS

The application process for HSS Flagship contains three phases:

PHASE 1: CONCEPT PAPER APPLICATION SUBMISSION AND REVIEW

A Concept Paper Application is a concise document where the Applicant provides an overview of its idea of how the conceptual approach would achieve the Activity outcomes and results. Applicants must address proposed interventions that will build upon and expand all objectives as discussed in Section A: Program Description of the NOFO. Applicants must follow the Concept Paper Application instruction outlined in point 4 of Section D.

Upon the closing date, concept papers will be reviewed against the merit review criteria as described in Section E of this NOFO.

PHASE 2: CO-CREATION

Only one Applicant that has conditional acceptance of a successful Concept Paper will be invited for co-creation.

Co-creation process under this NOFO can have extensive and highly detailed design discussions with government stakeholders and development partners with regard to potential collaboration and alignment of ideas and activities. Such discussions help foster the co-creation that is core to the HSS Flagship approach. Continued co-creation after a concept paper is reviewed allows USAID to clarify the objectives and approach outlined in the concept paper, confirm shared value, and ensure the Applicant is well-prepared to provide a full application. USAID anticipates

a product of the co-creation process is a strong draft project description for the full application phase.

If co-creation results in a mutually acceptable and a set of specific activities that advance the objectives of the NOFO, USAID/Indonesia will request a full application. If an applicant does not succeed at the co-creation phase, the process ends for that applicant.

PHASE 3: FULL APPLICATION

USAID will only accept a full application from the apparently successful applicant (ASA). USAID will issue a Request for Full Application (RFA) to the ASA and will provide complete instructions for submission.

USAID expects that full applications will expand upon the ASA's concept paper and incorporate any discussions, ideas, plans, feedback or changes from USAID/Indonesia and other partners discussed during the co-creation phase.

4. GENERAL CONTENT OF CONCEPT PAPER APPLICATION

Applicants may submit only one concept paper. The concept paper application should take into account the requirements of the Activity and merit review criteria found in this NOFO. Applicants must review, understand, and comply with all aspects of this NOFO. Failure to do so may be considered as being non-responsive and may not be evaluated accordingly.

Preparation of Concept Paper Application

The Concept Paper Application must comply with the following format:

- Must not exceed **11 pages.** USAID will not review any pages in excess of the 11 pages limit;
- Written in English;
- Use standard 8 ½" x 11", single sided, single-spaced, 12-point Calibri font, 1" margins, left justification and headers and/or footers on each page including consecutive page numbers, date of submission, and applicant's name;
- 10-point font can be used for graphs and charts or text boxes. Tables, however, must comply with the 12-point Calibri requirement;
- Submitted via Microsoft Word or PDF formats;
- The concept paper must be a searchable and editable Word or PDF format as appropriate;

The concept paper must include the following sections:

A. Cover page
B. Technical and Implementation Approach
C. Management and Staffing Plan

D. Institutional Capability

A. Cover Page - maximum one (1) page

The cover page must include:

- NOFO Number and Title: ~~72067424R00004~~ 72049724R00004 - The Health System Strengthening Flagship.
- Proposed Activity Title. USAID welcomes Applicants to propose a title that reflects the scope and desired outcomes of the HSS Flagship activity.
- Prime Applicant Name, Type of Organization and Address.
- Point of Contact and the Alternate POC (name, title, phone and email address).
- Unique Entity Identifier (UEI) number and SAM status of Prime Applicant.
- Name and UEI status of proposed sub-awardee(s). Identify if any of the organizations are local organizations, per USAID's definitions of "local entity" under ADS 303.

B. Technical and Implementation Approach - maximum six (6) pages

- At a minimum, the concept paper will include a proposed technical and implementation approach and preliminary theory of change that demonstrates the Applicant's understanding of the key needs, challenges, and opportunities to achieve the desired outcomes outlined in the goals and objectives of the activity description. The Applicant must provide one to two additional illustrative activities per intermediate result and explain how they align with the illustrative activities that were already described in the Program Description. Additionally, the approach must address the following:
  - The Applicants must explain how the Activity results and outcomes will be sustained.
  - How will the Applicant's promote inclusive, equitable, and accessible health systems for vulnerable, disadvantaged, and key populations as well as address gender disparities into the technical and implementation approaches?
  - How will the Applicants integrate climate change adaptation and/or mitigation activities into the technical and implementation approaches?
- Applicants must also provide a monitoring, evaluation, and learning (MEL) strategy to measure the Activity's progress and achievement that align with the technical approach.

C. Management and Staffing Plan - maximum two (2) pages

At a minimum, the Management and Staffing Plan will be appropriate, comprehensive, and sustainable for achieving the outcomes and results of the activity while reflective of the applicant's technical approach. The plan will include:

- **Management:** Proposed management approach must describe how the Applicant will engage, coordinate, and partner with relevant Government of Indonesia counterparts (national and subnational), and USAID Implementing Partners.
- **Key personnel positions:** Key personnel positions are those whose professional and technical skills are essential for the successful implementation of the activity

and are directly responsible for management of the award. Applicants must state which positions are key personnel and provide a brief description of how their skills and experience will allow them to provide leadership in addressing technical and administrative aspects required to meet the goals and objectives described in the program description. No more than five key personnel are permitted. **At this stage, Applicants should not submit or propose candidates for key personnel positions.**

- **Organogram:** The Applicant must provide a notional organogram and describe proposed team composition and organization structure.

D. Institutional Capacity - maximum two (2) pages

At a minimum, this section will include:

- Applicants must describe their organization's experience in HSS for similar size, scope, and complexity, as well as provide evidence of their capacity to adapt to changing needs under HSS and provide examples of how they achieved this in the past (including but not limited to prior experience in Indonesia). If the applicant does not have this experience, they should simply state it as such.
- Applicants (and consortium members, if applicable) must clearly describe their respective roles, responsibilities, and capacity to carry out the proposed technical and implement approach. The applicant must explain how each member of the consortium compliments one another, ensuring no duplication of technical efforts, and will effectively achieve the outcomes and results of the activity.

5. CONCEPT PAPER APPLICATION SUBMISSION PROCEDURES

Applicants should submit a Concept Paper via email to: applications-indonesia@usaid.gov

Under 5 CFR 1320, the Paperwork Reduction Action, only electronic copies of concept papers will be accepted

When emailing a concept paper, please clearly marked on the relevant email subject line as follows:

[Applicant Name] - 72049724R00004 - Health System Strengthening Flagship

USAID's preference is that the Concept Papers be submitted as consolidated email attachments, e.g., that you consolidate the various parts of a Concept Paper into a single document before sending it.

If an Applicant discovers an error in transmission, please send the material again and note in the subject line of the email or indicate in the file name that it is a "corrected" submission. Do not send the same email more than once unless there has been a change, and if so, please note that it is a "corrected" email.

Concept Paper Applications in response to this NOFO must be submitted no later than the closing date and time indicated on the cover letter. Applicants are reminded that email is NOT instantaneous, and in some cases delays of several hours occur from transmission to receipt. Therefore, applicants are requested to send the concept paper application in sufficient time ahead of the deadline. For this NOFO, the initial point of entry to the government infrastructure is the USAID mail server.

Late concept papers will not be reviewed nor considered.

6. FUNDING RESTRICTIONS

Profit is not allowable for recipients or subrecipients under this award.

Construction will not be authorized under this award.

USAID will not allow the reimbursement of pre-award costs under this award without the explicit written approval of the Agreement Officer.

[END OF THIS SECTION]

SECTION E: CONCEPT PAPER REVIEW INFORMATION

1. REVIEW OF CONCEPT PAPERS

USAID will evaluate concept papers and decide whether to engage applicants further. Based on the outcome of the evaluation, the concept will either receive conditional acceptance or rejection. If rejected no further information will be requested or accepted from the applicant. The conditionally accepted concept may be invited to engage further in co-creation or to submit a full application.

2. EVALUATION METHODOLOGY

USAID will utilize a "Confidence" rating methodology to evaluate concept paper received.

The below chart details the rating scheme and the definitions that apply to the merit review criteria:

Confidence Rating	Definition
High Confidence	The Government has **high confidence** that the Applicant understands the requirement, proposes a sound approach, and will be successful in performing the activity.
Some Confidence	The Government has **some confidence** that the Applicant understands the requirement, proposes a sound approach, and will be successful in performing the activity. Concept papers that received this rating may be re-reviewed if the number of high confidence rated concept papers are insufficient. Re-reviewed concepts paper will receive either a rating of high or low.
Low Confidence	The Government has **low confidence** that the Applicant understands the requirement, proposes a sound approach, and will be successful in performing the activity. Concept paper that is rated low confidence against the merit review criteria and will not receive an award nor move forward to any further phase.

Specific strengths and weaknesses for each of the merit review criteria will be documented.

- **Strengths**: An aspect of the application that increases the likelihood of successful performance.
- **Weaknesses**: A flaw in the application that increases the risk of unsuccessful performance.

3. REVIEW AND SELECTION PROCESS

a. MERIT REVIEW CRITERIA

Concept Papers received under this NOFO will be evaluated by a USAID merit review committee in accordance with the merit review criteria detailed below (in descending order of importance):

Criterion 1 - Technical and Implementation Approach

The extent to which the concept paper demonstrates a sound technical approach with theory of change that represents a thorough understanding of the Indonesia context, health system challenges, and their link to the priorities presented in the program description.

The quality of the proposed technical and implementation approach that presents a clear, detailed, technically sound, realistic, and ambitious, to achieving and sustaining, each of the five objectives, results, and overall goal described in the program description.

The extent to which the applicant's proposed MEL strategy outlines a learning agenda and identifies specific measures that follow the theory of change, and shows progress in health system performance and health outcomes.

Criterion 2 - Management and Staffing Plan

The concept paper must demonstrate how the management approach, including the engagement of Government of Indonesia and partner strategies, USAID Implementing Partners, and other donor activities in Indonesia, along with the alignment of key personnel positions, team composition, and organization structure at both national and subnational levels, will collectively contribute to the successful implementation of the Activity's technical approach, outcomes, and results.

Criterion 3 - Institutional Capability

The extent to which the concept paper outlines its organization's and consortium's actual technical and managerial expertise and experience as demonstrated in prior relevant work in HSS that will directly benefit to the success of the implementation of this activity, including evidence of their capacity to respond to common and unusual challenges of prior HSS activities.

b. BUSINESS REVIEW

No budget or cost application will be accepted during Phase 1, so no cost information will be evaluated.

[END OF THIS SECTION]

SECTION F: FEDERAL AWARD ADMINISTRATION INFORMATION

1. FEDERAL AWARD NOTICES

Award of the agreement contemplated by this NOFO cannot be made until funds have been appropriated, allocated and committed through internal USAID procedures. While USAID anticipates that these procedures will be successfully completed, the potential applicant is hereby notified of these requirements and conditions for the award.

The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. No costs chargeable to the proposed Agreement may be incurred before receipt of either a fully executed agreement or a specific, written authorization from the Agreement Officer.

2. ADMINISTRATIVE & NATIONAL POLICY REQUIREMENTS

USAID/Indonesia Mission will be responsible for the negotiation and obligation, and subsequent management and administration, of award which develop from successful application. The Agreement Officer will be responsible for conducting negotiations, making the award, and obligating costs to recommended partners. He/she will only do so after making a positive risk assessment or responsibility determination that the applicant possesses, or has the ability to obtain, the necessary management competence in planning and carrying out assistance programs and that it will practice mutually agreed upon methods of accountability for funds and other assets provided by USAID. The Agreement Officer will also designate an Agreement Officer Representative (AOR) to assist in the management and oversight of the award.

The resulting award from this NOFO will be administered in accordance with the following policies and regulations.

For U.S. organizations: ADS 303, 2 CFR 700, 2024 Revision of 2 CFR 200, and 2024 Interim Standard Provisions for U.S. Nongovernmental Organizations

For Non-U.S. organizations: ADS 303, 2 CFR 700, 2024 Revision of 2 CFR 200, and 2024 Interim Standard Provisions for Non- U.S. Nongovernmental Organizations

No deviations are anticipated to the standard provisions for the cooperative agreement under this NOFO. All applicable standard provisions must be incorporated into the resultant award.

3. REPORTING REQUIREMENTS

A full list of reporting requirements will be included in the request for full application. For reference, below is an illustrative list of reporting that may be required in the resulting Cooperative Agreement.

	Type of Report
USAID	● Annual Implementation Plan ● Activity Monitoring, Evaluation and Learning (MEL) Plan ● Quarterly Performance Reports ● Activity Location, Geographic, and Investment by Location Data Collection ● Quarterly Accrual and Estimated Expenditures Reports ● Annual Performance Reports ● Annual Report of Host Government/Taxes ● Annual Report of Geographic Investment Location ● Close-out Plan ● Final Performance Report ● Final Financial Report ● Other data reporting as per USAID guidance
USAID - TB	● TB Roadmap ● Specific TB component included in: ○ Monthly report (using MoH template) ○ Quarterly performance report ○ Annual Performance Report ● Other data reporting as per annual TB roadmap requirement
USAID - GHS	● Monthly Report (using MoH template) ● Semi-annual Mid Term Report ● Annual Report
PEPFAR	● Annual Work Plan ● Quarterly Performance Review (POART) Slides ● Annual Expenditure Reporting (ER) ● Annual Human Resource for Health Reporting (HRH) ● Other data reporting requirements as per GHSD guidance
Government of Indonesia/Ministry of Health	● Monthly Progress Reports ● Quarterly Financial and Narrative Reports ● Hand over certificate (BAST) report ● Annual Reports ● Final Report ● Other reporting as per MOH guidance

4. PROGRAM INCOME

Program income is not expected to be created under this award.

[END OF THIS SECTION]

SECTION G: FEDERAL AWARDING AGENCY CONTACT(S)

1. NOFO POINTS OF CONTACTS

Name: Mohib Ahmed, Supervisory Agreements Officer
Yulian Christanti, Administrative Agreement Officer
Ikke Tristianti, Acquisition & Assistance Specialist

Email: applications-indonesia@usaid.gov

2. ACQUISITION AND ASSISTANCE OMBUDSMAN

The A&A Ombudsman helps ensure equitable treatment of all parties who participate in USAID's acquisition and assistance process. The A&A Ombudsman serves as a resource for all organizations who are doing or wish to do business with USAID. Please visit this page for additional information: https://www.usaid.gov/work-usaid/acquisition-assistance-ombudsman

The A&A Ombudsman may be contacted via: Ombudsman@usaid.gov

[END OF THIS SECTION]

SECTION H: OTHER INFORMATION

USAID reserves the right to fund any, some, or none of the full application that ultimately result from submitted concept papers and the co-creation process under the NOFO. The Agreement Officer is the only individual who may legally commit the Government to the expenditure of public funds. Any award and subsequent incremental funding will be subject to the availability of funds and continued relevance to Agency programming.

Applications with Proprietary Data

Applicants who include data that they do not want disclosed to the public for any purpose or used by the U.S. Government except for evaluation purpose, should mark the cover page with the following:

> *"This application includes data that must not be duplicated, used, or disclosed – in whole or in part – for any purpose other than to evaluate this application. If, however, an award is made as a result of – or in connection with – the submission of this data, the U.S. Government will have the right to duplicate, use, or disclose the data to the extent provided in the resulting award. This restriction does not limit the U.S. Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets {insert sheet numbers}."*

Additionally, the applicant must mark each sheet of data it wishes to restrict with the following:

> *"Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this application."*

[END OF THIS SECTION]

[END OF NOTICE OF FUNDING OPPORTUNITY]