SUM II QUARTERLY REPORT
October—December 2012

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USAID/Indonesia
January 15, 2013

TRG/SUM II Task Order No. GHH-I-03-07-00070-00

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INTRODUCTION

This quarterly report highlights progress made in Quarter 2 of Year 3 in the ten strategies of the Work Plan. It identifies where progress is on track, the areas that need strengthening and/or strategy review and implementation support. It also identifies the strategies that need additional definition on how much to initiate before the end of Year 3, considering SUM II staff resources and budget.

Overall, progress in five strategies of the Work Plan is on track:

- Strategy 1: Identifying and Supporting Principal CSOs
- Strategy 3: CSO Capacity Building
- Strategy 4: Expanding SUM II Staff and Resources at the National Level and all Regional
- Strategy 8: M&E of CSO Performance
- Strategy 9: Introducing Mobile and other Technologies

The remaining five strategies will benefit in Quarter 3 from a re-look at expected outcomes and implementation approaches and support:

- Strategy 2: Expand Coverage of HIV and STI Services to MARPs
- Strategy 5: Strengthening Advocacy Capacity
- Strategy 6: Gender and Human Rights
- Strategy 7: Providing Organizational Performance TA for Health Care Services to MARPs
- Strategy 10: Leveraging Funds

For Objective 2 of SUM II, Grants, at the end of Quarter 2 approximately $1.7 million of the $6.5 million remains available. Priorities for these remaining funds are the second cycle of funding for CSOs in Papua, Riau Islands and North Sumatra; and funding for CSOs in the expansion sites and hotspots in Jakarta, East Java, Central Java and West Java. In Papua, in addition to the funding for CSOs, funding will also be provided for TA in the area of clinical management and community organization, specifically for MSM, TG, and FSWs. The other priority is cycle II TA implementation in OP and monitoring and evaluation for the CSOs in Jakarta and East Java to be provided by CIRCLE, Satunama, and SurveyMETER. Unless there is additional grant availability, SUM II will be unable to provide second cycle funding for these three TA providers. SUM II will also be unable to fund CSO activities tied to SUM II's expected Model 2015 that focuses on Centers of Excellence for Community Organizations and Clinical Services; CSO Financial Self-Sufficiency and Sustainability; and Community Self Help systems for HIV and AIDS.

Highlighted below in this report is a summary progress check for each of the ten strategies in the SUM II Year 3 Work Plan.

Strategy 1: Identifying and Supporting Principal CSOs

Progress in Strategy 1 is on track. There are five CSOs in East Java and Jakarta designated as Principal CSOs. They include:

- Yayasan Kusuma Buana (YKB), Jakarta
- Yayasan Karisma, Jakarta
- Lembaga Paramitra, Malang
- Yayasan Genta, Surabaya
- Yayasan Gaya Nusantara, Surabaya

SUM II anticipates another two CSOs in Year 3 designated as principal CSOs – YCTP and YUKEMDI in Papua.

Specifically in Quarter 2:

- All Principal CSOs, except Karisma, selected and facilitated CSOs in developing SOWs and budget proposals to be submitted to SUM II.
- Lembaga Paramitra (Malang), Yayasan Genta (Surabaya), and Yayasan Gaya Nusantara (Surabaya) completed financial standard operating procedures, and demonstrated financial systems that used daily transaction record (CTH, or Catatan Transaksi Harian). Gaya Nusantara (GN) has already demonstrated these SOPs. Paramitra and Genta will require additional intensive workplace-based TA in the use of financial SOPs.
- Yayasan Penabulu will require additional intensive TA to YKB and Karisma in finalization of financial SOWs, and strengthen implementation of CTH.

One suspended CSO in Malang, Yayasan Sadar Hati (YSH), did show responsiveness in Quarter 2 to organizational performance TA previously provided by SUM II. SUM II will reconsider its partnership with YSH if they are able to justify the number of IDUs to be covered in the proposed project and demonstrate the ability to do a cross-over intervention (needles-sexual transmission). SUM II will make the decision about future partnership plans with YSH at the end of February 2013.

In Papua, two CSOs are on track to being designated as Principal CSOs – YCTP and YUKEMDI. Specifically, in Quarter 2:

- YCTP has demonstrated good financial management and does regular financial audits. It has financial and human resources SOPs in place. The organization has also provided its field staff with facilitation and training skill in community organizing, and skill-building in case management.

- YUKEMDI has been working well with tribal and church-based organizations in all targeted sub-districts of Jayawijaya. YUKEMDI facilitated and coached them on *know-how* to educate and motivate the adult general population in the prevention of HIV and STI transmission,

and care and support to PLHIVs. The organization's contribution to HIV and AIDS was recently recognized by the local government and other project implementers.

One CSO in Papua will be suspended, Perkumpulan Keluarga Berencana Indonesia (PKBI Daerah Papua), because it has not satisfactorily implemented the approved SOW. It has not proved its progress in community organization that is linked and matched with clinical services. The organization did not show transparency for other sources of grants from Global Fund for the same intervention and target population/hotspots.

Strategy 2: Expanding Coverage of HIV and STI Services to MARPs

The aim of Strategy 2 is to expand coverage of HCT and STI services to MARPs and fill gaps by implementing in high priority hotspots not currently covered to achieve PEPFAR targets. SUM II has identified four approaches Principal CSOs can take to expand coverage:

- Assist principal CSOs to expand to new intervention sites and partner with CSOs currently operating effectively in the sites.

- Support partnerships between CSOs and private HIV and STI service providers to improve access and availability of services to MARPs in targeted intervention sites.

- Promote and support CSOs to develop equal partnership with government's health providers that provide clinical services related to HIV/AIDS.

- Empower community/MARPs to take the lead and determine the nature of their response, take responsibility, and be active and influential in shaping plans and taking action.

Specifically in Quarter 2 in Jakarta and East Java:

- YKB is in the process of selecting CSOs that will work respectively in expansion sites and the hotspots of FSWs in South Jakarta and North Jakarta; and selected two CSOs in Subang and Indramayu Districts in West Java, and facilitated development of their SOWs and budget proposal.

- Karisma is in the process of population mapping the needed response for IDUs in South and Central Jakarta, as well as project sites that previously were covered by Kios's project sites in North Jakarta. Selection of CSOs will be made in February 2013.

- Paramitra selected KK Wamarapa Malang and Yayasan Suar. KK Wamarapa will work with the transgender sub-population in Malang District; Suar will work with FSWs in Kediri City/District. They also expanded their interventions to female sex workers to cover the hotspot in Tretes. Additional SUM II facilitation will be needed, however, to strengthen the Waria network in Malang City and District under the KK Wamarapa project.

- Genta selected Yayasan Embun, to provide interventions to the Dolly and Jarak Brothels. These interventions may require a grant that is more than $25,000.

- Gaya Nusantara selected Yayasan Semarang Gay Community that will work with MSM in Semarang City/District, Central Java. They respectively facilitated the selected CSOs in the development of SOWs and budget proposals.

In Papua, YCTP and YUKEMDI developed expansion plans in Timika and Jayawijaya as follows:

- YCTP will provide TA to developing CSOs that receive funding from LPMAK to implement HIV and AIDS programs in subdistricts of Mimika District that were not covered in the cycle I SOW .

- YUKEMDI will expand to an additional two subdistricts in Jayawijaya District, and to the neighboring district of Lani Jaya. YUKEMDI will also work closely with the CHAI project in clinical services re: center of excellence.

In Quarter 2, SUM II East Java and Jakarta regional staff identified two areas for improvement to address in Quarter 3:

- Better framing of expectations to Principal CSOs re: their role in coaching developing CSOs; and

- Clarifying approaches and expectations for expanding the engagement of Principal CSOs in multi-institutional partnerships in the district and province level HIV response, e.g., providing operational support for health services for MARPs to district and provincial AIDS commissions, departments of local government, and the private sector.

Strategy 3: CSO Capacity Building

SUM II's approach to CSO capacity building takes training, coaching and systems development to the CSO workplace. In Quarter 2, SUM II TA partners in East Java and Jakarta continued providing intensive, on-the-job training/coaching for the Principal CSOs; and TA partners begin and/or continued implementing workplace training, coaching and systems development for CSOs in Papua, West Papua, Riau Island, and North Sumatera. The TA providers' SOWs are proving to be the right strategy and approach.

A major initiative in Quarter 2 designed to strengthen SUM II's CSO capacity-building approach in partnership with local TA providers was development of key results areas (KRAs) and key performance indicators (KPIs), and means of verification, for the following:

- Organizational performance in financial management
- Organizational performance in organizational management
- Organizational performance in monitoring and evaluation
- Organizational performance in community organization

The full document is available upon request.

In Quarter 2, SurveyMETER begin implementing on-the-job training and coaching in utilizing Epi Info7 for monitoring and evaluation for all SUM II CSO partners. Specifically, they assessed CSO TA

needs and disseminated the results; they developed semi-annual survey guidelines; and they are on track to revise DQA guidelines for planned implementation in May.

In Papua, to support SUM II's workplace-based capacity building approach, SUM II staff was relocated to targeted cities and districts, and plans are in place to expand capacity building to targeted two project sites in West Papua. Specific activities included:

- The development of collaborative TA plans between TA providers KIPRa, Satunama, and Penabulu to guide implementation.
- KIPRa selection of mentors, who are now posted to each district.
- Relocation of SUM II staff to Timika (Jayawijaya is on hold due to a constraint with the employment contract).
- Papua Region has plans in place to mobilize existing regional capacity building officers to cover West Papua, an approach that will be reviewed over the next three to six months.

Strategy 4: Expanding SUM II Staff and Resources at National Level and All Regional Offices

In Quarter 2, SUM II continued to expand staff at national level and in regional offices. At national level, the National Capacity Officer and a second Grant Manager were hired. In Papua, an additional capacity building officer for Mimika was hired, as well as an office assistant for the regional office. An office assistant for the Surabaya office was recruited and is expected to be onboard early in 2013.

In Quarter 2, the Jakarta Regional Coordinator left SUM II. He was replaced by the Jakarta regional capacity building officer (USAID approval pending). Recruitment for a replacement regional capacity building officer is underway.

Also in Quarter 2, COP Rob Timmons announced his departure from SUM II. Steve Joyce, TRG, was designated interim COP, and recruitment for a replacement COP was launched.

Strategy 5: Strengthening Advocacy Capacity

The priority activities for Strategy 5 are to develop the capacity of SUM II national and regional staffs so they can train Principal CSOs and other stakeholders in the use and application of the Resource Estimation Tool for Advocacy (RETA), and to develop a RETA module specific to the general population in Papua and West Papua. Capacity in applying the RETA tool is a foundation skill. The results of RETA will enable CSOs to develop policy briefs, advocacy plans, communication strategies, and, most importantly, lead to CSO involvement and participation in local government budget discussions.

In October and December of Quarter 2, Brad Otto, Senior HIV/AIDS Advisor, RTI, facilitated a series of meetings and workshops designed to build CSO and SUM II TA provider capacity in the use and application of RETA. These activities included:

- A meeting in October of Surabaya and Malang CSOs (Genta, Gaya Nusantara, Perwakos, IGAMA and Paramitra) to update the data entered into RETA to include funding allocations for 2012.

- A three-day TOT/introduction to RETA in October for Principal CSO participants who had previous participated in RETA training. The TOT was aimed at increasing understanding of how to select and enter relative data and to generate and understand the outputs to a level where they would be able to train others. SUM II TA providers also attended, but for them the TOT was more of a general orientation to the objectives of RETA as a resource estimation and capacity building tool. The TOT goal for them was to begin thinking about how to build an advocacy support program for CSOs considering the data needs and resource mobilization objectives of the advocacy programming that SUM will support.

- A three-day advocacy coordination workshop in December for SUM II TA providers. The goal of the workshop to generate consensus between SUM II national and region staff and TA providers on objectives and strategies for resource mobilization advocacy to be developed and supported under SUM II.

- A one-day advocacy planning meeting in December with East Java Principal CSOs and TA providers. The purpose of the meeting was to take the strategies and principles agreed to in the three-day advocacy coordination workshop and apply them to developing a work plan for East Java CSOs. The meeting provided an opportunity for Principal CSOs to gain a better understanding of the objectives of the overall advocacy program in the context of declining donor funding.

- A one-day meeting in December was held with Jakarta CSOs to introduce them to the advocacy strategic planning process initiated in East Java. Participants brainstormed on the issues and constraints affecting sustainable funding and CSO access to government funding. In response to the issues and constraints identified, priorities were agreed on and actions to take, including updating resource needs estimates for CSO programming (using RETA).

In Quarter 3, SUM II is planning a re-look at its approach to CSO RETA use and application skill-building in order to:

- Develop the capacity of SUM II national and regional staff to be able to train/coach principal CSOs and other stakeholders.
- Put greater focus on the application of RETA results to develop policy briefs and formulate advocacy plans.
- Clarify expectations for engagement of CSO partners in provincial/district budget discussions
- Determine a RETA roll-out approach to Papua, Riau Islands and North Sumatera.
- Develop a “case” model for RETA based on non-SUM II CSOs (i.e., with lower operating costs)
- Identifying strategies for engaging Principal CSOs in addressing operating costs challenges and adopting cost-reasonable approaches to service delivery, e.g., more reliance on volunteers; promoting community self-help systems for HIV/AIDs

Forgot to mention the media training workshop Huda and I did…

Strategy 6: Gender and Human Rights

TA Providers CIRCLE and Satunama facilitated CSOs to include gender and human right in strategic plans. SUM II requires TA providers to develop a simple but clear framework of gender and human rights that is specific to HIV/AIDS, and to train CSOs how to demonstrate the framework.

SUM II team discussions at the end of Quarter 2 centered on the strategies that need more definition re: how much to initiate before end of Year 3 given current staff resources and budget.

For Strategy 6, gender is seen by SUM II as a priority because gender-responsive strategies (e.g., HRM) will improve uptake and quality of services. In Quarter 3, SUM II staff will explore how best to develop approaches and guidance for CSOs that lead to gender-responsive strategies; and determine how much SUM II can do before June given the other Work Plan priorities.

Strategy 7: Providing Organizational Performance TA for Health Care Services to MARPs

As with Strategy 6, SUM II team discussions at the end of Quarter 2 identified Strategy 7 as needing more definition in order to determine how much can be initiated before the end of Year 3 given current staff resources and budget.

SUM II sees Strategy 7 as "strategically" important because expected higher demand for health services, resulting from SUM II coverage efforts, needs to be matched by easy access to relevant, and quality health services. In Quarter 3, SUM II staff will explore how best to assist CSOs in providing operational support to local organizations to broker better health services for MARPs; and how to do more with private clinics to demonstrate health systems strengthening and involvement of MARPs communities in design of services.

In Papua and West Papua, SUM II will work closely with CHAI.

Strategy 8: Monitoring and Evaluating CSO Performance

The key theme underpinning SUM II's M & E strategy is assessing management by key results and capturing effective coverage, as well as analyzing the relevant transfer of knowledge.

As a result of the 2012 USAID management review, SUM II assumed full responsibility for CSO monitoring and evaluation activities. In Quarter 2, SUM II TA provider, SurveyMETER, received grant approval

In Quarter 2, SurveyMETER assessed each CSO's M&E-related activities and needs in order to get better understanding what CSOs need to do to improve their M&E function. Following this initial assessment, SurveyMETER launched its tailored, on-the-job coaching to CSOs in Epi Info7 and the use of data analysis each month for CSO management – to review achievements and obstacles that are affecting access to HIV and STI services.

SurveyMETER also initiated its program of activities designed to:

- Introduce and institutionalize monthly record keeping and reporting that enable CSOs to analyze their data and solve problems as they emerge.
- Build CSO monitoring and evaluation capacity so CSOs are able to assess achievement.
- Evaluate the outcomes of SUM II CSOs amoung MARPs.

SUM II in Quarter 3 will assisted SurveyMETER to fully develop into its TA provider role. In addition, SurveyMETER will assist CSOs in conducting a qualitative study and semi-annual survey to measure the impact of the program implementation and assist in solving problems occurring in the service delivery for their clients.

Strategy 9: Introducing Mobile and Other Technologies

In Quarter 2, CommCare started Phase II pilot testing with two Principal CSOs in Jakarta – YKB and Karisma. The intent of the testing is to develop and eventually implement a scalable, results-driven mobile phone-based data management tool that is customized for use by CSOs in Indonesia who serve MARPs communities and people living with HIV. (See "Final Field Report: Collaborative Development of a Mobile Health Application for SUM II CSOs in Indonesia" for further details).

The testing was successful in that staff of the two CSOs responded very favorably to the tool. Feedback from the testing with the two Jakarta CSOs will help further fine-tune the customized tool in early January 2013, and then it will be introduced to two CSOs in East Java before scale-up to other CSOs by SurveyMETER.

The tool will enable collected data to be analyzed quickly and visualized meaningfully so that:

- No clients are lost to follow-up
- Outreach workers are motivated to improve their performance
- Program administrators (including donor partners) have a clear sense of cost-effectiveness of interventions, and appropriate paths to scaling those most results-oriented.

The tool will improve the data collection process for otherwise hard-to-reach risk populations by collecting in real-time, allowing program administrators to analyze, report, and act on data more effectively, and by storing mini client records on outreach workers' mobile phones, empowering them to better serve their clients.

Strategy 10: Leveraging Funds

Several SUM II Principal and Developing CSOs in Jakarta and East have had success in leveraging funds from government, the private sector, and donors. YKB received financial support from the Tourism Board of West Jakarta to the amount of IDR 18 million; Genta received from Terre Des Hommes IDR 400 million; Paramitra received from IPF/NAC IDR 503 million; IGAMA from KPA Kota

Malang IDR. 22.5 million; Orbit received from National and Local Narcotic Boards IDR 46 million; and Perwakos received from Lions Club IDR 8 million.

In Quarter 2, three CSOs in Papua YUKEMDI, Tali, and YCTP gained additional funding. YUKEMDI received IDR 200 million and Tali received IDR 60 million from the government of Jayawijaya, and YCTP received from a local charity institution the amount of IDR 20 million.

Strategy 10 is tied to Strategy 5, Building Advocacy Capacity. As stated earlier, a re-look at approaches to Strategy 5 will take place in Quarter 3, which for Strategy 10 will help:

- Determine the implementation support needed to promote inclusion of HIV programs in each sector's budget.
- Assist provincial and city/district governments to develop work plans and detailed budgets for HIV activities with CSOs.

SUM Website (www.sum.or.id)

The website was updated in October 2012 – the partners table and publications. In December 2012, SUM II prepared a draft revision of the home page and the "about us" tab to review and finalize together with SUM I.

To date, the site has received over 6,457 visits (5,430 last quarter).

International Travel and STTA

During the quarter, Steve Joyce, Mona Sheikh Mahmud and Brad Otto returned during the quarter to support project management, to operationalize TA Provider scopes of work, and provide TA in CSO advocacy.

Small Grants Program (Objective 2 – SUM II)

In Quarter 2, grants were finalized for the following:

- Angsamerah – to establish a clinic and clinic services for FSWs in the hotspot Blok M, South Jakarta
- Yayasan Embun Pelangi (YEP), Riau Islands
- Lembaga Penelitian dan Pengembangan Sumberdaya Alam dan Lingkungan Hidup, Purwokerto (LPPSLH), Central Java
- Yayasan Lintas Nusa (LINUS), Riau Islands
- Yayasan KOMPAK, Riau Islands
- Jakepremas Network/Graha Mitra, Central Java

Principal CSOs

CSO	Budget					
	IDR	USD	MARPs	HCT	PLHIV	STI
PARAMITRA	880,288,000	97,810	675	525	30	575
GAYA NUSANTARA	815,025,875	90,558	4,264	626	20	626
GENTA	838,762,000	93,196	600	600	35	600
YKB	1,101,627,481	122,403	2,413	1,639	141	1,771
KARISMA	1,141,727,500	126,859	2,900	1,465	730	140
ANGSAMERAH	345,030,000	38,337	-	1,047	188	1,496
Total	**5,122,460,856**	**569,163**	**10,852**	**5,902**	**1,144**	**5,208**

Developing CSOs

CSO	Budget		Targets			
	IDR	USD	MARPs	HCT	PLHIV	STI
YSS	825,577,200	91,731	1,362	681	68	681
YIM	857,813,059	95,313	4,750	1,400	210	280
LPA	810,963,067	90,107	5,600	1,500	225	300
BANDUNGWANGI	656,103,710	72,900	1,213	243	12	607
PERWAKOS	664,952,750	73,884	950	513	80	855
ORBIT	745,545,300	82,838	600	100	75	100
IGAMA	747,080,220	83,009	4,050	775	40	750
PKBI PAPUA	998,228,100	110,914	655	205	32	428
YPPM	880,018,500	97,780	8,360	2,090	61	2,090
YHI	967,939,000	107,549	789	316	9	631
YCTP	1,435,580,000	159,509	11,077	1,511	37	1,511
TALI	981,210,000	109,023	21,220	509	15	509
YUKEMDI	1,097,005,000	121,889	16,280	912	43	968
YAYASAN BENTAN SERUMPUN	699,715,386	77,746	361	361	36	361
KOMPAK	544,542,000	60,505	400	400	60	400
YAYASAN EMBUN PELANGI	789,750,000	87,750	1,187	955	161	865
YAYASAN GAYA BATAM	780,405,000	86,712	1,610	900	190	660
LINTAS NUSA	783,138,000	87,015	925	740	100	740
GALATEA	674,654,021	74,962	350	245	95	125
HUMAN HEALTH ORGANIZATION	706,939,871	78,549	350	245	7	350
GERAKAN SEHAT MASYARAKAT	616,958,300	68,551	2,481	1,294	240	1,790
LPPSLH	200,727,500	22,303	625	326	55	447
GRAHA MITRA	209,110,000	23,234	719	485	436	647
Total	**17,673,955,984**	**1,963,773**	**85,914**	**16,706**	**2,287**	**16,095**

Regions covered	Period	Budget IDR	USD	Period	Budget IDR	USD
Jakarta and East Java	Aug 15,2011-Nov 15,2012	681,090,000	80,128	Feb 1,2013-Jan 31,2014	1,451,840,000	161,315
North Sumatera, Riau Islands and Papua				Oct 1,2012 - Sep 30,2013	1,424,300,000	158,256
Jakarta	Nov 15, 2011 - Feb 28,2013	1,290,744,760	151,852			
East Java	Nov 15, 2011 - Feb 28,2013	975,205,000	114,730			
Papua and Riau Islands				Oct 1, 2012-Sep 30,2013	1,460,760,000	162,307
Jakarta and East Java				Oct 1, 2012-Sep 30,2013	1,561,390,000	173,488
Papua				Oct 1, 2012-Sep 30,2013	1,609,510,000	178,834
	Total	**2,947,039,760**	**346,710**		**7,507,800,000**	**834,200**

Performance against PMP targets

Implementation performance measured against the PMP indicators is summarized in the table below.

The number of MARP individuals reached with HIV preventive interventions is on track to meet year-3 targets for CSWs and IDUs, and efforts in Q2 to reach for MSM and Transgenders improved significantly over Q1 and year 3 targets for these populations are now also on track, except MSM in Papua. These improvements reflect approval of second cycle grants for the CSOs in Jakarta and East Java. CSOs reach to high-risk men and women (OVP) is also on track. CSOs report that MSM are reluctant to provide date of birth, which means the Epi Info7 omits that individual. Steps are being taken to resolve this issue.

HIV counseling and testing improved in Q2 for men and women, with a significant jump in testing among men, although still below what the numbers should be if the target for men is to be met. This increase in HCT among men is likely due to Papua; SUM II will need to review with CSOs in Papua their coordination efforts with Puskesmas to increase HCT among MARPs and to get data. HCT among women is on target for the quarter.

The number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of prevention with PLHIV (PwP) interventions is improved over Q1. The year 3 target for women is now met, and reaching males in Q2 has improved, but the numbers are still slightly behind where they should be in meeting year 3 targets.

MARP individuals are still not sufficiently accessing STI services at targeted intervention sites in Q2, although there is improvement over Q1 in all categories, especially with OVP. However, numbers achieved to date among IDUs, MSM and TG is still well below what they should be if year 3 targets

are to be met. As with HCT and services to PLHIV, quality of CSOs coordination with Puskesmas will need to be reviewed and improved.

Total targets include the eight CSOs in Riau Island and North Sumatra, and they have just begun their preparations of activities in Q2. A priority for SUM II will continue to be provision of services in hotspots, especially supplementing Puskesmas services with alternatives from the NGO sector.

	Indicator	Disaggregated by	Achieved Y2	Target Y3		Achieved Y3/Q1	Achieved Y3/Q2	Total
1	Number of MARP individuals reached HIV preventive interventions that are based on evidence and/or meet the minimum standards required (P8.3.D)	MARP: CSW, IDU, MSM, Transgender and OVP (non-injecting drug user, IDU's sex partner, high-risk men, high-risk men partner)	43,942	CSW	7,726	1,707	2,933	4640
				IDU	4,850	1,024	477	1501
				MSM	20,180	2,314	4,452	6766
				Transgender	3,750	739	2,049	2788
				OVP	43,661	15,672[1]	3,364	3364
				Total	80,167	21,456	13,275	19,059
2	Number of the targeted population reached with individual and/or small group level prevention interventions that are based on evidence and/or meet the minimum standards required (P8.1.D)	The number is derived from the general population in Papua which is consisted of Papuan Men, Papuan Women, High Risk Men, and High Risk Men's Partner.	n/a	39,661		17,614	14,135	31749
3	Number of individuals who received Counseling and Testing (HCT) services for HIV and received their test results	Sex and Age: (male<15, male 15+; female<15, female 15+)	5,389	Male<15	0	0	58	58
				Male 15+	12,580	472	2698	3170
				Female<15	0	15	25	40
				Female 15+	5,344	1,075	1558	2633
				Total	17,924	1,562	4339	5901
4	Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of prevention with PLHIV (PwP) interventions	Sex and Age: (male<18, male 18+; female<18, female 18+)	1,115	Male<18	0	5	9	14
				Male 18+	2,149	229	550	779
				Female<18	0	11	15	26

[1] Note: Target numbers for high-risk men, high-risk men's partners, Papua men and Papua women for indicator 1, OVP, were moved to indicator 2, as suggested by OGAC MARPs TWG.

				Female 18+	447	170	418	588
				Total	2,597	415	992	1407
5	Number of MARP individuals accessing STI services at targeted intervention sites	MARP: CSW, IDU, MSM, and OVP (transgender, non-injecting drug user, IDU's sex partner, high-risk men, Papuan Male, Papuan Female)	5,714	CSW	5,604	1,085	1019	2104
				IDU	465	30	42	72
				MSM	3,358	202	492	694
				Transgender	2,843	81	469	550
				OVP	3,836	329	1171	1500
				Total	16,106	1,727	3193	4920

Financial reporting portion removed for publishing.