



SUM II QUARTERLY REPORT January-March 2013

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Table of Contents

	<u>Page</u>
Introduction	1
Strategy 1: Identifying and Supporting <i>Principal</i> CSOs	1
Strategy 2: Expanding Coverage of HIV and STI Services to MARPs	2
Strategy 3: CSO Capacity Building	5
Strategy 4: Strategy for SUM II Staff and Resources	8
Strategy 5: Strengthening Advocacy Capacity	11
Strategy 6: Gender and Human Rights	15
Strategy 7: Providing Organizational Performance TA for Health Care Services to MARPs	16
Strategy 8: Monitoring and Evaluating CSO Performance	16
Strategy 9: Introducing Mobile and Other Technologies	16
Strategy 10: Leveraging Funds	17
SUM Website	17
Small Grants Program (Objective 2)	19
SUM II Grant Pipeline Narrative	21
Grant Estimation – Commitment for Year 4 Only	22
Projected SUM II Grants – Up to December 2014	25
Performance against PMP Targets	27
Conclusion	30
Annex 1. SUM II Technical Brief 16 – <i>Qualitative Evidence: CSOs Can Learn How to Set the Bar Higher in Defining Success</i>	
Annex 2. SUM II Technical Brief 17 – <i>CommCare and Epi info 7: New Technologies to Improve CSO Results</i>	
Annex 3. SUM II Success Story – <i>Surabaya CSOs and Journalists partner in the HIV Response</i>	
Annex 4. SUM II Success Story – <i>Partners in Papua’s HIV Response are Integrating Programs and Leveraging Funds</i>	
Annex 5. Actuals & Estimated Accruals for January through March 2013	
Annex 6. Quarterly Accruals and Projections	

INTRODUCTION

On January 9-10, 2013, the beginning of its Quarter 3, SUM II held a mid-year review of its work plan by bringing the regional coordinators to Jakarta to work with the national program and grants staff to review each of the ten strategies in the work plan. The review meeting agenda was as follows:

- Objective 1 taking stock – what strategies are going well; which ones need to go better
- Adjustments for Quarter 3 and 4
- Areas for a re-look
- Objective 2 remaining grant funds and priorities

The team concluded that several of the ten strategies in the work plan needed a re-look at expected outcomes and implementation approaches and support. This re-look happened in Quarter 3 and adjustments are described by strategy in the sections below.

For Objective 2, SUM II has committed the remaining \$1.4 million in grant funds and development of these grants is in process. The bulk of the remaining funds are for second cycle Papua CSOs and local TA provider KIPRA; for OPSI, a local TA provider to assist with MARPs appropriate approaches in Papua; and to local TA provider, CIRCLE Indonesia. These and other remaining grants are highlighted in the section of this report entitled, Small Grants Program.

Strategy 1: Identifying and Supporting *Principal CSOs*

In the January mid-year review, the SUM II team collectively assessed Strategy 1 as “going well.” 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 is currently finalizing second cycle grants for Papua and two CSOs in Papua are to be designated *Principal CSOs*:

- YCTP, working with indigenous adult women and men and high risk men in Papua’s Mimika District to implement community-based HIV/AIDS services, including health services, and establish partnerships with local health providers, and with district health office, and other stakeholders
- YUKEMDI, working with faith-based and tribal-based, women and youth organizations, provides services to indigenous adult women and female sex workers in Papua’s Jayawijaya District to implement community-based HIV/AIDS services

A key highlight in Quarter 3 related to Strategy 1 is development of the *Community Organization (CO) Module* designed to aid strategy and skill development of *Principal CSOs* (and eventually *developing CSOs*) to fully engage MARPs-led community organizations in design, delivery and evaluation of services, and ensure 1) trusting and positive relationships with MARPs; 2) useful

services directed at what MARPs need; and 3) a supportive environment that encourages health seeking behavior. Community organizations are defined here as informal organizations within communities of most-at-risk populations. MSM and Waria, for example, have sports teams that meet regularly, with members pooling resources and fund raising to purchase team uniforms and equipment. FSWs organize around health care and economic development activities.

Module development included SUM II national staff, international STTA from APMG, and SUM II local TA providers CIRCLE Indonesia, Penabulu, Satunama, and OPSI. The module, which includes training sessions and guidelines, is currently being tested with CSOs in North Sumatra (CIRCLE Indonesia), Central Java (Penabulu), Riau Islands (Satunama) and Papua (OPSI and Satunama). In April, the results of the field testing will be compiled, the Module will be finalized, and a TOT for TA provider staff and mentors will be conducted, followed by training sessions for SUM II staff and staff of the *Principle* CSOs. The module design workshop for the new *Community Organization Module* was held in Bogor on February 20-22, 2013 with SUM II and local TA organizations Satunama, CIRCLE Indonesia, Penabulu and OPSI.

At the end of Quarter 3, progress in Strategy 1 remains on track.

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

To summarize the primary purpose of Strategy 2, it calls on *Principal* CSOs 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 and its local TA providers are working with *Principal* CSOs to apply four approaches 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.

Specific to Strategy 2, the January 9-10, 2013, SUM II mid-year Work Plan review identified two areas for improvement to address in Quarter 3:

- Better framing of expectations to *Principal* CSOs re: their role in coaching developing CSOs that results in expanding coverage of HIV and STI services to MARPs; 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.

The highlights included here from the SUM II Regional teams are aimed at address these two areas of improvement.

Highlights – DKI Jakarta Regional Team (includes West and Central Java)

Specifically in Quarter 3 in DKI Jakarta to expand coverage:

- *Principal* CSOs YKB and Karisma identified expansion sites, conducted CSO selection, and facilitated newly selected CSOs to develop SOW.

Yayasan YKB

- Conducted CSO selection for CSOs that will work with FSWs in two hotspots – South Jakarta and North Jakarta. Yayasan Anak dan Perempuan (YAP) was selected to work with FSWs in North Jakarta, and Yayasan Kapeta is projected to work with FSWs in South Jakarta. During the reporting period, YKB facilitated two newly selected CSOs in West Java (Indramayu and Subang) and two others in Jakarta in the development of their SOW and budget plan. Please note that CSO selection in Indramayu and Subang Districts, West Java Province was made in the previous quarter.

Yayasan Karisma

- In January 2013, Karisma assisted by CIRCLE Indonesia developed guideline for CSO selection. SUM II Regional Jakarta participated in a meeting with Jakarta NGO Forum and KPA Jakarta Province, initiated by Karisma, on January 29. The meeting objective was to introduce Karisma's plan to expand their HIV/AIDS services program for IDUs in Central and South Jakarta, and obtain support from both NGO Forum and KPAP Jakarta. The result: potential CSOs were identified.
- In February 2013, Karisma selected two CSOs – Yayasan Stigma and Yayasan Rempah Indonesia to work with IDUs in two hotspots in South Jakarta and Central Jakarta.
- In February 2013, SUM II facilitated a meeting with Yayasan Karisma and Yayasan Intra Medika to identify improvements of STI and HCT by working in collaboration with Rumah Carlo, the Carolus Hospital. Agreement made in the meeting was a referral system and joint regular coordination meetings between Rumah Carlo, Karisma, YIM and SUM II.
- Central Java:
 - In February 2013, SUM II provided individual training on monitoring and evaluation to LPPSLH and Jakerpermas, in their respective offices.
 - In March 2013, SUM II attended two separate meetings initiated by LPPSLH – with Medical Faculty University of Sudirman (FK-UNSUD) in Purwokerto, and the District Health Office (Dinkes). The meeting objective was to introduce and make progress on community-based clinical services, obtain political and resources support, e.g. consumable supply from Dinkes, and volunteer medical doctor from FK-UNSUD.

Highlights – East Java Regional Team

Specifically in Quarter 3 in East Java:

- *Principal CSOs Genta, Paramitra, and Gaya Nusantara identified expansion sites, selected new CSOs, and facilitated the selected CSOs to develop SOW.*
 - Yayasan Genta selected Yayasan Embun Surabaya to work with FSWs in Dolly and Jarak Brothel, Surabaya.
 - Yayasan Paramitra selected two new CSOs – KK Wamarapa to work with transgender (TG) in Malang City/District, and Yayasan SUAr to work with brothel-based FSWs in Kediri District/City.
 - Yayasan Gaya Nusantara (GN) provided TA to Semarang Gaya Community (SGC) to the local response and situational analysis on AIDS, and development of SOW and budget proposal that will be submitted to SUM II for grant assistance.
 - All selected CSOs have already completed draft SOW and budget proposals. They are now being reviewed by SUM II Regional Surabaya. Expected begin date: May 2013.

Highlights – Tanah Papua Regional Team

Specifically in Quarter 3 in Papua:

- The priority activity for the Tanah Papua Regional team in 3rd quarter was to develop second cycle grants for CSOs working in Papua.
- Specific to Strategy 2:
 - SUM II convened planning meetings with Jayapura MSM community to prepare for upcoming meeting with the mayor (Walikota) of Jayapura. The purpose of the meeting is to introduce the strategic role of MSM-led CSOs to contribute to best practices in HIV/AIDS prevention and care programs among MSM in Jayapura. The meeting that was planned to be held in March 2013 has been rescheduled for April, because of the Mayor's tight schedule. For substitution, the MSM community representatives had a meeting with Jayapura City AIDS Commission in March to introduce the MSM community group commitment to contribute to HIV/AIDS prevention and care programs.
 - SUM II convened a community health motivators meeting, attended by church leaders in Wamena City, Jayawijaya District. This is a quarterly-based regular meeting to review progress of activities done by faith-based community health motivators and to develop a follow-up plan.

Highlights – North Sumatra and Riau Islands

Specifically in Quarter 3 in North Sumatra:

- Technical assistance was provided to Yayasan GSM on preliminary introduction to SUM II's approach to community organizations, and to revisit the CSO's previous outreach strategy, e.g., social media such as a website and short message gateways.

- Technical assistance was provided to Yayasan H2O to facilitate high risk men, specifically the workers in Belawan Harbor, to strengthen the established informal community organization called Lelaki Belawan Tangguh. This informal organization is committed to serving harbor dockworkers with HIV/AIDS prevention and care programs. Most of the members of the CO are peer educators (PE) that were previously trained and sponsored by the Belawan Port Authority.
- AIDS NGO Forum of Medan is a potential organization to take responsibility to strengthen CSO networks aimed at improving local government political and operational commitments on AIDS, health services network and system for MARPs and PLHIV, and at advocating private sector involvement in HIV/AIDS services programs. SUM II is planning to provide the Forum a small grant, and grant proposal development is now underway.

At the end of Quarter 3, progress in Strategy 2 is on track.

Strategy 3: CSO Capacity Building

The quality of the HIV response is reliant on effective and efficient utility of resources. This efficiency is built on organizational systems including governance, financial management, monitoring and evaluation; and skilled human resources. SUM II's CSO capacity building approach brings tailored on-the-job training, coaching and systems development to the CSO workplace. It promotes a continuum of institutional development – instilling a can-do culture, data-driven decision making, and people-focused management.

A major SUM II initiative for Strategy 3 is to document this capacity building approach. This effort has been undertaken by independent consultant, Marcella Pierce, MPH. The report, *Assessment of Technical Assistance Provided to Civil Service Organizations*, summarizes the independent consultant's assessment of how the SUM II program is impacting the CSOs, the TA providers and the community. She conducted interviews in September 2012 and again in February 2013 with CSOs, TA providers and SUM II staff. Respondents were asked about the condition of CSOs before they started working with TA providers, the changes that have taken place as a result of receiving technical assistance, challenges related to implementation, and input regarding how to strengthen the program.

The consultant was asked to complete a separate report on the Gang Sadar cooperative in Central Java. The report, *A Look at the Gang Sadar Sex Worker Cooperative and Savings Fund and the Role of a Local NGO*, summarizes Marcella's interviews conducted in February 2013 with several members of the Gang Sadar cooperative in Central Java, including sex workers, management team members, and pimps/madams. This purpose of the interviews was to better understand how being part of a cooperative potentially benefits sex workers and how the savings account developed by the cooperative is used. She also conducted interviews with several freelance sex workers, members of the LPPSLH organization, care providers at the local health clinic (*Puskesmas*) and the head of the regency AIDS commission (*Komisi Penanggulangan AIDS*).

These reports will be shared with national partners under Strategy 5, Advocacy Capacity Building; and the reports will also help identify ways SUM II's six local TA providers can help strengthened Strategy 3. The six local TA providers are:

- Penabulu, for financial management

- Circle Indonesia, for organizational management and program strengthening
- Satunama (same)
- SurveyMETER, for M&E capacity building
- KIPRa, for specialized support to Tanah Papua CSO partners
- OPSI, for specialized support to KIPRa on programs for most-at-risk populations

In Quarter 3, SUM II finalized the SOW for the second cycle grant for Circle Indonesia, and signed the Memo of Negotiation for new TA provider OPSI. This grant to OPSI is to assist TA provider KIPRa in Tanah Papua with its implementation plan for community organization (CO) module rollout to CSOs (see Strategy 1 above).

Another highlight in Quarter 3, SUM II and TA provider Yayasan Penabulu provided intensive TA to five SUM II CSO partners in Java, focusing on strengthening the capacity and readiness of CSOs for external financial audits in FY13 and FY14; and seven other CSOs for internal financial audits.

Regional-specific highlights for Strategy 3 are included here.

Highlights – Tanah Papua Regional Team

- SUM II coordination meetings with TA providers Penabulu and KIPRa to consolidate TA planning, implementation, and reporting.
 - Penabulu: For CSOs in Papua, beginning with the preparation of briefing activities instruments/tools to provide assistance and mentoring to KIPRa (so KIPRa is able to provide capacity building in financial management and systems to SUM II partner CSOs. A debriefing between KIPRa and Penabulu including a plan of action to coordinate and consolidation mentoring activities between the two TA Providers.
 - SUM II and Penabulu: January 14, 2013, coordination and progress check session, and review of plans for mentoring in Papua.
 - Penabulu and SUM II Papua Regional Office: January 17, 2013 action planning session in Jayapura, including the status and condition of each CSO's financial reporting; each CSO's second cycle SOW planning; and development of the implementation program for the Region of West Papua. The other thing is the application format CSO financial statements for the second year SOW and financial training plan for CSO partners and facilitators SUM2 Papua KIPRa District. Penabulu: It was agreed that the Penabulu Mentor Team for KIPRa will prepare the initial draft SOP based on CSO financial assessment results. In a January 19, 2013, working session between Penabulu and KIPRa in Jayapura the two TA providers agreed on a schedule of activities and coordination during the process of mentoring, in alignment with KIPRa's capacity building program with the CSOs.
- Training for KIPRa's mentors by Penabulu on financial daily transaction record.

Highlights – East Java Team

- Coordination meeting with Penabulu to discuss the mechanics of TA assistance, and to update on the situation and progress for each CSOs (held at SUM II Office on Feb 6, 2013)

- Annual survey training by SurveyMETER, with participation of six CSOs (held at SUM II Office on Feb 11-14, 2013).
- Module development workshop of CO in Bogor, participated by RCBOs (held Feb 19-22, 2013)

Highlights – DKI Jakarta Regional Team (includes DKI Jakarta, West Java and Central Java)

Central Java

- Purwokerto:
 - SUM II Regional Coordinator worked with STTA, Marcella Pierce, to document community-based clinical services for FSWs Gang Sadar Brothel facilitated by SUM II CSO partner, LPPSLH.
 - TA provider Penabulu launched its organizational capacity and financial management capacity program of training, coaching and systems development with LPPSLH and Jakerpermas.

DKI Jakarta

- TA provider CIRCLE Indonesia in January and February assessed the new SUM II CSO partners, Angsamerah and OPSI. Both CSOs are potential partners in strengthening relation between clinics, CSOs and MARPs community organizations. Some capacity building requirements were identified related to their planning system, implementation, monitoring and evaluation. Other areas for capacity building include MARPs mapping and empowerment, social analysis, and advocacy strategy development, including the relationship of gender and stigma/discrimination to HIV/AIDS programs.
- CIRCLE continued mentoring TA to YKB, YSS, and LPA Karya Bhakti, especially in strengthening organization development and program management. The CSOs also adjusted their organizational structures based on CIRCLE recommendations to enable them to better respond to current and new challenges.

Highlights – North Sumatra and Riau Islands

Specifically in Quarter 3:

- Medan, North Sumatra: Penabulu TA in financial management to SUM II CSO partners. Resulted in financial system SOP draft and the beginning in CTH report forming process (CTH is daily transaction recording). The recommendation from SUM II to Penabulu is that in future Penabulu conduct TA visits before the 5th day of every month, so training and coaching can be applied to the current reporting period.
- For CSOs in Medan and Riau Islands, Penabulu, in addition to focusing on development and assistance for financial SOPs tailored to each CSO, also assisted the preparation of monthly financial reports that the CSOs provide to SUM II.

At the end of Quarter 3, progress in Strategy 3 is on track.

Strategy 4: Strategy for SUM II Staff and Resources

In Year 3 SUM II expanded staff and resources to support its ambitious Year 3 Work Plan. In Quarter 3, SUM II took a re-look at its staffing plan because SUM II resources will be more limited in Years 4 and 5. As a result, SUM II identified several ways to consolidate roles and positions based on existing staff and with more reliance on local STTA.

SUM II also established a senior leadership team (SLT), identified a replacement COP for USAID approval, took several personnel actions, and benefited from several local and international STTA assignments.

Consolidating National, East Java and DKI Jakarta Teams

SUM II made the decision to consolidate DKI Jakarta and East Java teams under one management operational. The two teams convened on March 20-21, 2013, with SUM II national program staff to restructure lines of reporting, and roles and responsibilities:

1. The DKI Jakarta team will continue to cover East, South, West, Central and North Jakarta. Regional Coordinator will provide less supervision to North Sumatra and Riau Islands programs of which program operational will be managed by one RCBO. However, DKI Jakarta Team will extend SUM II coverage to West and Central Java.
2. The East Java team will continue to cover Surabaya and Malang, and extend SUM II coverage to the gay community in Semarang, Central Java, primarily through SUM II's *Principal* CSO, Yayasan Gaya Nusantara, based in Surabaya.
3. The National Capacity Building Officer will oversee the programs in North Sumatra and Riau Islands.

SUM II Senior Leadership Team (SLT)

Beginning in January 2013, SUM II established the senior leadership team (SLT) comprised of the SUM II key personnel – COP, Senior National Program Officer, F&A Officer, and National M&E Coordinator. The SLT meets weekly to review progress, identify issues and, when appropriate, make collective decisions. The SLT will also review annual performance appraisals of SUM II staff and collectively recommend merit increases.

One result of the weekly SLT meetings is strengthened coordination between the program and grant management components of the project. Another result is more focused attention on M&E field observations and expectation-setting with regional teams.

Replacement COP

In Quarter 3, SUM II's staffing priority was the replacement COP. Dr. Rob Timmins departed SUM II on January 11, 2013. Steve Joyce of TRG arrived on January 8, 2013, to serve as Interim COP.

On April 2, 2013, Mr. Yen Rusalam received CO approval as replacement COP for SUM II. Yen has been key personnel with SUM II since its launch in June 2010, serving first as Senior Technical Expert for Organizational Performance, and then (February 2012) as National Program Coordinator and Senior Technical Expert.

Mr. Rusalam was one of two candidates for replacement COP. The selection process included one-on-one interviews with senior members of TRG, RTI, APMG, Burnet Institute, and SUM II. On

February 6, the USAID Office of Procurement sent a letter to TRG SUM II stating that all replacement key personnel on SUM II need to be TRG employees.

When Mr. Rusalam was named COP TRG began recruitment for his current position of Senior National Program Officer and Technical Expert. Steps taken by TRG included the following:

- In SUM II's September 2012 recruitment for the National Capacity Building Officer, several candidates interviewed were overqualified for the position and more appropriately match to the Senior National Program Officer position. TRG re-contacted those individuals, and potential candidates were interviewed.
- TRG also informed SUM II staff and TA providers about the vacancy, including that they spread word with their networks that SUM II is seeking qualified candidates.
- TRG completed a short list of candidates on March 6, 2013. These short-listed candidates were interviewed by SUM II key personnel and the TRG SUM II Project Manager, and Brad Otto of RTI. One candidate was offered the position and the hiring process is underway.

GFATM CCM

SUM II extended for a second year its grant to the GFATM CCM to fund the CCM's Finance Officer. This position is the key financial management focal point within the CCM Secretariat.

Indonesia is currently implementing a large portfolio of grants from the Global Fund; Indonesia is one of seven countries in the Global Fund's "High Impact Asia" department. The Indonesia Country Coordinating Mechanism (CCM) has overarching responsibility for all of Indonesia's Global Fund grants. Through its Secretariat, the CCM routinely plans, implements and manages a great many grant support activities, including CCM meetings, grant oversight activities, and the development of new proposals.

In order to fund CCM activities and the CCM Secretariat, the CCM relies heavily on an "Expanded Funding" budget provided by GFATM, as well as co-financing provided by the CCM's Development Partner members and the Ministry of Health Republic Indonesia. USAID has agreed to fund the post of Finance Officer for the CCM, through the SUM II project.

Core roles and responsibilities of the CCM FO are as follows:

- Manage income and expenditure provided by GFATM, DPs, and MoH according to the CCM's work plan and budget
- Oversee and manage all daily financial transactions related to the CCM and the CCM Secretariat
- Continue to develop and strengthen the CCM Secretariat's Financial Management Guidelines (a component of the CCM Secretariat Operations Manual)
- Develop all expenditure reports and disbursement requests as required by GFATM, DPs and MoH

The FO position is fund from Jan 2013 to Dec 2013.

Other Personnel Actions

The following personnel positions were filled in 3rd quarter:

- For DKI Jakarta, Hudallah was promoted from the regional capacity building officer to Regional Coordinator, effective January 15, 2013.
- For East Java, Rido Ari Prastiyo was hired as Surabaya Office Assistant and started in the position on January 15, 2013.
- For SUM II National Office:
 - Harmi Prasetyo was hired in the ICT Officer position and started in the position on February 18, 2013.
 - Mellya Hasrida was hired (temporary STTA) as grant assistant

The following SUM II key personnel received USAID CO approval for promotions and salary increases:

- Yen Rusalam was promoted from Senior Technical Expert for Organizational Performance to National Program Officer and Technical Expert.
- Ricky Andriansyah was promoted from M&E officer to National M&E Coordinator.

The following SUM II personnel received salary increases in 3rd quarter:

- Ketut, Papua Regional Coordinator
 - Salary increase in addition to last annual salary increases
- Jonny, Papua Regional Capacity Building Officer
 - Salary increase in addition to last annual salary increases
- Agus Kuswanto, Office Assistant
 - Salary increase to new Provincial minimum wage
- Eliezer Nerius Bonay, Office Assistant
 - Salary increase to new Provincial minimum wage

Local and International STTA

The following local STTA supported the SUM II Year 3 Work Plan in Quarter 3:

- Nasrun Hadi, local STTA to Strategy 5, Building Advocacy Capacity (February-March 2013)
- Aldo, OPSI, local STTA to Strategy 1 development of the CO Module (February 2013)
- Harmi Prasetyo, local STTA to Strategy 9 roll-out of Epi Info 7 (January 2013; Harmi in February 2013 was hired full-time to be SUM II's ICT Officer)

The following international STTA supported the SUM II Year 3 Work Plan in Quarter 3:

- Mona Sheikh Mahmud, APMG STTA to Strategy 1 development of the CO Module (January 2013)
 - Technical support from APMG Lou McCallum (January 2013)
- Katherine Otto, STTA to Strategy 9 training and recommendations for CommCare Mobile technology (January 2013)
- Felicity Young, Brad Otto and Becca Price from RTI to assist with SUM II budget realignment (February 18-22, 2013)
- Brad Otto, RTI STTA to Strategy 5, Advocacy Capacity Building
 - February 2013 support to RETA use and application for DKI Jakarta CSOs

- March 2013 support to same for Papua CSOs
- Tammy Forrester, RTI Grants Management Unit STTA to provide grant management training on February 12-14, 2013, to SUM II grants team and regional teams (East Java, DKI Jakarta, and Papua).
- Marcella Pierce, MPH, international STTA to Strategy 3 documentation on SUM II capacity building approach (January-March 2013)

Lastly, SUM II received an orientation session, held on March 28, 2013, from the RTI Head of HR and the HR specialist in the RTI Indonesia office on RTI's performance appraisal system and expectations for how annual salary increases will be handled in SUM II for RTI staff going forward. Several SUM II staff will soon be coming up for annual salary increases in the next quarter and SUM II intends to modify and apply RTI's performance appraisal system in the next quarter.

At the end of Quarter 3, progress in Strategy 4 is on track.

Strategy 5: Strengthening Advocacy Capacity

The priority activities for Strategy 5 are to develop the capacity of SUM II national and regional staff 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.

RETA Use and Application

In January and March of Quarter 3, 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. Note that this TA assistance included local STTA. SUM II's approach going forward is to team international STTA with local STTA, so that follow-up and ongoing coaching happens to help lock-on the learning and progress towards policy briefs and advocacy plans based on RETA results.

In February 2013, four main activities took place:

- Follow up technical assistance in the use of RETA to YKB, LPA Karya Bhakti, Yayasan Inter Medika, and Karisma. YKB succeeded to complete RETA result for FSWs in Mangga Besar West Jakarta that clearly outlined total costs for the estimated population with HIV/AIDS comprehensive services, and unit cost for each prevention and care services. The other CSOs required intensive technical assistance.
- Initial meeting with Jakarta NGO Forum and MSM National Network (GWL-INA) to introduce RETA. Both, Jakarta NGO Forum and GWL-INA expressed their interest to use RETA in the advocacy agenda, in particular to increase local government budget support to HIV/AIDS comprehensive services. As noted above, international STTA and local STTA whom will be teamed to enable follow up technical assistance to respective institutions.

- Initial meeting with National AIDS Commission (NAC) to introduce RETA and planned training for Papua to be conducted in March 2013. NAC was very supportive of the planned training for Papua. NAC will send a letter to Provincial AIDS Commission in Jayapura to encourage members of the Provincial and District AIDS Commissions to participate in the training at their cost. NAC also expressed interested to work with SUM II to hold one national training on the use of RETA.
- The international RETA specialist worked with the SUM II Papua Regional capacity building officer (who traveled to Jakarta) to finalize the adaptation of RETA to the general population of Papua. This adaptation used one district's relevant data (Jayawijaya District) consisting of population size estimates for these most-at-risk populations where they are significant, and the general population at particular risk of HIV and those being targeted for HIV prevention and care programming.

March 2013 scope of work activities took place in Papua and focused on TA in the use of RETA to SUM II partners, project collaborators, local government, health providers, and stakeholders in Papua Province. SUM II started its HIV/AIDS intervention program in Papua Province by partnering with six CSOs in four districts of Jayapura City and District, Jayawijaya District, and Mimika District. MARPs included in the program are brothel and non-brothel FSWs, MSM and Transgender, and high risk men, including mobile men and domestic migrant workers who stay away from the family for long period. The general population prioritized in the program are local indigenous men and women 15-49 year old.

The two training activities included:

- Wamena, Jayawijaya District, Training on the uses of RETA, held March 18-21, 2013

The training objective was to provide participants with knowledge and skill of RETA utilization, including data interpretation and analytical skills and how to operate RETA worksheet – to produce RETA result, and interpret and apply RETAs result for advocacy. Participants included district government, District AIDS Commission, District Health Office, government and private health providers, and representatives of project implementers.
- Jayapura, 3-day Training of Trainers held on March 25-27

The training objective was to provide participants with knowledge and skill of RETA utilization and know-how to provide technical assistance to RETA primary users. Participants included representatives of the institutions that are expected to train RETA to the primary user, e.g., CSOs and Puskesmas, or private clinics. The TOT included SUM I and II staff, local TA provider mentors (KIPRa); and the provincial government – Health Office, Planning Board; and Provincial and District AIDS Commission.

Brad Otto passed through Jakarta March 29th on his departure from Indonesia to debrief SUM II Senior Program Officer and STTA consultant Nasrun Hadi (March 29 was a national holiday). Nasrun Hadi will continue to coach the Tanah Papua Regional Office on RETA development, use and application.

Media Training

A two-day media skills seminar in Surabaya was co-sponsored by the Alliance of Independent Journalists (AJI) and SUM II on January 22, 2013. Participants included leaders and staff of four SUM II CSO partners. The seminar included a press conference attended by 50 journalists from 34 electronic, print and TV media outlets. The press conference was arranged by AJI to engage journalists in the challenges of funding for HIV/AIDS services and draft regulations now in process. The following day, twelve media articles appeared in the Surabaya local media, including *Memorandum, Surabaya Post, Suara Surabaya, Media Online-Lensa Indonesia, Detik.com, Antara, Suara Kawan, Seputar Indonesia, RRI, Surabaya Pagi, and Centro One.*

Trainers for the seminar included AJI's head of AJI Surabaya, who is also with the *Surabaya Post*, and additional members of AJI from several media outlets. Seminar participants included staff from PERWAKOS, serving the transgender community; Orbit, serving the IDU community; Genta, serving the FSW community; and Gaya Nusantara, serving the MSM community.

SUM II and AJI initiated their partnership a year ago with a seminar, also sponsored with the Provincial AIDS Commission, and focused on the exchange of information, repairing relationships and building trust. CSO leaders and staff described the most-at-risk populations they are serving and the journalists explained their approaches to getting an interesting story out to the public and acknowledged that they may have reinforced stigma and discrimination, or used wrong words and characterizations, because they were uninformed. The AJI trainers talked about AJI's goal to reach marginalize people, including transgender people, people living with HIV/AIDS, and female sex workers, and about the role CSOs can play, with press release writing skills, to help get the stories of marginalize people out directly to journalists and the public.

As part of the AJI and SUM II partnership, AJI is also coaching CSOs on how to engage effectively in legislative discussions. Journalists know and understand the legislative process, and they know how to access political leaders. AJI's coaching is aimed at building the capacity of CSOs to identify issues in the HIV response that can be addressed with supportive regulations and to advocate for these regulations by participating actively in legislative discussions.

One omission in the SUM II Quarter 2 Report (Oct-Dec, 2012) was the October 22-23, 2012 Seminar on Media Skills for CSOs held at the SUM II meeting room. The goals of the seminar were as follows:

- To communicate CSO messages effectively in a variety of settings.
- To create persuasive, positive messages that counter negative attitudes and difficult issues.
- To practice techniques for different media situations – print, radio, and television interviews.

The seminar was hands-on and practical, and included videotaped practice drills and feedback. Participants attended from YKB, Bandungwangi, YSS, LPA, YIM and Atma Jaya.

Advocacy to Local Government

Regional office highlights are as follows:

East Java

- Press conference with SUM II CSOs and the Indonesian Journalist Association in Surabaya (described more fully above under Media Training) to advocate local government to increase political and operational commitment for comprehensive services program on HIV/AIDS.
- Meeting with Government:
 - East Java Provincial Planning Board to review HIV/AIDS coverage for MDGs.
 - In January, meeting with Surabaya City Legislative on CSOs statement note regarding local policy on AIDS. Follow-up meeting in February 26, 2013, to clarify the executive response of CSOs statement note.
 - Health Office of Surabaya City to provided inputs to response legislative questions on AIDS.
 - Participated in the SUM 1 and KPA meeting on CSM issues, held at KPAP office on Feb 7, 2013)
 - Meetings with KPA kab Malang to finalize KPA's annual plan (held at KPA kab Malang Office on Feb 12-20, 2013).
- Development of CSO Advocacy plans

DKI Jakarta (and Central Java)

- DKI Jakarta:
 - Regular informal monthly meeting with Provincial KPA
 - DKI Jakarta: Development of CSO advocacy plans
 - DKI Jakarta: Meeting with NGO Forum on joint program and budget advocacy
- Semarang: Facilitated discussion on HIV activities between CSOs and journalists affiliated with the Alliance of Independent Journalists (AJI)

Tanah Papua

- Jayapura City: Informal meeting with KPA to plan the MSM group audience with the District Mayor.
- Modification of RETA for general population (see above).
- RETA use and application (see above).
- February 7th coordination meeting with KPA Jayapura District at KPA Jayapura District Office, attended by UNICEF, CSO SUM II partners, ODHA community, and other CSOs that provide HIV services in Jayapura District.
- February 11th meeting with Wakil Walikota dan Sekretaris KPA Kota Jayapura, to synchronize and integrate the YHI program with KPA Jayapura city HIV-AIDS program.

Riau Islands

- February 12-15, 2013, SUM II in collaboration with Provincial KPA Riau Islands provided a joint technical training on behavior change intervention outreach and community organization to a total of 24 CSOs from all the districts in the province. It was a cost sharing training: 19 CSOs' participants were paid by the local government budget, and 5 CSOs by SUM II. Trainers were SUM II CSOs staff and participants totaled 66 CSOs staff.

North Sumatra

- SUM II's capacity building officer in Medan provided ongoing monitoring and strategic support to three SUM II partner CSOs.
 - GSM required intensive monitoring and assistance in program management and outreach strategy, especially social media such as website and sms gateway.
 - Sum II participation in the Sub-District Working Group meeting that was also attended by H2O, Medan City KPA, AIDS Working Group in Medan Selayang and Medan Tuntungan Sub-District. The objective was to establish working relationships with the Sub-District Working Group to support HIV/AIDS program services provided by H2O to FSWs who work in massage parlors in Medan Selayang and Medan Tuntungan Oukup. The Working Group is committed to support H2O activities.

At the end of Quarter 3, progress in Strategy 5 is on track.

Strategy 6: Gender and Human Rights

SUM II requires TA providers to develop a basic framework for gender and human rights that is specific to HIV/AIDS, and to train CSOs how to apply the framework to strengthen programs through a program cycle of planning to evaluation.

Gender in particular is seen by SUM II as a priority because gender-responsive strategies (e.g., HRM) will improve uptake and quality of services. The initial gender study will be specific to Papua. CSOs in Papua are providing services to indigenous men and women, brothel- and non-brothel based female sex workers, and high-risk men. Specifically in Papua, CSO activities aimed at indigenous women and girls include engaging faith-based and women's organizations in HCT and ways to minimize risk of partner violence in Papua. The study will identify ways to improve these programs.

TA Providers CIRCLE and Satunama currently facilitate CSOs to include gender and human right in strategic plans, which is the framework for program planning and development.

Quarter 3 highlights include:

- SUM II assistance to USAID February 19-20th field visit to North Sumatra by Jipy Pricilia and Rosanita to collect input on gender equality and women's role in development related to health, particularly in HIV/AIDS. They held working sessions with Province KPA, Medan City KPA, and other stakeholders in Medan City.
- In February 2013 preliminary discussions for the 4th quarter of Year 3 Work Plan and Year 4 Work Plan, it was determined that initial, low-cost studies (studies not surveys) related to gender and stigma/discrimination should be initiated in 4th Quarter to better inform Strategy 3, Capacity Building. The two studies would include a desk audit of existing studies and a focused assessment that results in improved CSO programs specific to HIV/AIDS. The stigma and discrimination study will also identify ways to improve HIV/AIDS programs, specifically in program planning as well as advocacy plans.

At the end of Quarter 3, progress in Strategy 6 is on track.

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

This strategy supports the SUM II Center of Excellence intervention model that will be more fully defined and supported in the Year 4 Work Plan. This support will specifically be in the area of clinical management – planning, supply chain management, external relationships, and leveraging resources (fund, in-kind, and personnel). Initial candidates for pilot intervention sites include Puskesmas Perak Timur in Surabaya that provides health services for MSM; two private clinics in Java – YKB’s clinic in Jakarta (YKB), and 1 clinic in Central Java with LPPSLH; and one private clinic in Wamena, Jayawijaya District in Papua, working in coordination with CHAI to provide TA in clinical management. SUM II and CHAI have held exploratory discussions in February 2013.

Angsamerah and SUM II are cost-sharing for a private “satellite” clinic now being established (March 2013) in the Bloc M area of Jakarta. SUM II in Quarter 4 will explore with Angsamerah TA support they can provide to YKB and LPPSLH in clinical management.

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, friendly and quality health services.

At the end of Quarter 3, progress in Strategy 7 is on track.

Strategy 8: Monitoring and Evaluating CSO Performance

SUM II’s monitoring and evaluation strategy is primarily focused on assessing management by key results and capturing effective coverage, as well as analyzing the relevant transfer of knowledge.

SurveyMETER is SUM II’s TA provider for M&E capacity building, starting its assistance to SUM II CSO partners in late 2012 (Quarter 2). In Quarter 3 SUM II national and regional staff further assisted SurveyMETER to fully develop into its TA provider role. Third quarter highlights are as follows:

- Monitoring of annual survey implementation carried out by six SUM II CSO partners in DKI Jakarta and seven in East Java
- Annual survey training for six CSOs in East Java, held February 11-14, 2013, in SUM II’s Surabaya office conference room.

SUM II national staff also finalized and submitted to USAID the Year 3 Program Indicators for coverage and organizational performance. SUM II national staff also provided support in preparation of the PEPFAR COP.

At the end of Quarter 3, progress in Strategy 8 is on track.

Strategy 9: Introducing Mobile and Other Technologies

In early January 2013, CommCare consultant Katie Otto facilitated CommCare pilot testing review meetings with SUM II, YKB and Karisma to clarify feedback from the testing with the two Jakarta CSOs in order to further fine-tune the customized tool. CommCare will next be introduced to three CSOs in East Java. SUM II’s aim in introducing the CommCare technology is to 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.

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.

SUM II also continued its roll-out of Epi Info 7 training for CSOs in North Sumatra, and Riau Islands; and provided one-on-one technical assistance to Papua CSOs as a part of EPI Info 7 follow-up training. The initial training was delivered in December 2012. The training will increase CSO capacity in data input, and monitoring and evaluation.

See Annex 2 below, Technical Brief 17, which describes SUM II's roll-out of Epi Info 7 and CommCare.

At the end of Quarter 3, progress in Strategy 9 is on track.

Strategy 10: Leveraging Funds

In this quarter, some CSOs in Jakarta and Papua were in the process of dialogue with local government, private sector, and potential donor agencies. Two CSOs in East Java had contract extension for 12 months with GFATM.

DKI Jakarta

1. YKB Jakarta did a series of meetings with the Tourism Office of West Jakarta. The objective was to obtain resource support for regular meetings with bar/message parlor managers on HIV/AIDS programs.
2. Yayasan Perkumpulan Bandungwangi Jakarta is in the process of developing a proposal on health, small scale development, and human right for FSWs in East and North Jakarta. SOWA AIDS, Netherland, will potentially provide three cycles of grants with total grants of USD110,000 – with each cycle for 14 months. Yayasan Atma Jaya voluntarily facilitated SOWA AIDS to meet with Bandungwangi.
3. Yayasan Srikandi Sejati (YSS) was visited by the Minister of Social Affairs of the Indonesian Government. The visit was a follow up to YSS's series of meeting with Social Affairs Ministry to propose one shelter for TG PLHIV care and support services.

East Java

1. Orbit was awarded a 12 month SSR-GFATM grant for a community-based drug treatment program (pemulihan adiksi berbasis masyarakat-PABM), March 2013-February 2014. Total grant is IDR 118 million (approximately USD 13,100).
2. Paramitra was awarded a 12 month SSR-GFATM grant for the period of February 2013-January 2014. Grant total is IDR 400 million (approximately USD44,440). This award is an extension to the previous year's program grant to provide HIV/AIDS prevention for all most-at-risk populations, including transgender, MSM, FSWs and IDUs.

Papua

1. In this quarter, SUM II CSO partners focused on negotiating their individual annual work plans with local government via the District AIDS Commission. The objective is to synchronize CSO work plans with district government's annual plan on AIDS, and seek government cost sharing.
2. Jayawijaya district has demonstrated impressive progress in its district-based response on HIV/AIDS. The district government has launched its commitment to allocate IDR.3 billion (approximately USD 333,330), which represents a 33% increased from the previous fiscal year (2012). SUM II and CSO partners were the core actors to facilitate local government in the development of a district-based response plan.
3. The two CSO SUM II partners in Jayawijaya, YUKEMDI and Yayasan TALI are now in the process of negotiation with local government for total amount of local government budget to be allocated to each of the two CSOs.

At the end of Quarter 3, progress in Strategy 10 is on track.

SUM Website (www.sum.or.id)

As noted earlier, Harmi Prasetyo joined the SUM II team full-time as ICT Officer on February 18, 2013. He is in process of designing a new feature to document CSO achievement.

In Quarter 3, the following website updates were made:

- Home page was updated
 - Revised description of the SUM Program
 - New featured publication
 - Two success stories added to success story box.
- Partners tab was updated for DKI Jakarta, West Java, Central Java, and East Java
- The two reports by Marcella Pierce were added to the publications link
- Technical Briefs #16 and #17 were added to the technical brief link
- Two success stories were added to the success story link

SUM I and SUM II also agreed on points of contact for the joint website.

To date, the site has received over 7649 visits (6,457 in last quarter).

Small Grants Program (Objective 2 – SUM II)

In Quarter 3, grants were finalized for the following:

- CCM grant for Financial Officer was approved January 7, 2013
 - This grant is a second cycle of funding for the CCM financial officer
 - Grant period: January 1, 2013 to December 31, 2013
 - Grant amount: Increases total grant from IDR 345,492,000 to IDR 573,894,000 (approximately USD 63,766)
- Penabulu was approved on January 7, 2013
 - This grant is second cycle of Financial Management TA for Java CSOs (Jakarta and East Java)
 - Grant period: 1 Feb 2013 to 31 Jan 2014
 - Grant amount: IDR 1,452,840,000 (approximately USD 161,316), which bring the total grant to Penabulu to IDR 3,557,230,000 (approximately USD 395,248)
- OPSI was approved on 11 March 2013
 - This grant is entitled *Technical Service Provider for Building Capacity of Civil Society Organizations and Community Organizations in Community Organization and Advocacy in Papua and Papua Barat*
 - Grant Period : April 1,2013 to 31 March 2014
 - Grant amount : IDR 820,440,000 (approximately USD 84,259)

See the following summary tables of active and new Quarter 3 grants and no cost extension grant modifications.

TA Providers

TA Providers	Regions covered	Period	Budget		Period	Budget	
			IDR	USD		IDR	USD
Yayasan Penabulu	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
Yayasan Penabulu	North Sumatera, Riau Islands and Papua				Oct 1,2012 - Sep 30,2013	1,424,300,000	158,256
Circle Indonesia	Jakarta	Nov 15, 2011 - Feb 28, 2013	1,290,744,760	151,852			
Yayasan SATUNAMA	East Java	Nov 15, 2011 - Feb 28, 2013	975,205,000	114,730			
Yayasan SATUNAMA	Papua and Riau Islands				Oct 1, 2012-Sep 30,2013	1,460,760,000	162,307
Yayasan Survey Meter	Jakarta and East Java				Oct 1, 2012-Sep 30,2013	1,561,390,000	173,488
KIPRa	Papua				Oct 1, 2012-Sep 30,2013	1,609,510,000	178,834
OPSI	Papua				April 1, 2013 - 31 Mar ,2013	820,440,000	91,160
	Total		2,947,039,760	346,710		8,328,240,000	925,360

Principal CSOs

Province	CSO	Budget		Targets			
		IDR	USD	MARPs	HCT	PLHIV	STI
East Java	PARAMITRA	880,288,000	97,810	675	525	30	575
East Java	GAYA NUSANTARA	815,025,875	90,558	4,264	626	20	626
East Java	GENTA	838,762,000	93,196	600	600	35	600
Jakarta	YKB	1,101,627,481	122,403	2,413	1,639	141	1,771
Jakarta	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

Province	CSO	Budget		Targets			
		IDR	USD	MARPs	HCT	PLHIV	STI
Jakarta	YSS	825,577,200	91,731	1,362	681	68	681
Jakarta	YIM	857,813,059	95,313	4,750	1,400	210	280
Jakarta	LPA	810,963,067	90,107	5,600	1,500	225	300
Jakarta	BANDUNGWANGI	656,103,710	72,900	1,213	243	12	607
East Java	PERWAKOS	664,952,750	73,884	950	513	80	855
East Java	ORBIT	745,545,300	82,838	600	100	75	100
East Java	IGAMA	747,080,220	83,009	4,050	775	40	750
Papua*	PKBI PAPUA	998,228,100	110,914	655	205	32	428
Papua*	YPPM	880,018,500	97,780	8,360	2,090	61	2,090
Papua*	YHI	967,939,000	107,549	789	316	9	631
Papua*	YCTP	1,435,380,000	159,509	11,077	1,511	37	1,511
Papua*	TALI	981,210,000	109,023	21,220	509	15	509
Papua*	YUKEMDI	1,097,005,000	121,889	16,280	912	43	968
Riau Islands	YAYASAN BENTAN SERUMPUN	699,715,386	77,746	361	361	36	361
Riau Islands	KOMPAK	544,542,000	60,505	400	400	60	400
Riau Islands	YAYASAN EMBUN PELANGI	789,750,000	87,750	1,187	955	161	865
Riau Islands	YAYASAN GAYA BATAM	780,405,000	86,712	1,610	900	190	660
Riau Islands	LINTAS NUSA	783,138,000	87,015	925	740	100	740
North Sumatera	GALATEA	674,654,021	74,962	350	245	95	125
North Sumatera	HUMAN HEALTH ORGANIZATION	706,939,871	78,549	350	245	7	350
North Sumatera	GERAKAN SEHAT MASYARAKAT	616,958,300	68,551	2,481	1,294	240	1,790
Central Java	LPPSLH	200,727,500	22,303	625	326	55	447
Central Java	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

* No cost extension from February 14, 2013 to April 30,2013

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

SUM II Grant Pipeline Narrative

Current SUM II Grant Pipeline to End of Year 3

Grant total of Year 1 to Year 3 to TA organizations and CSOs, committed grants (including expenditures) through February 2013: \$5,087,237

Total advances to the period Year 1 to Year 3 in committed grants (TA organization and CSOs) through Feb 2013: \$2,653,626.

Total grant dollars expended for Year 1 to Year 3: \$2,653,626

Total expected expenditures in the pipeline up to end of Year 3: \$2,433,611

Projected SUM II Additional Grants Year 4-5 (up to December 2014)

Projected SUM II grants to be committed before end of Year 3: \$1,412,000

- Note: SUM II is committed to providing second cycle grants for Papua and first cycle West Papua; TA organization, Circle Indonesia; and expansion of SurveyMETER to Papua and West Papua

Projected SUM II grants for period Year 4-5 (up to December 2014): \$2,590,000

- Projected grants to be provided to CSOs in second cycle of Papua; second cycle of SurveyMETER; second cycle of KIPRa, a TA organization in Papua/West Papua; second cycle of private clinics (Angsamerah and LPPSLH); the *Principal* and developing CSOs in DKI Jakarta and East Java that will scale-out the SUM II three-part intervention model; third cycle of TA organizations (Penabulu, SATUNAMA and Circle); expansion sites in West and Central Java, and West Papua; one new TA organization for community organizations (OPSI); and one new TA organization for clinical management (Angsamerah Foundation).

All total projected grants is \$4,002,000

Grant Estimation – Commitments for Year 4 Only

A	B	C	K	O
No	CSO's name	Province	Rough Estimation - Commitment up to June 2013	Remarks
1	Layak	Jakarta		
2	YKB	Jakarta		Principal CSO
3	LPA-Karya Bakti	Jakarta		
4	YIM	Jakarta		
5	Karisma	Jakarta		Principal CSO
6	YSS	Jakarta		
7	Bandungwangi	Jakarta		
8	ARC-Atma Jaya(Kios/CSO)	Jakarta		Year 2 - Atmajaya Withdrew itself
9	Orbit	Surabaya- East Java		
10	IGAMA	Surabaya-East Java		
11	GN	Surabaya-East Java		Principal CSO
12	Perwakos	Surabaya-East Java		
13	Paramitra	Malang-East Java		Principal CSO
14	Genta	Surabaya-East Java		Principal CSO
15	Sadar Hati	Malang - East Java		
16	CCM	Jakarta		
17	UNCEN	Papua		
18	Penabulu	Jakarta		12 mos commitment from Oct 13-Sep 14 ; principal CSO only Commitment Jul'13-Jun'14 for 8 mos operations
19	SATUNAMA	Yogyakarta		Y2- Estimation - Organizational Development-TA to East Java CSOs; Estimation Jul'13-Jun'14 for 6 mos operations
20	Circle Indonesia	Yogyakarta	300,000	Y2 - Estimation - Organizational Development - TA to Jakarta CSOs ; Estimation Jul'13-Jun'14 for 6 mos operation
21	UI Public Health	Jakarta		

23	Centre for Health Service Management UGM (UGM)	Yogyakarta		
24	Yayasan Caritas - Timika Papua (YCTP)	Papua	110,000	Y2- Papua CSO ; Principal CSO ; Commitment for Jul'13-June'14 only for 6 mos
25	Yayasan Persekutuan Pelayanan Masirey (YPPM)	Papua	90,000	Y2- Papua CSO
26	YUKEMDI	Papua	100,000	Y2- Papua CSO ; Principal CSO ; Commitment for Jul'13-June'14 only for 6 mos
27	Yayasan Tangan Peduli	Papua	97,000	Y2- Papua CSO
28	Yayasan Harapan Ibu (YHI)	Papua	96,000	Y2-Papua CSO
29	PKBI - Papua	Papua		Suspended in Year 2
30	Survey Meter	Yogyakarta	100,000	Expansion to Papua, Kepri and Riau Isalnd (Papua only?) Y2- M&E TA for Jakarta and East Java CSOs
31	Galatea	Medan-North Sumatera		
32	H2O	Medan-North Sumatera		
33	GSM	Medan-North Sumatera		
34	Yayasan Gaya Batam	Batam - Kepri		
35	Yayasan Bentan Serumpun	Tanjung Pinang - Kepri		
36	Kompak	Tanjung Pinang -Kepri		
36	Kompak	Tanjung Pinang -Kepri		
37	Embun Pelangi	Batam-Kepri		
38	Lintas Nusa	Batam - Kepri		
39	KIPRa	Papua		Estimation Jul'13-Jun'14 for 12 mos operations
40	Angsamerah	Jakarta		
41	LPPLSH	Jakarta		
42	Jakerpermas	Jakarta		
43	OPSI	Jakarta	90,000	TA Community Mobilization for Papua CSOs
44	TBD	Jayapura	100,000	New CSO in Papua to cover MSM population
45	TBD - West Papua CSOs- estimate 2 CSOs	Sorong, Manokwari	116,000	New CSOs in West Papua will be selected
46	TBD - 8 Small CSOs in Jakarta, West, Central and East Java	Jakarta, West, Central and East Java	200,000	New CSOs in Jakarta, West, Central and East Java
47	Sint Carolus Hospital - Clinic	Jakarta	30,000	Grant to Clinic
48	TBD - TA for Clinical support in Papua	TBD - Clinical TA for Papua		Perdaki or Remdek - TBD
49	TBD- PLHIV care and support	TBD - PLHIV Care and Support		Ruma Cemara - TBD
50	TBD-Principal CSO in Kepri			
Total			1,429,000	

Projected SUM II Grants – Up to December 2014

No	CSO's name	Grants Projection, up to June 2013	Grant Projection Jul '13-Dec '14
1	Layak		
2	YKB		100,000
3	LPA-Karya Bakti		
4	YIM		
5	Karisma		100,000
6	YSS		
7	Bandungwangi		70,000
8	ARC-Atma Jaya(Kios/CSO)		
9	Orbit		
10	IGAMA		
11	GN		135,000
12	Perwakos		50,000
13	Paramitra		135,000
14	Genta		135,000
15	Sadar Hati	-	
16	CCM		
17	UNCEN		
18	Penabulu		
	Papua, Riau Island, and North Sumatera		100,000
	Java		100,000

19	SATUNAMA	-	100,000
20	Circle Indonesia	200,000	100,000
21	UI Public Health		
22	Yayasan Atmajaya - PPPH		
23	Centre for Health Service Management UGM (UGM)		
24	Yayasan Caritas - Timika Papua (YCTP)	140,000	120,000
25	Yayasan Persekutuan Pelayanan Masirey (YPPM)	90,000	
26	YUKEMDI	100,000	100,000
27	Yayasan Tangan Peduli	97,000	
28	Yayasan Harapan Ibu (YHI)	96,000	
29	PKBI - Papua		
30	Survey Meter		
	Expansion to Papua, Riau Islands and N. Sumatera		170,000
	Second cycle SoW for CSOs in Jakarta and East Java		150,000
31	Galatea		75,000
32	H2O		
33	GSM		
34	Yayasan Gaya Batam		
35	Yayasan Bentan Serumpun		75,000
36	Kompak		
37	Embun Pelangi		
38	Lintas Nusa		

39	KIPRa		150,000	
40	Angsamerah		50,000	
41	LPPLSH		35,000	
42	Jakerpermas		20,000	
43	OPSI	100,000		
44	One CSO to work with high risk men West Papua (TBD)	100,000		
45	West Papua - 2 CSOs (one for Clinic in Sorong and one for MSM in Manokwari)	116,000	100,000	
46	TBD - Smalls CSOs in Jakarta, West, Central and East Java	225,000	200,000	
47	NGO Forum Medan, North Sumatera	25,000		
47	Private clinic (either Rumah Carlo or YKB Clinic)	30,000	30,000	
48	TBD - TA Organization in Clinical Management.		100,000	
49	TBD- TA Organization in PLHIV care and support Tanah Papua	93,000		
50	TBD-Principal CSO in Kepri		90,000	
		-		
	Total	1,412,000	2,590,000	
				4,002,000

Performance against PMP targets

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

The achievement to all PMP indicators in this reporting period was lower compared to the second quarter of year three. Below are the two main causes:

- Two provinces Papua and DKI Jakarta faced difficulty to achieve the target. Six CSOs in Papua Province slower the services for about four months due to local facultative holidays and contract agreement that ended in February 2013. One CSO Jakarta self withdrew the contract agreement, and the other six CSOs dealt with barriers to refer the patients to GoI Clinics due to New Governor Policy re: free health services for DKI Jakarta residence. It resulted to all GoI Health Providers over loaded with the patients. MARPs who does not have DKI Jakarta ID have to pay IDR.130thousand equal to USD.14 to one package of service for both STI and HCT. The service charge is quite expensive and unaffordable to the most of MARPs, in particular CSWs, Transgender, and IDUs;
- At least three technical reasons: (a) all CSO partners in Papua focused in program planning and coordination with local government for second cycle partnership with SUM II; (b) PMTCT especially in Papua has not been effectively implemented yet – pregnant women have not been included in GFATM priority for HCT; and (c) the intervention to high risk men Riau Islands and North Sumatera is *quite new* for CSOs – technical training in community organization is highly needed.

Total number of MARP individuals reached with HIV preventive interventions for CSWs and Transgender is on track to meet year-3 targets. The critical issues is the total achievement to OVP, CSOs will implement community organization strategy to reach especially high risk men with HIV preventive interventions in Q4. TA Organizations were ready with a comprehensive module for training and coaching CSOs on community organization.

Total number of targeted population reached for indigenous population of Papua has already achieved 89% against FY3 target.

HIV counseling and testing achievement for men and women in Q3 was lower compared to Q2.

Total achievement to date for female 15+ has achieved 71.14% against the annual target, and for male 15+ has only achieved 36.37%. Female MARPs are more likely easier to access and advise to seek for HCT services. High mobility of men were the challenge for CSOs to improve the coverage at Q4 of year three

Total cumulative coverage of People Living with HIV/AIDS (PLHIV) reached with a minimum package of prevention with PLHIV (PWP) has achieved 70.89%. Achievement in Q3 was considered lower to Q2. Total coverage to female 18+ has achieved more than Y3 target, and male 18+ was 52.77%. Again, High mobility of men were the challenge for CSOs to improve the coverage at Q4 of year three

MARP individuals are still not sufficiently accessing STI services at targeted intervention sites in Q3, especially with Transgender and MSM. Even the achievement to MSM in Q3 was higher to Q2, the total achievement to date is below 39%. The challenge, not all government clinics have sufficient skills and facility to serve MSM and Transgender with STI. However, numbers achieved to date among CSWs, IDUs, MSM, TG, and OVP is still well below what they should be if year 3 targets are to



be met. As with HCT and services to PLHIV, SUM II TA Provider partners have to provide technical assistance to improve CSOs partnership model with GoI Clinics.

Indicator		Disaggregated by	Achieved Y2	Target Y3		Achieved Y3/Q1	Achieved Y3/Q2	Achieved Y3/Q3	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	1,751	3,100	2,170	7,021
				IDU	4,850	167	1,310	496	1,973
				MSM	20,180	2,070	4,474	3,958	10,502
				Transgender	3,750	760	1,795	1,080	3,635
				OVP	43,661	257 ¹	3,444	3,127	6,828
				Total	80,167	5,005	14,123	10,831	29,959
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		16,764	13,609	4,938	35311
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	4	62
				Male 15+	12,580	472	2698	1,406	4,576
				Female<15	0	15	25	11	51
				Female 15+	5,344	1,075	1558	1,169	3,802
				Total	17,924	1,562	4339	2,590	8,491
4	Number of People	Sex and Age:	1,115	Male<18	0	5	6	5	16

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.

	Living with HIV/AIDS (PLHIV) reached with a minimum package of prevention with PLHIV (PwP) interventions	(male<18, male 18+; female<18, female 18+)		Male 18+	2,149	229	539	366	1134
				Female<18	0	11	18	0	29
				Female 18+	447	170	484	8	662
				Total	2,597	415	1,047	379	1841
				CSW	5,604	1,085	1019	1,199	3,303
				IDU	465	30	42	64	136
				MSM	3,358	202	492	612	1,306
				Transgender	2,843	81	469	138	688
				OVP	3,836	329	1171	792	2292
				Total	16,106	1,727	3193	2,805	7,725
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						

Conclusion

The ten strategies under Objective 1 are on track.

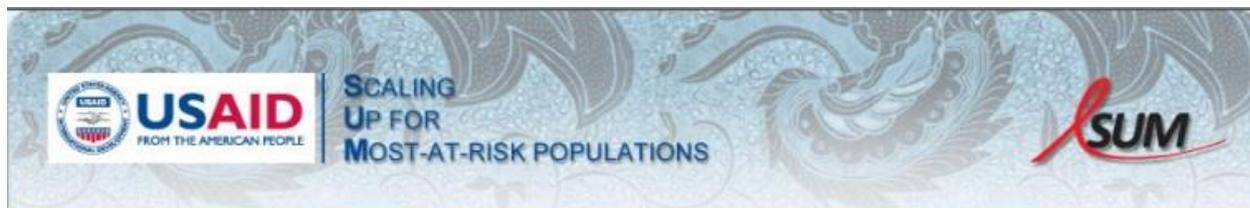
- TA provider Circle Indonesia will commence expansion of intensive workplace based training, coaching and systems development to CSO partners in North Sumatra; and continued assistance to current and new CSO partners in DKI Jakarta and East Java Regions.
- In Tanah Papua, Penabulu and Satunama provided mentorship to KIPRa mentors in each of the districts. Penabulu and KIPRa mentors focused on coaching CSOs in the development of SOPs for finance and how to demonstrate daily transaction record (catatan transaksi harian -CTH). Satunama and KIPRa mentors focused on coaching in strategic planning and community organization.
- OPSI's contract agreement was signed end of March. OPSI's main task in Tanah Papua is to provide TA to CSOs on technical capacity for MARPs-specific community organization, in particular for sub population of FSW, MSM and TG.
- Penabulu expanded technical assistance to SUM II CSO partners in Central Java. In this region, TA covers financial management, organizational management and leadership.
- Preparation of the Community Organization Module was finalized, and rollout of the module will begin in Quarter 4.
- Angsamerah's satellite clinic preparations were underway in Quarter 3. A soft opening for the services will be in April 2013.
- Strategic support continues to the Epi Info 7 rollout to all CSOs in Jakarta, East Java, and Papua.
- One local STTA organization will provide technical assistance to strengthen CSOs partners in East Java in advocacy, which will focus to two agenda: increasing local government budget on HIV/AIDS, and improving MARPs access to health services related to HIV/AIDS.
- In Quarter 3 in Tanah Papua, two training sessions on RETA were conducted by international STTA (RTI) and SUM II Regional Papua staff. The first training session was a five-day training session for CSOs and stakeholders in the District of Jayawijaya, Papua Province, and the second session was a training of trainers in Jayapura, with participants from CSOs and province and district government. In Quarter 4, local STTA will help SUM II Regional Papua staff develop a plan for follow-up on RETA with stakeholders, with backstopping from the local STTA consultant.
- In East Java, SUM II CSO partners and local journalists will continue joint advocacy with local government.

Grant funds under Objective 2 are all committed. Tanah Papua CSO partner grants will be finalized in Quarter 4. Projected SUM II grants to be committed before end of Year 3 (June 2013) is \$1,412,000. Projected SUM II grants for period Year 4-5 (up to December 2014) is \$2,590,000. The total estimation for projected grants is \$4,002,000.

Annex 1. SUM II Technical Brief 16

Qualitative Evidence

CSOs Can Learn How to Set the Bar Higher in Defining Success



SUM II Technical Brief 16 January 2013

QUALITATIVE EVIDENCE

CSOs CAN LEARN HOW TO SET THE BAR HIGHER IN DEFINING SUCCESS

CSOs partnering with the USAID SUM II Program currently number twenty-eight in Papua, Riau Islands, North Sumatra, DKI Jakarta, and West, Central and East Java. Fifteen have completed a year of SUM II’s intensive workplace-based training, coaching and systems development² that includes skill building in financial management and strategic and program planning. A new SUM II TA partner, SurveyMETER, is now launching its intensive, on-the-job CSO capacity building program in setting targets and indicators, and program monitoring and evaluation.

In planning effective HIV programs, a core skill is how to develop clear indicators of achievement. Partners in the fight against HIV have for too long settled for *quantitative* indicators and transmission rates race on. The SUM II team intends to push the bar higher in defining success by helping CSOs learn how to develop *qualitative* indicators.

An indicator of achievement states the “evidence” one would see or feel when a certain condition exists or certain results have been attained. For example, a CSO planning to conduct a 2-day education session on STI services, HTC, PMTCT, and treatment for prevention for 20 volunteer peer educators working with FSWs could state two indicators of achievement that would satisfy the “evidence” definition:

- Participants rate the session as excellent in the course evaluation.
- The 20 course graduates are able to demonstrate effective communication of messages specific to STI services, HCT, PMTCT and treatment for prevention.

² For more information on USAID SUM II’s approach to CSO capacity building, see Technical Brief #13, *CSO Capacity Building – USAID SUM II Takes Training and Coaching to the Workplace (May 2012)* at www.sum.or.id

SurveyMETER

SUM II Capacity Building Partner for M&E

SurveyMETER is a non-governmental research institution established in February 2002 and has extensive experience conducting studies in Indonesia, with a strong track record implementing large-scale, complex panel surveys of mobile populations. SurveyMETER is providing intensive, workplace training, coaching and systems development to CSOs specifically to:

- Improve monthly record keeping and reporting by CSOs—accuracy and timeliness
- Build the capacity of CSOs to collect, analyze, and interpret data for more cost effective implementation and reporting, including mobile phone technology
- Carry out periodic qualitative assessments (focus group discussions, for example) of MARPs served to identify barriers to service utilization
- Manage CSO web-based database and reporting
- Conduct semi-annual surveys of CSO intervention sites

For more information on SurveyMETER, go to: www.surveymeter.org

Both indicators define what the CSO planners want success to look like for its education session. Now imagine that this education session is one step in meeting the following CSO objective:

- CSO Objective: By December 2013, CSO volunteers will have reached 90% of the brothel-based female sex workers in the district (estimated to number 550 sex workers in 56 brothels) with one-on-one and group sessions on STI services, HCT, PMTCT, and treatment for prevention.

For this objective, the indicators of achievement will depend on where the planners wish to set the “bar of success.” A CSO launching a new prevention program for FSWs may wish to set a lower bar of success, perhaps for reasons of resources or because the program for sex workers is a new area for the CSO. So they set a first year indicator that they believe is reasonable and doable:

- 90% of brothel-based FSWs in the district report they have attended at least one session on STI services, HCT, PMTCT, and treatment for prevention conducted by the CSO.

This indicator *quantifies* the “evidence” of achievement. It is a doable indicator of achievement in that on average each of the 20 CSO volunteers will have conducted at least one prevention session with 25 FSWs between completion of the December 2012 two-day training course and December 2013. It is also an indicator that will not be difficult for the CSO to evaluate in December 2013. Did at least 495 of the estimated 550 FSWs actually meet the CSO peer educators and attend the session?

Bolder indicators of achievement will be needed – qualitative indicators – if the scale up for most-at-risk populations is to succeed.

But is it an indicator that sets the bar high enough to make a difference in stopping the transmission of HIV and STI in the 56 brothels?

PUSHING THE BARS OF SUCCESS HIGHER WITH QUALITATIVE INDICATORS

Bolder indicators of achievement are needed – *qualitative indicators* – if the scale up for most-at-risk populations is to succeed. SUM II and SurveyMETER will challenge CSO planners to continuously re-visit the bars of success as programs strengthen, and to push these bars higher with qualitative indicators.

Being bold in setting indicators of achievement is an incremental process if greater program effectiveness is to be attained. Yes to adjusting indicators upward so they continue to stretch the organization, but no to indicators that lose meaning because they are unreachable.

For example, as the CSO above becomes more experienced they can raise the bar of success with an indicator that both *quantifies* and *qualifies* achievement:

- At least 500 female sex workers in the district have attended one CSO session on STI services, HCT, PMTCT and treatment for prevention and over 70% said they utilized HIV-testing and STI examination services in the last year.

Or, the bar of success can be set even higher:

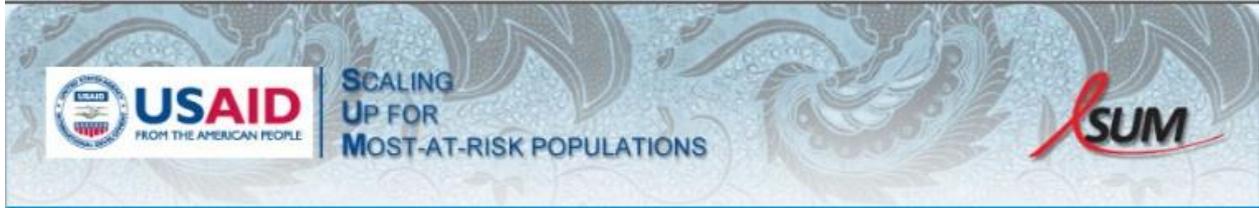
- At least 500 female sex workers in the district have attended more than one CSO session on STI services, HCT, PMTCT and treatment for prevention and over 70% said they utilized HIV-testing and STI examination services in the last year *and reported they always used a condom with clients during the last week.*

Ideally, the bar in defining success – if transmission of HIV and STI is to be stopped – will rise higher and higher as CSO programs develop, strengthen and succeed.

For more on program planning, see *How-to Module # 4: CSO Program Planning*. Available at www.sum.or.id

Annex 2. SUM II Technical Brief 17

CommCare and Epi info 7
New Technologies to Improve CSO Results



COMM CARE AND EPI INFO 7

NEW TECHNOLOGIES TO IMPROVE CSO RESULTS

Common challenges faced by CSOs is the lag time in field reporting, the labor intensive data entry, and the ability to perform more detailed analysis that leads to effective HIV prevention and other interventions. SUM II is helping to address these challenges by introducing two technologies that will enable “real-time” reporting by field workers and eliminate the data entry task at the CSO office. Together, these technologies will significantly improve CSO outreach, case management and recordkeeping, problem solving, and reporting.

CommCare is a mobile phone-based data management tool that SUM II and CommCare customized for use by CSOs who serve populations of female sex workers (FSWs), men who have sex with men (MSM), Waria, people who inject drugs (IDUs), and people living with HIV (PLHIV). (See text box.)

Epi info 7 is a series of tools for routine data gathering, database management, and analysis. It was developed by CDC for use by CSOs and community health workers to manage databases for surveillance and other tasks. It is easily used in places with limited network connectivity or limited resources for commercial software and professional IT support. (See text box next page.)

When integrated together, Epi info 7 and CommCare enable CSO field workers to collect and record client data on their phones, which can then be uploaded and synced with the CSO data management system – Epi info 7 – without the need for data re-entry.

In September 2012, the integration of Epi info 7 and CommCare was pilot tested with two SUM II Principal CSOs in DKI Jakarta. In 2013, this integration of the two technologies will be scaled up to three Principal CSOs in East Java. CSOs are enthusiastic about both technologies and see their potential to improve HIV program results.

CommCare Mobile

CommCare Mobile is a phone-based application that CSOs can use for data collection, decision support, and patient/case management. Information captured in forms is stored on the device until it is able to be synced with the server, and open case records are stored permanently on the phone until the cases are closed. The entire life-cycle of a case can be managed without any need for network connectivity; CommCare can perform these actions completely offline. As a tool for CSO field workers it allows for easy user management, including SMS communication with program managers.

Simple surveys and forms are easy to configure to a CSO’s CommCare mobile application. A wide variety of data can be collected, including dates, multiple choice questions, images, video, bar codes and GPS coordinates. For SUM II CSO partners, CommCare will facilitate routine evidence-based action, and encourage case managers to provide consistent, high quality services to their clients. It will provide timely, interpretable reports of staff activities, as well as targeted follow-up actions for supervisory staff members. It will enable continuous CSO performance improvement and target follow-up actions.

For more information: www.commcarehq.org

For more on USAID SUM II’s approach to CSO capacity building, see Technical Brief #13, CSO Capacity Building – USAID SUM II Takes Training and Coaching to the Workplace (May 2012) at www.sum.or.id

CommCare and Epi info 7 – How They Interact

While SUM II has one account set up on the CommCare online platform, each CSO partner will have an identical but separate application. The application includes three modules – a standard *Client Module*, an *HCT Module*, and an *STI Testing Module*. Within each module there are data collection forms to be opened and filled in by the outreach worker. For the *Client Module*, for example, there are three forms – a Registration Form, a Daily Activities Form, and a Closing Form. Once a client is registered with the initial form, that client’s record exists in the outreach worker’s phone, and can be easily accessed and updated by the outreach worker at every interaction (and if necessarily, closed or transferred to another outreach worker). *HCT* and *STI Testing Modules* each contain one follow up form. All data collected by the phones are sent immediately, via GPRS connection, to an online database that can only be accessed by the account owner. From the website, this collected data can be downloaded into Excel format, and custom reports can easily be compiled and uploaded to Epi info 7 for data analysis (password protected). Each CSO application stores three core forms that collect all data relevant to SUM II quarterly reporting expectations.

SUM II core indicators for data collection and analysis through this new system are 1) most-at-risk populations reached (FSWs, IDU, Waria, MSM and OVP); 2) instances of HCT, by gender and age (above/below 15); 3) instances of STI testing by MARPs category; and 4) PLHIV provided services, by gender and age (above/below 18).

To integrate the mobile data collection process with Epi info 7, extensive interviews were conducted with CSO outreach workers and M&E staff. This step enabled CommCare to be customize consistent with the needs of the Epi info 7 reporting system. CSO staff participating in the pilot testing was first trained in Epi info 7 and was required to start using it for data analysis. Sum II staff and a local consultant from the University of Gadjah Mada assisted CSOs to developed the new Epi info 7 recordkeeping, data analysis and reporting system for CSOs, including data entry menus, and assisted in transferring CSOs’ data from the previous *SI CSO* and Excel system to Epi Info 7.

The full scope of the integrated CommCare and Epi info 7 tools is realized when collected data are analyzed quickly and visualized meaningfully so that no clients are lost to follow-up, outreach workers are motivated to improve their performance, and program administrators (including donor partners) have a clear sense of cost-effectiveness of interventions, and appropriate paths to scaling those interventions that are most results-oriented. CommCare and Epi info 7 will help CSOs adapt and practice results-based management and evidence-based decision making for follow-up action planning, advocacy and improved coordination with stakeholders.

Next Steps

SUM II’ integration of CommCare and Epi info 7 is in process of completion and the entire data management system will be scaled to other locations. SUM II will also engage its Ministry of Health partners to share its vision for how the CommCare-Epi info 7 system can integrate into the public health system, namely through Puskesmas service providers and all CSOs working in the HIV/AIDS response.

For more on USAID SUM II visit: www.sum.or.id

Epi info 7

SUM II CSO partners do not have hi-tech systems and yet they have a need for easy to train and apply tools that allow the rapid creation of data collection instruments and data analysis, visualization, and reporting using epidemiologic methods.

Epi info 7 for Microsoft Windows is flexible, scalable, and enables data collection, advanced statistical analyses, and geographic information system (GIS) mapping capability. CSO capacity building in Epi info 7 will enable SUM II partners to easily develop a questionnaire or form, customize the data entry process, and enter and analyze data.

Epi Info 7 is free of charge and can be

Annex 3. SUM II Success Story

Surabaya CSOs and Journalists Partner in the HIV Response



SUCCESS STORY

Surabaya CSOs and Journalists Partner in the HIV Response

The Alliance of Independent Journalists (AJI) is partnering with the USAID SUM II Program to enable CSOs working in the HIV response to gain greater media access. SUM II is currently assisting 29 CSOs in Indonesia with TA and grants to strengthen their organizational capacity and their approaches to community mobilization and advocacy in ways that foster sustainability.



Leaders of four CSOs at the January 22, 2013, press conference organized by the Alliance of Independent Journalists

“AJI’s goal in addressing HIV issues and programs is not only to decrease HIV prevalence but also to increase the capacity of CSOs in writing skills so they can bring to light the stories of communities and stakeholders that cannot be reached by journalists.”

— Rudi Hartono, Head of the Alliance of Independent Journalists in Surabaya

U.S. Agency for International Development
www.usaid.gov

On January 22, 2013, leaders of four CSOs participated in a press conference attended by 50 journalists from 34 electronic, print and TV media outlets. The press conference was arranged by the Alliance of Independent Journalists (AJI) to engage journalists in the challenges of funding for HIV/AIDS services and draft regulations now in process. The following day, twelve media articles appeared in the Surabaya local media, including *Memorandum*, *Surabaya Post*, *Suara Surabaya*, *Media Online-Lensa Indonesia*, *Detik.com*, *Antara*, *Suara Kawan*, *Seputar Indonesia*, *RRI*, *Surabaya Pagi*, and *Centro One*.

The press conference was part of a 2-day media skills seminar sponsored by AJI and the USAID Scaling Up for Most-At-Risk (SUM II) Program. AJI trainers included Rudi Hartono, the Head of AJI Surabaya and with the *Surabaya Post*, and additional members of AJI from several media outlets. The Surabaya CSOs participating included staff from PERWAKOS, serving the transgender community; Orbit, serving the IDU community; Genta, serving the FSW community; and Gaya Nusantara, serving the MSM community. SUM II is assisting these CSOs with TA and grants to strengthen their organizational capacity and their approaches to community mobilization and advocacy.

SUM II and AJI initiated their partnership a year ago with a seminar, also sponsored with the Provincial AIDS Commission, focused on the exchange of information, repairing relationships and building trust. It was a breakthrough for AJI and the CSOs. CSO leaders and staff described the most-at-risk populations they are serving and the journalists explained their approaches to getting an interesting story out to the public and acknowledged that they may have reinforced stigma and discrimination, or used wrong words and characterizations, because they were uninformed. The AJI trainers talked about AJI’s goal to reach marginalize people, including transgender people, people living with HIV/AIDS, and female sex workers, and about the role CSOs can play, with press release writing skills, to help get the stories of marginalize people out directly to journalists and the public.

As part of the AJI and SUM II partnership, AJI is also coaching CSOs on how to engage effectively in legislative discussions. Journalists know and understand the legislative process, and they know how to access political leaders. AJI’s coaching is aimed at building the capacity of CSOs to identify issues in the HIV response that can be addressed with supportive regulations and to advocate for these regulations by participating actively in legislative discussions.

Annex 4. SUM II Success Story

Partners in Papua's HIV Response are Integrating Programs and Leveraging Funds



SUCCESS STORY

Partners in Papua's HIV Response are Integrating Programs and Leveraging Funds

In Papua SUM II is bringing together CSOs, government, tribal, religious and youth leaders to improve demand and access to HIV services.



Head of Jayawijaya District and director of YUKEMDI discussing comprehensive services for HIV/AIDS prevention and care.



Jayawijaya District HIV/AIDS program planning and coordination meeting

“Our aim is to promote program integration and local government cost sharing for HIV prevention and care programs, and to do so with active community-based networks.”

— Jonny, SUM II Regional Capacity Building Officer for Jayawijaya District

U.S. Agency for International Development
www.usaid.gov

Sustainability and availability of funds is an ongoing challenge for YUKEMDI, a CSO with HIV prevention programs reaching indigenous men and women, high risk men, and street-based female sex workers in Papua's highlands district of Jayawijaya. The USAID Scaling Up for Most-At-Risk (SUM II) Program is providing YUKEMDI with TA and a small grant to strengthen its organizational effectiveness and expand its HIV prevention outreach to include religious, tribal, women and youth leaders in six sub-districts. Sexual transmission of HIV is high in the district, especially in the indigenous population, and curtailing the epidemic will require multiple stakeholders at grassroots levels to combine strategies and pool resources.

YUKEMDI's outreach efforts are beginning to show results. One result is that YUKEMDI is now assisting 21 communities across the sub-districts of Walelagama, Yalengga, Kurulu and Asologaima with work planning to respond to the HIV epidemic in ways specific to the location, and with mentoring support to expand community networks to additional stakeholders. SUM II and its CSO partners believe HIV prevention efforts will have no significant impact on the HIV epidemic in Papua without community leadership. The challenge is to change mindsets. HIV transmission will stop in Papua when communities come forward with their own active community response, without dependency on others.

SUM II, YUKEMDI, the District AIDS Commission and other partners, including the District Health Office and the Clinton Foundation, have been holding regular coordination meeting on HIV/AIDS for progress review and planning. One result is that SUM II and local government are now working together to develop a database and M&E system for the district HIV/AIDS program. Up to now, funding from local government to CSOs has not been tied to effective planning, monitoring and evaluation. This database and M&E system will effectively integrate partner programs in the district and help assure that future funds to CSOs are tied to measurable results with clear accountability and positive impact on the district HIV response.

Recently YUKEMDI received IDR 200 million (US\$20,602) from the Jayawijaya District AIDS Commission and IDR 50 million (US\$5,150) from the Papua Provincial AIDS Commission. It is expected that improved M&E will lead to a more effective and integrated Jayawijaya District HIV/AIDS program, which in turn will lead to increased local government funding to CSOs.

Financial reporting portion removed for publishing.