



SUM II QUARTERLY REPORT April-June 2013

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INTRODUCTION

In 4th Quarter of SUM II's Year Three, the national and regional teams focused on completing Year 3 targets and deliverables, and strategic thinking exercises to formulate the Year 4 Work Plan. These strategic thinking exercises were held beginning in April 2013 and included SUM II partners from the TA organizations, *Principal* CSOs, and KPA, MOH and other partners and stakeholders at national, provincial and local levels. In June 2013, SUM II international partners (TRG, RTI and APMG) convened at the SUM II Jakarta office with national staff and regional coordinators to finalize the Year 4 Work Plan and Budget.

Major staffing milestones for SUM II in Quarter 4 were USAID approval on April 1, 2013, for Yen Yerus Rusalam as replacement SUM II Chief of Party, and USAID approval of Fiferi Murni on May 17, 2013, as replacement key personnel for National Program Officer and Technical Expert. Both key personnel positions are TRG positions.

Mid-way into its Year 3 Work Plan, on January 9-10, 2013, SUM II held a review workshop 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 Year 3 work plan. National and regional staff started the meeting with a "taking stock exercise" to identify what Objective 1 strategies are going well, need to go better, and or require a re-look, either in terms of deliverables or activities. The team also examined Objective 2 remaining grant funds and identified Quarter 3 and 4 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 were made. At the end of Quarter 3 review, the team determined that the Year 3 Work Plan was on track.

For Objective 2, as part of the January strategic thinking exercise with national and regional team members, SUM II committed its remaining \$1.4 million in grant funds. The bulk of the remaining funds were designated 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. The Tanah Regional Team gave priority in Quarter 4 to finalizing SOWs and budgets in consultation with CSO, TA provider and local government partners.

Activities and outcomes for Objective 1 in Quarter 4 are highlighted below by strategy.

Strategy 1: Identifying and Supporting *Principal* CSOs

At the beginning of Quarter 4 (April 2013), the SUM II team assessed Strategy 1 as on track and going well. At the start of Year 3 five CSOs in East Java and Jakarta were designated as *Principal* CSOs, and in Quarter 4 two CSO partners in Tanah Papua were also designated *Principal* CSOs during the process of completed their second cycle grants. The seven *Principal* CSOs include:

1. Yayasan Kusuma Buana (YKB), Jakarta
2. Yayasan Karisma, Jakarta
3. Lembaga Paramitra, Malang
4. Yayasan Genta, Surabaya

5. Yayasan Gaya Nusantara (GN), Surabaya
6. Yayasan Caritas Timika Papua (YCTP), Tanah Papua
7. Yayasan Usaha Kesejahteraan Ekonomi Masyarakat Desa Indonesia (YUKEMDI), Tanah Papua

In its first cycle grant YCTP worked 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. A second cycle grant to YCTP will enable the organization to continue its work in the same districts: Mimika Timur, Mimika Baru and Kuala Kencana. And now by SUM II designating YCTP a *Principal* CSO, which means that the organization has been receptive to SUM II capacity building in organizational performance, YCTP will also serve in the coming year as a *local capacity building mentor* to *developing* CSOs, including the development of advocacy strategies in collaboration with the Mimika District AIDS Commission.

YUKEMDI works with faith-based and tribal-based women and youth organizations. In its first cycle grant, YUKEMDI provided services to indigenous adult women and female sex workers in Papua's Jayawijaya District to implement community-based HIV/AIDS services. The second cycle grant from SUM II will enable YUKEMDI to continue its work with high risk populations in Wamena and indigenous women and men in sub-districts of Jayawijaya district. Specifically, YUKEMDI will implement interventions serving female sex workers (FSWs), both brothel-based FSWs and FSWs who work in massage parlors and the streets; and Adult Papuan Women (APW), who are sexually active women (15-49 years old) and not included in the commercial and/or transactional FSW group. The YUKEMDI program service area includes five districts/subdistricts in Jayawijaya Regency, including: Wamena Kota, Kurulu, Asologaema, Walelagama, and Yalengga. As with YCTP, the SUM II designation of *Principal* CSO to YUKEMDI means that the organization has been receptive to SUM II capacity building in organizational performance and can serve in the coming year as a *local capacity building mentor* to *developing* CSOs.

KIPRa is SUM II's TA partner in Tanah Papua, and in April 2013 SUM II and KIPRa convened to plan joint activities to be implemented with CSO partners YHI, YPPM and PKBI, including the previously postponed strategic planning with CSOs and CTH training. Key outcomes of the meetings were: 1) agreement to contact CSOs to synchronize the time for strategic planning; 2) KIPRa will implement the system using CTH to CSO before training is conducted by Penabulu; 3) SUM II (RCBO Jayapura) and Province AIDS Commission will coordinate with both the District and the City government to discuss what support can be given to CSOs for preparation of action plans.

A key Quarter 4 accomplishment related to Strategy 1 was the roll-out of the *Community Organization (CO) Module*, which was designed, developed and field tested in Quarter 3. The module's purpose is 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.

Module development and roll-out included SUM II national staff, international STTA from APMG, and SUM II local TA providers CIRCLE Indonesia, Penabulu, Satunama, and OPSI. In March 2013, the module, which includes training sessions and guidelines, was tested with CSOs in North Sumatra

(CIRCLE Indonesia), Central Java (Penabulu), Riau Islands (Satunama) and Papua (OPSI and Satunama). During Quarter 4, the results of the field testing were compiled; the Module was finalized; and a TOT for TA provider staff and mentors was conducted, followed by training sessions for SUM II staff and staff of the *Principle* CSOs. The TOTs for TA providers and mentors was completed in 4th Quarter, and the training sessions for SUM II staff and staff of the *Principal* CSOs were conducted in May-June 2013 in Papua, North Sumatera, Riau Islands, DKI Jakarta, East Java, and Central Java.

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

SUM II's Strategy 2 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.

During Quarter 4 SUM II and its local TA providers continued efforts with *Principal* CSOs to apply four approaches to expand coverage:

1. Assist principal CSOs to expand to new intervention sites and partner with CSOs currently operating effectively in the sites.
2. Support partnerships between CSOs and private HIV and STI service providers to improve access and availability of services to MARPs in targeted intervention sites.
3. Promote and support CSOs to develop equal partnership with government's health providers that provide clinical services related to HIV/AIDS.
4. 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.

During Quarter 3, SUM II focused on engagement with *Principal* CSOs to clarify expectations for their role in coaching *developing* and *emerging* CSOs in ways to expand coverage of HIV and STI services to MARPs; and to identify approaches for expanding the efforts 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.

During Quarter 4, SUM II staff and TA partners provided strategic support to *Principal* CSOs to select expansion CSOs and finalize SOWs. SUM II conducted once coordination meeting with TA Providers on May 29th – 30th, attended by SUM II's Key Personnels, Regional Coordinators, and representative staff of Yayasan Penabulu, Satunama, Circle, SurveyMETER, and OPSI. The meeting objectives were to review TA performance, develop plan for regular TA review meeting with each of SUM II Regional Offices, and plan for quarterly meeting with each of CSOs to review program performance.

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

Specifically in Quarter 4 in DKI Jakarta to expand coverage:

1. *Principal* CSO YKB in Quarter 3 identified two CSOs to 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.

- a. The SOW agreed to with YAP proposes to strengthen its organization management by strengthening HIV program management and expanding the scope of its HIV control program, which will encourage 515 direct FSWs and 250 indirect FSWs in North Jakarta to access condoms routinely; 175 direct FSWs, 125 indirect FSWs and 30 FSWs' regular sex partners to attend HIV counseling and testing services; 175 direct FSWs, 125 indirect FSWs and 30 FSWs' regular partners to undergo STI screening; and provide care and support to all PLHIV, and improve their access to ARV services. YAP also as part of its SOW and SUM II grant (IDR 224,870,000 or approximately \$ 21,924) will improve the health services system to achieve friendly, quality, and easily accessible services for the FSW community with collaboration and commitment from stakeholders to implement HIV control program and socioeconomic empowerment in North Jakarta.
 - b. The SoW with KAPETA is in underway which will be reported in the 1st quarter report of year four.
2. *Principal* CSO YKB also during Quarter 4 facilitated development of SOW with a newly selected CSO in Indramayu, West Java.
 - a. Yayasan Kusuma Bongas will provide a HIV/AIDS prevention program among female sex workers (FSWs), PLHIV, HRM Lokasi and HRM STI in Gantar, Kroya, Bongas and Patrol subdistricts in Indramayu district. This is an integrated program among Yayasan Bongas Kusuma, Yayasan Kusuma Buana and SUM II. This SOW and SUM II grant of IDR 224,960,000 or approximately \$ 21,978 will help encourage 250 permanent FSWs, 100 PLHIV, 200 High-Risk Men (HRM) in the location and 100 other HRM in Indramayu district to access condoms routinely; 125 FSWs, 20 HRM in the location and 10 other HRM with uptake of HIV-related care and treatment; 125 FSWs, 100 PLHIV, 20 HRM in location and 10 other HRM with uptake of STI screening; and provide care and support to 100 local PLHIV and improve their access to ARV services. Yayasan Kusuma Bongas also will work to improve the health service system to achieve friendly, quality, and easily accessible services for the FSW community, with collaboration and commitment from the stakeholders to implement a HIV control program and socioeconomic empowerment in Indramayu district.
3. *Principal* CSO Yayasan Karisma in Quarter 3 did identify two CSOs – Yayasan Stigma and Yayasan Rempah Indonesia – to work with IDUs in two hotspots in South Jakarta and Central Jakarta. However, during Quarter 4 engagement to develop SOW, SUM II and Karisma began assessing whether expected coverage and reach is more achievable if Karisma expands to cover south and central Jakarta in their current SOW rather than supporting implementation with the two *emerging* CSOs.
4. Central Java, DKI Regional staff with TA provider Penabulu in Quarter 3 initiated TA and small grants with LPPSLH and Jakerpermas and in Quarter 4 continued workplace-based training, coaching and systems development in financial and organizational management, community organization, and monitoring and evaluation.
5. SUM II regional team for DKI Jakarta, along with *Principal* CSOs and TA partners, as noted above, also in Quarter 4 supported the roll-out of SUM II's newly developed *Community Organization Module*.

Highlights – East Java Regional Team

Specifically in Quarter 4 in East Java:

1. *Principal* CSOs Genta, Paramitra, and Gaya Nusantara finalized SOWs for new CSOs in expansion sites, with SUM II grants commencing on June 1, 2013. They included the following:
 - a. Yayasan Genta selected Yayasan Embun Surabaya to work with FSWs in Dolly and Jarak Brothel, Surabaya.
 - b. 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.
 - c. Yayasan Gaya Nusantara (GN) provided TA to Semarang Gaya Community (SGC) to the local response and situational analysis on AIDS, and finalized development of SOW and budget.
2. Paramitra continued mentoring the *emerging* CSO KK Wamarapa in Quarter 4, with TA assistance of Penabulu to provide capacity building in financial management. Paramitra provided BCC training for *emerging* CSO SUAR Kediri.
3. SUM II Regional staff in Quarter 4 participated in GIS condom mapping, conducted by SUM I in Surabaya City and Malang District/City.
4. All three *Principal* CSOs in Quarter 4 are implementing the new community organization module.

Highlights – Tanah Papua Regional Team

Specifically in Quarter 4 in Tanah Papua:

1. The priority activity for the Tanah Papua Regional team in the last three months of Year 3 was to develop second cycle grants for CSOs working in Papua. These second cycle grants were completed in June 2013 and ready for submission to USAID approval.
2. In Quarter 4, PKBI sponsored through its SUM II grant BCI training for PKBI and YHI field staff.
3. YCTP also conducted BCI training in Quarter 4 for 25 participants in Timika for staff of YCTP, hospital (RSMM), Health Commission in district parliament. SUM II regional staff helped facilitate the training. Mimika KPA secretary opened the training. BCI was new to some of the participants.
4. Yukemdi and Tali in May 2013 in Jayawijaya conducted BCI training, sponsored under the SUM II grant to Yukemdi. Participants included staff of the two CSOs with no previous BCI experience.

5. Also in Quarter 4, OPSI conducted an assessment of community organization in Timika attended by YCTP staff, staff of the Flamboyan Bar (entertainment establishment), and high-risk men.
6. In June 2013, the SUM II regional team, along with TA partners, supported the roll-out of SUM II's newly developed *Community Organization Module*.

Highlights – North Sumatra and Riau Islands

SUM II's Year 3 Work Plan included the first cycle grants for three SUM II CSO partners in North Sumatra and five SUM II CSO partners in Riau Island.

Specifically in Quarter 4 in North Sumatra:

1. SUM II's regional capacity building officer in Quarter 4 supported the roll-out of SUM II's newly developed *Community Organization Module* to SUM II CSO partners in North Sumatra.
 - a. Provided ongoing TA to Yayasan GSM on approaches to community organizations and its overall outreach strategy, e.g., social media such as a website and short message gateways.
 - b. Ongoing TA was also 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.
2. In June 2013, SUM II submitted a grant to AIDS NGO Forum of Medan for IDR 202,480,000 (approximately USD 20,066). The grant period is from August 1, 2013 to July 31, 2013. *Forum LSM Peduli AIDS* (FLP-AIDS) in Medan City is a communication forum that includes organizations and individuals working on HIV and AIDS prevention programs in Medan City. FLP-AIDS was informally established in February 2012 by nine organizations and two individuals working with a diverse range of most-at-risk populations, including FSWs, IDUs and partners, MSM, TG, PLHIV, and high risk men, such as prison populations and youth. FLP-AIDS is active in advocacy and in monitoring and evaluating progress of the Medan City AIDS strategic plan of 2011-2014 and AIDS Perda of Medan City 2012; and in promoting sustainable health services related to HIV prevention, and HCT and STI services in Medan City. The specific objectives of the small grant to FLP-AIDS are to:
 - a. Increase the role of *Forum LSM Peduli AIDS* (FLP-AIDS) in Medan City to control HIV and AIDS
 - b. Increase the capacity of FLP-AIDS members in organization and program management
 - c. Promote HIV and STI health services in Medan City
 - d. Optimize implementation of the AIDS control strategic plan in Medan City Year 2011-2014, and Perda Number 1 Year 2012 on AIDS Prevention and Control in Medan City.

Specifically in Quarter 4 in Riau Islands:

1. SUM II's regional capacity building officer in Quarter 4 supported the roll-out of SUM II's newly developed *Community Organization Module* to SUM II CSO partners.
2. In Tanjungpinang City and Bintan District:
 - a. By May 2013, YBS had reached 427 FSWs at the brothel, and 1,414 clients. YBS's focus is on brothel (Batu 14) in Bintan District. YBS also works with the small Puskesmas that is located within the brothel. With clients of FSWs at the brothel, YBS continued to provide HIV prevention messages, condoms, and support visits to the Puskesmas at the brothel for HCT and STI services.
 - b. By May 2013, Kompak reached 99 HIV positive men and 114 HIV positive women. Kompak's main focus is on indirect FSWs in Tanjungpinang City – to provide HIV prevention messages and access to HCT and STI services at Puskesmas. By May 2013 Kompak had reached 269 indirect FSWs. They also facilitate people living with HIV to access services and form support groups. Most Kompak staff members are HIV positive and very well connected to the PLHIV community.
3. In Batam City:
 - a. By May 2013, YGB reached 856 MSM and 298 TGs. YGB's focus is on MSM and transgenders in Batam City. They provide HIV prevention messages and access to services at Puskesmas. They also have established a community drop-in center in Batam for MSM and TGs, where discussion groups meet to share information related to HIV prevention and services. They also sponsor activities that promote informal community organizations within the two MARPs communities.
 - b. By May 2013, YLN reached 584 FSWs at Sintai, 470 indirect FSWs and 3,312 HRM. The HRM are reached not only at the hotspots, but also at private factories and businesses. YLN's focus is on brothel-based and indirect FSWs, and high-risk men. They provide services to the largest brothel in Batam City (Sintai brothel) and indirect FSWs at entertainment establishments. They also work closely with the Sintai brothel Puskesmas to assure that new FSWs are screened and that both HCT and STI services are available. Services to brothel-based and indirect FSWs and HRM include HIV prevention messages, condoms, and access to Puskesmas HCT and STI services.
 - c. By May 2013, YEP reached 2,148 indirect FSWs, 1,998 HRM, and 533 IDUs. YEP focus is on high-risk men of formal private sector and indirect FSWs, specifically by going to factories and businesses, including entertainment establishments, to provide HIV prevention messages and to facilitate access to Puskesmas for HCT and STI services. With IDUs they have established support groups and facilitate access to methadone substitution.

Strategy 3: CSO Capacity Building

SUM II launched its workplace-based approach to CSO capacity building in Year 2 in East Java and DKI Jakarta. In Year 3, in partnership with local TA providers, SUM II continued efforts in East Java and DKI Jakarta, and expanding intensive on-the-job CSO capacity building to Papua, North Sumatra, Riau Islands, and Central Java. This workplace-based approach enables SUM II to tailor capacity building to the specific needs of the CSO.

Quarter 4 Highlights – Tanah Papua Regional Team

1. Satunama and KIPRa facilitated strategic planning to CSO partner YCTP for participants representing YCTP board, CSO, hospital and clinic under RSMM management.
2. In Timika, YCTP non-finance staff participated in training on financial management, at the request of YCTP, so staff improves capacity and understanding of the organization's financial system – followed by the Board and YCTP staff, clinic and hospital of RSMM.
3. Satunama coached KIPRa in strategic planning session to YPPM Jayapura.
4. In Jayawijaya District, KIPRa and SUM II regional staff conducted Community Organization training for Yukemdi and TALI program staff, CSO volunteers, and indigenous volunteers.
5. OPSI, KIPRa, and SUM II Regional staff met in May 2013 to plan CO strategies with MARPs (MSM, TG, FSWs). OPSI presented its program as TA provider for CSOs on MARPs CO development for Tanah Papua. OPSI together with KIPRa and YHI will assist and strengthen community groups to be empowered and their group members to independently seek healthy behaviors. OPSI met with YHI staff and representatives from MSM, TG and FSWs groups to discuss the intent and purpose of their involvement in SUM II and OPSI assistance in Tanah Papua. The meeting also served as an OPSI assessment in preparation for planned CSO activities.

Quarter 4 Highlights – East Java Team

1. Penabulu and SUM II Regional staff continued to explore ways to improve CSO recording of daily financial transactions.
2. East Java CSOs received TA from Circle Indonesia on preparation of human resources policies (June 2013).
3. The six CSOs were provided with a HR policy framework and agreed on capacity follow-up planning and expected results from the Circle mentoring.
4. Also in Quarter 4, SUM II in East Java sponsored technical capacity building in case management for 17 CSO outreach workers and case managers.

Quarter 4 Highlights – DKI Jakarta Regional Team (includes DKI Jakarta, West Java and Central Java)

Central Java

1. TA provider Penabulu continued its organizational capacity and financial management capacity program of training, coaching and systems development with LPPSLH and Jakerpermas.
2. Penabulu also conducted a community empowerment workshop on strengthening Jakerpermas networks to FSW communities. The workshop provided approaches to addressing health and economic needs of FSWs.

DKI Jakarta

1. 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. Penabulu provided YKB with strengthening in financial management through the implementation of financial information systems and accounting software.
2. In May-June 2013 and, Karisma and YKB received reinforcement in Community Mobilization for each IDUS and FSWs. Both CSOs receive further reinforcement in order to coach *emerging* CSOs for which they are responsible.
3. In June 2013, Circle Indonesia began its mentoring to CSOs on human resources policy formulation. Seven SUM II CSO partners were provided the HR policy framework and agree on capacity follow-up plans and expected results of the mentoring by Circle.

Quarter 4 Highlights – North Sumatra and Riau Islands

1. Penabulu's TA to each SUM II CSO partner has resulted in financial system SOPs and the CTH reporting (CTH is daily transaction recording).
2. Circle Indonesia facilitated strategic planning and project cycle management with the three SUM II CSO partners in North Sumatera. They also pilot tested the CO module with all three CSOs. CO strategies will be targeted at MSM, FSW, HRM, IDU and TG communities.
3. Satunama in Riau Islands facilitated strategic planning, reviewed of vision and mission of each CSO, legal status and development of program work plans. Satunama also facilitated advocacy capacity building to the five CSO partners (June 2013).

Strategy 4: Strategy for SUM II Staff and Resources

COP Rob Timmons (RTI) departed SUM II on January 11, 2013, and on April 1, 2013, USAID approved replacement COP Yen Rusalam. Steven Joyce, TRG Project Manager for SUM II, served as interim COP from January 8-April 1, 2013. Mr. Rusalam 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 Officer and Senior Technical Expert.

On June 16, 2013, Ms. Fiferi Murni replaced Yen Rusalam in the key personnel position of National Program Officer and Technical Expert.

SUM II's senior leadership team (SLT) continued to meet weekly during Quarter 4, and now consists of four members – COP, National Program Officer and Senior Technical Expert, F&A Officer and National M&E Coordinator. A priority activity of the SLT during Quarter 4 was to review annual performance appraisals of SUM II staff and collectively recommend merit increases.

In Quarter 4 the Regional Coordinator for Tanah Papua departed SUM II. SUM II's National Program Officer was named Acting Regional Coordinator until a replacement is in place.

The following local and international STTA supported SUM II during Quarter 4:

1. Nasrun Hadi, local STTA to Strategy 5, Building Advocacy Capacity
2. Mona Sheikh Mahmud, APMG, Strategy 1 development of the CO Module
3. Lou McCallum, APMG, technical and work plan support
4. Felicity Young, RTI, technical and work plan support
5. Brad Otto, RTI, support to RETA use and application
6. Steven Joyce, TRG, work plan support and Acting COP in second half of June 2013

Strategy 5: Strengthening Advocacy Capacity

The overall aim CSO advocacy capacity building is 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 Year 3 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. RETA outputs contribute to participatory budget discussions and the development of policy brief and advocacy plans.

RETA Use and Application

In Quarter 4, RETA use and application was focused on Papua. In March 2013, the international RETA specialist, working with the SUM II Papua Regional capacity building officer, finalized the adaptation of RETA to the general population of Papua. During the last half of March 2013 training activities took place in Wamena, Jayawijaya District, on the uses of RETA (held March 18-21, 2013), and included district government, District AIDS Commission, District Health Office, government and private health providers, and representatives of project implementers. A 3-day Training of Trainers was also held March 25-27, 2013, in Jayapura, and 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.

During April-June 2013, local STTA consultant Nasrun Hadi continued with follow-up to the March training activities and coaching to the Tanah Papua Regional Office on RETA development, use and application.

Media Outreach, Training and Advocacy to Local Government

Regional office highlights are as follows:

Tanah Papua

1. In May 2013, YCTP with support from SUM II Regional team conducted a stakeholder workshop on Program Outcomes and Results. The event was held in Timika and attended by the Secretary of KPAD, two members of Parliament, two local journalists, and staff from SUM II, KIPRA and YCTP. The goals were to dialogue with the legislature and provide information about programs that have been implemented by YCTP. Follow Up from this activity is to advocate for additional district government resources with district government and the legislature.
2. SUM II regional staff in Papua regularly attended HIV planning and coordination meetings during Quarter 4 sponsored by Papua province, including meetings sponsored by the Provincial Health Office, in which districts and cities present health programs, including HIV programs.

East Java

1. In Surabaya, in Quarter 4, SUM II CSO partners and journalists met with the Surabaya city media director to provide information about the HIV epidemic in Surabaya and CSO program activities. As a result, the director of media encouraged CSOs and journalists to continue to provide news and stories on HIV programs in the local press. Following the media director meeting, Indonesia National Radio has launched a weekly radio program jointly with CSOs to discuss HIV topics.
2. SUM II convened CSOs the end of April to develop the radio broadcast syllabus. In May 2013, Surabaya CSOs visited four media offices – Jawa Pos, Berita Metro, Berita Antara, and Surabaya Radio – to strengthen their partnerships and to spread positive stories related the HIV response worldwide.
3. In Quarter 4, journalists and CSOs serving Malang city and district continued to meet and share information about HIV updates and situation. A meeting in April was attended by 30 journalists from ten media printing and electronic in Malang.
4. The SUM II Regional team continued to meet regularly with local governments, including the East Java Provincial Planning Board, Surabaya City Legislative, Health Office of Surabaya City, Provincial KPA and KPA Malang.

DKI Jakarta (and Central Java)

1. DKI Jakarta regional team continued in Quarter 4 to attend monthly informal meetings with the Provincial KPA, and also assists the NGO Forum on joint program and budget advocacy.

2. The DKI Jakarta Regional Coordinator is also continued efforts began in Quarter 3 to facilitate discussions in Semarang, Central Java, between CSOs and journalists affiliated with the Alliance of Independent Journalists (AJI).

Riau Islands and North Sumatera

1. SUM II's capacity building officer supporting Riau Island and North Sumatera CSO partners provided ongoing monitoring and strategic support to three SUM II partner CSOs in Medan and five CSOs in Riau Island, especially in outreach strategies and social media.
2. SUM II's capacity building officer also helped finalize the SOW and budget for SUM II's grant to *Forum LSM Peduli AIDS (FLP-AIDS)*, which is the NGO Forum in Medan. The grant has several aims, and key among them re: SUM II Strategy 5, is to advocate for HIV and STI health services in Medan City and Optimize implementation of the AIDS control strategic plan in Medan City Year 2011 -2014, and Perda Number 1 Year 2012 on AIDS Prevention and Control in Medan City.

Strategy 6: Gender and Human Rights

Gender in particular is seen by SUM II as a priority because gender-responsive strategies (e.g., HRM) improve the effectiveness of HIV prevention, treatment and care by reducing barriers to access for programs and services, i.e., improve uptake and quality of services, and create an enabling environment to support individual behavior change and risk reduction. Strategies and plans that address stigma and discrimination also relate to public health policies that impede or facilitate the ability of CSOs to reach MARPs, and access of MARPs to services.

SUM II CSO partners 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.

In East Java, in April 2013, three-day training workshops addressing gender were held in Surabaya and Malang for SUM II CSO partners. The training was led by *Principal* CSO Gaya Nusantara, and attended by a total of 40 CSO staff members.

SUM II TA organizations continue to provide assistance to CSOs in gender-responsive programming and with strategies for addressing stigma and discrimination, especially with a focus on improving service delivery through a program cycle of planning to evaluation. In Year 4 SUM II plans to develop guidance based on the MOH report findings to increase CSOs' capacity for gender-responsive programming.

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

This strategy supports the SUM II *Four-Part 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).

SUM II leadership with local and international TA partners convened a series of strategic thinking exercises to determine the elements of the intervention model. The Quarter 3 development of the *Community Organization Module* contributed significantly to ongoing dialogue within SUM II on how to increase both demand for services and supply of services – by building hotspot-specific networks that link CSOs, service providers and informal organizations within most-at-risk population; as well as district-wide services networks that enables multiple stakeholders at grassroots levels to combine strategies and pool resources.

Initial candidates for demonstration 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.) Candidates to demonstrate one or more parts of the intervention model will be finalized with the Year 4 work plan.

Angsamerah and SUM II in Quarter 4 continued their cost-sharing partnership for a private “satellite” clinic due to open in early July 2013 in the Bloc M area of Jakarta. SUM II in Quarter 4 also continues to explore with Angsamerah TA support they can provide to YKB and LPPSLH in clinical management.

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.

Quarter 4 highlights are as follows:

1. SUM II and SurveyMETER continued to provide tailored, on-the-job coaching in Epi Info 7 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.
2. SUM II’s national ICT officer provided workplace-based coaching to YHI, YUKEMDI, and TALI in Epi Info 7. Tanah Papua team Regional Capacity Building Officer from Timika also participated in the coaching sessions in Jayapura in order to provide workplace-based coaching on Epi Info 7 to YCTP.
3. Gaya Nusantara (GN) in Surabaya, the local capacity building mentor to expansion site CSO, Semarang Gaya Community (SGC), trained the SGC M&E officer in Epi Info 7. SUM II’s grant to SGC was effective June 1, 2013.
4. The East Java Regional team convened monthly coordination meetings with six CSOs in the city of Surabaya and Malang. These meetings were held at the CSOs offices and involved all staff. The agenda was to discuss the CSO capacity building progress in organization performance and program achievement, and to determine CSO needs to be used for planning and scheduling with SUM II TA providers, Penabulu and SurveyMETER. TA provider

mentors attended the meetings. For SUM II regional staff, these meetings enable them to assess the quality and effectiveness of TA organizations' input.

5. SUM II national ICT officer conducted a 1-day web systems training workshop for East Java, Papua, and Jakarta regional teams to enable them to upload data onto the SUM website. At end of Quarter 4 data for 31 SUM II CSO partners is now available on the website.
6. Data Quality Audits: HIV/AIDS program performance assessments and future program improvement relies on data that is recorded and reported routinely. Data quality audits (DQAs) review the accuracy and precision of data based on predetermined standard guidelines. Starting with East Java in early June 2013 and Jakarta in late June 2013, SUM II TA provider SurveyMETER with SUM II national and regional staff conducted DCAs with the six SUM II CSO partners in Jakarta and the six CSO partners in East Java. CSO program managers, M&E staff, field coordinators and 2-3 representatives of the CSO outreach workers participated in the audits.
7. The USAID team conducted the DQA audit in May 2013 with Papua CSOs YHI, Yukemdi and Tali. SUM II convene a meeting for the USAID team and local government KPAD Jayawijaya, Department of Health, Bureau of Women's Empowerment, CHAI, Performance, Bethesda Foundation, Business Shelter, Yukemdi, Tali and members of community empowerment committees in Jayawijaya.

Strategy 9: Introducing Mobile and Other Technologies

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.

Over the course of Year 3, SUM II rolled out the three stages of "Mobile Health Application to Improve HIV/AIDS Care for SUM II CSOs in Indonesia." The goal of this twelve-month activity was to develop, rigorously test, and scale a mobile phone-based data management tool (CommCare) customized for CSOs in Indonesia who serve most-at-risk populations.

In Quarter 4 SurveyMETER initiated steps to fully implement in Year 4 CommCare to one Jakarta CSO (YKB) and the six East Java CSOs.

Strategy 10: Leveraging Funds

Quarter 4 highlights are included below.

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, has provided three cycles of grants with total grants of USD110,000 – with each cycle for 14 months. These grants are focused on FSWs, specifically to provide life skills on alternative economic activities. Yayasan Atma Jaya voluntarily facilitated SOWA AIDS to meet with Bandungwangi that resulted in the three grants.
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.
4. YSS, YIM, and LPA submitted funding proposals to NAC. The YSS proposal focused on TG teenagers, specifically for HIV prevention messages and access to HCT and STI services, as addressing stigma and discrimination. YIM and LPA proposals will support MSM services.

North Sumatera

1. In Quarter 4, GSM submitted a proposal for NAC funding.

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.

Tanah Papua

1. In Quarter 4, 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% increase 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.

SUM Website (www.sum.or.id)

As noted earlier, Harmi Prasetyo joined the SUM II team full-time as ICT Officer in Quarter 3. During Quarter 4 he continued design work on the new website feature to document CSO achievement. This expansion of the SUM website to include a platform for CSO interface will accomplish the following:

1. Enable SUM II regional teams to report CSO monthly data directly onto the website
2. Publish CSO achievement in meeting targets
3. Provide NAC, MOH, USAID, and other donors and partners easy access to CSO data
4. Enable SUM II regional teams to monitor CSO program progress and manage for results
5. Enhance SUM II internal communication – programs, activity calendar, and problem-solving

Small Grants Program (Objective 2 – SUM II)

SUM II Objective 2 includes grant funding for TA providers and CSO partners, as well as SUM II grant administration.

At end Quarter 4 of Year 3 (June 2013), SUM II grants under Objective 2 are fully expended and committed to CSO and TA provider partners, with a remaining balance of \$285,944.

Current active grants as of June 30, 2013 are included below.

Principal CSOs

Province	CSO	Budget	
		IDR	USD
East Java	PARAMITRA	880,288,000	97,810
East Java	GAYA NUSANTARA	815,025,875	90,558
East Java	GENTA	838,762,000	93,196
Jakarta	YKB	1,101,627,481	122,403
Jakarta	KARISMA	1,141,727,500	126,859
Jakarta	ANGSAMERAH	345,030,000	38,337
	Total	5,122,460,856	569,163

Developing CSOs

Province	CSO	Budget	
		IDR	USD
Jakarta	YSS	825,577,200	91,731
Jakarta	YIM	857,813,059	95,313
Jakarta	LPA	810,963,067	90,107

Jakarta	BANDUNGWANGI	656,103,710	72,900
East Java	PERWAKOS	664,952,750	73,884
East Java	ORBIT	745,545,300	82,838
East Java	IGAMA	747,080,220	83,009
Papua*	PKBI PAPUA	998,228,100	110,914
Papua*	YPPM	880,018,500	97,780
Papua*	YHI	967,939,000	107,549
Papua*	YCTP	1,435,580,000	159,509
Papua*	TALI	981,210,000	109,023
Papua*	YUKEMDI	1,097,005,000	121,889
Riau Islands	YAYASAN BENTAN SERUMPUN	699,715,386	77,746
Riau Islands	KOMPAK	544,542,000	60,505
Riau Islands	YAYASAN EMBUN PELANGI	789,750,000	87,750
Riau Islands	YAYASAN GAYA BATAM	780,405,000	86,712
Riau Islands	LINTAS NUSA	783,138,000	87,015
North Sumatera	GALATEA	674,654,021	74,962
North Sumatera	HUMAN HEALTH ORGANIZATION	706,939,871	78,549
North Sumatera	GERAKAN SEHAT MASYARAKAT	616,958,300	68,551
Central Java	LPPSLH	200,727,500	22,303
Central Java	GRAHA MITRA	209,110,000	23,234
East Java	YAYASAN EMBUN PELANGI	454,135,000	46,640
East Java	WAMARAPA	244,206,200	23,046
Central Java	SEMARANG GAYA COMMUNITY	224,984,000	23,038
	Total	18,597,281,184	2,056,497

1. *No cost extension to August 31, 2013

Local TA Organizations

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			
Circle Indonesia	North Sumatera, Jakarta and East Java				May 1, 2013-Feb 28,2014	2,604,376,160	267,209
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				Apr 1, 2013- Mar 31, 2013	820,440,000	84,259
		Total	2,947,039,760	346,710		10,932,616,160	1,185,668

Performance against PMP targets

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

Achievement in almost all of PMP indicators in Quarter 4 was higher than Quarter 3. OVP reached is doubled in fourth quarter compare to third quarter. Meanwhile C1.1.D indicator in Quarter 3 was tripled than the previous quarter because of improvements in term of quantity and quality of the services supporting PLHIV's needs. However, results are not available for P8.3.D indicator because all Papua CSO SUM II partners' first cycle grants ended in Quarter 3.

Achievement to Indicator P8.3.D in Quarter 4 increased to 36.17% to Quarter 3. Three Key Populations CSW, IDU, and OVP contributed the increased achievement; two Key Populations MSM and Transgender was slightly lower.

Achievement to indicator# P8.1.D in Quarter 4 is much lower to Quarter 3. SUM II six CSO partners experienced slower their services – CSOs had to dramatically reduced number of field staff when the grant agreement ended in February 2013 and its extension have not been exist until this quarter reporting period. A comprehensive services for general population has not been fully supported by provincial government and GF; insufficient condom supplies and consumable supplies including reagents were weakening the services in the field.

Indicator# P11.1.D in Quarter 4 had higher achievement to Quarter 3. HCT services for Male 15+ was doubled in Quarter 4 compare to Quarter 3. However, HCT achievement to Female 15+ was dramatically dropped. The influential factor was exactly the same to the cause of low achievement to the above mentioned indicator# P8.1.D.

Indicator C1.1.D, achievement to Quarter 4 was the highest achievement compared to the three other Quarter reports.

Indicator to number of key population individuals accessing STI services:

Achievement in Quarter 4 was much higher compared to Quarter 3 which was influenced by the increased number of all Key Populations accessed STI services, except OVP. It was about Papua situational at the reporting period where SUM II six CSO partners dramatically reduced number of field staff when the grant agreement ended in February 2013 and its extension have not been exist until this quarter reporting period.

Financial reporting portion removed for publishing.

Annex 3: PMP INDICATOR RESULTS

Indicator		Disaggregated by	Achieved Y2	Target Y3		Achieved Y3/Q1	Achieved Y3/Q2	Achieved Y3/Q3	Achieved Y3/ Q4	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	2,192	9,213
				IDU	4,850	167	1,310	496	697	2,670
				MSM	20,180	2,070	4,474	3,958	3,319	13,821
				Transgender	3,750	760	1,795	658	464	3,677
				OVP	4,000	257	3,444	3,127	5,080	11,908
				Total	40,506	5,005	14,123	9,751	13,278	41,289
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	1,364	36,675
D	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	0	62
				Male 15+	12,580	472	2698	1,406	2,647	7,223
				Female<15	0	15	25	11	0	51
				Female 15+	5,344	1,075	1558	1,169	440	4,242
				Total	17,924	1,562	4339	2,590	3,086	11,578
C1.1.D	Number of HIV- positive adults and children receiving a minimum of one clinical service	Sex and Age: (male<18, male 18+; female<18, female 18+)	1,115	Male<18	0	5	6	5	14	30
				Male 18+	2,150	229	539	366	568	1,702
				Female<18	0	11	18	0	7	36
				Female 18+	447	170	484	8	559	1,221
				Total	2,597	415	1,047	379	1,148	2,989
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	5,714	CSW	5,604	1,085	1019	1,199	1,465	4,768
				IDU	465	30	42	64	90	226
				MSM	3,358	202	492	612	698	2,004
				Transgender	2,843	81	469	138	768	1,456