SUM II QUARTERLY REPORT
July - September 2013

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
APMG	AIDS Project Management Group
APW	Adult Papuan Women
ART	Antiretroviral therapy
ATS	Amphetamine-type stimulants
BCC	Behavior Change Communication
CBO	Community-based organization
CO	Community organization
CSN	Comprehensive services network
CSO	Civil society organization
FBO	Faith-based organization
FLP-AIDS	Forum Lembaga Swadaya Masyarakat Peduli AIDS Kota Medan
FSW	Female sex worker
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GN	Yayasan Gaya Nusantara, Surabaya
GOI	Government of Indonesia
HCT	HIV counseling and testing
HIV	Human Immunodeficiency Virus
HR	Human resources
HSN	Hotspot service network
IBBS	Integrated Biological-Behavioral Surveillance
IDU	Injecting drug user/person who injects drugs
KAP	Key affected populations
KPA/NAC	Indonesian National AIDS Commission
MARP	Most At Risk Population
MOH	Ministry of Health
M&E	Monitoring and Evaluation
MMT	Methadone maintenance therapy
MSM	Men who have sex with men
NGO	Non-government organization
NHASAP	National HIV and AIDS Strategy and Action Plan
NSP	Needle and Syringe Program
OI	Opportunistic Infection
PLHIV	Person/people living with HIV
PSE	Population size estimation
RETA	Resource Estimation Tool for Advocacy
RNM	Resource Needs Model
RTI	Research Triangle International
STI	Sexually transmissible infection
SUAR	Perkumpulan Suara Nurani, East Java
TA	Technical assistance
TB	Tuberculosis
TRG	Training Resources Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	U.S. Agency for International Development

VCT	Voluntary Testing and Counseling
WHO	World Health Organization
YAP	Yayasan Perempuan dan Anak, DKI Jakarta
YCTP	Yayasan Caritas Timika Papua, Tanah Papua
YKB	Yayasan Kusuma Buana, Jakarta
YUKEMDI	Yayasan Usaha Kesejahteraan Ekonomi Masyarakat Desa Indonesia, Tanah Papua

INTRODUCTION

SUM II's Year 4 First Quarter Report documents the launch of Year 4 Work Plan activities in Tanah Papua, DKI Jakarta, East Java, Central Java, West Java, North Sumatera and Riau Islands.

SUM II partners from the TA organizations, *Principal* CSOs, and KPA, MOH and other partners and stakeholders at national, provincial and local levels, as well as SUM II international partners, contributed to the development of the Year 4 Work Plan during the April-June 2013 time period. It was submitted to USAID in July 2013.

SUM II's Year 4 Objective 1 strategies build on the knowledge and lessons gained in Year 3. These strategies support the continued strengthening and demonstration of a 4-part model for comprehensive services networks, and will continue SUM II efforts to align local institutions and resources behind the HIV response in 22 districts across the country. The aim of the *Four-Part Intervention Model* is to increase both demand for services and supply of services through hotspot-driven and district-based comprehensive services networks, and to do so in ways that are locally sustainable.

The July-September 2013 activities described in this quarterly report build on Year 3 lessons and achievements to deliver best-practice replicable intervention models using the following approaches:

1. Accelerate implementation of effective intervention models and promote them to local government and stakeholders at provincial and national levels for replication to MARP hotspots within the provinces.

2. Improve technical assistance to civil society at MARP-level to take the lead and determine the nature of the HIV response, taking responsibility for shaping plans and taking action, herein after called *community organization*.

3. Improve the quality of the partnership between local health providers, CSOs, and representatives of *community organizations* to deliver the 4-part Intervention Model for Comprehensive Services Networks (CSNs).

4. Improve CSO advocacy skills so they can access resources from GOI, private sector, and other project implementers, e.g., GFATM, AusAID, and other sources.

5. Strengthen *Principal* CSOs in organizational performance (OP), leadership, and financial systems, so they have the capacity to meet USAID requirement for receiving direct funding.

6. Scale-up comprehensive services to the general population in Papua Province to improve the use of existing resources and accelerate access to services.

SUM II in Year 4 will work together with the National AIDS Commission to promote shared strategies that bridge district, provincial, and national levels in HIV response management and resource allocation. On September 9-10, 2013, SUM II and the NAC planning team held a workshop at which SUM II provided training to the team on RETA use and application, and the planning team delivered their investment framework called Asian Epidemic Modeling (AEM). RETA for CSOs and AEM for NAC

will be introduced to partners in provinces and districts. The combination of the two tools will be implemented in Jakarta and East Java as two provinces supported by SUM II.

A major activity this quarter was the SUM II and SurveyMETER engagement with CSO partners on the annual survey results. CSO M&E officers were active participates in the survey implementation over the first half of 2013 for purposes of strengthening their capacity to conduct surveys, analyze the results and identify and address improvement areas together with CSO program managers. In DKI Jakarta, dissemination of survey results to a wider audience took place on September 24, 2013. Attendance was high, over 100 people, with representatives of Jakarta NGO Forum, KPAP DKI Jakarta, the private sector, international NGOs, UN agencies, SUM II TA providers, HCPI, HIVOS, local government (Social Affairs, DOH, and KPAD), and other CSOs. During the session, KPAP DKI Jakarta agreed to hold a further meeting on the findings of the annual survey by CSOs and to develop a follow-up action plan for Jakarta's HIV response. In East Java, dissemination of survey results took place September 25th in Surabaya, and September 26th in Malang. As in Jakarta, most of invitees attended – representing Department of Health, Provincial AIDS Commission, SUM I, CSOs, private companies, the media, donors and other stakeholders. In Surabaya, the discussion centered on how to increase the budget for HIV AIDS programs and how to increase the capacity of CSO in outreach. In Malang, the vice-mayor, who attended, stated that all related local government departments should analyze the survey data and submit requests for budget to strengthen programs.

During the first quarter of Year 4, USAID approved second cycle grants to five SUM II CSO partners in Papua: YCTP, working in Mimika District; Yukemdi, working in Jayawijaya District; TALI, working in Jayawijaya District; YHI, working in Jayapura City and District; and YPPM, working in Jayapura City and District. Grants were also approved for Yayasan Perempuan dan Anak (YAP), DKI Jakarta; Perkumpulan Suara Nurani (SUAR), East Java; Forum Lembaga Swadaya Masyarakat Peduli AIDS Kota Medan (FLP-AIDS in Medan), North Sumatera; and Yayasan Kusuma Bongas, West Java.

USAID approved SUM II participation in the 11th International Congress on AIDS in Asia and the Pacific (ICAAP11) to be held November 18-22, 2013, in Bangkok, Thailand. One abstract submitted by SUM II was accepted for oral and written presentation; and six abstracts were selected for e-poster presentation.

To support the Year 4 Work Plan, TRG realigned SUM II's overall budget by transferring $722,678 from the Burnet Institute's budget to TRG; and by transferring $596,075.72 from RTI's Objective 1 and Objective 2 (Labor & FRINGE line item) to RTI Objective 2, Grants. TRG intends to transfer the remaining $125,000 from Burnet Institute budget to Puska Antropologi University of Indonesia. TRG is in process of closing out its subcontract with Burnet Institute. The organization closed its Indonesia country office in June 2012 and at that time ended support to the SUM II M&E function and advocacy activities. SurveyMETER is providing M&E capacity building for SUM II CSO partners in Java, and TRG intends to subcontract with Puska Antropologi University of Indonesia to provide M&E capacity building for CSO partners in Tanah Papua, North Sumatera and Riau Islands. This subcontract, when finalized, will be submitted to USAID for approval.

Activities and outcomes for Objective 1 in Year 4 Quarter 1 are highlighted below by strategy. Objective 2 grants since the beginning of SUM II are summarized in this quarterly report.

Objective 1: Provide the targeted assistance in organizational performance required to scale-up effective, integrated HIV interventions that lead to substantial and measurable behavior change among MARPs.

The Year 4 Work Plan includes six program implementation strategies focused on Objective 1:

- Strategy 1 – CSO Capacity Building
- Strategy 2 – SUM II Operational Management
- Strategy 3 – Strengthening Advocacy Capacity
- Strategy 4 – Addressing Gender and Stigma and Discrimination
- Strategy 5 – Providing Organizational Performance TA for Health Care Services to MARPs
- Strategy 6 – Monitoring and Evaluating CSO Performance

The priority in Year 4, with the support of these six strategies, is to strengthen and further demonstrate a four-part intervention model for comprehensive services networks (CSNs) that emerged from SUM II Year 3 lessons and experiences – from SUM II staff, TA providers, and CSO and government partners. These demonstrations of one or more parts of the model at specific sites in Java and Tanah Papua are aimed at maximizing learning so the model can be refined and rolled-out across the program.

The aim of the *Four-Part Intervention Model* (briefly defined in the adjacent text box) is to increase both demand for services and supply of services through hotspot-driven and district-wide comprehensive services networks, and to do so in ways that are locally sustainable.

Five CSOs in East Java and Jakarta are designated as *Principal* CSOs (since July 2012), and two CSO partners in Tanah Papua are now also designated *Principal* CSOs. The seven *Principal* CSOs include:

- Yayasan Kusuma Buana (YKB), Jakarta
- Yayasan Karisma, Jakarta
- Lembaga Paramitra, Malang
- Yayasan Genta, Surabaya
- Yayasan Gaya Nusantara (GN), Surabaya
- Yayasan Caritas Timika Papua (YCTP), Tanah Papua

Four-Part Intervention Model for Comprehensive Services Networks (CSNs)

1) **HIV Hotspot Services Networks (HSNs):** to enable health service providers, CSOs and MARPs community organizations at or nearby the hotspot to work on a regular basis together to develop coverage services plans, review results, and address loss of follow-up.
2) **Community Organization Self-Help**: to empower informal organizations within communities of most-at-risk populations in coming forward with their own active community response, without dependency on others, and participating in comprehensive services networks (CSNs) as equal partners.
3) **CSO Financial Sustainability**: to address "supply and demand" for MARP health services over the long-term building local and sustainable CSOs – that is, CSOs capable of managing financial systems; managing organizational growth and the cost efficiency of programs; implementing organizational performance audits; and operating with transparency and good governance.
4) **A Comprehensive Services Network (CSN) across the District**: to strengthen local government technical capacity in understanding the nature of the district-specific HIV epidemic, and demonstrate how local government leadership can be at the forefront of district-based HIV response planning and mobilization, operational management, and monitoring and evaluation (M&E).

- Yayasan Usaha Kesejahteraan Ekonomi Masyarakat Desa Indonesia (YUKEMDI), Tanah Papua

Second Cycle Grants Approved for Tanah Papua CSO Partners

During the first quarter of Year 4, USAID approved second cycle grants to five SUM II CSO partners in Tanah Papua:

- YCTP, working in Mimika District
- Yukemdi, working in Jayawijaya District
- TALI, working in Jayawijaya District
- YHI, working in Jayapura City and District
- YPPM, working in Jayapura City and District

YCTP in its first cycle grant with SUM II 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 was approved by USAID on July 30, 2013, and will enable the organization to continue its work in the same districts: Mimika Timur, Mimika Baru and Kuala Kencana. SUM II designation of YCTP as a *Principal* CSO means that YCTP will scale-up HIV/AIDS and TB-HIV co-infection in Mimika District, and possibility to Sorong City/District in West Papua, by seeking agreement with USAID-funded TB-CEPAT that was awarded to the Catholic Diocese of Timika. It will include 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, also approved by USAID on July 30, 2013, 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 can serve in the coming year as a *local capacity building mentor* to *developing* CSOs and faith/tribal-based organizations in districts nearby to Jayawijaya, i.e., Tolikara District, Nduga District, and other nearby districts to Jayawijaya.

TALI works in the Jayawijaya Regency of Papua Province, and its second cycle grant was approved by USAID on July 30, 2013. Specifically, TALI will implement interventions serving Wamena Kota District, with a focus is on high risk males (motorcycle taxi drivers, pedi cab drivers, stone breakers, sand diggers, driver-driver assistant, Army/police, civil servants, and pupils/students); Hubikosi, Asolokobal, Bolakme and Ibele Districts, with a focus on adult Papuan men and women, and pregnant women.

YPPM works with high risk populations in Jayapura City, including North Jayapura, South Jayapura, Abepura, and Heram; and in Jayapura District, specifically in Sentani, West Sentani, East Sentani, Nimboran, Nimbokram, Kemtuk Kresi, Kaureh, and Waibu. The second cycle grant from SUM II,

approved by USAID September 6, 2013, with enable YPPM to continue its work with high risk populations in Jayapura City, that include motorcycle taxi drivers, car rental drivers, taxi drivers, dock and construction workers, the motorcycle community, parking men, and dormitory male students; and in Jayapura District, that include palm plantation workers, Sentani Airport porters, motorcycle taxi drivers, car rental drivers, taxi drivers, construction workers, and parking men.

YHI works with non-brothel female sex workers and high risk women in four districts of Jayapura City – North Jayapura District, South Jayapura District, Abepura District and Heram District; and two districts in Jayapura District – Sentani Kota District and East Sentani District. The second cycle grant from SUM II, approved by USAID July 31, 2013, will enable YHI to implement interventions focused on providing behavioral change education and condoms to high risk men in the district; ensure access of pregnant women with HIV/AIDS to information, treatment, and services to prevent transmission to the child; and provide treatment to people discovered to have HIV/AIDS, and ensure that people who qualify for anti-retroviral therapy will receive it.

KIPRa is SUM II's Tanah Papua-based TA partner, and TA partners **Penabulu**, **Satunama** and **OPSI** provide KIPRa with backstopping support the areas of financial management, organizational development and community organization.

Other Grants Approved

The following additional grants received USAID approval during first quarter:

- DKI Jakarta: Yayasan Perempuan dan Anak (YAP) for grant entitled: *STIs and HIV Prevention Program through Comprehensive Sexual Transmission by Strengthening the Community Independence in North Jakarta*
- East Java: Perkumpulan Suara Nurani (SUAR) for grant entitled: *Development of an HIV control intervention model in support of effective, comprehensive, integrated and sustainable HIV management in Kediri District and City*
- North Sumatera: Forum Lembaga Swadaya Masyarakat Peduli AIDS Kota Medan (FLP-AIDS in Medan) for grant entitled: *Comprehensive community-based HIV and AIDS control integration into the Development Plan of Medan City*
- West Java: Yayasan Kusuma Bongas for a grant entitled: *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.* Note: This is an integrated program among Yayasan Bongas Kusuma, Yayasan Kusuma Buana and SUM II.

SUM II Participation in the 11th International Congress on AIDS in Asia and the Pacific (ICAAP11)

USAID approved SUM II participation in the 11th International Congress on AIDS in Asia and the Pacific (ICAAP11) to be held November 18-22, 2013, in Bangkok, Thailand. One abstract submitted by SUM II was accepted for oral and written presentation; and six abstracts were selected for e-poster presentation.

The abstract accepted for oral and written presentation is:

Abstract# 1262: *Strategic Position of Journalist in Public Advocacy*

This presentation describes the critical role of journalists in advocating for HIV programs and reducing stigma and discrimination directed at most-at-risk populations. It will highlight the successful partnership between USAID SUM II and the Indonesia Journalist Association (AJI).

The presenters will be Ms. Meytha Nurani, SUM II East Java Regional Coordinator, and Mr. Rudi Hartono from AJI.

The abstracts accepted for e-poster presentations are:

Abstract# 1418: *Building Political Commitment for Candidates for Mayor in Malang, Indonesia, to Support HIV Programs,* by Aris Dwi Subakti, SUM II East Java Regional Capacity Building Officer and Andi Supati, IGAMA Foundation, Malang, East Java

Abstract# 1166: *Improving Community Participation in HIV Prevention Programs to obtain Community Financial Support,* by M. Hudallah, SUM II DKI Jakarta Regional Coordinator and Bangkit Ari Sasongko, LPPSLH Foundation, Purwokerto, Central Java

Abstract# 1267: *Building Positive Images for Transgender People,* by Mainul Sofyan, SUM II East Java Regional Capacity Building Officer and Erma Subakti, Perwakos Foundation, Surabaya, East Java

Abstract# 133: *From Paper to Touch Screen,* by Ricky Andriansyah, SUM II National M&E Coordinator and Yen Yerus Rusalam, SUM II Chief of Party

Abstract# 1045: *Empowering Communities Towards Improved to Health Seeking Health Behaviors,* by Khairul Amri, SUM II National Capacity Building Officer and Yen Yerus Rusalam, SUM II Chief of Party

Abstract# 1368: *District-Based Monitoring System in Jayawijaya, Papua, Indonesia,* by Jonny, SUM II Tanah Papua Regional Capacity Building Officer and Yen Yerus Rusalam, SUM II Chief of Party

Strategy 1.1: CSO Capacity Building

A major effort by SUM II staff in the first quarter of Year 4 was to provide orientation sessions to CSO partners on the future direction of the SUM II program, particularly the four-part intervention model as well as the emphasis on managing for results.

In Years 2 and 3 of SUM II, the intensive workplace-based capacity building approach centered on the core capacities of HIV program planning, and financial and organizational management; and, in Year 3, on monitoring and evaluation (M&E). These core capacities enable a CSO to manage for results – to continuously monitor and evaluate their institutional and programmatic performance, and address gaps for improvement, including coverage and reach; and to carry out periodic qualitative assessments of MARP clients to identify barriers to service utilization. In Year 4, SUM II regional staff, with support from TA providers, especially SurveyMETER, will work to institutionalize CSOs' managing for results; and SUM II TA partners Circle, OPSI, Yayasan Satunama, Yayasan Penabulu, Yayasan KIPRa, SurveyMETER, Puska Antropologi, and Angsamerah Foundation will continue to provide intensive workplace-based training, coaching and systems development, with priority given to *Principal* and *developing* CSOs that implement one or more parts of the four-part

model. (Note: Capacity building in *community organization* is provided by TA providers OPSI in Papua, and Penabulu, Circle Indonesia, and Satunama in the other provinces.)

SUM II regional staff, in the orientation sessions with CSO partners on the Year 4 program, set the expectation that future grants and TA support from SUM II will depend on the alignment of the CSO's proposal and TA requests to the four-part model and the CSO's demonstrated ability and commitment to managing for results.

Highlights of SUM II activities during July to September 2013 are included below.

Quarter 1 Highlights

DKI Jakarta

- SUM II staff: Review and reflection session July 19, 2013, with six SUM II CSO partners that included directors and program managers. CSOs presented the achievement of MARPs-specific programs, and identified constraints and solutions to problems facing the field. Follow-up sessions scheduled to plan strategies to improve program efficiency and results.
- SUM II staff: Scenario planning session July 21, 2013, with CSO partners on criteria for new grants, to assure a clear understanding with current CSO partners that the partnership will not continue automatically, that new grants will be awarded based on proposals that focus SUM II's forward direction (i.e., the 4-part model).
- SUM II staff: Coaching CSOs in Jakarta, Riau Islands, and Medan in the development of SOWs to demonstrate/strengthen the 4-part intervention model for CSNs
- SUM II staff: Start-up training for FLP-AIDS/Medan
- *Principal* CSO YKB: Start-up training for four emerging CSOs in Jakarta and West Java
- TA provider Penabulu: Coaching and guidance to CSO partners in the preparation of monthly financial statements and CTH. Coaching and reinforcement also provided in audit preparation and the preparation of budget estimates.
- TA provider Penabulu: Coaching to *Principal* CSO YKB on support as a local capacity mentor to emerging CSOs in Jakarta and Indramayu through YKB
- TA provider Circle Indonesia: In July 2013, assisted three SUM II CSO partners to strengthen program development, i.e., with program cycle management (PCM).
- TA provider SurveyMETER and SUM II staff: Annual survey dissemination session, organized by the DKI Jakarta NGO Forum, launched on 24 September 2013 with the six SUM II CSO partners and 19 additional CSOs working in the HIV response. Participants included KPAP, KPAD, District Health Department, international NGOs, UN agencies, and donors.
- CSO Partner YIM:
  - Conducted internal training September 26-27, 2013, on how to write concept notes, reports, and proposals.
  - Planning during September 2013 to improve efficiency of case management for PLHIV.
- CSO Partner Bandungwangi: Conducted one session September 12, 2013, for 20 peer educators from the FSW community; and one session September 18, 2013, for 30 volunteer cadre of FSWs who will help support the FSW peer educators.
- CSO partner Yayasan Karya Bakti: Working with the community health service staff from two Puskesmas (East Jakarta and North Jakarta) organized September 21 and 25, 2013,

mobile clinics to MSM hotspots. At these mobile clinics, 80 MSM accessed STI services (12 of who tested STI positive), and 64 MSM access HCT services (two of whom tested HIV positive).

- Angsamerah Clinic at Blok M: in September 2013, two months after opening, the Blok M clinic received 35 patients, including nine patients coming voluntarily for HCT.

East Java

- SUM II staff: Review sessions with all CSOs to take stock of achievements and identify ways to improve program efficiencies and results.
- SUM II staff: Orientation sessions with all CSOs to clarify the SUM II's partnership model in Year 4 (i.e., demonstration of one or more parts of the 4-part model, and commitment to managing for results)
- SUM II staff: Coaching to CSOs in the development of SOWs to demonstrate and strengthen the 4-part intervention model for CSNs, including opportunities to expand services, e.g., Perwakos expanding services to *Waria* in Malang; and opportunities for *Principal* CSOs and *developing* CSOs to partner within one grant agreement.
- SUM II staff: Meetings held with six SUM II CSO partners to complete no cost extension applications for existing small grants.
- TA provider Circle Indonesia: Coaching in development of HR policy guidance to six SUM II partners.
- TA provider Penabulu: Conducted an internal audit for *Principal* CSO Paramitra in August 2013, and an external audit in September 2013. The purpose of the audits is to prepare the SUM II CSO partners in the application of the principles of transparency and accountability to the financial reporting institution, and not limited to the SUM II grant, but also to the financial reporting of other revenue. With these audits it is expected that SUM CSO partners will be able to meet the eligibility requirements of bilateral donors such as USAID.
- TA provider Penabulu: Provided coaching and guidance to CSO partners in the preparation of monthly financial statements and CTH. Coaching and reinforcement also provided in audit preparation and the preparation of budget estimates. Assistance was also provided to improve CSOs' status as an institution that adheres to the rules and applicable taxes.
- TA provider Penabulu: Coaching to *Principal* CSO Genta on support as a local capacity mentor to emerging CSOs in Dew Surabaya through Genta; to *Principal* CSO Gaya Nusantara as local capacity mentor to SGC Semarang via Gaya Nusantara; and to *Principal* CSO Paramitra as local capacity mentor to Wamarapa.

Tanah Papua

- SUM II staff: Workshop on district-based monitoring system (DBMS) in Wamena, Jayawijaya District planned for 13 September 2013 was postponed to November because of local elections, and also because the Bupati had not yet issued the letter authorizing the DBMS. SUM II is supporting local government to develop a database and M&E system for its HIV program. Funding from local government to CSOs has not been tied to effective planning, monitoring and evaluation. This database and M&E system will integrate partner programs and help assure that future funds to CSOs are tied to measurable results with clear accountability and positive impact on the district response. Improved M&E will lead to a more effective and integrated Jayawijaya District

HIV comprehensive services network, which in turn should result in increased local government funding to CSOs. The Bupati did issue the special decree (187/2013) in the end of September authorizing the district-based monitoring system and the appointment of KPAD Jayawijaya as database manager. The KPAD also issued a special decree (75/KPA-JWJ/IX/2013) for the technical working team – which includes SUM II, CSOs, KPAD, and KIPRa – to begin the construction of the system.

- SUM II staff: Preparation on DBMS with District KPA in Jayawijaya In August SUM II ICT Officer and regional staff collected and developed a record keeping instrument capable of integrating formats of all district actors and stakeholders – all CSOs, including SUM II partners, local government, Global Fund partners, CHAI, HCPI and other stakeholders. The next step will be to build the data base system, which will be initiated in Quarters 3 and 4. After the system is developed, SUM II and KPAD and all actors will convene in a workshop to agree on integrations and the tools. SUM II ICT at that point will provide on the job training to KPAD as the system manager.
- SUM II staff: Review session on July 30, 2013, with YPPM (Jayapura) on organizational and program performance, resulting in agreement on specific improvements to be achieved within three months, including finalized financial and organizational management SOPs; financial management in accordance with SOPs and the recommended financial recording system; achievement of targets for STI, HCT, condoms and PLHIV; and cooperation with other stakeholders. At end of this three month time period, SUM II will make a decision on continued partnership.
- SUM II staff: YHI internal development August 26-29, 2013, of detailed implementation plan (DIP) based on SUM II Papua Region's DIP preparation guide. Presented by YHI to SUM II regional staff on August 30, 2013. Discussion and feedback mainly focused on the outcomes expected from each implementation activity related to the 4-part model.
- TA providers KIPRA and Satunama:
    - Provided joint guidance to Yukemdi in Wamena, Jayawijaya, in the preparation of its strategic planning (SP). The strategic planning sessions were held over 5 days, July 16-20, 2013, with the aim to develop a strategic plan for the Yukemdi for next 3-5 year timeframe. With this SP, Yukemdi will be able to develop programs aligned with the situation and conditions of the existing epidemic in Tanah Papua and anticipate possible collaboration with various stakeholders based on internal and external analysis.
    - Reviewed with TALI its draft SP, which was developed in March 2013, to help build a more strategic agenda.
- TA provider Penabulu: Advanced TA and coaching on July 1, 2013, to Yayasan Caritas Timika Papua (YCTP), Timika, on CTH (daily financial transaction recording), including a simulation using CTH, and preparation of a master soft copy of CTH by YCTP.
- TA provider KIPRa: Coaching August 26-30, 2013, to YHI financial staff on CTH as follow-up to training conducted by Penabulu in June 2013. Focus of KIPRa follow-up coaching was to develop a master soft copy of CTH based on the program's second cycle grant budget in order to facilitate transactions for YHI program activities that will begin in September 2013.
- TA provider Penabulu:
    - Coaching to Yukemdi in Jayawijaya (26-30 August 2013) and financial assistance, and to TALI as follow-up to training on CTH conducted by Penabulu in June 2013. Coaching focus was to develop a master soft copy of CTH based on Yukemdi and TALI programs' second cycle grant budget approval by USAID to facilitate Yukemdi and TALI program activities which will begin in September 2013.

Output is that Yukemdi master CTH document is now available, and the master CTH document for TALI will be completed on 2 September 2013.

- Coaching to YCTP (September 27-October 4, 2013, in financial management using CTH.

Central Java

- SUM II staff: In Semarang, sessions July 22 to 23, 2013, with CSO partner Jakerpermas with Sunan Kuning brothel managers to finalize the concept of "community empowerment" clinics to provide stimuli to FSWs to access HIV and STI services at the clinic. The field worker facilitated FSWs to make handicrafts, with agreement that if FSWs preferred they can pay for clinic services with a craft instead of money.
- SUM II staff: In Purwokerto, mid-grant evaluation session July 30, 2013, with CSO partner LPPSLH on program in Sadar Gang brothel, Baturaden. Agreement reached that LPPSLH will focus more on *Community Organization* among FSWs so they are more empowered and able to maintain a more balanced and fair relationship with brothel managers. LPPSLH recruited a staff member to live-in at the brothel complex in order to help empower FSWs through *Community Organization.*
- TA provider Penabulu: In July 2013 a planning session was conducted with CSO partner Jakerpemas to clarify the functions and roles of Jakerpemas in HIV and AIDS prevention and community empowerment.

Riau Islands

- TA provider Penabulu: In August 2013, Penabulu continued its mentoring program in financial management SOPs to CSO partners. Assistance to provide improved CSO status as an institution that adheres to the rules and awareness of applicable taxes. Other assistance was provided in the preparation of the close-out report, preparation of no cost extension (NCE), and SUM II monthly reports.

North Sumatera

- SUM II staff visit July 15-17, 2013:
  - Program review session with CSO partners H2O, GSM and Galatea to take stock of HIV program achievements as well as obstacles the organizations faced; and to explore ways to strengthen the HIV response by pooling resources and capacities, i.e., to integrate the three CSO partners into a "consortium" approach under one grant with SUM II.
  - Coordination session July 16, 2013, with CSO partner, FLP-AIDS/Medan to explore program scenarios aligned with SUM II program priorities, resulting in agreement to pursue ways to synergize the potential of SUM II CSO partners in North Sumatera, i.e., by creating a consortia partnership as a way to maximize resources and CSO capacities.
  - Session July 17, 2013, with CSO partner H2O on how to strengthen TA provided by Circle Indonesia, especially in strategic planning. Separate meeting was held with the Circle Indonesia mentor to provide feedback and identify how the mentor can better meet the expectations of H2O.

- TA provider Circle Indonesia: Project Cycle Management training and coaching July 1 to 3, 2013, for CSO partner GSM, resulting in a one-year work plan for the organizations HIV program.
- SUM II staff: Work Plan preparation session on August 20, 2013, with AIDS NGO Forum Medan, based on the partnership agreement with SUM II that began August 1, 2013. The session was attended by the Chairman of the Forum, project manager, finance staff and SUM II.
- SUM II staff: Start-up workshop 10 September 2013 with AIDS NGOs Forum held at the Caritas Medan PSE, and facilitated by SUM II. Included presentation and discussion on financial reporting systems and the achievement of program indicators. Attended by board and forum members and FLP AIDS field. On 20 September 2013, SUM II coordination meeting with FLP and Indonesia Circle, facilitated by SUM II to build synergy and support for the role of Circle with FLP AIDS field staff. Attended by the Chairman of the FLP, project manager, and staff from FLP financial office, SUM II and Circle Indonesia.
- TA provider Penabulu: In August 2013, Penabulu continued its mentoring program in financial management SOPs to CSO partners. Assistance to provide improved CSO status as an institution that adheres to the rules and awareness of applicable taxes. Assistance was also made to institute new collaboration with the SUM II partner Forum AIDS Medan (Medan FLP), which will undertake the coordination and advocacy activities related to HIV and AIDS prevention.
- TA Provider Circle Indonesia: Workshop on program budgeting held 18-19 September 2013 for staff from CSO partners Galatea, H2O and GSM. Result of this activity is a draft proposal for the improvement or development of budgets from each CSO. Circle Indonesia will provided coaching follow-up to assist each CSO.

Strategy 1.2: SUM II Operational Management

This strategy focuses on SUM II efforts to:

- Increase coverage of comprehensive HIV and STI services to most-at-risk populations
- Commit additional staff and consultant support to Year 4 Work Plan activities

Increasing Coverage (access and quality) of Comprehensive HIV and STI Services to MARPs

SUM II is using small grants to CSOs to improve their performance, aggressively expand coverage (access and quality) of MARP-sensitive, HIV and STI services, and to expand the role of *Principal* CSOs in the HIV response. The strategy includes:

- Current grantees
- Other CSOs currently serving hotspots yet to be covered by SUM II
- Other community-based organizations coordinating with CSO grantees that can help increase coverage of MARPs
- Partnering with organizations that fund CSOs to assist MARPs to access HIV and STI services
- Supporting private clinics to provide services in hotspots.

Expanded coverage by *Principal* CSO is taking several forms:

- Expansion of the existing program for greater coverage and reach (for example, a CSO working with FSWs expands to other brothels or to other intervention sites)
- Expansion of the existing program to new geographical areas (for example, to other districts of the province)
- Addition of a new program that targets a different MARP (for example, a CSO with a successful FSW program adds a new program targeting the MSM community)
- Expansion to intervention sites formerly covered by other CSOs
- Cooperation and TA support to emerging CSOs, CBOs and FBOs that enables expansion of coverage.
- Expanding HIV and STI services by engaging private clinics providing the services

Specific activities designed to facilitate increased coverage (access and quality) of comprehensive HIV and STI services to MARPs include the following:

- Establish and facilitate community organizations to take actions to improve access in the provision of comprehensive services and information to MARPs on STI, HCT, and CST. Community organizations (see text box above) are defined by SUM II as informal organizations within communities of most-at-risk populations. A key Year 3 accomplishment was the roll-out of the *Community Organization (CO) Module* 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.
- Support private clinics providing HIV and STI services to MARPs
- Support *Principal* and *developing* CSOs in mainstreaming HIV prevention into the other non-HIV projects that exist or may potentially occur.

Highlights of SUM II activities during July to September 2013 are included below.

<u>Quarter 1 Highlights</u>

<u>DKI Jakarta</u>

- New private clinic for most-at-risk populations was opened in July 2013 in Jakarta's Blok M entertainment area. The clinic was established through a cost-sharing agreement between SUM II and the Angsamerah Foundation and partners, and support from local government. The clinic is offering confidential and friendly HCT and STI services to most-at-risk populations, in particular female sex workers. This model of multiple partner partnership is beneficial for CSOs and relevant institutions to adapt for organizational performance strengthening and project sustainability. Planning is already underway for SUM II and Angsamerah Foundation to partner in providing TA in clinical management to a community-based clinic in Purwokerto, Central Java, and in developing clinical services models for MSM in Surabaya and FSWs in Malang. A main goal of SUM II is to assist CSOs to expand coverage and fill gaps by implementing in high priority hotspots not currently covered.
- Angsamerah Foundation and SUM II CSO partner Yayasan Inter Medika (YIM) collaborated together to provide free HIV counseling and testing (HCT) to MSM during the yearly Q! Film Festival, held September 29 to October 6, 2013. The purpose of this week of free testing was to increase the numbers of MSM who know their HIV status,

and if positive, enable them to access treatment. The motto for the 8-days was "get tested, get treated and move on with your life!" Free HIV testing was available at two different sites: at the Angsamerah clinic in the Blok M area of South Jakarta, established in July 2013 in partnership with SUM II; and at the Inter Medika Drop-In Center in Central Jakarta (supervised by staff from Angsamerah). The Angsamerah clinic was a venue partner for the Q! Film Festival, provided the third floor of the clinic for festival activities. People attending the movie screenings were encouraged to undergo free testing at the clinic. A total of 142 persons accessed the free HCT services at the two sites – 135 MSM and seven females. Thirty-one individuals (all MSM) tested positive for HIV, which means a staggering 23% prevalence rate among tested MSM. Even though such high prevalence rates might not apply to all MSM populations across Jakarta, it nevertheless is very concerning and indicates an ongoing and increasing HIV epidemic among MSM in Jakarta. All newly diagnosed men were offered CD4 testing and they received professional counseling. Patients with a CD4 level below 350 were recommended to start ART, which can be accessed for free (the medication) at Klinik Yayasan Angsamerah.

- Planning was underway in Quarter 1 for a new sexual and reproductive health clinic in central Jakarta, to be a collaborative effort between Yayasan Kasih Suwitno (YKS), RS Carolus Hospital, District KPA and government, and SUM II. There is an urgent need in Jakarta for more facilities that provide high-quality, confidential, stigma-free, low-cost and accessible sexual and reproductive health services. These services need to be focused on treatment cascades for not only HIV but STIs, TB, etc., if the chain of HIV transmission is to be broken. YKS intends to model the new clinic on the Siloam Clinic at Bangkok Christian Hospital in Bangkok where 50,000 people have been tested over the last five years. Donors have already made possible the renovation and expansion of the Carlo Community Center Clinic in the hospital where these comprehensive services will be provided.
- SUM II staff: Planning session August 22, 2013, with *Principal* CSO partner YKB on ways to align current program approaches with SUM II's 4-part intervention model, resulting in agreement to begin developing the *Community Organization* approach with FSWs recruited as volunteers to strengthen within their own communities networking and support to HIV prevention programs.
- SUM II staff: Coordination meeting August 26, 2013, with Venus Eleonora , National Technical Officer with HCPI for the Injecting Drug Use and Management Program, and SUM II *Principal* CSO partner Yayasan Karisma to discuss program plans in targeting IDUs in Jakarta. Meeting outcome agreements include a "top up" approach, with a more intense coordination to divide roles between SUM II and HCPI support to maximize efficiency and effectiveness.
- SUM II staff and TA provider Penabulu: Two sessions on 19 September 2013 with YKB, LPPSLH, APMG STTA Mona Sheikh Mahmud, Penabulu and SUM II.
    - Session I: brainstorming clinical development plan related to STI and HCT for the community, identifying opportunities, potential issues and constraints that need to be addressed related to the clinical development plan by YKB and LPPSLH, and the technical assistance that will need to be provided.
    - Session II: Determining appropriate mentoring strategies to be undertaken by LPPSLH in Sadar and Baturaden Gang.
    - SUM II convened a planning session on September 25, 2013, with GWL Ina to determine the model of intervention in GWL in DKI Jakarta. GWL Ina agreed to

one management structure and to taking the lead in selecting the SUM II partners related to program to GWL in Jakarta.

- TA provider Circle Indonesia: Coaching to CSOs on how to increase the capacity of MARPs in self-help *Community Organization*. Mentoring was done for all CSOs in Jakarta that work with FSW, MSM, IDU and TG communities.

Tanah Papua

- A series of sessions for CO module development and roll-out to CSOs and mentors in Jayapura, September 10-15, 2013, and in Timika, September 17-20, 2013**.** The sessions were facilitated by OPSI and SUM II STTA, Mona Sheikh Mahmud/APMG.
- SUM II regional and international STTA convened a planning session on September 19, 2013, between OPSI and KIPRa to clarify roles and implementation steps in the roll-out of the *Community Organization (CO)* part of the 4-part model. OPSI is already providing CO mentoring to CSOs in Jayapura and Timika. The CSOs working in Jayawijaya previously received training from KIPRa, and OPSI that further facilitated refinement of the CO approach. OPSI agreed to improve the capacity of its district facilitators, and to further refine their own plan in Papua to strengthen collaboration with KIPRa.

Central Java

- SUM II convened a planning session on September 19, 2013, with TA provider Penabulu, CSO partner LPPSLH, and SUM II international STTA to identify implementation steps of CO in Gang Sadar, Purwokerto. Penabulu and LPPSLH agreed to implement the CO with FSWs who are most vulnerable to HIV and AIDS, and identified ways to coordinate with other stakeholders.
- SUM II convened a planning session on September 19, 2013, with LPPSLH and YKB related to development of a clinic in Purwokerto and Jakarta Utara, with coaching from Angsamerah. LPPSLH and YKB agreed to visit the Angsamerah Clinic in Blora and the Angsamerah clinic in Blok M, supported by SUM II, to assess the possibilities for coaching by Angsamerah Clinic.

Additional SUM II Staff and Local STTA Support to Implementation of the Year 4 Work Plan

In the first quarter of Year 4, SUM II developed scopes of work for local short-term technical assistance in the following program areas:

- Local government partnerships (1 consultant each for DKI Jakarta, East Java, and Tanah Papua)
- Health Care Services to MARPs (1 local consultant)
- Gender, Stigma and Discrimination (1 local consultant)

Recruitment for these consultants is underway.

Local Government Partnerships

The local government partnership consultants in East Java, Tanah Papua and DKI Jakarta will work to strengthen local government operational commitment to the local HIV response. Local government leadership is critical for sustainability in the HIV response. In Year 4, SUM II will continue to help

strengthen CSO advocacy to local government and also begin to provide local government (starting in the Tanah Papua district) with technical capacity building – to improve local government awareness of the district-specific HIV epidemic and demonstrate how local government leadership can be at the forefront of district-based HIV response planning and mobilization, operational management, and M&E. This leadership from local government can help leverage greater financial and human resources for HIV/AIDs prevention and care.

The NACs at national and local levels currently operate mostly project funds and some government funds. The district-based approach central to SUM II's Year 4 Work Plan and 4-part model includes a government comprehensive services network based on its own resources. It is an approach that represents a shift from district-level project implementation (i.e., GFATM funds) to district-led comprehensive services networks with local government providing leadership for planning, budget/other resources, operational management and M&E).

The main responsibility of the three local government partnership consultants will be to improve local government political and operational commitment towards HIV/AIDS comprehensive services for key affected populations (KAPs), improve local government performance in the control of the HIV and STI epidemic, promote a conducive environment within the communities, improve local partnership with private sector and HIV/AIDS project implementers, and promote community and private sector participation in community and health system strengthening (i.e. Layanan Kesehatan Berkelanjutan – LKB/sustainable health services).

Health Care Services to MARPs

The consultant for health care services to most-at-risk populations will work to strengthen local CSOs, local government and health service providers in technical integrity. Building technical integrity is aimed at improving technical capacity of SUM II partners to ensure that they are putting in place strategies that are evidence-based and most likely to bring about HIV prevention and care outcomes. The consultant will provide SUM II regional office staff and TA provider mentors and consultants with in-house training and coaching so they are better able to assist partner CSOs, local government, and local health service providers in developing a comprehensive network of health services for MARPs and affected populations; the consultant will also provide direct support in technical capacity building to initiatives to establish district comprehensive services networks.
In Year 4, SUM 2 will prioritize its work in the project areas and hot spots where the CSO partners listed below work:

1) LPPSLH – Gang Sadar Brothel, Baturraden, Purwokerto, Central Java
2) Yayasan Kusuma Buana, Mangga Besar Amusement Center, West Jakarta
3) Yayasan Angsamerah, private clinic for MARPs in South Jakarta
4) Yayasan Perwakos, transgender hotspot in Surabaya City
5) Yayasan Caritas Timika, local indigenous population in Mimika District, Papua

The overall objective of the consultant, with support of SUM II regional staff and TA providers, is to improve the quality of the partnership and services network between local health providers, local government, CSOs, and representatives of community organizations to deliver the intervention 4-part model for Comprehensive Services Networks (CSNs). The combined effort of the SUM II team will facilitate and/or support:

- Local government, health service providers, and CSOs to develop the framework and tools required in an HIV/AIDS comprehensive services network for key affected populations at district and province levels
- The core player institutions to conduct regular meeting to discuss services plans, review quality and services coverage, and mitigate loss of follow up
- CSN implementation technical training and coaching to health provider institution staff specific to clinical management and HIV and STI clinical services provided
- The District AIDS Commission in establishing community networks and leading efforts to bring partner participation and contribution for continuum health services.

Gender, Stigma and Discrimination

The consultant for gender, stigma and discrimination will strengthen SUM II and TA provider staff and mentors' ability to support CSO and local government partners to build technical integrity in the implementation of HIV/AIDS prevention and care programs, including strategies that are responsive to gender, and stigma and discrimination. Gender-responsive strategies will improve the effectiveness of HIV prevention, treatment and care by reducing barriers to access for programs and services, improving uptake and quality of services, and creating an enabling environment to support individual behavior change and risk reduction. Strategies and plans that address stigma and discrimination relate to public health policies that impede or facilitate the ability of CSOs to reach MARPs, and access of MARPs to services.

The overall objective of the consultant is to work with SUM II Regional Office Staff and TA Provider mentors and consultants to provide technical assistance to CSOs, local government, including Province and District AIDS Commissions, and local health service providers in SUM II project sites. The consultant will:

- Conduct desk review of existing data and information related the issues of gender, and stigma and discrimination specific to HIV/AIDS prevention and care program.
- Help strengthen existing data and information by conducting a qualitative assessment that will involve at least three sub population of KAP – FSWs, transgender, and Papua indigenous women.
- Support SUM II efforts to facilitate local government, health service providers, and CSOs to develop the framework and tools required for gender-responsive strategies, and strategies that address stigma and discrimination.
- Provide direct training and coaching to CSO and local government partners to strengthen program plan and IEC materials so they are responsive gender, and stigma and discrimination, as well as in-house training and coaching to CSO staff in technical capacity related to gender mainstreaming, and related to activities that address stigma and discrimination, in project implementation.

Additional SUM II Staff Resources

Recruitment was also launched in quarter one of Year 4 for the following SUM II positions:

- Replacement for finance and administration officer
- Replacement for office manager
- Replacement for Tanah Papua regional coordinator
- Two additional grants management assistants

- Two additional finance and administration assistants (for DKI Jakarta and Tanah Papua regional offices)

SUM II staff completing contracts included:

- Lanny Oktavia, who served as Finance and Administration (contract completed on September 1)
- Rieska Purba, who served as Finance and Admin Assistant (contract completed on September 25)
- Florida Sabar Dame, who served as Office Manager (contract completed on September 30).

The following local and international STTA supported SUM II during Year Quarter 1:

- Nasrun Hadi, local STTA to Strategy 3, Strengthening Advocacy Capacity
- Mona Sheikh Mahmud, APMG, Strategy 1 roll-out of the CO Module
- Brad Otto, RTI, support to Strategy 3 specifically to co-train a workshop for national KPA on RETA use and application

SUM II is also developing a Time and Materials subcontract with Puska Antrop, an independent organization affiliated with the University of Indonesia, to serve as SUM II TA Provider in M&E for CSOs in Tanah Papua, North Sumatera, and Riau Islands.

Other Quarter 1 Highlights

National Office

- SUM II and TA provider Penabulu's Java Coordinator held a working session on September 23, 2013, to address issues related to monthly reports and TA activities. Results included Penabulu agreement to prepare detailed monthly reports specific to improvement of CSO financial management. The reports will focus on external audits, internal audits, and review of SOP implementation, including project monthly report achievement.

DKI Jakarta

- Orientation 9-10 September 2013 for the new RCBO Jakarta. Presentations and intensive discussions on SUM II activities and priorities, conditions of SUM II CSO partners, and technical matters related to project administration specific to DKI Jakarta.
- Technical assistance 11-17 September 2013 with SUM II CSO partners on no-cost extensions.

North Sumatera

- SUM II Staff: Checklist completed for all CSOs in Medan on August 19, 2013, that inventories all assets financed with SUM II funds. All assets are in appropriate use and in good condition.
- SUM II staff: Preparation of no cost extension applications for three CSO in Medan. Facilitated the preparation of the extensions with Galatea on August 21st, with GSM on

August 22nd, and with H2O on August 23rd. Galatea and GSM completed the submission in August.

- SUM II staff: Session conducted 16 September 2013 with CSO partner H2O to finalize the no cost extension, which was then submitted to SUM II.
- SUM II staff: Session held 26 September 2013 to explore how to form a CSO consortium in North Sumatera in preparing for SUM II's second year program in Medan. The session was attended by the directors of Galatea and H2O, the Chairman of GSM, and SUM II. In the discussions, the three CSOs agreed to establish a consortium, but the technical implementation of the consortium needs to be discussed in more detail.

Riau Islands

- Investigation was made by SUM II to determine the role of CSO partner YGB staff in a case of lost checks, which occurred in July. The investigation resulted in termination of the cooperation between SUM II and YGB. A cooperation dismissal letter was delivered directly to the YGB offices on August 25, 2013, officially ending cooperation.
- Checklist completed August 30, 2013, for all CSOs in Riau Islands that inventories all assets financed with SUM II funds. All assets are in appropriate use and in good condition.
- Sessions held 2-4 September 2013 to prepare for the submissions of no-cost extensions for CSO partners Riau Islands. SUM II assisted with the application process for four SUM II CSO partners. Included output activities and staffing plans.

Tanah Papua

- Working visit July 7-20, 2013, by SUM II's national capacity building officer to the regional office in Jayapura that included meetings with SUM II partners and stakeholders – the District and City KPA of Jayapura, TA provider KIPRa, CSO partners YHI and YPPM, and SUM I. The visit identified a range of developmental challenges specific to the HIV/AIDS epidemic and response, as well as opportunities for addressing these challenges in the just-approved second cycle grants with SUM II's five CSO partners.
- Planning session on July 24-25, 2013, to strengthen program coordination within the extended SUM II team (TA providers KIPRa, Satunama and Penabulu, SUM II national office and SUM II Tanah Papua regional office). Agenda included stock taking of program progress and finances related to each TA provider, and a situational analysis of program needs and remaining funding. Actions also planned to complete no cost extensions with CSO partners and to strengthen the quality of TA provided to partner CSOs specific to achievement of SUM II Year 4 Work Plan strategies (i.e., the 4-part model). Other results included:
    - September-November work plan activities for TA provided by KIPRa, Satunama, and Penabulu
    - A flow model of coordination and communications between SUM II Region staff, TA providers, and CSO partners (to the levels of provincial and district/city).
    - Follow-up identified for monitoring the operational design work between KIPRa and OPSI for Community Organization, as well as advocacy planning by communities and CSOs.
- Coordination meeting August 21, 2013, with KIPRa and OPSI to review scheduled activities. The agenda included a review of TA priorities and agreements on coordination/synchronization of activities with CSO partners and with SUM II national

office and Tanah Papua regional office. Meeting outcomes included a draft schedule for Papua TA that was shared with the SUM II Papua RCBO, KIPRa, SUM II national office, OPSI, Penabulu and Satunama. The schedule was finalized September 27, 2013.

- Meeting on August 22, 2013, with CSO partner YHI, TA providers OPSI, KIPRa, SUM II regional staff for the purposes of synchronizing activities with YHI. Agreements included actions to enhance communication, TA to strengthen YHI-assisted communities, and alignment of YHI activities to the 4-part model.
- Timika: Coordination planning with YCTP and TA providers specific to the second cycle grant agreement and SOW; and agreement on YCTP preparation and submission of financial statements against financial targets (beginning of each month).
- September 1-10, 2013, prepared advances and the financial report for the second cycle grants of Papua CSOs.
- The RCBO Jayawijaya finished his contract with SUM II on September 30, 2013.
- SUM II also held discussions with TA Provider KIPRa during quarter one on continuation of KIPRa TA in Papua. SUM II's National Program Officer, SUM II STTA, and KIPRa director and program coordinator participated in these discussions.

<u>East Java</u>

- SUM II staff:
  - Facilitate CSO partners to finalize no-cost extensions.
  - Facilitate CSOs to finalize their checklist of equipment.
  - Facilitate CSOs in developing cycle 3 SOWs.
  - Preparation for the USAID visit on 23-27 September 2013. Included meetings with journalists, CSOs, the lead for HIV budgeting in Surabaya, the head of the Social Welfare Office of Malang. All stakeholders in Surabaya presented their role in HIV AIDS prevention and coordination at the SUM II Regional Office.

Strategy 1.3: to Strengthen Advocacy Capacity

The priority for advocacy capacity building in Year 4 for SUM II local partners (including CSOs, TA organizations, health service providers, NACs for districts and provinces, and other stakeholders) is comprehensive HIV planning, including budgeting and local data collection and utilization, so that local partners are better able to develop and implement comprehensive HIV and AIDS services. Specifically for CSOs and TA providers, SUM II will provide coaching in developing policy briefs, advocacy plans, communication strategies, and, most importantly, in convening district stakeholders to conduct budget exercises.

In Year 4, the priority activities for Strategy 3 will focused on the use and application of the Resource Estimation Tool for Advocacy (RETA) and combination tool for advocacy – to develop the capacity of SUM II national and regional staff, as well as local TA organization staff, so they can provide TA to *Principal* CSOs, local government and other stakeholders in the use and application of RETA, and combination tool for advocacy. Specific to Tanah Papua, RETA and the combination tool for advocacy will be aimed at the general population and implemented with local government (including BAPPEDA), CSOs, local TA provider KIPRa and stakeholders. For Riau Islands and North Sumatera, SUM II's priority will be to train provincial and district AIDS Commissions and CSOs in comprehensive HIV planning systems (including budgeting system and local data collection); and provide coaching to SUM II CSO partners in convening district stakeholders to conduct budget

exercises. At national level, SUM II will partner with KPA to implement the National Advocacy Initiative at national and provincial levels.

Comprehensive HIV Planning

National Level

SUM II local and international STTA (Nasrun Hadi and Brad Otto) facilitated a workshop September 9-10, 2013, on RETA use and application for the NAC planning team, and the planning team delivered their investment framework called Asian Epidemic Modeling (AEM). RETA for CSOs and AEM for NAC will be introduced to partners in provinces and districts. The combination of the two tools will be implemented in Jakarta and East Java as two provinces supported by SUM II.

Tanah Papua

In Quarter 1, on July 23-25, 2013, a series of advocacy meetings were held with provincial, district and city of Jayapura officials:

- July 23, with the Regional Secretary, Jayapura
- July 24, with Jayapura Regent
- July 25, with the Deputy Mayor of the City of Jayapura and the Papua Provincial Secretary

With each meeting the main agenda included:

- USAID SUM II programs and its commitment to the HIV/AIDS response in Papua
- Policies of the national ARV program and national funding commitments through the state budget
- Three strategic approaches:
    - Advocacy for awareness and uptake of HIV and AIDS program funds based on budget and other funding sources, such as the private sector
    - Synchronization and harmonization of programs both in prevention and in the aspect of services, i.e., Continuous Comprehensive Services (LKB)

On September 18, 2013, a session was held with the Health Office and KPAD for Mimika to assess HIV and AIDS program progress.

East Java

In Quarter 1, SUM II regional staff and TA provider Circle Indonesia conducted a workshop July 1-5, 2013, on HIV program budget studies for the cities of Surabaya and Malang. The workshop's purpose was to assess the availability and the proportion of HIV budget provided by the Government. The study results illustrate that HIV and AIDS funding in the two areas is very small, averaging only 0.034 % of all government services. The workshop was attended by staff of ten CSO partners in East Java.

As a follow up to the workshop, the results of the studies will be disseminated to members of the KPAD and the Surabaya city government in coordination meetings and used as advocacy for increased spending on HIV and AIDS. The SUM II-introduced Resource Estimation Tool for Advocacy (RETA) was used as the basis for calculating the budget requirements. This effort is a first time CSOs

with HIV programs have been directly involved in the budgeting process that is facilitated by the legislative and executive branches in the city of Surabaya. CSOs in the city of Surabaya are also involved in the development Perwali 2014 that will be the foundation for passage of the HIV program in this city.

SUM II's regional staff also conducted a workshop for CSO partners on development of policy briefs, held July 31-August 2, 2013. The purpose of the workshop was to build CSO capability in how to analyse the HIV situation and use this analysis to produce a policy brief document that can then be used in advocacy activities with policy makers.

In a session held 10 September 2013 at SUM II's office in Surabaya, SUM II assisted its Surabaya CSO partners to develop draft of Peraturan Walikota/Mayor Decree. This draft aims to increase the budget numbers for HIV AIDS program in Surabaya.

Central Java

SUM II's Regional Coordinator held a meeting July 31, 2013, in Purwokerto with the Vice Regent of Banyumas, Dr. Budi, to advocate for the Banyumas Regency government to support a more intensive health services program for the Gangsadar community, Baturaden, especially for health services for female sex workers. During the meeting, the idea emerged to develop a three-way partnership between CSO partner, LPPSLH, already working with the community, the Banyumas Regency as policy advocates, and SUM II for technical assistance and small grants for implementation of the program.

On September 25, 2013, CSO partner Jakerpermas conducted a session with 18 journalists on the topic, how to advocate with local government to establish a policy to empower FSWs in brothel complexes. Journalist participating in the session agreed to write articles on how to support the NGO to empower FSW communities.

On 26 September 2013 SUM II and CSO partner Jakerpermas met with the KPA for Central Java Province, which was attended by the KPA secretary, Mr. Kelvin Sawadi. Jakerpermas presented its activities, including the empowerment activities supported by SUM II in Sunan Kuning. Agreements included:

1) Empowerment activities should be tailored to the needs of FSWs
2) KPA will support advocacy activities by Jakerpermas with related parties
3) Sustainability the program post Sum II support

Riau Islands

SUM II staff convened a coordination meeting on HIV programs held August 27, 2013, with the deputy mayor of Tanjungpinang. The meeting was facilitated by the KPA/Tanjungpinang and involved CSOs, SUM II and other stakeholders. SUM II presented a summary of previous year activities and an overview of plans for the coming year. SUM II emphasis was on changes in approach, especially funding. SUM II and CSO partners asked for a commitment from the city government to allocate increased funding, especially for programs conducted by the CSOs. The Deputy Mayor for Tanjungpinang welcomed this proposal and expressed willingness to commit to and support funding through the budget changes that will be made in late August. CSOs will present their proposed programs.

Also in first quarter:

- SUM II conducted a RETA preparation workshop on August 28-30, 2013, in Tanjungpinang attended by 25 participants from Yayasan Embun Pelangi, Yayasan Bentan Serumpun, Yayasan Kompak, Yayasan Lintas Nusa, MSM and transgender community, AIDS Commission (KPA) Bintan, KPA Tanjungpinang, KPA Batam, and KPA Province of Riau Islands. Outcome and follow up: CSOs and staff of KPA who have participated in the RETA workshop will present the RETA result to the leader of KPA and local government. The presentation will be aimed at advocating polices and budget estimation for support by local government for HIV program prevention in Batam, Bintan, and Tanjungpinang.
- TA provider Satunama began its mentoring program on advocacy and community empowerment. Assistance to strengthen the capacity of CSOs' advocacy related to policy and budget advocacy and community strengthening efforts is designed to increase the capacity of CSOs to mobilize the community in health behavior, access to health services as well as efforts to encourage improved quality of health services.
- On 5 September 2013, Satunama conducted a RETA follow-up session to finalize RETA and plan for how it can be used for budget advocacy with local government or to any other party.

DKI Jakarta

In September, 2013, SUM II CSO partner Yayasan Intermedika received approximately US$20,000 from the second cycle call for proposal from GF/KPAN, with the focus to provide HIV and AIDS prevention to MSM.

Also in first quarter, CSO partner Bandungwangi met with the Social Affairs Department to support 100 FSWs in developing small businesses. The request is pending.

Strategy 1.4: to Address Gender and Stigma and Discrimination

At national level, gender inequality has been recognized as a barrier to reducing the HIV epidemic and is an impediment to national development and welfare. The proportion of PLHIV who are women increased from 21% to 25% between 2006 and 2009, and in Tanah Papua, females represent 50% of those living with HIV. Stigma and discrimination are also recognized barriers to reducing the HIV epidemic. MSM and Waria sex workers, in particular, are experiencing sexual violent rarely addressed by current services, e.g., counseling for sexual violence (not just HIV tests), and programs to fight stigma and discrimination.

A SUM II priority in Year 4 is to increase CSOs' capacity for gender-responsive programming and programs addressing stigma and discrimination. As noted in Strategy 1.2 above, the scope of work was completed in first quarter to recruit a local consultant with expertise in gender, stigma and discrimination to support efforts by SUM II Regional Office staff and TA provider mentors and consultants to provide technical assistance to CSOs, local government, including Province and District AIDS Commissions, and local health service providers in SUM II project sites. The consultant will initially conduct a desk review of existing data and information related to issues of gender, and stigma and discrimination, specific to HIV/AIDS prevention and care program, followed by a qualitative assessment that will involve at least three sub populations of KAP – FSWs, transgender, and Papua indigenous women.

The overall aim of this consultant expertise is to support SUM II efforts to facilitate local government, health service providers, and CSOs to develop the framework and tools required for gender-responsive strategies, and strategies that address stigma and discrimination.

Under its first and second cycle SOWs, SUM II TA provider Circle Indonesia has been assisting CSOs in gender-responsive programming and with strategies for addressing stigma and discrimination – focused on improving service delivery. Preparation took place together with TA provider Circle in Quarter 1 to prepare for a gender mainstreaming workshop to be conduct on October 9-11, 2013, for all SUM II CSO partners in DKI Jakarta that Circle will. The purpose of the workshop is to coach CSOs in reviewing all existing activities to identify gender-responsive improvements, and to use this gender mainstreaming review as a way to determine approaches in how to engage community organizations within most-at-risk populations. Each CSO will develop a concept note on its gender-responsive programs they can use in future proposal development.

Strategy 1.5: To Provide Organizational Performance TA for Health Care Services to MARPs

The creation of demand for health services among increasing numbers of MARPs and affected populations – through expanded outreach and expanded breadth of HIV prevention services – needs to be matched with increased access to relevant, quality health services. Strategy 5 supports implementation of the HIV Comprehensive Services Networks 4-part model described in Strategy 1 and Strategy 2 above. In Year 4 SUM II will assist CSOs to establish services networks or (where already present) to provide technical assistance to local government and organizations, such as District Health Offices, District AIDS Commissions, women and youth alliances, etc., to broker better health services for MARPs (i.e., equal partnership between CSOs and health service providers).

SUM II will also support private clinics with clinical and non-clinical human resources to be able to participate in the HIV Comprehensive Services Networks model – planning, supply chain management, external relationships, and leveraging resources (funds, in-kind, and personnel). Private clinics established or planned include the following:

Jakarta

- 1 private clinic in Blok M area of South Jakarta, in partnership with Angsamerah Foundation. As noted in Strategy 2 above, this clinic opened in July 2013.
- 1 private clinic in North Jakarta for FSWs (YKB).
- 1 private clinic in Central Jakarta in partnership with RS Carolus Hospital (in proposal stage during Quarter 1)

Central Java

- Semarang, to provide financial support for partial salary of one counselor, and one laboratory technician, and one Integrated Data Processing Officer (IDP) who will work at the Griya ASA Clinic in Sunan Kuning Brothel.
- 1 community-based health clinic in Purwokerto, Central Java

Tanah Papua

- Support to two clinics – one sexual health reproductive clinic in Jayapura and one Puskesmas nearby Tanjung Elmo Brothel. SUM II support will include financial support

for partial salaries of medical and non-medical staff. Numbers of staff will be according to need and dependant on fund availability.

In quarter one SUM II finalized a scope of work and is recruiting for a local STTA consultant to assist SUM II strengthen its capacity to provide organizational performance TA for health care services to most-at-risk populations. In Year 4, with support from the consultant, SUM II will work to strengthen local CSOs, local government and health service providers in technical integrity. Building technical integrity is aimed at improving technical capacity of SUM II partners to ensure that they are putting in place strategies that are evidence-based and most likely to bring about HIV prevention and care outcomes. The consultant will provide SUM II regional office staff and TA provider mentors and consultants with in-house training and coaching so they are better able to assist partner CSOs, local government, and local health service providers in developing a comprehensive network of health services for MARPs and affected populations. The consultant will also provide direct support in technical capacity building to initiatives to establish district comprehensive services networks.

Regional highlights are included below.

DKI Jakarta

As noted in Strategy 1.2 above, a new private clinic for most-at-risk populations was opened in July 2013 in Jakarta's Blok M mega entertainment area. The clinic was established through a cost-sharing agreement between SUM II and the Angsamerah Foundation and partners, and support from local government. Klinik Yayasan Angsamerah ("Angsamerah Clinic Foundation") was established with the aim of providing the population of Jakarta, especially individuals and population groups that are at elevated risk of HIV and other sexually transmitted infections (STIs), with comprehensive, high-quality, friendly, affordable and easily accessible sexual and reproductive health services. Klinik Yayasan Angsamerah envisions becoming a learning center and clinic model for reaching at-risk population sub-groups and the general population that can be replicated throughout Jakarta and in other provinces in Indonesia. Klinik Yayasan Angsamerah is an affiliate of the PT. Angsamerah Institution, which has the "core" business to operate clinics that provide high quality health services, an incubator for private sector clinics, and public health consulting. The clinic represents an innovative approach to health care delivery that mobilizes ideas, efforts and resources of government, the private sector and civil society to increase access to quality health care services.

The clinic staff in Quarter 1 worked closely with seven CSOs to reach at-risk population sub-groups from South Jakarta's Blok M and from elsewhere in Jakarta. To establish its market niche within the targeted sub-populations, clinic staff is initiating regular meetings with cafe/bar managers and members of at-risk groups, notably sex workers, in the Blok M area to promote risk-reduction and improved health-seeking behaviors, as well as facilitate the use of sexual health services at the clinic. In order to further accommodate the specific needs of MARPs, the clinic has adapted its opening hours and ensures additional convenience and privacy through the provision of services by appointment. One lesson already from quarter 1 is that clinic customers are saying they prefer that CSOs frame that referrals are for health check-ups, and not specific STI and HCT services.

To ensure long term sustainability, the premises of the clinic (a four story RUKO) will be shared with other businesses (such as a pharmacy and commercial laboratory), which will lower the operational costs. Moreover, the clinic has adopted a dual-track pricing scheme: one track for "general population" clients, who will be charged somewhat higher prices in order to help cross-subsidize the lower prices at-risk population groups referred by local CSO partners, and a second for members of

at-risk groups for whom lower prices are needed. One of the challenges will be to maintain long term sustainability while keeping the prices for the services at an affordable level for both at-risk groups and a wide range of others in need of sexual and general health services.

Angsamerah Foundation will assist YKB in setting up its private clinic serving North Jakarta, especially to assure sustainability and high quality services. In Quarter 1, Angsamerah met with YKB to share its experiences, so YKB in developing its own model can learn from Angsamerah. Planning was also initiated by SUM II and Angsamerah Foundation to partner in providing TA in clinical management to a community-based clinic in Purwokerto, Central Java, and in developing clinical services models for MSM in Surabaya and FSWs in Malang. A main goal of SUM II is to assist CSOs to expand coverage and fill gaps by implementing in high priority hotspots not currently covered.

Planning was also underway in Quarter 1 for a new sexual and reproductive health clinic in central Jakarta, to be a collaborative effort between Yayasan Kasih Suwitno (YKS), RS Carolus Hospital, district KPA and government, and SUM II. YKS is already working with doctors, nurses, counselors and lab specialists at Carolus Hospital in Jakarta as well as with local non-governmental organizations providing outreach and support to provide free, efficient, confidential 'one-stop' services for the poor and at risk. Services include treatment of STIs, participatory counseling around behavioral risk reduction, testing and counseling for HIV and treatment for HIV if they are infected. YKS intends to model the new clinic on the Siloam Clinic at Bangkok Christian Hospital in Bangkok where 50,000 people have been tested over the last five years. Donors have already made possible the renovation and expansion of the Carlo Community Center Clinic in the hospital where these comprehensive services will be provided.

North Sumatera

SUM II staff facilitated a planning session held July 3, 2013, with GSM in Medan for purposes of expanding the GSM mobile clinic STI and VCT services for FSWS, MSM and transgender communities. Health systems' strengthening is a strategy of concern for the government public health service. A result of the meeting is that the Puskesmas Helvetia will focus on supporting mobile clinics for the district and sub-district Marelan Helvetia and Puskesmas Veteran will focus on FSWs in the sub-district of Medan Belawan; and that Puskesmas Veterans every month will do mobile STI and HCT free services for MSM and transgender communities.

East Java

In Surabaya and Malang meetings were held during Quarter 1 to strengthen the role of case managers as a coordinator in health services provision. The workload of case managers is high, with expectations that they coordinate service, monitor regimen of medication for HIV positive patients, and support administrative duties at the hospital. The meetings resulted in agreement to find ways to engage families, friends and partners amore in monitoring the regimen of medication, so that case managers have more time for coordination.

The SUM II regional team convened a coordination meeting on August 28, 2013, with the KPAP to discuss approaches to support to community participation in HIV programs, and to discuss KPAP and SUM II programs in the province. Meeting resulted in commitment to strengthen SUM II and KPAP coordination in the province specific to CSO partner SUAR to avoid overlaps with the activities of the Global Fund program.

Tanah Papua

On August 20, 2013, the forum of health partners in Papua Province met to share follow-up from the June 2013 meeting and to agree on the September meeting agenda, which will be on CHAI activities specific to condom supply and management.

Central Java

SUM II and LPPLSH held a series of meetings during Quarter 1 to determine the best approaches in supporting the community-based health clinic in Purwokerto to assure it becomes sustainable and offers HIV-sensitive services to female sex workers in the brothel complex.

Strategy 1.6: Monitoring and Evaluating CSO Performance

M&E Technical Capacity for CSOs and Local Government

Going into Year 4, the key theme underpinning SUM II's M&E strategy is assessing management by key results (driven by the 3 Zero) and capturing effective coverage, as well as analyzing the relevant transfer of knowledge.

In Quarter 1, SUM II continued to work with SurveyMETER to support M&E capacity building to SUM II CSO partners in Jakarta, East Java, and Central Java. Areas for workplace-based training, coaching and systems development include monthly recordkeeping and reporting, quantitative and qualitative assessments, and surveys of MARPs at SUM II interventions sites.

A major activity this quarter was the SUM II and SurveyMETER engagement with CSO partners on the annual survey results. CSO M&E officers attended a SurveyMETER training on surveys in February 2013 and participated in the survey implementation over the first half of 2013 for purposes of strengthening their capacity to conduct surveys, analyze the results and identify and address improvement areas together with CSO program managers.

In **East Java**, the Surabaya internal session to present and discuss survey results with CSO partners was held July 10, 2013, in SUM II's regional office; and the Malang session was held July 11, 2013, in the offices of *Principal* CSO Paramitra. In preparation for external dissemination of the CSO surveys, SurveyMETER facilitated sessions for Surabaya CSOs on August 19, 2013, at SUM II's regional office, and August 20, 2013, for Malang CSOs at Paramitra offices.

Dissemination of survey results will took place September 25th in Surabaya, and September 26th in Malang. Dissemination in East Java was effective because most of invitees attended – representing Department of Health, Provincial AIDS Commission, SUM I, CSOs, private companies, the media, donors and other stakeholders. In Surabaya, the discussion centered on how to increase the budget for HIV AIDS programs and how to increase the capacity of CSO in outreach. In Malang, the Provincial AIDS Commission Secretary opened the dissemination session, and the vice-mayor, who also attended, stated that all related local government departments should analyze the survey data and submit requests for budget to strengthen programs.

In **DKI Jakarta**, the annual survey results were presented and discussed in a session on August 28, 2013, attended by SUM II, Jakarta CSO partners, and Jakarta KPAP. Preparation steps were also identified for dissemination to a wider stakeholder audience in September 24, 2013. Attendance was

high, over 100 people, with representatives of Jakarta NGO Forum, KPAP DKI Jakarta, the private sector, international NGOs, UN agencies, SUM II TA providers, HCPI, HIVOS, local government (Social Affairs, DOH, and KPAD), and other CSOs. During the session, KPAP DKI Jakarta agreed to hold a further meeting on the findings of the annual survey by CSOs and to develop a follow-up action plan for Jakarta's HIV response. One additional highlight of the event was the presentation of survey findings by the M&E officer of CSO partner Bandungwangi. Until recently the M&E officer, who only completed primary school, lacked confidence in her job, and now was able to take a lead in disseminating the results. The feedback to her from attendees was very positive, which was that her participation in conducting the survey clearly increased her confidence as an M&E officer.

In **North Sumatera**, survey implementation will be carried out jointly by CSOs and KPA, and it will be an annual survey. A planning session was held July 31, 2013, attended by SUM II, KPA Medan, Galatea, GSM and H2O at the Medan Health Center. The session resulted in a letter agreement between the CSOs and the city of Medan to implement the NAC Annual survey data together so that the data will be inclusive of the city of Medan as well as the CSOs. On 11 September 2013, additional preparatory discussions were held with 3 CSOs – Galatea, H2O, and GSM. Agreement was reached that the annual survey will be carried out jointly by the three CSOs, with technical assistance from consultants from the University of North Sumatra (to organize and develop the survey questionnaire). On 23 September 2013, a preparation session for the annual survey was held in Medan with the TA consultant, Mrs. Lita Andayani, from the University of North Sumatra. The session was attended by Galatea, GSM and SUM II. The session included:

- The formulation and preparation of the survey questionnaire
- Schedule for interviewer training
- Schedule for communities in conducting the survey
- Determination of the interviewer team
- Determining the system survey data and reporting results.

In **Tanah Papua**, a mid-year review of HIV programs in Jayawijaya was held August 2, 2013, and facilitated by the KPAD Jayawijaya. It was attended by stakeholders who implement HIV programs in Jayawijaya district. Participants evaluated progress of programs in the first half of 2013, and determined priorities in HIV programs for the second half of 2013. Local government in Jayawijaya District has requested SUM II assistance to develop a district-wide monitoring system over the coming year, as well as software that enables the district to co-manage (will KPAD the lead) and integrate all of the data from CSOs, health services providers, and other stakeholder programs. The Bupati issued a special decree (187/2013) end of September authorizing the district-based monitoring system and the appointment of KPAD Jayawijaya as database manager. The KPAD also issued a special decree (75/KPA-JWJ/IX/2013) for the technical working team – which includes the KPAD, Social Affairs District Office, District Secretary, District Health Officer, CSO partners Yukemdi and TALI CSOs, and SUM II – to begin the construction of the system.

SUM II also in quarter 1 began discussions with Puska Antropologi University of Indonesia to provide M&E capacity building for CSO partners in Tanah Papua, North Sumatera and Riau Islands. TRG prepared a time and materials subcontract for Puska Antropologi, which it will submit to USAID for approval once the final scope of work and budget is negotiated. SurveyMETER and Puska UI will coordinate with all other SUM II TA Provider Institutions to harmonize the content of M&E functions so that CSOs will have ability to monitor and evaluate their institutional and programmatic performance.

Other Quarter 1 highlights are as follows:

- 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.

- SUM II's national ICT officer continued construction of the website-based on-line reporting system for CSO data. He also continued to coach CSOs in Epi Info 7 in Papua, Riau Islands, and North Sumatera, since SurveyMETER is only covering the Java provinces. He is working with Angsamerah to develop their tailored data management system. The plan is to create connectivity between Angsamerah (and other health services providers eventually, i.e., YKB's private clinic) and CSOs. This connectivity will enable real-time referral and follow-through case management.

Expansion Strategy for Roll out of CommCare Mobile and other Technologies

In Year 4, SUM II will continue to work towards 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. Planning was underway in Quarter 1 to address the roll-out challenges, including budget constraints as well as the mindset of CSO managers fearful that electronic data transmission will result in loss of data. Training is being planned for Quarter 2 for YKB and Genta in CommCare use and application, and later for YCTP in Papua. YKB faced budget constraints in the purchase of cell phones, and last month SurveyMETER has agreed to purchase the cell phones for YKB. Genta has sufficient funds to purchase its own cell phones.

SUM Website (www.sum.or.id)

During Quarter 1 of Year 4, SUM II's ICT Officer, Harmi Prasetyo, 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:

- Enable SUM II regional teams to report CSO monthly data directly onto the website
- Publish CSO achievement in meeting targets
- Provide NAC, MOH, USAID, and other donors and partners easy access to CSO data
- Enable SUM II regional teams to monitor CSO program progress and manage for results
- 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 were fully expended and committed to CSO and TA provider partners, with a remaining balance of $285,944.

For SUM II's Year 4 Work Plan and Budget, TRG realigned budget to augment this remaining balance of $285,944 by transferring $596,076 from RTI's Objective 1 and Objective 2 (Labor & FRINGE line item) to RTI Objective 2, Grants. This budget realignment brings the remaining balance for Years 4 and 5 to $882,020.

Quarter 1 highlights:

- USAID approved second cycle grants to five SUM II CSO partners in Tanah Papua (see introduction to Objective 1 above).
- No cost extensions initiated for SUM II CSO partners in Java, North Sumatera and Riau Islands.
- Exploratory discussion initiated with CSO partners in North Sumatera, Riau Islands and DKI Jakarta to take a consortium approach to next cycle grants.

SUM II grants as of September 30, 2013 are included below.

Principal CSOs

Province	**CSO**	**Budget**	
		IDR	**USD**
East Java	PARAMITRA *First Cycle* *June1,2011-Aug14,2012*	525,451,400	61,818
	PARAMITRA *Second Cycle* *Aug15,2012-Oct14,2013*	880,288,000	97,810
East Java	GAYA NUSANTARA *First Cycle* *Jun1,2011-Aug14,2012*	458,197,500	53,906
	GAYA NUSANTARA *Second Cycle* *Aug15,2012-Oct14,2013*	815,025,875	90,558
East Java	GENTA *First Cycle* *Jun1,2011-Aug14,2012*	501,485,000	58,998
	GENTA *Second Cycle* *Aug15,2012-Oct14,2013*	838,762,000	93,196
Jakarta	YKB *First Cycle* *Jun1,2011-Aug14,2012*	610,176,867	71,785
	YKB *Second Cycle* *Aug15,2012-Oct14,2013*	1,101,627,481	122,403
Jakarta	KARISMA *First Cycle* *Jun1,2011-Aug14,2012*	521,855,833	61,395
	KARISMA *Second Cycle*	1,141,727,500	126,859

	Aug15,2012-Oct14,2013		
Jakarta	ANGSAMERAH *First Cycle* *Oct15,2012-Oct14,2013*	345,030,000	38,337
Papua	YCTP *First Cycle* Feb15,2012-Aug31,2013	1,435,580,000	168,892
	YCTP *Second Cycle* *Sept1,2013-Aug31,2014*	1,290,405,000	143,378*
Papua	YUKEMDI *First Cycle* Feb15,2012-Aug31,2013	1,097,005,000	129,059
	YUKEMDI *Second Cycle* *Sept1,2013-Aug31,2014*	1,132,995,000	125,888
	Total	**12,695,612,456**	**1,444,282**

* US$1 = IDR9901

Developing CSOs

Province	CSO	Budget	
		IDR	USD
Jakarta	YSS *First Cycle* *June1,2011-Sept30,2012*	539,527,500	63,474
	YSS *Second Cycle* *Oct1,2012-Nov30,2013*	825,577,200	91,731
Jakarta	YIM *First Cycle* *June1,2011-Sept30,2012*	601,482,205	70,763
	YIM *Second Cycle* *Oct1,2012-Nov30,2013*	857,813,059	95,313
Jakarta	LPA *First Cycle* *June1,2011-Sept30,2012*	566,083,713	66,598
	LPA *Second Cycle* *Oct1,2012-Nov30,2013*	810,963,067	90,107
Jakarta	BANDUNGWANGI *First Cycle*	501,670,200	59,020

	June1,2011-Sept30,2012		
	BANDUNGWANGI *Second Cycle* *Oct1,2012-Nov30,2013*	656,103,710	72,900
Jakarta	YAP *First Cycle* *Sept1,2013-Aug31,2014*	224,870,000	21,924
West Java	Yayasan Kusuma Bongas *First Cycle* *Sept1,2013-Aug31,2014*	224,960,000	21,978
East Java	PERWAKOS *First Cycle* *June1,2011-Aug14,2012*	505,080,000	59,421
	PERWAKOS *Second Cycle* Aug15,2012-Oct14,2013	664,952,750	73,884
East Java	ORBIT *First Cycle* *June1,2011-Aug14,2012*	465,492,000	54,763
	ORBIT *Second Cycle* Aug15,2012-Oct14,2013	745,545,300	82,838
East Java	IGAMA *First Cycle* *June1,2011-Aug14,2012*	498,688,000	58,667
	IGAMA *Second Cycle* Aug15,2012-Oct14,2013	747,080,220	83,009
East Java	SUAR *First Cycle* *Sep1,2013-Aug31,2014*	210,968,125	21,245
East Java	YAYASAN EMBUN SURABAYA (YES) *First Cycle* *June1,2013-May31,2014*	454,135,000	46,640
East Java	WAMARAPA *First Cycle* *June1,2013-May31,2014*	244,206,200	23,046
Papua	YPPM *First Cycle* Feb15,2012-Aug31,2013	880,018,500	103,532
	YPPM *Second Cycle* *Sept1,2013-Nov30,2013*	833,243,000	92,583
Papua	YHI *First Cycle* Feb15,2012-Aug31,2013	967,939,000	113,875
	YHI	808,641,000	89,849

	Second Cycle *Sept1,2013-Aug31,2014*		
Papua	TALI *First Cycle* Feb15,2012-Aug31,2013	981,210,000	115,436
	TALI *Second Cycle* *Sept1,2013-Aug31,2014*	994,670,000	110,519
Papua	PKBI PAPUA** *First Cycle* Feb15,2012-Aug30,2013	998,228,100	177,439
Riau Islands	YAYASAN BENTAN SERUMPUN *First Cycle* Oct15,2012-Oct14,2013	699,715,386	77,746
Riau Islands	KOMPAK *First Cycle* Nov1,2012-Oct31,2013	544,542,000	60,505
Riau Islands	YAYASAN EMBUN PELANGI *First Cycle* Nov1,2012-Oct31,2013	789,750,000	87,750
Riau Islands	YAYASAN GAYA BATAM[1] *First Cycle* Sep15,2012-Aug25,2013	780,405,000	86,712
Riau Islands	LINTAS NUSA *First Cycle* Nov1,2012-Oct31,2013	783,138,000	87,015
North Sumatera	GALATEA *First Cycle* Aug15,2012-Oct14,2013	674,654,021	74,962
North Sumatera	HUMAN HEALTH ORGANIZATION *First Cycle* Aug15,2012-Nov30,2013	706,939,871	78,549
North Sumatera	GERAKAN SEHAT MASYARAKAT *First Cycle* Aug15,2012-Oct14,2013	616,958,300	68,551
North Sumatera	FLP-AIDS Medan *First Cycle* *Sept1,2013-Aug31,2014*	202,480,000	20,066
Central Java	LPPSLH *First Cycle* *Nov1,2012-Oct31,2013*	200,727,500	22,303

[1] As noted under Objective 1, Yayasan Gaya Batam was suspended as a SUM II partner in August 25, 2013.

Central Java	GRAHA MITRA *First Cycle* *Dec1,2012-Nov30,2013*	209,110,000	23,234
Central Java	SEMARANG GAYA COMMUNITY *First Cycle* Jun1,2013-May31,2014	224,984,000	23,038
	Total	**23,242,551,927**	**2,670,985**

* US$1 = IDR9901
** No cost extension to April 30, 2013, and no second cycle grant

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-Jan 31, 2014	1,424,300,000	158,256
Circle Indonesia	Jakarta	Nov 15, 2011 – April 30, 2013	1,290,744,760	151,852			
Circle Indonesia	Jakarta, North Sumatera, 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-Nov 30, 2013	1,460,760,000	162,307
Yayasan SurveyMETER	Jakarta and East Java				Oct 1, 2012-Sep 30,2013***	1,561,390,000	173,488
KIPRa	Papua				Oct 1, 2012-Oct 30,2013	1,609,510,000	178,834
OPSI	Papua				Apr 1, 2013-Mar 31, 2014	820,440,000	84,259
Atma Jaya PPPH	*First Cycle*	Dec15,2011-Jun15,2012	809,241,568	95,205			
			3,756,281,328	**441,915**		**10,932,616,160**	**1,185,668**
		Total				**14,688,897,488**	**1,627,583**

***No cost extension in process

Other Grants

		Budget	
		IDR	**USD**
CCM Financial Management	*First Cycle Apri1,2011-Dec31,2011*	137,770,000	16,208
	Second Cycle Jan1, 2012-Dec13,2012	207,722,000	23,080
	Third Cycle Jan1,2013-Dec31,2013	228,402,000	25,378
UNCEN	*First Cycle Aug4,2011-Mar31,2012*	533,740,000	59,304
University of Indonesia (Baseline Survey)	*First Cycle Dec1,2011-April1, 2012*	532,928,198	65,702
UGM (Center for Health Service Management	*First Cycle Feb15,2012-Dec15,2012*	975,713,140	108,413
	Total	**2,616,275,338**	**298,085**

Suspended CSOs

Province	**CSO**	**Budget**	
		IDR (Actual)	**USD**
Jakarta	LAYAK *First Cycle May1,2011-April30,2012*	608,691,042	61,478
Jakarta	*Atma Jaya Kios First Cycle Jun1,2011-May31,2012*	642,373,815	64,879
	Atma Jaya Kios Second Cycle Oct1,2012-Sept30,2013	Withdrawal	
East Java	Sadar Hati *First Cycle Jun1,2011-May31,2012*	477,738,310	48,252
	Total	**1,728,803,709**	**174,609**

* US$1 = IDR9901

Performance against PMP targets

Implementation performance measured against the PMP indicators in Year 4 Quarter 1 is summarized in the table below.

The achievement of Y4Q1 indicated on the right track. The achievement to each of indicators was impressive, except indicator P8.1.D. The indicator P8.3.D achieved 39%; P8.1.D achieved 0.06%; P11.1.D achieved 45.51%; and C1.1.D achieved 15.04%; and KAPs that accessing STI service was 22.69%.

The indicator P8.3.D the achievement to each sub KAP populations was very impressive. However, achievement to MSM to this reporting period was the lowest among other MARPs that requires technical assistance to improve coverage and quality services in quarter two.

Poor achievement to the indicator P8.1.D mainly caused by all SUM II CSO partners were in the preparation stage to the implementation of the approved agreement that they recevieved in September 2013. SUM II has to provide intensive supervision in the 2nd quarter to serve KAPs in Papua general populaton in the large scale of reach and with high quality.

On the other hand, P11.1.D in this year is doubled than the same quarter in the previous year, 14.5% compared to 8.71%. This is because almost all CSOs in this quarter have fully operated, except Papua CSOs. In addition, in this quarter reporting period, Angsa Merah Clinic has already served referred clients both from all CSO in Jakarta eith SUM 2 supported CSOs or CSOs supporter by other than SUM 2. It is expected the number will be significantly increased once SUM 2 Program started to work with other private clinics, namely clinic in North Jakarta (managed by Yayasan Kusuma Buana to serve especially CSW and HRM; status: development of Scope of Work), Ruang Carlo clinic In Central Jakarta (to serve especially MSM; status: development of Scope of Work), Pos Daya in Purwokerto (managed by LPPSLH to serve CSW and HRM; status: establishment of the clinic). SUM 2 Program also in the process of assessing other potential private clinic in other provinces, specifically in North Sumatera and Riau Islands. Adding to that, Angsa Merah Clinic will give technical assistance to those private clinics in order to ensure the services delivered by those clinics in high quality, MARPs sensitive, and more importantly sustained.

In the meantime, C1.1.D is slightly lower than the previous year 15% Vs 15.98% which is still tolerable. One of the influencial factor to the lower achievement was SUM 2 CSO partners have not started with program services.

The achievement of KAPs that accessing STI service was 22.69%. The three sub KAP Population Transgender, MSM, and IDUs require high attention. Their achievement to this reporting period was lower compared to CSW and OVP.

	Indicator	Disaggregated by	Data Source, Collection Method, Frequency of Reporting	Target Y4		Achieved Y4/Q1	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, TG and OVP (non-injecting drug user, IDU's sex partner, high-risk men, high-risk men partner)	CSO monthly report; reported quarterly; semi-annually; and annually	CSW	10,000	4,360	4,360
				IDU	3,000	1,377	1,377
				MSM	17,000	4,402	4,402
				Transgender	3,000	1,560	1,560
				OVP	12,000	5,873	5,873
				Total	45,000	17,572	17,572
32	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)	By sex (male & female) and age (<15 y.o. & 15+)	Papua CSO monthly report; reported quarterly; semi-annually; and annually	Male<15	935	0	0
				Male 15+	33,000	31	31
				Female<15	690	0	0
				Female 15+	15,000	0	0
				Total	49,625	31	31
3	Number of individuals who received Counseling and Testing (HCT) services for HIV and received their test results (P11.1.D)	Sex and Age: (male<15, male 15+; female<15, female 15+)	CSO monthly report; reported quarterly; semi-annually; and annually	Male<15	120	38	38
				Male 15+	14,300	1,771	1,771
				Female<15	110	3	3
				Female 15+	6,200	1,197	1,197
				Total	20,730	3,009	3,009
4	Number of HIV- positive adults and children receiving a minimum of one clinical service (C1.1.D)	Sex and Age: (male<18, male 18+; female<18, female 18+)	CSO monthly report; reported quarterly; semi-annually; and annually	Male<18	30	1	1
				Male 18+	2,475	406	406
				Female<18	40	2	2
				Female 18+	1,530	204	204
				Total	4,075	613	613

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)	CSO monthly report; reported quarterly; semi-annually; and annually	CSW	7,000	2,264	2,264
				IDU	300	47	47
				MSM	4,000	654	654
				Transgender	3,000	397	397
				OVP	4,500	904	904
				Total	18,800	4,266	4,266

Annex 1. Success Story

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SUCCESS STORY

Jakarta's Blok M Entertainment Area has New Private Clinic for Most-at-Risk Populations

Angsamerah Foundation and SUM II are cost-sharing to launch a private clinic next to Bloc M to provide HCT and STI services for female sex workers and other most-at-risk populations.

Block M is a large complex of shopping centers, restaurants and entertainment establishments at the center of South, Central and East Jakarta

Dr. Jacqueline Piay (second on right),director of the satellite clinic, and SUM II's Chief of Party Yen Rusalam (far left) with Angsamerah staff in street entrance to the new clinic

"Our goal is to provide HTC and STI services in a confidential and friendly environment, and establish networks with most-at-risk populations in the Bloc M area with the assistance of SUM II CSO partners, and eventually to networks throughout Jakarta."

— Dr. Jacqueline, Director of the Angsamerah satellite clinic

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Blok M is a mega shopping and entertainment area located at the crossroads of central, east and south Jakarta, and known for its two huge shopping centers and winding streets lined with hundreds of shops, market stalls and a full range of entertainment establishments. It is the biggest hotspot in South Jakarta, a place where female sex workers, MSM, Waria, injecting drug users, and middle class high-risk men congregate. A main goal of USAID SUM II is to assist CSOs to expand coverage and fill gaps by implementing services in high priority hotspots not currently covered.

Now, with a cost-sharing agreement between USAID SUM II and the Angsamerah Foundation, and support from local government, a new private clinic is opening to offer confidential and friendly HCT and STI services to most-at-risk populations, in particular female sex workers. The clinic has four levels, with the first and second floors renovated for counseling and HIV/STI testing rooms, a mini-laboratory, a pharmacy, and a waiting room. The advantage of a RUKO (business building) in the high-demand Blok M location is that the multiple levels and larger floor plans provide the option to share part of the building with another business to lower operating costs and assure the clinic's longer-term sustainability. Clinic director, Dr. Jacqueline Piay, aims to lease the third floor to a commercial laboratory, so all lab work can be done on the premises, and use the fourth floor for training SUM II CSO partners on HIV and STI services, clinical management, and approaches to networking with community organizations in female sex worker, MSM, and Waria populations. Angsamerah will seek local government support to provide the clinic with consumables supplies, including the regents for STI and HIV testing. Individuals with CD 4 below 200 will be referred to Angsamerah's main profit-making clinic in central Jakarta. SUM II and Angsamerah Foundation will also provide TA in clinical management to a community-based clinic in Purwokerto, Central Java, and partner to develop clinical services models for MSM in Surabaya and FSWs in Malang.

The Angsamerah satellite clinic hopes to be seen as a Center of Excellence and model for others to replicate, especially in how clinics can promote health seeking behaviors, provide friendly services, and attract most-at-risk populations. With its strategic location in the Bloc M neighborhood, and its easy transportation access, the clinic expects high utilization and will expand hours to meet demand. The clinic also expects to draw FSWs, MSM and Waria from across Jakarta.

Financial reporting portion removed for publishing.