



# **SUM II QUARTERLY REPORT**

## **October - December 2013**

**Submitted to:** **Tetty Rachmawati (COTR)**  
USAID/Indonesia

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

## Table of Contents

	<u>Page</u>
Introduction	1
SUM II Objective 1	7
Strategy 1: CSO Capacity Building	9
Strategy 2: SUM II Operational Management	13
Strategy 3: To Strengthen Advocacy Capacity	22
Strategy 4: To Address Gender and Stigma and Discrimination	24
Strategy 5: To Provide Organizational Performance TA for Health Care Services to MARPs	25
Strategy 6: Monitoring and Evaluating CSO Performance	26
SUM II Objective 2	28
Status of Small Grants Program	
Performance against PMP Targets	36
Annex 1. SUM II Participation in the 11 <sup>th</sup> International Congress on AIDS in Asia and the Pacific (ICAAP11)	38
Annex 2. Success Story	50
Annex 3. Technical Briefs	52
Annex 4. Actuals & Estimated Accruals for October to December 2013	60
Annex 5. Quarterly Accruals and Projections	61

## Abbreviations

AEM	Asian Epidemic Modeling
AIDS	Acquired Immune Deficiency Syndrome
APMG	AIDS Project Management Global Health
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
OGM	One-roof grant management
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 Second Quarter Report for Year 4 documents the progress of SUM II 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, which USAID has approved, and to the activities and progress documented in this report.

SUM II's Year 4 Objective 1 strategies support the strengthening and demonstrations of a 4-part model for comprehensive services networks (see Annex 3, Technical Brief #19, *Four-Part Model for Comprehensive Services Networks: Transforming the Local HIV Response*); and 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.

Objective 2 strategies support development and implementation of third cycle grants for Java CSO partners and second cycle grants for North Sumatera and Riau Islands; as well as grant modifications for TA providers Penabulu, Circle Indonesia, KIPRa, Satunama, SurveyMETER, Angsamerah, and OPSI. A SUM II budget review will take place in January 2014 to determine if additional funds from Objective 1 can be added to Objective 2 grants, given that current uncommitted grant funds are now less than \$1 million and insufficient to cover proposed SOWs for CSOs and TA providers for 2014-15.<sup>1</sup> TRG will also subcontract with a new TA provider for M&E support to Tanah Papua, North Sumatera and Riau Islands.

SUM II is also exploring options for "one roof grant management" (OGM) with CSOs working in the same geographical area or with the same key population. TA provider organizations have been part of these discussions, especially to clarify roles of SUM II and TA providers in support of CSOs working in a consortium model. The concept will be further define at the January 15-18, 2014, *SUM II Internal Meeting*, and the January 20-22, 2014, *SUM II Partnership Meeting with TA Provider Organizations*.

The October-December 2013 activities described in this quarterly report build on SUM II lessons and achievements to deliver best-practice replicable intervention models using the following approaches (also see Technical Brief #18, *USAID SUM II Lessons: Building a Local and Sustainable HIV Response*, in Annex 3):

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*.

---

<sup>1</sup> A previous budget review – in June 2013 – realigned approximately \$600,000 from Objectives 1 and 2 (fringe, etc.) to Objective 2 grants.

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 Quarter 2 continued its collaboration with the National AIDS Commission, MOH, and UNAIDS to develop a RETA and Asian Epidemic Modeling (AEM) integrated tool. Preparation is underway for training on the integrated tool in two provinces where AEM data is in place – DKI Jakarta and East Java. SUM II will work with NAC to exercise AEM in Papua Province; and, whenever AEM data is available, training on RETA and AEM integrated tool will be provided.

SUM II participated in the 11<sup>th</sup> International Congress on AIDS in Asia and the Pacific (ICAAP11), 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 presented was:

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

This presentation described the critical role of journalists in advocating for HIV programs and reducing stigma and discrimination directed at most-at-risk populations. It highlighted the successful partnership between USAID SUM II and the Indonesia Journalist Association (AJI). The presenters were Ms. Meytha Nurani, SUM II East Java Regional Coordinator, and Mr. Rudi Hartono from AJI.

The abstracts accepted for e-poster presentations included:

*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

See Annex 1.

### Grants Approved in Quarter 2

The following grant received USAID approval during second quarter:

- The Indonesia Country Coordinating Mechanism (CCM) has overarching responsibility for all of Indonesia's Global Fund grants. SUM II issued a fourth cycle grant to CCM Indonesia in Quarter 2. The purpose of the grant modification is to continue financial management support to the CCM. The grant extension of IDR239,614,500 (US\$24,202) funds the post of Finance Officer for the CCM.

### Other Major Activities this Quarter 2

- Program review and strategic thinking exercises with SUM II CSO partners and TA providers in preparation for third cycle grants for CSOs in DKI Jakarta and East Java, and second cycle grants for Central Java, North Sumatera, and Riau Islands.
- Second cycle grants to SUM II's five CSO partners in Papua (approved in First Quarter) were in full implementation, as was CSO capacity building by Penabulu, Satunama, KIPRa and OPSI.
- Preparation of a subcontract with Puska Antropologi University of Indonesia (SOW, budget and draft "time and materials" subcontract document) to provide M&E capacity building for CSO partners in Tanah Papua, North Sumatera and Riau Islands. This TRG "time and material" subcontract with Puska Antropologi will be submitted with sole source justification to USAID for approval in Quarter 3. Funding for this subcontract will come from remaining funds in the Burnet Institute (BI) budget. BI closed its Indonesia country office in June 2012 and at that time ended support to the SUM II M&E function and advocacy activities.
- Recruitment underway in Quarter 2 for SUM II replacement key positions of Finance and Administration Officer and Monitoring and Evaluation Officer. TRG COP is reviewing options for restructuring the SUM II senior leadership team.
- Recruitment underway in Quarter 2 for one STTA for gender and human rights to cover all provinces; and for three local government STTA (two in Papua Province and one outside of Papua Province). A third category of STTA, for clinical services in HIV technical capacity,

describe in the SUM II Year Work Plan, will instead be provided by a TA provider. In second quarter the local STTA consultant contract for RETA and advocacy strategies was renewed.

- Continued development of the CSO interactive reporting platform on the SUM II website, including training CSO staff in how to access and use the site.
- Preparation in October and November 2013 of PEPFAR Annual Program Results.
- Completion of one success story (see Annex 2), and Technical Briefs 18, 19, and 20. (See Annex 3)
- SUM II team preparation in October 2013 for the USAID evaluation team.

On January 15-18, 2014, SUM II will hold its annual *SUM II Internal Meeting* to take stock of Year 4 Work Plan progress and plan specific implementation steps for demonstrations of the 4-part model, development of community organizations, development of one roof grant management (OGM), and other key areas of work plan strategies. This internal meeting will be followed January 20-22, 2014, by the *SUM II Partnership Meeting with TA Provider Organizations*.

Activities and outcomes for Objective 1 in Year 4 Second Quarter are highlighted below by strategy. Objective 2 grants issued since the beginning of SUM II are also 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 Objective 1 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)

**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 by 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).

that emerged from SUM II Year 3 lessons and experiences – from SUM II staff, TA providers, and CSO and government partners. (See text box on previous page.) 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* 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 also designated *Principal CSOs* (since July 2013). The seven *Principal CSOs* are:

- 1) Yayasan Kusuma Buana (YKB), Jakarta
- 2) Yayasan Karisma, Jakarta
- 3) Lembaga Paramitra, Malang
- 4) Yayasan Genta, Surabaya
- 5) Yayasan Gaya Nusantara (GN), Surabaya
- 6) Yayasan Caritas Timika Papua (YCTP), Tanah Papua
- 7) Yayasan Usaha Kesejahteraan Ekonomi Masyarakat Desa Indonesia (YUKEMDI), Tanah Papua

During first quarter Year 4 USAID approved second cycle grants to the five SUM II CSO partners in Tanah Papua. In second quarter, implementation was underway (see above text box).

**KIPRa** is SUM II’s Tanah Papua-based TA partner, and during Quarter 2 KIPRa provided capacity building support to CSOs in financial management. TA partners **Penabulu**, **Satunama** and **OPSI** provide KIPRa with backstopping support in the areas of financial management, organizational development and community organization.

### Second Cycle Papua Grants Underway in Quarter 2

**YCTP** works with indigenous adult women and men and high risk men and local indigenous general population, adult men and women in Mimika District, covering three subdistrict Mimika Timur, Mimika Baru and Kuala Kencana, and focuses on community-based HIV/AIDS services, partnership-building with local health providers, the district health office, and other stakeholders. YCTP will integrate SUM II with TB-CEPAT which was awarded to Catholic Diocese of Timika, implement TB-HIV co-infection services in Jayawijaya District. YCTP will work with Yukemdi to do a joint training at community level to improve community participation in increasing HIV and TB case findings, and health services. . Activities will include the development of advocacy strategies in collaboration with the Jayawijaya District AIDS Commission. YCTP will obtain USAID approval to scale up TB-HIV co-infection services to Mimika District instead of Paniai District, one of TB-CEPAT project sites.

**YUKEMDI** works with faith-based and tribal-based women and youth organizations, and, with its second cycle grant, is continuing its work with high risk populations in Wamena and indigenous women and men in sub-districts of Jayawijaya district. YUKEMDI is implementing 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) that are not included in the commercial and/or transactional FSW group. YUKEMDI’s service area includes five subdistricts in Jayawijaya Regency, including: Wamena Kota, Kurulu, Asologaema, Walelagama, and Yalengga.

**TALI** works in the Jayawijaya Regency of Papua Province and, with its second cycle grant, is implementing interventions serving Wamena Kota District, with a focus on high risk males (motorcycle taxi drivers, pedi cab drivers, stone breakers, sand diggers, driver-driver assistant, Army/police, civil servants, and pupils/students); and 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, Kemptuk Kresi, Kaureh, and Waibu. With its second cycle grant, YPPM is continuing to focus on high risk populations in Jayapura City, including 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

## Strategy 1.1: CSO Capacity Building

A major effort by SUM II staff in the second quarter of Year 4 was engagement with SUM II CSO and TA provider partners to define an approach to *one roof grant management* (OGM) and to develop Cycle 3 grant SOWs for Java, and Cycle 2 grant SOWs for North Sumatera and Riau Islands. The January 2014 meetings – internal SUM II team and SUM II team-TA partners – will further clarify the mechanism(s), structure and roles for OGM. In January 2014, SUM II will also identify any additional funds it can transfer from Objective 1 to Objective 2, Grants. SUM II will have a shortfall of funds for the next cycle of grants for CSOs in Java, North Sumatera and Riau Islands, and for TA providers. Grant budgets covering a nine-month period, and not twelve months, may be the only option.

In Years 2 and 3 of SUM II, the intensive workplace-based capacity building approach for CSO partners centered on the core capacities of HIV program planning and implementation, and financial and organizational management; with capacity building in monitoring and evaluation (M&E) added in Year 3. 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, is working to institutionalize CSOs' managing for results; and SUM II TA partners Circle, OPSI, Yayasan Satunama, Yayasan Penabulu, Yayasan KIPRa, SurveyMETER, Puska Antropologi (subcontract with TRG being developed), 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 provider OPSI in Papua, and Penabulu, Circle Indonesia, and Satunama in the other provinces.)

SUM II regional staff, in the Quarter 1 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.

### Four-Part Model and Technical Integrity

SUM II national and regional staff, with support of international STTA (Mona Sheikh Mahmud, APMG), included the following implementation support in Quarter 2 for the Four-Part Model and technical integrity:

- STTA to Papua to mentor OPSI in community organization
- Development of the building blocks (framework) for the 4-Part Model specific to Papua, but adaptable to all regions. Engaged with SUM II regional team and local Jayapura-based CSOs.

SUM II national and regional staff, with support of international STTA (Lou McCallam, APMG):

- Technical assistance to SUM II team, CSOs, and TA providers in three specific areas: project collaborative management and leadership; strategies and approaches in joint project operations; and technical integrity of HIV/AIDS comprehensive services for MARPS.

- Considerable time during the international STTA visit (November 23–December 4, 2013) was spent working with the MSM and transgender CSOs on two areas:
  - The technical integrity of their interventions
  - Consultations for greater collaboration, i.e., “one roof grant management” (OGM)

In the review of technical integrity, the rationale behind CSO interventions was examined and ways to sharpen the focus on “meaningful knowledge of HIV status” was mapped out.

Specific to CSOs (from report of international STTA):

- YIM: In general YIM has a good outreach model and has some focus on testing, but they can sharpen this focus significantly. They can identify ways to make space within YIM for the ongoing support of MSM with HIV, e.g., by working with staff to increase their understanding of how to support PLHIV within the organization; with more integration between case management and outreach so that PLHIV support becomes a part of outreach; and through imagery around the office (posters, IEC materials), including messages on living with HIV.
- LPA Karya Bhakti: LPA uses a “tribes” model, working with specific subpopulations of MSM. Assistance in 2014 to sharpen their targeting will be helpful in ensuring their primary focus centers on reaching MSM, and that reaching people is not an end in itself but as their workforce for reaching others. Their program of activities will benefit from less focus on activities such as folk dancing and Barbie dress making and more focus on knowledge of HIV status, access to ART, and consistent condom use.
- Swara: The TransSchool Model provides a good focus for the gathering of young Waria. Swara is keen to add some HIV components to TransSchool, such as a campaign to know one’s HIV status and act on it, as well as working with members on acceptance of PLHIV within their ranks. Key will be to identify Waria PLHIV prepared to act as leaders in support and acceptance, so they take the lead in a campaign for greater acceptance of Waria with HIV. Swara will be included in SUM II proposed one roof grant management for DKI Jakarta MSM and TG CSOs. The CSOs collaborating under the proposed SUM II one roof grant agreed to be called J1W4, which means Jakarta one color.
- Yayasan Srikandi Sejati: YSS indicated that they do not currently have a focus on testing and treatment and support for Waria with HIV. Technical assistance can help YSS refocus their SUM 2014 activities more onto knowledge of one’s status and support of Waria with HIV.

#### Other Quarter 2 Highlights

Additional highlights of SUM II activities during October to December 2013 are included below.

#### DKI Jakarta

- SUM II and Penabulu: During Quarter 2 Penabulu finished guidance for all SUM II geographical areas except for West Papua (where SUM II will unlikely be able to initiate activities due to limited budget).

- For DKI Jakarta, Penabulu is finalizing preparation of consolidated financial report for SUM II *Principal* CSOs Karisma and YKB. The two organizations are also being encouraged to proceed with internal and external audits with external auditors from the list of approved auditors by USAID/Indonesia. Internal and external audits will demonstrate transparency and accountability, which is critical for CSO efforts to mobilize support from funders requiring financial reporting by recipient organizations. Karisma, in particular, is keen for this assistance to prepare for these audits because they are aware of the need for transparency and accountability for non-profit organizations to be sustainable in the long-term.
- SUM II and Circle Indonesia:
  - Circle Indonesia during Quarter 2 continued its program of mentoring and training to CSOs in DKI Jakarta and North Sumatera. In general, follow-up assistance focused on institutional governance, HR personnel management, integration of gender and human rights into HIV/AIDS programs, and proposal development.
    - In November 2013, provided mentoring to DKI Jakarta CSOs and OPSI on preparation of proposals to be submitted to donor partners other than SUM II. Assistance was provided to YSS, YIM, and Bandungwangi. YSS and YIM are planning to submit a proposal to the NAC for the R3 Program; and Bandungwangi is planning to submit a proposal to the Body Shop. Assistance is provided to CSO partners to strengthen CSOs' ability to prepare a variety of proposals specific to various donor partners that fund HIV programs. The assistance was also aimed at enabling CSOs to begin integrating proposal development capacity with their advocacy plans aimed at leveraging resources from local government. To complement these activities, Circle is also assisting CSO partners in the preparation of plans and annual reports as tools to describe activities and achievements of the institution. These skills and documents are all aimed at gaining further support from a variety of private sector entities and government for CSO program sustainability. OPSI, LPA and YIM have completed draft plans and reports.
    - Circle's mentoring on managing growth is also tied to the development of proposals and concept notes for submission to various funding sources, such as donors, NAC and local government. Currently, proposals submitted to the NAC, in collaboration with Global Fund, have undergone the "short-list" selection process. All proposals submitted by SUM II CSO partners serving the MSM and TG communities have been included in the short list and are waiting for final review and clarification. YIM requires more time for assistance from SurveyMETER before completing its proposal targeting young MSM.
- SUM II regional capacity building officer (RCBO) and SUM II CSO partners OPSI and Karisma attended HIV and AIDS harm reduction training November 27-28, 2013. One aim of the training was to build networks among activists in harm reduction, i.e., community organizations. Staff from SUM II partners OPSI and Karisma also attended. The training was conducted by the HIV and AIDS Research Center, Atma Jaya Catholic University. The Atma Jaya trainers noted that participation by SUM II partners enhances the discussions because of their strategies, ideas and experience in the district-level response. Twenty participants from DKI Jakarta CSOs attended.

### East Java

- SUM II and Penabulu: As noted above, during Quarter 2 Penabulu finished guidance for all SUM II geographical areas.
  - For East Java, Penabulu is finalizing the preparation of internal audits for SUM II partners Paramitra, Perwakos, and Orbit. The three institutions are also being encouraged to proceed with the internal audit with an external auditor (on the list of auditors approved by USAID/Indonesia). Paramitra has completed with consolidated financial report to the period of January – December 2013, and about ready to do external audit in December 2014. Penabulu will coach Orbit and Perwakos to work on consolidated financial report to the period of January – December 2014 and both will be projected to do external audit in the calendar year 2015. The internal and external audits in addition to demonstrate transparency and accountability will also better position CSOs to mobilize support from funders where financial reporting is a requirement in consideration for funding support. Orbit in particular is very keen to receive assistance preparing for internal and external audit because they are aware of the need for non-profit organizations to have transparency and accountability if they are to be sustainable over the long-term.
- SUM II and Circle Indonesia: Circle in Quarter 2 continued its program of mentoring and training to CSOs.
  - Follow-up assistance in strengthening CSO governance, HR personnel management, and the integration of gender and human rights in HIV/AIDS programs.
    - In November 2013, provided mentoring to CSO partner Perwakos on preparation of proposals to be submitted to donor partners other than SUM II. Perwakos plans to submit a proposal to the NAC and HIVOS.
    - Facilitated reviews of the government budget plan in order to know the portion of HIV fund in for all three local government: Surabaya City, Malang City, and Malang District.

### Tanah Papua

- In October 2013 Penabulu conducted a review of CSOs' financial management improvements. In general, continued assistance is required to strengthen financial management (i.e., to higher levels of performance). Penabulu findings are that CSOs have a better understanding of CTH standards from first cycle training and mentoring, and they are implementing standard operating procedures based on Penabulu approaches.
- OPSI held internal meetings in November 2013. The purpose of these internal meetings was to strengthen OPSI staff capacity in action plans, implementation, and monitoring progress; all aimed at improving community organization.

### Central Java

- In November 2013, Penabulu provided a financial workshop for non-financial staff in Purwokerto, Central Java, for 14 CSO partners that collaborate with Jakerpemas, a consortium for community resources formed by three CSOs – LPPSH, Graha Mitra, and Griya

Asa. The workshop included CSO key staff, e.g., directors, program managers, and field coordinators. The purpose was to enable these key staff to understand financial accountability procedures that can be implemented in routine activities of the institutions so they are better able to respond to dynamic changes in their environment. Common understanding of these procedures by key staff will enable standard operating procedures to be successfully implemented (procedures that have been developed and tailored to the proper financial controls required of each CSO).

### Riau Islands

- SUM II and Penabulu: In November 13-15, 2013, provided financial workshop *Finance Training for Non-Financial Staff* in Batam for four CSO partners that included CSO key staff, e.g., directors, program managers, and field coordinators. The purpose of the workshop was to enable these key decision makers to understand financial accountability procedures that can be implemented in routine activities of the institutions so they are better able to respond to dynamic changes in their environment. Common understanding of these procedures by key staff will enable standard operating procedures to be successfully implemented (procedures that have been developed and tailored to the proper financial controls required of each CSO).
- October 8, 2013, Riau Islands Province was visited by a delegation from WHO, UNAIDS and NAC for the purpose of seeing HIV and AIDS program progress, especially the prevention program for FSWs in Batam and Bintan. The delegation did not have an agenda for follow-up.
- The KPA of Riau Islands Province convened a meeting October 9-10, 2013, held at the Bintan Hotel, attended by SUM II. The purpose of the meeting, was to develop a local strategy and action plan for Bintan district, Budgeted by NAC.

### North Sumatera

- SUM II and Penabulu:
  - In October 2013 Penabulu assisted CSOs with budget submissions to no-cost extensions (SUM II grants) and the planned end of Cycle 1 grants with SUM II.
  - For North Sumatera, Penabulu reviewed its mentoring program with CSOs to see the extent to which the achievement.

## **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 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 care, support and treatment (CST). Community organizations 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 October to December 2013 are included below.

## Quarter 2 Highlights

### DKI Jakarta

- SUM II and Penabulu: Providing guidance on mentoring to *Principal* CSOs as local capacity building mentors to emerging CSOs. YKB is mentoring Yayasan Kusuma Bongas, a CSO providing a HIV/AIDS prevention program for female sex workers, PLHIV, and high risk men in Gantar, Kroya, Bongas and Patrol subdistricts of Indramayu district. With this assistance from Penabulu, the *Principal* CSOs will be stronger capacity building mentors to emerging CSOs in the recruitment, development and program implementation – and the expansion of HIV and AIDS services.
- SUM II: Training session November 21-23, 2013, for CSO partner Bandungwangi to strengthen team outreach and community organization, attended by 18 staff and volunteers. Session resulted in deepening the materials for STI and HIV prevention, and strategies for how to propel the assisted communities to access health services.
- YIM peer support group meeting held November 24, 2013, in Mix Max restaurant (Jl. Mangga Besar, West Jakarta) attended by 22 MSM living with HIV who are the beneficiaries of YIM. The theme was how to strengthen peer support group-based organizations.
- Mobil clinic and meetings with MSM youth volunteers held November 27, 2013. The mobile clinic was at Brown massage parlor in South Jakarta in collaboration with Setiabudi Puskesmas. Ten MSM participated in clinic STI and HCT services, with one individual testing HIV positive, one individual with bacterial infection of the anus, and three individuals tested positive for STIs. In West Jakarta, a meeting was held with 20 volunteers of LSL Youth at Mix Max restaurant to plan for publishing a book on MSM youth and young MSM volunteers working with YIM on HIV programs for the community.

### East Java

- SUM II and Penabulu: Providing guidance on mentoring to East Java *Principal* CSOs as local capacity building mentors to emerging CSOs.
  - In Malang, Paramitra is providing capacity building assistance to the KK Wamarapa TG community and SUAR in Kediri for female sex workers to develop work plans and monitoring systems, and to strengthen capacity for project implementation.
  - In Surabaya, Genta is providing assistance to the Yayasan Embun Surabaya (YES). Yayasan Embun Surabaya (YES) serves female sex workers in Dolly. Embun now has a strategic plan, work plan and M&E system. Genta is also working with Embun to develop dialogue with the Puskesmas referral system and helping to strengthen collaboration between YES and the other CSOs working in Dolly.

As previously mentioned, with this assistance from Penabulu, the *Principal* CSOs are able to serve as local capacity building mentors to emerging CSOs to help them recruit, develop and implement programs that aid in the expansion of HIV and AIDS programs.

### Tanah Papua

- Second cycle grants for the five SUM II CSO partners, approved by USAID in Quarter 1, are all in full implementation.
- In October 2013 OPSI provided assistance aimed at strengthening CSOs program staff in developing key population participation by on-the-job field-based training. OPSI and CSOs do peer-to peer facilitation, training and coaching at the key population level on community organization. In Timika, OPSI field staff participated together with YCTP in working with communities to promote community coordination in accessing health services. This activity provided OPSI with information and clear understanding that will enable it to determine its strategy for assisting CSOs to mobilize the community and enable the community to increase awareness for healthy lifestyles and independent access health services.
- YHI conduct a training session December 5-7, 2013, on community organization for street sex workers, attended by 30 newly selected cadre/PE/Community organizers, all of whom are FSWs.
- YHI conduct a coordination meeting with health service providers and stakeholders of Jayapura City on December 13, 2013, to improve the health services network for direct and indirect FSWs.

### Central Java

- SUM II, Penabulu and Gaya Nusantara (GN): Penabulu is providing guidance on mentoring to *Principal* CSOs as local capacity building mentors to emerging CSOs. In Semarang, Gaya Nusantara is providing capacity building assistance to the Semarang Gay Community (SGC). The assistance includes development of a strategic plan, work plan and monitoring/evaluation recording and reporting system.

### Riau Islands

- SUM II and Satunama: During Quarter 2, Satunama continued capacity building to CSOs in community organization. Community organization is a new capacity (as part of the SUM II 4-part model) introduced to CSOs in Riau Islands as a transition from an individual outreach approach to group/community empowerment approach aimed at community and individual self-reliance. CSOs welcome this approach to support the effectiveness of interventions with more community involvement. Community organization skills will enable CSOs to assist communities within MARPs by encouraging more community empowerment in health system strengthening, and reduce dependency. This independence and self-reliance of communities and individuals will reduce resources now be expended for intensive outreach efforts. For example, one of the community organizations of female sex workers, called Healthy Women Cadre, is working with SUM II partner, Yayasan Lintas Nusa (YLN), created a community action plan for the period of December 2013 - December 2014. The plan is aimed at strengthening the organization's bargaining position, in that almost all female sex workers in the organization's area of coverage will be a member. With a stronger bargaining position, the organization will be able to better serve the needs of community members (support, including money, during illness and to support healthy behaviors).

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

In the second quarter of Year 4, SUM II initiated recruitment for local short-term technical assistance in the following program areas:

- Local government partnerships to strengthen local government operational commitment to the local HIV response – two consultants for Tanah Papua, and one consultant to cover DKI Jakarta and East Java). Specifically 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
  - Promote community and private sector participation in community and health system strengthening (i.e. Layanan Kesehatan Berkelanjutan – LKB/sustainable health services).

### ***Shift to District-Led CSNs***

The NACs at national and local levels currently operate mostly with 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).

SUM II also developed a SOW for STTA in Health Care Services to MARPs (one local consultant), but has since determined that a bolder approach is needed and therefore SUM II will identify a TA partner organization to provide this support. The overall objective 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 intervention to achieve the 4-part model for Comprehensive Services Networks (CSNs). The combined efforts of the TA provider organization and the SUM II team will facilitate and/or support:

- Local government, health service providers, and CSOs to identify the gaps and 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
- District AIDS Commissions in establishing community networks and leading efforts to bring partner participation and contribution for continuum health services

In Quarter 2 SUM II also renewed the local STTA support to advocacy capacity building – to continue to strengthening CSO advocacy to local government and initiate technical capacity building to local government, starting in the Tanah Papua district – 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. This local government leadership is critical for sustainability in the HIV response.

### One Roof Grant Management (OGM)

In Quarter 2, a series of consultations took place within the SUM II team, with TA providers, and with SUM II CSO partners – in East Java, DKI Jakarta, Medan and Riau Islands – to define a mechanism that enables *developing* CSOs serving MSM, TG, FSWs and high risk men to collaborate under one grant – with a shared strategy, shared management and coordination, and an integrated M&E system. There is broad agreement for this concept across SUM II CSOs partners; however, further consultations are needed to clarify what a single contract arrangement should entail.

SUM II conducted a workshop on November 25-27, 2013, with CSOs serving MSM and TG communities in DKI Jakarta to begin developing the concept of program integration. The workshop was facilitated by the national SUM II team and STTA, and focused on ideas for “one roof grant management.” Participants included program leaders from LPA, YIM, YSS, Voice and GWL-Ina. Workshop participants agreed to develop a “one roof management” program, with YIM as a liaison in cooperation with SUM II. The program strategy will be reinforced to encourage increased efforts for HCT.

In preparation for the January 2014 SUM II team and TA partner meetings, the COP, National Program Officer, Regional Coordinator for East Java and international STTA further conceptualized the approach to OGM as a way to foster networks of CSOs collaborating together to promote better financial efficiencies and integration of resources, create synergy, and promote joint-planning and joint advocacy strategies.

### SUM II Staff Resources

The following activities re: SUM II staff resources took place in Quarter 2:

- Replacement for Tanah Papua regional coordinator
  - Ms. Novi Purnamasari was selected for this position. She joined SUM II October 17, 2013, 2014.
- Replacement for Tanah Papua Regional Capacity Building Officer
  - Mr. Bima Indra Mahendrata joined SUM II on October 17, 2013.
- Recruitment for replacement National M&E Coordinator and Technical Expert
  - Ricky Andriansyah resigned from SUM II December 11, 2013. Recruitment efforts were launched and a short-list of candidates is completed. Final interviews are scheduled for week of January 27, 2014. This key personnel position will also be a TRG position.
- Recruitment for replacement key personnel SUM II Finance and Administration Officer
  - SUM II is considering revising this key position to Deputy Chief of Party with responsibility over finance, administration, and the three regional offices.
- Replacement SUM II Office Manager position
  - During the recruitment for this replacement position it was determined that a preferred approach is to divide the responsibilities of this position between the Grant Manager (creating a non-key personnel F&A Officer position) and the national office administrative assistant.
- Non-key personnel Finance and Administration Officer position

- Mr. M. Helmi Prasetyo was promoted from Grants Manager to Finance and Administrative Officer. The Grants Manager position will not be replaced.
- Administrative Assistant position
  - Ms. Putri Rezeki joined SUM II December 11, 2013 as Administrative Assistant.
- Two replacement and one additional grants management assistants
  - Replacement grant assistants are Ms. Indah Wiranti, who joined SUM II in October 2013, and Mr. Adi Hartono (start date in early January 2014).
  - Ms. Dian Rachmawati, grant management assistant, finished her contract on November 30, 2013.
  - The new position grant assistant is for the DKI Jakarta/Central Java/North Sumatera/Riau Islands Regional Office, with some assistance to the National office. Ms. Rien Juliana start date is early January 2014.
- Replacement finance and administration assistant (for DKI Jakarta and Tanah Papua regional offices)
  - In October 2013 Ms. Ninik Rahayu was selected as national office Financial and Administrative Assistant.
  - Ms. Arningsih Simanjuntak was selected for the Tanah Papua Regional Office F&A assistant. Her start date is early January 2014.
  - Febbie Bawengan, Papua Regional Office accountant, finished her contract, October 7, 2013.

The following local and international STTA supported SUM II during Year Quarter 2:

- Nasrun Hadi, local STTA to Strategy 3, Strengthening Advocacy Capacity
- Steven Joyce, TRG, to:
  - Support project documentation, including success stories and technical briefs
- Mona Sheikh Mahmud, APMG to:
  - Provide implementation support to TA provider OPSI in community organization
  - Develop the building blocks (framework) for the 4-Part Model specific to Papua, but adaptable to all regions
  - Engage with SUM II regional team and local Jayapura-based CSOs for Strategy 1 roll-out of the CO Module
  - Prepare concept of one roof grant management for the SUM II internal and partnership meetings in January 2014
- Lou McCallum, APMG, to:
  - Provide technical assistance to the SUM II team, CSOs, and TA providers in three specific areas: project collaborative management and leadership; strategies and approaches in joint project operations; and technical integrity of HIV/AIDS comprehensive services for MARPS.
  - Considerable time during the STTA visit (November 23-December 4, 2013) was spent working with the MSM and transgender CSOs on two areas:
    - The technical integrity of their interventions
    - Consultations for greater collaboration, i.e., “one roof grant management” (OGM)

## Other Quarter 2 Highlights

### National Office

- SUM II staff convened a meeting with TA organization partners in Yogyakarta on November 22, 2013, at SurveyMETER offices to solicit input on the one roof grant management concept.
- SUM II staff and STTA Lou McCallum of APMG: Coordination meeting held December 3, 2013, with Kemal Siregar, Secretary of KPAN, on collaboration and joint support to RETA and AEM database development in DKI Jakarta, East Java and Tanah Papua. Support to CSOs serving MSM and TG communities was identified and discussed. SUM II provided an overview of its concept for one roof grant management.
- SUM II staff held a coordination meeting December 4, 2013, with UNAIDS to synchronize program approaches. A follow-up meeting is scheduled for third Quarter.

### DKI Jakarta

- In November 2013, SUM II facilitated the development of Cycle 3 grant SOW with Karisma that involve the management team in a review of the Cycle 2 grant program implementation, followed by work plan development for the Cycle 3 SOW.
- On November 8-9 and 12, 2013, SUM II facilitated development of Cycle 3 SOW with YKB management staff and staff of field programs. In addition to a review of previous grant activities (Cycle 1 and 2), SUM II and YKB also explore possibilities for the development of community organization strategies, a clinic for FSWs, and ways to establish health provider services networks for the Cycle 3 SOW.
- SUM II staff and STTA Lou McCallum of APMG: Facilitated sessions on “one roof management” for MSM and TG CSOs in DKI Jakarta held November 25 to December 3, 2103, and attended by Yayasan Inter Medika, Yayasan Srikandi Sejati, LPA Karya Bhakti dan Swara.
- SUM II: Cycle 3 grant SOW review for Yayasan Kasih Suwitno and Angsamerah clinic.

### East Java

- SUM II staff: series of meetings with each CSO partner to formulate third cycle grant SOWs and budget.
- SUM II staff: Preparation and participated in USAID Evaluation Team

### North Sumatera

- The development of “one roof grant management” for CSOs in Medan. As result of discussions between three CSOs in Medan, agreement was reached that Galatea will be the Prime with SUM II. However, until now, there has been no final written agreement among the CSO directors. Some areas of agreement, with Galatea as the Prime, are as follows:
  - The overall responsibility of the grant will be with Galatea.
  - All funds will go through and be reported by Galatea
  - Grant secretariat/office will be managed by Galatea
  - Funds for FSW and HRM related programs will be managed by H2O
  - Funds related to transgender and MSM programs will managed by GSM
  - Fund for IDU programs will be managed by Galatea

### Riau Islands

- On November 14-18 and 25, 2013, the possibility of “one roof grant management for SUM II CSO partners in Bintan/Tanjungpinang was discussed by YBS (director and project manager) and KOMPAK (director and project manager). It was agreed that YBS will become the Prime who works with SUM II, because KOMPAK is still currently supported by Spiritia. There is a big possibility that the director and project manager of KOMPAK will still be funded by Spiritia. YBS only works with SUM II. Until now there is no written agreement.
- On November 14, 2013, at the Hills Hotel, the director and secretary of YEP and Yayasan Lintas Nusa (LINUS) program manager. The director was attending a KPAP meeting in Tanjungpinang.
  - In this discussion there were no agreements because the program manager of LINUS did not have a mandate to take decisions. In this discussion it was agreed that for the next meeting Linus will include directors and mentors.
  - The second meeting was November 16 at the YEP office. The meeting was attended by YEP’s director and secretary of the foundation, and LINUS was represented by the director and the program manager. This meeting also did not result in an agreement. The director of LINUS needed to discuss the proposals with the organization’s Board.
  - The third meeting was held on November 17 at the LINUS office. This meeting was attended by YEP director and secretary, and LINUS Board members, directors and program manager. In this discussion YEP agreed that should LINUS be the PRIME the program manager would come from YEP. If YEP is the Prime, then the program manager would come from LINUS. YEP staff is ready to collaborate in one roof grant management, but LINUS is not.
  - The fourth meeting was held November 18 and also did not result in an agreement.
  - The last meeting was held November 25 and also did not result in agreement for a consortium.

### Tanah Papua

- Meeting with KPA, Papua Province, held on October 23, 2013, to introduce the new Regional Office staff and to launch the second cycle grants of the five SUM II CSOs partners in Papua.
- Meeting also held on October 23, 2013 for the same purpose (see preceding bullet).
- Separate meetings held October 22, 2013, with KIPRa, YHI, and YPPM, for the same purpose.
- Strategic Planning for Yayasan Harapan Ibu, conducted during November 2013, was facilitated by Satunama and KIPRa.
- The USAID Evaluation Team visited Papua on November 6-11, 2013, and held meetings with SUM II CSOs partners, TA provider organizations, and other stakeholders in Jayapura, Jayawijaya and Timika.
- Coordination meeting held November 14, 2013, with YHI, YPPM, KIPRa, USAID, and AusAID.
- Coordination meeting held November 22, 2013, with KPA District, Jayapura, and district stakeholders for AIDs Day 2013.
- Coordination meeting held November 28, 2013, with KPA Province of Papua and stakeholders for AIDs Day 2013.

- Coordination meeting held December 14, 2013, among AusAID and USAID grantees.

### **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***

Quarter 2 highlights:

##### National Office

- SUM II and UNAIDS consultative meeting on November 20, 2013, on ways to combine RETA and AEM into one integrated tool.
- Follow-up consultative meeting on with KPAN on December 8, 2013, on the RETA and AEM integrated tool.

##### Tanah Papua

- Planning for Quarter 3 RETA/AEM training for CSOs and KPAP.

##### East Java

- The government of Surabaya increased its 2014 budget for HIV programs and services from 1.8 billion in 2013 to IDR 13 billion. This increase is the result of good relationships built by CSOs and SUM II with executive and legislative officials. The local government has entrusted SUM II and CSOs to submit a work plan for the Surabaya HIV response, through KPAD and the Health District Office, as a reference for the district budget. This request is the first time CSOs have participated fully in the budget process and received a request from government for a work plan.

- The original draft budget from the CSOs was for IDR 12 billion and the government responded that they wanted to add care, support and treatment, resulting in the budget of IDR 13 billion.
- RETA was updated in Surabaya, facilitated by Nasrun Hadi on December 17-19, 2013, and attended by ten CSOs from Surabaya and Malang which are active in policy and budget advocacy.

### Central Java

- SUM II and Jakerpermas: Workshop held in Semarang October 31-November 1, 2013, supported by SUM II, entitled *Sustainable Management and Intervention Program for Comprehensive HIV & AIDS in Central Java*, attended by 15 NGO representatives engaged in women's issues, law, children, and HIV. The workshop focused on how to develop HIV and AIDS prevention in Central Java Province. The workshop was also attended by the representatives from the Department of Social Affairs, KPA Semarang, Central Java Provincial KPA, and the Department of Health.
- On November 30, 2013, SUM II assisted with the launch of the FSW business group, which was facilitated by outreach workers Griya Asa. The launch was attended by the regional KPA Semarang, Central Java Province, Indonesia Plan Parenthood Association (IPPA) Central Java, female sex workers from the Sunan Kuning Brothel, Department of Social Services, Griya Asa and Graha Mitra.
- On November 29, 2013, SUM II had a hearing with the Central Java Provincial Secretary, Kelvin Sawadi, to discuss the possibility of developing new program strategies for the HIV and AIDS response in Central Java, particularly strategies emphasizing increased community organization/participation within at-risk populations. The next step is to develop a program together with the KPAP to strengthen the HIV response for Central Java.

### Riau Islands

- SUM II and Satunama: During Quarter 2, Satunama continued facilitation of two major capacity building areas: community organization and the preparation of the Resource Estimation Tool for Advocacy (RETA). RETA capacity and application will enable CSO partners in Riau Islands to mobilize resources from various stakeholders for the sustainability of HIV prevention programs and AIDS prevention in the future. RETA can be useful in calculating the necessary cost in real terms in CSO program budgets (and multiplied by the number of people who will receive interventions). RETA capacity building is being provided to SUM II CSO partners YEP, Linus, Kompak and YBS. YEP has initiated sessions to disseminate RETA results to stakeholders in the city of Batam and the province of Riau Islands, i.e., KPAP, KPAD, Departments of Health, and other partners and the community stakeholders.
- SUM II CSOs will be presenting RETA itself as a tool to their partners to gain further support for the sustainability of the HIV- AIDS program in the future. YEP, YBS and Linus have presented RETA to their communities and engaged them in determining future activities. The three institutions have also met with other local stakeholders review their plans in the future and the possibility of support from relevant partners.

### North Sumatera

- In November FLP-Medan completed a draft municipality regulation on HIV and AIDS. They will bring the draft regulation to the mayor of Medan. On November 27, SUM II and FLP held an internal planning meeting to develop the action plan to move the legislation forward.

### DKI Jakarta

- SUM II and Circle Indonesia: Conducted training on 17-19 December, 2013, for the preparation of advocacy tools for CSOs in Jakarta. The training was conducted at the Center for Rural Development and Training. Seven SUM II CSO partners were represented in the training, including field coordinators and other staff, as was the NGO Forum Jakarta. The training resulted in advocacy plans that will be carried out by Karisma, YSS, YIM and LPA.

In third quarter, SUM II will conduct AEM/RETA integration workshops in East Java, Jakarta and Papua.

## **Strategy 1.4: to Address Gender and 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 recruitment is underway for 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.

To date, 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.

### DKI Jakarta

- Training session on Gender and Human Rights in HIV AIDS projects was held at the Bina Desa Training Center, October 9-11, 2013, and attended by key personnel from seven DKI Jakarta CSOs (Karisma, YKB, Bandungwangi, YSS, YIM, LPA, and OPSI). Training outputs included preparation of seven concept notes for HIV AIDS projects by each of the seven CSOs. TA provider Circle Indonesia conducted this gender mainstreaming training course with the primary purpose to coach the seven CSOs attending 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. The concept note prepared by each CSO on its gender-responsive programs can also be used in future proposal development. Angsamerah clinic staff also attended the session.

### East Java

- Circle Indonesia conducted the same session on gender and human rights in HIV and AIDS projects in November 11-13, 2013, for six SUM II CSO partners.

## North Sumatera

- Circle Indonesia conducted the same session for three SUM II CSOs on gender and human rights in HIV and AIDs projects on December 10-12, 2013.

### **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 Quarter 2, SUM II held strategy discussions with *Principal CSO* Yayasan Kusuma Buana (YKB) to establish a private clinic for female sex workers in North Jakarta in partnership with local government. It also held planning meetings for a private clinic as part of Ruang Carlo clinic, affiliated with Carolus Hospital, which is recognized for MSM-friendly services.

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). A main aim is to demonstrate services networks that result in better health services for MARPs (i.e., equal partnership between CSOs and health service providers).

Regional highlights are included below.

#### DKI Jakarta

- Angsamerah satellite private clinic in Blok M area of South Jakarta (opened in July 2013).
  - Planning/assessment meeting convened by SUM II on November 11, 2013, with Angsamerah, LPPSLH, and YKB to share ideas about clinical assistance from Angsamerah. The meeting participants visited the Angsamerah-SUM II satellite clinic at Blok M and the Angsamerah main private clinic in Central Jakarta.
  - In December 2013, Angsamerah began preparation a clinical assessment for services in DKI Jakarta, Central Java, North Sumatera, Riau Islands, and Papua
- SUM II prepared third cycle SOW for YKB to include support for a private clinic in North Jakarta for FSWs.
- SUM II and YKS continue discussions to reach agreement on a first cycle SOW to support a private clinic affiliated with RS Carolus Hospital, which specializes in MSM and general population. YKS is in process of securing financial support for its share of the clinic cost-sharing partnership with SUM II.

#### Central Java

- In Quarter 3, as part of the Cycle 3 SOWs, SUM II in Semarang will 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; and 1 community-based health clinic in Purwokerto, Central Java.

- Comparative study and workshop on clinical management held November 11, 2013, and focused on the development of intensive clinical management support services, as per the model of Angsamerah Foundation in Jakarta. The workshop was attended by five representatives of Jakerpermas, five representatives of LPPSLH, and two representatives of YKB.

## **Strategy 1.6: Monitoring and Evaluating CSO Performance**

The key theme in Year 4 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.

Technical capacity for CSOs includes:

- Monthly record keeping and reporting that enables CSOs to analyze their data and solve problems as they emerge
- Ability to conduct annual surveys
- Ability to utilize SUM II's interactive reporting platform on the SUM website
- Inter-linkage of database systems between health providers and CSOs

Technical capacity for local governments includes:

- District-based monitoring systems (Year 4 demonstration in Jayawijaya district of Papua province)

In Quarter 2, SurveyMETER continued its TA program of activities in Jakarta and East Java, including data quality management review, data-based proposal development training, and Commcare training (for YKB). These activities are under SurveyMETER's no-cost extension.

- The data quality management review is aimed at improving CSO evidence-based data. This on-the-job review activity was conducted in December 2013 for ten CSOs in DKI Jakarta and East Java.
- The training on data-based proposal development, held at SurveyMETER offices in Yogyakarta on November 19-23, 2013, included all CSOs receiving SurveyMETER assistance since 2012. Each CSO sent two participants. Course goals and content were aimed at matching CSO profiles with potential donors in support of CSO HIV programs and services, and at how to process data for the proposal. Data driven proposal development assistance is provided by SurveyMETER mentors and therefore tailored to each CSO, with the goal to submit proposals to donors. The training resulted in 12 proposals by CSOs and identified the potential donors. The potential donors were mainly government, with some CSOs also identifying foreign and private sector donors.
- The Commcare training is aimed at improving the capacity of field staff in data management, including tablet communication tools for data processing. This approach uses the latest technology in HIV and AIDS program. YKB field staff received training on December 16-20, 2013.

Quarter 2 highlights are as follows:

#### National M&E

- SUM II and SurveyMETER: Conducted training November 18-22, 2013, on data-driven proposal development (see above).
- SUM II server was replaced by a server with greater capacity in order to handle the interactive website and new design.
- Re-booted the clinical database in Angsamerah Blok M clinic.
- Re-designed M&E system for SUM II in order to enable new system that CSOs can now access.
- Preparation for SUM II capacity building activities with CSOs in DKI Jakarta, East Java, Central Java, Tanah Papua, North Sumatera and Riau Islands, to begin in February 2014. Main emphasis of this capacity building is to introduce SUM II's new M&E system and training M&E officers and senior program staff of CSOs on access to the website-based system and expectations for monthly reporting.

#### Tanah Papua

- SUM II and CSO partners held 3-month coordination and program review meetings:
  - YPPM meeting held November 19, 2013, at the YPPM office
  - A follow-up SUM II and YPPM meeting was held November 21, 2013, at the SUM II office
  - YHI and SUM II meeting was held December 5, 2013
  - SUM II and Yukemdi held December 9, 2013
  - SUM II and TALI three month review meeting held December 10, 2013.
- SUM II and YPPM hold bi-weekly monitoring meeting, since YPPM is on a three-month probation

#### DKI Jakarta, Central Java, Riau Islands, and North Sumatera

- Annual Survey dissemination was held November 29, 2013, at the Grand Antares Hotel in Medan. The Annual Survey was conducted by three SUM II CSO partners, in collaboration with consultants from the Faculty of Public Health, North Sumatera University. The dissemination meeting was opened by KPA and attended by about 35 stakeholders, including the North Sumatera Health Office, Medan Health Office, KB Agency, KPA North Sumatera, Medan NAC, Department of Labor, Puskesmas 3 PKM S. Pirngadi, SUM II and NGOs. In general, the results of the Annual Survey went well and the result for average knowledge of the population was above 80 % and should result in increased access to referral services.
- December 19, 2013, SurveyMETER training in YKB for CommCare implementation
- Field monitoring visits were conducted during the month of October 2013 in several areas:
  - Hotspot of Muka Kuning, Batam. This location is in the coverage area of YEP for services for high risk men. The population at this location is estimated at about 15,000 people. It is an industrial area for ship construction and is dominated by male workers, only a small fraction of whom have received STI and HIV prevention information. There is a large brothel near the site.

- Hotspot of Tanjung Uban, Bintan. Kompak covers this location, which is a FSW hotspot. For the SUM II monitoring visit, KOMPAK works with 30 FSWs who work at a café, and because of Kompak's good relationships with the FSWs, they are also able to meet with them at their boarding house.
- Hotspot Mantang island. This location is YBS coverage area for high risk men. They are access to mobile STI and HCT services, which is supported by the District Health Office and KPAD.

#### East Java

- SurveyMETER: TA for annual survey and disseminate results – October 25, 2013, Surabaya, and October 26, 2013, Malang. In Kota Malang the mayor called all related departments to discuss their plan and make sure HIV plans included in annual plans and asked that they increase the budget. (Budget planning in March 2014)

### **Objective 2: Small Grants Program**

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.

A SUM II budget review will take place in January 2014 to determine if additional funds from Objective 1 can be added to Objective 2 grants, given that current uncommitted grant funds are now less than \$1 million and insufficient to cover proposed SOWs for CSOs and TA providers for 2014-15. TRG will also subcontract with a new TA provider for M&E support to Tanah Papua, North Sumatera and Riau Islands.

#### Quarter 2 highlights:

- No cost extensions completed 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 "one roof management" approach to the next cycle of grants.
- Fourth cycle grant issued to CCM Indonesia. Purpose of the grant modification is to continue financial management support to the CCM. The grant extension of IDR239,614,500 (US\$24,202) funds the post of Finance Officer for the CCM. The Indonesia Country Coordinating Mechanism (CCM) has overarching responsibility for all of Indonesia's Global Fund grants.
- Development of SOWs for Cycle 2 and 3 grants in Java, and Cycle 2 grants in Riau Island and North Sumatera
- Development of SOWs for TA providers
  - Extension of SurveyMETER (second cycle) in Java

- University of Indonesia for M&E support in Tanah Papua, North Sumatera and Riau Islands
- Third cycle for Penabulu for all project sites
- Third cycle for Circle Indonesia for all project sites
- Extension of KIPRa (second cycle)
- Angsamerah for Clinical management services
- Dialogue with CSOs in Java, Riau Islands, and North Sumatera, on concept of “one roof grant management” (OGM)

A key initiative in Quarter 2 has been to further define and develop the concept of “one roof grant management” with CSOs working in the same geographical area or with the same key population. TA provider organizations have been part of these discussions, especially to clarify roles of SUM II and TA providers in support of CSOs working in a consortium model.

A main agreement reached is that SUM II staff will provide organizational development support to CSOs collaborating together in “one roof grant management” – for start-up team planning and team building for cooperative leadership in project management as well as for initial systems development, e.g., financial and administrative systems, and monitoring and evaluation. The TA providers will continue their intensive workplace-based capacity building tailored to those CSOs in a consortium that have prepared organizational improvement plans.

The January 15-18, 2014 *SUM II Internal Meeting* and January 20-22, 2014, *SUM II Partnership Meeting with TA Provider Organizations* will further clarify implementation steps in launching “one roof grant management.”

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

#### Principal CSOs

Province	CSO	Budget	
		IDR	USD
East Java	PARAMITRA <i>First Cycle</i> <i>June1,2011-Aug14,2012</i>	525,451,400	61,818
	PARAMITRA <i>Second Cycle</i> <i>Aug15,2012-Oct14,2013</i>	880,288,000	97,810
East Java	GAYA NUSANTARA <i>First Cycle</i> <i>Jun1,2011-Aug14,2012</i>	458,197,500	53,906
	GAYA NUSANTARA <i>Second Cycle</i> <i>Aug15,2012-Oct14,2013</i>	815,025,875	90,558
East Java	GENTA <i>First Cycle</i> <i>Jun1,2011-Aug14,2012</i>	501,485,000	58,998
	GENTA <i>Second Cycle</i> <i>Aug15,2012-Oct14,2013</i>	838,762,000	93,196

Jakarta	YKB <i>First Cycle</i> <i>Jun1,2011-Aug14,2012</i>	610,176,867	71,785
	YKB <i>Second Cycle</i> <i>Aug15,2012-Oct14,2013</i>	1,101,627,481	122,403
Jakarta	KARISMA <i>First Cycle</i> <i>Jun1,2011-Aug14,2012</i>	521,855,833	61,395
	KARISMA <i>Second Cycle</i> <i>Aug15,2012-Oct14,2013</i>	1,141,727,500	126,859
Jakarta	ANGSAMERAH <i>First Cycle</i> <i>Oct15,2012-Oct14,2013</i>	345,030,000	38,337
Papua	YCTP <i>First Cycle</i> <i>Feb15,2012-Aug31,2013</i>	1,435,580,000	168,892
	YCTP <i>Second Cycle</i> <i>Sept1,2013-Aug31,2014</i>	1,290,405,000	143,378*
Papua	YUKEMDI <i>First Cycle</i> <i>Feb15,2012-Aug31,2013</i>	1,097,005,000	129,059
	YUKEMDI <i>Second Cycle</i> <i>Sept1,2013-Aug31,2014</i>	1,132,995,000	125,888
	<b>Total</b>	<b>12,695,612,456</b>	<b>1,444,282</b>

\* US\$1 = IDR9901

#### Developing CSOs

Province	CSO	Budget	
		IDR	USD
Jakarta	YSS <i>First Cycle</i> <i>June1,2011-Sept30,2012</i>	539,527,500	63,474
	YSS <i>Second Cycle</i> <i>Oct1,2012-Nov30,2013</i>	825,577,200	91,731
Jakarta	YIM <i>First Cycle</i> <i>June1,2011-Sept30,2012</i>	601,482,205	70,763

	YIM <i>Second Cycle</i> <i>Oct1,2012-Nov30,2013</i>	857,813,059	95,313
Jakarta	LPA <i>First Cycle</i> <i>June1,2011-Sept30,2012</i>	566,083,713	66,598
	LPA <i>Second Cycle</i> <i>Oct1,2012-Nov30,2013</i>	810,963,067	90,107
Jakarta	BANDUNGWANGI <i>First Cycle</i> <i>June1,2011-Sept30,2012</i>	501,670,200	59,020
	BANDUNGWANGI <i>Second Cycle</i> <i>Oct1,2012-Nov30,2013</i>	656,103,710	72,900
Jakarta	YAP <i>First Cycle</i> <i>Sept1,2013-Aug31,2014</i>	224,870,000	21,924
West Java	Yayasan Kusuma Bongas <i>First Cycle</i> <i>Sept1,2013-Aug31,2014</i>	224,960,000	21,978
East Java	PERWAKOS <i>First Cycle</i> <i>June1,2011-Aug14,2012</i>	505,080,000	59,421
	PERWAKOS <i>Second Cycle</i> <i>Aug15,2012-Oct14,2013</i>	664,952,750	73,884
East Java	ORBIT <i>First Cycle</i> <i>June1,2011-Aug14,2012</i>	465,492,000	54,763
	ORBIT <i>Second Cycle</i> <i>Aug15,2012-Oct14,2013</i>	745,545,300	82,838
East Java	IGAMA <i>First Cycle</i> <i>June1,2011-Aug14,2012</i>	498,688,000	58,667
	IGAMA <i>Second Cycle</i> <i>Aug15,2012-Oct14,2013</i>	747,080,220	83,009
East Java	SUAR <i>First Cycle</i> <i>Sep1,2013-Aug31,2014</i>	210,968,125	21,245
East Java	YAYASAN EMBUN SURABAYA (YES) <i>First Cycle</i> <i>June1,2013-May31,2014</i>	454,135,000	46,640
East Java	WAMARAPA <i>First Cycle</i>	244,206,200	23,046

	<i>June1,2013-May31,2014</i>		
Papua	YPPM <i>First Cycle</i> Feb15,2012-Aug31,2013	880,018,500	103,532
	YPPM <i>Second Cycle</i> Sept1,2013-Nov30,2013	833,243,000	92,583
Papua	YHI <i>First Cycle</i> Feb15,2012-Aug31,2013	967,939,000	113,875
	YHI <i>Second Cycle</i> Sept1,2013-Aug31,2014	808,641,000	89,849
Papua	TALI <i>First Cycle</i> Feb15,2012-Aug31,2013	981,210,000	115,436
	TALI <i>Second Cycle</i> Sept1,2013-Aug31,2014	994,670,000	110,519
Papua	PKBI PAPUA** <i>First Cycle</i> Feb15,2012-Aug30,2013	998,228,100	177,439
Riau Islands	YAYASAN BENTAN SERUMPUN <i>First Cycle</i> Oct15,2012-Oct14,2013	699,715,386	77,746
Riau Islands	KOMPAK <i>First Cycle</i> Nov1,2012-Oct31,2013	544,542,000	60,505
Riau Islands	YAYASAN EMBUN PELANGI <i>First Cycle</i> Nov1,2012-Oct31,2013	789,750,000	87,750
Riau Islands	YAYASAN GAYA BATAM <sup>2</sup> <i>First Cycle</i> Sep15,2012-Aug25,2013	780,405,000	86,712
Riau Islands	LINTAS NUSA <i>First Cycle</i> Nov1,2012-Oct31,2013	783,138,000	87,015
North Sumatera	GALATEA <i>First Cycle</i> Aug15,2012-Oct14,2013	674,654,021	74,962
North Sumatera	HUMAN HEALTH ORGANIZATION <i>First Cycle</i> Aug15,2012-	706,939,871	78,549

<sup>2</sup> As noted under Objective 1, Yayasan Gaya Batam was suspended as a SUM II partner in August 25, 2013.

	Nov30,2013		
North Sumatera	GERAKAN SEHAT MASYARAKAT <i>First Cycle</i> Aug15,2012-Oct14,2013	616,958,300	68,551
North Sumatera	FLP-AIDS Medan <i>First Cycle</i> Sept1,2013-Aug31,2014	202,480,000	20,066
Central Java	LPPSLH <i>First Cycle</i> Nov1,2012-Oct31,2013	200,727,500	22,303
Central Java	GRAHA MITRA <i>First Cycle</i> Dec1,2012-Nov30,2013	209,110,000	23,234
Central Java	SEMARANG GAYA COMMUNITY <i>First Cycle</i> Jun1,2013-May31,2014	224,984,000	23,038
	<b>Total</b>	<b>23,242,551,927</b>	<b>2,670,985</b>

\* 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			
			<b>3,756,281,328</b>	<b>441,915</b>		<b>10,932,616,160</b>	<b>1,185,668</b>
		<b>Total</b>				<b>14,688,897,488</b>	<b>1,627,583</b>

\*\*\*No cost extension in process

### Other Grants

		Budget	
		IDR	USD
CCM Financial Management	<i>First Cycle Apr1,2011-Dec31,2011</i>	137,770,000	16,208
	<i>Second Cycle Jan1, 2012-Dec13,2012</i>	207,722,000	23,080
	<i>Third Cycle Jan1,2013-Dec31,2013</i>	228,402,000	25,378
	<i>Fourth Cycle Jan1, 2014-Dec31,2014</i>	239,614,500	24,202
UNCEN	<i>First Cycle Aug4,2011-Mar31,2012</i>	533,740,000	59,304
University of Indonesia (Baseline Survey)	<i>First Cycle Dec1,2011-April1, 2012</i>	532,928,198	65,702
UGM (Center for Health Service Management)	<i>First Cycle Feb15,2012-Dec15,2012</i>	975,713,140	108,413
	<b>Total</b>	<b>2,855,889,838</b>	<b>322,287</b>

### Suspended CSOs

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

\* US\$1 = IDR9901

## Performance Against PMP Targets

Implementation performance measured against the PMP indicators is summarized in the table below. Overall, Quarter 2 achievement of targets for each SUM II indicator is on the right track.

Indicator P8.3.D is 59% at end of Quarter 2. The number of MARP individuals reached with HIV preventive interventions is on track to meet Year 4 targets for CSWs, IDUs, TG and OVP (high risk men and women). Only achievement of MSM targets, at 41%, is below 50%. However, numbers reached for all MARPs categories in Quarter 2 are lower than Quarter 1. These lower numbers reflect end of second cycle grants in Java, North Sumatera and Riau Island in October 2013.

Achievement to the indicator P8.1.D in Quarter 2 was 26%, up from 0.06% in Quarter 1, with a significant increase in numbers of males over age 15 reached. This improvement is due to programs targeting high risk men at the harbor area of Medan (H2O) and ship building industrial area of Riau Islands (LINUS), as well as implementation start-up of Cycle 2 CSO grants in Tanah Papua that target high risk men and women.

P11.1.D achieved 50% at end of Quarter 2, up from 14.5% at end of Quarter 1. HIV counseling and testing improved in Q2 for both men and women over age 15, with a significant jump in testing among men. HCT among women also increased over Quarter 1 numbers and is on target for the quarter. These increases in HCT among women and men are likely due primarily to Papua. In all provinces, however, SUM II is reviewing with CSOs their coordination efforts with Puskesmas to increase HCT among MARPs and to get data.

C1.1.D achieved 45% in Quarter 2, up from 15.04% in Quarter 1. This improvement over Quarter 1 of the number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of prevention with PLHIV (PwP) interventions was higher for males over age 18, and the achievement is on track in meeting Year 4 targets. The numbers of females over age 18 reached was double the number reached in Quarter 1, although slightly behind where they should be in meeting Year 4 targets. Again, the improvement is likely due to the launch of second cycle CSO grants in Papua.

The key affected populations accessing STI service was 45% at end of second quarter, up from 22.69% in first quarter. This achievement is largely due to programs targeting female sex workers, although the numbers of TG accessing STI services nearly doubled over Quarter 1. Numbers of MSM and OVP accessing STI services were fewer in Quarter 2 than Quarter 1. The bottom line is that IDUs, MSM, TG and OVP individuals are still not sufficiently accessing STI services at targeted intervention sites in Q2. Numbers achieved to date among IDUs, MSM, TG and OVP are still well below what they should be if Year 4 targets are to be met.

No	indikator	Achieved Y3	Target Y4	Achieved Y4/Q1	Achieved Q2	TOTAL	Percentage	
P8.3D	Number of Key Affected Populations (KAPs) individuals reached HIV preventive interventions that are based on evidence and/or meet the minimum	41,289	CSW	10,000	4,360	2607	6967	70%
			IDU	3,000	1,377	342	1719	57%
			MSM	17,000	4,402	2566	6968	41%
			Transgender	3,000	1,560	997	2557	85%
			OVP	12,000	5,873	2164	8037	67%
			<b>Total</b>	<b>45,000</b>	<b>17,572</b>	<b>8776</b>	<b>26348</b>	<b>59%</b>
P8.1D	Number of the targeted population reached with individual and/or small group level prevention interventions that are based	36,675	Male < 15	935	0	0	0	0%
			Male 15+	33,000	31	8474	8505	26%
			Female <15	690	0	0	0	0%
			Female 15+	15,000	0	4556	4556	30%
			<b>Total</b>	<b>49,625</b>	<b>31</b>	<b>13030</b>	<b>13061</b>	<b>26%</b>
P11.1D	Number of individuals who received Counseling and Testing (HCT) services for HIV and received their test results	11,578	Male < 15	120	38	5	43	36%
			Male 15+	12,370	1,771	4313	6084	49%
			Female <15	110	3	19	22	20%
			Female 15+	6,200	1,197	1963	3160	51%
			<b>Total</b>	<b>18,800</b>	<b>3,009</b>	<b>6300</b>	<b>9309</b>	<b>50%</b>
C1.1.D	Number of HIV- positive adults and children receiving a minimum of one clinical service	2,989	Male < 18	30	1	13	14	47%
			Male 18+	2,475	406	771	1177	48%
			Female <18	40	2	10	12	30%
			Female 18+	1,530	204	416	620	41%
			<b>Total</b>	<b>4,075</b>	<b>613</b>	<b>1210</b>	<b>1823</b>	<b>45%</b>
	Number of MARP individuals accessing STI services at targeted intervention sites	10,840	CSW	7,000	2,264	2212	4476	64%
			IDU	300	47	57	104	35%
			MSM	4,000	654	601	1255	31%
			Transgender	3,000	397	734	1131	38%
			OVP	4,500	904	616	1520	34%
			<b>Total</b>	<b>18,800</b>	<b>4,266</b>	<b>4220</b>	<b>8486</b>	<b>45%</b>

## **Annex 1. SUM II Participation in the 11<sup>th</sup> International Congress on AIDS in Asia and the Pacific (ICAAP11)**

### Abstract Presented

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

### E-posters:

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

# SUM II Presentation at ICAAP11

 **USAID** | SCALING UP FOR MOST-AT-RISK POPULATIONS



## Working with Journalists for HIV Advocacy in Surabaya.

**Meytha Nurani**  
Regional Coordinator for Scaling up For Most-At-Risk Population Program in East Java, Indonesia.

ICAAP 11, Bangkok, 23<sup>rd</sup> November 2013



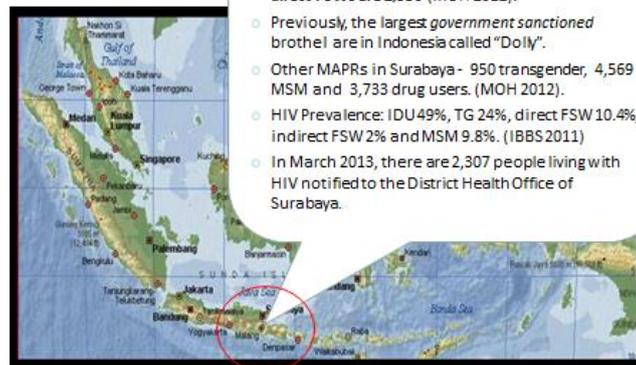
## Scaling Up MARPs (SUM) Project in Indonesia

- **SUM II is a 5-year USAID-funded project** that focuses on scaling-up integrated health interventions **reaching key HIV affected populations** (people who use drugs, sex workers, men who have sex with men and transgender people)
- The project provides technical assistance and support in **eight provinces—DKI Jakarta, West Java, Central Java, East Java, Riau, North Sumatra, Papua and West Papua**; and prioritizes “hot spots” where high risky behaviors are most prevalent
- **East Java** is a focus region under this project. The program supports **10 civil society organizations** representing key affected populations

2



## ISSUES



- Surabaya is a second big city in Indonesia.
- The population is around 3.2 millions people.
- Population size estimate of **indirect FSWs are 1,873, direct FSWs are 2,950** (MOH 2012).
- Previously, the **largest government sanctioned brothel** are in Indonesia called “Dolly”.
- Other MARPs in Surabaya - 950 transgender, 4,569 MSM and 3,733 drug users. (MOH 2012).
- HIV Prevalence: IDU 49%, TG 24%, direct FSW 10.4%, indirect FSW 2% and MSM 9.8%. (IBBS 2011)
- In March 2013, there are 2,307 people living with HIV notified to the District Health Office of Surabaya.

- More than 15 years having HIV programming, yet HIV is still largely misunderstood by those affected by the disease, government agencies and other stakeholders including the **media**
- Poor understanding and sensitization of the media leads to media reporting which are discriminatory and stigmatizing.
- Media reports are often factually inaccurate - HIV facts, AIDS related deaths
- Media industry were ignorant of the work done by civil society organizations (CSOs), especially in the promotion of HIV testing and the use of ARVs.
- Often journalists will contact the government and health services for information and data, without getting the community perspectives - resulting in tensions between HIV activists and journalists.

### Why Work With the Media?

- On the other hand, media has big access to all level in community.

5

### Program Intervention

**PROMOTING MUTUAL RESPECT  
AND UNDEANDING BETWEEN  
MEDIA AND CIVIL SOCIETY  
ORGANISATIONS**

### Working with Indonesia Journalist Association – AJI



- ❑ SUM II facilitated dialogues between journalists and CSOs
- ❑ Provided CSOs with writing skills training on “human interest and success stories”.

### Media Skills Seminar

- Not all the journalists know the real situation of the Indonesian HIV epidemic.
- They don't know how far the intervention has been implemented or
- Who are the local champions who have contributed to HIV response.



### Media Visits

- Similar to journalists, the media management is also unfamiliar with HIV issues and has only recently met transgender, MSM, IDUs and sex worker constituents from CSOs. Moreover media management make decisions to publish news.



PEKABUPATEN JEMBER  
SUM2 dan mitra CSOs yang bergerak dalam bidang HIV/AIDS di Surabaya, berkolaborasi dengan media beritanya JATIM, untuk kunjungan ke lokasi. Bersama, kunjungan media ini merupakan salah satu upaya mempromosikan informasi terhadap pemangku dan pengendalian HIV/AIDS.

## THE OUTCOME

### Increase in News Coverage and Better Media Relations

- News which are non-stigmatising and non-discriminatory
- News which highlight the good work of civil society organisations
- Strengthen relations between CSOs and Journalist.
- Journalists are better equipped to gather information from communities and know who to go to
- More than 100 stories and news are published which written by CSOs or journalist through media electronic and printed.

11



## Radio Broadcasts

- CSOs also have the opportunity to present free radio broadcasts on various local radio station.



## Press Conference

- AJI support CSO conducted Press Conference to push government to release local HIV regulation, provide service, increase the budget for HIV program
- Media helped CSOs to obtain direct access to Members of Parliament during the crucial period of legislative discussion to set local regulations

KELANA KOTA

22 Januari 2013, 15:47:08 (Luh)

### Surabaya Diminta Sediakan Shelter Penampungan HIV/AIDS

[www.surabaya.net](http://www.surabaya.net) - Jaringan LSM peduli HIV/AIDS Surabaya desak pemerintah libatkan mereka dalam Perancangan Peraturan Daerah (Raperda) tentang HIV/AIDS di Surabaya.



Beberapa LSM yang menyuarakan hal ini di Yayasan Gria Nostalgia, Yayasan Genter (Penerbitan Warta Kota Surabaya), Yayasan Citra Surabaya.

Mereka khawatir, proses penyusunan perda t. LSM ini, hanya akan menjadikan perda tidak substansi masalah. "Mendebat di perda yang kami melihat belum ada pasal yang mengenai penampungan atau shelter," kata Irina dari Perse mengantar pertemuan pers, Selasa (22/1/2013).

Padahal, shelter ini sangat dibutuhkan untuk membantu penampungan orang dengan HIV/AIDS yang terinfeksi karena bisa melindungi diri dari terdapat polutan virus.

## Promotes Efficiency of Advocacy

- AJI provided information to CSOs on how to engage effectively in legislative discussion



## LESSONS LEARNED

- Improved relationships with journalists has supported CSOs in their public advocacy efforts with minimal expenditure.
- The power of the media is important in advocacy for the government and public to support change necessary in the response to HIV.
- Increased commitment budget from local government in 2014 from USD180,000 become USD1,300,000.

services, such as income generation and free health services. Accessing these free services require a local resident card, which many transgender people lack. To reduce transphobia among health services, Perwakos conducts transgender life skills workshops and advocates to local formal and informal leaders to improve their understanding of the needs of transgender people. The Yayasan also offers free hairdressing for homeless people as a way demonstrating to the community that transgender people can be capable and productive members of the community.

#### Lesson Learned

Publications and networking are very important for building a positive community image, which has encouraged the organization to become stronger. Many other organizations will support us when they know we are trusted and have a strong commitment to social justice and care of transgender people.

ions



### BUILDING POSITIVE IMAGES FOR TRANSGENDER PEOPLE



Author: Mainul Sofyan\*, Erma Subakti\*\*, Yen Yertus Rusalam\*\*\*, Felicity Young\*  
 \* RTI International\*\* Yayasan Perwakos, Surabaya\*\*\* Training Resources Group, Inc.  
 Key words: stigma and discrimination, networking, gender identity, transgender.



#### Problem

930 transgender people in Surabaya are marginalized and experience stigma and discrimination (S&D). S&D impacts on transgender people in multiple ways: reluctance to access services, presenting late for STIs and HIV testing, loss to follow up, limiting mainstream employment opportunities causing many transgender people to work in gendered, poorly-paying positions; loss of employment generally and accommodation; and rejection by family.

#### Project

USAID Scaling-Up for Most-at-Risk Populations Project (USAID SUM2) partnered with Yayasan Perwakos to implement an integrated HIV program for transgender people. With technical support from SUM2, Perwakos liaises with local government to build trust between government and transgender people to help transgender people access needed services, such as income generation and free health services. Accessing these free services require a local resident card, which many transgender people lack. To reduce transphobia among health services, Perwakos conducts transgender life skills workshops and advocates to local formal and informal leaders to improve their understanding of the needs of transgender people. The Yayasan also offers free hairdressing for homeless people as a way demonstrating to the community that transgender people can be capable and productive members of the community.

#### Result

Perwakos has developed a strong reputation as both a transgender organization and for its HIV and social programs. With support from Perwakos transgender people are able to obtain a local resident card thereby enabling them to access free health services resulting in an increased number of transgender people receiving STI services, HCT, and ARV. From January 2010 to May 2013, Perwakos has providing 153 care and support and 13,7% of them has getting free physical testing from hospital prior to ARV taking.



#### Lesson Learned

Publications and networking are very important for building a positive community image, which has encouraged the organization to become stronger. Many other organizations will support us when they know we are trusted and have a strong commitment to social justice and care of transgender people.

transphobia among health services, Perwicos conducts transgender life skills workshops and advocates to local formal and informal leaders to improve their understanding of the needs of transgender people. The Yayasan also offers free hairdressing for homeless people as a way demonstrating to the community that transgender people can be capable and productive members of the community.

Publications and networking are very important for building a positive community image, which has encouraged the organization to become stronger. Many other organizations will support us when they know we are trusted and have a strong commitment to social justice and care of transgender people.



**USAID**  
FROM THE AMERICAN PEOPLE

## District-Based Monitoring System in Jayawijaya, Papua, Indonesia



Authors: Jonny\*, Yen Yerus Rusalam\*\* Felicity Young\*  
\* RTI International\*\* Training Resources Group, Inc.



### BUPATI JAYAWIJAYA

KEPUTUSAN BUPATI JAYAWIJAYA  
NOMOR 15 TAHUN 2013

T E N T A N G  
PENETAPAN KOMISI PERANGGULANGAN AIDS (KPA) KABUPATEN JAYAWIJAYA  
SEBAGAI PENGELOLA DATA BAGI SATU PINTU DALAM PROGRAM Pencegahan  
DAN PERANGGULANGAN HIV DAN AIDS DI KABUPATEN JAYAWIJAYA

#### Issue

The Jayawijaya District AIDS Commission (DAC) is the leading coordinating agency for the HIV response in a region which is experiencing increasingly HIV prevalence. Currently, there is weak technical capacity in evidenced-based program planning, monitoring and evaluation, and is hindering scaling-up of HIV interventions. Two main factors that are limiting programming, include: 1) irregular program reporting by both government and non-government implementers to the DAC; and 2) the absence of an HIV epidemiological database, and monitoring and evaluation system.



District level regular coordination meeting to review progress and develop follow up plan

#### Project

The USAID Scaling-Up for Most-at-Risk Populations Project (USAID-SUM2) is mandated to provide partner institutions with technical assistance in organizational development to support scaling-up effective, integrated HIV interventions that will lead to behavior change among most-at-risk

populations. The DAC needs guidance to assume the responsibility for facilitating joint program planning, implementation, monitoring and evaluation. Hence, USAID-SUM2 has supported the DAC to assume responsibility for data collection, management, analysis and dissemination of results to stakeholders in support of evidence-based planning of future programs.

#### Result

USAID SUM2 has secured the District Government's commitment to develop a monitoring and evaluation system, and an epidemiological database. Through USAID-SUM2 advocacy, the District Government has issued a District Head Decree for this purpose, and is committed to fund the costs for this activity, in partnership with USAID-SUM2 as the technical service provider.

#### Lesson Learned

Facilitating stakeholders' engagement in an attempt to introduce new systems is a critical function of advocacy in Jayawijaya. Through this process, USAID-SUM2 was able to facilitate the DAC's efforts in securing the acceptance and approval of all partners; to embark on the development of a joint program planning process, and reporting systems, which are linked at the district level and the development of a standard monitoring evaluation system.

advocates to local formal and informal leaders to improve their understanding of the needs of transgender people. The Yayasan also offers free hairdressing for homeless people as a way demonstrating to the community that transgender people can be capable and productive members of the community.

image, which has encouraged the organization to become stronger. Many other organizations will support us when they know we are trusted and have a strong commitment to social justice and care of transgender people.

**Empowering Communities Towards Improved Health Seeking Behaviors**

USAID SCALING UP FOR MOST-AT-RISK POPULATIONS

Khairul Amri\*, Yen Yerus Rusalam\*\*, Mona Sheikh Mahmud\*\*\*

\*RTI International, \*\*Training Resources Group, Inc, \*\*\*APMG



**Issue**

HIV/AIDS is a communicable disease which has become epidemic amongst key affected populations (KAPs) in Indonesia. This disease is endemic due to limited health awareness amongst socially disadvantaged communities who are already vulnerable. For many years, public health approaches focused on distribution of IEC materials and health commodities, including condoms, needles and syringes which has not been able to reduce HIV incidence rate. During the period, the KAPs was purely the objects of the intervention which resulted weak community awareness and participation to address the HIV epidemic. A community empowerment will be effective approach to build community self-help system on HIV comprehensive services program amongst KAPs.

**Results**

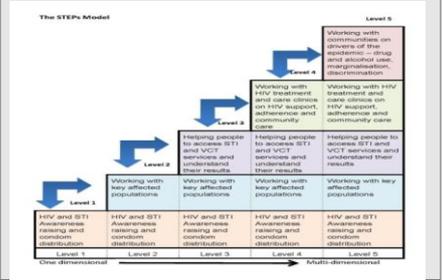
The community empowerment approach was successfully implemented in Jakarta, and East Java Provinces. In Jakarta, Yayasan Kusuma Buana facilitated Aura Buana, which is a community organization in Mangga Besar, West Jakarta, is a model of community-based HIV services to improve communities HIV knowledge and encourage health seeking behaviors. The Aura Buana community organization provides HIV prevention services and works with local health providers for referral to clinical services. Similar to Jakarta, in Surabaya, East Java, three SUM II CSOs partner facilitated community organization at MARPs hotspot. They are Gaya Nusantara, Perwakos and Orbit.

**Project**

USAID Scaling-Up for Most-at-Risk Populations Project (USAID SUM2) is providing community based organizations with technical assistance in organizational development in support of scaling up effective, integrated HIV interventions that lead to necessary behavior change among most-at-risk populations. Currently, USAID SUM2 is rolling out the community empowerment approach, which builds community knowledge and skills in mobilizing comprehensive responses to HIV.



Coordination meeting Aura Buana community with local AIDS commission to introduce their community and encourage community to access health services.



**Lesson Learned**

We have shown that community empowerment improved community participation and contributions in to mobilizing the community for HIV prevention and care. It is clear that community empowerment strengthened the community-based services program and promoted KAPs' rights related to their diverse sexual orientations and gender identities and that this will improve the sustainability of the program at "grass-roots" level.

- References**
1. SUM II TA Providers CO Module, 2013
  2. All Together Now; Community Mobilisation for HIV/AIDS, International HIV/AIDS Alliance, 2006



## Building Political Commitment for Candidate of Mayor, Malang, Indonesia to Support HIV Programming



Dwi Arts Subakti\*, Andy Supaty\*\*, Yen Yerus Rusalam\*\*\*, Felicity Young\*

\*RTI International, \*\*IGAMA \*\*\*Training Resources Group, Inc.

### Issue

In local elections, key affected populations (KAPs) have often been targeted as a focus of political campaigning and yet, their 'real' issues are rarely addressed beyond political exploitation. In Malang, mayoral elections were held on May 23, 2013 with six candidates running for mayor and deputy mayor.



IGAMA staff involved in the campaign of candidates for mayor of Malang

### Project

Ikatan Gaya Malang (IGAMA) a local men who have sex with men (MSM) community based organization (CBO) in partnership with USAID Scaling-Up for Most-at-Risk Populations Project (USAID SUM2) implemented an enabling environment advocacy project aimed increasing MSM participation in local elections. Capacity building was provided to IGAMA to increase their advocacy and networking capacity. In the past year, More than 5,000 MSM were contacted by IGAMA.

### Result

IGAMA advocated to local mayoral political candidates arguing that MSM were a significant constituency and their HIV issues needed to be addressed. Candidates who were prepared to publicly commit to supporting MSM and HIV services would receive the support of the MSM community. Of the 6 candidates, only 2 agreed to issue statements of support: Sri Rahayu and Priatmoko Utomo (SR-MK) from Partai Demokrasi Indonesia Perjuangan (PDIP) and Partai Damai Sejahtera (PDS).



Sri Rahayu, candidates for mayor of Malang committed to supporting the HIV AIDS program at Igama

### Lesson Learned

Political commitment from candidates in local elections in the city of Malang in support of the HIV response by IGAMA is a success story. This is an innovative approach since few HIV CSOs have worked with prospective regional government leaders as a way to build political commitment to HIV programs.

## Community participation in HIV prevention programs improves program outcomes



M Hudallah\*, Bangkit Ari Sasongko\*\* Yen Yerus Rusalam\*\*\*, Felicity Young\*

\*RTI International , LPPSLH Purwokerto, Central Java, \*\*\* Training Resources Group, Inc



### Issue

Since 2012, USAID Scaling-Up for Most-at-Risk Populations Project (USAID SUM2) provided technical and financial support to Lembaga Penelitian dan Pengembangan Sumberdaya dan Lingkungan Hidup – Institute for Environmental Research and Resource Development (LPPSLH), to enable them to mobilize resources from the local community in support of sustainability of HIV programming among female sex workers (FSWs). Resources mobilized resulted in the development of community learning center and a clinic delivering affordable, accessible and self-financing STI services for FSWs.



Female sex workers initiate and participate meeting to discuss issues regarding program.

### Result

As a result of grass roots advocacy and partnership building facilitated by the LPPSLH, the local community contributing their own financial and physical resources built a public hall in the Gang Sadar. The building, located in a hotspot for the sex industry, was built to provide a safe space for FSW. The local government health office provides onsite HIV and STI testing and health education for FSWs. Other learning and social activities are also provided. The LPPSLH is now collaborating with the local university and the District Health Office to establish a partnership to develop a community clinic to enhance local HIV prevention programs.

### Project

LPPSLH, a civil society organization in Baturaden, Banyumas Regency, Central Java Province in Indonesia delivers HIV prevention services to 625 FSWs. The project is designed to mobilize and improve community participation in support HIV prevention programming among FSWs.



### Lesson Learned

Developing HIV prevention programs by promoting community participation through community capacity building will make local HIV prevention programs more effective, and ensure that they are sustainable despite, possible declines in financial support from donors.



SCALING UP FOR MOST-AT-RISK POPULATIONS



## "From Paper to Touch Screen"

Ricky Andriansyah\*, Yen Yenus Rusalam\*\*, Felicity Young\*  
 \*RTI International; \*\* Training Resources Group, Inc



### Issue

Field staff from Community Service Organizations (CSOs) are in the front line delivering services to key affected populations. Demands to improve the quality of monitoring and evaluation data means that CSO field workers must develop skills in recording and reporting of strategic information.

However, record keeping is often perceived by CSO staff as a boring and time-consuming activity resulting in poor quality documentation. Insufficient documentation may negatively impact on the quality of the services given to the client and may also result in loss of follow-up.

The problem gets increases when the poorly drafted field notes are sent to the M&E staff. The M&E staff must enter piles of documentation into the database. This takes considerable time, which results in less time for the M&E staff to analyze data and to provide recommendations to management. Often the focus is on getting the task done and the report submitted to the donor rather using the M&E data to inform and improve programming.



### Project

Since January 2013, USAID's Scaling Up Most at Risk Populations (SUM2) project has taken an innovative approach to improving M&E documentation by piloting the use of mobile phone technologies which replace traditional pen and paper reporting. Stage 1 of the pilot included developing the mobile phone record keeping instrument by utilizing a free application known as CommCare, followed by training of 10 field staff in how to use the software and utilize the data. Stage 2, is focused on scaling up in other regions.

### Results

The M&E and field staff, after implementing Commcare in Stage 1, expressed that Commcare is positively transforming program documentation. The tool, they said, saves paper and staff time, and improves the data collection process by collecting in real-time, allowing program administrators to analyze, report, and act on data more effectively. Moreover, by storing client records on outreach workers' mobile phones, they can better serve their clients.

### Lessons learned

Advances in technology should be used in HIV programming. However, staff of CSOs are accustomed to using paper, even though with Commcare they can still print the data. In addition, field staff feel that without paper they cannot prove whether they have done the field activity properly or not. Transitioning to using new technologies takes time and training.

## **Annex 2. Success Story**

Private Clinic and CSOs Collaborate in Film Festival:  
*Get Tested, Get Treated and Move on with your Life!*



## SUCCESS STORY

### Private Clinic and CSOs Collaborate in Film Festival

#### *Get Tested, Get Treated and Move on with your Life!*

Angsamerah Foundation and SUM II established a private clinic in the mega entertainment area of South Jakarta known as Bloc M to provide HCT and STI services for most-at-risk populations. Yayasan Inter Medika (YIM) is a SUM II CSO partner serving the MSM community in Jakarta, and the Gay and Transgender National Network (GWL-INA) is a national organization dedicated to ensuring the issues of transgender, gay men and men who have sex with men (MSM) are reflected in the implementation of HIV and AIDs programs.



*“Our work with CSOs is enabling us to reach most-at-risk populations in new and innovative ways. The individuals who tested positive were mostly under age 20. We need to reach young people at risk for HIV so they are getting the information they need to help them reduce risk behavior.”*

— Dr. Jacqueline, Director of the Angsamerah satellite clinic

U.S. Agency for International Development  
[www.usaid.gov](http://www.usaid.gov)

Angsamerah Foundation, Yayasan Inter Medika (YIM), and the Gay and Transgender National Network (GWL-INA) collaborated together to provide free HIV counseling and testing (HCT) to men who have sex with men (MSM) during the Q! Film Festival, held September 29 to October 6, 2013. The purpose of these eight days 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 during the festival was "get tested, get treated and move on with your life!"

Free HIV testing was available at two different sites throughout the festival: at the Angsamerah clinic in the Blok M area of South Jakarta, established in July 2013 in partnership with the USAID Scaling Up for Most-At-Risk Populations (SUM II) Program; and at the Inter Medika Drop-In Center in Central Jakarta, supervised by clinical staff from Angsamerah. YIM is a recipient of SUM II small grants and technical assistance to strengthen its organizational effectiveness and community mobilization. GWL-INA was very supportive of the initiative and approach to HCT services, and provided funds to the clinic for consumables during the festival.

The Angsamerah clinic was a venue partner for the Q! Film Festival, and 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 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 at the Angsamerah clinic. However, Angsamerah clinic may consider providing the patients with early treatment as per national guidance on scaling-up access to ARVs.

Angsamerah Foundation and SUM II expect the clinic to become a center of excellence for CSO partners in STI and HIV clinical services and management, and for the design of CSO networking approaches with community organizations from within sub-populations of female sex workers, MSM, transgender (*Waria*), and other most-at-risk populations. Angsamerah Foundation and SUM II will be collaborating this year to develop clinical services models for female sex workers and MSM in East Java. SUM II plans additional partnerships with private clinics to expand coverage (access and quality) of STI and HIV services.

### **Annex 3. Technical Briefs**

Technical Brief 18: *USAID SUM II Lessons – Building a Local and Sustainable Response*

Technical Brief 19: *Four-Part Model for Comprehensive Services Networks – Transforming the Local HIV Response*

Technical Brief 20: *Private Clinics for STI and HIV Services – Determining New and Different Approaches*



## Technical Brief 18

October 2013

### USAID SUM II LESSONS

#### ***BUILDING A LOCAL AND SUSTAINABLE HIV RESPONSE***

UNAIDS 2013 Global Report Data for Indonesia shows trends increasing for HIV prevalence in adults, people living with HIV, new infections, and AIDS deaths. The epidemic in Indonesia continues to advance and the magnitude of the need – HIV prevention awareness, behavioral change, condom availability, and demand for and access to quality STI and HIV services – is considerable.

The Global Report and the upcoming 2013 IBBS/General Population in Tanah Papua afford an opportunity for partners in Indonesia's response at district, provincial and national levels to take stock of these trends vis-à-vis their own programs and come together for dialogue on how to best integrate programs, pool resources, and strengthen technical integrity of HIV prevention-to-care services and programs. Technical integrity means that partners are collaborating together to assure provision of *most current evidence-based packages of technical support* in services to most-at-risk populations and people living with HIV.

Two areas that especially would benefit from dialogue among partners at national and local-levels are present efforts to expand coverage (access and quality) of comprehensive STI and HIV services to most-at-risk populations; and longer-term efforts to build a local and sustainable HIV response.

#### **SUM II Lessons**

SUM II has an advantage to bring to dialogue with partners. For three years it has been engaging in organizational performance (OP) with partners in twenty-two districts across the country's seven provinces with the highest estimated HIV prevalence. Its emphasis on OP is twofold: to create compelling, financially sustainable civil society organizations (CSOs) that help bring equal partnership and shared leadership to a district response; and to scale-up effective, integrated, and cost-efficient HIV interventions.

*HIV prevention efforts will have no significant impact on the HIV epidemic without community leadership from within most-at-risk populations.*

SUM II lessons that can contribute to national and local-level dialogue with partners are included here.

- HIV prevention efforts will have no significant impact on the HIV epidemic without community leadership from within most-at-risk populations (MARPs). HIV transmission will stop when communities come forward with their own active community response, without dependency on others.
- Past partner efforts gave priority, appropriately so, to immediate efforts to arrest the epidemic, and insufficient attention to building local and sustainable institutions able to bring their own organizational and technical capacity to a district-level HIV response, which is where the magnitude of the need gets addressed head-on and will for some years to come.
- CSO partners with a strategic vision aimed at financial sustainability, and with greater confidence and success in their own financial and organizational management, have readily stepped into the role of community development partner to bring local knowledge and expertise to health systems strengthening, as well as other community areas of needs.
  - ▶ They are serving as *local capacity building mentors* to emerging CSOs at hotspots not yet covered by comprehensive STI and HCT services and to community organizations within MARPs.

- ▶ As mentors, they are strengthening the self-reliance of these emerging CSOs and community organizations and helping them build direct relationships with departments of local government to leverage funding for HIV services.
- ▶ They are expanding their existing programs for greater coverage and reach – to other hotspot sites, to other districts in a province, to other most-at-risk populations, to small CSOs and community-based and faith-based organizations to support their expansion of coverage, and by engaging with Pukesmas and private clinics to increase demand and provide access to services.
- Local government leaders in some districts are receptive to technical capacity building – to improve local government awareness and analysis of the district-specific HIV epidemic – and are demonstrating how local government leadership can be at the forefront of district-based HIV response planning and mobilization, operational management, and monitoring and evaluation.
- The more sustainable approach for international partners in the response is to minimize project staff and instead invest in CSOs and local technical assistance organizations as project partners in local capacity building to develop local and sustainable institutions and institutional networks that help increase demand for and access to STI and HIV services.
- Investment in local technical assistance organizations as strategic partners and capacity builders (with their cadre of financial management, organizational development, M&E, and clinical services experts and mentors) enables an intensive workplace-based approach to OP training, coaching and systems development that works. Traditional classroom-based management and technical training directed at CSOs in past programs didn't work. Several CSO partners are now preparing for internal and external audits, which will make them eligible for direct government and donor funding.
- Investment in new technology to improve organizational performance in the HIV response over the long-term is an arduous task when competing with the urgency of the epidemic. Adaptation of RETA, Epi Info 7 and CommCare Communication<sup>3</sup> to Indonesia's response and their interactive, participatory roll-out is beginning to show payout – in district-level program planning and coordination, in CSO-health service provider case management, and in CSO and district government monitoring and evaluation tied to continuous program improvement. The coming hoped-for payout of these and other investments will be district-wide comprehensive services networks<sup>4</sup> for most-at-risk populations; and local government leadership at the forefront of a district's response, along with national and local budget allocation matching the magnitude of the need.
- Community participation and cash or in-kind (including volunteerism) empowers action: more people feel able to act, and do act, on HIV/AIDS comprehensive services, at least to community members at MARPs' hotspots. Community participation enables local government, CSOs, and stakeholders to scale-up services, allocate resources effectively, and build the capacity of other MARPs community organizations to make “wave after wave of improving healthy-living behavior” until the 3-zero vision is fulfilled – zero new HIV infections, zero AIDS-related deaths, and zero discrimination.

The 2013 UNAIDS global report is an opportunity for dialogue that hopefully can lead to more robust and shared strategies that bridge district, provincial, and national levels in HIV response management and resource allocation – and that begin to reverse the trends in Indonesia's HIV epidemic.

---

<sup>3</sup> See Technical Brief 9, *RETA*, and Technical Brief 17, *CommCare and Epi Info 7*

<sup>4</sup> See Technical Brief 19, *Four-Part Model for Comprehensive Services Networks (CSNs)*



## **FOUR-PART MODEL FOR COMPREHENSIVE SERVICES NETWORKS**

### ***TRANSFORMING THE LOCAL HIV RESPONSE***

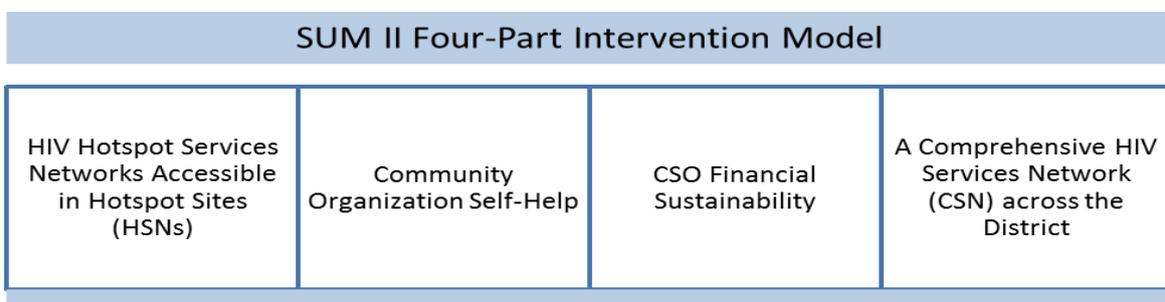
Since its launch in May 2010, SUM II has evolved into a multifaceted program aimed at building local and sustainable institutions and institutional linkages, and improving the interface between most-at-risk populations and service providers in Indonesia’s HIV response. Thirty-two civil society organizations (CSOs) working in Tanah Papua, Riau Islands, North Sumatera and Java have been the beneficiary organizations of SUM II intensive workplace-based organizational performance (OP) training, coaching and systems development.

Seven of these CSOs – designated *Principal CSOs* because of their OP responsiveness – are receiving additional intensive technical assistance (TA) to enable them to become *local capacity building mentors* to *developing CSOs* and non-SUM II CSOs, and to expand coverage in multiple ways – to other similar intervention sites; to new geographical areas; by adding a new program that targets a different most-at-risk population; to intervention sites formerly covered by other CSOs; by mentoring and providing TA support to *emerging CSOs*, as well as to community-based and faith-based organizations that enables expansion of coverage; and by engaging private clinics to provide HIV and STI services.

As local capacity building mentors, *Principal CSOs* will also be strengthening and further demonstrating 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.

### **HIV Comprehensive Services Networks (CSNs)**

The aim of the *Four-Part Intervention Model* 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.



### 1) HIV Hotspot Services Networks (HSNs)

Hotspot-driven services networks enable health service providers, CSOs and 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. SUM II is establishing hotspot services networks with Puskesmas for HIV and STI services as well as services provided by private clinics, and specifically for female sex workers and high-risk men in DKI Jakarta, West Java, Central Java and East Java, and in Tanah Papua for female sex workers, high-risk men, and indigenous men and women.

### 2) Community Organization Self-Help

Community organizations (COs) are informal organizations within communities of most-at-risk populations. SUM II and its CSO partners believe HIV prevention efforts will have no significant impact on the HIV epidemic without leadership from these most-at-risk communities, and, in the case of Tanah Papua, the indigenous communities. The challenge is to change mindsets. HIV transmission will stop in Tanah Papua and elsewhere in Indonesia when communities come forward with their own active community response, without dependency on others.

Examples of community organizations include ethnic community groups and hobby groups, such as dance, sport, and music, that meet regularly, with members pooling resources and fundraising to purchase for example team uniforms and equipment; and informal groups that form around health care and economic development activities. CSO, government and private sector partners are tapping the leaders in these existing grassroots organizations as *volunteers for community self-help* – to be leaders in the HIV response, determine the nature of their response, and take responsibility and be influential in shaping plans and taking action. The engagement of COs as equal partners in design, delivery and evaluation of services helps ensure trusting and positive relationships with most-at-risk populations, appropriate and friendly services, and a supportive environment that encourages health-seeking behaviors.

### 3) CSO Financial Sustainability

Comprehensive services networks can help address “supply and demand” for MARP health services over the long-term provided these networks include local and sustainable institutions. For this reason, CSO financial sustainability is an essential element of the four-part model. Financial sustainability for any independent organization begins with sound financial systems and financial management. A CSO’s capacity to manage its own financial systems – systems tailored to the organization’s own day-to-day operations and driven by its own financial reporting requirements – is core to SUM II’s workplace-based approach to strengthening CSO organizational performance.

SUM II *Principal* CSOs in East Java, DKI Jakarta and Tanah Papua are all committed to implementing internal financial audits this coming year and, in most cases, external audits as well. *Principal* CSO partners are proving their performance in collaborative efforts with local government, private sector and multiple donors. They are managing organizational growth and the cost efficiency of programs;

#### HIV Comprehensive Services Network across Jayawijaya District

SUM II and *Principal* CSO partner Yukemdi are collaborating with local government and other stakeholders to establish a comprehensive services network to reach indigenous men and women, high risk men, and street-based female sex workers across Papua’s highlands district of Jayawijaya. Regular coordination meetings bring together CSOs, government, tribal, religious and youth leaders to improve demand and access to HIV services, resulting in program integration, active community-based participation, and local government cost sharing for HIV prevention and care programs.

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 increase local government funding to CSOs.

they are implementing organizational performance audits; and they are operating with transparency and good governance.

These capacities are enabling *Principal* CSOs to mentor other CSOs and organizations to 1) expand their coverage and reach to most-at-risk populations, 2) support private clinics and hospitals to supplement government services, and 3) provide their own clinical services. These activities to address supply and demand for MARP health services demonstrate the valuable role of CSOs in a district's HIV response and also demonstrate the benefits of building district-wide comprehensive services networks. Direct funding to *Principal* CSOs by local government and other donors is a SUM II capacity building goal, a result that will help sustain HIV comprehensive services networks over the long-term.

#### **4) A Comprehensive Services Network (CSN) across the District**

Sum II is working with partners in the Jayawijaya district of Tanah Papua (see adjacent text box) to demonstrate a district-wide HIV comprehensive services network. Sexual transmission of HIV is high in Jayawijaya District, especially in the indigenous population, and curtailing the epidemic will require multiple stakeholders at grassroots levels to combine strategies and pool resources. SUM II support includes local government 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 monitoring and evaluation (M&E).

#### **Transforming the Local Response through Shared Leadership**

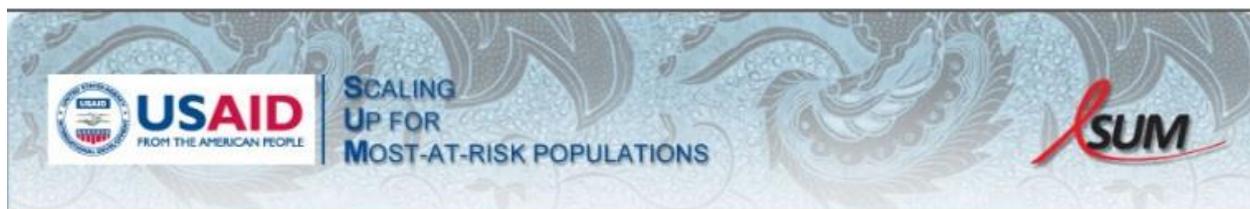
Shared leadership will be critical in launching HIV comprehensive services networks across districts – with pooled resources and a “three zeros” strategy of zero new HIV infections, zero AIDS-related deaths, and zero discrimination. Local government political and operational leaders can help leverage financial and human resources for HIV prevention and care, and help integrate support from project implementer organizations and local NGO networks. CSO leaders *as local capacity building mentors* can address ongoing supply and demand gaps in coverage and reach for MARP health services – both hotspot-driven and across a district. Yet it is the *volunteers for community self-help* who are the pivotal force. If CSOs can tap these volunteers to manage organizational growth and the cost-efficiency of programs, and if CSO and local government partners can fully engage these volunteer leaders to bring their own active community response, the intervention model of *comprehensive services networks* will succeed in transforming the local response because they will be sustained by self-reliance, equal partnership, and shared leadership.

#### **Building CSO Capacity to Manage for Results**

Since 2010, CSO HIV programs have been the target of SUM II intensive workplace-based organizational performance (OP) training, coaching and systems development. SUM II's approach is based on management for results – which means zero new HIV infections, zero AIDS-related deaths, and zero discrimination, known internationally as the “three zeros” strategy.

SUM II core capacities in managing for results are focused on HIV program planning, financial and organizational management, and monitoring and evaluation (M&E). These capacities enable CSOs to continuously monitor and evaluate their institutional and programmatic performance, and address gaps for improvement, including coverage and reach. They also include the ability to carry out periodic qualitative assessments of MARP clients to identify barriers to service utilization.

TA providers SurveyMETER and Puska University of Indonesia will coordinate in the coming months with other SUM II TA providers to harmonize the content of M&E functions so CSOs have the ability to carry out periodic management reviews that focus on program inputs, outputs, and cost efficiencies, and that contribute to a district-wide three zero strategy.



## PRIVATE CLINICS FOR STI AND HIV SERVICES

### DETERMINING NEW AND DIFFERENT APPROACHES

HIV prevalence rates in Indonesia are advancing – 17.2% among men who have sex with men (MSM), which is double since 2007; 31% among transgender (*Waria*); 10.5% and 5.2% among direct and indirect female sex workers respectively.<sup>5</sup>

The strategic challenges are considerable:

- ▶ Sexually transmitted infections (STIs) that put many young people at risk for HIV infection go untreated, which also means they are not getting the information they need to help them reduce risk behaviors. MSM teenagers are of special concern.
- ▶ HIV is not being detected early enough and those unaware of their status continue to spread the infection.
- ▶ Community health care centers are already overburdened serving large numbers of patients. Sexual and reproductive health services account for only a fraction of all services they are able to provide.

The bottom-line: different approaches are needed to significantly increase HIV “test and treat.”

#### SUM II Expands Partnerships with Private Clinics

As a way to gain lessons and ideas, and determine new and different approaches to improving coverage (access and quality) of STI and HIV services, SUM II is expanding its partnerships with private clinics.

*Indonesia’s middle class has grown substantially over the last ten years, from approximately 38% of the population in 2003 to 57% in 2010 – well over 100 million people, with 7 million being added each year.*

Indonesia’s middle class has grown substantially over the last ten years, from approximately 38% of the population in 2003 to 57% in 2010 – well over 100 million people, with 7 million being added each year.<sup>6</sup> This emerging middle class includes most-at-risk populations. To what extent are they willing to pay for high-quality, confidential, stigma-free, and low-cost sexual and reproductive health services?

SUM II is currently providing small grants and technical assistance to thirty-one civil society organizations (CSOs) to improve their performance and aggressively expand coverage of STI and HIV services for most-at-risk populations in twenty-two districts across the country’s seven provinces with the highest estimated HIV prevalence. To what extent can private clinics bring new possibilities and synergies – and technical integrity and replicable business models – to hotspot-specific and district-based comprehensive services networks?<sup>7</sup>

<sup>5</sup> 2011 IBBS

<sup>6</sup> *Investing in Indonesia*. KPMG. 2013.

<sup>7</sup> See Technical Brief 19, *Four-Part Model for Comprehensive Services Networks*

In July 2013, SUM II and Angsamerah Foundation, with support from local government, established a private clinic to provide STI, HCT, and ARV services in the mega entertainment Blok M area of South Jakarta. Some consider Blok M to be the largest hotspot in Jakarta, a place where direct and indirect female sex workers, MSM, *Waria*, injecting drug users, and middle class high-risk men congregate. Since opening, clinic staff has initiated regular meetings with café and bar managers, and members of at-risk groups, to establish its market niche for sexual health services within the targeted sub-populations.

The partnership between SUM II and Angsamerah goes beyond the daily STI and HIV services of the Blok M clinic to also building the technical capacity of SUM II's CSO partners. The clinic's fourth floor is set aside for training sessions on STI and HIV clinical services and management and for the design of CSO networking approaches to community organizations from within sub-populations of female sex workers, MSM, transgender (*Waria*), and other most-at-risk populations. SUM II CSO partners in other regions will also soon benefit, starting with technical assistance to strengthen a community-based clinic in Purwokerto, Central Java that is providing sexual and reproductive health services to female sex workers in the brothel complexes; and to develop clinical services models in other provinces, for example, where the numbers of middle class, non-brothel-based female sex workers are higher.

SUM II and Angsamerah Foundation hope the Blok M clinic becomes a model for others to replicate – especially on how to attract clientele from most-at-risk populations willing to pay for clinical services and thereby assuring a clinic's financial sustainability over the long-term. SUM II will help establish two additional clinics in Jakarta in partnership with CSOs and local government – a private clinic for female sex workers in North Jakarta with SUM II's *Principal* CSO Yayasan Kusuma Buana (YKB); and Ruang Carlo clinic affiliated with Carolus Hospital, which is recognized for MSM-friendly services.

Private clinics offer new choices for those willing to pay for high quality, stigma-free and confidential STI and HIV services, and can help create centers of excellence for technical integrity in assuring the provision of *most current evidence-based packages of technical support* in services to most-at-risk populations and people living with HIV. Equally important, private clinics can offer business models for others to replicate in the scale-up of STI and HIV services that are sustainable over the long-term.

#### ***Increasing the Numbers of MSM Who Know Their Status***

Angsamerah Foundation, Yayasan Inter Medika (YIM), and the Gay and Transgender National Network (GWL-INA) collaborated together to provide free HIV counseling and testing to MSM during the yearly Q! Film Festival, held September 29 to October 6, 2013. The aim was to increase the numbers of MSM who know their HIV status and, if positive, enable access to treatment.

Free HIV testing was available at the Angsamerah clinic in the Blok M area of South Jakarta, established in partnership with SUM II, and at the YIM drop-in center in Central Jakarta (supervised by Angsamerah). YIM is a recipient of SUM II small grants and technical assistance to strengthen its organizational effectiveness and community mobilization. GWL-INA provided funds to the clinic for consumables.

The Blok M clinic, as a venue partner for the festival, made available its third floor for movie screenings. People attending were encouraged to undergo free HIV testing. 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 HIV positive, which means a staggering 23% prevalence rate among those tested. All newly diagnosed men were offered CD4 testing and professional counseling.

<sup>1</sup> See Technical Brief 19, *Four-Part Model for Comprehensive Services Networks*

Financial reporting portion removed for publishing.