



SUM II QUARTERLY REPORT

April – June 2014

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Table of Contents

	<u>Page</u>
Abbreviations	2
Introduction	4
SUM II Objective 1	6
Strategy 1: CSO Capacity Building	6
Strategy 2: SUM II Operational Management	15
Strategy 3: To Strengthen Advocacy Capacity	20
Strategy 4: To Address Gender and Stigma and Discrimination	21
Strategy 5: To Provide Organizational Performance TA for Health Care Services to MARPs	22
Strategy 6: Monitoring and Evaluating CSO Performance	23
SUM II Objective 2	25
Status of Small Grants Program	
Performance against PMP Targets	29
Annex 1: Revised PMP	30
Annex 2: Year 4 CSO Partners	42
Annex 3: Chart on Technical Clusters	45
Annex 4: Technical Brief 21: CSO Capacity Building Progress	50
Annex 5. Actuals & Estimated Accruals for April to June 2014	55
Annex 6. Quarterly Accruals and Projections	56

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
SUFA	Strategic Use of ARTs
TA	Technical assistance
TB	Tuberculosis
TRG	Training Resources Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	U.S. Agency for International Development
HCT	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

The four highest priorities for SUM II in Quarter Four were to:

- Finalize third cycle grants for CSO partners in Java and second cycle grants for North Sumatera and Riau Islands
- Revise SUM II's PMP indicators to be in alignment with the revised 2014 PEPFAR indicators, and introduce these revised indicators to staff, partners and stakeholders
- Launch *One Strategy Approach* start-up and expectations sessions with technical clusters:
 - DKI Jakarta – three technical clusters
 - Surabaya – three technical clusters
 - Malang – one technical cluster
 - Semarang – one technical cluster
 - North Sumatra – one technical cluster
 - Riau Islands – two technical clusters
- Develop the Year 5 Work Plan

Cycle 3 grants to Java CSOs and cycle 2 grants to CSO partners in North Sumatera and Riau Islands were seriously delayed due to internal disagreement and debate among SUM II international partners and staff on the feasibility of *One Roof Grant Management*, which was described in the Year 4 Work Plan as the “consortium” model.

The underlying issues:

- As part of planning for Year 4, SUM II needed to make strategic choices about how best to maximize remaining SUM II grant funds. SUM II's decision was that Year 4 grants and TA support from SUM II would depend on the alignment of the CSO's proposal and TA requests to the *4-Part Model for Comprehensive Services Networks* and the CSO's demonstrated ability and commitment to managing for results. SUM II's workplace-based organizational performance capacity program is centered on managing for results.
- The challenge with this decision was that the more responsive and less responsive CSOs do not fall evenly across the most-at-risk populations. In general, the more responsive CSOs working to improve their programs are CSOs targeting FSWs. They mostly are not MARPs-led CSOs and operate more as community development NGOs. The less responsive CSOs – and clear candidates for suspension by the end of Year 3 – are MSM and TG CSOs. Yet their participation as partners in the HIV response is critical, especially considering results of the 2011 IBBS, which shows sharp increases in HIV sexual transmission, particularly among MSM.

SUM II's Year 3 experience in tapping *Principal* CSOs as local capacity building coaches to *developing* and *emerging* CSOs contributed to the Year 4 Work Plan concept of “clustering” CSOs as a response to this challenge re: how to continue engaging CSOs that are critical to the response but have been less responsive to capacity building and program improvement.

The preferred approach for long term development goals and sustainability is to form technical clusters of CSOs working in the same geographical area and under “one grant.” A *Principal* CSO would serve as Lead CSO in the consortium and would be the recipient of the SUM II grant. This approach would also advance the 4-part model, i.e., building comprehensive HIV services networks across CSOs, health service providers, local government and other stakeholders in a specific hotspot and/or district-wide.

Moreover, SUM II’s capacity building program in financial systems and management through Year 3 has been aimed at the ability of CSO partners to pass internal and external audits. Experience in administering and managing grants to *developing* and *emerging* CSOs is the next logical step in building sustainable local institutions and institutional networks that can over the long-term bring their talents and resourcefulness to the HIV response and other development efforts in Indonesia. An organizationally strong CSO in the lead with grant management experience is an important core capacity if a CSO hopes to eventually receive direct funding from international and other donors.

Unfortunately, SUM II international and local partners struggled for weeks to reach agreement on the approach. The main point of contention was accountability and financial risk. Would the lead CSO in the technical cluster, as recipient of the SUM II grant, provide sub-grants to the member CSOs in the technical cluster to cover salaries and program implementation, or, to reduce financial risk and assure clearer accountability, would it be better to take a centralized approach, i.e., in which staff of the member CSOs receive salaries, benefits and implementation expense reimbursements directly from the lead CSO?

Meanwhile, planning for *One Roof Grant Management* moved forward with TA providers and CSO partners: grant documents (SOWs, Gantt charts, budgets, Memorandums of Negotiation) were developed for lead CSOs; TA providers and SUM II staff prepared the workplace-based capacity building plan for grant management (i.e., intensive training, coaching and systems development); and regional staff convened technical clusters to clarify roles and relationships and define services.

In March 2014, the compromise agreed to was to form clusters of CSOs under a joint SOW and not under one grant. The initiative became the *One Strategy Approach*. Therefore, each CSO in the cluster would be issued a separate grant. As a result, SUM II staff needed to prepare grant documents for all of the “members” CSOs in a technical cluster. Cycle 3 grants in Java and Cycle 2 grants in North Sumatera and Riau Islands were significantly delayed, which adversely affected program implementation and achievement of targets.

In hindsight, the SUM II extended team of international partners and SUM II staff should have resolved the disagreement much sooner. Accountability and financial risk for the SUM II international implementing partners are legitimate concerns, and at the same time innovations are born from “creative” conflict and problem-solving. But in this case, the first priority should have been “no gaps” between cycles of grants.

SUM II partners, including USAID, should continue to explore possibilities for making *One Roof Grant Management* a SUM II goal. The *One Strategy Approach* is a step in the right

direction, but it doesn't go far enough in building capacity, changing development paradigms, and preparing for local ownership post-SUM II.

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.

There are six strategies under SUM II's Year 4 Work Plan Objective 1:

- Strategy 1: CSO Capacity Building
- Strategy 2: SUM II Operational Management
- Strategy 3: To Strengthen Advocacy Capacity
- Strategy 4: To Address Gender and Stigma and Discrimination
- Strategy 5: To Provide Organizational Performance TA for Health Care Services to MARPs
- Strategy 6: Monitoring and Evaluating CSO Performance

This Quarter 4 report provides highlights for each of these six strategies.

Strategy 1.1: CSO Capacity Building

In launching the SUM II Year 4 Work Plan, regional staff 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 for Comprehensive Services Networks (CSNs)* and the CSO's demonstrated ability and commitment to managing 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 Tanah Papua, second cycle grants were activated in first quarter of Year 4 and in Quarter 4 SUM II regional staff with TA providers Penabulu, SATUNAMA continued to provide ongoing intensive workplace-based training, coaching and systems development, as well as support to the demonstration of the district-based comprehensive services network in Jayawijaya District and to capacity building in *community organization*, which until mid-Year 4 was provided in Papua by TA provider OPSI.

In East Java and DKI Jakarta, end dates for second cycle CSO grants and first cycle grants for CSOs in North Sumatera and Riau Islands were in Quarter 2 and Quarter 3. As noted in the introduction, the compromise agreement to do *One Strategy Approach* (forming clusters of CSOs under a joint SOW) and not *One Roof Grant Management* (forming clusters of CSOs under a consortium grant managed by a Lead CSO) wasn't reached until March 2014. As a result, SUM II regional teams for DKI Jakarta, West Java, Central Java, East Java, North Sumatera and Riau Islands spent fourth quarter rushed to complete grant documents for each of the member CSOs in technical clusters and preparing for and launching expectation/start-up workshops with each of the technical clusters. This situation has delayed program implementation and achievement of targets in these provinces.

Even without the gap in the cycle of grants, the *One Strategy Approach* will be challenging in the initial phase of implementation. Added to this challenge is SUM II's priority to roll-out its revised indicators based on the new 2014 PEPFAR indicators.

These two challenges will be the main focus for Strategy 1, Capacity Building, in Year 5.

Quarter 4 Highlights

Highlights of SUM II activities during April to June 2014 are included below.

- **Penabulu**

- Penabulu during fourth quarter continued its intensive OP capacity building to CSOs in DKI Jakarta, East and Central Java, Riau Islands (Batam and Tanjung Pinang), Tanah Papua, and North Sumatera.
- Major TA this quarter was for Consolidated Financial Statements. This assistance involved three CSOs in Jakarta (YIM, LPA, and YSS); two CSOs in East Java (Perwakos, and IGAMA); one CSO in Central Java (LPPSLH); two CSOs in Medan (H2O and GSM); one CSO in Riau Island (YEP); and three CSOs in Papua (Yukemdi, YHI, and YPPM).
- Mentoring on recording software-based Consolidated Financial Statements was provided to GN in Surabaya, YKB in Jakarta, and YCTP Timika. Assistance in preparation and implementation of SOP Finance and Implementation Recording Financial Statements was provided to PERWAKOS in Surabaya, and OPSI and Bandungwangi in Jakarta. Angsamerah also received coaching in preparation of its monthly financial report for April (because of recent turnover of financial staff).
- In Papua, this capacity TA was not conducted in collaboration with Papua-based TA Provider KIPRa because its SUM II grant had ended. SUM II CSO partner TALI did not receive Penabulu assistance this quarter because they were suspended by SUM II for poor performance. CSO partners YCTP, Yukemdi, YHI and YPPM did receive capacity building training, coaching and systems development.
 - The focus of assistance to *Principal* CSO partner YCTP included special assistance in administration and financial management to enable YCTP to assist a clinic and hospital that are part of a TB prevention to care program in the diocese (funded by USAID) in adapting these SOPs and systems. The emphasis was on financial transparency and management to maximize efficiency of services to the benefit of stakeholders and patients
 - The workshop, *Finance for Non-Finance Staff*, originally scheduled for April was postponed to May because of security concerns during the legislative elections. This 2-day event was attended by nine partner institutions and networks from across Papua.
- In North Sumatera, Penabulu in fourth quarter continued its mentoring to strengthen internal financial management with CSOs partners Galatea, H2O and GSM in Medan City, as well as with FLP-AIDS in Medan. FLP-AIDS is a communication forum that includes organizations and individuals working on HIV and AIDS prevention programs in Medan City that include a diverse range of

most-at-risk populations, including FSWs, IDUs and partners, MSM, TG, PLHIV, and high risk men, such as prison populations and youth.

- TA provider OPSI has also been a recipient of Penabulu TA during Year 4. Under SUM II, OPSI provided specific TA in community organization to CSOs in Tanah Papua. (OPSI's assistance to Tanah Papua ended March 31, 2014). In fourth quarter OPSI completed its external audit with auditors recommended by Penabulu. Penabulu sees this accomplishment as quite encouraging in that a sex worker organization has been able to finance its annual report.
 - In East Java, mentoring was done during April-May in preparation of the technical clusters – *One Strategy Approach* – and to prepare the external audit for Paramitra in Malang.
 - In Central Java, coaching was provided to LPPSLH in adapting to the new financial system, due to changes in the structure of the revised SOP. With CSO Graha Mitra (Semarang), a 3-day strategic planning session was conducted to strengthen aspects of Community Mobilization in Central Java.
 - In DKI Jakarta, preparation of consolidated reports that will lead to the internal audit and external audit.¹
 - Karisma: preparation of the consolidated financial statements report for independent external audit. Karisma will start using the software SANGO to record transactions
 - Angsamerah: coaching in preparation of report for Annual Income Tax Agency
 - YIM: until now still does not have a shared perception among high-level management, but the process of collecting documents supporting the preparation of the consolidated financial statements has been started.
 - Yayasan Kusuma Buana: mentoring in recording transactions using the software SANGO
- **Circle Indonesia**
 - In fourth Quarter, Circle continued its TA for the following:
 - Mentoring on Human Resources Policy with CSO partners YKB and YIM, as well as TA partner OPSI
 - Advocacy (client satisfaction surveys regarding Puskesmas clinical services) with CSO partners LPA Karya Bakti, YIM and YSS
 - Mentoring Organizational Growth, including proposal development, with CSO partners LPA Karya Bakti, YIM and YSS
 - Assessment of OP and TA for new CSO partners Yayasan Embun Surabaya, Suar Kediri, and KK Wamarapa Malang

Circle's mentoring approach overall begins with the identification of development issues for intervention, the formulation of a logical framework in the design of activities, and a budget. The work program also includes the policy situation and needs, and the situation of the key population/community, as well

¹ The SUM II CSO partners that have completed external audit are Yayasan Gaya Nusantara, LPPSLH, and OPSI (although the external auditors they selected were not USAID listed auditors). The CSOs that have completed consolidated financial reports facilitated by Penabulu are: Yayasan Karisma, Yayasan Paramitra, and Yayasan Perwakos.

as the dynamics of health services available in meeting the challenges faced and responding to the community (an approach developed with SUM II as part of new *One Strategy Approach*).

- TA to DKI Jakarta CSOs YIM, LPA Karya Bhakti and YSS in capacity building centered on advocacy:
 - Development of customer satisfaction survey forms (addressed to the Chief of HIV and STI, the PKM Setia Budi, Jakarta).
 - Mentoring to reinforce advocating for an increase in VCT and STI services provided by PKMs in Jakarta. These CSOs engaged in the issues of MSM and Transgender continue to find that MSM and TGs are experiencing problems in accessing friendly and quality health services.
- Continued mentoring in managing organizational growth to LPA Karya Bakti, YIM and YSS especially focused on proposal development as follow-up to workshops in previous quarters of Year 4, particularly in working with CSO staff to be able to translate the organization's vision and mission into more immediate short-term planning in the form of proposals submitted to donors, as well as communication strategies with strategic partners. For example, for YSS, a Transgender-led CSO, the mentoring was not only on how to develop proposals for donors but also how to reach out to a legislative candidate who will stand for election in 2014 and who has been very supportive with transgender issues. The overall aim of managing for organizational growth is how to build successful internal and external relationships to enable the CSO to provide services for HIV at low cost, (including emphasis on volunteerism). Emphasis in the assistance, including proposal development, is sustainability. Circle sees the mentoring continuing until CSOs believe they are skillful in developing proposals to various donors. Directors of LPA, YSS and YIM feel their knowledge of proposal preparation is still lacking and they continue to participate in the mentoring. Circle also defines CSO skillfulness as including others in the organization in addition to the director and program manager, but other staff "champions" in proposal development.
- In East Java, Circle's assessment of OP and TC for *emerging* CSOs Yayasan Embun Surabaya, Suar Kediri, and KK Wamarapa Malang includes the condition of governance and how program strategies align with needs of MARPs communities they serve. In general, these institutions will require strengthening in organizational management and in developing programs focused on community organizations within MARPs, and program approaches that reduce stigma and discrimination, and consider gender differences.
- During May, Circle provided technical assistance and coaching on:
 - *Community organization* to East Java CSO partners SUAR, PERWAKOS, Paramitra, Orbit and Gaya Nusantara
 - *Technical Integrity* – coaching on client satisfaction survey to advocate for friendly and quality STI and HTC services to DKI Jakarta CSO partners LPA and YSS.
 - *Training/coaching on Buddy support in care and treatment*: East and Central Java CSO partners and Puskesmas: KAKAWAMARAPA; YES; GRAHA MITRA; SGC and Puskesmas Putat Jaya, Turen and Gondanglegi.
 - *CSO Needs Assessment for TA*: MK Network East Java; YES; GN; ORBIT; PERWAKOS.

- *Mentoring Start-Up Preparation*: Karisma and YIM
 - *Mentoring on Organizational Growth*: Project design and proposals – YIM and YSS
- Circle also carried out assessments in May and June to determine how much cooperation presently exists between a CSO and Puskesmas, and what capacity is needed. Assessments include: YES and Puskesmas Putat Jaya and Puskesmas Dupak; YES and PLHIV network; GN; Orbit; Surabaya Support Network of PLHIV; and Perwakos & RS Soetomo.
- Circle also carried out an assessment on MK Network East Java to strengthen the integration of information about the technical services of the CSO and health services in East Java.
- Circle provided mentoring proposals in May to YIM, LPA, and YSS. For YIM, assistance will be provided to prepare proposals for GWL for program development in Salemba Detension and program development for SUFA West Jakarta (IPF-KPAP). For LPA, assistance will be provided to develop programs for MSM in Cipinang. For YSS, mentoring will be provided to develop proposals to GWL Ina.
- Circle continued mentoring to LPA and YSS on service satisfaction surveys re: PKM Pasar Rebo. Service improvement recommendations to PKM Pasar Rebo will be provided in a joint YSS and LPA document.
 - On May 30-31, Circle and SUM II held an internal coordination meeting attended by the Director of Circle, the team leader, two Jakarta mentors, two East Java mentors, two CO specialists and one technical integrity specialist.
- **Satunama**
 - No-cost extension approved by SUM II for TA support to Papua CSOs for the period April-August 2014. The CSOs include YHI, YUKEMDI, and YCTP. TALI will not receive assistance from Satunama because of the results of its OP responsiveness.
 - Satunama participated in the SUM II partner meeting held April 30, 2014, on *One Strategy Approach*
 - In May 2014, Satunama prepared for mentoring on program development, mentoring on HR policy development, and mentoring on CM, as well as mentoring approaches based on the current Penabulu training.
 - Began the study related to HIV/AIDS documents. Expected results include the identification of:
 - Policies/guidelines for HIV prevention and treatment in the region and especially in Papua
 - Role of local government and KPA in programs to combat HIV/AIDS in the region, especially Papua
 - Working patterns and relationships between local governments – KPA and local civil society organizations
 - Elements of assessment for capacity building for NAC in the management of HIV/AIDS in the region

- Possible mechanisms for the implementation of organizational performance for KPA/local governments in the areas of planning, budgeting, and monitoring and evaluation

National SUM II

- SUM II: Internal meeting and partnership meeting on *One Strategy Approach* April 10-14, 2014; and training for LEAD CSOs and TA Provider Partners on *One Strategy Approach* held April 28-30, 2014.
 - The April 28-30, 2014, workshop was attended by 51 participants representing SUM II, TA providers, Lead CSOs and SUM II STTA. The workshop goal was to align the *One Strategy Approach* to the vision for the technical cluster once built – for an M&E framework built on equal partnership between lead and member CSOs; for the technical support from TA providers and SUM II to OP and to the urgent need to strengthen technical capacity of the technical clusters. Output: commitment to the success of *One Strategy Approach* that is built on the lead CSO coordinating and working to strengthen the technical cluster in knowledge and skills, and in community mobilization, advocacy in local government budget discussions to strengthen health services and also build partnerships with the private sector and equal partnerships with health services. There was agreement to implement monitoring and evaluation through equal partnership between CSOs leads and members in planning, implementing and evaluating their results.
- April 15-17, 2014: Marcy Pierce, MPH, Bali-based independent consultant, conducted interviews with CSO partners YKB, Bandungwangi, Karisma, and YIM. Purpose: to better understand the process of Technical assistance by TA Provider (lesson learned), what has been done and what has not been done. The report was received by SUM II in June 2014.

DKI Jakarta

- May 2014: Reviewed sows for the three DKI Jakarta technical clusters (lead YKB, YIM and Karisma), as well as the TOR for OSA start-up.
- June 3-5, 2014: Strategic Planning Workshop for Bandungwangi, held in meeting room of Yayasan Bina Desa, East Jakarta. Participants: Board, Trustees of the foundation, and management and program staff. Circle Indonesia facilitated. Objectives: Participants are able to 1) develop a vision for the organization, agree on their mission and clarify their set of operational values (which then tied to management and program implementation); 2) perform a SWOT analysis to analyze the conditions of the institution and external agencies; 3) assess the needs and concerns of stakeholders and beneficiaries; 4) establish a set of priority issues and develop strategies, strategic programs, goals and objectives; and 5) formulate a strategic plan for the next 3 years to bring financial and program sustainability.
- June 3-7, 2014: OSA Workshops and Cluster Start-Up:
 - June 3-5: J1W4 Cluster and members. This cluster agreed on this brand name for the cluster. J is Jakarta; 1 is OSA; W is Waria; and 4 are the four CSOs in the cluster – YIM, as lead, and member CSOs LPA, YSS, and SWARA

- June 4-6: YKB, lead, and CSO cluster members
- June 5-7: Karisma, lead, and CSO cluster members
- SUM II *One Strategy Approach* alignment sessions
 - Jakarta: June 11-12, 2014, Sessions with three clusters
 - Yayasan Kusuma Buana (YKB), Lead CSO, and Yayasan Anak dan Perempuan (YAP), Yayasan Kusuma Bongas (Bongas), and Yayasan Resik as Member CSOs to serve FSWs in Jakarta and two districts in West Java
 - Yayasan Karisma, Lead CSO, and member CSO Yayasan Stigma and Yayasan Rampah to PWID and partner populations in DKI Jakarta
 - Yayasan Inter Medika (YIM), Lead CSO, and member CSOs Yayasan Srikandi Sejati (YSS), Suara Waria Remaja (SWARA), and LPA Karya Bakti to serve MSM and Transgender populations in DKI Jakarta

East and Central Java

- April 2014: Revised SOW and other grant documents for technical clusters.
- April 14, 2014: Monitoring session with KKwamarapa. The purpose was to gain a clear picture of the progress made KKwamarapa. In the past four months, KKwamarapa has been receiving technical assistance from Perwakos, ranging from the preparation and mentoring of the staff in advocacy and HCT STI screening services at three hotspots in Malang District. Perwakos also provided coaching to improve the recording, management, and reporting from the OT to the data manager. The data has been arranged and can be reach it necessary to audit. On the other hand, there is a need to increase the capacity of M & E staff to be able to process data not only to see the need for staff and the program but also to assist staff is sharing data with others for various purposes, for example advocacy.
- April 15, 2014: Monitoring session with Yayasan SUAR Kediri. The purpose as above with KKwamarapa was to review progress of programs implemented by SUAR. The HIV prevention program developed by SUAR has been going well. Stakeholders play an active role to assure the FSWs receive regular checks for STI (every two months) and monitor their taking medication. The brothel owners play a key role in coordinating these clinical services with PKM, assuring the regular examination schedule, and diligently reminding FSW who are PLHIV to take medicine.
- April 27-29, 2014: Regional team attended the OSA meetings at national office.
- April 30 to May 2, 2014: Regional team worked with Circle Indonesia on the guidelines and mentoring plan for community organization.
- May 13-14, 2014: SUM II meeting with Perwakos and KKwamarapa on *One Strategy Approach*. The purpose was to clarify roles of lead and members and to draft a strategic approach.
- May 26, 2014: KKwamarapa end of program evaluation meeting. Meeting was attended by the entire staff. Overall quantitative outcomes of the program were met, but the quality of their services still has to be improved, e.g., access services on a regular basis. Additional improvements necessary on the agenda next year:
 - More and strengthen cooperation with health care providers
 - Improving organizational management
 - Improve staff knowledge and skills
- SUM II facilitated meetings with Technical Clusters:

- May 7 and May 23, 2014: Orbit technical cluster
- May 9, 2014: Paramitra technical cluster
- May 13-14, 2014: Perwakos technical cluster

The meetings were attended by the management level of each member of the technical cluster and the purpose was to develop agreements of roles and responsibilities of each member of the cluster (lead and members), and to develop a first draft of the strategic approach. Also, SUM II provided orientation on the *Four-Part Model for Comprehensive Services Networks* and the revised SUM II indicators now aligned to 2014 PEPFAR indicators. These meetings will be followed up with the start-up meetings in June.

- SUM II *One Strategy Approach* alignment sessions
 - Surabaya: June 11-12, 2014, Sessions with three clusters
 - Orbit, Lead CSO, and member CSO Yayasan Embun Surabaya (YES) to PLHIV within PWID populations and FSWs in Surabaya
 - Gaya Nusantara, Lead CSO, and member CSO IGAMA to serve MSM populations in Surabaya City and Malang
 - Perwakos, Lead CSO and Lembaga Wamarapa, member (Note: this cluster will serve TG populations in Surabaya and Malang)
 - Malang: June 16, 2014, with one cluster
 - Yayasan Paramitra, Lead CSO, and Yayasan Sadar Hati and Yayasan SUAR
 - Semarang: June 18, 2014, with one cluster
 - Yayasan Graha Mitra, Lead CSO, and member CSOs Griya Asa and Semarang Gaya Community to serve FSW and MSM populations in two districts of Central Java – Semarang City and Kendal District

North Sumatera

- April 2, 2014: SUM II facilitated CSO conference call followed by field visits to Galatea, H2O, and GSM to explain changes from *One Grant Management Approach* to *One Strategy Approach*, and including budget changes.
- In May 2014: Coordination between SUM II RCBO and Penabulu on next round of coaching for CSOs in Medan, Batam and Tanjungpinang, to include:
 - Review of financial SOPs of each CSO
 - Assistance on CTH consolidation
 - Assessment of CSO needs for further assistance
 - Assessment of financial management for new cluster partners in Batam (Klinik YKIE)
- May 16, 2014: SUM II RCBO facilitated the preparation of the TOR for start start-up and dissemination of *One Strategy Approach* to Galatea and members CSOs. This activity took place at the Galatea office and was attended by the director of Galatea, director of GSM, program manager of H2O.
- SUM II *One Strategy Approach* alignment sessions
 - Medan: June 16, 2014, Session with one clusters
 - Yayasan Galatea, Lead CSO, and member CSOs Yayasan Human Health Organization (H2O) and Yayasan Gerakan Sehat Masyarakat (GSM) to

serve key populations in Medan City (FSW, MSM, TG, PWID, HRM populations, and partners)

Tanah Papua

- SUM II: May 20-21, 2014, Jayapura: Workshop with CSO partners. Purpose: understand the revised PEPFAR indicators and alignment with SOWs; and three cycles of SOW plans. Participants included CSO director, program manager, and M&E officer.

Riau Islands

- April 15, 2014: SUM II RCBO facilitated training session on Narcotics Act 35 and PP25 A Must Report and conducted in collaborating with YBS and BNN Tanjungpinang. Held at the YBS office in Tanjungpinang and attended by 29 staff and volunteers of YBS and BNN Tanjungpinang.
- In April, finalized SOW for YEP and YKIE
- May 27-29, 2014: Start-up workshop on OSA for YBS and Kompak held in Tanjung Pinang. This event was attended by the Director, PM, Staff M & E, financial staff and coordinator of YBS and Kompak. The results were:
 - A common understanding of the work of OSA
 - A document on mutual agreement on how to run the OSA program
 - A document on expectations of lead and member CSOs
 - Identification of document requirements for each TA leads and members
- SUM II *One Strategy Approach* alignment sessions
 - Batam: June 17-18, 2014, Sessions with three clusters
 - Yayasan Bentan Serumpun (YKB), Lead CSO and member CSO Yayasan Kompak to serve FSW, MSM, TG and PLHIV populations in Tanjungpinang City and Bintan District
 - Yayasan Embun Pelangi (YEP) and newly selected CSO Yayasan Komunikasi, Informasi dan Edukasi (YKIE) to serve FSW, MSM, TG and PLHIV populations in Batam

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 Prevention-to-Care Intervention for MARPs

SUM II is using small grants to CSOs to improve their performance, aggressively expand coverage (access and quality) of MARP-sensitive HIV and AIDS services, and to expand the role of *Principal* and LEAD 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 AIDS services
- Supporting private clinics to provide services in hotspots.

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

- Establish and facilitate community organizations² 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).
- 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 April to June 2014 are included below.

Quarter 4 Highlights

DKI Jakarta

- April 21-22, 2014: semi start-up session with Yayasan Kasih Suwitno (YKS) and SUM II (ICT officer and regional team) on launch of Ruang Carlos clinic.
 - One area that will require ongoing coaching by SUM II team is that the clinic records services with two record keeping systems and SUM II's reporting requirements will add a third system of recording, which adds to the clinic's administrative burden of data collection and management. SUM II will continue assistance until a system is agreed to that keeps the burden manageable also meets SUM II's needs.
 - In April, YKS also conducted "unofficial" mobile clinics that included a mobile clinic team and a team of volunteers. Carlos clinic is not ready to commit institutionally to an official mobile clinic because it would require complex management decisions at a high level.
 - Follow-up meetings held with larger team for YKS to make sure everyone has a complete understanding of the SOW and SUM II expectations re: financial procedures, the flow of communication and coordination, and the recording and reporting system.
- May 1-3, 2014: meeting with Circle Indonesia and SUM II RCs and RCBOs from Jakarta and East Java to review and finalize tools/guide for community organization. Formulated "model CO" and indicators of success for community organizations.

² Community organizations are defined by SUM II as informal organizations within communities of most-at-risk populations.

Prepared an implementation strategy for each MARPs and developed plan for monitoring and reporting.

Tanah Papua

- *Principal CSO Yukemdi*
 - April 10-12, 2014, Wamena Catholic Church of Christ Mission: Provided HIV training aids and facilitated community organizing skills for 25 community organization representatives elected from five districts covered by Yukemdi. Objectives: Participants become resources in the community. The material provided included HIV/AIDS, sexual health, STIs, condoms, VCT, treatment of people living with HIV, and ARV. Also attending were 15 participants from PLHIV support groups.
 - April 17, 2014, Kurulu district court: socialization of HIV/AID with movie, attended by 350 people.
 - April 20, 2014, Walelagama Catholic Church: socialization of HIV / AIDS attended by 100 people
Dated 20 April 2014
Participants Approximately 100 people attended the socialization
- YHI
 - April 24, 2014: coordination meeting following training on community organization. Goal: to build coordination between the community organizations in city and district of Jayapura. Attended by 30 people who have been trained in community organization.
 - April 25, 2014: workshop to improve system of services to PLHIV. Objectives: 1) Build a network of people infected with the services required, 2) improve the quality of service required by an infected person, 3) strengthen networks between public and private services, and 4) build awareness about an active role in working with an infected person. Workshop attended by 23 participants from health centers, health departments, and CSO case managers.
 - May 13, 2014, Timung Darmo: Community organization capacity building for 30 message parlor workers. Purpose: HIV and AIDS information; and how to educate the customer/partner to wear a condom (challenges and barriers).
 - May 22, 2014, Padang Bulan: session for 30 bar and massage parlor owners to increase knowledge and skills about STIs, HIV and AIDS as follows:
 - Expectations and concerns
 - Leadership
 - Myths and facts about HIV
 - Communication
 - Gender and reproductive health
 - HIV, AIDS, and STIs
 - Sexual behavior
 - Stigma and Discrimination
- *Principal CSO YCTP*

- April 11, 2014: Facilitating the establishment of VCT clinical services to increase availability of HIV and STI testing. Attended by staff of RSIA Kasih Herlina.
- YPPM
 - April 2, 2014, Kemtuk District headquarters, Jayapura: socialization program for representatives of 12 communities on each area of focus of the District's HIV program area. Objective: how stakeholders or community leaders should be engaged in each area of focus.
 - April 3, 2014, Kemtuk District headquarters: session to strengthen community groups at risk for HIV by forming peer educator/COs as part of the activities in the session. Goal: Help to mobilize people in the village to more easily access information and resources that are located in the city. Each CO was comprised of 20 participants consisting of influential people in the village, such as church, youth, women leaders.
 - April 4, 2014, Nimbokrang district hall: same as above session.
 - April 23-24, 2014, YPPM office: Session to strengthening the functions and duties of PLHIV peer support groups, so they are better able to communicate and live with local communities, and able to deal with stigma and discrimination. Attended by 25 participants.
 - May 6, 2014, Namblong District: session to strengthen community groups at risk by training peer educators in each district. Attending were 20 participants from community groups. Included: basic information about HIV; VCT; ART; PMTCT; condoms; myths about HIV; and stigma and discrimination.
 - May 21, 2014, in Kepala Sentani District West and Kepala District: same session as about. Participants included community leaders (business, youth, religion)
 - May 23, 2014, in Waibu District: Training session for 20 district chiefs and heads of villages on support groups for PLHIV to enable them to live within the community without stigma and discrimination. Included basic information on HIV/AIDS and VCT.

East Java

- May 12-14, 2014: Buddies Training for 31 participants from health service providers and four *emerging* CSOs. Objective of the training was to equip the OT with home-based care skills so that they can talk about the care and support services, including medication, and facilitate access to the CST. Involvement MK essential services as a step that reinforces CST networking services between PKM with CSOs.
- May 27-28, 2014: Circle Indonesia follow-up meeting on community organization. Purpose of the meeting was to introduce the tools of CO and CO implementation, including the team's implementation agenda. Follow-up on CO will be conducted in June 2014 with the implementation teams consisting of lead CSO (Paramitra, Orbit, GN and Perwakos) and CSO cluster members that are considered capable (SUAR).

Commit Staff and Consultant Support to Year 4 Work Plan Activities

SUM II experienced staff turnover throughout Year 4, including in Quarter 4. Several of these losses in Year 4 included some of SUM II's most experienced staff. This high turnover rate has challenged SUM II with continuous orientation and training of new staff to get them working quickly and effectively in SUM II's complex and multilayered program. The added capacity and resource-strength provided to the SUM II program by TA providers Penabulu, Satunama and Circle Indonesia has been especially valuable during this period of staffing challenges. In April, SUM II added at 50% a HR special to help with recruitment of new staff.

SUM II is anticipating an extension from USAID that will take it to August 2016. Currently SUM II ends in May 2015. SUM II has a new organizational chart ready to begin implementing should the extension be approved. Without the extension, recruitment for some positions may be challenging given the short length of employment.

USAID approved the new position of SUM II Deputy Chief of Party in May 2014. This new position will support the Chief of Party in implementing SUM II's strategies outlined above for expansion of coverage and reach of HIV and STI services. To achieve these strategies and the ramp-up in activities expected should the extension be approved, SUM II has proposed an organizational structure that revises existing national office positions and identifies additional regular staff positions in order to strengthen technical support to the regional offices, and provide mentorship to TA organizations and STTAs in the design and quality implementation of the TA provided to the CSO partners, health service providers, and local government.

SUM II Staff Resources

The following activities re: SUM II staff resources took place in Quarter 4:

- New position (50% time) of HR officer
 - Yuswinarni Darmawati started in this position on May 12, 2014
- Replacement for National Office Accountant
 - Pristi Andriyani was appointed to this position. She joined SUM II on June 9, 2014
- Departure in May 2014 of Hudallah, Regional Coordinator for DKI Jakarta, North Sumatera and Riau Islands.
 - Recruitment is underway
- Departure of Putri Permata, Office Manager
 - Recruitment is underway
- Departure of Khairul Amri, National Capacity Building Officer
 - This position will not be replaced

With the departure of Hudallah, Regional Coordinator for DKI Jakarta, North Sumatera, Riau Islands and Central Java, SUM II moved Central Java activities to be covered by the East Java regional office.

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

- Nasrun Hadi, local STTA to support revision of SUM II indicators to align with 2014 PEPFAR indicators and to support Strategy 3, Strengthening Advocacy Capacity
- Mrs. Nur Aisyah, local STTA to support addressing in programs gender and stigma and discrimination
- Firkan Maulana, local STTA for local partnerships
- Setyo Warsono, local STTA for local partnerships
- Jonny, local STTA for local partnerships
- Lou McCallum and Mona Sheikh Mahmud from APMG
 - Support roll-out of the *One Strategy Approach*
- Brad Otto, Becca Price and Felicity Young of RTI, to:
 - Support roll-out of the *One Strategy Approach*
- Marcy Pierce, independent locally-based consultant to identify lessons learned in SUM II's approach to capacity building
- Steven Joyce, TRG, to support project documentation

In Year 5, first quarter SUM II will prepare a staff mobilization plan to enable it to carry on TA providers' activities when their grants end in August 2014.

Strategy 1.3: to Strengthen Advocacy Capacity

The priority for advocacy capacity building in Year 4 for SUM II and local partners 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.

Quarter 4 highlights:

DKI Jakarta

- SUM II attendance at SRAN mid-term review by NAC, opened by Health Minister
- Sharing program policy and success stories at National Forum Health Policy workshop in Kupang, East Nusa Tenggara, by one SUM II staff, and one staff of KPA Kota Medan.
- April 25, 2014: meeting convened by LPA Karya Bhakti Jakarta and KPAP to review the HIV Prevention Programs via sexual transmission funded KPA GF Round 10. By age group, among the MSM population adolescents aged 17-25 years is the least reached group, and therefore at high risk of STIs and HIV through risky behavior. Also this age group is susceptible to sexual violence and human rights violations. There are still many cases of violations against lesbian, gay, bisexual, Transgender (LGBT). There is also the tendency in the MSM community to stay hidden because society is still not accepting that their sexual orientation is different from the typical teenager. Output: Information that describes the program of prevention and control of HIV through sexual transmission among MSM youth in North Jakarta and East Jakarta; and support to the roles of relevant stakeholders and partners on outreach and

mentoring programs for this high-risk population, particularly HIV and AIDS prevention among MSM teens in North Jakarta and East Jakarta.

East and Central Java

- May 19, 2014: Coordination meeting with NAC (the three pillars, updating regional issues, the GF program).
- Meeting with Firkan for briefing on the East Java advocacy strategy plan and development of the assessment plan.

North Sumatera

- April 2, 2014: CSO partner Galatea received funding from the CSR program of PT. ABS Company to implement a program on HIV prevention. The program will run from April 1, 2014, to March 31, 2015. The initiation meeting was held April 2, 2014, attended by SUM II RCBO, Galatea staff and 20 staff of PT.ABS.
- April 17, 2014: SUM II session with the Deputy Police Narcotics Field Adj., held in the Office of the Police Narcotics Field. The purpose of this activity is to get the support of the Police Field to CSO partner Galatea's harm reduction programs. The session was attended by staff and administrated of the police narcotics office, Galatea and SUM II RCBO.

Tanah Papua

- Coordination meetings with Bupati Jayapura and vice mayor Jayapura participated by the Head of District Health, District KPA, CHAI, KIPRa, and SUM 1.
- April 4, 2014: YCTP coordination meeting with stakeholders, including KPA Mimika, Youth Forum, and the Reproductive Clinic (Klinik Reproduksi dan Pokja peduli kasih) The purpose of the formation of the working group with the clinic, CSOs and KPA.

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, SUM is engaging a local consultant (Mrs. Aisha) 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. 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.

The main highlights for Quarter 4:

- Start of Mrs. Nur Aisyah as STTA in gender and stigma and discrimination.
- April 22-24, 2014: Stigma and discrimination workshop held in Bogor and facilitated by Circle Indonesia together with GWL-Ina. It was attended by SUM II RCBOs and

partners from PKBI, NU, YPI and ARC Atma Jaya. Purpose was to develop a strategy for reducing stigma and discrimination towards MSM and TG populations. The results of the meeting included: Identification of strategic issues to be used for advocacy materials and plan of action. Twofold sets of concerns: MSM and TG HIV prevention strategies, as well as empowerment in the struggle of identity and fulfillment of rights.

- On June 16-17, 2014: DKI Jakarta RCBO and Mrs. Aisha (STTA) facilitated a workshop with staff of Yayasan Perkumpulan Bandungwangi on integrating qualitative assessment of gender and human rights in the SUM II program. Bandungwangi's program is working to strengthen community participation in HIV prevention and improving access to health services for female sex workers in four hotspots in East Jakarta.
- On June 2-5, 2014: Local STTA Gender and Human Right with SUM II Regional Papua conducted qualitative assessment on Gender, Stigma and Discrimination which associate with HIV prevention to care interventions. The assessment involved local government, CSOs, key and general populations in two districts Jayapura and Mimika.

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. 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).

Main highlights during Quarter 4:

- April 1, 2014: SUM II session facilitated by COP with four STTA for local partnerships (Firkan Maulana Nur Aisyah, Setyo Warsono, and Jonny). Provided overview of SUM II:
 - 32 CSO (7 *Principal* CSOs; 23 *developing* CSOs; and two *emerging* CSOs)
 - Six TA providers (likely to increase)
 - Working areas includes Jakarta, West Java, North Sumatra, Riau, Central Java, East Java, West Papua, and Papua
 - Initially SUM II focus on the organizational performance (OP), but the OP is not enough; it takes technical capacity in collaboration with clinical services providers, such as Angsamerah Foundation, YKS / Carlo, and Griya Asa.
 - Year 4 Work Plan focused on OP for the CSOs, technical capacity for CSOs and Gol, and OP for local Gol

- April 2-3, 2014: SUM II RCBO accompanied the 4 local partnership STTA to CSO partners YKB, Karisma, YIM, and Bandungwangi to identify issues related to the relationship between CSOs with stakeholders including the government, as well as issues concerning stigma and discrimination and gender

North Sumatera

- April 22, 2014: Coordination meeting sponsored by the AIDS Forum and Medan Department of Health. Attended by CSOs, KPA, and health service providers. Purpose: to develop health services monitoring for the City of Medan.
- May 12, 2014: Meeting to finalize drafts for three major policies – one on the district AIDS Commission and two on HIV prevention and treatment, care and support. Policy drafts were developed by Medan AIDS FLP, the head of the District Health Office, Pirngadi Hospital and KPA Medan. The Chief Medical Officer will request review by the legal office. Following this step, the Mayor of Medan is expected to sign off on the new policies.

Tanah Papua

- YUKEMDI
 - Regular monthly meetings with health services providers to discuss the creation of friendly services (without stigma and discrimination). Meetings include health care staff, community leaders and staff of KPA. Discussions also centered on accessing health services.
 - May 2, 2014: health center in Walelagama
 - May 28, 2014: Kurulu Puskesmas
 - May 30, 2014: KPAD Jayawijaya
- YCTP
 - May 31, 2014: meeting convened by YCTP with SUM II and the HIV and AIDs Working Group focused on increasing cooperation and referral system among CSOs, communities and health service providers In Mimika regency. Services discussed include HCT and STI services, CST, ART, PMTCT and opportunistic infections.
- YHI
 - May 16, 2014, Sentani City Health Center: Meeting to improve synergy among health services providers, CSOs and government. Participants included PLHIV and health center staff from Sentani City. Discussions centered on concerns about limitations of health center personnel and agreement to target of only five people per day.

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)

Quarter 4 highlights are as follows:

National M&E

- April 21-22, 2014: semi start-up session with Yayasan Kasih Suwitno (YKS) and SUM II (ICT officer and regional team) on launch of Ruang Carlos clinic.
 - One area that will require ongoing coaching by SUM II team is that the clinic records services with two record keeping systems and SUM II's reporting requirements will add a third system of recording, which adds to the clinic's administrative burden of data collection and management. SUM II will continue assistance until a system is agreed to that keeps the burden manageable also meets SUM II's needs.
- In Jayawijaya District, Papua, continued building the district-based monitoring system
- Continued to build SUM II's interactive reporting platform on the SUM website, and to train CSO staff in up-linking for reporting.
- ICT officer during June in Riau Islands to work with YBS to start-up and refresh the data-base. In Batam, the ICT officer worked with YKIE clinic to assess M&E system for capacity to conduct recording and data management.
- ICT and local STTA (Nasrun) conducted a series of meetings in April-June 2014 to introduce the SUM II revised indicators that are now aligned to 2014 PEPFAR indicators, including CSOs in Java, Tanah Papua, Riau Island and North Sumatera.

East and Central Java

- May 5-10, 2014: Reloading Epi Info at SUM II Surabaya office. This activity was followed by refresher sessions with three *emerging* CSOs in East Java (KKwamarapa, SUAR, and YES) and three *Principal* CSOs (GN, Perwakos and Orbit). The purpose of these refreshers is to improve skills and understanding of M & E staff to operationalize Epi Info. During the process of CSO M & E activities it is observed that staff requires stronger skills in order to maximize the use of Epi Info. They are generally only able to operate the Epi information for the data needs of SUM II. As a follow up to these refreshers, a regular monthly meeting will be held as a forum for the M & E staff to improve their knowledge and skills.
- Data Quality Audits
 - May 6, 2014: YES

- May 7, 2014: KKwamarapa
- May 8, 2014: SUAR

The purpose of the DQA is to check data management soft copy (Epi info database) with hard copies (diaries). Of the three organizations, SUAR and KKwamarapa have clear reporting lines, and well written and implemented data management. YES needs to improve their data management.

- May 9, 2014: SUM II meeting with the Malang Department of Health and PKM Dinoyo to study the mechanism of finger printing used at PKM Dinoyo to avoid any overlap of data. Dinoyo is one of the many PKM in Malang that uses this system but unfortunately the system was developed for internal purposes. Dinoyo has not been able to integrate with SIHA, so PKM Dinoyo staff has to do another entry of data to answer SIHA. Based on the assessment conducted by SUM II (Harmi and Aris) these two systems can talk but a bridging system must be developed between both sets of basic data. If SUM II can help integrate this system it will certainly be an interesting legacy to the city of Malang as a pilot.

North Sumatera

- Coaching to CSOs to complete draft reports of their annual surveys.

Tanah Papua

- See national office above

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 of Year 3 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 the 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 early in Year 4 brought the remaining balance for Years 4 and 5 to \$882,020. By end of Year 4 additional funds were made available to Objective 2 Grants, bringing the total funds now fully committed in Year 4 (including Cycle 3 grants in Java and Cycle 2 grants in North Sumatera and Riau Islands) to \$1,337,415.

TRG will continue to assess options for further realignment of the SUM II budget in order to maximize grant funding to TA provider and CSO partners.

As noted in the Introduction to this report SUM II's good intentions to bring innovation that would improve quality and scale-up of CSO HIV programs through a technical cluster approach resulted in gaps between cycles of grants in Java, North Sumatera and Riau Islands. These gaps negatively impacted achievement of PEPFAR targets. In hindsight, the debate around *One Roof Grant Management* (the technical cluster formed under one grant) should have been resolved sooner. The compromise was *One Strategy Approach* (the cluster formed under one SOW) and it meant that 4th Quarter of SUM II was spent in a rush to

complete grant agreements and documents with all of the CSO members in a technical cluster. The team efforts were also assisted by USAID Office of Health and OAA quick turnaround on grant approvals.

First quarter of Year 5 is committed to intensive coaching and monitoring of the technical clusters to assure smooth start-up and implementation, as well as additional work to assure programs are aligned to the revised SUM II indicators (revised to align with 2014 PEPFAR indicators). This alignment is a first step. The Year 5 Work Plan will make technical capacity a priority, including the capacity to track the new indicator requirements in the continuum of prevention to care, support and treatment. It will require a significant effort, but there is agreement within SUM II that the achievement of these revised indicators is the right direction in changing the nature of the HIV response in Indonesia.

SUM II grants as of June 30, 2014 are included below.

CSO Partners

Name	Cycle	Grant Period	Grant Commitment (per SOW)	Total Expenses as of Mar 2014	Remaining Balance
BONGAS	1	01/09/2013-31/08/2014	224,960,000.00	99,283,271.00	125,676,729.00
CCM Indonesia	1	01/04/2011-31/12/2011	137,770,000.00	564,988,788.00	260,147,412.00
	2	01/01/2012-31/12/2012	207,722,000.00		
	3	01/01/2013-31/12/2013	228,402,000.00		
	4	01/01/2014-31/21/2014	251,242,200.00		
Forum LSM Peduli AIDS Kota Medan	1	01/09/2013-31/08/2014	202,480,000.00	84,399,231.54	118,080,768.46
Gerakan Sehat Masyarakat (GSM)	1	15/08/2012-14/08/2013 ext 30/11/2013	616,958,300.00	613,898,649.81	3,059,650.19
H2O	1	15/08/2012-Sept 2013 ext 30/11/2013	706,939,871.00	705,717,734.26	1,222,136.74
IGAMA	1	01/06/2011-31/07/2012	498,668,000.00	1,243,172,326.00	2,575,894.00
	2	15/08/2012-14/08/2013 ext 30/11/2013	747,080,220.00		
KOMPAK	1	01/11/2012-31/10/2013 ext 30/11/2013	544,542,000.00	501,334,973.00	43,207,027.00
Lembaga Paramitra	1	06/06/2011-31/07/2012	525,451,400.00	1,379,420,138.00	26,319,262.00
	2	15/08/2012-14/08/2013 ext 28/02/2014	880,288,000.00		
PERWAKOS	1	01/06/2011-31/07/2012	505,080,000.00	1,144,467,213.00	25,565,537.00
	2	15/08/2012-14/08/2013 ext 28/02/2014	664,952,750.00		
PKBI Daerah Papua	1	15/02/2012-30/04/2013	998,228,100.00	874,536,185.00	123,691,915.00
PMPK UGM	1	15/02/2012-15/12/2012	975,713,140.00	705,542,138.00	270,171,002.00
PSK UNCEN	1	04/08/2011-31/05/2012	533,740,000.00	451,422,010.00	82,317,990.00
Semarang Gaya Community	1	01/06/2013-31/05/2014	224,984,000.00	144,561,866.00	80,422,134.00
SUAR Kediri	1	01/08/2013-31/07/2014	210,968,125.00	108,793,321.00	102,174,804.00
UI Public Health	1	01/12/2011-01/04/2012	532,928,198.00	468,263,263.00	64,664,935.00
Wamarapa	1	01/06/2013-31/05/2014	224,206,200.00	138,720,476.11	85,485,723.89
Yayasan Anak dan Perempuan	1	01/09/2013-31/08/2014	224,870,000.00	98,655,659.53	126,214,340.47
Yayasan Angsa Merah	1	15/10/2012-14/10/2013 ext 28/02/2014	345,030,000.00	342,744,453.00	2,285,547.00

Yayasan Atma Jaya - ARC	1	01/06/2011-31/07/2012	812,768,129.00	648,974,435.58	163,793,693.42
	2	01/10/2012-30/09/2013 (canceled)	-		
Yayasan Atmajaya - PPPH SUM2	1	15/12/2011-31/07/2012	809,241,568.00	579,867,050.00	229,374,518.00
Yayasan Bentan Serumpun	1	01/10/2012-14/10/2013 ext 28/02/2014	699,715,386.00	627,458,900.00	72,256,486.00
Yayasan Caritas Timika Papua	1	15/02/2012-31/08/2013	1,435,580,000.00	2,016,700,668.00	709,284,332.00
	2	01/09/2013-31/08/2014	1,290,405,000.00		
Yayasan Embun Pelangi	1	01/11/2012-31/10/2013 ext 31/12/2013	789,750,000.00	772,335,645.00	17,414,355.00
Yayasan Embun Surabaya	1	01/06/2013-31/05/2014	454,135,000.00	289,544,194.00	164,590,806.00
Yayasan Galatea	1	15/08/2012-14/08/2013 ext 28/02/2014	674,654,021.00	645,873,307.26	28,780,713.74
Yayasan Gaya Batam		01/10/2012-30/09/2013 early termination 25/08/2013	780,405,000.00	647,367,705.74	133,037,294.26
Yayasan Gaya Nusantara	1	01/06/2011-31/07/2012	458,197,500.00	1,235,990,638.00	37,232,737.00
	2	15/08/2012-14/08/2013	815,025,875.00		
Yayasan Genta	1	01/06/2011-31/07/2012	501,485,000.00	1,087,662,695.00	252,584,305.00
	2	15/08/2012-14/08/2013 ext 30/11/2013	838,762,000.00		
Yayasan Graha Mitra	1	01/12/2012-30/11/2013 ext 28/02/2014	209,110,000.00	199,064,887.00	10,045,113.00
Yayasan Harapan Ibu	1	15/02/2012-31/08/2013	967,939,000.00	1,330,073,945.00	446,506,055.00
	2	01/09/2013-31/08/2014	808,641,000.00		
Yayasan Inter Medika	1	01/06/2011-31/07/2012	601,482,205.00	1,459,150,664.00	144,600.00
	2	01/10/2012-30/09/2013 ext 28/02/2014	857,813,059.00		
Yayasan Karisma	1	01/06/2011-31/07/2012	521,855,833.00	1,563,052,635.00	100,530,698.00
	2	01/10/2012-14/08/2013 ext 28/02/2014	1,141,727,500.00		
Yayasan Karya Bhakti - LPA	1	01/06/2011-31/07/2012	566,083,713.00	1,233,957,365.00	143,089,415.00
	2	01/10/2012-30/09/2013	810,963,067.00		
Yayasan Kusuma Buana	1	01/06/2011-31/07/2012	610,176,867.00	1,711,713,190.00	91,158.00
	2	15/08/2012-14/08/2013 ext 31/12/2013	1,101,627,481.00		
Yayasan Layak	1	01/05/2011-30/04/2012	663,649,169.00	597,818,047.00	65,831,122.00
Yayasan Lintas Nusa	1	01/11/2012-31/10/2013 ext 31/12/2013	783,138,000.00	771,664,601.40	11,473,398.60
Yayasan Orbit	1	01/06/2011-31/07/2012	465,492,000.00	1,184,811,090.00	26,226,210.00
	2	15/08/2012-14/08/2013 ext 28/02/2014	745,545,300.00		
Yayasan Perkumpulan Bandungwangi	1	01/06/2011-31/07/2012	501,670,200.00	1,089,551,698.21	68,222,211.79
	2	01/10/2012-30/09/2013 ext 28/02/2014	656,103,710.00		
Yayasan Sadar Hati	1	01/06/2011-30/06/2012	511,508,800.00	477,738,310.00	33,770,490.00
Yayasan Srikandi Sejati	1	01/06/2011-31/07/2012	539,527,500.00	1,355,343,004.00	9,761,696.00
	2	01/10/2012-30/09/2013 ext 30/11/2013	825,577,200.00		
Yayasan Tangan Peduli	1	15/02/2012-31/08/2013	981,210,000.00	1,294,401,009.00	681,478,991.00
	2	01/09/2013-31/08/2014	994,670,000.00		
YLPPSLH	1	01/11/2012-31/10/2013 ext 28/02/2014	200,727,500.00	196,687,772.00	4,039,728.00
YPPM Papua	1	15/02/2012-31/08/2013	880,018,500.00	1,070,018,165.00	619,470,237.00
	2	01/09/2013-31/08/2014	809,469,902.00		
YUKEMDI	1	15/02/2012-31/08/2013	1,097,005,000.00	1,506,256,795.00	723,743,205.00
	2	01/09/2013-31/08/2014	1,132,995,000.00		
			41,559,056,489.00	35,263,000,112.44	10,409,691,627.82

Local TA Organizations

Name	Cycle	Grant Period	Grant Commitment (per SOW)	Total Expenses as of Mar 2014	Remaining Balance
Cirde Indonesia	1	15/11/2011-14/11/2012	1,290,744,760.00	2,516,806,317.00	1,378,314,603.00
	2	30/04/2013-28/02/2014	2,604,376,160.00		
KIPRA	1	01/10/2012-30/09/2013 ext 31/12/2013	1,609,510,000.00	758,627,242.00	850,882,758.00
OPSI	1	01/04/2013-31/03/2014	820,440,000.00	355,598,691.84	464,841,308.16
Yayasan Pena Bulu	1	15/08/2011-14/08/2012 ext 14/11/2012 - 1st year (cover Jakarta&Jawa Timur area)	681,090,000.00	2,792,098,694.00	765,131,306.00
	2	15/08/2011-31/01/2014 - 2nd year (cover Jakarta&Jawa Timur area)	1,451,840,000.00		
	3	01/10/2012-30/09/2013 - 1st year (cover Papua, Medan&Kepri area)	1,424,300,000.00		
Yayasan Satunama	1	15/11/2011-14/11/2012	975,205,000.00	1,875,584,124.00	560,380,876.10
	2	01/10/2012-30/09/2013 ext 31/12/2013	1,460,760,000.00		
Yayasan Survey Meter	1	01/10/2012-30/09/2013 ext 31/12/2013	1,561,390,000.00	1,467,305,600.00	94,084,400.00

Performance Against PMP Targets

The Quarter 4 achievement to the indicator P8.3D was 36% higher than Quarter 3, and KAP accessing STI services was higher 8% of Quarter 3 achievement. The number of the general populations targeted in Papua (indicator P8.1D) was below 34% of the achievement of Quarter 3. It was very much influenced by number of male 15+. During the quarter period, male 15+ were mobilized for local election for the mayor of Jayawijaya, Lani Jaya, and Tolikara; and legislative election. The achievement of indicator P11.1D which also below 34% of the achievement of Quarter 3. It was very much influenced by mobilization of Male 15+ in Jayawijaya, and the impact of bothel closure in Surabaya City.

The indicator C1.1.D is 76% higher than the achievement of Quarter 3. SUM II believes the numbers were influenced by the implementation of strategic use of ARV(SUFA) which is most of priority districts are at SUM II Project sites (West Jakarta, Surabaya City, Malang City, Jayapura District and City, and Medan City).

No	Indikator	Achieved Y3	Target Y4	Achieved Q1	Achieved Q2	Achieved Q3	Achieved Q4	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	2.607	1.413	1.574	9.954	100%
			IDU	3.000	1.377	342	150	599	2.468	82%
			MSM	17.000	4.402	2.566	134	1.561	8.663	51%
			Transgender	3.000	1.560	997	388	59	3.004	100%
			OVP	12.000	5.873	2.164	1.042	468	9.547	80%
			Total	45.000	17.572	8776	3127	4261	33636	75%
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	73	52	125	13%
			Male 15+	33.000	31	8474	12.641	7.397	28.543	86%
			Female <15	690	0	0	126	24	150	22%
			Female 15+	15.000	0	4556	3.644	3.480	11.680	78%
			Total	49.625	31	13030	16.484	10.953	40498	82%
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	5	7	55	46%
			Male 15+	12.370	1.771	4313	650	1.787	8.521	69%
			Female <15	110	3	19	10	6	38	35%
			Female 15+	6.200	1.197	1963	2.872	538	6.570	106%
			Total	18.800	3.009	6300	3.537	2.338	15184	81%
C1.1.D	Number of HIV- positive adults and children receiving a minimum of one clinical service	2.989	Male < 18	30	1	13	3	24	41	137%
			Male 18+	2.475	406	771	166	494	1.837	74%
			Female <18	40	2	10	17	22	51	128%
			Female 18+	1.530	204	416	62	510	1.192	78%
			Total	4.075	613	1210	248	1050	3121	77%
	Number of MARP individuals accessing STI services at targeted intervention sites	10.840	CSW	7.000	2.264	2212	862	1.666	7.004	100%
			IDU	300	47	57	103	15	222	74%
			MSM	4.000	654	601	32	508	1.795	45%
			Transgender	3.000	397	734	205	124	1.460	49%
			OVP	4.500	904	616	1039	111	2.670	59%
			Total	18.800	4.266	4220	2241	2424	13151	70%



Annex 1. Revised PMP

Revised PMP of Year 4 Work Plan

Developed to Align with the Revised PEPFAR Indicators for 2014 and 2015

Indicator		Disaggregated by	Data Source, Collection Method, Frequency of Reporting	Target Y4	
P8.3.D	Number of Key Affected Populations (KAPs) individuals reached HIV preventive interventions that are based on evidence and/or meet the minimum standards required (P8.3.D)	KAPs: CSW, IDU, MSM, and OVP (transgender, non-injecting drug user, IDU's sex partner, high-risk men, high- risk men partner)	CSO monthly report; reported quarterly; semi-annually; and annually	CSW	10,000
				IDU	3,000
				MSM	17,000
				Transgender	3,000
				OVP	12,000
				Total	45,000
P8.1.D	Number of the targeted population reached with individual and/or small group level prevention interventions that are based on evidence and/or meet the minimum standards required	By sex (male & female) and age (<15 y.o. & 15+)	Papua CSO monthly report; reported quarterly; semi- annually; and annually	Male<15	935
				Male 15+	33,000
				Female<15	690
				Female 15+	15,000
				Total	49,625
P11.1.D	Number of individuals who received Counseling and Testing (HCT) services for HIV and received their test results	Sex and Age: (male<15, male 15+; female<15, female 15+)	CSO monthly report; reported quarterly; semi-annually; and annually	Male<15	120
				Male 15+	12,370
				Female<15	110
				Female 15+	6,200
				Total	18,800
C1.1.D	Number of HIV- positive adults and children receiving a minimum of one clinical service	Sex and Age: (male<18, male 18+; female<18, female 18+)	CSO monthly report; reported quarterly; semi-annually; and annually	Male<18	30
				Male 18+	2,475
				Female<18	40
				Female 18+	1,530
				Total	4,075
Additional Capacity	Number of KAPs individuals accessing STI services at targeted intervention sites	KAPs: CSW, IDU, MSM, and OVP (transgender, non-injecting drug	CSO monthly report; reported quarterly; semi-	CSW	7,000
				IDU	300

Building Indicator		user, IDU's sex partner, high-risk men, Papuan Male, Papuan Female)	annually; and annually	MSM	4,000
				Transgender	3,000
				OVP	4,500
				Total	18,800

Performance Management Plan (revised 25 March 2014, updated 07 April 2014)

Indicator		Disaggregated by	Data Source, Collection Method, Validation, Frequency of Reporting	Target Y4	
SITE_SUPP	Number of PEPFAR-Supported DSD and TA sites	Program area/support type	Source/s: <ul style="list-style-type: none"> SUM II Site Directory SUM II Quarterly Report Validation: <ul style="list-style-type: none"> DSD-clinic: SUM II private clinic partners quarterly meeting or progress review sent to SUM II regional office DSD-CSO: monthly progress report (program coverage, monthly plan and finance report) TA: CSO quarterly report which indicates quarterly meeting with Puskesmas to discuss services planning, review of coverage and quality of services, and Puskesmas and CSO follow-up plan Frequency: Quarterly	HTC Direct Service Delivery (DSD)	4
				HTC Technical Assistance-only (TA)	45
				Treatment Direct Service Delivery (DSD)	2
				Care and Support Direct Service Delivery (DSD)	2
				General Population Prevention Direct Service Delivery (DSD)	9
				Key Populations Prevention Direct Service Delivery (DSD)	31

Indicator		Disaggregated by	Data Source, Collection Method, Validation, Frequency of Reporting	Target Y4	
PMTCT_STAT_TA	Number and percentage of pregnant women with known status (includes women who were tested for HIV and received their results) (TA)	HIV Status <i>Numerator: Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)</i> <i>Denominator: Number of new ANC and L&D clients</i>	Source/s: • CSO reports of <ul style="list-style-type: none"> – pregnant and lactating women accessing ANC/L&D services, – number of women receiving HIV counseling and testing – number of women in ARV register Validation: • CSO reports of: <ul style="list-style-type: none"> – Supporting revitalization of posyandu/ANC/PMTCT services – Supporting community participation in posyandu/ANC/PMTCT activities Frequency:	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	1,031
				Number of new ANC and L&D clients	2,226
				Number of new positives identified	31
PMTCT_STAT_NGI	Number and percentage of pregnant women with known status (includes women who were tested for HIV and	HIV Status <i>Numerator: Number of pregnant women with known HIV status</i>	Same as above	Number of pregnant women with known HIV	1,031

Indicator		Disaggregated by	Data Source, Collection Method, Validation, Frequency of Reporting	Target Y4	
	received their results) (NGI)	<i>(includes women who were tested for HIV and received their results) Denominator: Number of new ANC and L&D clients</i>		status (includes women who were tested for HIV and received their results)	
				Number of new ANC and L&D clients	2,226
				Number of new positives identified	31
GPY_ PREV_DSD	Percentage of the target population who completed a standardized HIV prevention intervention including the minimum components during the reporting period (DSD)	Age/Sex <i>Numerator: Number of the target population who completed a standardized HIV prevention intervention including the minimum components during the reporting period. Denominator: Total number of people in the target population</i>	Source/s: CSO monthly reports of individuals reached (in individual or small group discussions) with minimum standard package of information on HIV prevention and care (needs definition according to Indonesia standard)	10-14 Male	4,781
				15-19 Male	4,769
				20-24 Male	4,773
				25-49 Male	7,559
				10-14 Female	3,979
				15-19 Female	3,978
				20-24 Female	3,979
				25-49 Female	5,968
KP_ PREV_DSD	Number of key populations reached with individual and/or small group level	Key population type	Source/s: CSO monthly reports of	Female sex workers (FSW)	9,034

Indicator		Disaggregated by	Data Source, Collection Method, Validation, Frequency of Reporting	Target Y4	
	HIV preventive interventions that are based on evidence and/or meet the minimum standards required (DSD)		individuals reached (in individual or small group discussions) with minimum standard package of information on HIV prevention and care (needs definition according to Indonesia standard) Frequency: Monthly	Males who inject drugs (Male PWID)	3,070
				Females who inject drugs (Female PWID)	100
				Men who have sex with men/ Transgender (MSM/TG)	20,393
				MSM/TG who are male sex workers (subset MSM/TG)	11,624
HTC_TST_DSD	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (DSD)	Test result Age/sex (aggregated)	Source/s: • Clinical monthly reports • CSO (that provide pre- and post-test counseling services) monthly reports Frequency: Monthly	Test Result Negative	3,957
				Test Result Positive	297
				15+ Male	2,696
				15+ Female	899
HTC_TST_NGI	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results	Test result Age/sex (aggregated)	Source/s: • Clinical monthly reports • CSO (that provide pre- and	Test Result Negative	17,157
				Test Result Positive	774

Indicator		Disaggregated by	Data Source, Collection Method, Validation, Frequency of Reporting	Target Y4	
	(NGI)		post-test counseling services) monthly reports Frequency: Monthly	<15 Male	67
				15+ Male	15,535
				<15 Female	84
				15+ Female	6,293
HTC_TST_TA	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (TA only)	Test result Age/sex (aggregated)	Source/s: • Clinical monthly reports • CSO (that provide pre- and post-test counseling services) monthly reports Frequency: Monthly	Test Result Negative	13,200
				Test Result Positive	476
				<15 Male	43
				15+ Male	8,556
				<15 Female	60
				15+ Female	5,017
C2.1.D_DSD	Number of HIV-positive adults and children receiving a minimum of one clinical service (DSD)	Age/sex	Source/s: • Clinical monthly reports	<15 Female	134
				Female	34
				Male	100
C2.1.D_NGI	Number of HIV-positive adults and children receiving a minimum of one clinical service (NGI)	Age/sex	Source/s: • Clinical monthly reports	<15 Female	134
				Female	34
				Male	100

Indicator		Disaggregated by	Data Source, Collection Method, Validation, Frequency of Reporting	Target Y4	
CARE_CURR_DSD	Number of HIV positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR viral load (DSD)	Age/sex	Source/s: • Clinical monthly reports	15+ Male	100
				15+ Female	34
CARE_NEW	Number of HIV-infected adults and children newly enrolled in clinical care during the reporting period and received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load	Age/sex	Source/s: • Clinical monthly reports	15+ Male	80
				15+ Female	20
CARE_SITE	Percentage of PEPFAR-supported HIV clinical care sites at which at least 80% of PLHIV received all of the following during the reporting period: 1) clinical assessment (WHO staging) OR CD4 count OR viral load, AND 2) TB screening at last visit, AND 3) if eligible, cotrimoxazole	Site support type <i>Numerator: Number of PEPFAR-supported HIV clinical care sites at which at least 80% of PLHIV received all of the following during the reporting period: 1) clinical assessment (WHO staging) OR CD4 count OR viral load, AND 2) TB screening at last visit, AND 3) if eligible, cotrimoxazole</i> <i>Denominator: Total number of PEPFAR supported sites providing</i>	Source/s: • Clinical monthly reports	Technical Assistance-only (TA): Total number of PEPFAR supported sites providing clinical care services	2

Indicator		Disaggregated by	Data Source, Collection Method, Validation, Frequency of Reporting	Target Y4	
		<i>clinical care services</i>			
TX_CURR_DSD	Number of adults and children receiving antiretroviral therapy (ART) [current] (DSD)	Age/sex	Source/s: • Clinical monthly reports	15+ Male	65
				15+ Female	15
TX_CURR_NGI	Number of adults and children receiving antiretroviral therapy (ART) [current] (NGI)	Age/sex	Source/s: • Clinical monthly reports	15+ Male	65
				15+ Female	15
TX_NEW	Number of adults and children newly enrolled on antiretroviral therapy (ART)	Age/sex	Source/s: • Clinical monthly reports	15+ Male	65
				15+ Female	15

Indicator		Disaggregated by	Data Source, Collection Method, Validation, Frequency of Reporting	Target Y4	
TX_SITE	Percentage of PEPFAR-supported ART sites achieving a 75% ART retention rate	Support type <i>Numerator: Number of PEPFAR-supported ART sites with a retention rate of 75% or greater for patients 12 months after ART initiation</i> <i>Denominator: Total number of PEPFAR-supported ART sites</i>	Source/s: • Clinical monthly reports	Direct Service Delivery (DSD): Number of PEPFAR-supported ART sites with a retention rate of 75% or greater for patients 12 months after ART initiation	2
ID.415	Number of USG-funded CSOs with approved grants in the last reporting cycle	N/A	Source/s: • SUM II grant management data Updated number of CSOs with approved grant agreement Frequency:		68
ID.416	Number of CSOs that received technical assistance from USG-funded activities and then received non-USG funding from another source to implement the model within the reporting cycle	N/A	Source/s: • SUM II grant management data • CSO reports on resource mobilization Frequency: 6 monthly		20

Indicator		Disaggregated by	Data Source, Collection Method, Validation, Frequency of Reporting	Target Y4	
ID.417	Number of CSOs that underwent an internal audit by USG-funded partners based on Indonesia audit standardization during the last reporting cycle	N/A	Source/s: • TA Organization report Frequency: Quarterly		6
ID.418	Number of CSOs that have strategic and annual plans in place and practiced them for program decision making and implementation during the last reporting cycle.	N/A	Source/s: • TA Organization report Frequency: Quarterly		10

Annex 2. Year 4 CSO Partners

YEAR 4 CSO PARTNERS

DKI Jakarta

1. Yayasan Kusuma Buana FSWs in West Jakarta
2. Yayasan Inter Medika MSM in West, Central and South Jakarta
3. Yayasan Srikandi Sejati Transgenders in DKI Jakarta
4. Yayasan Karya Bakti MSM in North and East Jakarta
5. Yayasan Perkumpulan Bandungwang FSWs in East Jakarta
6. Yayasan Atma Jaya – ARC IDUs in West and North Jakarta (partnership with SUM II suspended in Year 3, with continued participation in some activities)
7. Yayasan Karisma IDUs in East Jakarta
8. Angsamerah STI and HCT services in Blok M entertainment area of Jakarta

West Java

9. Yayasan Kusuma Bongas Indramayu Brothel-based FSWs, HRM, and PLHIV in Indramayu District

East Java

10. Lembaga Paramitra FSWs in Malang
11. Ikatan Gaya Arema MSM in Malang
12. Lembaga Wamarapa
13. Perkumpulan SUAr Transgender in Malang
14. Yayasan Genta, Surabaya³ Transgender in Kediri
15. Yayasan Orbit, Surabaya FSWs in Surabaya
16. Yayasan Gaya Nusantara IDUs in Surabaya
17. Persatuan Waria Kota Surabaya MSM in Surabaya

Tanah Papua

18. Yayasan Harapan Ibu (YHI) Non-brothel based FSW in Jayapura City and District
19. Yayasan Persekutuan Pelayanan Maserey (YPPM) High-risk men in Jayapura City and District
20. Yayasan Caritas Timika Papua (YCTP) Indigenous adult women and men, FSWs and high-risk men in Timika, the capital city of Mimika District
21. Yayasan Usaha Kesejahteraan Ekonomi Masyarakat Desa Indonesia (YUKEMDI) Local indigenous adult women, FSWs and HRM in Wamena, the capital city of Jayawijaya District
22. Yayasan Tangan Peduli (TALI)⁴ Adult indigenous men in Wamena, the capital city of Jayawijaya District

Riau Island

23. Yayasan Bentan Serumpun (YBS) Brothel-based FSWs in Batu-15 and Batu-24 brothels; and HRM in Bintan District and Tanjungpinang City
24. Yayasan Kompak (YK) Indirect and direct FSWs, and PLHIV, in Bintan District and Tanjungpinang City
25. Yayasan Embun Pelangi (YEP) IDUs, indirect and direct FSWs, and high-risk men that work in the private sector in Batam city

³ Graduated as a SUM II partner

⁴ Suspended during Year 4

YEAR 4 CSO PARTNERS

26. Yayasan Gaya Batam (YGB) ⁵	MSM and Transgender in Batam city
27. Yayasan Lintas Nusa (YLN) ⁶	Brothel-based and indirect FSWs, and high-risk men of informal sector in Batam city
North Sumatera	
28. Yayasan Galatea	IDUs and OPV in Medan City
29. Perkumpulan Human Health Organization (H2O)	Indirect FSWs and HRM in Medan City
30. Lembaga Gerakan Sehat Masyarakat (GSM)	MSM and TG in Medan City
31. FLP-AIDS Medan (Forum Lembaga Peduli AIDS Medan)	CSO strengthening in advocacy; improving local initiative and partnerships with local government and stakeholders; convening HIV response coordination meetings; and developing CSO advocacy strategies
Central Java	
32. LPPSLH	FSWs and HRM in Banyumas District, Cilacap District, and Tegal District
33. Yayasan Graha Mitra (Jakerpermas)	Community networks and community clinic providing prevention services to FSWs and FSW clients and regular partners in Sunan Kuning brothel in Semarang district
34. Semarang Gaya Community	MSM in Semarang District and City

⁵ Suspended during Year 4

⁶ Suspended during Year 4

Annex 3. Chart on Technical Clusters

Name of CSO	The Grant Modification Amount		Incurred Previous Grant Amount	Total Grant Amount Grant Duration		Grant Type	Grant Duration	Start and End Dates		
	IDR	USD		IDR	USD			Start	End	
1	Yayasan Paramitra (LEAD)	734,123,705	\$ 64,970.29.00	1,405,739,400	2,139,863,105	\$ 189,379.00	Standard Cost Reimbursement Grant	12 Months	1 Jun 2011	30 Apr 2015
2	Yayasan Suar (Member 1)	297,443,702	\$ 26,323.91.00	210,968,125	508,411,827	\$ 44,994.00	STG	9 Months	1 Aug 2013	30 Apr 2015
3	Yayasan Sadar Hati (Member 2)	393,133,312	\$ 34,792.48.00	511,508,800	904,642,112	\$ 80,061.00	STG	12 Months	1 May 2014	30 Apr 2015
4	PERWAKOS (LEAD)	649,385,063	\$ 57,470.88.00	1,170,032,750	1,819,417,813	\$ 161,019.00	STG	12 Months	1 Jun 2011	30 Apr 2015
5	Lembaga Wamarapa (Member 1)	280,772,593	\$ 24,848.47.00	224,206,200	504,978,793	\$ 44,690.8.00	Simple Cost Reimbursement Grant (SIG)	11 Months	1 Jun 2013	30 Apr 2015
6	Yayasan ORBIT (LEAD)	712,351,530	\$ 62,873.0	1,211,037,300	1,923,388,830	\$ 169,761.00	STG	12 Months	1 Jun 2011	30 Apr 2015
7	Yayasan Embun Surabaya (Member1)	481,581,240	\$ 42,505.0	454,135,000	935,716,240	\$ 82,587.50	SIG	11 Months	1 Jun 2013	30 Apr 2015

8	Yayasan Gaya Nusantara (LEAD)	603,654,250	\$ 53,543.93	<ul style="list-style-type: none"> • 458,197,500 (Year One); • 815,025,875 	1,876,877,625	\$ 166,478.41	STG	12 Months	1 June 2011	30 Apr 2015
9	Yayasan IGAMA (Member 1)	607,200,956	\$ 53,858.52	0	607,200,956	\$ 53,858.52	SIG	10.5 Months	15 Jun 2014	30 Apr 2015
10	Yayasan Galatea	745.713.987	\$ 66,145.00	674.654.021	1,420,368,008	\$ 125,986.00	STG	12 Months	15 Aug 2012	30 Apr 2015
11	Yayasan Human Health Organization (H2O) – Member 1	705.436.282	\$ 62,572.00	706.939.871	1,412,376,153	\$ 125,277.00	STG	10.5 Months	15 Jun 2014	30 Apr 2015
12	Yayasan Gerakan Sehat Masyarakat (GSM) – Member 2	806.876.891	\$ 71,570.00	616.958.300	1,423,835,191	\$ 126,294.00	STG	12 Months	15 Jun 2014	30 Apr 2015
13	Yayasan Kusuma Buana (LEAD)	1,530,855,750	\$ 135,786.00	1,711,804,348	3,242,660,098	\$ 287,622.00	STG	12 Months	1 June 2011	30 Apr 2015
14	Yayasan Anak dan Perempuan Jakarta (Member 1)	248,378,333	\$ 22,031.00	224,870,000	473,248,333	\$ 41,976.00	SIG	8 Months	1 Sept 2013	30 Apr 2015
15	Yayasan Kusuma Bongas, Indramayu (Member 2)	252,665,000	\$ 22,411.00	224,960,000	477,625,000	\$ 42,365.00	SIG	8 Months	1 Sept 2013	30 Apr 2015
16	Yayasan Resik, Subang (Member 3)	390,837,500	\$ 34,667.00	0	390,837,500	\$ 34,667.00	SIG	11Months	1 Jun 2014	30 Apr 2015

17	Yayasan Intra Medika (YIM) - LEAD	1,066,474,493	\$ 94,596.00	1,459,295,264	2,525,769,757	\$ 224,035.00	STG	12 Months	1 May 2014	30 Apr 2015
18	Yayasan Srikandi Sejati (YSS) – Member 1	1,052,400,350	\$ 93,348.00	0	1,052,400,350	\$ 93,348.00	SIG	10,5 Months	15 Jun 2014	30 Apr 2015
19	LPA Karya Bhakti – Member 2	626,556,629	\$ 55,575.00	0	626,556,629	\$ 55,575.00	SIG	10,5 Months	15 Jun 2014	30 Apr 2015
20	Sanggar Waria Remaja (SWARA)- Member 3	581,942,000	\$ 51,618.00	0	581,942,000	\$ 51,618.60	SIG	10,5 Months	15 Jun 2014	30 Apr 2015
21	Yayasan Karisma (LEAD)	973,407,500	\$ 86,341.00	1,663,583,333	2,636,990,833	\$ 233,900.00	STG	12 Months	1 May 2014	30 Apr 2015
22	Yayasan Stigma (Member 1)	467,903,500	\$ 41,502.00	N/A	467,903,500	\$ 41,502.00	SIG	11Months	1 Jun 2014	30 Apr 2015
23	Yayasan Rempah (Member 2)	483,185,000	\$ 42,858.00	N/A	483,185,000	\$ 42,858.00	SIG	11Months	1 Jun 2014	30 Apr 2015
24	Lembaga Graha Mitra (LEAD)	551,353,500	\$ 48,905.00	209,110,000	760,463,500	\$ 67,453.00	SIG	12 Months	1 May 2014	30 Apr 2015
25	Lembaga Semarang Gaya Community (member 1) (M/Member 1)	163,775,883	\$ 14,527.00	224,984,000	388,759,833	\$ 34,483.00	SIG	11Months	1 Jun 2014	30 Apr 2015
26	Perkumpulan Griya Asa	207,987,500	\$ 18,448.00	0	207,987,500	\$ 18,448.00	SIG	11 Months	1 Jun 2014	30 Apr 2015

27	Yayasan Bentan Serumpun (LEAD)	794,106,600	\$ 70,436.90	699,715,386	1,493,821,986	\$132,501.50	SIG	12 Months	1 May 2014	30 Apr 2015
28	Yayasan Kompak (Member 1)	600,063,070	\$ 53,225.40	544,542,000	1,144,605,070	\$ 101,526.00	SIG	10,5 Months	16 Jun 2014	30 Apr 2015
29	Yayasan Embun Pelangi (LEAD)	1,156,613,440	\$ 102,591.00	789,750,000	1,946,363,440	\$ 172,641.00	STG	10,5 Months	15 Jun 2014	30 Apr 2015
30	YKIE (Member 1)	284,252,000	\$ 25,213.00	0	284,252,000	\$ 25,213.00	SIG	10,5 Months	15 Jun 2014	30 Apr 2015

Annex 4. Technical Brief 21: CSO Capacity Building Progress



CSO CAPACITY BUILDING PROGRESS ORGANIZATIONAL PERFORMANCE

In September 2012, February 2013 and April 2014, SUM II contracted Bali-based independent consultant, Marcella Pierce, MPH, to take an outsider's look at CSO capacity building progress – how is SUM II impacting the CSOs, the TA providers, and the community.⁷ In the April 2014 round of interviews the respondents were asked about the status of key progress indicators, the changes that have taken place as a result of receiving technical assistance, challenges related to implementation, and input regarding how to strengthen the program. This brief provides excerpts from the assessment report.

The TA providers report that after working with the CSOs for three years they find SUM II's intensive workplace-based approach to training, coaching and systems development to be a powerful process of organization awareness that breaks down barriers to higher levels of organizational performance. They are now applying the same workplace-based approach to other programs and encouraging new clients to employ on-the-job coaching approaches and not just the short centralized training and workshop approach.

On CSO progress overall, the TA providers' report that CSOs are now better able to identify what they need and are more active in requesting assistance. The issues they want to address are more specific to their organization.

The TA providers say this shift has taken some time because at the beginning of the program the CSOs did not know what they needed. TA providers commented that some CSOs are still in survival mode; they are still struggling with basic needs such as proposal writing and fundraising.

The annual survey was the first time we had gathered data on people who were not receiving our services. We were able to use this information to compare with those who are receiving services and see the effect of our work more clearly.

-- CSO Leader

Financial Management

All of the CSOs interviewed are producing monthly financial reports per project. The TA provider reviews the reports for SUM II before they are submitted. The financial reports now only need minor revisions before being accepted. SUM II *Principle* CSOs are producing consolidated reports and preparing for internal and external audits. Over the past year as CSOs have implemented their financial standard operating procedures (SOPs), they have been able to identify which procedures are appropriate for their organizations and which need to be revised.

Benefits of having standard operating procedures mentioned include:

- ▶ They are now able to see the financial condition and health of their organization and plan strategically if they are not on course.
- ▶ Accountability has increased.
- ▶ With written procedures new staff now can refer to the manual and instruction does not have to be verbal only.
- ▶ Responsibility is shared and is not only on the shoulders of the financial staff.

⁷ Marcella Pierce, MPH. *Assessment of Technical Assistance Provided to Civil Service Organizations*. June 2014

Organizational Management

Most of the CSOs are close to completing their human resources SOP. Benefits of having standard operating procedures mentioned include:

- ▶ Rights and responsibilities of staff are clear.
- ▶ There is a greater level of fairness – the rules apply to everyone and salary standards are clear.
- ▶ Potential staff can make an informed decision about working with the organization because they are informed about the rules and regulations prior to being hired.
- ▶ The recruitment process is more open and fair.
- ▶ Staff is more disciplined because the rules and regulations and consequences for infractions are clear.

Some of the changes that CSOs have made to their HR policies since working with the TA provider include:

- ▶ Salary and vacation rules are now specific to positions; previously only general rules were in place.
- ▶ The salary structure is now based on education, experience, and family.
- ▶ Policies and procedures for resigning and for firing someone have been established.
- ▶ A code of ethics has been developed and is now attached to the contracts.
- ▶ Nearly all of the CSOs have job descriptions and signed contracts for staff.

Funding Sources

All of the CSOs report that they are receiving funding from at least two sources. CSOs reported that they most often find new funding sources through their networks. Obtaining funding through international agencies is still difficult for many of the CSOs due to lack of English language fluency. TA providers said that although CSOs have made progress in their proposal writing skills, they still need more coaching in writing relevant background sections, making log frames, and planning activities based on objectives.

Developing Work Plans

CSOs reported that they develop their work plans based on their strategic plan, and include input from field staff, current conditions in the field, focus group results, government data and results of the annual survey. A few of the CSOs still struggle with utilizing their strategic plan to develop work plans due to the limited capacity of staff.

Monitoring & Evaluation

Since working with the TA providers, all CSOs have conducted systematic annual surveys in addition to their regular monitoring and evaluation meetings. CSOs say they have gained valuable information from the annual survey and have used the results in a variety of ways including development of strategy and work plans and using the information for advocacy. Some of the ways the results have been used to develop strategy are listed in the table below.

Other ways CSOs have used the results of the survey include:

- ▶ Nearly all of the CSOs have job descriptions and signed contracts for staff.
- ▶ Gaining support from the government by illustrating differences in behavior of groups receiving their assistance with groups that are not using their services.

USAID SUM II Capacity Building Partners

Yayasan Penabulu – TA to CSOs to build financial management capacity.

Circle Indonesia – TA in organizational performance to CSOs in Jakarta and North Sumatra

Yayasan SATUNAMA – TA in organizational performance to CSOs in Tanah Papua and Riau Islands.

KIPRa Papua – TA in organizational performance to CSOs in Papua. KIPRa specializes in working with Papuan indigenous communities.

SurveyMETER – TA to CSOs to build capacity in monitoring and evaluation.

OPSI – TA to build capacity of MARPs in Tanah Papua in community organization.

Angsamerah Foundation – TA to assure technical integrity, provide CSO partners with technical capacity building, and support SUM II partnerships with new and existing private clinics.

- ▶ Demonstrating the value of their services to donors by illustrating the rates of care seeking for people who had to get treatment for sexually transmitted diseases on their own versus the people who were getting treatment if CSO staff was going with them.
- ▶ Developing advocacy material that includes success stories based on survey results.
- ▶ Strengthening proposals by including data

Data Management and Analysis

CSOs report that their data management procedures have improved since working with the TA provider. Some specific improvements mentioned include:

- ▶ Forms are more effectively providing useful information and are more functional for data entry.
- ▶ Data tracking and storage is more organized.
- ▶ Data is being backed up regularly.
- ▶ CSOs are better able to pull relevant information out of the database.

For nearly two years SUM II has provided training in use of Epi Info 7, which offers a series of tools for routine data gathering, database management, and analysis.⁸ It was developed by CDC for use by CSOs and community health workers to manage databases for surveillance and other tasks. It is easily used in places with limited network connectivity or limited resources for commercial software and professional IT support. Use of a data analysis program such as Epi Info 7 is important in terms of sustainable program evaluation. In order to make evidence-based program decisions, CSOs need to be able to collect and analyze data.

Result	Strategy
<i>Respondents are getting information from Internet</i>	<i>Employing social media to reach program Beneficiaries</i>
<i>Respondents are more likely to follow up and get their test results if they are accompanied by someone</i>	<i>Accompanying beneficiaries to get test results which then leads to counseling</i>
<i>Community members are accessing only a few of the locations that provided health services</i>	<i>Working with health centers on how to provide services that are more "friendly" to key populations</i>
<i>Knowledge related to HIV is low in the community</i>	<i>Improving the training of field staff in order to improve their community education skills</i>
<i>Condom use with boyfriends is inconsistent</i>	<i>Including coaching for boyfriends in order to increase condom use</i>
<i>Respondents are more comfortable seeking care at the mobile clinic</i>	<i>Increasing the number of sites for the mobile clinic</i>

Community Organization

CSOs believe the technical assistance in community organization⁹ has made them more effective at reaching their key populations in the following ways:

- ▶ They are able to engage community members by sharing the results of the annual survey.
- ▶ Field staff has received training that has improved their capacity to engage community organizations and increased the interest and involvement of the COs in the activities of the CSO.
- ▶ Field staff has become more effective at mobilizing the community which has led to the creation of centers for condom distribution.
- ▶ Health care services are being provided at more effective times and frequencies as a result of the annual survey results.
- ▶ Better organized internal systems allow the CSO to be more efficient and focus more energy on community activities.

Going Forward – Fine Tuning and Confidence

At the outset of the SUM II program nearly all of the CSOs were missing key elements of organizational systems. Now, in going forward, the coaching they need is more specific and tailored. With financial procedures, for example, CSO managers say their program staff needs a better understanding of the finance system, and plan to simplify the language in the SOP so non-finance staff with limited education can understand them. Fine tuning of the SOP is particularly important given the high turnover of staff

⁸ See Technical Brief 17, *CommCare and Epi info 7 – New Technologies to Improve CSO Results*

⁹ Defined by SUM II as informal organizations within communities of most-at-risk populations (See Technical Brief 19, *Four-Part Model for Comprehensive Services Networks*)

noted by both CSOs and TA providers. Well documented policies and procedures in place saves time in training new staff and ensures that institutional memory is well recorded.

This fine tuning also applies to establishing financial stability. Some CSOs are interested in obtaining funding from international sources. In these cases, it will be important to focus on proposal writing capacity, English fluency and completing an external financial audit. For those CSOs who are not interested in pursuing funding from international sources, they still need to ensure they are generating the funds they need to be sustainable. This may include pursuing private donors or executing income generating activities or owning and operating small businesses. The specifics will be different for each CSO.

CSOs feel that the workplace-based training, coaching and systems development has resulted in many positive changes for their organization. Focus should now be placed on ensuring that CSOs feel confident and comfortable with the new systems and procedures and have a sense of ownership in them. This sense of ownership is bottom-line in creating a work culture that values transfer of knowledge from staff in leadership positions to program and administrative staff. It will help ensure that new changes will be maintained over time and continue to stabilize and strengthen their organization.

Capacity limitations of staff were often mentioned by CSOs and TA providers. Many CSOs are committed to hiring staff only from within their key population, which often leads to a high proportion of staff with limited education and work experience. CSOs who are committed to hiring only from within their key population may be limiting their organizational capacity in terms of funding options and program expansion.

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

Financial reporting portion removed for publishing.