



SUM II QUARTERLY REPORT

July – September 2014

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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
COPC	Continuum of prevention to care
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
HTC	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
OSA	One Strategy Approach
PLHIV	Person/people living with HIV
PSE	Population size estimation
RETA	Resource Estimation Tool for Advocacy
RNM	Resource Needs Model
RTI	Research Triangle Institute
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
HTC	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

In Quarter 1 of Year 5, SUM II continued to build on Year 4 lessons and successes to expand coverage and reach of HIV and STI services to MARPs. Moreover, because SUM I's scope of work no longer includes strengthening technical capacity of CSOs, government and other stakeholders at the province and district levels, SUM II – to achieve its own goals and targets – is also delivering targeted technical capacity support to CSOs, government and other partners as resources permit.

In its efforts to further expand coverage and reach in Year 5, SUM II initiated new partnerships with CSOs and private clinics in Tanah Papua, Riau Islands, Central Java, North Sumatera, West Java and DKI Jakarta. They are:

CSOs – New Partnerships

- PLHIV Care & Support Wamena YTHP (Wamena, Papua)
- Yapari Sorong (Sorong, West Papua)
- Yayasan Stigma Jakarta (DKI Jakarta)
- Suara Waria Remaja (SWARA) (DKI Jakarta)
- Yayasan Rempah Jakarta (DKI Jakarta)
- Yayasan Resik Subang (West Java)

Private Clinics – New Partnerships

- Yayasan Kasih Suwitno (YKS) with Ruang Carlos Clinic (DKI Jakarta)
- Griya Asa Semarang (Central Java)
- Klinik YKIE Batam (Riau Islands)
- Clinic Calvary Wamena (Papua) (in process)
- PKBI (Papua) (in process)

Several of the new CSO and private clinic partners are members of *technical clusters* in SUM II's **One Strategy Approach** (OSA) for grant management, which was launched at the end of Year 4. SUM II staff and TA partners continued efforts in Quarter 1 to successfully launch the new **One Strategy Approach** with the following technical clusters:

- Riau Islands: Four CSOs working in two technical clusters
- North Sumatera: Three CSOs working in one technical cluster
- East Java: Nine CSOs working in four technical clusters
- Central Java: Three of four CSOs working in one technical cluster
- DKI Jakarta/West Java: Eleven CSOs working in three technical clusters

The **One Strategy Approach** means that two or more CSOs are working together to provide an organizational structure and framework that enables the Lead CSO to work in *close* partnership with SUM II staff and TA providers to build the HIV technical and organizational performance capacity of the developing and emerging CSOs.

Building the HIV technical capacity of CSO partners is of highest priority in Year 5. Following the changes to the SUM I Scope of Work, SUM II staff and TA partners are taking on the role of assisting CSOs and other implementation partners to assure they are using implementation models based on evidence for effectiveness and carried out in a way that maximizes benefit to key affected populations. In Quarter 1 SUM II launched the first in a series of *Technical Integrity Workshops*



designed to provide a program of training and on-the-job coaching for TA partners Circle, Angsamerah and Satunama. TA partners have identified local consultants with HIV experience to assist them in carrying out their mentoring and coaching assistance to CSOs and other implementing partners.

Another major effort in Quarter 1 of Year 5 was to continue to introduce and reinforce the new SUM II indicators to TA and CSO partners, which began at the end of Year 4.

SUM II will also continue to give priority to improved CSO networking and collaboration with the private sector, and provide CSOs with coaching on leveraged funding, including concepts of resource mobilization (training in budget analysis, concepts of corporate social responsibility). In FY 2014, twenty-one CSO partners received non-USG funding from Global Fund, local government, and the private sector.

SUM II will end on May 9, 2015, and in preparation for project close-out, the SUM II team initiated planning during first quarter of Year 5 to determine which grants will end on December 31, 2014, January 31, 2014, and February 28, 2015. SUM II's international partner providing grant administration services to the project requires three months close-out for grants and other financial and administrative close-out actions. The SUM II team is exploring ways to provide resources for an intensified March-April close-out in order to enable more CSOs to continue implementing activities through February 28, 2015.

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.

Four-Part Model: SUM II in Year 5 – at least until January/February 2015 – will support continued organizational performance (OP) strengthening for CSOs and local governments, and technical capacity training, coaching and systems development for CSOs, private clinics and Puskesmas – to implement one or more parts of the *Four-Part Model for Comprehensive Services* and provide TA to emerging CSOs at the expansion sites.

There are six strategies under SUM II’s Year 5 Work Plan Objective 1 aimed at strengthening and further demonstrating the four-part intervention model for comprehensive services networks (CSNs):

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

These demonstrations of one or more parts of the model at specific sites in Java and Tanah Papua are aimed at maximizing learning so the model can be refined and rolled-out across the program. (For description of the 4 part model, see adjacent text box.)

SUM II, at the start of Year 5, is working with twelve *Principal*¹ and/or LEAD CSOs. Five CSOs in East Java and Jakarta were designated as *Principal* CSOs in July 2012; two CSO partners in Tanah Papua were designated *Principal* CSOs in July 2013 (although YUKEMDI has now been moved to *developing* CSO status); and in 3rd quarter of Year Four one CSO partner in North Sumatera, Galatea, was designated a *Principal* CSO. One of the East Java

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

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

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

¹ *Principal CSOs:* The organizations that are demonstrating responsiveness to SUM II’s intensive workplace-based OP training, coaching and systems development, and a solid level of organizational competency and independence. They are receiving additional intensive TA and additional cycles of grants to enable them to become *local capacity building mentors* to *developing* CSOs and non-SUM II CSOs

Principal CSO, Yayasan Genta, Surabaya, “graduated” from SUM II funding in Quarter 1 of Year 4, primarily because it shifted its organizational mission.

Principal CSOs are identified below. The Java and North Sumatera *Principal* CSOs are LEAD CSOs of a technical cluster along with six additional CSOs:

Principal/LEAD CSOs

- 1) Yayasan Kusuma Buana (YKB), Jakarta
- 2) Yayasan Karisma, Jakarta
- 3) Lembaga Paramitra, Malang
- 4) Yayasan Gaya Nusantara (GN), Surabaya
- 5) Yayasan Caritas Timika Papua (YCTP), Tanah Papua
- 6) Galatea, North Sumatera
- 7) Yayasan Orbit Surabaya
- 8) Yayasan Intra Medika, Jakarta

LEAD CSOs

- 1) Yayasan Graha Mita (Jakerpermas), Semarang
- 2) Perwakos, Surabaya
- 3) Yayasan Bentan Serumpun Tanjungpinang
- 4) Yayasan Embun Pelangi Batam

A major effort by SUM II staff and TA provider partners in Quarter 1 of Year 5 was to continue launching the new ***One Strategy Approach*** for grant management and to develop Cycle 3 grant SOWs for Tanah Papua. The One Strategy Approach means that two or more CSOs are working together in a ***technical cluster*** to provide an organizational structure and framework that enables the Lead CSO to work in *close* partnership with SUM II staff and TA providers to build the HIV technical and organizational performance capacity of the developing and emerging CSOs.

A second major effort in Quarter 1 was to continue to introduce and reinforce the new SUM II indicators to TA and CSO partners, which began at the end of Year 4.

This Quarter 1 reports describes SUM II activities to support roll-out of the *One Strategy Approach* and to adjust cluster SOWs to align with the revised SUM II indicators re: implementation and resource allocation approaches to achieve targets, especially in the continuum of care to support and treatment at level of the Puskesmas. It also provides highlights for each of the six strategies in the Year 5 Work Plan.

Strategy 1.1: for CSO Capacity Building

SUM II emphasis in Year 5 is the alignment of CSO approaches and programs 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.

As noted above, during Quarter 1 SUM II TA partners **Circle Indonesia, Yayasan Satunama, Yayasan Penabulu, and Angsamerah** continued their intensive on-the-job training/coaching to the **OSA technical clusters** in Java, North Sumatera and Riau Islands; and **Satunama** and **Penabulu** continued

TA coverage in Tanah Papua. The adjacent text box describes the roles and areas of coverage of SUM II TA partners.

In Papua Province, **Satunama** in Quarter 1 continued its mentoring program to SUM II CSO partners YPPM, YHI, YCTP and YUKEMDI, with a major emphasis on human resources policy development and community mobilization/community organization. Participants in the mentoring program for HR policy development at each CSO included the director, program manager, finance manager and foundation staff; and for community mobilization/community organization mentoring at each CSO included the program manager, field staff, and 8-10 community representatives.

The specific goals of **Satunama** mentoring in HR policy development are to increase the capacity of CSO partners 1) in formulating and developing policies and resources to develop communication strategies and human resource management in accordance with the vision, mission and strategic planning; 2) in understanding the benefits of human resource development and communications strategies for the organization, i.e., HR policies supporting improved organizational performance (involving staff in policy development), HR strategies for sustainability; and 3) in generating Operational Procedure Guidelines for CSO personnel. The specific goals of community mobilization are to increase the capacity of CSOs 1) in organizing and mobilizing community partners; 2) in identifying organizational resources and new alternative ways to serve the community more effectively; and 3) in advocacy activities to gain political commitment and multi-sectoral support (covering a variety of sectors) and increase public awareness and support for HIV prevention programs in Tanah Papua.

SUM II TA Partners – Quarter 1 Areas of Coverage

Circle Indonesia: continued to provide OP to CSOs and provide capacity building in technical integrity to CSOs and health service providers.

Penabulu: continued its financial management and systems mentoring – and support to internal and external audits – to SUM II CSO partners in DKI Jakarta, East Java, Central Java, Riau Islands (Batam and Tanjung Pinang), Medan and Papua.

Angsamerah: provided TA to SUM II’s private clinic partners in clinical management and HIV related services. [Circle and Satunama will coordinate with Angsamerah to assure the capacity strengthening needed is available to local partners.]

Satunama: provided OP TA to CSOs in Riau Islands, Tanah Papua, North Sumatera, and Central Java; and OP TA to local government. [OP to local government will focus on planning, technical integrity, budgeting and M&E. The expectation is that this assistance to local government will lead to increased resources for the HIV response and to PLHIV care, support and treatment.]

Satunama mentoring approaches are tailored to each CSO partner. Activities in Quarter 1 included:

- YCTP – follow-up mentoring on the set of operational procedures guidelines (OPG) based on review of HR management and individual performance assessment results; and mentoring in community organization
- YHI – mentoring in developing scopes of work, work breakdown and job performance, which will generate the OPG; and mentoring in community organization
- YUKEMDI – mentoring on the job analysis instrument, and review of scopes of work and job descriptions and details; and mentoring in community organization
- YPPM – mentoring in developing scopes of work, work breakdown and job performance, which will generate the OPG; and mentoring in community organization

See **Satunama** reports for detailed information on organizational strengthens and specific recommendations for each CSO.

In Quarter 1, TA provider **Penabulu** continued its mentoring to SUM II CSO partners in DKI Jakarta, East Java, Central Java, Riau Islands (Batam and Tanjung Pinang), Medan and Papua, as follows:

- External Audit Assistance: Paramitra Malang (external audit firm on the list of USAID); and Karisma
- Internal mentoring on consolidated financial statements review: Galatea Medan
- Internal audit preparation: Kompak in Tanjung Pinang (financial year 2013); and ORBIT Surabaya (January-June 2014)
- Assistance on consolidated financial statements: Gaya Nusantara, Surabaya; Y. Sadar Hati Malang; Angsamerah clinic, Y. Srikandi Sejati, Swara, Y. Rempah, Y. Stigma, and Perkumpulan Bandungwangi DKI Jakarta; LPPSLH, Purwokerto; H2O and GSM in Medan; YKIE and YEP in Batam, Riau Islands; YHI and YPPM, Jayapura; and YUKEMDI, Wamena.
- 2-day training on recording financial transactions: Karisma; Swara; Intermedika; LPA Karya Bhakti; YKS; Stigma; Rempah; Embun Surabaya; and Yayasan Sadar Hati in Malang. SUM II CSOs continue to receive ongoing training and coaching to enable financial information and capacity that consists of financial transaction records, Budget Status Report, Report of Receipts and Expenditures of Funds, and Funds Status Report to be distributed every month to SUM II as a form of managed funds.
- Assisting in the preparation of SOP for finance: AIDS FLP, Medan; LPPSLH in Purwokerto; Yayasan Rempah and OPSI (finalization) in DKI Jakarta; and via mentoring for Y. Embun Pelangi in Batam.
- Strengthening financial management capacity: in East Java for Perwakos; IGAMA; Yayasan Sadar Hati; and Yayasan Kk Wamarapa; and in Jakarta for Stigma and Rempah.
- Preparation of monthly financial statement template: carried out as part of Penabulu's SUM II mentoring program to Resik, Stigma, Graha Mitra, Swara, Teratai Hati, YAPARI, Anak and Kusuma Bongas.

Circle Indonesia in Quarter 1 continued organizational performance TA and mentoring as follows:

- Legal Status and Organization Constitution:
 - Wamarapa Malang on basics of organizational structure and options, and financial considerations
 - SUAR: Final agreement on changing the legal status of the organization
- Mentoring in organizational governance: OPSI
 - Improved understanding of Board duties and functions, and problem identification related to communication and coordination, including reporting.
 - Facilitating settlement accepted by all parties in ethics case with the National Coordinator.
- Mentoring in developing strategic plans:
 - YES Surabaya – Strategic Planning Workshop, resulting in a 5 year strategic plan (2014-2019).
 - Wamarapa Malang – Strategic Planning Workshop, which was a first-time experience for the organization. Resulted in a draft strategic plan that includes organizational vision, mission and values, an analysis of the organizations internal and external environment, development of the organization's strategic objectives, indicators of success, and clarification of organizational challenges and other issues.
 - Angsamerah Jakarta – Mentoring in SOW development
 - SUAR – finalized its 5 year strategic plan
- Facilitating mini-workshops on One Strategy Approach:
 - YIM – Mentoring on role of lead, including resolving conflicts among cluster partners SWARA and YSS. The main issue centered on the two organizations' areas of

outreach. YIM as Lead conducted the mediation session to clarify and resolve issues. Result was a working document and detailed target outreach agreement, so SWARA and YSS can avoid overlap.

- YIM mentoring also include assistance with its existing work plan and alignment to the new SUM II cycle three grant.
- Mentoring in human resources development:
 - Angsamerah – Mentoring in policies and procedures for student internships aimed at reducing management burden of the program with staff. Resulted in draft procedures for the internship program.
 - Gaya Nusantara – mentoring on HR, including review of remuneration for the executive board and others
 - Galatea – workshop on drafting HR policies, including probation provisions for contract staff, basic salary components in the salary structure, and performance reviews.
- Four workshops in East Java (each specific to a most-at-risk population) on documentation implementation planning and tools for community organizations:
 - IGAMA field staff – introduction of CO basic organizing orientation and tools
 - WAMARAPA Malang – same
- Mentoring on community organization (CO) Phase 1, mapping and mapping of health services:
 - Perwakos – determining community organizations to use as pilot projects and beginning stages of CO assessment; and began mapping in Kembang Kuning, Wonokromo, and West Irian and Blok M
 - Orbit – also determining community organizations to use as pilot projects and beginning stages of CO assessment. Agreed on one pilot initially, KPA Gubeng, with two CBOs Pilosari (PEN) and Keputih (Pena) to be extensions in prevention activities.
 - Gaya Nusantara – preparation of CO implementation phase 1. Identified 12 groups scattered across Surabaya as potential pilots. Preparation for CO assessment
 - YES – mapping CO mentoring needs associated with their new strategic plan. Agreed on location of pilot at Tambak Asri dan Bangunsari.
 - Wamarapa Malang – Preparation for CO assessment
 - IGAMA – Preparation for CO assessment
 - Paramitra – preparation for CO assessment; and cluster coordination meetings
 - YKB – mapping of health services by the community
- Mentoring on CO phase 2:
 - SUAR – mentoring for community organization aimed at FSW community in Semampir Kediri that is facing closure by the local government
- Mentoring on HIV AIDS prevention and treatment in Malang:
 - Paramitra, IGAMA and Sadarhati -- initial (and separate) advocacy meetings with each organization to development initial agreement about what needs to be in the advocacy approach for Malang
- Mentoring in developing concept notes:
 - OPSI – developing concept notes and design for “closure study of Dolly in Surabaya” (with funding commitments from UNAIDS and NAC); and in development of concept notes to respond to International Planned Parenthood Associate call for proposals.
 - Perwakos – developing a problem tree and transforming to a set of goals, outcomes and indicators. Prepared a concept note on improving the quality of life of transgender, and submitted to a donor.
 - YES – mentoring in performing problem analysis, development of goals, objectives and outcomes, and conceptualizing activities based on indicators.

Quarter 1 Highlights

Additional major highlights of SUM II activities during July, August and September 2014 are included below.

SUM II National

- SUM II *Technical Integrity Workshop*, August 25-29, 2014, held in Yogyakarta:
 - Following the changes to the SUM I Scope of Work, SUM II staff and TA partners are taking on the role of assisting CSOs and other implementation partners to ensure that the implementation models they are using are based on evidence for effectiveness and carried out in a way that maximizes benefit to key affected population.
 - SUM II international partners and SUM II national and regional staff are providing a program of training and on-the-job coaching for TA partners Circle, Angsamerah and Satunama. TA partners have identified local consultants with HIV experience to assist them in carrying out their mentoring and coaching.
 - This first workshop is the first in a series of workshops, with on-the-job support in between workshops, aimed at building overall knowledge and skills of SUM II CSO partners over time. The initial workshops will first assure that SUM II TA providers have a consistent approach to improving the technical integrity of the work done by implementation partners.
 - The three main domains of HIV interventions were thoroughly discussed and reinforced during the workshop. The latest publication of WHO consolidated guidelines for KAPs interventions was used as the basis of work group activities, presentations and plenary discussions. TA providers and SUM II regional staff were encouraged to plan their activities bearing in mind these three pillars of interventions in equal proportions.
 - During the second half of the workshop, the TA providers developed detailed joint work plans by regional office. The purpose of developing these work plans is to improve scheduling and coordination of TA inputs, eliminate conflicting scheduling from the different TA providers with individual CSOs or clusters, and build an appreciation of the time demands on CSOs.
- Technical Integrity recommendations going forward:
 - HIV Technical Integrity: monitoring and evaluation workshop and mentoring, specifically to:
 - Map CSO Progress on organizational performance outputs/outcomes to date and identification of remaining gaps
 - Develop indicators and methods for assessing TA providers and cluster operations/impact
 - Review of CSO coverage targets and PEPFAR indicators
 - M&E for HIV interventions
 - Integrated issues on OP and technical integrity: how to facilitate quarterly project evaluation meetings with CSOs and Clusters
 - Knowledge management: how to facilitate and encourage active learning using WHO, USAID, UNAIDS guidelines

Riau Islands

- During Quarter 1, SUM II Jakarta regional team continued assistance to four CSO partners in Riau Islands. The 4 CSOs work together in two technical clusters.

<i>Technical Clusters in Riau Islands</i>				
1. Yayasan Bentan Serumpun (YBS)	Developing	Lead	Tanjungpinang City and Bintan District	FSWs, MSM, and TG
1.1. Yayasan Komunitas Peduli AIDS Kepulauan Riau (Kompak)	Emerging	Member	Tanjungpinang City and Bintan District	FSWs and PLHIV
2. Yayasan Embun Pelangi (YEP)	Developing	Lead	Batam City	FSW, MSM, and TG
2.1. Yayasan Komunikasi Informasi dan Edukasi (YKIE)	Emerging	Member	Batam City	Private Clinic for FSWs, MSM, and TG

North Sumatera

- During Quarter 1, SUM II Jakarta regional team continued assistance to three CSO partners in Medan. The 3 CSOs work together in one technical cluster.

<i>Technical Clusters in North Sumatera</i>				
1. Yayasan Galatea (Galatea)	Principal	Lead	Medan City	PWID and PLHIV
1.1. Perkumpulan Health Human Organization (H2O)	Developing	Member	Medan City	FSWs
1.2. Yayasan Gerakan Sehat Masyarakat (GSM)	Developing	Member	Medan City	MSM and TG

- August 19-21, 2014: Galatea (Foundation board, PM, PO, FM, DM, counselors and HP) completed draft SOP Administration facilitated by Circle.

Tanah Papua

- YHI:
 - July 16-17, 2014, on-the-job training and coaching program on community organization (CO), conducted at YHI offices for entire staff. The program was facilitated by TA provider Satunama. Six members of a community organization also attended, as did SUM II staff. Coaching centered on how to empower the community and challenges in facilitating and assisting the community.
 - July 24-25, 2014, on-the-job training and coaching for 13 staff members in HR management, facilitated by Satunama.

DKI Jakarta

- During Quarter 1, SUM II Jakarta regional team continued assistance to 11 CSO partners in DKI Jakarta and West Java. The 11 CSOs work together in three clusters.

<i>Technical Clusters in Jakarta and West Java</i>				
1. Yayasan Kusuma Buana (YKB)	Principal	Lead	West Jakarta	FSWs
1.1. Yayasan Anak dan Perempuan (YAP)	Emerging	Member	North Jakarta	FSWs
1.2. Yayasan Kusuma Bongas (Bongas)	Emerging	Member	Indramayu, West Java	FSWs and PLHIV
1.3. Yayasan Resik (Resik)	Emerging	Member	Subang, West Java	FSWs and High Risk Men
2. Yayasan Karisma (Karisma)	Principal	Lead	East and Central Jakarta	PWID and PLHIV
2.1. Yayasan Rempah	Emerging	Member	South Jakarta	PWID
2.2. Yayasan Stigma	Emerging	Member	East and Central Jakarta	PWID
3. Yayasan Intra Medika (YIM)	Principal	Lead	Five Districts in DKI Jakarta	MSM
3.1. Yayasan Srikandi Sejati (YSS)	Developing	Member	Five districts in DKI Jakarta	Senior Transgender
3.2. LPA Karya Bakti (LKB)	Developing	Member	Five districts in DKI Jakarta	MSM
3.3. Perkumpulan Sanggar Waria Remaja (SWARA)	Emerging	Member	Five districts in DKI Jakarta	Young and Emerging TG

East and Central Java

- During Quarter 1, SUM II Surabaya regional team continued assistance to 9 CSO partners in East Java and 4 CSO partners in Central Java. The East Java CSOs work together in four clusters and three of the four SUM II CSO partners in Central Java work in one cluster.

<i>Technical Clusters in Central Java</i>				
1. Yayasan Graha Mitra (Gramit)	Developing	Lead	Semarang City and Kendal District	FSWs
1.1. Yayasan Semarang Gaya Community (SGC)	Emerging	Member	Semarang City and Semarang District	MSM
1.2. Perkumpulan Griya Asa (Grisa)	Emerging	Member	Semarang City	Private Clinic for FSWs

<i>Technical Clusters in East Java</i>				
1. Yayasan Orbit (Orbit)	Principal	Lead	Surabaya City	PWID and PLHIV
1.1. Yayasan Embun Surabaya (YES)	Emerging	Member	Surabaya City	FSWs
2. Yayasan Gaya Nusantara (GN)	Principal	Lead	Surabaya City	MSM
2.1. Yayasan Ikatan Gaya Arema (IGAMA)	Developing	Member	Malang City and Malang District	MSM
3. Yayasan Persatuan Waria Kota Surabaya (PERWAKOS)	Developing	Lead	Surabaya City	Transgender
3.1. Lembaga Waria Malang Raya Peduli AIDS (WAMARAPA)	Emerging	Member	Malang City and Malang District	Transgender
4. Yayasan Paramitra (Paramitra)	Principal	Lead	Malang District	FSWs
4.1. Yayasan Sadar Hati	Developing	Member	Malang City and Malang District	PWID and PLHIV
4.2. Perkumpulan SUAR Kediri	Emerging	Member	Kediri City and Kediri District	FSWs

- July 3: Quarterly coordination meeting with Circle Indonesia to discuss CSO DIPs

Looking ahead, Quarter 2 priorities for CSO organizational performance will continue to be:

- Financial SOPs: mentoring to support implementation, use of CTH, and compliance with reporting regulations/SOP
- Continue to coach the CSOs to produce consolidated financial reports and prepare for internal/external audits
- Coach CSOs to conduct internal audits
- Coaching on finalization of administrative SOPs (filing systems, correspondence) and inventory
- Conduct quality assurance and quality improvement for the CSOs in the implementation of financial management SOPs with a refresher in report preparation and supporting documentation
- Continue coaching in HR policy development. HR policies need to be completed within the first half of Year 5:
 - SOPs: administration, personnel, inventory
 - Volunteer management guidelines
- CSOs need to commit time and availability to review their vision/mission statements, adding codes of conduct for staff, training in life skills, and including projected income from resource mobilization and fund raising efforts in their strategic plans

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 5 Work Plan activities

Increasing Coverage (access and quality) of Comprehensive HIV Prevention-to-Care Intervention for MARPs

SUM II in Year 5 is continuing support to increasing coverage of comprehensive HIV and STI services to most-at-risk populations, with emphasis on community organizations, CSO partnerships in HIV prevention to care, and private clinics:

Community Organization: With TA providers Circle Indonesia, Satunama and Penabulu, SUM II is continuing ongoing coaching to CSOs in Java, Tanah Papua, North Sumatera and Riau Islands on how to increase the capacity of MARPs in self-help *Community Organization*.

CSO Partnerships in HIV Prevention to Care: As emphasized under Strategy 1, SUM II and partners will continue to support and strengthen the Technical Clusters of CSO partners in HIV prevention to care interventions in a geographical area.

Private Clinics: SUM II will continue to establish partnerships to launch and/or support private clinics. In Quarter 1, SUM II continued efforts to establish additional private clinics with CSO Partner YKB in North Jakarta for female sex workers; YEP and YKIE clinic in Batam City; Graha Mitra with Griya Asa Clinic in Semarang, Central Java; PKBI Clinic in Tanjung Elmo Brothel, Jayapura; and Calvari Clinic in Wamena, Jayawijaya District.

TA provider **Angsamerah** is providing TA to SUM II partner private clinics to strengthen MARPs service networks. The private clinics will be responsible for building partnerships with local GOI

health providers and for working in close collaboration with CSOs and MARPs community organizations.

In Quarter 1 SUM II received the assessment reports from **Angsamerah** for the private clinic assessments it carried out in May and June 2014 of four private clinics in Semarang, North Jakarta, Batam and Purwokerto; and two additional private clinics it assessed in August 2014 in Papua Province. These private clinic assessments will form the basis for the development of **Angsamerah's** technical assistance work plan under SUM II. The assessments included the following private clinics:

- In Papua Province, the assessments included PKBI's clinic (Wisma Kesehatan Terpadu Cenderawasih) in Tanjung Elmo *lokalisasi*, Sentani, Jayapura District; and GIDI's Klinik Kalvari in Wamena, Jayawijaya District.
- In Central Java, PKBI's Klinik Griya Asa in Semarang and LPPSLH's Klinik Gang Sadar in Purwokerto were assessed.
- In North Jakarta, YKB's Klinik Keluarga was assessed.
- In Batam, Riau Islands, YKIE's Klinik Keluarga was assessed.

Prior to each clinic assessment the clinic was sent a pre-assessment questionnaire with detailed questions about the respective health services offered. During the 2-day assessment visits the Angsamerah team discussed the questionnaire directly with the head of the clinic and the clinic team. It was a participatory approach that included semi-structured group discussions, focus group discussions and informal interviews with individual staff members. The assessment visits also included careful inspection of the clinic premises.

A main conclusion of the **Angsamerah** assessment report for the four private clinics in North Jakarta, Semarang, Purwokerto, and Batam is that they each have their own characteristics, and with proper strategies, adequate technical assistance and collective financial support, each of the clinics can potentially be further developed and "upgraded" to become friendly and high quality sexual and reproductive health services providers, with affordable prices for most-at-risk populations, and a sustainable and profitable business model within urban settings.

The assessment report for the two assessed clinics in Papua Province concludes that both clinics have been successfully providing friendly services to key affected populations for many years but also face particular challenges. While one of the PKBI clinic's main challenge has to do with its location within a *lokalisasi* and the poor and unhealthy condition of the clinic building, Kalvari clinic's main obstacle is related to its leadership and management system. The PKBI clinic is located within the Tanjung Elmo *lokalisasi* at Sentani Lake (Jayapura District) and is run by PKBI (Papua Province). It caters mainly to migrant FSWs, who work and live within the red light area. The indigenous-run Kalvari clinic is located in Wamena town in Jayawijaya District and is affiliated with the GIDI church. It mainly serves indigenous people from the general population.

Specific elements of **Angsamerah** TA to the six clinics will include:

- Development of a business plan (BP) for each clinic, including helping each clinic to find other potential financial resources for additional support
- Capacity building –
 - Medical, client orientation, provider, management and marketing
 - SOPs
 - Mentoring – both in the field as well as online (phone, sms, etc.)
- Resource mobilization strategy plan and its implementation
- Collective marketing strategy plan and implementation

A long-term SUM II goal of **Angsamerah** technical assistance to the six clinics is that each can become models for other clinics within the province and that clinic staff can eventually become mentors for the expansion of the model in the province. In August 2014, **Angsamerah** participated in the SUM II technical integrity workshop in Yogyakarta, which will enable the organization to further crystallize its ideas and plans for the development of a solid TA workplan and improve coordination and communication with other TA providing organizations.

In Quarter 1 specific to the Klinik Yayasan Angsamerah in the Blok M area of south Jakarta:

- August 2014 saw an increase in patient visits and new patients. With 60 patient visits, August was the strongest month in 2014.
- More women are accessing the clinic, largely due to referrals from CSO partner Kapeta.
- Overall, patient numbers are still considerably lower than anticipated and clinic revenues are still insufficient to cover monthly operational costs of the clinic (currently covering approximately 25% of costs, including rent)
- A new staff member for marketing and mobilization started In August 2014 and will mainly focus on testing promotions, incentives for referrals, social media promotion and mobile testing.

Angsamerah and Klinik Yayasan Angsamerah also collaborated in the September 2014 Q! Film Festival held in Jakarta for the 13th time since its creation in the year 2002 (see attached success story in Annex 4). This nine-day event offered a selection of quality films (documentaries, short-movies and fiction) dealing with issues related to most-at-risk populations and HIV and AIDS, as well as human rights; and included discussions on film and literature, photo exhibitions and the launch of new books on topics dealing with gender and sexuality. This year the festival was held at more than ten different venues across Jakarta, mainly at community organizations, education facilities and cultural centers. As in past years, USAID SUM II partner Angsamerah Foundation was a venue partner for film screenings and also provided free HIV counseling and testing (HTC) at Klinik Yayasan Angsamerah, supported by a team of counselors and outreach workers from SUM II partner Yayasan Inter Medika. During the nine day period of the festival a total of 71 individuals (61 males and 10 females) accessed the free HTC services at the clinic, of which 12 tested HIV positive (all male). This means that a staggering 20% of MSM undergoing HTC during the free testing campaign were living with the virus without being aware of it. Although the prevalence rate is slightly lower than that found during last year's Q! Film testing campaign (prevalence of 23% among MSM), the situation is nevertheless very concerning and suggests an ongoing major epidemic among MSM in Jakarta.

Other major highlights of SUM II activities during July, August and September 2014 are included below.

Quarter 1 Highlights

DKI Jakarta

- SWARA:
 - July 9-12, 2014: Organizational training for 20 staff members of CSO partner SWARA. The training was funded by PNPM. Vocational training was provided to 10 transgender teens, also funded by PNPM. This training is part of SWARA's strategy to increase participation of the transgender teen community.

- August 6-8, 2014: Vocational training, also funded by PNPM, on salon skills provided to ten transgender teens; and ten staff members of SWARA received computer training, funded by PNPM.
- September-December 2014: SWARA with funding from the HIVOS Transchool is organizing activities for an alternative curriculum for transgender teens, where participants will get information on HIV and AIDS, SRHR, human rights, etc. Activities will include:
 - Regular class: 10 meetings in September to October 2014
 - Field trips – two in November 2014 (plan is to visit city government and to visit RS. Carolus for VCT)
 - 3-day class, November 24-26, 2014
 - Evening inaugural of Miss Waria in December 2014
 - 25 transgender teens are attending the regular classes, which are provided at the Rutgers secretariat
- Yayasan Rempah, July 15-16, 2014: Conducted FGD with 13 IDU street children in community called "Cililitan Crew." Conclusion of the FGD is that this community wants their rights to not be ignored by the government; and most were already aware of and understood the importance of knowing their health status.
- YIM, July 17-18, 2014: Paralegal training conducted, especially targeting male sex workers. Held in Bogor in cooperation with the Jakarta Legal Aid Institute. Funding came from NAC.
- KDS Srikandi Urip, July 23, 2014: 20 members received training in bolu, chocolate cake and cheese cake as an activity for psycho-social support services and improved quality of life for people with HIV.
- Karisma, August 2014: Facilitated vocational activities for eight couples and female IDUs.
- Bongas, August 12-13, 2014: Training of 10 peer educators representing FSWs, bar tenders and administrators from POKJA.
- LPA Karya Bhakti, August 14, 2014: Participated in HIV and AIDS meeting for MSM convened by Unika Atma Jaya.
- YAP and YKB clinic, September 2, 2014: SUM II RC and RCBO visited the Klinik Keluarga in Tanjung Priok to review changes in the YAP work areas and target beneficiaries. Revised work area is the sub-district of Tanjung Priok and locations in the Lagoa district, North Jakarta. SUM II approved the changes to the work area and target beneficiaries of YAP after receiving input from YKB, cluster lead.
- J1W4 (YIM, YSS, LPA Karya Bhakti, and SWARA), September 16-19, 2014: Peer educator-related training on motivational counseling for peer educators of J1W4 cluster, funded by SUM 1 and SUM II.

Tanah Papua

- Yukemdi:
 - July 4, 2014 and July 11, 2014: Events (Jamaat Baptist Church Kimbim Asologaima and SMU YPK Bethlehem) that included film screenings and lectures; and dissemination of STI, HIV and AIDS information to all of the target populations, including basic information on HIV and AIDS, STI, VCT, ARV and condoms, as well as the schedule for the mobile VCT.
 - July 21, 2014: regular support group meeting with 30 PLWHA in Yukemdi offices.

Looking ahead, Quarter 2 priorities will include:

- Encouraging TA organization to coach the CSOs to strengthen community organizations and refer to the CO modules that have been developed

- Development of social media communications strategies to support outreach services

Staff and Consultant Support to Quarter 1 Work Plan Activities

The following activities re: SUM II staff resources took place in Quarter 1.

New SUM II staff:

No	Name	Position Title	Location	Begin Date
1	Wahyuni Aslamiyah	Accountant	East Java	1-Jul-14
2	Nurminawati	Administrative Assistant	Jakarta	7-Jul-14
3	Wilson SC Sitorus	Regional Coordinator	Jakarta	6-Aug-14
4	Siske Annisa	Accountant	Jakarta	21-Aug-14
5	Jeilan Hamrianto	Grants Manager	Jakarta	1-Oct-14
6	Simson Gideon Sigarlakie	Regional Capacity Building Officer	Papua	13-Oct-14

SUM II staff departures:

No	Name	Position Title	Location	End Date
1	Adjis	Regional Capacity Building Officer	Jakarta	8-Sep-14
2	Bima Indra Mahendrata	Regional Capacity Building Officer	Papua	18-Oct-14

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

- 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 to *Technical Integrity Workshop*, held in August 2014
- Brad Otto, local STTA
 - Support *Technical Integrity Workshop*, held in August 2015
 - Support to grant realignment exercise with SUM II grants team
- Becca Price and Alison LeFew of RTI, to:
 - Support preparation of the SUM II close-out plan
- Steven Joyce, TRG, to support project documentation

Alison LeFew was appointed in August 2014 by RTI to be its point of contact and backstop to SUM II. She replaces Felicity Young.

TRG's new Director of Contracts, Kirill Reznik, spent one week with SUM II in September 2014, primarily to meet with TA providers and RTI Indonesia. RTI's Director for Global Health, Richard Reithinger, also visited SUM II in Quarter 1 for meetings with the Chief of Party and staff.

SUM II Year 5 Work Plan and Close-Out Plan

On August 6-8, 2014, the SUM II team held an internal workshop to collectively take stock of Year 4 issues and achievements and review the Year 5 Work Plan. Priorities for Quarters 1 and 2 were clarified, and preparation steps for close out were identified.

The SUM II Task Order ends in May 9, 2015. SUM II will begin closing down the partnerships (under the current Task Order) with CSOs and TA providers before end of January 2015, and end of February for highest priority grants. Specifically, CSOs with TA from SUM II will write their final reports and submit their accumulative financial report covering their partnership with SUM II.

SUM II international partners and staff initiated close-out planning in Quarter 1. The plan being prepared will be submitted to USAID on or before December 9, 2014. The end of February 2015 close-out for high priority grants will require intensive close-out efforts in March and April, which is part of the current planning.

Strategy 1.3: to Strengthen Advocacy Capacity

Year 5 priorities for advocacy capacity building include comprehensive HIV planning with local partners, RETA-AEM, and strategic information:

Comprehensive HIV Planning: Comprehensive HIV planning with local partners includes CSOs, TA organizations, health service providers, NACs for districts and provinces, and other stakeholders. This planning is focused on budgeting and local data collection and utilization, so that local partners are better able to develop evidence-based program and budget plans, and mobilize the resources to support the implementation of comprehensive HIV and AIDS services. SUM II and TA providers (until their grants end) continue to provide coaching in developing policy briefs, advocacy plans, communication strategies, and, most importantly, in convening district stakeholders to conduct budget exercises.

RETA-AEM Combination Tool for Advocacy Application and Analysis: In Tanah Papua this implementation includes the general population and in collaboration with local government (including BAPPEDA), CSOs and stakeholders. SUM II is continuing RETA-AEM training with provincial and district AIDS Commissions and CSOs in comprehensive HIV planning systems (including budgeting system and local data collection); and providing coaching to SUM II CSO partners in convening district stakeholders to conduct budget exercises.

Strategic Information: SUM II in Year 5 will continue to emphasize local government strengthening in strategic information, which includes conducting regular serologic surveillance, population mapping and annual surveys. With this data it is easier to complete RETA documents properly.

Quarter 1 highlights:

DKI Jakarta

- LPA Karya Bhakti participated in a workshop on formulating communication strategies through social media, facilitated by SUM I.
- KPAP Jakarta, September 4-5, 2014: SUM II CSO partner representatives attended a workshop on management of hepatitis C facilitated by the KPAP Jakarta.
- DKI Jakarta AIDS Commission and Karisma, September 18, 2014: DKI HIV Counselors Meeting to prepare for counsellor deliberations for the Jakarta area, attended by SUM II Jakarta RC and Nasrun Hadi, STTA for advocacy.

- LPA Karya Bhakti:
 - September 29, 2014: Participated in a workshop HIV and AIDS civil society social movements facilitated by Forum LSM HIV Se-Jabodetabek and KPAP Jakarta.
 - September 30, 2014: participated in the Atma Jaya lecture series on National Health Insurance

East and Central Java

- SUM II and TA provider Circle: Advocacy workshops and training related to the PDP plan in five areas of Surabaya City to increase understanding of:
 - Knowing the difference of HIV and AIDS
 - Benefits of HIV testing to identify people infected with HIV
 - Understanding that people with HIV cannot be determined by physical appearance
 - Understanding the importance of early ARV treatment
 - Knowledge about how to refer PLHIV to health services centers
 - Knowing how to help and support people living with HIV
- Accelerating the achievement of MDG goal 6:
 - July 22, 2014, meeting on MDGs, Bapeda Office, East Java Province; and July 24, 2014, with the Surabaya local government and Surabaya City. Purpose of each meeting was information gathering by provincial and local government on how to accelerate the achievement of the MDG goal
 - September 26, 2014: Audience with Bupati for Malang Regency, Regency Office. The meeting facilitated the formation of a small team comprised of the health office, the KPA, the Bureau of Public Welfare, CSO partner Paramitra, SUM I and SUM II. SUM II will provide the team with technical assistance. The team met the same day in the Office of Health to reach agreement on submission of the draft budget for HIV local capacity strengthening, and to make a list of existing FSWs in Malang district, which is in response to closure of brothel areas.
 - September 30, 2014: PPIA service coordination meetings with P2ML (HIV), office of the Department of Health, facilitated by the Ministry of Health and MCH Division, Surabaya city Health Department. The purpose of the meeting was to get information from HIV activists associated with HIV services that operate in the city of Surabaya.
- Condom Social Marketing: SUM II participation in the SUM I CSM meetings held August 15, 2014, in Surabaya, and August 18, 2014, in Malang. The meetings discussed the results of mapping the distribution of condoms by SUM I where the number of outlets has decreased due to due to brothel closures.
- SUM II and TA provider Circle: KPAD workshop for 8 districts that included CSO partners, KPA and eight health centres in Surabaya to advocate for sustainability of HIV and AIDs case management. Resulted in a new draft agreement on coordination of services between health centers and CSOs, in accordance with SUM II's approach to SUFA. SUM II and DKK Surabaya will further clarify together questions of coordination.

North Sumatera

- Medan Technical Cluster, August 15, 2014: SUM II convened a meeting to brief Medan City stakeholders on the *One Strategy Approach*. Participants included representatives of Puskesmas, KKP, KPA Medan, Medan DHO, and CSOs in the technical cluster. The briefing

and discussion included background and objectives of the OSA, the SUM II cluster lead, the cluster work plan, and opportunities for cooperation with health service providers.

Riau Islands

- KOMPAK Case Management Staff (CM) participated CM training which was held in Batam on August 25-29, 2014. The training was initiated by the Province Social Affairs Biro which aimed at improving CM to provide PLHIV with care and support including ARV treatment adherence.
- SUM II, September 2-6, 2014: SUM II COP and RC held meetings with DHO of Batam City, Tanjung Pinang City, and Bintan District to discuss the SUM II program and CSO partners.

Tanah Papua

- July 23, 2014: Coordination meeting with stakeholders to discuss the evaluation report on condom use, including the conflicting regulations and rules. Attended by KPA Jayapura City, 4 CSO partners, SUM I and SUM II, two working groups, and one health service provider.
- YCTP:
 - August 8, 2014: Stakeholder meeting to discuss the current situation with the program in Mimika and to promote the support and active participation of all stakeholders in the HIV and AIDS program in Mimika. Held in the YCTP office and attended by 20 people from the Department of Health, NAC Mimika, health centers, the HIV and AIDS working group, and community leaders.
- SUM II local partnership consultant, Setyo Warsono, held preparatory meetings in Jayapura for a workshop on SUFA, the purpose of which is to:
 - Develop strategies for the dissemination of the IBBS 2013 to health care providers in each district and city.
 - Understand the current situation of HIV and AIDS prevention interventions that have been carried out in the districts
 - Align and strengthen coordination of the implementation of programs in the field. Jayapura city and district, along with Timika, Kab Paniai and Merauke Regency, and Nabire Regency, will be pilots for the implementation of phase two LKB-SUFA. This plan was a result of the June 2014 national meeting, which was initiated by the Ministry of Health to discuss LKB-SUFA workshops in each district/city. Following the June national meeting, a small team was established in Jayapura comprised of KPA, health office and IPPA. This small team together with relevant partners conducted the initial preparation meeting on August 12, 2014. The results of the meeting agreed that a further meeting will be held September 2, 2014 with invited participants and representatives of related institutions. The SUFA implementation plan was as follows:
 - September 14-19, 2014: SUFA workshop for the district of Paniai and Nabire
 - September 23-23, 2014: Facilitator training for SUFA workshop in Jayapura city. Facilitators are from Jayapura city, and four districts of Merauke, Mimika, Paniai, and Nabire.
 - September 25-26, 2014: Cross Sector SUFA workshop in Jayapura. Senior leadership attended the workshop to ensure operational support for the implementation of SUFA in the city of Jayapura as well as support for local policy development and to encourage the acceleration of the implementation of the decentralization of ARV access in health centers.

Leveraged Funding

In FY 2014, 21 CSOs received non-USG funding from Global Fund, local government, and the private sector. Looking ahead, the Year 5 priorities will also include:

- Regional Coordinators recording and reporting all leveraged funding based on SUM II template, and sent quarterly to SUM II ICT Officer for compilation
- Improve networking and collaborations with private sector and provide coaching on leveraged funding, including concepts of resource mobilization (training in budget analysis, concepts of corporate social responsibility)

Strategy 1.4: to Address Gender and Stigma and Discrimination

In April 2014, SUM II hired one local Gender and Human Rights STTA who, since then, has been working with SUM II staff and selected SUM II CSO partners to mobilize gender-responsive programming. Gender-responsive strategies will improve the effectiveness of HIV prevention, treatment and care by reducing barriers to access for programs and services, improving uptake and quality of services, and creating an enabling environment to support individual behavior change and risk reduction.

She is also working with SUM II staff on strategies and plans that address stigma and discrimination related to public health policies that impede or facilitate the ability of CSOs to reach MARPs and the ability of MARPs to access services.

These SUM II activities aimed at mainstreaming gender and addressing stigma/discrimination in organizational strategies and program planning involves five CSOs – CSO partners in Wamena, Papua; Perwakos and Gaya Nusantara in Surabaya City, East Java; and Yayasan Kusuma Buana and Bandungwangi in Jakarta. The result will feed into Strategy 1 Capacity Building.

In Papua, in particular, SUM II priorities for gender-responsive programs includes improved PMTCT service delivery. In Quarter 1, YCTP conducted outreach and provided PMTCT information for PPD age above 15 years. The effort reached 814 people of childbearing age.

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. SUM II and TA partners are continuing to assist CSOs to establish services networks or (where already present) to provide technical assistance to local government and organizations (such as District Health Offices, District AIDS Commissions, women and youth alliances, etc.), to broker better health services for MARPs (i.e., equal partnership between CSOs and health service providers). SUM II is also supporting 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).

As noted above, SUM II now has three local STTA for local partnerships (Firkan Maulana, Setyo Warsono, and Jonny). The core of their TORs is to support roll-out of SUM II's 4-Part Model for Comprehensive Services Networks (CSNs). In addition to the goal of brokering better health services for MARPs, this support also includes providing technical capacity building to local government in

integrated planning and resource management; comprehensive services, i.e., to respond to the three zeros; local government leadership; and improved local government for both political and operational commitment to comprehensive services.

The main highlights for Quarter 1:

DKI Jakarta

- Yayasan Rempah, July 15-16, 2014: Formed partnerships with the following Puskesmas – PKM Ciracas, PKM Kelapa Dua Wetan, and PKM Duren Sawit). The memorandums of understanding are aimed at increasing access to STI and HTC services for key populations, including IDUs and PLHIV discordant couples.
- Karisma, August 25, 2014: convened meeting of 16 representatives of CSOs and hospitals to raise awareness about domestic violence and domestic violence services (associated with domestic violence with PLWHA with stable partners (discordant couples).
- Yayasan Kasih Suwitno, August 29, 2014: Facilitated the monthly meeting between Ruang Carlo staff and SUM II CSO partners that refer patients to Carlo. Focus was on procedures for free HIV and STI testing and referral forms for CSO partners.
- Technical Cluster J1W4, September 15, 2014: Briefing at PKM Setiabudi by the J1W4 management team about the technical cluster approach and discussion of draft MOU for PKM services. Attended by representatives of 5 Puskesmas in DKI Jakarta.
- SWARA and LPA Karya Bakti, September 24-27, 2014: SWARA and LPA counselors and case managers attended training for counselors facilitated by KPAP and funded by the city budget. (Two staff of the CSOs were funded by SUM II.)

North Sumatera

- CSO Technical Cluster in Medan conducted regular meeting on August 18, 2014, attended by 19 representative staff of the CSO Technical Cluster to review the progress and obstacles, the conclusion:
 - The criteria of *reached* on PEPFAR indicator was referred for the training of trainers for CSO's Field Workers. The CSOs will also encourage the Puskesmas to train the staff on their own budget.
 - H2O was in difficulty to provide mobile clinic for *the high risk men (Bahasa: Lelaki Berisiko Tinggi (LBT))* in the sea port. H2O was recommended to refer the LBT Puskesmas Belawan.

East Java

- SUM II Surabaya regional team continued East Java and Central Java coordination meetings during Quarter 1 with CSO partners and health service providers. These meetings are aimed at determining the targets for STI, HTC and ARV services. Upon the advice of the Health Departments, the meetings also include GF-SSRs. The joint targeting is one of the CSO performance measures. The meetings also help with data synchronization and planning for health services consumables.
 - Semarang, June 26, 2014.
 - Surabaya city, SUM2 Office, July 10, 2014
 - City/district of Kediri, Kediri district health office, July 18, 2014
 - Malang district, August 21, 2014 and September 25, 2014
- Support for SUFA

- SUM II regional team attendance at the SUFA debriefing workshop, Jakarta, 6-8 July 2014, facilitated by the Ministry of Health. In addition to the debriefing workshop, agreement was reached on SUFA expansion plan implementation in three locations of East Java – the city/district of Kediri and Malang Regency.
- Strengthening the coordination of services between Puskesmas, hospitals and CSOs:
 - July 23-28, 2014: training on coaching and mentoring for SUFA services at the SUM II office. The exercise involved 16 participants – 7 health workers (doctors), 2 City Health Department staff, and 7 experienced Case Manager of SUM II CSOs SUM2. Following this training, all participants are acting as coaches and mentors responsible for providing quality services and strengthening the mechanisms for recording and reporting to the team at PKM PDP referral services. The training of trainers was provided by Circle Indonesia, with funding cost shared between the health office and SUM II.
 - September 22-26, 2014: Case Manager Training (MK) PKM, held at the SUM II Office. Training on coaching was provided by 4 people (2 PKM and 2 CSOs) who participated in the July TOT (see above). The exercise included 20 participants -- 13 PKM and 2 major referral hospital services for MK PDP, and 5 non partner CSOs involved in the SUM II SUFA program. The involvement of non-partner CSOs is to assure that all reporting services are well coordinated in PKM referral. The results of the meeting included agreement that there will be a CST-level team consisting of PKM (PKM counselor, MK PKM, CSO counselors (senior) and senior CSO MK). This team will coordinate the services provided by the CST MK to other CSOs and/or companion (buddies/cadre). This activity is facilitated by Circle, and funded by a cost-shared SUM II and Surabaya City Health Office.

Tanah Papua

STTA for Local Partnerships:

- August 31 – September 5, 2014:
 - Preparation for SUFA (strategic use of ARV) workshop to be held in Jayapura city.
 - Inter sectoral meeting with Provincial AIDS Commission (PAC). The objective of this meeting was to review the communication and coordination functions performed by PAC, and the challenges and obstacles in performing basic tasks as set out in the Regulation of the Minister No. 20/2007. Discussions included review of the budget for the Secretariat where the situation inhibits primary duties for PAC.
 - Inter sectoral meeting with District AIDS Commission (DAC) at Jayapura District. The purpose of this meeting was to review the HIV and AIDS response in Jayapura district. It was attended by District Planning Board (Bappeda), District Youth and Sport Office (Dispora), District Office for Villagers Empowerment (BPMD), UNICEF, SUM I, SUM II, and HCPI. A main topic of discussion was provision of sufficient budget allocation for CSO programs and services. Commitment was made by a member of budget planning to add to the budget allocation in the DAC secretariat that can be accessed by CSOs
 - Review meeting on results of the study of health service providers. KINERJA conducted the study on absenteeism with health providers in four areas. The respondent included doctors, nurses and midwives from Kota Jayapura (12 health center), Kab. Jayapura (19 health center), Kab. Mimika (9 health center) and Kab. Jayawijaya (13 health center). The study result were presented in to local government partners, including CHAI, SUM I, SUM II, HCPI, UNDP, UNICEF, WVI, and

AIPD. The goal of the meeting was to formulate steps to disseminate of the result of the study to the local leaders, partners, and related stakeholders. The study recommendations are expected to encourage health service providers to deliver better services to the community.

- September 29-October 4, 2014, participated in the SUFA workshop, the goals of which included:
 - Build a shared understanding of SUFA in the comprehensive HIV service network.
 - Gain the commitment of stakeholders, including commitment from local leadership, to accelerate ARV therapy as treatment and prevention at Jayapura city.
 - Formulate the work plan for accelerating ARV therapy as prevention and treatment.

The workshop results:

- Commitment from Bappeda to increase local budget for DAC Jayapura that also can be accessed by CSOs. CSOs are encouraged to intensively communicate with DAC Jayapura.
- A fact sheet that will be updated with data and progress from DAC. This fact sheet will be used as part of materials for upcoming coordination meeting led by Jayapura Regent.
- The Deputy of Mayor, representative from Government, during SUFA workshop committed to increase budget for secretariat and also committed to encourage inter sectoral from government institution to allocate budget for AIDS response in accordance with its role and function.
- Formation of partnership forum network for LKB-SUFA in Jayapura city to enable ongoing monitoring of acceleration of ARV treatment
- An integrated planning work plan for acceleration of ARV treatment in Jayapura district, which will be monitored by partnership forum for LKB-SUFA

Looking ahead, the priorities for Quarter 2 and Year 5 continue to be:

- Improve case management services networks at district level to ensure quality and coverage of services, to involve all case managers of CSOs and HSPs
- Better integration of programming between health services and CSOs, and need CST network development
- PMTCT training for FSW/IDU/partners in East Java and Jakarta
- Need comprehensive strategies for networking/cooperation between CSOs and with HSPs/government, including data sharing/integration re: equal partnership
- Support increasing government allocations to HIV programming. Workshop series organized by SUM II, with TA from TA Provider
- Accelerate alternative outreach methods using social media
- Strengthen monitoring and evaluation of CSOs involvement and contribution to continuum of prevention to care (COPC) and comprehensive sustainable service delivery
- Continued capacity building (training, mentoring) for staff of TA Providers and SUM II on COPC including TB/HIV, Case Management, PMTCT, home-based care, peer support groups and PLHIV life skills
- Clinical management: “Customer satisfaction orientated” service delivery training for private clinics and the direct partner Puskesmas.

Strategy 1.6: Monitoring and Evaluating CSO Performance

The key theme underpinning SUM II’s overall M&E strategy is assessing management by key results (driven by The 3 Zero) and capturing effective coverage, as well as analyzing the relevant

transfer of knowledge. In Year 5, SUM II is continuing efforts to “lock-in” CSO capacity improvements and support M&E technical capacity for local government, specifically:

Monthly Record Keeping and Reporting: SUM II is continuing capacity building to institutionalize monthly record keeping and reporting that enables CSOs to analyze their data and solve problems as they emerge

Monitoring & Evaluation Capacity Building: SUM II is continuing M&E capacity building for individual CSOs to measure program achievement, both qualitative and quantitative, and address gaps for improvement.

CSO Annual Surveys: SUM II is continuing TA to CSOs in conducting annual surveys focused on interventions so that CSOs are able on their own to evaluate the outcomes of the interventions among MARPs they serve. North Sumatera and Tanah Papua are priorities in Year 5.

Data Quality Audit (DQA): SUM II is continuing DQAs on a semi-annual basis.

District-Wide Monitoring System: SUM II is continuing training, coaching and system development to the Jayawijaya District-wide monitoring system in collaboration with KPAD Jayawijaya and CSO partners. SUM II is also initiating a district-wide system in Mimika District in collaboration with YCTP and KPA Mimika District.

Data Management Tools: SUM II is continuing to support implementation of a scalable, results-driven, mobile phone-based and other data management tool (i.e., CommCare, Epi Info7™) customized for use by CSOs in Indonesia, and tailored to the specific needs of a CSO that serves populations of FSWs, MSM, Warias, IDUs, high risk men, PLHIV; and the general population in Tanah Papua.

CSO Website Management: SUM II is assisting *Principal* CSOs in developing or managing their websites, Facebook and Twitter sites based on their capacity to accelerate a more interactive website while maintaining the quality of data record keeping.

Quarter 1 highlights are as follows:

National M&E

- September 18-19: Joint SUM I and SUM II meetings with partners in Malang to assess ways to improve data management between CSOs and health service providers to support SUFA strategy:
 - Meetings focused on data management and sharing issues between CSO staff (case managers, field workers and counselors) and between CSOs and health service providers to assess the extent to which the data they currently collect could be used to create a treatment cascade profile for the Malang municipality.
 - The referral hospital and newly established ARV satellite services in Puskesmas use the national SIHA (HIV-AIDS and STI Information System) to record patient/client data, STI and ART information. SIHA apparently has some design issues and is still not functioning optimally. The referral hospital also uses the Inventory and Order Management System (IOMS), but this system functions separately from SIHA.
 - SUM II ICT officer (Harmi) will continue to merge SIHA and IOMS. The system also integrates some of the CSO client information. The hope is that it can streamline data

entry, reducing need for multiple separate databases and repeated entering of client data, and it will share relevant information between modules. SUM II will do a pilot and field test before roll-out in Malang, and eventually provide it to the Ministry of Health as an enhanced version of their software.

DKI Jakarta

- August 12-19, 2014: SUM II training on reporting and the use of data collection form, attended by 75 staff members of CSOs (Jakarta and Subang)
- August 20-22, 2014: Training on Epi Info in SUM II conference room for 19 staff of CSOs YKB, YK Bongas, Resik, YAP, YIM, LPA, YSS and Bandungwangi
- September 8-10, 2014: SUM II training on Epi Info held at SUM II conference room for 20 participants from SWARA, LPA Karya Bakti, Karisma, Bandungwangi and Angsamerah.
- NAC, September 8-12, 2014: SUM II CSO partners attended a workshop facilitated by NAC on community-based organizations capacity building.
- September 10, 2014: SUM II Grant Manager and RC Jakarta attended training on USAID Environmental compliance, which was attended by 12 representatives of several USAID projects and USAID staff. This training provides orientation on USAID Environmental compliance required by every USAID project.
- September 12, 2014: SUM II Accounts Assistant and RC met with YSS finance officer discuss program progress and finalizing the financial report.
- September 23-25, 2014: RC Jakarta and F&A Assistant met with staff of Yayasan Kusuma Bongas and Resik to review financial staff turnover, financial statements and the filing of the Bongas final report. In the Resik visit, also discussed progress of the SOW as well as the HIV and AIDS situation in the Resik work area and cooperation with Puskesmas.

East and Central Java

- September 11-24, 2013: Strengthening CSO data Management in CSOs (in CSO offices):
 - Mentoring in using of Epi Info, recording and reporting for SUM II partners in East Java and Central Java. Mentoring is tailored to each individual CSO. As a result of mentoring, data is becoming more uniform in structure. Mentoring is also reinforcing the reporting lines and completeness of form filling; and providing technical assistance to M & E staff in the analysis of data and information required for program quarterly meetings.

Riau Islands

- August 21-22, 2014: SUM II training on reporting and form filling for 15 staff members of four CSOs (YEP, YKIE, YBS and Kompak)
- September 2-5, 2014: SUM II training on Epi Info in Tanjung Pinang for 12 staff of CSO partners.
- September 29-30, 2014: SUM II data quality assurance training for CSO cluster staff in Tanjung Pinang.

Objective 2: Small Grants Program

In Quarter 1 SUM II initiated new partnerships with CSOs and private clinics in Tanah Papua, Riau Islands, Central Java, North Sumatera, West Java and DKI Jakarta. They are:

CSOs – New Partnerships

- PLHIV Care & Support Wamena YTHP (Wamena, Papua)
- Yapari Sorong (Sorong, West Papua)
- Yayasan Stigma Jakarta (DKI Jakarta)
- Suara Waria Remaja (SWARA) (DKI Jakarta)
- Yayasan Rempah Jakarta (DKI Jakarta)
- Yayasan Resik Subang (West Java)

Private Clinics – New Partnerships

- Yayasan Kasih Suwitno (YKS) with Ruang Carlos Clinic (DKI Jakarta)
- Griya Asa Semarang (Central Java)
- Klinik YKIE Batam (Riau Islands)
- Clinic Calvary Wamena (Papua) (in process)
- PKBI (Papua) (in process)

Several of the new CSO and private clinic partners are members of *technical clusters* in SUM II's **One Strategy Approach** (OSA) for grant management, which was launched at the end of Year 4.

As noted previously, a priority in Quarter 1 was to revise the grant agreement document packets from SUM II's grant alignment exercise. These documents are now final and are the basis for a revised grant agreement for 2014 for each CSO working within the OSA structure.

Also noted earlier is that SUM II is finalizing its Close-Out Plan for submission to USAID before or on November 9, 2014. Twenty-one CSO grants in the process of being closed out, and thirteen CSOs will soon be coming to the end of their program year. Beginning in the end of December 2014 SUM II will begin project close-out activities. Most grants will end by end of January 2015, and the intent is to keep high priority grants open until end of February 2015 but adding resources to April and May close-out activities.

SUM II grants as of September 30, 2014 are included below in Annex 3.

Performance Against PMP Targets

SUM II worked with 45 partners with active grants. They are consisting of 41 CSOs in eight provinces that serve MARPs with HIV/AIDS prevention and care program, 3 TA Provider institutions that provided technical assistance to CSO partners in organizational performance and community system strengthening, and one CCM GFATM.

Twenty one (21) out of 41 CSOs received funds from local government, GF-ATM, and private sectors.

The internal audit for seven CSOs are ongoing for the period of 1 January 2014 to 31 December 2014. SUM II TA Organization partner, Yayasan Penabulu assisted the CSOs for the internal audit. The report will be available in April 2015. One CSO, Yayasan Paramitra completed the external audit by Paul Hadiwinata that is included in USAID auditor list. The report is available - the finding "Unqualified Opinion" or Wajar Tanpa Pengecualian".

Fourteen CSOs have completed with strategic and annual plan. To this reporting period, 9 of those 14 CSOs used to refer to the strategic and annual plans for program decision making.

SUM II satisfied with the achievement Q1 Y5 against the annual target indicators, most of them are >30%.

- GPY_PRE_DSD achieved 67% against the annual target. The CSO partners have to engage with local primary and secondary school to improve the coverage for 10-14 year old male and female;
- KP_PREV_DSD achieved 39.21% against the annual target. The challenge is to improve performance of CSOs in individual risk assessment to identify and increase coverage of male sex workers;
- HTC_TST_NGI achieved 37.91% against annual target which was contributed by HTC_TST_DSD 12.31% and HTC_TST_TA 45.87%;
- PMTCT_STAT_TA achieved 52.47% against the annual target. It was only designed for GPY Papua;
- Two of the 5 private clinic partners (Angsamerah and Ruang Carlo) provided direct service delivery for Care, and ARV treatment. CARE_CURR_DSD achieved 50.74%, CARE_NEW 68%, TX_CURR_DSD 41.25%, and TX_NEW_DSD 34.82%.

As per PEPFAR guidance, the indicator C2.1.D is replaced with CARE CURR (DSD only) since FY 2015. Hence this report does not include C2.1.D record.

FY 2015 SAPR Implementing Mechanism Indicators: Indonesia			
Indicator No.	Indicator label	FY2014 COP Targets	Q1 Y5
SITE_SUP P	Number of PEPFAR-supported DSD and TA sites		74
	By program area/support type: HTC Direct Service Delivery (DSD)	4	5
	By program area/support type: HTC Technical Assistance-only (TA)	45	35
	By program area/support type: Treatment Direct Service Delivery (DSD)	2	2
	By program area/support type: Treatment Technical Assistance-only (TA)	0	0
	By program area/support type: Care and Support Direct Service Delivery (DSD)	0	0
	By program area/support type: Care and Support Technical Assistance-only (TA)	2	0
	By program area/support type: Food and Nutrition Direct Service Delivery (DSD)	0	0
	By program area/support type: Food and Nutrition Technical Assistance-only (TA)	0	0
	By program area/support type: PMTCT Direct Service Delivery (DSD)	0	0
	By program area/support type: PMTCT Technical Assistance-only (TA)	0	0
	By program area/support type: TB/HIV Direct Service Delivery (DSD)	0	0
	By program area/support type: TB/HIV Technical Assistance-only (TA)	0	0
	By program area/support type: VMMC Direct Service Delivery (DSD)	0	0
	By program area/support type: VMMC Technical Assistance-only (TA)	0	0
	By program area/support type: General Population Prevention Direct Service Delivery (DSD)	9	8
	By program area/support type: General Population Prevention Technical Assistance-only (TA)	0	0
	By program area/support type: Key Populations Prevention Direct Service Delivery (DSD)	31	34
	By program area/support type: Key Populations Prevention Technical Assistance-only (TA)	0	0
	By program area/support type: OVC Direct Service Delivery (DSD)	0	0
By program area/support type: OVC Technical Assistance-only (TA)	0	0	
By program area/support type: PHDP/Family Planning & Integration Direct Service Delivery (DSD)	0	0	
By program area/support type: PHDP/Family Planning & Integration Technical Assistance-only (TA)	0	0	
By program area/support type: Lab Direct Service Delivery (DSD)	0	0	
By program area/support type: Lab Technical Assistance-only (TA)	0	0	
Narrative	The total 74 of PEPFAR-supported DSD and TA is deduplicated from the achievement to each line item.		

PMTCT_S TAT_DSD	Number and percentage of pregnant women with known status (includes women who were tested for HIV and received their results) (DSD)		
	Numerator: Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)		
	Denominator: Number of new ANC and L&D clients		
	By: Known positives at entry		
	By: Number of new positives identified		
	Sum of Positives Status disaggregates	0	
Narrative: none of SUM II private clinic partners provided services for pregnant women HIV test and receive result.			
PMTCT_S TAT_NA	Number and percentage of pregnant women with known status (includes women who were tested for HIV and received their results) (Neither)		
	Numerator: Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)		
	Denominator: Number of new ANC and L&D clients		
	By: Known positives at entry		
	By: Number of new positives identified		
	Sum of Positives Status disaggregates	0	
Narrative:			
PMTCT_S TAT_NGI	Number and percentage of pregnant women with known status (includes women who were tested for HIV and received their results) (NGI)		
	Numerator: Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)		
	Denominator: Number of new ANC and L&D clients		
	By: Known positives at entry		
	By: Number of new positives identified		
	Sum of Positives Status disaggregates	0	
Narrative:			
PMTCT_S TAT_TA	Number and percentage of pregnant women with known status (includes women who were tested for HIV and received their results) (TA)	46%	
	Numerator: Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	1031	541
	Denominator: Number of new ANC and L&D clients	2226	0
	By: Known positives at entry	0	0
	By: Number of new positives identified	31	27
		Sum of Positives Status disaggregates	31
Narrative: Achieved 52.47% against the annual target. Note: PMTCT STAT_TA was only planned for GPY Papua			
GPY_PRE V_DSD	Percentage of the target population who completed a standardized HIV prevention intervention including the minimum components during the reporting period (DSD)	16%	
	Numerator: Number of the target population who completed a standardized HIV prevention intervention including the minimum components during the reporting period.	39,786	26,651
	Denominator: Total number of people in the target population	249,952	0
	Age/sex: 10-14 Male	4,781	71
	Age/sex: 15-19 Male	4,769	4,155
	Age/sex: 20-24 Male	4,773	4,203
	Age/sex: 25-49 Male	7,559	6,575
	Age/sex: 50+ Male	-	0
	Age/sex: 10-14 Female	3,979	122
	Age/sex: 15-19 Female	3,978	3,285
	Age/sex: 20-24 Female	3,979	3,316
	Age/sex: 25-49 Female	5,968	4,924
	Age/sex: 50+ Female	-	0
		Sum of Age/Sex disaggreagtes	39,786
Narrative: Achieved 67% against the annual target. The CSO partners has to engage with local primary and secondary school to improve the coverage for 10-14 year old male and female.			
GPY_PRE V_TA	Percentage of the target population who completed a standardized HIV prevention intervention including the minimum components during the reporting period (TA-only)		
	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		
	Age/sex: 10-14 Male		
	Age/sex: 15-19 Male		
	Age/sex: 20-24 Male		
	Age/sex: 25-49 Male		
	Age/sex: 50+ Male		
	Age/sex: 10-14 Female		
	Age/sex: 15-19 Female		
	Age/sex: 20-24 Female		
	Age/sex: 25-49 Female		
	Age/sex: 50+ Female		
		Sum of Age/Sex disaggregates	0
Narrative:			
KP_PREV DSD	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required (DSD)	32,597	12,781
	By key population type: Female sex workers (FSW)	9,034	6,027
	By key population type: Males who inject drugs (Male PWID)	3,070	1,007
	By key population type: Females who inject drugs (Female PWID)	100	37
	By key population type: Men who have sex with men/Transgender (MSM/TG)	20,393	5,080
	By key population type: MSM/TG who are male sex workers (subset MSM/TG)	11,624	630
Narrative: Achieved 39.21% against the annual target. The challenge is to improve performance of CSOs in individual risk assessment to identify and increase coverage of male sex workers.			
KP_PREV _TA	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required (TA-only)		
	By key population type: Female sex workers (FSW)		
	By key population type: Males who inject drugs (Male PWID)		
	By key population type: Females who inject drugs (Female PWID)		
	By key population type: Men who have sex with men/Transgender (MSM/TG)		
	By key population type: MSM/TG who are male sex workers (subset MSM/TG)		

HTC_TST_DSD	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (DSD)	4,255	524
	By Test Result: Negative	3,957	434
	By Test Result: Positive	298	90
	Sum of Test Result disaggregates	4255	524
	Age/sex: <1 Male		0
	Age/sex: 1-4 Male		0
	Age/sex: 5-9 Male		0
	Age/sex: 10-14 Male		1
	Age/sex: 15-19 Male		10
	Age/sex: 20-24 Male		203
	Age/sex: 25-49 Male		95
	Age/sex: 50+ Male		0
	Age/sex: <1 Female		0
	Age/sex: 1-4 Female		0
	Age/sex: 5-9 Female		0
	Age/sex: 10-14 Female		3
	Age/sex: 15-19 Female		24
	Age/sex: 20-24 Female		130
	Age/sex: 25-49 Female		58
	Age/sex: 50+ Female		0
	Sum of Age/Sex disaggregates	0	524
	Aggregated Age/sex: <15 Male	0	1
	Aggregated Age/sex: 15+ Male	2979	308
	Aggregated Age/sex: <15 Female	0	3
	Aggregated Age/sex: 15+ Female	1276	212
	Sum of Aggregated Age/Sex disaggregates	4255	524
	Narrative: Achieved 12.31% which contributed by 3 of 5 private clinic partners. The other two private clinic partners have just started to provide services in late November 2014.		
HTC_TST_NA	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (Neither)		
	By Test Result: Negative		
	By Test Result: Positive		
	Sum of Test Result disaggregates		
	Age/sex: <1 Male		
	Age/sex: 1-4 Male		
	Age/sex: 5-9 Male		
	Age/sex: 10-14 Male		
	Age/sex: 15-19 Male		
	Age/sex: 20-24 Male		
	Age/sex: 25-49 Male		
	Age/sex: 50+ Male		
	Age/sex: <1 Female		
	Age/sex: 1-4 Female		
	Age/sex: 5-9 Female		
	Age/sex: 10-14 Female		
	Age/sex: 15-19 Female		
	Age/sex: 20-24 Female		
	Age/sex: 25-49 Female		
	Age/sex: 50+ Female		
Sum of Age/Sex disaggregates			
Aggregated Age/sex: <15 Male			
Aggregated Age/sex: 15+ Male			
Aggregated Age/sex: <15 Female			
Aggregated Age/sex: 15+ Female			
Sum of Aggregated Age/Sex disaggregates	0		
Narrative:			
HTC_TST_NGI	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (NGI)	17,931	6798
	By Test Result: Negative	17,157	5825
	By Test Result: Positive	774	1486
	Sum of Test Result disaggregates	17931	7311
	Age/sex: <1 Male		0
	Age/sex: 1-4 Male		0
	Age/sex: 5-9 Male		0
	Age/sex: 10-14 Male		15
	Age/sex: 15-19 Male		257
	Age/sex: 20-24 Male		1408
	Age/sex: 25-49 Male		1462
	Age/sex: 50+ Male		34
	Age/sex: <1 Female		0
	Age/sex: 1-4 Female		0
	Age/sex: 5-9 Female		0
	Age/sex: 10-14 Female		21
	Age/sex: 15-19 Female		363
	Age/sex: 20-24 Female		1392
	Age/sex: 25-49 Female		2281
	Age/sex: 50+ Female		106
Sum of Age/Sex disaggregates	0	7339	
Aggregated Age/sex: <15 Male	67	15	
Aggregated Age/sex: 15+ Male	11,535	3161	
Aggregated Age/sex: <15 Female	84	21	
Aggregated Age/sex: 15+ Female	6,293	4142	
Sum of Aggregated Age/Sex disaggregates	17979	7339	
Narrative:			
HTC_TST_TA	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (TA-only)	13,676	6,274
	By Test Result: Negative	13,200	5,391
	By Test Result: Positive	476	1,396
	Sum of Test Result disaggregates	13676	6,787
	Age/sex: <1 Male		0
	Age/sex: 1-4 Male		0
	Age/sex: 5-9 Male		0
	Age/sex: 10-14 Male		14
	Age/sex: 15-19 Male		247
	Age/sex: 20-24 Male		1,205
	Age/sex: 25-49 Male		1,367
	Age/sex: 50+ Male		34
	Age/sex: <1 Female		0
	Age/sex: 1-4 Female		0
	Age/sex: 5-9 Female		0
	Age/sex: 10-14 Female		18
	Age/sex: 15-19 Female		339
	Age/sex: 20-24 Female		1,262
	Age/sex: 25-49 Female		2,223
	Age/sex: 50+ Female		106
Sum of Age/Sex disaggregates	0	6815	
Aggregated Age/sex: <15 Male	43	14	
Aggregated Age/sex: 15+ Male	8,556	2,853	
Aggregated Age/sex: <15 Female	60	18	
Aggregated Age/sex: 15+ Female	5,017	3,930	
Sum of Aggregated Age/Sex disaggregates	13676	6815	
Narrative: Achieved 45.87% which contributes to satisfied achievement of HTC TST NGI			

C2.1.D_D SD	Number of HIV-positive adults and children receiving a minimum of one clinical service (DSD)			0
	By Age/Sex: <15 Female			0
	By Age/Sex: <15 Male			0
	By Age/Sex: 15+ Female			0
	By Age/Sex: 15+ Male			0
	Sum of Age/Sex disaggregates	0		0
	By Age: <15			0
	By Age: 15+			0
	Sum of Age disaggregates	0		0
	By Sex: Female			0
	By Sex: Male			0
	Sum of Sex disaggregates	0		0
Narrative:				

C2.1.D_N A	Number of HIV-positive adults and children receiving a minimum of one clinical service (Neither)			0
	By Age/Sex: <15 Female			0
	By Age/Sex: <15 Male			0
	By Age/Sex: 15+ Female			0
	By Age/Sex: 15+ Male			0
	Sum of Age/Sex disaggregates	0		0
	By Age: <15			0
	By Age: 15+			0
	Sum of Age disaggregates	0		0
	By Sex: Female			0
	By Sex: Male			0
	Sum of Sex disaggregates	0		0
Narrative:				

C2.1.D_N GI	Number of HIV-positive adults and children receiving a minimum of one clinical service (NGI)	134		
	By Age/Sex: <15 Female			
	By Age/Sex: <15 Male			
	By Age/Sex: 15+ Female			
	By Age/Sex: 15+ Male			
	Sum of Age/Sex disaggregates	0		0
	By Age: <15			
	By Age: 15+			
	Sum of Age disaggregates	0		0
	By Sex: Female			
	By Sex: Male			
	Sum of Sex disaggregates	0		0
Narrative:				

C2.1.D_T A	Number of HIV-positive adults and children receiving a minimum of one clinical service (TA-only)			
	By Age/Sex: <15 Female			
	By Age/Sex: <15 Male			
	By Age/Sex: 15+ Female			
	By Age/Sex: 15+ Male			
	Sum of Age/Sex disaggregates			
	By Age: <15			
	By Age: 15+			
	Sum of Age disaggregates			
	By Sex: Female			
	By Sex: Male			
	Sum of Sex disaggregates			
Narrative: this indicator (CS.1.D.TA) has to be replaced with CARE_CURR_DSD only since FY 2015				

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)	134	68
	Age/sex: <1 Male		0
	Age/sex: 1-4 Male		0
	Age/sex: 5-9 Male		0
	Age/sex: 10-14 Male		0
	Age/sex: 15-19 Male		0
	Age/sex: 20-24 Male		63
	Age/sex: 25-49 Male		1
	Age/sex: 50+ Male		0
	Age/sex: <1 Female		0
	Age/sex: 1-4 Female		0
	Age/sex: 5-9 Female		0
	Age/sex: 10-14 Female		0
	Age/sex: 15-19 Female		0
	Age/sex: 20-24 Female		0
	Age/sex: 25-49 Female		4
	Age/sex: 50+ Female		0
	Sum of Age/Sex disaggregates	0	68
	Aggregated Age/sex: <15 Male	0	0
	Aggregated Age/sex: 15+ Male	100	64
	Aggregated Age/sex: <15 Female	0	0
	Aggregated Age/sex: 15+ Female	34	4
Sum of Aggregated Age/Sex disaggregates	134	68	
Narrative: Achieved 50.74% which was contributed by two private clinic partners in Jakarta (Angsamerah and Ruang Carlo)			

CARE_CURR_TA	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 (TA-only)		0
	Age/sex: <1 Male		0
	Age/sex: 1-4 Male		0
	Age/sex: 5-9 Male		0
	Age/sex: 10-14 Male		0
	Age/sex: 15-19 Male		0
	Age/sex: 20-24 Male		0
	Age/sex: 25-49 Male		0
	Age/sex: 50+ Male		0
	Age/sex: <1 Female		0
	Age/sex: 1-4 Female		0
	Age/sex: 5-9 Female		0
	Age/sex: 10-14 Female		0
	Age/sex: 15-19 Female		0
	Age/sex: 20-24 Female		0
	Age/sex: 25-49 Female		0
	Age/sex: 50+ Female		0
	Sum of Age/Sex disaggregates	0	0
	Aggregated Age/sex: <15 Male		0
	Aggregated Age/sex: 15+ Male		0
Aggregated Age/sex: <15 Female		0	
Aggregated Age/sex: 15+ Female		0	
Sum of Aggregated Age/Sex disaggregates	0	0	
Narrative:			
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	100	68
	Age/sex: <1 Male		0
	Age/sex: 1-4 Male		0
	Age/sex: 5-9 Male		0
	Age/sex: 10-14 Male		0
	Age/sex: 15-19 Male		0
	Age/sex: 20-24 Male		63
	Age/sex: 25-49 Male		1
	Age/sex: 50+ Male		0
	Age/sex: <1 Female		0
	Age/sex: 1-4 Female		0
	Age/sex: 5-9 Female		0
	Age/sex: 10-14 Female		0
	Age/sex: 15-19 Female		0
	Age/sex: 20-24 Female		0
	Age/sex: 25-49 Female		4
	Age/sex: 50+ Female		0
	Sum of Age/sex disaggregates	0	68
	Aggregated Age/sex: <15 Male		0
	Aggregated Age/sex: 15+ Male	80	64
Aggregated Age/sex: <15 Female		0	
Aggregated Age/sex: 15+ Female	20	4	
Sum of Aggregated Age/sex disaggregates	100	68	
Narrative: Achieved 68% which was contributed by two private clinic partners in Jakarta (Angsamerah and Ruang Carlo)			
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	50%	
	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	1	2
	Denominator: Total number of PEPFAR supported sites providing clinical care services	2	2
	By site support type: Direct Service Delivery (DSD): 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		
	By site support type: Technical Assistance-only (TA): 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		
	Sum of Numerator Site Support Type disaggregates	0	
	By site support type: Direct Service Delivery (DSD): Total number of PEPFAR supported sites providing clinical care services	2	2
	By site support type: Technical Assistance-only (TA): Total number of PEPFAR supported sites providing clinical care services		
	Sum of Denominator Site Support Type disaggregates	2	2
	Narrative:		
TX_CURR_DSD	Number of adults and children receiving antiretroviral therapy (ART) [current] (DSD)	80	33
	Age/Sex: <1 Male		0
	Age/Sex: 1-4 Male		0
	Age/Sex: 5-14 Male		0
	Age/Sex: 15+ Male		31
	Age/Sex: <1 Female		0
	Age/Sex: 1-4 Female		0
	Age/Sex: 5-14 Female		0
	Age/Sex: 15+ Female		2
	Sum of age/sex disaggregates	0	33
	Percent children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]		0
	Percent women and girls with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]		0
	Aggregated Age/Sex: <1 Male		0
	Aggregated Age/Sex: <1 Female		0
	Aggregated Age/Sex: <15 Male		0
	Aggregated Age/Sex: 15+ Male	65	31
	Aggregated Age/Sex: <15 Female		0
	Aggregated Age/Sex: 15+ Female	15	2
	Sum of Aggregated Age/Sex disaggregates	80	33
Narrative: Achieved 41.25% which was contributed by two private clinic partners in Jakarta (Angsamerah and Ruang Carlo)			

Number of adults and children receiving antiretroviral therapy (ART) [current] (Neither)			
TX_CURR _NA	Age/Sex: <1 Male		
	Age/Sex: 1-4 Male		
	Age/Sex: 5-14 Male		
	Age/Sex: 15+ Male		
	Age/Sex: <1 Female		
	Age/Sex: 1-4 Female		
	Age/Sex: 5-14 Female		
	Age/Sex: 15+ Female		
	Sum of Age/Sex disaggregates		0
	Aggregated Age/Sex: <1 Male		
	Aggregated Age/Sex: <1 Female		
	Aggregated Age/Sex: <15 Male		
	Aggregated Age/Sex: 15+ Male		
	Aggregated Age/Sex: <15 Female		
	Aggregated Age/Sex: 15+ Female		
	Sum of Aggregated Age/Sex disaggregates		0

Narrative:

Number of adults and children receiving antiretroviral therapy (ART) [current] (NGI)			
TX_CURR _NGI	Age/Sex: <1 Male		
	Age/Sex: 1-4 Male		
	Age/Sex: 5-14 Male		
	Age/Sex: 15+ Male		
	Age/Sex: <1 Female		
	Age/Sex: 1-4 Female		
	Age/Sex: 5-14 Female		
	Age/Sex: 15+ Female		
	Sum of Age/Sex disaggregates		0
	Aggregated Age/Sex: <1 Male		
	Aggregated Age/Sex: <1 Female		
	Aggregated Age/Sex: <15 Male		
	Aggregated Age/Sex: 15+ Male		
	Aggregated Age/Sex: <15 Female		
	Aggregated Age/Sex: 15+ Female		
	Sum of Aggregated Age/Sex disaggregates		0

Narrative:

Number of adults and children receiving antiretroviral therapy (ART) [current] (TA-only)			
TX_CURR _TA	Age/Sex: <1 Male		
	Age/Sex: 1-4 Male		
	Age/Sex: 5-14 Male		
	Age/Sex: 15+ Male		
	Age/Sex: <1 Female		
	Age/Sex: 1-4 Female		
	Age/Sex: 5-14 Female		
	Age/Sex: 15+ Female		
	Sum of Age/Sex disaggregates		0
	Aggregated Age/Sex: <1 Male		
	Aggregated Age/Sex: <1 Female		
	Aggregated Age/Sex: <15 Male		
	Aggregated Age/Sex: 15+ Male		
	Aggregated Age/Sex: <15 Female		
	Aggregated Age/Sex: 15+ Female		
	Sum of Aggregated Age/Sex disaggregates		0

Narrative:

Number of adults and children newly enrolled on antiretroviral therapy (ART)		80	28	
TX_NEW	By Age/Sex: <1 Male		0	
	By Age/Sex: 1-4 Male		0	
	By Age/Sex: 5-9 Male		0	
	By Age/Sex: 10-14 Male		0	
	By Age/Sex: 15-19 Male		2	
	By Age/Sex: 20-24 Male		20	
	By Age/Sex: 25-49 Male		4	
	By Age/Sex: 50+ Male		0	
	By Age/Sex: <1 Female		0	
	By Age/Sex: 1-4 Female		0	
	By Age/Sex: 5-9 Female		0	
	By Age/Sex: 10-14 Female		0	
	By Age/Sex: 15-19 Female		0	
	By Age/Sex: 20-24 Female		0	
	By Age/Sex: 25-49 Female		0	
	By Age/Sex: 50+ Female		2	
	Sum of Age/Sex disaggregates		0	28
	Aggregated Grouping by Age: <1 Male			0
	Aggregated Grouping by Age: <1 Female			0
	Aggregated Grouping by Age/Sex: <15 Male			0
	Aggregated Grouping by Age/Sex: 15+ Male		65	26
	Aggregated Grouping by Age/Sex: <15 Female		15	2
	Aggregated Grouping by Age/Sex: 15+ Female			
	Sum of Aggregated Age/Sex disaggregates		80	28
	Pregnancy status			0
	Breastfeeding status			0

Narrative:

Achieved 34.82% which was contributed by two private clinic partners in Jakarta (Angsamerah and Ruang Carlo)

Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy			
TX_RET	Numerator: Number of adults and children who are still alive and on treatment at 12 months after initiating ART		
	Denominator: Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up		
	Age: 0-4 (Numerator: Number of adults and children who are still alive and on treatment at 12 months after initiating ART)		
	Age: 5-14 (Numerator: Number of adults and children who are still alive and on treatment at 12 months after initiating ART)		
	Age: 15+ (Numerator: Number of adults and children who are still alive and on treatment at 12 months after initiating ART)		
	Age: 0-4 (Denominator: Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up)		
	Age: 5-14 (Denominator: Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up)		
	Age: 15+ (Denominator: Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up)		
	Pregnancy and breastfeeding status (Numerator: Number of adults and children who are still alive and on treatment at 12 months after initiating ART)		
	Pregnancy and breastfeeding status (Denominator: Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up)		
	Aggregated Age: <15 (Numerator: Number of adults and children who are still alive and on treatment at 12 months after initiating ART)		
	Aggregated Age: 15+ (Numerator: Number of adults and children who are still alive and on treatment at 12 months after initiating ART)		

Narrative:

Aggregated Age: <15 (Denominator: Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up)
 Aggregated Age: 15+ (Denominator: Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up)

TX_SITE	Percentage of PEPFAR-supported ART sites achieving a 75% ART retention rate	100%	
	Numerator: Number of PEPFAR-supported ART sites with a retention rate of 75% or greater for patients 12 months after ART initiation	2	
	Denominator: Total number of PEPFAR-supported ART sites	2	
	By support type: 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	
	By support type: Technical Assistance (TA-only): Number of PEPFAR-supported ART sites with a retention rate of 75% or greater for patients 12 months after ART initiation		
	Sum of Numerator Site Support Type disaggregates	2	
	By support type: Direct Service Delivery (DSD): Total number of PEPFAR-supported ART sites		
	By support type: Technical Assistance (TA-only): Total number of PEPFAR-supported ART sites		
	Sum of Denominator Site Support Type disaggregates	0	
Narrative:			
QI_SITE	Percentage of PEPFAR-supported clinical service sites with quality improvement activities implemented that address clinical HIV program processes or outcomes and have documented process results in the last 6 months		
	Numerator: Number of PEPFAR-supported clinical service sites with a quality improvement activity completed that addresses clinical HIV programs and has documented process results in the last 6 months		
	Denominator: Total number of PEPFAR-supported sites for any HIV clinical service including HIV Care, HIV Treatment, TB care, PMTCT, VMMC, and HTC		
	By site support type: Direct Service Delivery (DSD): Number of PEPFAR-supported clinical service sites with a quality improvement activity completed that addresses clinical HIV programs and has documented results in the last 6 months		
	By site support type: Technical Assistance-only (TA): Number of PEPFAR-supported clinical service sites with a quality improvement activity completed that addresses clinical HIV programs and has documented results in the last 6 months		
	Sum of Numerator Site Support Type disaggregates	0	
	By site support type: Direct Service Delivery (DSD): Total number of PEPFAR-supported sites for any HIV clinical service including HIV Care, HIV Treatment, TB care, PMTCT, VMMC, HTC		
	By site support type: Technical Assistance-only (TA): Total number of PEPFAR-supported sites for any HIV clinical service including HIV Care, HIV Treatment, TB care, PMTCT, VMMC, and HTC		
	Sum of Denominator Site Support Type disaggregates	0	
Narrative:			
SC_STOCK	Storage sites which stock commodities according to plan	60%	
	Numerator: Number of stock status observations for one or more tracer commodities that are between the designed minimum and maximum quantities/months of stock from storage sites within at a given level (Central, Regional, etc.) of the system.	21	
	Denominator: Total number of stock status observations for one or more tracer commodities from storage sites within at a given level (Central, Regional, etc.) of the system	35	
	System Level: Central Medical Stores		
	System Level: Regional Medical Stores		
	System Level: District		
	System Level: Health facility	35	
	Commodity: Condoms	35	
	Commodity: ARV drugs		
	Commodity: Rapid test kits		
Commodity: OI drugs			
Commodity: Other			
Narrative: SUM 1			
ID.415	Number of USG-funded CSOs with approved grants in the last reporting cycle	46	45
Narrative:			
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	20	20
Narrative:			
ID.417	Number of CSOs that underwent an internal audit by USG-funded partners based on Indonesia audit standardization during the last reporting cycle	6	7
Narrative:			
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.	10	9
Narrative:			
ID.419	Number of subsidized and commercial condoms sold or distributed during the last reporting cycle through USG-funded intervention sites	199,000,000	
Narrative: SUM 1			



Annex 1. Revised PMP

Revised PMP of SUM II 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 Year....	
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	
				IDU	
				MSM	
				Transgender	
				OVP	
Total					
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	
				Male 15+	
				Female<15	
				Female 15+	
				Total	
P11.1.D	Number of individuals who received Counseling and Testing (HTC) 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	
				Male 15+	
				Female<15	
				Female 15+	
				Total	
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	
				Male 18+	
				Female<18	
				Female 18+	
				Total	
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	
				IDU	

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

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

Indicator		Disaggregated by	Data Source, Collection Method, Validation, Frequency of Reporting	Target Year.....	
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 	HTC Direct Service Delivery (DSD)	
				HTC Technical Assistance-only (TA)	
				Treatment Direct Service Delivery (DSD)	
				Care and Support Direct Service Delivery (DSD)	
				General Population Prevention Direct Service Delivery (DSD)	
				Key Populations Prevention Direct Service Delivery (DSD)	

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of Reporting	Target Year.....	
			Frequency: Quarterly		
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)	
				Number of new ANC and L&D clients	
				Number of new positives identified	

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of Reporting	Target Year.....	
PMTCT_STAT_NGI	Number and percentage of pregnant women with known status (includes women who were tested for HIV and received their results) (NGI)	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>	Same as above	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	
				Number of new ANC and L&D clients	
				Number of new positives identified	
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.</i> <i>Denominator: Total number of people</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	
				15-19 Male	
				20-24 Male	
				25-49 Male	
				10-14 Female	
				15-19 Female	
20-24 Female					

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of Reporting	Target Year.....	
		<i>in the target population</i>		25-49 Female	
KP_ PREV_DSD	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required (DSD)	Key population type	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) Frequency: Monthly	Female sex workers (FSW)	
				Males who inject drugs (Male PWID)	
				Females who inject drugs (Female PWID)	
				Men who have sex with men/ Transgender (MSM/TG)	
				MSM/TG who are male sex workers (subset MSM/TG)	
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	
				Test Result Positive	
				15+ Male	
				15+ Female	

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of Reporting	Target Year.....	
HTC_ TST_NGI	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (NGI)	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	
				Test Result Positive	
				<15 Male	
				15+ Male	
				<15 Female	
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	
				Test Result Positive	
				<15 Male	
				15+ Male	
				<15 Female	
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	
				Female	
				Male	

Indicator		Disaggregated by	Data Source, Collection Method, Validation, Frequency of Reporting	Target Year.....	
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	
				Female	
				Male	
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	
				15+ Female	
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	
				15+ Female	

Indicator		Disaggregated by	Data Source, Collection Method, Validation, Frequency of Reporting	Target Year.....	
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 clinical care services</i>	Source/s: <ul style="list-style-type: none"> Clinical monthly reports 	Technical Assistance-only (TA): Total number of PEPFAR supported sites providing clinical care services	
TX_CURR_DSD	Number of adults and children receiving antiretroviral therapy (ART) [current] (DSD)	Age/sex	Source/s: <ul style="list-style-type: none"> Clinical monthly reports 	15+ Male	
				15+ Female	
TX_CURR_NGI	Number of adults and children receiving antiretroviral therapy (ART) [current] (NGI)	Age/sex	Source/s: <ul style="list-style-type: none"> Clinical monthly reports 	15+ Male	
				15+ Female	
TX_NEW	Number of adults and children newly enrolled on antiretroviral therapy (ART)	Age/sex	Source/s: <ul style="list-style-type: none"> Clinical monthly reports 	15+ Male	
				15+ Female	

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of Reporting	Target Year.....	
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	
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:		

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of Reporting	Target Year.....	
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: <ul style="list-style-type: none"> SUM II grant management data CSO reports on resource mobilization Frequency: 6 monthly		
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: <ul style="list-style-type: none"> TA Organization report Frequency: Quarterly		
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: <ul style="list-style-type: none"> TA Organization report Frequency: Quarterly		

**Annex 2. Year 5 Quarter 1
CSO and TA Organization Partners with Active Grants**

YEAR 5 Quarter 1 CSO and TA Organization Partners

DKI Jakarta

1. Yayasan Kusuma Buana FSWs in West Jakarta
2. Yayasan Anak dan Perempuan (YAP) FSWs in North Jakarta
3. Yayasan Inter Medika MSM in West, Central and South Jakarta
4. Yayasan Srikandi Sejati Transgenders in DKI Jakarta
5. Yayasan Karya Bakti MSM in North and East Jakarta
6. Yayasan Perkumpulan Bandungwangi FSWs in East Jakarta
7. Yayasan Karisma IDUs in East Jakarta
8. Angsamerah STI and HTC services in Blok M entertainment area of Jakarta
9. Yayasan Stigma Jakarta Serving PWID in East and Central Jakarta
10. Yayasan Kasih Suwitno (Ruang Carlos Clinic) Clinical services, behavior change communication with MSM and other key populations, East and Central Jakarta.
11. Suara Waria Remaja (SWARA) TG in five districts of DKI Jakarta
12. Yayasan Rempah Jakarta PWID in South Jakarta
13. CCM GF Financial assistance

West Java

14. Yayasan Kusuma Bongas Indramayu Brothel-based FSWs, HRM, and PLHIV in Indramayu District
15. Yayasan Resik Subang FSWs and High Risk Men in Subang, West Java

East Java

16. Lembaga Paramitra FSWs in Malang
17. Ikatan Gaya Arema MSM in Malang
18. Lembaga Wamarapa Transgender in Malang
19. Perkumpulan SUAr Transgender in Kediri
20. Yayasan Orbit, Surabaya IDUs in Surabaya
21. Yayasan Embun Surabaya FSWs in Surabaya
22. Yayasan Gaya Nusantara MSM in Surabaya
23. Persatuan Waria Kota Surabaya Transgender in Surabaya

Tanah Papua

24. Yayasan Harapan Ibu (YHI) Non-brothel based FSW in Jayapura City and District
25. Yayasan Persekutuan Pelayanan Maserey (YPPM) High-risk men in Jayapura City and District
26. Yayasan Caritas Timika Papua (YCTP) Indigenous adult women and men, FSWs and high-risk men in Timika, the capital city of Mimika District
27. Yayasan Usaha Kesejahteraan Ekonomi Masyarakat Desa Indonesia (YUKEMDI) Local indigenous adult women, FSWs and HRM in Wamena, the capital city of Jayawijaya District
28. PLHIV Care & Support (YTHP) PLHIV care and support services in Wamena, the capital city of Jayawijaya District
29. Yapari Sorong MSM In Sorong City, West Papua
30. Clinic Calvary Wamena Private clinic serving the local general population in Wamena, the capital city of Jayawijaya District
31. PKBI Clinic The PKBI clinic is located within the Tanjung Elmo *lokalisasi* Private clinic serving migrant FSWs in the Sentani Lake brothel area (Jayapura District)

Riau Island

32. Yayasan Bentan Serumpun Brothel-based FSWs in Batu-15 and Batu-24 brothels; and

YEAR 5 Quarter 1 CSO and TA Organization Partners

(YBS)	HRM in Bintan District and Tanjungpinang City
33. Yayasan Kompak (YK)	Indirect and direct FSWs, and PLHIV, in Bintan District and Tanjungpinang City
34. Yayasan Embun Pelangi (YEP)	IDUs, indirect and direct FSWs, and high-risk men that work in the private sector in Batam city
35. Klinik YKIE Batam	Private Clinic in Batam City for FSWs, MSM, and TG
North Sumatera	
36. Yayasan Galatea	IDUs and OPV in Medan City
37. Perkumpulan Human Health Organization (H2O)	Indirect FSWs and HRM in Medan City
38. Lembaga Gerakan Sehat Masyarakat (GSM)	MSM and TG in Medan City
Central Java	
39. LPPSLH	FSWs and HRM in Banyumas District, Cilacap District, and Tegal District
40. 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
41. Semarang Gaya Community	MSM in Semarang District and City
42. Griya Asa Semarang (Grisa)	Private Clinic in Semarang City for FSWs
TA Organization Partners:	
43. Yayasan Penabulu Jakarta	TA in Financial Management for CSO partners
44. Circle Indonesia	TA in Organizational Performance for CSO partners
45. Yayasan Satunama	TA in Organizational Performance for CSO partners

Annex 3. Grants as of September 30, 2024

SUM II Grant Tracker			As of 30 Sep 2014					
No	Name	Cy	Status	Grant Period	Total Obligated	Grant Obligated (per SOW)	Commitment (per SOW)	Total Commitme
1	BONGAS	1	Extended with no gap	01/09/2013-31/08/2014	372,920,000.00	224,960,000.00	224,960,000.00	477,625,000.00
		2	Running	01/09/2014-31/12/2014		147,960,000.00	252,665,000.00	
2	CCM Indonesia	1	Extended with no gap	01/04/2011-31/12/2011	825,136,200.00	137,770,000.00	137,770,000.00	825,136,200.00
		2	Extended with no gap	01/01/2012-31/12/2012		207,722,000.00	207,722,000.00	
		3	Extended with no gap	01/01/2013-31/12/2013		228,402,000.00	228,402,000.00	
		4	Running	01/01/2014-31/12/2014		251,242,200.00	251,242,200.00	
3	Circle Indonesia	1	Extended with no gap	15/11/2011-14/11/2012	3,895,120,920.00	1,290,744,760.00	1,290,744,760.00	3,895,120,920.00
		2	Running	30/04/2013- 28/02/2014 ext 31/08/2014 ext 31/12/2014		2,604,376,160.00	2,604,376,160.00	
		3	In preparation					
4	Forum LSM Peduli AIDS Kota Medan	1	Closed	01/09/2013-31/07/2014	202,480,000.00	202,480,000.00	202,480,000.00	202,480,000.00
5	Gerakan Sehat Masyarakat (GSM)	1	Closed	15/08/2012-14/08/2013 ext 30/11/2013	1,171,977,894.00	616,958,300.00	616,958,300.00	1,423,835,191.00
		1	Running	15/06/2014-31/12/2014		555,019,594.00	806,876,891.00	
6	Griya Asa Semarang	1	Running	01/06/2014-31/12/2014	141,841,666.67	141,841,666.67	207,987,500.00	207,987,500.00
7	H2O	1	Closed	15/08/2012-Sept 2013 ext 30/11/2013	1,122,131,815.00	706,939,871.00	706,939,871.00	1,412,376,153.00
		1	Running	15/06/2014-31/12/2014		415,191,944.00	705,436,282.00	
8	IGAMA	1	Extended with no gap	01/06/2011-31/07/2012	1,581,043,738.00	498,668,000.00	498,668,000.00	1,852,949,176.00
		2	Closed	15/08/2012-14/08/2013 ext 30/11/2013		747,080,220.00	747,080,220.00	
		1	Running	15/06/2014-31/12/2014		335,295,518.00	607,200,956.00	
9	KIPRA	1	Closed	01/10/2012-30/09/2013 ext 31/1/2014	1,609,510,000.00	1,609,510,000.00	1,609,510,000.00	1,609,510,000.00
10	KOMPAK	1	Closed	01/11/2012-31/10/2013 ext 30/11/2013	896,716,788.00	544,542,000.00	544,542,000.00	1,144,605,070.00
		1	Running	01/07/2014-31/12/2014		352,174,788.00	600,063,070.00	
11	Lembaga Paramitra	1	Extended with no gap	06/06/2011-31/07/2012	1,891,344,445.76	525,451,400.00	525,451,400.00	2,139,863,105.00
		2	Closed	15/08/2012-14/08/2013 ext 30/04/2014		880,288,000.00	880,288,000.00	
		3	Running	01/05/2014-31/12/2014		485,605,045.76	734,123,705.00	
12	OPSI	1	Closed	01/04/2013-31/03/2014	820,440,000.00	820,440,000.00	820,440,000.00	820,440,000.00
13	PERWAKOS	1	Extended with no gap	01/06/2011-31/07/2012	1,615,441,125.00	505,080,000.00	505,080,000.00	1,819,417,813.00
		2	Closed	15/08/2012-14/08/2013 ext 30/04/2014		664,952,750.00	664,952,750.00	
		3	Running	01/05/2014-31/12/2014		445,408,375.00	649,385,063.00	
14	PKBI Daerah Papua	1	Closed	15/02/2012-30/04/2013	998,228,100.00	998,228,100.00	998,228,100.00	998,228,100.00
15	PMPK UGM	1	Closed	15/02/2012-15/12/2012	975,713,140.00	975,713,140.00	975,713,140.00	975,713,140.00
16	PSK UNCEN	1	Closed	04/08/2011-31/05/2012	533,740,000.00	533,740,000.00	533,740,000.00	533,740,000.00
17	Semarang Gaya Community	1	Extended with no gap	01/06/2013-31/05/2014	346,507,333.33	224,984,000.00	224,984,000.00	388,759,833.33
		2	Running	01/06/2014-31/12/2014		121,523,333.33	163,775,833.33	
18	SUAR Kediri	1	Extended with no gap	01/08/2013-31/07/2014	385,086,293.00	210,968,125.00	210,968,125.00	508,411,828.00
		2	Running	01/08/2014-31/12/2014		174,118,168.00	297,443,703.00	
19	UI Public Health	1	Closed	01/12/2011-01/04/2012	532,928,198.00	532,928,198.00	532,928,198.00	532,928,198.00
20	Wamarapa	1	Extended with no gap	01/06/2013-31/05/2014	408,732,123.00	224,206,200.00	224,206,200.00	504,978,793.00
		2	Running	01/06/2014-31/12/2014		184,525,923.00	280,772,593.00	
21	Yayasan Anak dan Perempuan	1	Extended with no gap	01/09/2013-31/08/2014	359,581,666.67	224,870,000.00	224,870,000.00	473,248,333.33
		2	Running	01/09/2014-31/12/2014		134,711,666.67	248,378,333.33	
22	Yayasan Angsa Merah	1	Extended with no gap	15/10/2012-14/10/2013 ext 30/04/2014	1,021,307,500.00	345,030,000.00	345,030,000.00	1,065,961,666.67
		2	Running	01/04/2014-31/12/2014		676,277,500.00	720,931,666.67	
		1 TA	In preparation					
23	Yayasan Atma Jaya - ARC	1	Closed	01/06/2011-31/07/2012	812,768,129.00	812,768,129.00	812,768,129.00	1,638,028,178.00
		2	Cancelled	01/10/2012-30/09/2013 (canceled)		-	825,260,049.00	
24	Yayasan Atmajaya - PPPH SUM2	1	Closed	15/12/2011-31/07/2012	809,241,568.00	809,241,568.00	809,241,568.00	809,241,568.00
25	Yayasan Banten Serumpun	1	Extended with no gap	01/10/2012-14/10/2013 ext 30/04/2014	1,312,713,119.00	699,715,386.00	699,715,386.00	1,493,821,986.00
		2	Running	01/05/2014-31/12/2014		612,997,733.00	794,106,600.00	
26	Yayasan Caritas Timika Papua	1	Extended with no gap	15/02/2012-31/08/2013	3,527,594,721.00	1,433,904,304.00	1,433,904,304.00	3,664,406,804.00
		2	Extended with no gap	01/09/2013-31/08/2014 ext 30 Sep 2014		1,290,405,000.00	1,290,405,000.00	
		3	Running	01/10/2014-28/02/2015		803,285,417.00	940,097,500.00	
27	Yayasan Embun Pelangi	1	Closed	01/11/2012-31/10/2013 ext 31/12/2013	1,620,770,627.00	789,750,000.00	789,750,000.00	1,946,363,440.00
		1	Running	15/06/2014-31/12/2014		831,020,627.00	1,156,613,440.00	
28	Yayasan Embun Surabaya	1	Extended with no gap	01/06/2013-31/05/2014	760,311,698.00	454,135,000.00	454,135,000.00	935,716,240.00
		3	Running	01/06/2014-31/12/2014		306,176,698.00	481,581,240.00	
29	Yayasan Galatea	1	Extended with no gap	15/08/2012-14/08/2013 ext 30/04/2014	1,214,411,679.00	674,654,021.00	674,654,021.00	1,420,368,008.00
		2	Running	01/05/2014-31/12/2014		539,757,658.00	745,713,987.00	
30	Yayasan Gaya Batam	1	Closed	01/10/2012-30/09/2013 early termination 25/08/2013	780,405,000.00	780,405,000.00	780,405,000.00	780,405,000.00
31	Yayasan Gaya Nusantara	1	Extended with no gap	01/06/2011-31/07/2012	1,672,434,542.00	458,197,500.00	458,197,500.00	1,876,877,625.00
		2	Extended with no gap	15/08/2012-14/08/2013 ext 30/04/2014		815,025,875.00	815,025,875.00	
		3	Running	01/05/2014-31/12/2014		399,211,167.00	603,654,250.00	
32	Yayasan Genta	1	Extended with no gap	01/06/2011-31/07/2012	1,340,247,000.00	501,485,000.00	501,485,000.00	1,340,247,000.00
		2	Closed	15/08/2012-14/08/2013 ext 30/11/2013		838,762,000.00	838,762,000.00	

33	Yayasan Graha Mitra	1	Extended with no gap	01/12/2012-30/11/2013 ext 30/04/2014	608,809,333.33	209,110,000.00	209,110,000.00	760,463,500.00
		2	Closed	01/05/2014-31/12/2014		399,699,333.33	551,353,500.00	
34	Yayasan Harapan Ibu	1	Extended with no gap	15/02/2012-31/08/2013	2,294,405,649.00	966,979,461.00	966,979,461.00	2,294,405,649.00
		2	Extended with no gap	01/09/2013-31/08/2014 ext 31 Oct 2014		808,641,000.00	808,641,000.00	
		3	Running	15/10/2014-28/02/2015		518,785,188.00	518,785,188.00	
35	Yayasan Inter Medika	1	Extended with no gap	01/06/2011-31/07/2012	2,253,926,680.00	601,482,205.00	601,482,205.00	2,507,887,388.00
		2	Extended with no gap	01/10/2012-30/09/2013 ext 30/04/2014		857,813,059.00	857,813,059.00	
		3	Running	01/05/2014-31/12/2014		794,631,416.00	1,048,592,124.00	
36	Yayasan Karisma	1	Extended with no gap	01/06/2011-31/07/2012	2,377,100,833.00	521,855,833.00	521,855,833.00	2,636,990,833.00
		2	Extended with no gap	01/10/2012-14/08/2013 ext 30/04/2014		1,141,727,500.00	1,141,727,500.00	
		3	Running	01/05/2014-31/12/2014		713,517,500.00	973,407,500.00	
37	Yayasan Karya Bhakti - LPA	1	Extended with no gap	01/06/2011-31/07/2012	1,806,417,866.00	566,083,713.00	566,083,713.00	1,998,803,409.00
		2	Closed	01/10/2012-30/09/2013 ext 31/12/2013		810,963,067.00	810,963,067.00	
		3	Running	01/05/2014-31/12/2014		429,371,086.00	621,756,629.00	
38	Yayasan Kasih Suwitno Jakarta	1	Running	01/04/2014-31/12/2014	676,700,000.00	676,700,000.00	719,025,000.00	719,025,000.00
39	Yayasan Kusuma Buana	1	Extended with no gap	01/06/2011-31/07/2012	2,871,824,848.00	610,176,867.00	610,176,867.00	3,242,660,098.00
		2	Extended with no gap	15/08/2012-14/08/2013 ext 30/04/2014		1,101,627,481.00	1,101,627,481.00	
		3	Closed	01/05/2014-31/12/2014		1,160,020,500.00	1,530,855,750.00	
40	Yayasan Layak	1	Closed	01/05/2011-30/04/2012	663,649,169.00	663,649,169.00	663,649,169.00	663,649,169.00
41	Yayasan Lintas Nusa	1	Closed	01/11/2012-31/10/2013 ext 31/12/2013	783,138,000.00	783,138,000.00	783,138,000.00	783,138,000.00
42	Yayasan Orbit	1	Extended with no gap	01/06/2011-31/07/2012	1,685,416,653.00	465,492,000.00	465,492,000.00	1,923,388,830.00
		2	Extended with no gap	15/08/2012-14/08/2013 ext 30/04/2014		745,545,300.00	745,545,300.00	
		3	Running	01/05/2014-31/12/2014		474,379,353.00	712,351,530.00	
		3	Running	01/05/2014-31/12/2014		474,379,353.00	712,351,530.00	
43	Yayasan Pena Bulu	1 java	Extended with no gap	15/08/2011-14/08/2012 ext 14/11/2012 - 1st year (cover Jakarta&Jawa Timur area)	5,281,546,667.00	681,090,000.00	681,090,000.00	5,281,546,667.00
		non Java	Extended with no gap	15/08/2011-31/01/2014 - 2nd year (cover Jakarta&Jawa Timur area)		1,451,840,000.00	1,451,840,000.00	
		3 Java	Extended with no gap	01/10/2012-30/09/2013 - 1st year (cover Papua, Medan&Kepri area) ext 31/07/2014 ext 30/09/2014		1,424,300,000.00	1,424,300,000.00	
		4	Running	01/10/2014-28/02/2015		1,724,316,667.00	1,724,316,667.00	
44	Yayasan Perkumpulan Bandungwangi	1	Extended with no gap	01/06/2011-31/07/2012 ext 30/09/2012	1,791,575,693.00	501,670,200.00	501,670,200.00	1,908,946,889.00
		2	Extended with no gap	01/10/2012-30/09/2013 ext 30/04/2014		656,103,710.00	656,103,710.00	
		3	Running	01/05/2014-31/12/2014		633,801,783.00	751,172,979.00	
45	Yayasan Rempah Jakarta	1	Running	01/06/2014-31/12/2014	325,499,167.00	325,499,167.00	483,185,000.00	483,185,000.00
46	Yayasan Resik Subang	1	Running	01/06/2014-31/12/2014	277,086,666.67	277,086,666.67	390,837,500.00	390,837,500.00
47	Yayasan Sadar Hati	1	Closed	01/06/2011-30/06/2012	777,377,674.67	511,508,800.00	511,508,800.00	904,642,112.00
		1	Extended with no gap	01/06/2014-31/12/2014		265,868,874.67	393,133,312.00	
48	Yayasan Satunama	1	Extended with no gap	15/11/2011-14/11/2012	2,435,965,000.00	975,205,000.00	975,205,000.00	2,435,965,000.00
		2	Extended with no gap	01/10/2012-30/09/2013 ext 31/08/2014 ext 31 Oct 2014		1,460,760,000.00	1,460,760,000.00	
		3	In preparation					
49	Yayasan Srikandi Sejati	1	Extended with no gap	01/06/2011-31/07/2012	2,081,571,600.00	539,527,500.00	539,527,500.00	2,417,505,050.00
		2	Extended with no gap	01/10/2012-30/09/2013 ext 30/11/2013		825,577,200.00	825,577,200.00	
		3	Running	15/06/2014-31/12/2014		716,466,900.00	1,052,400,350.00	
50	Yayasan Stigma Jakarta	1	Running	01/06/2014-31/12/2014	317,664,000.00	317,664,000.00	467,903,500.00	467,903,500.00
51	Yayasan Survey Meter	1	Closed	01/10/2012-30/09/2013 ext 31/12/2013	1,561,390,000.00	1,561,390,000.00	1,561,390,000.00	1,561,390,000.00
52	Yayasan Tangan Peduli	1	Extended with no gap	15/02/2012-31/08/2013	1,975,880,000.00	981,210,000.00	981,210,000.00	1,975,880,000.00
		2	Closed	01/09/2013-31/08/2014 early termination 25/05/2014		994,670,000.00	994,670,000.00	
53	YLPPSLH	1	Extended with no gap	01/11/2012-31/10/2013 ext 30/04/2014	636,848,000.00	200,727,500.00	200,727,500.00	676,563,000.00
		2	Running	01/05/2014-31/12/2014		436,120,500.00	475,835,500.00	
54	YPPM Papua	1	Extended with no gap	15/02/2012-31/08/2013	1,689,488,402.00	880,018,500.00	880,018,500.00	1,689,488,402.00
		2	Closed	01/09/2013-31/08/2014		809,469,902.00	809,469,902.00	
55	YUKEMDI	1	Extended with no gap	15/02/2012-31/08/2013	2,230,000,000.00	1,097,005,000.00	1,097,005,000.00	2,230,000,000.00
		2	Extended with no gap	01/09/2013-31/08/2014 ext 30 Sep 2014 ext 30 Nov 2014		1,132,995,000.00	1,132,995,000.00	
		3	In preparation					
56	Suara Waria Remaja (Swara)	1	Running	01/06/2014-31/12/2014	352,849,500.00	352,849,500.00	581,942,000.00	581,942,000.00

57	Klinik YKIE Batam	1	Running	01/05/2014-31/12/2014	191,168,000.00	191,168,000.00	284,252,000.00	284,252,000.00
58	Yapari Sorong	1	Running	01/10/2014-28/02/2015	343,880,583.00	343,880,583.00	396,878,500.00	396,878,500.00
59	PLHIV Care & Support Wamena YTHP	1	Running	01/10/2014-28/02/2015	526,205,000.00	526,205,000.00	615,955,000.00	615,955,000.00
					74,376,212,014.10	74,376,212,014.10	81,552,084,365.33	81,552,084,365.33
				OANDA RATE SEPT 30, 2014		12,180.30	6,106,270.95	
	Estimated Next Cycle:							
	Clinic Calvary Wamena	1		01/05/2014-31/12/2014		345,030,000.00	345,030,000.00	
	Circle Indonesia	3		01/05/2014-31/12/2014		954,937,925.33	954,937,925.33	
	Angsa Merah TA Provider	1		01/05/2014-31/12/2014		1,078,552,500.00	1,078,552,500.00	
	Yayasan Satunama	3		01/05/2014-31/12/2014		535,612,000.00	535,612,000.00	
	YUKEMDI	3		01/09/2013-31/12/2014		712,168,285.71	712,168,285.71	
	PKBI	1				345,030,000.00	345,030,000.00	
						78,347,542,725.15	85,523,415,076.37	
	Description:			= CSO Have been Implementing/Done				
				= Running				
				= Estimation for next period				
				= TA Provider				
				= Support Organization				
				= Discontinued				
				= Widrawed				
				= Suspended				

Annex 4. Success Stories

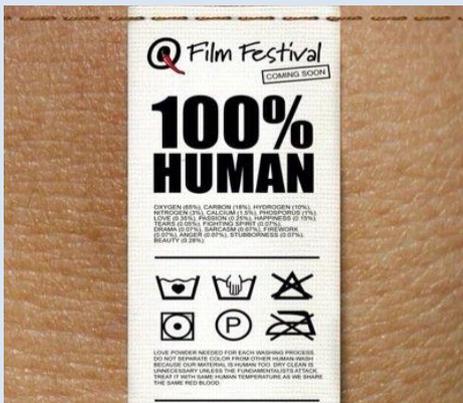


SUCCESS STORY

Jakarta Q! Film Festival 2014

A unique space for creativity and arts, education and awareness, health care and responsibility

SUM II is expanding its program to include private clinics. The first clinic, Klinik Yayasan Angsamerah, was opened in July 2013 in partnership with the Angsamerah Foundation and with support from local government. It is serving the Blok M entertainment area in South Jakarta with confidential and friendly HTC and STI services to most-at-risk populations, in particular female sex workers.



“Our goal is for the Klinik Yayasan Angsamerah in South Jakarta to be seen as a Center of Excellence and model for others to replicate, especially in how clinics can promote health seeking behaviors, provide friendly services, and attract most-at-risk populations.”

— Dr. Jacqueline, Director of the Angsamerah satellite clinic

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Under the motto **100% HUMAN**, this year’s Q! Film Festival was held in Jakarta for the 13th time since its creation in the year 2002. This nine-day event offers a great selection of quality films (documentaries, short-movies and fiction) dealing with issues related to most-at-risk populations and HIV and AIDS, as well as human rights.

Apart from film screenings, the program also includes discussions on film and literature, photo exhibitions and the launch of new books on topics dealing with gender and sexuality. This year, the festival was held at more than ten different venues across Jakarta, mainly at community organizations, education facilities and cultural centers.

As in past years, USAID SUM II partner Angsamerah Foundation was a venue partner for film screenings and also provided free HIV counseling and testing (HTC) at Klinik Yayasan Angsamerah, supported by a team of counselors and outreach workers from Yayasan Inter Medika, also a SUM II partner. During the nine day period of the festival a total of 71 individuals (61 males and 10 females) accessed the free HTC services at the clinic, of which 12 tested HIV positive (all male). This means that a staggering 20% of MSM undergoing HTC during the free testing campaign were living with the virus without being aware of it. Although the prevalence rate is slightly lower than that found during last year’s Q! Film testing campaign (prevalence of 23% among MSM), the situation is nevertheless very concerning and suggests an ongoing major epidemic among MSM in Jakarta.

The free HIV testing campaign, which in addition to the USAID SUM II Project also received support from COFRA Foundation and Angsamerah Institution, has been successful in reaching mainly young MSM, with more than half the people tested 24 years or younger (42 out of 71). A total of six young MSM tested positive for HIV, with the youngest being only 19 years old. All newly diagnosed men received professional counseling with Angsamerah counselors and doctors and were offered CD4 testing to assess the condition of their immune systems. With government’s new guidelines on the strategic use of ARVs and efforts to get more people on treatment as a way to prevent new infections, all newly diagnosed men were encouraged to start ART as early as possible. ARVs can be accessed free of charge at Klinik Yayasan Angsamerah. Patients only pay for administration, and, if required, consultation.

USAID SUM II is supporting a number of private clinics – three in Jakarta; two in Central Java; one in Batam; and potentially two in Papua Province. As part of the SUM II program private clinics are responsible for building partnerships with local GOI health providers and for working in close collaboration with CSOs and MARPs community organizations. TA partner Angsamerah is assisting these private clinics to strengthen service networks to most-at-risk populations.



SUCCESS STORY

CSO & Profit-Making Company Partnership

Improved community awareness on drug abuse and HIV prevention

Galatea Foundation, based in Medan City, North Sumatera, was established in 2000 by a group of volunteers who previously worked at *Perkumpulan Keluarga Berencana Indonesia (PKBI)* Regional Medan for HIV prevention to care interventions for FSWs and adolescents. Their aim is to strengthen adolescent protection and quality of life by improving the ease and access to information, including HIV awareness and other related public health issues.



CSR-funded drop-in center

“The goal of CSR P.T. ABS is to improve community quality of life, in particular for the people who live in the surrounding P.T. ABS work area.”

Okky Sephenryanto, QHSE Manager
CSR P.T. Asphalt Bangun Sarana.

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Galatea began its partnership with the USAID SUM II Project on August 15, 2012. Since then, SUM II has facilitated its three CSO partners in Medan – Galatea, GSM, and H2O – to work under a *one strategy approach*, which means that they have formed a *technical cluster* with a shared organizational structure and framework that enables them to work together as a team. Collectively they are responsible for service delivery of prevention-to-care interventions within geographically distinct interventions sites. Galatea was selected to be the LEAD CSO in the *technical cluster* because of its responsiveness to SUM II’s intensive workplace-based OP training, coaching and systems development. The *technical cluster* serves MSM-TG, FSWs, and PWID in Medan City. Galatea with SUM II OP training and coaching is successfully operating with an organization constitution, strategic and annual plans, financial standard operational procedures, an accounting system, human resources policies, and administration and assets policies.

The Corporate Social Responsibility (CSR) of P.T. Asphalt Bangun Sarana (PT. ABS), a multi-national profit-making company, is aimed at drug users living in the area surrounding P.T. ABS in Medan Belawan with the goal to improve their quality of life. To launch its CSR program, P.T. ABS conducted a rapid assessment of CSOs recommended by the MMT of Adam Malik Hospital of North Sumatera as potential implementing partners. Galatea, included in the assessment, was asked to explain its organizational and financial systems, and its approaches to leadership and management in community development, to governance and transparency, and to networking with local government and stakeholders. Galatea was selected and requested to submit a proposal for community-based drug abuse prevention. In March 2014, Galatea received a CSR grant award from P.T. ABS for IDR. 144 million (USD 14,000) for a 12-month community-based drug supply and demand reduction program, and an additional IDR. 30 million to cover costs for a drop-in center lease.

Now, after six months, Galatea has succeeded in establishing a self-help system in the community to respond to socio-economic issues; and a comprehensive program for community-based drug abuse prevention, HIV-AIDS awareness, and continuum of prevention to care interventions for the community surrounding P.T. ABS in Medan Belawan. There are 20 community cadre actively working in the drop-in center to provide education and information on drug and HIV and AIDS awareness, and Galatea has partnered with the local community health center (Puskesmas Medan Belawan) for basic health care, TB screening and treatment, and HIV counseling and testing. As of September 30, 2014, the drop-in center is providing services to a population of 131 adults and adolescents. The CSR grant is enabling Galatea to be actively engaged in providing information to the drug users and others in the community who are at-risk of HIV sexual transmission, including the importance of knowing one’s HIV status and early HIV treatment for PLHIV.

Financial reporting portion removed for publishing.