SUM II QUARTERLY REPORT
October – December 2014

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

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

ORGANIZATIONAL PERFORMANCE SUM2

Table of Contents

	Page
Abbreviations	2
Introduction	4
SUM II Objective 1	6
Strategy 1: for CSO Capacity Building	7
Strategy 2: SUM II Operational Management	13
Strategy 3: for Strengthening Advocacy Capacity	18
Strategy 4: to Address Gender and Stigma and Discrimination	20
Strategy 5: Providing Organizational Performance TA for Health Care Services to MARPs	20
Strategy 6: Monitoring and Evaluating CSO Performance	24
SUM II Objective 2	27
Performance against PMP Targets	29
Annex 1: Revised PMP	31
Annex 2: Year 5 Quarter 2 CSO Partners	43
Annex 3: Grants as of December 31, 2014	46
Annex 4: Actuals & Estimated Accruals for October to December 2014	52
Annex 5: Quarterly Accruals and Projections	53

Abbreviations

AEM	Asian Epidemic Modeling
AIDS	Acquired Immune Deficiency Syndrome
APMG	AIDS Project Management Global Health
APW	Adult Papuan Women
ATS	Amphetamine-type stimulants
ART	Antiretroviral therapy
ARV	Antiretrovirus
BCC	Behavior Change Communication
Bongas	Yayasan Kusuma Bongas, Indramayu, West Java
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
Gramit	Yayasan Graha Mitra, Semarang, Central Java
GSM	Yayasan Gerakan Sehat Masyarakat, Medan, North Sumatera
HIV	Human Immunodeficiency Virus
HRP	Human Resources Policy
HSN	Hotspot service network
HTC	HIV Testing and Counseling
H2O	Yayasan Human Health Organization, Medan North Sumatera
IBBS	Integrated Biological-Behavioral Surveillance
IGAMA	Ikatan Gaya Arema, Malang, East Java
PWID	People With Injecting Drug
KAP	Key affected populations
Karisma	Yayasan Karisma, DKI Jakarta
Kompak	Komunitas Peduli AIDS Kepulauan Riau, Tanjungpinang, Riau Islands
KPA/NAC	Indonesian National AIDS Commission
KYA	Klinik Yayasan Angsamerah
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

OVP	Other Vulnerable Population
Paramitra	Lembaga Paramitra, Malang, East Java
PKBI	Perkumpulan Keluarga Berencana Indonesia
PLHIV	Person/people living with HIV
PSE	Population size estimation
RETA	Resource Estimation Tool for Advocacy
RNM	Resource Needs Model
RTI	Research Triangle Institute
SGC	Yayasan Semarang Gay Community, Semarang, Central Java
SIMS	Site Improvement Management System
STI	Sexually transmissible infection
SUAR	Perkumpulan Suara Nurani, East Java
SUFA	Strategic Use of ART
TA	Technical assistance
TB	Tuberculosis
TI	Technical Integrity
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
Yapari	Yayasan Papua Lestari, Sorong, West Papua
YBS	Yayasan Bentan Serumpun, Tanjungpinang, Riau Islands
YCTP	Yayasan Caritas Timika Papua, apua
YEP	Yayasan Embun Pelangi, Batam, Riau Islands
YES	Yayasan Embun Surabaya, East Java
YHI	Yayasan Harapan Ibu, Jayapura, Papua
YIM	Yayasan Intra Medika, DKI Jakarta
YKIE	Yayasan Komunikasi Informasi dan Edukasi, Batam, Riau Islands
YKS	Yayasan Kasih Suwitno, DKI Jakarta
YKB	Yayasan Kusuma Buana, Jakarta
YPB	Yayasan Perkumpulan Bandungwangi, DKI Jakarta
YSH	Yayasan Sadar Hati, Malang, East Java
YSS	Yayasan Srikandi Sejati, DKI Jakarta
YTHP	Yayasan Teratai Hati Papua, Wamena, Jayawijaya, Papua
YUKEMDI	Yayasan Usaha Kesejahteraan Ekonomi Masyarakat Desa Indonesia, Papua

INTRODUCTION

A main goal of SUM II in Year 5 is to continue its intensive, workplace-based approach to capacity building in organizational performance while also linking organizational performance gains to strengthened technical integrity and technical capacity across the program. In achieving this goal, SUM II in Quarter 2 continued to reinforce managing for results – quality management and quality improvement in the continuum of HIV prevention to care and ARV treatment. This focus is aimed at CSOs, SUM II-private clinic partnerships, government health clinics located in the CSO/private clinic services networks, and local government stakeholders.

On October 20-22, 2014, SUM II held its second Year 5 internal workshop on technical integrity in Yogyakarta (the first was in August 2014). It included all SUM II program staff, STTAs, and the representative of SUM II's TA provider partners – **Circle Indonesia**, **Angsamerah**,[1] and **Satunama**. The outputs included: 1) TA organization partners developed action plans that described TA delivery aimed at technical integrity and organization performance; and 2) output indicator(s) for both technical integrity and organizational performance were established and agreed to by SUM II, STTAs, and TA organizations.

In October-December 2014, as a result of the August and October workshops, SUM II staff and TA provider partners were able to launch SUM II's technical integrity and technical capacity building approach to its CSO and private clinic partners, as well as to government health clinics and other departments of government. The main goals are to assure SUM II partners are using implementation models based on evidence for effectiveness and carried out in ways that maximizes benefit to key affected populations.

SUM II in Quarter 2 continued its support to Year 5-initiated CSO and private clinic partnerships. They are:

CSOs – New Partnerships

- Yayasan Teratai Hati Papua, Wamena (YTHP) (Papua)
- Yayasan Papua Lestari Sorong (Yapari) (West Papua)
- Yayasan Stigma Jakarta (Stigma) (DKI Jakarta)
- Suara Waria Remaja (SWARA) (DKI Jakarta)
- Yayasan Rempah Jakarta (Rempah) (DKI Jakarta)
- Yayasan Resik Subang (Resik) (West Java)

Private Clinics – New Partnerships

- Yayasan Kasih Suwitno (YKS) with Ruang Carlo Clinic (DKI Jakarta)
- Griya Asa Semarang (Grisa) (Central Java)
- Klinik Yayasan Komunikasi Informasi dan Edukasi Batam (YKIE) (Riau Islands)
- Clinic Calvary Wamena, Jayawijaya (Papua)

[1] Starting December 1, 2014, **Angsamerah Foundation** assumed an additional role within the partnership with SUM II – a technical assistance provider to six private clinics, as well as support to SUM II in strengthening technical integrity across the program.

- PKBI Papua in Jayapura.

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. A high priority in Quarter 2 for SUM II regional staff was continued TA and mentoring to the technical clusters.

In Quarter 2 SUM II continued a major effort, in close collaboration with USAID, to learn and apply new PEPFAR tools and requirements, and to revise, introduce and reinforce SUM II indicators and targets with SUM II partners throughout the program. SUM II's Chief of Party attended USAID-sponsored training in October 2014 that was focused on these new tools and approaches.

On November 9, 2014, SUM II submitted to USAID its Close-Out Plan. SUM II will close on May 9, 2015. In preparation for this end date, two grants were closed in Quarter 2, four grants will be closed on January 31, 2015; and remaining grants (administered by RTI) will be closed by Feb 28, 2015.

SUM II initiated preparations in Quarter 2 for province-level close-out workshops with partners scheduled for March 2015. In preparation for these events, SUM II in Quarter 2 scheduled and prepared for an internal workshop, to be held January 19-21, 2015, for the purposes of a qualitative review of SUM II approaches, such as the *One Strategy Approach* and the *District-based Monitoring System* that is being demonstrated in Jayawijaya District, Papua. SUM II will also use this internal workshop to launch a review and analysis of the evidence it now has in 26 districts, and capture this evidence to share with national and local government partners. The results of the January internal qualitative review of approaches and the review of current evidence will also enable planning and preparation for DERAP start-up, which hopefully will happen May 10, 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 key populations.

There are six strategies under SUM II's Year 5 Work Plan Objective 1 aimed at strengthening and further demonstrating the 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 KPs
- Strategy 6: Monitoring and Evaluating CSO Performance

For a description of the 4 part model, see SUM website and *Technical Brief 19*, *Four-Part Model for Comprehensive Services Networks,* October 2013.

In Quarter 2, SUM II staff and TA provider partners continued to support the *One Strategy Approach* introduced in Quarter 4 of Year 4, and fully launched in Quarter 1 of Year 5. 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.

The LEAD CSOs are as follows:

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) Yayasan Galatea, Medan, North Sumatera
7) Yayasan Orbit Surabaya
8) Yayasan Intra Medika (YIM), Jakarta
9) Yayasan Graha Mita (Jakerpermas), Semarang
10) Perwakos, Surabaya
11) Yayasan Bentan Serumpun (YBS), Tanjungpinang
12) Yayasan Embun Pelangi (YEP), Batam

SUM II TA Partners – Quarter 2 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.]

A second major effort under Objective One in Quarter 2 was to continue to refine and reinforce the new SUM II indicators to TA and CSO partners. SUM II's Chief of Party

attended USAID and PEPFAR training sessions in October 2014 that introduced new tools and approaches, and is resulting in improvements to SUM II targets and reporting.

This Quarter 2 reports 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 intervention model for *Comprehensive Services Networks (CSNs)* and the CSO's demonstrated ability and commitment to managing for results – quality management and quality improvement in the continuum of HIV prevention to care and ARV treatment. This focus is aimed at CSOs, SUM II-private clinic partnerships, government health clinics located in the CSO/private clinic services networks, and local government stakeholders.

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

SUM II national and regional staff along with TA provider partners **Circle Indonesia**, **Satunama, Angsamerah** and **Penabulu** continued in Quarter 2 to apply SUM II's intensive workplace-based capacity building approach to organizational performance and technical capacity with CSOs, health service providers and local government – capacities essential to achieving SUM II performance indicators.

Starting December 1, 2014, **Angsamerah Foundation** assumed two different roles within the partnership with SUM II – a CSO partner receiving a small grant for the operation of Klinik Yayasan Angsamerah, a private clinic in South Jakarta, and a SUM II technical assistance provider to six private clinics (see Strategy 2 below). While the two scopes of work are technically separate, they are nevertheless closely linked. Angsamerah was chosen as a technical assistance provider based on its proven track record of creating models of sexual and reproductive health care delivery that are sustainable and have the potential to be replicated. **Angsamerah** will also support SUM II efforts to strengthen technical integrity across the program.

Satunama in Quarter 2 continued its TA support to strengthen community organizations, advocacy networks and mentoring in SOPs and program budgeting (see Strategy 2 and 3 below).

In Quarter 2, TA provider **Penabulu** continued it's mentoring to SUM II CSO partners in DKI Jakarta, East Java, Central Java, Riau Islands (Batam and Tanjung Pinang), Medan and Tanah Papua. On-the-job coaching focused on three activities: mentoring on developing the flow of CSO financial information to SUM II, with 21 CSOs participating; mentoring on consolidated financial reporting, with seven CSOs participating; and mentoring nine CSOs on internal and external audits. Penabulu also conducted workshops for CSO staff on financial management, with 18 CSOs participating; and training for CSO staff on software-based accounting, with 10 CSOs participating.

- Quarter 2 On-the-job coaching included:
    - Project financial reports: Yayasan Rempah; Yayasan Anak dan Perempuan (YAP); Ruang Carlo Clinic; Yayasan Perkumpulan Bandungwangi (YPB); Yayasan Resik Subang (Resik); GN; Yayasan Kusuma Bongas (Bongas); Waramapa; Yayasan Sadar Hati (YSH); Yayasan Stigma (Stigma); Yayasan Embun Surabaya (YES); Yayasan Komunikasi Informasi dan Edukasi (YKIE); and Yayasan Angsamerah.
    - SUM II CSO partners that are ready to develop organizational financial statements in accordance with PSAK 45. They included Yayasan Intra Medika; Yayasan Srikandi Sejati (YSS); Yayasan Ikatan Gaya Arema (Igama); Paramitra; Yayasan Embun Pelangi (YEP); Yukemdi; Gerakan Sehat Masyarakat (GSM); and Human Health Organization (H2O).
    - SUM II CSO partners that are ready for internal and external audit are Yayasan Angsamerah; Galatea; LPPSLH; Orbit, YCTP; YBS; and Karisma.
- Financial SOP implementation: Yayasan Rempah finalized and approved by the Foundation Chairman.
- Program structure available: Wamarapa is working on organizational financial structure.
- Supporting documents for daily transactions: YAP
- Completion of draft financial SOPs: Resik; Yayasan Papua Lestari (Yapari); YES; and YAP.
- Completion of close out program report: Bongas
- Finalized financial SOP: YSH
- Finalized draft of consolidated financial report for 2014: YIM; Karisma; Kompak; YBS; Igama; H2O; and YSS.

Still in progress:

- Financial SOP for the organization: YAP
- Mismatch between daily transaction (CTH) with supporting documents: YKS Ruang Carlo, and YSH
- Incomplete recording of the supporting documents: YKS Ruang Carlo
- CTH not supported with required documents: Bongas
- Financial report of the Organization is not complete for 2014 (beginning balance is untraceable): Igama
- Finance and Administrative Officer did not take advantage of the mentoring process and did not ask for help in reviewing the report before submission to SUM II: YEP
- Financial flow not available, and organization prefers to use a digital system even though it doesn't refer to financial SOPs: Angsamerah

Circle Indonesia in Quarter 2 continued with its launch of technical integrity (TI) training and mentoring for SUM II CSO partners and Puskesmas staff in Riau Islands, North Sumatera, DKI Jakarta, and Tanah Papua. The training was focus to develop technical capacity in seeking health behaviour, pre and post HIV counseling (including adherence), case management services re: care and support for PLHIV, strengthen the quality of referal services for STI, HTC, and ARV treatment.

- Riau Islands, November 10-14, 2014: Twenty people – 16 people from CSOs (YEP, Kompak and YBS), and 4 people from three Puskesmas (PKM Lubuk Baja, PKM Tanjung Uban and PKM Kijang)

- North Sumatera, November 10-14, 2014: Twenty-one people participated, they were from 3 CSOs (Galatea, H2O and GSM) and three Puskesmas (PKM Padang Bulan, PKM Teladan and PKM Helvetia).
- DKI Jakarta, on November 17-21, 2014 for J1W4 Cluster (YIM, LPA Karya Bakti, YSS and Swara), participated by 21 people. The TI training was followed up with the following training and workshop:
    - The four CSOs in J1W4 Cluster conducted a five-day joined training on November 24-29, 2014 to build/strengthen technical capacity of the Case Management Staff and Counselor in adherence counseling.
    - YIM conducted one-day workshop on December 22, 2014, attended by 40 participants from J1W4 Cluster to strengthen the skill of staff in PLHIV care and support based on the care and support module developed by GWL-INA.
- December 23, 2014, Yayasan Karisma: TI training preparation which will be conducted on January 5-12, 2015. It was proposed to review the agenda, training invitation, venue, and training materials.
- Tanah Papua: November and December 2014 TI training for nine staff members of Yapari in Sorong, West Papua, and technical integrity mentoring to staff of YHI in Jayapura and YTHP in Wamena, Papua.
    - Mentoring for Yapari focused on developing program flow; SOP for outreach, counseling for HIV test and case management; and development of draft MOU which late to be consulted with Puskesmas Malanu, Malawey, Selebe Sulu Hospital for clinical services access to MSM and transgender.
    - YHI staff has inadequate capacity and knowledge on MSM issues and how to reach the MSM community in Jayapura city, which will likely impact to the quality of services. YHI requires intensive coaching.

Quarter 2 organizational performance TA and mentoring provided by **Circle** was as follows:

- East Java:
    - Mentoring to YES on ART, job descriptions and flow reporting (December 16 and 24, 2014)
    - Mentoring to ORBIT on HR standard operating procedures (December 30-31, 2014)

<u>Other Quarter 2 Highlights</u>

Additional major highlights of SUM II activities during October, November, and December 2014 are included below.

<u>SUM II National</u>

- SUM II held its second internal workshop on Technical Integrity, held in Yogyakarta on October 20-22, 2014, and involving all SUM II program staff, STTAs, and representatives of four TA provider partners. The outputs: TA organization partners developed action plans which described TA delivery on technical integrity and organization performance; and output indicator(s) and score card monitoring system for both technical integrity and organizational performance were established and agreed to SUM II, STTAs, and TA organizations. SUM II's approach

to technical integrity and capacity building is the same workplace-based approach applied to organizational performance.

- SUM II international partners and national and regional staff continued in second quarter to provide a program of training and on-the-job coaching for TA partners Circle, Angsamerah and Satunama, and their local consultants with HIV experience, to assist them in carrying out their mentoring and coaching to CSO partners. A key purpose is to assure that SUM II TA providers have consistent approaches to improving the technical integrity of the work done by implementation partners. An additional purpose is to assure smooth scheduling and coordination of TA inputs to individual CSOs or clusters.

Riau Islands

- During Quarter 2, SUM II Jakarta regional team continued assistance to four CSO partners in Riau Islands. The four CSOs work together in two technical clusters.

  The two technical clusters in Riau Islands are led by YBS and YEP:

Technical Clusters in Riau Islands				
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 2, SUM II Jakarta regional team continued assistance to three CSO partners in Medan. The 3 CSOs work together in one technical cluster.

  The technical cluster in Medan, North Sumatera is led by Galatea:

Technical Clusters in North Sumatera				
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

Tanah Papua

- YTHP:
  - Technical Integrity Training: Technical integrity workshop conducted October 27-November 1, 2014, by SUM II staff for this new SUM II partner in Wamena, Jayawijaya District. All YTHP staff and volunteers attended. The workshop purpose was to improve knowledge, attitudes and skills of the staff and volunteers in the continuum of HIV prevention, care and ARV

treatment for the general population in Papua, including outreach and referral.

- Yapari:
  - Technical Integrity training conducted October 5, 2014, by SUM II staff to strengthening technical capacity in technical knowledge and skill, STI, HTC and continuum of care and ARV treatment.
- YHI:
  - SUM II technical knowledge and skill (BCI) training for YHI staff held December 2-4, 2014, in SUM II Jayapura conference room. The session included promotion of knowing one's HIV status, importance of STI testing, importance of early ARV treatment, and skills in facilitation techniques, communication and advocacy. The aim of the session was to increase YHI capacity in outreach to the targeted populations.
  - Capacity building session on HIV and AIDS, attended by 30 new members of the existing community/FSWs organizations (Kelompok Swadaya Masyarakat (KSM)) held on December 13, 2014 in Jayapura Social Affairs Education and Training Center.

<u>DKI Jakarta</u>

- During Quarter 2, 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.

  The three technical clusters are led by YKB, Karisma, and YIM:

Technical Clusters in Jakarta and West Java				
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

- Rempah: attended NAC 3-day workshop on the Sexual Transmision Prevention Program (PMTS). This program is the result of NAC's monitoring and PMTS program throughout Indonesia. The workshop included action planning to improve program quality in 2015.
- LPA Karya Bakti hosted an intern from the Philippines December 15-20, 2014, with support from GWL-INA. The aim of the visit was to foster cooperation between

Indonesia and the Philippines in the HIV and AIDS response specific to the MSM community.

- YSS organized a training course held December 16-20, 2014, for local CBO staff on *Institutional and Program Development and Strategic Planning in Java,* which was funded by GWL-INA. All YSS financial and program staff were involved in this activity. The training was aimed at increasing participants' knowledge about how to develop and operate the strategic plan.

East and Central Java

- During Quarter 2, SUM II Surabaya regional team continued assistance to nine CSO partners in East Java and 4 CSO partners in Central Java. The East Java CSOs work together in four clusters and one CSO cluster with three CSO members is based in Central Java.

  The four technical clusters in East Java are led by Yayasan Orbit, GN, Perwakos, and Paramitra:

Technical Clusters in East Java				
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 Maland 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

  The technical cluster in Central Java is led by Graha Mitra:

Technical Clusters in Central Java				
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

- East Java Regional Office priorities for CSO organizational performance:
  - 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 SOP 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:
  - SOP: 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 key populations
- Staff and consultant commitment to support to Year 5 Work Plan activities

Increasing Coverage (access and quality) of Comprehensive HIV Prevention-to-Care and ART Treatment for Key Populations

SUM II in Year 5 is continuing support to increasing coverage of comprehensive HIV and STI services to key populations, with emphasis on community organizations, CSO partnerships in HIV prevention to care and ART treatment, 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 and ART Treatment (as per SUFA): 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 and ARV treatment interventions in a geographical area.

Private Clinics: SUM II will continue to establish partnerships to launch and/or support private clinics. In Quarter 2, SUM II continued support to Angsamerah Clinic in South Jakarta, Carolus Clinic in Central Jakarta, 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.

As already noted, TA provider **Angsamerah** is now providing TA to SUM II partner private clinics to strengthen KPs 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.

Because SUM II is ending in May 2015, Angsamerah's TA provider SOW will only provide the technical assistance until February 28, 2015. It focuses on:

- Angsamerah's internal planning and coordination, recruitment/final selection of consultants and mentors; and recruitment of a Technical Officer.
- Meetings with key stakeholders, e.g., Subdit AIDS in Jakarta
- Preparation of TA tools
- SOP development, review and finalization (initiated in previous SOW)
- Development of mentoring guidelines (also initated in previous SOW)
- Agreement of TORs with partner clinics
- Preparation of workshop modules and materials (to be provided at SUM II workshop to be held January 12-16, 2015).
- Mentoring visit to Klinik Keluarga Kita (KKK) in Batam (together with Dr. Sri Pandam Pulungsih) to review the clinic's service system and current collaboration with the local health office (Dinas Kesehatan Batam) and other key government offices.
- Mentoring visit to Klinik Keluarga (YKB Clinic) in North Jakarta
- Partnership meeting with YEP, the lead CSO of the technical cluster, to discuss the partnership and mentoring expectations.

A long-term goal of **Angsamerah** technical assistance to the six partnership 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 first and second quarters of Year 5 **Angsamerah** staff has participated in the SUM II technical integrity workshops, which will enable the organization to successfully implement its TA workplan and also strengthen coordination and communication with other TA providing organizations.

During Quarter 2, **Angsamerah** continued its efforts to achieve Klinik Yaysan Angsamerah (KYA) goals and objectives, as per its second cycle SUM II grant. The clinic experienced several weeks delay with the renovation work (flooring), and therefore was closed for four weeks. As an alternative, patients accessed Angsamerah Clinic in Central Jakarta (starting 8th of December 2014).[2] Unfortunately, because of the renovation work, the number of new patients during the month of December 2014 decreased by almost a third (patient visits have remained stable).

Although the number of new patients and individuals undergoing HTC decreased in December 2014 as compared to the previous months, there was a record number of new HIV cases in December, with a third of new patients testing HIV positive (8 out of 21). The situation is particularly serious with MSM patients, with 61.5 % of new MSM patients (8 out of 13) undergoing HTC in December receiving an HIV or AIDS diagnosis. Also noteworthy is that in December 2014 a record number of twelve patients living with HIV (ten MSM and two OVP males) accessed CST and ARV-related services for the first time at KYA.

[2] During the December 2014 renovation work the KYA staff temporarily transferred to Angsamerah Clinic (Jl. Blora) to continue providing services to KYA patients willing to travel to Central Jakarta (using the KYA service system and price standards).

During Quarter 2 the KYA team continued to coordinate with CSOs to make sure that individuals diagnosed with HIV at KYA are followed up with and encouraged to access CST services and start ART as soon as possible, either at KYA or any other health service provider as desired by the client.

To speed up promotion and marketing, a number of sales promotion activities were launched with a range of business venues and other places where potential clients congregate. However, due to the temporary relocation to Angsamerah Clinic in Central Jakarta, these activities have been put on hold until KYA reopens again (scheduled for by the 12th of January 2015).

Even though there has been a steady increase in patient visits over the course of the year – and to a lesser degree new patients – the numbers are still far below targets set by **Angsamera** and need to increase significantly within the coming months in order to generate enough revenue to cover the operational costs of the clinic. However, the fact that average monthly revenues have more than doubled since the beginning of the year is promising.

On December 4, 2014, KYA received visitors from U.S. Agency for International Development. They included Mauricio P. Vera, director, and Tim Reed of the AID Washington Office of Small and Disadvantaged Business Utilization (USDBU) team, and Mr. (Director) and Mr. Tim Reed, as well as Tetty Rachmawati, SUM II's COR, and Sylvia Sihombing, who are both with the USAID Indonesia Office of Health. Staff was invited from Kapeta Foundation and Inter Medica Foundation, as community representatives, to share their perspectives on KYA and explain how the organizaitons work together. The previous day, Mr. Vera and Mr. Reed visited the SUM II office for a briefing and discussion. TRG, Prime of SUM II, is a small business.

Satunama in Quarter 2 continued its TA support to mentoring on community organization. Highlights include:

- North Sumatera: Mentoring on community organization during the month of December 2014 to Galatea, Gerakan Sehat Masyarakat (GSM), and Human Health Organization (H2O), with 27 staff members of the three CSOs participating.
    - Galatea's outreach officers are from the community, which built Galatea to be a strong CSO. Galatea is able to provide intensive care and support to individuals and communities of PWID. They have also built strong networks with health service providers. Communication with the communities remains a challenge which is because of they are drug addicted and not aware of their own health. Galatea is supporting a CBO named Super PM which is now the key player to reaching the PWID communities. Satunama's mentoring is to strengthen Galatea's collaboration with Super PM.
    - GSM provides information on sexual health to MSM and transgender. Many MSM are familiar with social media and take advantage of this media to access the information they need. Many MSM prefer to remain "hidden" and GSM outreach workers are trying to find additional ways to reach MSM and building relationships. Transgender, however, are less interested in social media and prefer to attend meetings to get information, which is why GSM supports a community organization, called Pelangi Hati, which organizes community monthly meeting.

- H2O supports sex workers and high risk men in Medan, especially at the seaport of Belawan. H2O provides information on sexual health and health seeking behaviors. Sex workers and high risk men are actively accessing health services available to them. H2O is working with an association of sex workers that conducts monthly meetings as well as an association of high risk men called Lelaki Belawan Tangguh that also conducts monthly meetings. Lelaki Belawan Tangguh includes port workers and community leaders. A mobile clinic and mobile VCT provides health services (i.e., Okub massage parlor) and seen as helpful by both communities. H2O has also formed a CBO called Wanita Mandiri that encourages sex workers to access health services for STI and HIV test, early ARV treatment for PLHIV, and promotes greater awareness of one's own reproductive health. Wanita Mandiri is now well known among sex workers. H2O still requires capacity building in advocacy and communication.

Quarter 2 technical assistance to CSOs on community organization supported by **Circle Indonesia** included:

- Community organization mentoring to CSO partners Paramitra, IGAMA, Perwakos, Orbit, YES, SUAR, and GN.
- Mentoring on Peraturan Bupati development at the Paramitra office and District AIDS Commission/Malang. This mentoring is aimed specifically at ways to increase community involvement in Malang's HIV and AIDS response.
- Together with GN for community organization coordination meeting with COs in hotspots Pataya, Taman Bungkul and Basuki Rahmat (15 participants December 3 and 21, 2014)
- CO mentoring for YES December 13, 2014, for 26 participants focused on strengthening support groups on how to actively involve FSW in care and support, and information sharing.

Other major highlights of SUM II activities during October, November and December 2014 are included below.

<u>Other Quarter 2 Highlights</u>

<u>DKI Jakarta</u>

- Yayasan Karisma: Mobile VCT activities reached 269 prisoners (incarcerated for narcotics) in collaboration with police, PKM, Jakarta Health Department, and with the assistance of 20 Karisma counselors, and cluster partner Stigma and SUM II CSO partner YIM, as well as PKVHI PKM Jakarta.

<u>Tanah Papua</u>

- YTHP:
    - Community leader Awareness: Conducted community leader HIV awareness sessions on October 22-23, 2014, in Assotipo District, Papua, for 30 participants that included the district chief, the village head, and religious leaders. The aim of the sessions was to increase understanding of HIV and AIDS, and build support for HTHP programs. An additional aim

was to identify potential village cadres of people as community organizations to support the continuum of HIV prevention to care activities.

- Yapari:
  - Community Organization Training: This training, held October 15, 2014, and conducted by SUM II staff was aimed at helping Yapari staff develop skills and strategies to identify potential volunteers in each community of MSM, gay and transgender in Sorong, West Papua.
  - Technical Integrity/Community Organization Training: SUM II regional staff conducted a workshop for staff of new SUM II partner Yapari, in Sorong, West Papua, held October 27-31, 2014, aimed at assuring that all Yapari staff has a shared understanding of how to reach and interact with MSM, gay and transgender community organizations.
- YHI:
  - Training for Community Volunteers: Conducted November 27-29, 2014, for 20 participants representing MSM, transgender and gay communities in Kotaraja. The aim was to train volunteers on reproductive health and skills to organize, train, and facilitate the community groups.
  - Quarterly meeting of HIV positive peer group held December 10, 2014, and attended by 25 people. The purpose of the meetings is to encourage and support PLHIV to the importance of early ARV treatment.
- Yukemdi: Training Session on basic information of HIV and AIDS, held December 18-20, 2014, for 25 participants representing five sub-districts (each sub-district sent three representatives from communities), and ten participants from the Danni Support Group, as well as staff of Yukemdi. The session covered HIV and AIDS, STI, reproductive health, condoms, myths and facts, stigma and discrimination, PLHIV care, and TB prevention.

Staff and Consultant Support to Quarter 2 Work Plan Activities

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

New SUM II staff:

No	Name	Position Title	Location	Begin Date
1	Simson Gideon Sigarlakie	Regional Capacity Building Officer	Papua	13-Oct-14
2	Mr. Setyo Warsono	National Capacity Building Officer	Jakarta Office	15-Nov-14

SUM II staff departures:

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

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

- 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
- Jonny, local STTA for local partnerships

- Mona Sheikh Mahmud from APMG
    - Support to *Technical Integrity Workshop,* held in October 2014
- Brad Otto, local STTA
    - Support to COP with PEPFAR indicators and targets
- Becca Price and Alison Mitchell LeFew, RTI
    - Close-out planning
- Steven Joyce, TRG, to support project documentation

SUM II Year 5 Work Plan and Close-Out Plan

SUM II submitted its Close-Out Plan to USAID on November 9, 2014. In Quarter 2 SUM II regional teams and national staff finalized close-out of 26 completed CSO partner grants. Two additional grants – Yayasan Perkumpulan Bandungwangi and Yayasan Rempah Jakarta – were closed on December 31, 2014.

In January 2015, SUM II will begin project close-out activities. Most grants will be closed by the end of January 2015, and the intent is to keep high priority grants open until end of February 2015.

Planning was also underway in Quarter 2 for province-level SUM II close-out workshops scheduled for March 2015.

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.

As noted previously, **Satunama** in Quarter 2 continued its TA support to strengthen advocacy networks and mentoring in SOPs and program budgeting. Highlights include:

- Central Java; November 2014 three-day training for 15 participants from four CSOs – Graha Mitra (7), Griya Asa PKBI (3), and LPPSLH (3). The workshop was aimed at strengthening the networks among CSOs, and specific to advocacy and legal drafting (scope, policy and law analysis). Follow-up action plans included identifying bottlenecks at the level of health services, policy development to address these bottlenecks, continuing training on legal drafting, and increasing capacity in budget planning and processes.
- North Sumatera:
    - Mentoring November 3-7, 2014, on SOP and budget planning and processes for participants from Galatea (6), H2O (7), and GSM (6).
        - SOP development included recruitment (Galatea and GSM) and expenses (GSM)

Other Quarter 2 highlights:

<u>DKI Jakarta</u>

- Yayasan Karisma:
    - In October 2014, Karisma staff and volunteers were provided with a 3-day training session, facilitated by Circle Indonesia, on budget advocacy.
    - Beginning in November 2014, initiated its HIV and AIDS program budget for advocacy and policy analysis with stakeholders. In December 2014 Karisma reached out to Parliament, planning committees and political parties, and networked with other agencies.
    - Completed its 2015 budget draft for direct expenditures, and indirect expenditures continue to be pursued.

<u>East and Central Java</u>

- Surabaya City: The quarterly coordination meeting between District Health Office with SUM II CSO partners was held at DHO on October 20, 2014. It was also attended by representatives of eleven Puskesmas. The meeting objective was to review the services achievements against the projected targets agreed to in the last quarterly meeting. Two Puskesmas, Perak Timur and Sememi, achieved >100% against the quarterly target. Nine Puskesmas did not achieve the target due to in sufficient clinical equipment, i.e. rotater and anuscopy. The DHO committed to provide clinical equipment as needed.
- Advocacy:
    - Meeting November 3-4, 2014, to finalize academic paper and draft Perbup. The meeting was conducted with SUM II CSO partners and TA provider.
    - Consultation meeting November 14, 2014, at the office of PHO Kabuten Malang to review the draft Perbup and academic paper with five directors (Health, Social, Legal section, BAPAMAS and Manpower). The documents are next reviewed by the Legal Bureau.

Riau Islands

- Batam City: Coordination meeting between District Health Office of Batam City with SUM II CSO partners (YEP and YKIE), facilitated by SUM II staff to discuss the possibility of YKIE extending the operational of the Puskesmas from 2 p.m. to 8 p.m. for STI and HTC services. Local policy does not permit the private sector to operate in the Puskesmas. However, the following issues will be followed up by the DHO:
    - The possibility to get clearance from Provincial Health Office to allow YKIE to operate at the Puskesmas.
    - Clarification of local policy to cover the fee and/or transportation costs for the Puskesmas doctor who will supervise YKIE.
    - Revenues from the services charge.

Tanah Papua

- YHI:
    - YHI staff participated in four KPA Coordination Meetings held December 18-19, 2014, for the city and district of Jayapura. Main agenda for these meetings is ways to adapt NGO services so strategies effectively respond to needs of people living with HIV. Awareness is still low among PLWHA, resulting in reduced adherence to ARVs and loss of follow-up.

Strategy 1.4: to Address Gender and Stigma and Discrimination

Gender-responsive strategies and strategies that address stigma and discrimination 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.

Quarter 2 activities included:

DKI Jakarta

- With direct funding from SUM II, YKS Ruang Carlo conducted a seminar held at Carolus hospital on December 13, 2014, that was attended by 200 participants representing SUM II CSO partners, hospital employees, nurses, and nursing college students. The aim of the seminar was to: 1) increase awareness and understanding of PMTCT; 2) support implementation of PITC program in Carolus hospital and enhance the ability of medical personnel at the hospital to do PITC; 3) improve the quality of care at Carolus hospital for patients living with HIV; and 4) develop a referral and networking system with Pratama Clinics and Carolus hospital HIV and AIDS.
- SWARA staff (one field officer and two peer educators) participated in a facilitator TOT for SOGIE and human rights in Palembang on November 16 to 21, 2014. SWARA costs to participate were covered by Arus Pelangi Foundation, the organizer of the workshop. The purpose of this training is to increase the ability of participants to facilitate a discussion on human rights issues in the SOGIE community.

Tanah Papua

- YHI:
    - Companion/Buddy Refresher Training for ten participants from KPs held December 6, 2014. The purpose of the session was to provide information on PMTCT programs for pregnant women for the ten participants, who are expected to assist with PMTCT programs.
    - Refresher for YHI staff on Understanding PMTCT for Pregnant Women, held in YHI Office on December 17, 2014.

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

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 key populations (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).

In addition to the goal of brokering better health services for MARPs, support under this strategy also includes providing technical capacity building to local government in integrated planning and resource management; comprehensive services, i.e., to respond to the three 90s; local government leadership; and improved local government for both political and operational commitment to comprehensive services.

Quarter 2 priorities included the following:

- 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, PWIDs and partners in East Java and Jakarta
- 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. Series of workshop 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.

In Quarter 2, SUM II participated in national coordination meetings in support of SUFA implementations. They included:

- December 2, 2014: Coordination Meeting facilitated by Minsitry of Planning and National Development (Bappenas), and attended by Bappeda (Bappenas at provincial and district level). This meeting was aim at identifying the HIV-AIDS epidemic situatation, the bottlenecks and the response to tackle the main issues, especially in term of political and budget commitment from Government. The participants of this meeting was from Ministry of Health Subdit AIDS-Subdit Mother and Child Health, Ministry of Religion, Ministry of Youth and Sport, Ministry of Education, Minsitry of Social, IPPA and other partners.

- December 16, 2014: Coordination Meeting facilitated by the Minstry of Human Development and Culture (December 2014), attended also by Ministry of Health Subdit AIDS-Subdit TB, Ministry of Foreign Affairs, National AIDS Commission and other USAID implementing partners

Quarter 2 technical assistance and mentoring supported by **Circle Indonesia** included:

- Surabaya, East Java:
    - November 10-15, 2014: HTC training on case management for 21 staff from 14 PKM, two hospitals and five CSOs
    - Buddies training for staff of CSO-CBO-PKM services networks, including
        - PKM Kedurus, November 17-19, 2014, for 17 staff of four Puskesmas and three CSOs (Perwakos, Orbit and one non-SUM II partner, Mahameru)
        - PKM Perak Timur, November 18-20, 2014, for 21 staff of two PKM and four CSOs (Perwakos, Orbit, Gaya Nusantara, YES)
        - PKM Putat Jaya, November 24-26, 2014, for 19 staff from four PKM and three CSOs (Orbit, Perwakos, YES)
- Malang, East Java:
    - December 15-20, 2014: HTC Training for 21 participants from CSOs and health services providers in the city of Malang, Malang Province and Kediri. Participants were from 13 Puskesmas, three Hospital 3, and five CSOs (SUAR, Paramitra, Sadarhati, Igama, and Wamarapa). The trainer was a certified master trainer from Dinkes East Java Province. Pre and post testing showed an increase in knowledge from 56% to 74%. Participant feedback especially cited new knowledge on how to work with patients and how to encourage ARV adherence.

Other regional highlights for Quarter 2:

<u>DKI Jakarta</u>

- SUM II CSO partners' case management staff participated in a *Case Manager Coordination* meeting, initiated by Provincial AIDS Commission, and attended by 24 case managers from all CSOs and hospitals. The discussion was focused on topics related to avoid double services to the patients.
- Coordination meeting of JIW4 technical cluster was held in Puncak on October 14-15, 2014. Twelve people representing YIM, LPA, YSS, and SWARA participated in this meeting. Circle Indonesia facilitated this meeting and it resulted in a cluster collaborative agreement and action plan.

- Yayasan Karisma: Gained cooperation with the Army Hospital in Central Jakarta on burning needles and other waste monthly.
- YIM:
    - In role of cluster lead, organized training for counselors in the J1W4 cluster on November 24-29, 2014. The aim of the training was to improve the capacity of counselors in HIV support and treatment, and prevention of new infections, for people living with HIV and GWL community in Jakarta. Twenty staff participated in this training.
    - YIM staff member (Erick) was appointed as Provincial Facilitator for SUFA. He was also appointed as field coordinator for West Jakarta.
- YKB, in cooperation with PT. Pertamina, organized training for counselors that was funded by PT. Pertamina. This course is intended for counselors and laboratory assistant so they can provide HIV testing in Pertamina-owned health care centers. YKB took the opportunity to include two of its staff to be trained as counselors. The training was conducted November 24-28, 2014, and was certified by MOH.

Riau Islands

- In Quarter 2, SUFA is in preparation process.
- In October 2014, a follow-up meeting was held with Dinas Kesehatan Batam involving YEP, YKIE and SUM II's regional capacity building officer. The meeting purpose was to explore the possibility to use STI/Puskesmas by YKIE in order to extent the Puskesmas service hour from, 14:00 to 20:00. The meeting clarified the following requirements:
    - Clearance from Provincial Office to allow YKIE to operate at the Puskesmas
    - Fee/transportation cost for the Puskesmas doctor who will supervise YKIE.
    - Puskesmas will continue to charge all services, including lab test.

North Sumatera

- In Quarter 2, SUFA is in preparation process.

East Java

- Case management 3-day training, conducted in two Puskesmas (PKM Dupak and PKM Sememi), facilitated by the Case Management Trainer from Puskesmas and CSOs. In each of Puskesmas succeeded to train 20 participants that included cader and peer educator of the CSOs, and staff CSOs (SUM II and GF partners).
- Training of HTC Counselors, Surabaya and Malang: Held November 10-15, 2014, at SUM II's conference room in Surabaya and facilitated by Circle and SUM II staff. (See described above under Circle activities.). This training was held in December for Kediri city/district HTC counselors.
- October/November 2014 Training of Companion/Buddies (PLWHA family/cadre): See described above under Circle activities.
- Building Comprehensive Services Networks:
    - SUM II and other participants of the East Java NAC (KPAP) Working Group met on November 7, 2014, in the BKKB office.
    - SUM II and other participants attended a KPA Surabaya PMT coordination meeting November 12, 2014, in the city of Surabaya KPA office. The meeting agenda focused on the evaluation brothel closures after three

months. As a follow-up, KPA Surabaya and SUM I will perform mapping to determine the distribution of MARPs.
  - SUM II and other participants attended a KPAP coordination meeting on November 27, 2014, to discuss the provision of shelters for people living with HIV and AIDS. , KPAP, November 27, 20014. As a follow-up, SUM II and CSOs Mahameru, Perwakos and GN were asked to provide ART halfway house services.

Tanah Papua

- 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.
  - Assistant 1, 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
- YHI:
  - HIV Case Management Training held on December 5, 2014, for 19 participants representing one clinic, 15 health centers, three hospitals, and DACs. The purpose of the session was to identify ways to work together to decrease the rate of new infections in the community.
  - Companion/Buddy Refresher Training for ten participants from KPs held December 6, 2014. The purpose of the session was to provide information on PMTCT programs for pregnant women for the ten participants, who are expected to assist with PMTCT programs.
  - Refresher for YHI staff on Understanding PMTCT for Pregnant Women, held in YHI Office on December 17, 2014.
- YCTP: Companion/Budding Training session held December 15-17, 2014, for staff of KPA Mimika, Mimika Health Service, PLHIV Support Group (KDS), and YCTP program staff. The purpose of the session was to increase understanding on ways to provide assistance to people living with HIV.

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 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 indivPWIDal 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, Riau Islands, and 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, PWID, high risk men, PLHIV; and the general population in Tanah Papua. SUM II will evaluate to the use of integrated CommCare Epi Info 7, in Q3 of Y5. SUM II succeeded to integrate the two system. However, since the database CommCare which has to be down loaded everytime, it created difficulty at CSOs to utilize. SUM II may simplify or look for other technology that helps CSOs in data management which links to Epi Info, Clinic-based SI, and SIHA (local government Strategic Information to HIV AIDS).

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 2 highlights are as follows:

<u>National M&E</u>

- SUM national and regional staff continued in Quarter 2 to monitor CSO progress on organizational performance outputs/outcomes as well as gaps in performance, i.e., review of CSO coverage targets and PEPFAR indicators.

- In December 2014, national staff initiated preparation for the January 19-21, 2015, SUM II Year 5 Review Workshop, attended by SUM II staff and TA providers Penabulu, Satunama, Circle and Angsamerah. A major goal of this workshop is to conduct a quantitative review of SUM II activities, particularly the *One Strategy Approach*, the demonstration of the district-based monitoring system in Jayawijaya District, and the district-specific evidence SUM II now has about STI and HIV/AIDS services supply and demand.
- Selected replacement candidate for National M&E Coordinator. Mr. Nasrun Hadi will begin January 5, 2015.

Tanah Papua

- YHI and YCTP Annual Survey: The annual survey was ongoing in Mimika District, conducted by YCTP and in Jayapura City by YHI. Thirteen staff from YCTP and fifteen from YHI were involved, and all previously received SUM II training for enumerator. The annual survey result report was completed in December 2014 and will be disseminated to local government and stakeholders in the respective district in January 2015.
    - Training by regional staff conducted a training course for YHI (15 participants) on October 13-14, 2014, in Jayapura, and YCTP staff (13 participants) in Timika on October 16-17, 2014, to enable each organization to conduct an annual survey.
    - Annual survey implemented in October-November 2014 as part of their M&E function. The survey measures level of knowledge of target groups about HIV and AIDS, risky sexual behavior, and condom use. For SUM II, the surveys provide information about the scope of interventions, performance of SUM II's program in collaboration with CSOs in Tanah Papua, and the increased capacity of CSOs to conduct surveys as any part of the monitoring and evaluation.
    - SUM II regional office: Meetings at SUM II conference room with YHI and YCTP staff held December 15-19, 2014, to review and discuss the field data they have gathered in their annual surveys. One theme in the data is the vulnerability of teens to HIV infection.
- District-base Monitoring System (DbMS), Jayawijaya District:
    - A three-day workshop on November 5-7, 2014, attended by all CSOs Wamena, Youth Leaders, DHO, DAC, District Education Office, District Women Empowerment Office, District Hospital, and Puskesmas Wamena Kota. The workshop was aimed at producing the reporting format, content, and procedures; and establisment DbMS teamwork. The workshop result is concluded below:
        - Agreed on the reporting format and procedures;
        - Timeline of quarterly review meeting on DbMS;
        - Established DbMS teamwork that consisted of four people, they are Andika (KPA Jayawijaya), Sendhi (CHAI), Wiwik (DHO), and Gerry Kossay (Yukemdi).
    - A three-day meeting with DbMS Teamwork on November 16-18, 2014 to review the use of DbMS, the quality of data, and how to diseminate it to the stakeholders in the district for decision making.
- SUM 2 monitoring and reporting training to YTHP, on November 19-22, 2014.

Regional Jakarta

- In Quarter 2, SUM II with USAID (Maria Au, Washington, and Sylvia Sihombing, Jakarta/Health) facilitated the application of PEPFAR SIMS for CSO partner and cluster lead YIM and Yayasan Penabulu (TA provider).
- Yayasan Karisma: Beginning in November 2014, mapping East and Central Jakarta using GIG
- Data quality audit training in Batam Islands conducted in each CSO Office, participated by program and M&E staff. It was on October 1-2, 2014 for YEP, and YKIE on October 3-4, 2014. The training topics were *the quality data concept; data quality audit procedure and mechanism; quality data review exercise; and discussion on DQA findings (result) and recommendations.*
- Data quality audit training was also done to the three CSO partners in Medan, they are Galatea, GSM, and H2O – two days training sessions to each of the CSOs in their respective offices, on October 8 – 14, 2014. The training topics were of the same as was done in Batam Islands.
- YBS and KOMPAK conducted training on the annual survey in Riau Islands, held December 23-24, 2014. The purpose was to train ten interviewers and two data entry staff, and prepare for the annual survey activities that will begin in January 2015 in Riau Islands.
- YBS began developing its website.

East and Central Java

- QA/QI Implementation: Conducted November 10-26, 2014, for four SUM II partners in East Java – Orbit, YES, GN, and Perwakos – and Jakerpermas in Central Java. In general, the QA/QI assessments found that 50-80% of expected output in Q1 has been fulfilled. Some unmet output included HR SOP and PEPFAR targets. Unmet outputs were reviewed and ways to address them discussed. These results were discussed with TA providers in the coordination meeting held on December 2, 2014. In December, QA/QI was initiated with Wamarapa, IGAMA, SUAR, YSH, and Paramitra, and expected to be completed in February 2015.
- SIMS: Discussion of the SIMS guide in December 2014 with TA providers, and implementation of SIMS for Perwakos, GN, Paramitra and SUAR.
- Technical assistance to SUM 2 Regional Office Surabaya and TA Organization (Circle Indonesia) on December 21-24, 2014. The purpose was to strengthen knowledge and skills in data management and analysis by using Epi Info 7, and how to monitor the impact of the technical assistance provided to CSOs.

Objective 2: Small Grants Program

In Quarter 2 SUM II continued to support new partnerships (initiated in Quarter 1) with six CSOs and five private clinics in Tanah Papua, Riau Islands, Central Java, North Sumatera, West Java and DKI Jakarta. They are:

CSOs – New Partnership

- 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 submitted its Close-Out Plan to USAID on November 9, 2014. Twenty-eight CSO grants completed closed out in Quarter 2; four 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. A priority in Quarter 2 was to finalize close-out of 26 CSO partner whose grants were already closed in the past year.

DKI Jakarta Regional Office conducted a two-day workshop on *Sub-grant Close Out* for all Jakarta Region CSOs, held in Bandung on November 26-28, 2014. Eighteen of twenty-one CSOs in Jakarta Region participated in the workshop. Each CSO was represented by their Program Manager/Director and Finance Manager. The workshop was facilitated by SUM II staff. During the workshop, SUM II staff presented the SUM II Close-Out Plan, and expectations of all CSOs, including preparation of:

1) Final draft grant alignment (budget modification and activity plan) untill February 2015
2) IndivPWIDal CSO Close Out Plan

SUM II also set expectations with CSOs about the preparation of documents related to sub-grant close-out, including:

- Financial close-out
    - financial final report
    - final bank statement
    - collect VAT reports
    - certification of the final payment
    - the final modification agreement
    - sub-grantee audit reports
- Logistics and inventory disposal process, including:
    - latest inventory list
    - inventory status and photos
    - disposal letter
- Program close out, annual reports, and project final report

Status of SUM II grants as of December 31, 2014, can be found in Annex 3.

Performance Against PMP Targets

SUM II worked with 46 partners with active grants. They are consisting of 42 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, community system strengthening, and technical integrity; and one CCM GFATM.

Twenty one (21) out of 42 CSOs received funds from local government, GF-ATM, and private sectors.

SUM II TA Organization partner, Yayasan Penabulu facilitated 12 CSOs to complete the organization's consolidated financial report, seven of them completed with internal audit, and six of the 12 are now in the process of implementing the external audit for the period 1 January 2014 to 31 December 2014. The external audit 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, twelve of those 14 CSOs used to refer to the strategic and annual plans for program decision making.

SUM II satisfied with the achievement of Quarter Two to Year Five which contributes to the achievement of more than 50% against the annual target indicators.

- GPY_PRE_DSD achievement is lower compared to Q1. It was caused one CSO withdrew the partnership at end of Q1, and one CSO was suspended for two months in Q2 due to internal conflict of interest. However, total achievement to the reporting period is 74.92%;
- KP_PREV_DSD: increased achievement in Q2 which contributes to the total achiement to 72.24% against the annual target;
- HTC_TST_DSD 59.13% and HTC_TST_TA 70.83% that contributes to the achievement of HTC_TST_NGI to 68.21% against annual target;
- PMTCT_STAT_TA for Papua only: Q2 achievement is lower to Q1 but it contributes to the total achievement 54.21% against the annual target;
- Three of the 7 privite clinic partners (Angsamerah, Ruang Carlo, and Calvari) provided PLHIV with direct service delivery for Care, and ARV treatment. The total achievement CARE_CURR_DSD is 52.86%, CARE_NEW 92.50%, TX_CURR_DSD 51.88%, and TX_NEW_DSD 81.25%.

As per PEPFAR guidance, the indicator C2.1.D is replaced with CARE CURR (DSD only) since FY 2015. Hence, C2.1.D_TA report was only for SUM II internal record.

ORGANIZATIONAL PERFORMANCE SUM2

FY 2015 Implementing Mechanism Indicators: Indonesia

Indicator No.	Indicator label	FY2014 continued to FY2015 COP Targets	Q1 Y5	Q2Y5	TOTAL
SITE_SUPP	**Number of PEPFAR-supported DSD and TA sites**	95	74	74	74
	By program area/support type: HTC Direct Service Delivery (DSD)	6	5	7	7
	By program area/support type: HTC Technical Assistance-only (TA)	45	35	35	35
	By program area/support type: Treatment Direct Service Delivery (DSD)	2	2	2	2
	By program area/support type: Treatment Technical Assistance-only (TA)	0	0	0	0
	By program area/support type: Care and Support Direct Service Delivery (DSD)	2	0	3	3
	By program area/support type: Care and Support Technical Assistance-only (TA)	0	0	0	0
	By program area/support type: Food and Nutrition Direct Service Delivery (DSD)	0	0	0	0
	By program area/support type: Food and Nutrition Technical Assistance-only (TA)	0	0	0	0
	By program area/support type: PMTCT Direct Service Delivery (DSD)	0	0	0	0
	By program area/support type: PMTCT Technical Assistance-only (TA)	0	0	0	0
	By program area/support type: TB/HIV Direct Service Delivery (DSD)	0	0	0	0
	By program area/support type: TB/HIV Technical Assistance-only (TA)	0	0	0	0
	By program area/support type: VMMC Direct Service Delivery (DSD)	0	0	0	0
	By program area/support type: VMMC Technical Assistance-only (TA)	0	0	0	0
	By program area/support type: General Population Prevention Direct Service Delivery (DSD)	9	8	5	5
	By program area/support type: General Population Prevention Technical Assistance-only (TA)	0	0	0	0
	By program area/support type: Key Populations Prevention Direct Service Delivery (DSD)	31	34	35	35
	By program area/support type: Key Populations Prevention Technical Assistance-only (TA)	0	0	0	0
	By program area/support type: OVC Direct Service Delivery (DSD)	0	0	0	0
	By program area/support type: OVC Technical Assistance-only (TA)	0	0	0	0
	By program area/support type: PHDP/Family Planning & Integration Direct Service Delivery (DSD)	0	0	0	0
	By program area/support type: PHDP/Family Planning & Integration Technical Assistance-only (TA)	0	0	0	0
	By program area/support type: Lab Direct Service Delivery (DSD)	0	0	0	0
	By program area/support type: Lab Technical Assistance-only (TA)	0	0	0	0
Narrative:					
PMTCT_STAT_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)	0	0	0	0
	Denominator: Number of new ANC and L&D clients	0	0	0	0
	By: Known positives at entry	0	0	0	0
	By: Number of new positives identified	0	0	0	0
	Sum of Positives Status disaggregates	0	0	0	0
Narrative:					
PMTCT_STAT_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)	0	0	0	0
	Denominator: Number of new ANC and L&D clients	0	0	0	0
	By: Known positives at entry	0	0	0	0
	By: Number of new positives identified	0	0	0	0
	Sum of Positives Status disaggregates	0	0	0	0
Narrative:					
PMTCT_STAT_NGI	**Number and percentage of pregnant women with known status (includes women who were tested for HIV and received their results) (NGI)**	56%			%
	Numerator: Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	1236	541	129	670
	Denominator: Number of new ANC and L&D clients	2226	0	0	0
	By: Known positives at entry	0	0	0	0
	By: Number of new positives identified	38	27	7	34
	Sum of Positives Status disaggregates	38	27	7	34
Narrative:					
PMTCT_STAT_TA	**Number and percentage of pregnant women with known status (includes women who were tested for HIV and received their results) (TA)**	56%			%
	Numerator: Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	1236	541	129	670
	Denominator: Number of new ANC and L&D clients	2226	0	0	0
	By: Known positives at entry	0	0	0	0
	By: Number of new positives identified	38	27	7	34
	Sum of Positives Status disaggregates	38	27	7	34
Narrative:					
GPY_PREV_DSD	**Percentage of the target population who completed a standardized HIV prevention intervention including the minimum components during the reporting period (DSD)**	19%			
	Numerator: Number of the target population who completed a standardized HIV prevention intervention including the minimum components during the reporting period.	47,742	26,651	9,118	35,769
	Denominator: Total number of people in the target population	249,952	0	0	0
	Age/sex: 10-14 Male	**5,738**	71	47	118
	Age/sex: 15-19 Male	5,722	4,155	1,331	5,486
	Age/sex: 20-24 Male	5,728	4,203	1,293	5,496
	Age/sex: 25-49 Male	9,070	6,575	2,314	8,890
	Age/sex: 50+ Male		0	60	60
	Age/sex: 10-14 Female	4,774	122	59	181
	Age/sex: 15-19 Female	4,774	3,285	1,093	4,378
	Age/sex: 20-24 Female	4,774	3,316	1,060	4,376
	Age/sex: 25-49 Female	7,162	4,924	1,838	6,762
	Age/sex: 50+ Female		0	23	23
	Sum of Age/Sex disaggreagtes	47,742	26,651	9,118	35,769
Narrative:					
GPY_PREV_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.				0
	Denominator: Total number of people in the target population				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: 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
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)**	34,963	12,151	13,108	25,259
	By key population type: Female sex workers (FSW)	9,034	6,027	4,782	10,809
	By key population type: Males who inject drugs (Male PWID)	3,377	1,007	1,964	2,971
	By key population type: Females who inject drugs (Female PWID)	120	37	246	283
	By key population type: Men who have sex with men/Transgender (MSM/TG)	22,432	5,080	6,116	11,196
	By key population type: MSM/TG who are male sex workers (subset MSM/TG)	12,786	630	2,075	2,705
Narrative:					
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)**				0
	By key population type: Female sex workers (FSW)				0
	By key population type: Males who inject drugs (Male PWID)				0
	By key population type: Females who inject drugs (Female PWID)				0
	By key population type: Men who have sex with men/Transgender (MSM/TG)				0
	By key population type: MSM/TG who are male sex workers (subset MSM/TG)				0
Narrative:					
HTC_TST_DSD	**Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (DSD)**	4,575	524	2,181	2,705
	By Test Result: Negative	4,255	434	1,029	1,463
	By Test Result: Positive	320	90	151	241
	Sum of Test Result disaggregates	4575	524	1,180	1,704
	Age/sex: <1 Male		0	0	0
	Age/sex: 1-4 Male		0	0	0
	Age/sex: 5-9 Male		0	0	0
	Age/sex: 10-14 Male		1	2	3
	Age/sex: 15-19 Male		10	115	125
	Age/sex: 20-24 Male		203	291	494
	Age/sex: 25-49 Male		95	1,084	1,179
	Age/sex: 50+ Male		0	71	71
	Age/sex: <1 Female		0	0	0
	Age/sex: 1-4 Female		0	0	0
	Age/sex: 5-9 Female		0	0	0
	Age/sex: 10-14 Female		3	1	4
	Age/sex: 15-19 Female		24	37	61
	Age/sex: 20-24 Female		130	71	201
	Age/sex: 25-49 Female		58	507	565
	Age/sex: 50+ Female		0	2	2
	Sum of Age/Sex disaggregates	0	524	2181	2705
	Aggregated Age/sex: <15 Male	0	1	1	2
	Aggregated Age/sex: 15+ Male	3,203	308	210	518
	Aggregated Age/sex: <15 Female	0	3	1	4
	Aggregated Age/sex: 15+ Female	1372	212	387	599
	Sum of Aggregated Age/Sex disaggregates	4575	524	599	1123
Narrative:					
HTC_TST_NA	**Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (Neither)**				0
	By Test Result: Negative				0
	By Test Result: Positive				0
	Sum of Test Result disaggregates	0			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:					
HTC_TST_NGI	**Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (NGI)**	20,459	7339	6616	13955
	By Test Result: Negative	19,569	5825	3511	9336
	By Test Result: Positive	890	1486	295	1781
	Sum of Test Result disaggregates	20459	7,311	3,806	11117
	Age/sex: <1 Male	0	0	0	0
	Age/sex: 1-4 Male	0	0	0	0
	Age/sex: 5-9 Male	0	0	0	0
	Age/sex: 10-14 Male	0	15	7	22
	Age/sex: 15-19 Male	0	257	270	527
	Age/sex: 20-24 Male	0	1408	444	1852
	Age/sex: 25-49 Male	0	1462	2285	3747
	Age/sex: 50+ Male	0	34	151	185
	Age/sex: <1 Female	0	0	0	0
	Age/sex: 1-4 Female	0	0	0	0
	Age/sex: 5-9 Female	0	0	0	0
	Age/sex: 10-14 Female	0	21	7	28
	Age/sex: 15-19 Female	0	363	228	591
	Age/sex: 20-24 Female	0	1392	716	2108
	Age/sex: 25-49 Female	0	2281	2440	4721
	Age/sex: 50+ Female	0	106	68	174
	Sum of Age/Sex disaggregates	0	7339	6616	13955
	Aggregated Age/sex: <15 Male	67	15	7	22
	Aggregated Age/sex: 15+ Male	13,141	3161	3,150	6311
	Aggregated Age/sex: <15 Female	84	21	7	28
	Aggregated Age/sex: 15+ Female	7,198	4142	3,452	7594
	Sum of Aggregated Age/Sex disaggregates	20490	7,339	6,616	13955
Narrative:					
HTC_TST_TA	**Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (TA-only)**	15,884	6,815	4,435	11,250
	By Test Result: Negative	15,314	5,391	2,482	7,873
	By Test Result: Positive	570	1,396	144	1,540
	Sum of Test Result disaggregates	15884	6,787	2,626	9,413
	Age/sex: <1 Male		0	0	0
	Age/sex: 1-4 Male		0	0	0
	Age/sex: 5-9 Male		0	0	0
	Age/sex: 10-14 Male		14	5	19
	Age/sex: 15-19 Male		247	155	402
	Age/sex: 20-24 Male		1,205	153	1,358
	Age/sex: 25-49 Male		1,367	1,201	2,568
	Age/sex: 50+ Male		34	80	114
	Age/sex: <1 Female		0	0	0
	Age/sex: 1-4 Female		0	0	0
	Age/sex: 5-9 Female		0	0	0
	Age/sex: 10-14 Female		18	6	24
	Age/sex: 15-19 Female		339	191	530
	Age/sex: 20-24 Female		1,262	645	1,907
	Age/sex: 25-49 Female		2,223	1,933	4,156
	Age/sex: 50+ Female		106	66	172
	Sum of Age/Sex disaggregates	0	6815	4435	11250
	Aggregated Age/sex: <15 Male	50	14	5	19
	Aggregated Age/sex: 15+ Male	9,938	2,853	1,589	4,442
	Aggregated Age/sex: <15 Female	70	18	6	24
	Aggregated Age/sex: 15+ Female	5,826	3,930	2,835	6,765
	Sum of Aggregated Age/Sex disaggregates	15884	6815	4435	11250
Narrative:					

C2.1.D_DSD	**Number of HIV-positive adults and children receiving a minimum of one clinical service (DSD)**	280	0	249	249
	By Age/Sex: <15 Female		0	0	0
	By Age/Sex: <15 Male		0	0	0
	By Age/Sex: 15+ Female		0	37	37
	By Age/Sex: 15+ Male		0	212	212
	Sum of Age/Sex disaggregates	0	0	249	249
	By Age: <15		0	0	0
	By Age: 15+		0	249	249
	Sum of Age disaggregates	0	0	249	249
	By Sex: Female	70	0	37	37
	By Sex: Male	210	0	212	212
	Sum of Sex disaggregates	280	0	249	249
Narrative:					
C2.1.D_NA	**Number of HIV-positive adults and children receiving a minimum of one clinical service (Neither)**	0	0	0	0
	By Age/Sex: <15 Female	0	0	0	0
	By Age/Sex: <15 Male	0	0	0	0
	By Age/Sex: 15+ Female	0	0	0	0
	By Age/Sex: 15+ Male	0	0	0	0
	Sum of Age/Sex disaggregates	0			0
	By Age: <15	0	0	0	0
	By Age: 15+	0	0	0	0
	Sum of Age disaggregates	0			0
	By Sex: Female	0	0	0	0
	By Sex: Male	0	0	0	0
	Sum of Sex disaggregates	0			0
Narrative:					
C2.1.D_NGI	**Number of HIV-positive adults and children receiving a minimum of one clinical service (NGI)**	280	182	2677	2,859
	By Age/Sex: <15 Female	0	10	9	19
	By Age/Sex: <15 Male	0	7	5	12
	By Age/Sex: 15+ Female	0	819	362	1,181
	By Age/Sex: 15+ Male	0	729	918	1,647
	Sum of Age/Sex disaggregates	0	1565	1294	2,859
	By Age: <15	0	17	14	31
	By Age: 15+	0	1,548	1280	2828
	Sum of Age disaggregates	0	1565	1294	2859
	By Sex: Female	70	829	371	1200
	By Sex: Male	210	736	923	1659
	Sum of Sex disaggregates	280	1565	1294	2859
Narrative:					
C2.1.D_TA	**Number of HIV-positive adults and children receiving a minimum of one clinical service (TA-only)**	0	182	2,428	2,610
	By Age/Sex: <15 Female	0	10	9	19
	By Age/Sex: <15 Male	0	7	5	12
	By Age/Sex: 15+ Female	0	819	325	1,144
	By Age/Sex: 15+ Male	0	729	706	1,435
	Sum of Age/Sex disaggregates	0	1565	1045	2610
	By Age: <15	0	17	14	31
	By Age: 15+	0	1,548	1,031	2,579
	Sum of Age disaggregates	0	1565	1045	2610
	By Sex: Female	0	829	334	1,163
	By Sex: Male	0	736	711	1,447
	Sum of Sex disaggregates	0	1565	1045	2610
Narrative:					
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)**	280	68	148	148
	Age/sex: <1 Male	0	0	0	0
	Age/sex: 1-4 Male	0	0	0	0
	Age/sex: 5-9 Male	0	0	0	0
	Age/sex: 10-14 Male	0	0	0	0
	Age/sex: 15-19 Male	0	0	0	0
	Age/sex: 20-24 Male	0	63	83	83
	Age/sex: 25-49 Male	0	1	55	55
	Age/sex: 50+ Male	0	0	0	0
	Age/sex: <1 Female	0	0	0	0
	Age/sex: 1-4 Female	0	0	0	0
	Age/sex: 5-9 Female	0	0	0	0
	Age/sex: 10-14 Female	0	0	0	0
	Age/sex: 15-19 Female	0	0	0	0
	Age/sex: 20-24 Female	0	0	2	2
	Age/sex: 25-49 Female	0	4	8	8
	Age/sex: 50+ Female	0	0	0	0
	Sun of Age/Sex disaggregates	0	68	148	148
	Aggregated Age/sex: <15 Male	0	0	0	0
	Aggregated Age/sex: 15+ Male	210	64	138	138
	Aggregated Age/sex: <15 Female	0	0	0	0
	Aggregated Age/sex: 15+ Female	70	4	10	10
	Sum of Aggregated Age/Sex disaggregates	280	68	148	148
Narrative:					
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	0	0	0
	Age/sex: <1 Male	0	0	0	0
	Age/sex: 1-4 Male	0	0	0	0
	Age/sex: 5-9 Male	0	0	0	0
	Age/sex: 10-14 Male	0	0	0	0
	Age/sex: 15-19 Male	0	0	0	0
	Age/sex: 20-24 Male	0	0	0	0
	Age/sex: 25-49 Male	0	0	0	0
	Age/sex: 50+ Male	0	0	0	0
	Age/sex: <1 Female	0	0	0	0
	Age/sex: 1-4 Female	0	0	0	0
	Age/sex: 5-9 Female	0	0	0	0
	Age/sex: 10-14 Female	0	0	0	0
	Age/sex: 15-19 Female	0	0	0	0
	Age/sex: 20-24 Female	0	0	0	0
	Age/sex: 25-49 Female	0	0	0	0
	Age/sex: 50+ Female	0	0	0	0
	Sum of Age/Sex disaggregates	0	0		0
	Aggregated Age/sex: <15 Male	0	0	0	0
	Aggregated Age/sex: 15+ Male	0	0	0	0
	Aggregated Age/sex: <15 Female	0	0	0	0
	Aggregated Age/sex: 15+ Female	0	0	0	0
	Sum of Aggregated Age/Sex disaggregates	0	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**	160	68	80	148
	Age/sex: <1 Male	0	0	0	0
	Age/sex: 1-4 Male	0	0	0	0
	Age/sex: 5-9 Male	0	0	0	0
	Age/sex: 10-14 Male	0	0	0	0
	Age/sex: 15-19 Male	0	0	0	0
	Age/sex: 20-24 Male	0	63	20	83
	Age/sex: 25-49 Male	0	1	52	53
	Age/sex: 50+ Male	0	0	0	0
	Age/sex: <1 Female	0	0	0	0
	Age/sex: 1-4 Female	0	0	0	0
	Age/sex: 5-9 Female	0	0	0	0
	Age/sex: 10-14 Female	0	0	0	0
	Age/sex: 15-19 Female	0	0	0	0
	Age/sex: 20-24 Female	0	0	4	4
	Age/sex: 25-49 Female	0	4	4	8
	Age/sex: 50+ Female	0	0	0	0
	Sum of Age/sex disaggregates	0	68	80	148
	Aggregated Age/sex: <15 Male		0	0	0
	Aggregated Age/sex: 15+ Male	120	64	72	136
	Aggregated Age/sex: <15 Female		0	0	0
	Aggregated Age/sex: 15+ Female	40	4	8	12
	Sum of Aggregated Age/sex disaggregates	160	68	80	148
Narrative:					

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**	100%			
	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	3	2	3	3
	Denominator: Total number of PEPFAR supported sites providing clinical care services	3	2	3	3
	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	3	2	3	3
	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	0	0	4	4
	Sum of Numerator Site Support Type disaggregates	0			0
	By site support type: Direct Service Delivery (DSD): Total number of PEPFAR supported sites providing clinical care services	3	2	3	3
	By site support type: Technical Assistance-only (TA): Total number of PEPFAR supported sites providing clinical care services	0	0	4	4
	Sum of Denominator Site Support Type disaggregates	2	2	3	3
Narrative:					
TX_CURR_DSD	**Number of adults and children receiving antiretroviral therapy (ART) [current] (DSD)**	160	33	83	83
	Age/Sex: <1 Male	0	0	0	0
	Age/Sex: 1-4 Male	0	0	0	0
	Age/Sex: 5-14 Male	0	0	0	0
	Age/Sex: 15+ Male	0	31	79	79
	Age/Sex: <1 Female	0	0	0	0
	Age/Sex: 1-4 Female	0	0	0	0
	Age/Sex: 5-14 Female	0	0	0	0
	Age/Sex: 15+ Female	0	2	4	4
	Sum of age/sex disaggregates	0	33	83	83
	Percent children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]	0	0	0	0
	Percent women and girls with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]	0	0	0	0
	Aggregated Age/Sex: <1 Male	0	0	0	0
	Aggregated Age/Sex: <1 Female	0	0	0	0
	Aggregated Age/Sex: <15 Male	0	0	0	0
	Aggregated Age/Sex: 15+ Male	130	31	48	79
	Aggregated Age/Sex: <15 Female	0	0	0	0
	Aggregated Age/Sex: 15+ Female	30	2	2	4
	Sum of Aggregated Age/Sex disaggregates	160	33	50	83
Narrative:					
TX_CURR_NA	**Number of adults and children receiving antiretroviral therapy (ART) [current] (Neither)**	0	0	0	0
	Age/Sex: <1 Male	0	0	0	0
	Age/Sex: 1-4 Male	0	0	0	0
	Age/Sex: 5-14 Male	0	0	0	0
	Age/Sex: 15+ Male	0	0	0	0
	Age/Sex: <1 Female	0	0	0	0
	Age/Sex: 1-4 Female	0	0	0	0
	Age/Sex: 5-14 Female	0	0	0	0
	Age/Sex: 15+ Female	0	0	0	0
	Sum of Age/Sex disaggregates	0	0	0	0
	Aggregated Age/Sex: <1 Male	0	0	0	0
	Aggregated Age/Sex: <1 Female	0	0	0	0
	Aggregated Age/Sex: <15 Male	0	0	0	0
	Aggregated Age/Sex: 15+ Male	0	0	0	0
	Aggregated Age/Sex: <15 Female	0	0	0	0
	Aggregated Age/Sex: 15+ Female	0	0	0	0
	Sum of Aggregated Age/Sex disaggregations	0	0	0	0
Narrative:					
TX_CURR_NGI	**Number of adults and children receiving antiretroviral therapy (ART) [current] (NGI)**	0	0	0	0
	Age/Sex: <1 Male	0	0	0	0
	Age/Sex: 1-4 Male	0	0	0	0
	Age/Sex: 5-14 Male	0	0	0	0
	Age/Sex: 15+ Male	0	0	0	0
	Age/Sex: <1 Female	0	0	0	0
	Age/Sex: 1-4 Female	0	0	0	0
	Age/Sex: 5-14 Female	0	0	0	0
	Age/Sex: 15+ Female	0	0	0	0
	Sum of Age/Sex disaggregates	0	0	0	0
	Aggregated Age/Sex: <1 Male	0	0	0	0
	Aggregated Age/Sex: <1 Female	0	0	0	0
	Aggregated Age/Sex: <15 Male	0	0	0	0
	Aggregated Age/Sex: 15+ Male	0	0	0	0
	Aggregated Age/Sex: <15 Female	0	0	0	0
	Aggregated Age/Sex: 15+ Female	0	0	0	0
	Sum of Aggregated Age/Sex disaggregates	0	0	0	0
Narrative:					
TX_CURR_TA	**Number of adults and children receiving antiretroviral therapy (ART) [current] (TA-only)**	0	0	0	0
	Age/Sex: <1 Male	0	0	0	0
	Age/Sex: 1-4 Male	0	0	0	0
	Age/Sex: 5-14 Male	0	0	0	0
	Age/Sex: 15+ Male	0	0	0	0
	Age/Sex: <1 Female	0	0	0	0
	Age/Sex: 1-4 Female	0	0	0	0
	Age/Sex: 5-14 Female	0	0	0	0
	Age/Sex: 15+ Female	0	0	0	0
	Sum of Age/Sex disaggregations	0	0	0	0
	Aggregated Age/Sex: <1 Male	0	0	0	0
	Aggregated Age/Sex: <1 Female	0	0	0	0
	Aggregated Age/Sex: <15 Male	0	0	0	0
	Aggregated Age/Sex: 15+ Male	0	0	0	0
	Aggregated Age/Sex: <15 Female	0	0	0	0
	Sum of Aggregated Age/Sex disaggregates	0	0	0	0
	Aggregated Age/Sex: 15+ Female		0	0	0
Narrative:					
TX_NEW	**Number of adults and children newly enrolled on antiretroviral therapy (ART)**	96	28	50	78
	By Age/Sex: <1 Male	0	0	0	0
	By Age/Sex: 1-4 Male	0	0	0	0
	By Age/Sex: 5-9 Male	0	0	0	0
	By Age/Sex: 10-14 Male	0	0	0	0
	By Age/Sex: 15-19 Male	0	2	0	2
	By Age/Sex: 20-24 Male	0	20	30	50
	By Age/Sex: 25-49 Male	0	4	18	22
	By Age/Sex: 50+ Male	0	0	0	0
	By Age/Sex: <1 Female	0	0	0	0
	By Age/Sex: 1-4 Female	0	0	0	0
	By Age/Sex: 5-9 Female	0	0	0	0
	By Age/Sex: 10-14 Female	0	0	0	0
	By Age/Sex: 15-19 Female	0	0	0	0
	By Age/Sex: 20-24 Female	0	0	2	2
	By Age/Sex: 25-49 Female	0	0	0	0
	By Age/Sex: 50+ Female	0	2	0	2
	Sum of Age/Sex disaggregates	0	28	50	78
	Aggregated Grouping by Age: <1 Male	0	0	0	0
	Aggregated Grouping by Age: <1 Female	0	0	0	0
	Aggregated Grouping by Age/Sex: <15 Male	0	0	0	0
	Aggregated Grouping by Age/Sex: 15+ Male	78	28	46	74
	Aggregated Grouping by Age/Sex: <15 Female	0	0	0	0
	Aggregated Grouping by Age/Sex: 15+ Female	18		4	4
	Sum of Aggregated Age/Sex disaggregates	96	28	50	78
	Pregnancy status	0	0	0	0
	Breastfeeding status	0	0	0	0
Narrative:					

TX_RET	**Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy**				
	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)				
	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)				
Narrative:					

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	2	3	3
	Denominator: Total number of PEPFAR-supported ART sites	2	2	3	3
	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	2	3	3
	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	0	0	4	4
	Sum of Numerator Site Support Type disaggregates	2			0
	By support type: Direct Service Delivery (DSD): Total number of PEPFAR-supported ART sites	2	2	3	3
	By support type: Technical Assistance (TA-only): Total number of PEPFAR-supported ART sites		0	4	4
	Sum of Denominator Site Support Type disaggregates	2			
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	0	0	0	0
	Denominator: Total number of PEPFAR-supported sites for any HIV clinical service including HIV Care, HIV Treatment, TB care, PMTCT, VMMC, and HTC	0	0	0	0
	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	0	0	0	0
	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	0	0	0	0
	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	0	0	0	0
	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	0	0	0	0
	Sum of Denominator Site Support Type disaggregates	0	0	0	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			0
	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			0
	System Level: Central Medical Stores				0
	System Level: Regional Medical Stores				0
	System Level: District				0
	System Level: Health facility	35			0
	Commodity: Condoms	35			0
	Commodity: ARV drugs				0
	Commodity: Rapid test kits				0
	Commodity: OI drugs				0
	Commodity: Other				0
Narrative:	SUM 1				

ID.415	**Number of USG-funded CSOs with approved grants in the last reporting cycle**	56	45	45	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**	24	21	21	21
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	7	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.**	12	9	12	12
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			0
Narrative:	SUM 1				

Annex 1. Revised PMP

Revised PMP of Year 4 Work Plan
Developed to Align with the Revised PEPFAR Indicators for 2014 and 2015

Indicator		Disaggregated by	Data Source, Collection Method, Frequency of Reporting	Target Y4 and continue to Y5	
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, PWID, MSM, and OVP (transgender, non-injecting drug user, PWID's sex partner, high-risk men, high- risk men partner)	CSO monthly report; reported quarterly; semi-annually; and annually	CSW	10,000
				PWID	3,000
				MSM	17,000
				Transgender	3,000
				OVP	12,000
				Total	45,000
P8.1.D	Number of the targeted population reached with individuals and/or small group level prevention interventions that are based on evidence and/or meet the minimum standards required	By sex (male & female) and age (<15 y.o. & 15+)	Papua CSO monthly report; reported quarterly; semi- annually; and annually	Male<15	935
				Male 15+	33,000
				Female<15	690
				Female 15+	15,000
				Total	49,625
P11.1.D	Number of individuals who received Counseling and Testing (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	120
				Male 15+	12,370
				Female<15	110
				Female 15+	6,200
				Total	18,800
C1.1.D	Number of HIV- positive adults and children receiving a minimum of one clinical service	Sex and Age: (male<18, male 18+; female<18, female 18+)	CSO monthly report; reported quarterly; semi-annually; and annually	Male<18	30
				Male 18+	2,475
				Female<18	40
				Female 18+	1,530
				Total	4,075
Additional	Number of KAPs individuals accessing	KAPs: CSW, PWID, MSM, and OVP	CSO monthly report;	CSW	7,000

Capacity Building Indicator	STI services at targeted intervention sites	(transgender, non-injecting drug user, PWID's sex partner, high-risk men, Papuan Male, Papuan Female)	reported quarterly; semi-annually; and annually	PWID	300
				MSM	4,000
				Transgender	3,000
				OVP	4,500
				Total	18,800

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of Reporting	Target Y4 and Continue to Y5	
SITE_SUPP	Number of PEPFAR-Supported DSD and TA sites	Program area/support type	Source/s: • SUM II Site Directory • SUM II Quarterly Report Validation: • 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)	4
				HTC Technical Assistance-only (TA)	45
				Treatment Direct Service Delivery (DSD)	2
				Care and Support Direct Service Delivery (DSD)	2
				General Population Prevention Direct Service Delivery (DSD)	9
				Key Populations Prevention Direct Service Delivery (DSD)	31

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of Reporting	Target Y4 and Continue to Y5	
			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 *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*	Source/s: • CSO reports of – 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: – Supporting revitalization of posyandu/ANC/ PMTCT services – Supporting community participation in posyandu/ANC/PMTCT activities Frequency:	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	1,031
				Number of new ANC and L&D clients	2,226
				Number of new positives identified	31

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of Reporting	Target Y4 and Continue to Y5	
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 *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*	Same as above	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	1,031
				Number of new ANC and L&D clients	2,226
				Number of new positives identified	31
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 *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*	Source/s: CSO monthly reports of individuals reached (in indivPWIDal or small group discussions) with minimum standard package of information on HIV prevention and care (needs definition according to Indonesia standard)	10-14 Male	4,781
				15-19 Male	4,769
				20-24 Male	4,773
				25-49 Male	7,559
				10-14 Female	3,979
				15-19 Female	3,978
				20-24 Female	3,979

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of Reporting	Target Y4 and Continue to Y5	
		in the target population		25-49 Female	5,968
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 indivPWIDal 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)	9,034
				Males who inject drugs (Male PWID)	3,070
				Females who inject drugs (Female PWID)	100
				Men who have sex with men/ Transgender (MSM/TG)	20,393
				MSM/TG who are male sex workers (subset MSM/TG)	11,624
HTC_ TST_DSD	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (DSD)	Test result Age/sex (aggregated)	Source/s: • Clinical monthly reports • CSO (that provide pre- and post-test counseling services) monthly reports Frequency: Monthly	Test Result Negative	3,957
				Test Result Positive	297
				15+ Male	2,696
				15+ Female	899

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of Reporting	Target Y4 and Continue to Y5	
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	17,157
				Test Result Positive	774
				<15 Male	67
				15+ Male	15,535
				<15 Female	84
				15+ Female	6,293
HTC_ TST_TA	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (TA only)	Test result Age/sex (aggregated)	Source/s: • Clinical monthly reports • CSO (that provide pre- and post-test counseling services) monthly reports Frequency: Monthly	Test Result Negative	13,200
				Test Result Positive	476
				<15 Male	43
				15+ Male	8,556
				<15 Female	60
				15+ Female	5,017
C2.1.D_DSD	Number of HIV-positive adults and children receiving a minimum of one clinical service (DSD)	Age/sex	Source/s: • Clinical monthly reports	<15 Female	134
				Female	34
				Male	100

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of Reporting	Target Y4 and Continue to Y5	
C2.1.D_NGI	Number of HIV-positive adults and children receiving a minimum of one clinical service (NGI)	Age/sex	Source/s: • Clinical monthly reports	<15 Female	134
				Female	34
				Male	100
CARE_ CURR_DSD	Number of HIV positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR viral load (DSD)	Age/sex	Source/s: • Clinical monthly reports	15+ Male	100
				15+ Female	34
CARE_NEW	Number of HIV-infected adults and children newly enrolled in clinical care during the reporting period and received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load	Age/sex	Source/s: • Clinical monthly reports	15+ Male	80
				15+ Female	20

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of Reporting	Target Y4 and Continue to Y5	
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 *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* *Denominator: Total number of PEPFAR supported sites providing clinical care services*	Source/s: • Clinical monthly reports	Technical Assistance-only (TA): Total number of PEPFAR supported sites providing clinical care services	2
TX_ CURR_DSD	Number of adults and children receiving antiretroviral therapy (ART) [current] (DSD)	Age/sex	Source/s: • Clinical monthly reports	15+ Male	65
				15+ Female	15
TX_ CURR_NGI	Number of adults and children receiving antiretroviral therapy (ART) [current] (NGI)	Age/sex	Source/s: • Clinical monthly reports	15+ Male	65
				15+ Female	15
TX_NEW	Number of adults and children newly enrolled on antiretroviral therapy (ART)	Age/sex	Source/s: • Clinical monthly reports	15+ Male	65
				15+ Female	15

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of Reporting	Target Y4 and Continue to Y5	
TX_SITE	Percentage of PEPFAR-supported ART sites achieving a 75% ART retention rate	Support type *Numerator: Number of PEPFAR-supported ART sites with a retention rate of 75% or greater for patients 12 months after ART initiation* *Denominator: Total number of PEPFAR-supported ART sites*	Source/s: • Clinical monthly reports	Direct Service Delivery (DSD): Number of PEPFAR-supported ART sites with a retention rate of 75% or greater for patients 12 months after ART initiation	2
ID.415	Number of USG-funded CSOs with approved grants in the last reporting cycle	N/A	Source/s: • SUM II grant management data Updated number of CSOs with approved grant agreement Frequency:		68
ID.416	Number of CSOs that received technical assistance from USG-funded activities and then received non-USG funding from another source to implement the model within the reporting cycle	N/A	Source/s: • SUM II grant management data • CSO reports on resource mobilization Frequency: 6 monthly		20

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of Reporting	Target Y4 and Continue to Y5	
ID.417	Number of CSOs that underwent an internal audit by USG-funded partners based on Indonesia audit standardization during the last reporting cycle	N/A	Source/s: • TA Organization report Frequency: Quarterly		6
ID.418	Number of CSOs that have strategic and annual plans in place and practiced them for program decision making and implementation during the last reporting cycle.	N/A	Source/s: • TA Organization report Frequency: Quarterly		10

Annex 2. Year 5 Quarter 2 CSO Partners

YEAR 5 Quarter 2 CSO PARTNERS

DKI Jakarta

1. Yayasan Kusuma Buana	FSWs in West Jakarta
2. Yayasan Inter Medika	MSM in West, Central and South Jakarta
3. Yayasan Srikandi Sejati	Transgenders in five cities in the province of DKI Jakarta
4. Yayasan Karya Bakti	MSM in North and East Jakarta
5. Yayasan Perkumpulan Bandungwang	FSWs in East Jakarta
6. Yayasan Atma Jaya – ARC	PWID in West and North Jakarta (partnership with SUM II suspended in Year 3, with continued participation in some activities)
7. Yayasan LAYAK	PWID in Central and South Jakarta (Withdrew partnership with SUM II in Year 2 Q4)
8. Yayasan Karisma	PWID in East Jakarta
9. Angsamerah	STI and HTC services in Blok M entertainment area of Jakarta
10. Yayasan Stigma Jakarta	Serving PWID in East and Central Jakarta
11. Yayasan Kasih Suwitno and Ruang Carlos Clinic	Clinical services, behavior change communication with MSM and other key populations, East and Central Jakarta.
12. Suara Waria Remaja (SWARA)	TG in five districts of DKI Jakarta
13. Yayasan Rempah Jakarta	PWID in South Jakarta
14. Yayasan Anak dan Perempuan (YAP)	FSW in North Jakarta

West Java

15. Yayasan Kusuma Bongas Indramayu	Brothel-based FSW, HRM, and PLHIV in Indramayu District
16. Yayasan Resik Subang	FSW and HRM in Subang, West Java

East Java

17. Lembaga Paramitra	FSW in Malang
18. Ikatan Gaya Arema	MSM in Malang
19. Lembaga Wamarapa	Transgender in Malang
20. Perkumpulan SUAr	FSW in Kediri
21. Yayasan Genta, Surabaya[3]	FSW in Surabaya
22. Yayasan Orbit, Surabaya	PWID in Surabaya
23. Yayasan Gaya Nusantara	MSM in Surabaya
24. Persatuan Waria Kota Surabaya	Transgender in Surabaya
25. Yayasan Sadar Hati, Malang	PWID in Malang
26. Yayasan Embun Surabaya	FSW in Surabaya

Tanah Papua

27. Yayasan Harapan Ibu (YHI)	Non-brothel based FSW in Jayapura City and District
28. Yayasan Persekutuan Pelayanan Maserey (YPPM)	High-risk men in Jayapura City and District (Withdrew from partnership with SUM II in Year 5 Q1)
29. Yayasan Caritas Timika Papua (YCTP)	Indigenous adult women and men, FSW and high-risk men in Timika, the capital city of Mimika District
30. Yayasan Usaha Kesejahteraan Ekonomi Masyarakat Desa Indonesia (YUKEMDI)	Local indigenous adult women, FSW and HRM in Wamena, the capital city of Jayawijaya District

[3] Graduated as a SUM II partner

YEAR 5 Quarter 2 CSO PARTNERS	
31. Yayasan Tangan Peduli (TALI)[4]	Adult indigenous men in Wamena, the capital city of Jayawijaya District
32. PLHIV Care & Support (YTHP)	PLHIV care and support services in Wamena, the capital city of Jayawijaya District
33. Yapari Sorong	MSM in Sorong City, West Papua
34. Clinic Calvary Wamena	Private clinic serving the local general population in Wamena, the capital city of Jayawijaya District
35. PKBI Clinic	The PKBI clinic is located within the Tanjung Elmo *lokalisasi* Private clinic serving migrant FSWs in Tanjung Elmo (Jayapura District)
Riau Island	
36. Yayasan Bentan Serumpun (YBS)	Brothel-based FSW in Batu-15 and Batu-24 brothels; MSM, and HRM in Bintan District and Tanjungpinang City
37. Yayasan Kompak (YK)	Indirect and direct FSW, and PLHIV, in Bintan District and Tanjungpinang City
38. Yayasan Embun Pelangi (YEP)	PWID, indirect and direct FSW, MSM and TG, and high-risk men that work in the private sector in Batam city
39. Yayasan Gaya Batam (YGB)[5]	MSM and Transgender in Batam city
40. Yayasan Lintas Nusa (YLN)[6]	Brothel-based and indirect FSW, and high-risk men of informal sector in Batam city
41. Klinik YKIE Batam	Private Clinic in Batam City for FSW, MSM, and TG
North Sumatera	
42. Yayasan Galatea	PWID and OVP in Medan City
43. Perkumpulan Human Health Organization (H2O)	Indirect FSW and HRM in Medan City
44. Lembaga Gerakan Sehat Masyarakat (GSM)	MSM and TG in Medan City
45. FLP-AIDS Medan (Forum Lembaga Peduli AIDS Medan)	CSO strengthening in advocacy; improving local initiative and partnerships with local government and stakeholders; convening HIV response coordination meetings; and developing CSO advocacy strategies
Central Java	
46. LPPSLH	FSW and HRM in Banyumas District, Cilacap District, and Tegal District
47. 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 City.
48. Semarang Gaya Community	MSM in Semarang District and City
49. Griya Asa Semarang (Grisa)	Private Clinic in Semarang City for FSW

[4] Suspended during Year 4
[5] Suspended during Year 4
[6] Suspended during Year 4

Annex 3. Grants as of December 31, 2014

SUM II Grant Tracker

N	Name	Location	Committed	Grant Obligated (per SOW)	Total Obligated	*Total Expenses as of Dec 31, 2014*	Total Expense per SOW	Remaining Balance Per SOW
1	BONGAS	Jakarta	224,960,000.00	224,960,000.00	408,844,933.00	294,423,516.00	149,243,408.00	75,716,592.00
			252,665,000.00	183,884,933.00			145,180,108.00	38,704,825.00
2	CCM Indonesia	Jakarta	137,770,000.00	137,770,000.00	813,508,500.00	744,426,032.00	124,667,550.00	13,102,450.00
			207,722,000.00	207,722,000.00			206,914,744.00	807,256.00
			228,402,000.00	228,402,000.00			216,311,744.00	12,090,256.00
			239,614,500.00	239,614,500.00			196,531,994.00	43,082,506.00
3	Circle Indonesia	TA Provider	1,290,744,760.00	1,290,744,760.00	5,916,645,920.00	3,894,585,469.08	1,263,187,177.00	27,557,583.00
			2,604,376,160.00	2,604,376,160.00			2,631,398,292.08	(27,022,132.08)
			2,021,525,000.00	2,021,525,000.00			-	2,021,525,000.00
4	Forum LSM Peduli AIDS Kota Medan	Medan Closed	202,480,000.00	202,480,000.00	202,480,000.00	153,373,757.26	153,373,757.26	49,106,242.74
5	Gerakan Sehat Masyarakat (GSM)	Medan	613,898,649.81	613,898,649.81	1,170,480,685.11	958,897,957.69	613,898,649.81	-
			806,876,891.00	556,582,035.30			344,999,307.88	211,582,727.42
6	Griya Asa Semarang	Jateng	207,987,500.00	167,737,495.00	167,737,495.00	97,557,791.48	97,557,791.48	70,179,703.52
7	H2O	Medan	705,717,734.26	705,717,734.26	1,195,182,893.94	990,239,568.15	705,717,734.26	-
			705,436,282.00	489,465,159.68			284,521,833.89	204,943,325.79
8	IGAMA	Malang	498,668,000.00	498,668,000.00	1,638,030,287.00	1,495,008,322.00	496,094,651.00	2,573,349.00
			747,080,220.00	747,080,220.00			747,077,675.00	2,545.00
			607,200,956.00	392,282,067.00			251,835,996.00	140,446,071.00
9	KIPRA (TA Provider Papua)	Papua Closed	1,609,510,000.00	1,609,510,000.00	1,609,510,000.00	913,495,543.00	913,495,543.00	696,014,457.00
10	KOMPAK	Tanjung Pinang	501,334,973.00	501,334,973.00	952,739,932.67	716,460,041.00	501,334,973.00	-
			600,063,070.00	451,404,959.67			215,125,068.00	236,279,891.67
11	Lembaga Paramitra	Malang	525,451,400.00	525,451,400.00	1,909,061,255.00	1,691,679,969.51	501,507,771.00	23,943,629.00
			880,288,000.00	880,288,000.00			903,918,180.00	(23,630,180.00)
			734,123,705.00	503,321,855.00			286,254,018.51	217,067,836.49
12	OPSI (TA Provider)	Jakarta closed	820,440,000.00	820,440,000.00	820,440,000.00	391,659,474.51	391,659,474.51	428,780,525.49
13	PERWAKOS	Surabaya	505,080,000.00	505,080,000.00	1,655,080,102.00	1,464,800,545.00	493,349,960.00	11,730,040.00
			664,952,750.00	664,952,750.00			672,815,639.00	(7,862,889.00)
			649,385,063.00	485,047,352.00			298,634,946.00	186,412,406.00

14	PKBI Daerah Papua	Jayapura	998,228,100.00	998,228,100.00	1,247,366,479.00	874,536,185.00	874,536,185.00	123,691,915.00	
14		Jayapura	249,138,379.00	249,138,379.00			-	249,138,379.00	
15	PMPK UGM	Yogya Closed	705,542,138.00	705,542,138.00	705,542,138.00	705,542,138.00	705,542,138.00	-	
16	PSK UNCEN	Jayapura Closed	451,422,010.00	451,422,010.00	451,422,010.00	451,422,010.00	451,422,010.00	-	
17	Semarang Gaya Community	Jateng	224,984,000.00	224,984,000.00	351,176,296.00	288,809,700.00	209,801,019.00	15,182,981.00	
			163,775,833.00	126,192,296.00			79,008,681.00	47,183,615.00	351,176,296.00
18	SUAR Kediri	Kediri Jatim	210,968,125.00	210,968,125.00	433,152,181.00	298,609,620.00	168,016,080.00	42,952,045.00	
			297,443,702.00	222,184,056.00			130,593,540.00	91,590,516.00	
19	UI Public Health	Jakarta Closed	468,263,263.00	468,263,263.00	468,263,263.00	468,263,263.00	468,263,263.00	-	
20	Wamarapa	Surabaya	224,206,200.00	224,206,200.00	422,142,072.00	321,590,653.83	209,869,569.90	14,336,630.10	
			280,772,593.00	197,935,872.00			111,721,083.93	86,214,788.07	
21	Yayasan Anak dan Perempuan	Jakarta	224,870,000.00	224,870,000.00	354,895,580.62	269,161,162.22	161,539,852.53	63,330,147.47	
			248,378,333.00	130,025,580.62			107,621,309.69	22,404,270.93	
22	Yayasan Angsa Merah	Jakarta	345,030,000.00	345,030,000.00	1,869,227,866.67	844,850,434.00	342,744,453.00	2,285,547.00	
			720,931,666.67	676,277,500.00			502,105,981.00	174,171,519.00	
			803,266,200.00	847,920,366.67				847,920,366.67	
23	Yayasan Atma Jaya - ARC	Jakarta closed	648,974,435.58	648,974,435.58	648,974,435.58	648,974,435.58	648,974,435.58	-	
			825,260,049.00	-			-	-	
24	Yayasan Atmajaya - PPPH SUM2	Jakarta closed	579,867,050.00	579,867,050.00	579,867,050.00	579,867,050.00	579,867,050.00	-	
25	Yayasan Bentan Serumpun	Tanjung pinang	699,715,386.00	699,715,386.00	1,336,848,391.67	948,488,538.00	670,730,588.00	28,984,798.00	
			794,106,600.00	637,133,005.67			277,757,950.00	359,375,055.67	
26	Yayasan Caritas Timika Papua	Timika	1,433,904,304.00	1,433,904,304.00	3,527,594,721.00	2,918,645,932.00	1,433,940,304.00	(36,000.00)	
			1,290,405,000.00	1,290,405,000.00			1,223,803,582.00	66,601,418.00	
			940,097,500.00	803,285,417.00			260,902,046.00	542,383,371.00	
27	Yayasan Embun Pelangi	Batam	772,335,645.00	772,335,645.00	1,678,032,499.68	1,236,578,578.01	772,335,645.00	-	
			1,156,613,440.00	905,696,854.68			464,242,933.01	441,453,921.67	
28	Yayasan Embun Surabaya	Surabaya	454,135,000.00	454,135,000.00	778,826,085.92	624,693,025.00	424,734,757.00	29,400,243.00	
			481,581,240.00	324,691,085.92			199,958,268.00	124,732,817.92	

29	Yayasan Galatea	Medan	674,654,021.00	674,654,021.00	1,204,542,727.82	965,409,618.54	674,650,930.82	3,090.18	
			745,713,987.00	529,888,706.82			290,758,687.72	239,130,019.10	
30	Yayasan Gaya Batam	Batam Closed	780,405,000.00	780,405,000.00	780,405,000.00	647,367,705.74	647,367,705.74	133,037,294.26	
31	Yayasan Gaya Nusantara	Surabaya	458,197,500.00	458,197,500.00	1,713,009,253.00	1,534,443,706.94	448,418,675.00	9,778,825.00	
			815,025,875.00	815,025,875.00			787,571,963.00	27,453,912.00	
			603,654,250.00	439,785,878.00			298,453,068.94	141,332,809.06	
32	Yayasan Genta	Surabaya Closed	451,989,878.00	451,989,878.00	1,087,662,695.00	1,087,662,695.00	451,989,878.00	-	
			635,672,817.00	635,672,817.00			635,672,817.00	-	
33	Yayasan Graha Mitra	Jateng	209,110,000.00	209,110,000.00	592,264,375.00	420,981,981.00	199,064,887.00	10,045,113.00	
			551,353,500.00	383,154,375.00			221,917,094.00	161,237,281.00	
34	Yayasan Harapan Ibu	Jayapura	966,979,461.00	966,979,461.00	2,294,405,649.00	1,879,578,714.00	966,979,461.00	-	
			808,641,000.00	808,641,000.00			745,607,475.00	63,033,525.00	
			518,785,188.00	518,785,188.00			166,991,778.00	351,793,410.00	
35	Yayasan Inter Medika	Jakarta	601,482,205.00	601,482,205.00	2,311,740,844.67	2,003,086,310.00	601,337,983.00	144,222.00	
			857,813,059.00	857,813,059.00			857,812,681.00	378.00	
			1,048,592,124.00	852,445,580.67			543,935,646.00	308,509,934.67	
36	Yayasan Karisma	Jakarta	521,855,833.00	521,855,833.00	2,385,388,969.00	2,077,953,778.00	489,148,059.00	32,707,774.00	
			1,141,727,500.00	1,141,727,500.00			1,129,261,083.00	12,466,417.00	
			973,407,500.00	721,805,636.00			459,544,636.00	262,261,000.00	
37	Yayasan Karya Bhakti - LPA	Jakarta	566,083,713.00	566,083,713.00	1,724,588,279.86	1,452,250,860.33	529,088,743.00	36,994,970.00	1,233,957,365.00
			810,963,067.00	810,963,067.00			704,868,622.00	106,094,445.00	
			621,756,629.00	347,541,499.86			218,293,495.33	129,248,004.53	
38	Yayasan Kasih Suwitno Jakarta	Jakarta	719,025,000.00	719,021,323.41	719,021,323.41	472,943,916.00	472,943,916.00	246,077,407.41	
39	Yayasan Kusuma Buana	Jakarta	610,176,867.00	610,176,867.00	2,789,993,017.47	2,190,510,116.57	610,152,829.00	24,038.00	
			1,101,627,481.00	1,101,627,481.00			1,101,396,301.43	231,179.57	
			1,530,855,750.00	1,078,188,669.47			478,960,986.14	599,227,683.33	
40	Yayasan Layak	Jakarta Closed	597,818,047.00	597,818,047.00	597,818,047.00	597,818,047.00	597,818,047.00	-	
41	Yayasan Lintas Nusa	Batam Closed	783,138,000.00	783,138,000.00	783,138,000.00	771,664,601.40	771,664,601.40	11,473,398.60	

42	Yayasan Orbit	Surabaya	465,492,000.00	465,492,000.00	1,695,955,846.00	1,491,441,535.33	441,818,605.00	23,673,395.00
			745,545,300.00	745,545,300.00			763,932,566.00	(18,387,266.00)
			712,351,530.00	484,918,546.00			285,690,364.33	199,228,181.67
43	Yayasan Pena Bulu	TA Provider	681,090,000.00	681,090,000.00	5,281,546,667.00	3,631,596,388.00	710,007,131.00	(28,917,131.00)
		2	1,451,840,000.00	1,451,840,000.00			1,200,157,947.00	251,682,053.00
			1,424,300,000.00	1,424,300,000.00			1,721,431,310.00	(297,131,310.00)
			1,724,316,667.00	1,724,316,667.00			-	1,724,316,667.00
44	Yayasan Perkumpulan Bandungwangi	Jakarta	501,670,200.00	501,670,200.00	1,799,175,693.00	1,484,969,916.60	463,212,828.00	38,457,372.00
			656,103,710.00	656,103,710.00			672,398,603.21	(16,294,893.21)
			751,172,979.00	641,401,783.00			349,358,485.39	292,043,297.61
45	Yayasan Rempah Jakarta	Jakarta	483,185,000.00	361,591,510.00	361,591,510.00	222,383,243.62	222,383,243.62	139,208,266.38
46	Yayasan Resik Subang	Jabar	390,837,500.00	305,529,331.00	305,529,331.00	182,643,940.00	182,643,940.00	122,885,391.00
47	Yayasan Sadar Hati	Malang	477,738,310.00	477,738,310.00	755,952,610.00	665,608,227.00	477,738,310.00	-
			393,133,312.00	278,214,300.00			187,869,917.00	90,344,383.00
48	Yayasan Satunama	TA Provider	975,205,000.00	975,205,000.00	3,046,075,000.00	2,299,277,115.45	701,463,543.00	273,741,457.00
			1,460,760,000.00	1,460,760,000.00			1,597,813,572.45	(137,053,572.45)
			610,110,000.00	610,110,000.00				610,110,000.00
49	Yayasan Srikandi Sejati	Jakarta	531,504,397.00	531,504,397.00	1,999,298,657.00	1,781,250,837.00	531,504,397.00	-
			823,838,607.00	823,838,607.00			823,838,607.00	-
			1,052,400,350.00	643,955,653.00			425,907,833.00	218,047,820.00
50	Yayasan Stigma Jakarta	Jakarta	467,903,500.00	280,104,125.00	280,104,125.00	197,806,040.82	197,806,040.82	82,298,084.18
51	Yayasan Survey Meter (TA Provider)	TA Provider Closed	1,561,390,000.00	1,561,390,000.00	1,561,390,000.00	1,468,985,599.24	1,468,985,599.24	92,404,400.76
52	Yayasan Tangan Peduli	Wamena Closed	981,210,000.00	981,210,000.00	1,966,878,909.00	1,483,079,246.00	972,208,909.00	9,001,091.00
			985,668,909.00	985,668,909.00			510,870,337.00	474,798,572.00
53	YLPPSLH	Jateng	200,727,500.00	200,727,500.00	636,848,000.00	516,480,102.00	196,687,772.00	4,039,728.00
			475,835,500.00	436,120,500.00			319,792,330.00	116,328,170.00

N	Name	Location	Committed	Grant Obligated (per SOW)	Total Obligated	*Total Expenses as of Dec 31, 2014*	Total Expense per SOW	Remaining Balance Per SOW
54	YPPM Papua	Jayapura	880,018,500.00	880,018,500.00	1,689,488,402.00	1,516,103,169.00	856,245,402.00	23,773,098.00
			809,469,902.00	809,469,902.00			659,857,767.00	149,612,135.00
55	YUKEMDI	Wamena	1,097,005,000.00	1,097,005,000.00	2,612,611,820.00	2,207,592,310.45	1,087,626,820.00	9,378,180.00
			1,123,616,820.00	1,123,616,820.00			1,119,965,490.45	3,651,329.55
			391,990,000.00	391,990,000.00		-	-	391,990,000.00
56	Suara Waria Remaja (Swara)	Jakarta	581,942,000.00	293,306,437.05	293,306,437.05	176,925,103.74	176,925,103.74	116,381,333.31
57	Klinik YKIE Batam	Batam	284,252,000.00	203,211,143.33	203,211,143.33	121,479,010.00	121,479,010.00	81,732,133.33
58	Yapari Sorong	Sorong	396,878,500.00	343,880,583.00	343,880,583.00	122,988,230.18	122,988,230.18	220,892,352.82
59	PLHIV Care & Support Wamena YTHP	Wamena	888,355,000.00	526,205,000.00	526,205,000.00	139,020,764.00	139,020,764.00	387,184,236.00
60	Kalvary	Wamena	386,320,000.00	386,320,000.00	386,320,000.00	-	-	386,320,000.00
			85,019,654,051.32	**78,042,420,988.45**	**78,042,420,988.45**	**61,097,943,540.27**	**61,097,943,540.27**	**16,944,477,448.18**
	OANDA RATE Oct 2, 2014		**6,997,099.27**	**6,422,874.48**	**6,422,874.48**	**5,028,347.63**	**0.00**	
	Check					TRUE	TRUE	-
			94,286,492,946.37	**84,213,355,699.50**	**78,042,420,988.45**			
						-	-	

Financial reporting portion removed for publishing.