



USAID SUM II YEAR 3 MONITORING & EVALUATION REPORT

Submitted to: **Tetty Rachmawati (COTR)**
USAID/Indonesia
The 5th of August 2013

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

Contents

LIST OF ABBREVIATIONS	4
EXECUTIVE SUMMARY	6
INTRODUCTION.....	7
1. DKI Jakarta	10
2. East Java.....	11
3. Tanah Papua.....	11
4. Riau Islands	12
5. North Sumatra	13
6. Central Java.....	13
7. West Java	14
8. Summary of Years 1 and 2	14
IMPLEMENTATION PROGRESS – OBJECTIVE 1.....	17
1. Identifying and Supporting <i>Principal CSOs</i>	19
2. Expanding Coverage of HIV and STI Services to MARPs	21
3. CSO Capacity Building	26
4. SUM II Staff and Resources.....	31
5. Strengthening Advocacy Capacity	33
6. Gender and Human Rights.....	39
7. Providing Organizational Performance TA for Health Care Services to MARPs	40
Rapid HIV Testing.....	41
8. Monitoring and Evaluating CSO Performance	44
9. Introducing Mobile and Other Technologies.....	49
10. Leveraging Funds.....	51
IMPLEMENTATION PROGRESS – OBJECTIVE 2.....	54
1. Summary Tables for Grants	54
*No cost extension to August 31, 2013.....	56
PROGRAM AND POPULATION RESULTS.....	57
1. CSO Performance against Year-3 Benchmarks	57
2. Performance against Year-3 Targets.....	58
1. Objective 1 Recommendations for Year 4	60
2. Objective 2 Recommendations for Year 4	63
Appendix A: SUM II KEY RESULT AREAS AND KEY PERFORMANCE INDICATORS	65

Appendix B: YEAR 3 CSO PARTNERS 73
Appendix C: USAID SUM II YEAR 3 CSO WORKPLACE TRAINING, COACHING AND SYSTEMS
DEVELOPMENT..... 76
Appendix D: USAID SUM PROJECT PMP INDICATOR RESULTS 86

LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
APMG	AIDS Projects Management Group
APBD	Anggaran Pendapatan dan Belanja Daerah (Regional Budget)
ARV	Antiretroviral
BAPPEDA	Badan Perencana Pembangunan Daerah (Regional Office for Planning and Development)
BI	Burnet Institute
CSO	Civil society organization
CST	Care, support, treatment
CTH	Catatan Transaksi Harian (Daily Financial Transaction Record) for CSOs.
DAC	District AIDS Commissions
DHO	District Health Office
DINKES	Dinas Kesehatan (Provincial Health Office)
DINPAR	Dinas Pariwisata (Regional Tourism Office)
DINSOS	Dinas Sosial (Regional Social Welfare Office)
DQA	Data quality audit
DPRD	Dewan Perwakilan Rakyat Daerah (Regional People's Representative Council)
ERA	Expanded readiness assessment
FHI	Family Health International
FSW	Female sex worker
GF	Global Fund
GN	Yayasan Gaya Nusantara (CSO in Surabaya)
HIV	Human Immunodeficiency Virus
HRM	High risk men
HSS	Health systems strengthening
IBBS	Integrated Biological and Behavior Survey
IEC	Information, Education and Communication
IDUs	Injecting drug users
KDS	Kelompok Dukungan Sebaya (peer support groups)
KPAD	City/District AIDS Commissions (DAC)
KPAP	Provincial AIDS Commission (PAC)
LPA Karya Bhakti	Lembaga Peduli AIDS Karya Bhakti (CSO in Jakarta)
MARP	Most-at-risk population
MDG	Millennium Development Goals
MMT	Methadone maintenance therapy
MOU	Memorandum of understanding
MSM	Men who have sex with men
NSP	Needle sharing program
CO	Community Organization
PAC	Provincial AIDS Commission
PE	Peer educators

Perwakos	Persatuan Waria Kota Surabaya (CSO in Surabaya)
PHO	Provincial Health Office
PKBI	Persatuan Keluarga Berencana Indonesia (Indonesia Family Planning Association)
PKM	Pusat Kesehatan Masyarakat (Community Health Center)
POKJA LOKASI	Kelompok kerja lokalisasi (brothel working groups)
QAQI	Quality assurance and quality improvement
RSUD	Rumah Sakit Umum Daerah
RTI	Research Triangle Institute, International
STI	Sexually transmitted infection
SUM Program	USAID Scaling-Up for Most-at-Risk Populations Program (a joint program of SUM I and SUM II)
SUM I	USAID Scaling Up for Most-at-Risk Populations: Technical Assistance
SUM II	USAID Scaling Up for Most-at-Risk Populations: Organizational Performance
TG	Transgender
TRG	Training Resources Group
USAID	U.S. Agency for International Development
VCT	Voluntary, Counseling and Testing
YBS	Yayasan Bentan Serumpun (CSO in Riau Islands)
YCTP	Yayasan Caritas Timika Papua (CSO in Mimika District, Papua)
YGB	Yayasan Gaya Batam (CSO in Riau Islands)
YKB	Yayasan Kusuma Buana (CSO in Jakarta)
YKIE	Yayasan Komunikasi Informasi dan Edukasi Batam (CSO in Riau Islands)
YPB	Yayasan Perkumpulan Bandungwangi (CSO in Jakarta)
YSS	Yayasan Srikandi Sejati (CSO in Jakarta)

EXECUTIVE SUMMARY

In Year 3, SUM II continued its efforts to strengthen the engagement of civil society organizations (CSOs) in the HIV response, underscoring the need for multiple partners and stakeholders to engage collaboratively together if the response to HIV, ultimately, is to be successful. Although SUM II's focus in Year 3 was centered on CSOs, SUM II also provided TA within the larger context of partnership and stakeholder engagement in a district-wide HIV response. The lessons, experiences and successes in Year 3 have resulted in a four-part model for Comprehensive Services Networks (CSNs) that will be more fully demonstrated and strengthened in Year 4.

Work planning for Year 3 had the benefit of the USAID Management Review of SUM conducted March 20-April 30, 2012. Specific to SUM II were several recommendations aimed at reinforcing approaches already underway by SUM II or modifying and changing some approaches. SUM II restructured and increased its staff to support more intensive capacity building of CSOs. SUM II also expanded from four to seven local TA provider partners (SurveyMETER, KIPRa, and OPSI in Year 3) working with the *Principal* and *developing* CSOs in the provision of intensive, workplace-based OP training, coaching and systems development; and specifically to *Principal* CSOs the provision of TA in expansion of coverage and in mentoring approaches to *developing* CSOs, and small (emerging) CSOs, CBOs and FBOs.

With support from TA providers and SUM II national and regional staff, SUM II in Year 3 strengthened capacity building efforts and coverage expansion in East Java, DKI Jakarta and Papua, and also expanding the program to Riau Islands, North Sumatra, West Java, and Central Java – with TA, grants, and program activities. New TA partners SurveyMETER, KIPRa, and OPSI work in targeted provinces in support of CSO programs, and SUM II provided these TA organizations with OP strengthening from SUM II TA providers Penabulu, Circle Indonesia, and Satunama. A major initiative early in Year 3 (Quarter 2) designed to strengthen SUM II's CSO capacity-building approach in partnership with local TA providers was development of key results areas (KRAs) and key performance indicators (KPIs), and means of verification (see Appendix A).

As a result, at the end of Year 3, SUM II has evolved into a multifaceted program. There are now 32 SUM II partner CSOs. Seven are designated *Principal* CSOs, because of their responsiveness to SUM II's intensive workplace-based OP training, coaching and systems development. They are receiving additional intensive TA and a second cycle of grants to enable them to become *local capacity building mentors* to *developing* CSOs and non-SUM II CSOs. They are also being asked to expand coverage in multiple ways (through SUM II TA and grants) – to other similar intervention sites; to new geographical areas; by adding a new program that targets a different most-at-risk population; to intervention sites formerly covered by other CSOs; by mentoring and providing TA support to small CSOs, CBOs and FBOs that enables expansion of coverage; and by engaging private clinics to provide HIV and STI services.

In Year 3, as recommended by the USAID management review, SUM II took full responsibility for the SUM Program M&E function, which was previously shared with SUM I. SUM II on its own accord began identifying and addressing additional needs in the district response that contractually fell under SUM I, specifically in areas of technical capacity as well as support to government partners to enhance stakeholder coordination, planning and M&E.

Now, at the end of Year 3 and the launch of Year 4, SUM II has a macro strategy to deliver technical support in organizational and technical capacity building to CSOs that enables an aggressive expansion of coverage and reach of HIV and STI services to most-at-risk populations, and with greater technical integrity of implementation by CSOs and local government. It is a strategy aimed at creating district-wide comprehensive services networks (CSNs) led by local government (planning, M&E, and financing) and supporting increased sustainability of CSOs.

SUM II is being implemented by the Training Resources Group (TRG), along with partners RTI International and AIDS Projects Management Group (APMG).

INTRODUCTION

The USAID SUM Program is specifically designed to focus on scaling-up integrated interventions serving most-at-risk populations (MARPs) in six provinces of Jakarta, East Java, Central Java, West Java, North Sumatra and Riau Islands, as well as the general population in two provinces, Papua and West Papua. The most-at-risk populations (MARPs) include female sex workers (FSWs), men who have sex with men (MSM), injecting drug users (IDUs), Transgenders (*Waria*), and high-risk men (HRM or the clients of sex workers) in selected locations.

The SUM Program consists of the SUM I and SUM II projects – SUM I is being implemented by FHI, with the scope to provide targeted assistance in *technical capacity* required to scale-up effective, integrated interventions and to primarily focus on government institutions. SUM II is being implemented by the Training Resources Group (TRG), along with partners RTI International, Burnet Institute and AIDS Projects Management Group (APMG), and provides

Fundamental Objectives of the SUM I and SUM II Projects

SUM I

1. Provide the targeted assistance in key technical areas required to scale-up effective, integrated HIV interventions that lead to substantial and measurable behavior change among MARPs.
2. Provide targeted assistance to government agencies and civil society organizations working on strategic information efforts related to the HIV response for MARPs, including integrated bio-behavioral surveillance (IBBS) and monitoring and evaluation.

SUM II

1. Provide the targeted assistance in organizational performance required to scale-up effective, integrated HIV interventions that lead to substantial and measurable behavior change among MARPs.
2. Provide and monitor small grants to qualified civil society organizations to support the scale up of integrated interventions in “hotspots,” where there is a high concentration of one or more most-at-risk population and high-risk behavior is prevalent.

targeted assistance in *organizational performance* required to scale-up effective, integrated interventions and to primarily focus on Civil Society – CSOs, CBOs, FBOs, etc.

Early in 2011, following the organizational assessments of CSOs to determine areas of improvement and SUM II's package of support, the SUM II team concluded that traditional classroom-based training over many years of AusAID, USAID, and other donor projects has not resulted in improved CSO organizational capacity, so during Year 2 SUM II designed and launched an intensive workplace program of on-the-job training, coaching systems development, in partnership with local TA providers in organizational performance. Initially, the TA providers included *Penabulu* (financial systems and management), *Circle Indonesia* and *Satunama* (both providing TA in organizational development, organizational management and program design). In Year 3, in addition to these initial three TA organizations, SUM II added *SurveyMETER* (M&E capacity building), *KIPRa* (Tanah Papua specialized community and organizational development), and *OPSI* (MARPs-tailored community organization).

The addition of *SurveyMETER* in Quarter 2 of Year 3 is already having impact in CSO capacity building in M&E and the rollout of Epi Info 7 and CommCare Mobile. The hoped-for result is stronger linkage of M&E to organizational performance and quality implementation of HIV services and programs – all leading to increased coverage. Indonesia, with its population of 237.5 million in 2010, has an estimated HIV prevalence of 0.27% among the 15-49 years age group. The country's HIV and AIDS epidemic is concentrated in key affected population, as noted above, resulting from a mix of two modes of transmissions, sexual transmission and drug injecting.¹ The epidemic has not changed from a concentrated epidemic since the 2010 UNGASS report, with high HIV prevalence in some most-at-risk populations, namely IDUs (36%), TG (43%), FSW (7%), and MSM (8%). In the last 4 years, there has been a noticeable shift in the predominant mode of infection among reported AIDS cases (cumulative) from 2,873 (2007) to 29,879 (2011). Unsafe injecting is no longer the dominant mode of infection.

While in 2007, 49.8% of new reported AIDS were drug related and 41.8% were the result of heterosexual transmission, by 2011 that situation had changed with only 18.7% of the total new reported AIDS cases associated with injecting drug use and 71% were the result of heterosexual

USAID SUM II Capacity Building Partners

Yayasan Penabulu – TA to SUM II CSO partners in all provinces to build financial management capacity.

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

Yayasan SATUNAMA – TA in organizational performance to CSOs in Riau Islands, and coach KIPRa in Papua.

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

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

OPSI – TA to build capacity of MARPs, CSOs, and KIPRa in Tanah Papua in community organization.

¹ Republic of Indonesia Country Report on the Follow-up to the Declaration of Commitment on HIV/AIDS (UNGASS) Reporting Period 2010-2011. Indonesia National AIDS Commission. 2012. 179 pages

infection.² The HIV epidemic in Papua and West Papua provinces is generalized, and different from the rest of the country, and driven largely by commercial sex. The cumulative number of reported HIV infections in Indonesia has risen sharply from 7,195 in 2006 to 76,879 by 2011.³ According to the 2009 national estimates of HIV infection, about 186,257 people were infected with HIV and 6.4 million people were at risk.⁴

All SUM II CSO partners provide MARPs and the affected people with a standard package of community-based services, including outreach on behavior change intervention, peer education/promotion, risk reduction counseling, access to prevention commodities and referral for clinic-based services (HCT, STI management, MMT, CST for PLHIV). One of CSOs in Jakarta is a private clinic, Angsamerah, which will soon open (July 2013) and provide STI and HCT to FSWs, MSM, and TG hotspots in South Jakarta. CSO partners also provide a basic package of community services to PLHIV, including psycho-social support, adherence counseling and support, facilitation of support groups and access to facility-based services, in particular to the hospitals where most HIV treatment takes place.

Since its launch in May 2010, SUM II has aimed at expanding coverage and reach, and a sustainable district-level HIV response, by building local and sustainable institutions and institutional linkages, and improving the interface between MARPs and service providers and other support mechanisms. As a result, at the completion of Year 3, there are several layers of SUM II program management and technical assistance happening simultaneously:

- There are now 32 SUM II partner CSOs.
- Seven of the thirty-two SUM II CSO partners are now designated *Principal* CSOs, because of their responsiveness to SUM II's intensive workplace-based OP training, coaching and systems development. They are receiving additional intensive TA and a second cycle of grants to enable them to become *local capacity building mentors to developing CSOs* and non-SUM II CSOs.
- *Principal CSOs*, in addition to becoming local capacity building mentors, are being asked to expand coverage in multiple ways (through SUM II TA and grants) – to other similar intervention sites; to new geographical areas; by adding a new program that targets a different most-at-risk population; to intervention sites formerly covered by other CSOs; by mentoring and providing TA support to small CSOs, CBOs and FBOs that enables expansion of coverage; and by engaging private clinics to provide HIV and STI services.
- Once the *Principal CSOs* have completed SOWs with CSOs, CBOs and FBOs for expansions of coverage, SUM II's current number of 23 *developing CSOs* and 8 *emerging CSOs* (CSOs operating at SUM II expansion sites) will increase considerably.

² MoH, Year-end Report on Situation of HIV and AIDS in Indonesia, 2007 and 2011

³ MoH, Year-end Report on Situation of HIV and AIDS in Indonesia, 2006 and 2011.

⁴ MoH, Estimation of at-risk Adult Population, 2009

- Six (soon to be seven) local TA providers are working with the *Principal* and *developing* CSOs by providing intensive, workplace-based OP training, coaching and systems development; and also providing *Principal* CSOs with TA in expansion of coverage and mentoring approach to *developing* CSOs, and small CSOs, CBOs and FBOs.
- SUM II is currently continuing efforts and coverage expansion in East Java, DKI Jakarta and Papua, *and also expanding the program* to Riau Islands, North Sumatra, West Java, Central Java, and potentially to West Papua – with TA, grants, program activities and additional SUM II staff positions.

Overall, these areas of SUM II program management and technical assistance are in alignment to the Government of Indonesia’s goal to slow the number of new HIV infections by supporting four core strategies of the Indonesia National Action Plan:

- Strengthening national leadership
- Strengthening the National AIDS Commission (NAC)
- Scaling up prevention, care, support and treatment with a focus on most-at-risk populations (MARP)
- Strengthening the community response for mobilization and participation.

In Year 3 Q3 SUM II initiated dialogue with the National AIDS Commission (NAC) to introduce the Resource Estimation Tool for Advocacy (RETA) and plan a training seminar for Papua, held in March 2013. NAC was very supportive of the Papua seminar, and sent a letter to the Provincial AIDS Commission in Jayapura to encourage members of the Provincial and District AIDS Commissions to participate in the training at their cost. NAC also expressed interest to work with SUM II to conduct a national training seminar on the use of RETA. This seminar is included in SUM II’s Year 4 Work Plan.

Included below is an introduction to activities by province.

1. DKI Jakarta

SUM II initiated activities in DKI Jakarta in Year 1 with *Expanded Readiness Assessments* in eight communities, *Organizational Performance and Technical Capacity (OP/TC) Baseline Assessments*, CSO partner selection, and provision of small grants to 7 CSOs. Now, at the conclusion of Year 3, two of the seven CSOs are *Principal* CSOs (YKB and Karisma), four continue to be *developing* CSOs (YIM, YSS, Karya Bakti, and Bandung Wangi), and a cost-sharing partnership for a satellite private clinic is underway with Angsamerah Foundation. TA providers Penabulu, Circle Indonesia, and SurveyMETER are partnering with SUM II DKI Jakarta Regional staff to provide intensive workplace-based training, coaching and systems development to these seven CSOs.

DKI Jakarta has the highest cumulative number of HIV and AIDS cases in Indonesia at 20,126 and 5,118, respectively (MOH 2012). Its AIDS prevalence per 100,000 is 4 times more than the national average. In 2009, the Ministry of Health estimated there were 99,146 MSMs, 36,011 FSWs, 27,852 IDUs, and 2,008 transgenders in DKI Jakarta, and 7,992 MSM, 2,646 FSWs, 15,324 IDUs and 682 transgenders were living with HIV/AIDS. Prevalence rates of HIV vary considerably among MARPs in DKI Jakarta; and the IBBS 2011 revealed that HIV prevalence among these most-at-risk populations also varied greatly between districts of DKI Jakarta.

2. East Java

SUM II initiated activities in East Java Province in Year 1 with *Expanded Readiness Assessments* in seven communities, *Organizational Performance and Technical Capacity (OP/TC) Baseline Assessments*, CSO partner selection, and provision of small grants to seven CSOs. Now, at the conclusion of Year 3, three of the seven CSOs are *Principal* CSOs (Paramitra, Genta, and Gaya Nusantara, and three continue to be *developing* CSOs (IGAMA, Orbit, and Persatuan Waria Kota Surabaya). TA providers Penabulu, Satunama, and SurveyMETER are partnering with SUM II East Java Regional staff to provide intensive workplace-based training, coaching and systems development to these six CSOs. In 4th quarter, Circle Indonesia provided specific TA in community organization to East Java CSO partners.

East Java has the second highest cumulative number of HIV and AIDS cases in Indonesia at 10,781 and 4,663 respectively. The prevalence of AIDS cases per 100,000 is 12.27 (MOH 2012). In 2009, the Ministry of Health reported an estimated 79,533 MSM, 19,090 FSWs, 22,308 IDUs, and 4,170 transgenders in East Java, and estimated 4,455 MSM, 1,038 FSWs, 12,492 IDUs, and 1,045 transgenders living with HIV/AIDS, respectively. The 2011 IBBS HIV shows prevalence of 48.8% among IDUs in Surabaya and 36.4% in Malang; 24% among transgender in Surabaya and 17% in Malang; 9.6% among MSM in Surabaya and 2.5% in Malang; 10.4% among direct female sex worker in Surabaya; and 2% among indirect sex worker in Surabaya.

3. Tanah Papua

SUM II initiated activities in Tanah Papua in Year 2 with *Expanded Readiness Assessments* in seven communities, *Organizational Performance and Technical Capacity (OP/TC) Baseline Assessments*, CSO partner selection, and provision of small grants to 6 CSOs. Now at the conclusion of Year 3, two are designated *Principal* CSOs (YCTP and YUKEMDI), and four continue to be *developing* CSOs (TALI, YHI, PKBI, and YPPM). At the end of Year 3, SUM II suspended PKBI whose performance was not impressive. TA providers Penabulu, KIPRa and OPSI are partnering with SUM II Papua Regional staff to provide intensive workplace-based training, coaching and systems development to these six CSOs.

While most provinces face a concentrated epidemic amongst key affected populations, by 2006 evidence showed that across the two provinces of Papua and West Papua a low-level general population epidemic was underway, with HIV prevalence of 2.4% among the general

population. It is fueled almost completely by unsafe sexual intercourse (MoH, IBBS Tanah Papua, 2006).

A sharp increase in HIV among Papuans has been observed in recent years with the highest per capita prevalence of HIV/AIDS in Indonesia. By December 2011, its AIDS case prevalence per 100,000 people was 12.6 times more than the national average (MOH, 2012). In Papua province, unprotected sex is the main mode of transmission. Papua also has a high HIV prevalence among female sex workers (FSWs). In 2000, prevalence rates of HIV varied considerably among females by sex work venues. In 2006, the National AIDS Commission reported HIV prevalence of 14%-16% among sex workers in Nabire, Merauke, and Sorong. The IBBS 2011 revealed that HIV prevalence was 25% among direct FSWs in Jayawijaya District and 16% in Jayapura City, and 3.2% among indirect FSWs in Jayapura City. High-risk men in Papua also have a higher rate of HIV prevalence in comparison to other parts in Indonesia, with HIV infection rates of 2% among motorcycle taxi drivers and 3% among dock workers (MOH, 2012).

Sexual violence has been reported as a possible explanation of Papua's growing epidemic as has circumcision status. One in eight (12%) women reported that they have been forced to have sex by their domestic partners. Likewise, HIV prevalence among men with non-regular partners was found to be almost six times higher in uncircumcised men, compared with their circumcised counterparts in 2007 (5.6% versus 1%).

The 2013 IBBS for Tanah Papua is underway now (June 2013).

4. Riau Islands

SUM II initiated activities in Riau Islands in Year 2 with *Expanded Readiness Assessments* in ten communities, CSO partner selection, and provision of small grants to 5 CSOs (Gaya Batam, Bentan Serumpun, Kompak, Embun Pelangi and Lintas Nusa). TA providers Penabulu and Satunama are partnering with SUM II regional staff (DKI Jakarta Region) to provide intensive workplace-based training, coaching and systems development to these five CSOs.

In 2009, the MOH reported 106,763 clients of FSWs, 11,073 FSWs, 10,261 MSM, 1,226 IDUs, and 990 transgenders with 1,300 clients of FSWs, 1,101 FSWs, 206 MSM, 556 IDUs, and 178 transgenders living with HIV/AIDS (MOH, 2010). These figures show the presence of HIV and AIDS in the province, particularly in high risk men. By December 2011, Indonesian health officials reported the prevalence of AIDS cases per 100,000 people at 24.06. Furthermore, through March 2012 it was reported that there were 2,380 HIV cases and 409 AIDS cases. Almost 50% of the reported HIV-positive cases in Riau Islands can be attributed to heterosexual transmission. In addition, 56% of the reported HIV-positive cases in Riau Islands were in the 25-29 years age group. Batam city has the highest number of HIV and AIDS cases with 410 HIV and 158 AIDS cases. The IBBS 2011 reported HIV prevalence of 10% and 7% among direct and indirect female sex workers in Batam City, and HIV prevalence among high-risk men (seafarers) at 0.8% (MOH, 2012).

5. North Sumatra

SUM II initiated activities in North Sumatra in Year 2 with *Expanded Readiness Assessments* in ten communities, CSO partner selection, and provision of small grants to 3 CSOs (Galatea, H2O and GSM) and soon to engage with Medan NGO Forum. TA providers Penabulu and Circle Indonesia are partnering with SUM II regional staff (DKI Jakarta Region) to provide intensive workplace-based training, coaching and systems development to these three CSOs and the NGO Forum.

In 2009, there were 1,226 IDUs, 4,547 direct FSWs, 6,526 indirect FSWs, 990 transgenders, 10,261 MSM, and 509 cumulative AIDS cases and 94 deaths. Moreover, thru December 2011 the prevalence of AIDS cases per 100,000 people was 3.97. By mid-2012 the numbers of HIV and AIDS cases had reached 5,405 and 515, respectively. The IBBS 2011 reported HIV prevalence among IDUs in Medan at 39.2%, 3.6% among direct female sex worker in Deli Serdang, 3.2% among indirect female sex workers, and 1.3% among high-risk men in Medan, and in Deli Serdang, 0.3%.

6. Central Java

SUM II initiated activities in Central Java in Year 3 with small grants and TA assistance to LPPSLH and Jakerpermas. TA provider Penabulu is partnering with the SUM DKI Jakarta Regional Team to provide intensive training, coaching and systems development to these two partner CSOs.

SUM II TA to LPPSLH is targeted specifically to FSWs and HRM in Banyumas District, Central Java. The grant period is November 1, 2012, to October 31, 2013. The aim is to 1) reach 625 FSWs and 1,563 HRM in Banyumas through behavior change communication; 2) provide STI treatment to 447 FSWs and 156 HRM; 3) provide HCT to 326 FSWs and 156 HRM; and 5) give access to care and support to 17% of FSWs and 10% of HRM in Banyumas District found HIV positive by related organizations following HCT services.

SUM II TA to Jakerpermas is targeted specifically to community networks and community clinic providing prevention services to FSWs and FSW clients and regular partners in Sunan Kuning brothel in Semarang district. The grant period is December 1, 2012, to November 30, 2013. The aim is to 1) accelerate improvement of Jakerpermas organizational management and systems; 2) reach 719 FSWs, 2,375 FSW clients, and 250 FSW regular partners through behavior change communication services; 3) provide STI treatment to 647 FSWs, 237 FSW clients, and 250 FSW regular partners; 4) provide HCT to 485 FSWs, 59 FSW clients, and 125 FSW regular partners; and 5) give access to care and support to 90% of FSWs, FSW clients and FSW regular partners found to be HIV positive.

SUM II has also identified a CSO (Semarang Gaya Community (SGC)) in Semarang, Central Java, to provide HIV services and programs to MSM. The grant was approved June 1, 2013. SGC is technically mentored by Yayasan Gaya Nusantara.

7. West Java

SUM II initiated activities in West Java in Year 3 to provide small grants and TA assistance to two CSOs, Yayasan Kusuma Bongas in Indramayu District and Yayasan Resik in Subang District, both in West Java Province. YKB will provide in-house training and coaching to those two CSOs in technical services on HIV/AIDS prevention and care program. Both expansion sites will target FSWs and HRM. The grant to Yayasan Kusuma Bongas is in process of finalization. It will work with brothel-based FSWs and their clients, and former/retired FSWs in four Subdistricts of Indramayu District they are Gantar, Kroya, Baongas and Patrol. Most FSWs in the brothels previously worked in other Indonesian cities before coming home and work in Indramayu. Indramayu is well-known as one of FSW sending areas to the commercial sex industry in Indonesia.

Yayasan Resik will work with direct and indirect FSWs, and their clients in Patok Beusi, Subang District which is the biggest truck rest area in West Java.

The district health office in October 2012 cites 829 cases of HIV with 29 deaths from AIDS. This number of HIV infections represents a sharp increase from 143 HIV cases in July 2011 to 686 HIV cases in February 2012.

8. Summary of Years 1 and 2

In Year 1, in addition to initiating activities with 15 CSOs serving four most-at-risk populations in DKI Jakarta and East Java, as described above, the SUM Program II adapted and applied three program development tools to the Indonesia context – the *Expanded Readiness Assessment*, a semi-structured questionnaire designed to measure a community's level of readiness in the HIV response; the *Organizational Performance and Technical Capacity (OP/TC) Assessment*, a tool to provide as a baseline for SUM II and the CSO to monitor improvements in the organization's capacity over time; and the *Resource Estimation Tool for Advocacy (RETA)*, a tool to estimate the level of finances needed to scale up HIV programming over a 5-year period, based on population size estimates, local costs of HIV prevention, care, treatment and support programs, and service coverage targets.

In Years 1 and 2 the OPTC Assessment was applied in DKI Jakarta, East Java, and Papua, and then discontinued because it was too labor intensive for SUM's limited staff resources and slowed the grant disbursement process. Moreover, SUM II's approach to CSO capacity building in Year 2 represented a shift from the traditional classroom-based training of previous programs to a more intensive program of workplace-based, on-the-job training, coaching, and systems development. This approach made the OP/TC assessment process redundant.

The RETA tool was originally developed as a HIV programming tool for men who have sex with men. In Year 1 and 2, SUM II expanded the tool so it can be applied to programming for female sex workers, transgender people and injecting drug users. Application of this tool in Year 2 in East Java and Jakarta resulted in leveraged funds from local governments that far exceeded expectations.

In Years 1 and 2, SUM II prepared the organizational performance sections of four guides specific to FSWs, MSM, TGs and IDUs; produced eight stand-alone how-to manuals:

Stand-Alone How-to Modules

- *Module 1 – CSO Start-Up (April 2011. 29 pages)*
- *Module 2 – CSO Strategic Planning (April 2011. 29 pages)*
- *Module 3 – CSO Human Resources Management (April 2011. 50 pages)*
- *Module 4 – CSO Program Planning (May 2011. 83 pages)*
- *Module 5 – CSO Policies and Procedures (June 2011. 16 pages)*
- *Module 6 – Mobilizing for MARPs (June 2011. 32 pages)*
- *Module 7 – Strategies for Effective MARPs-based Advocacy (June 2011. 28 pages)*
- *Module 8 – Building Alliances and Partnerships (June 2011. 53 pages)*

In Year 1, SUM II also launched its Technical Briefs series, completing the first three briefs in May 2011:

- *Technical Brief #1: CSO Leadership in the HIV Response – A Vision of Change (May 2011)*
- *Technical Brief #2: Fully Effective HIV Programs and Services – Addressing Stigma and Discrimination (May 2011)*
- *Technical Brief #3: Volunteers – A Backbone of HIV Services (May 2011)*

Ten briefs were produced by May 2012:

- *Technical Brief #4: Jakarta and East Java – Strengthening Community Readiness in the HIV Response (October 2011)*
- *Technical Brief #5: CSOs and the HIV Response – Assessment Results Point to Strengthening Organizational Performance (October 2011)*
- *Technical Brief #6: CSOs and the HIV Response – Moving Toward a Vigorous Civil Society (October 2011)*
- *Technical Brief #7: CSOs and Local Government – Creating an Enabling Environment for Successful Partnership (October 2011)*
- *Technical Brief #8: SUM at the Indonesia National AIDS Conference – Skill-building Workshops Introduce New Assessment Tools (October 2011)*
- *Technical Brief #9: CSO and District Partners Prepare to Apply the RETA Tool – Highlights the Role Civil Society Can Play in National and Local Decision Making (October 2011)*
- *Technical Brief #10: Papua (January 2012)*
- *Technical Brief #11: How to Get the Whole of Local Government behind the HIV Response (February 2012)*
- *Technical Brief #12: How to Get the Private Sector Behind the HIV Response (February 2012)*

- *Technical Brief #13: CSO Capacity Building – USAID SUM II Takes Training and Coaching to the Workplace (May 2012)*

The intent of these technical briefs is to provide national, provincial and district partners in the HIV response with documented lessons, learning and recommendations gained through countless interviews, focus groups, workplace training sessions, and program planning and implementation – all carried out with CSO staff and leaders from most-at-risk populations, and with officials of provincial and district departments of health, AIDS commissions, and other local government departments. The technical briefs series now number seventeen.

In Year 1 SUM II began designing the USAID SUM website, launching it in October 2011 (www.sum.or.id). By the end of Year 2 it has been visited by more than 4500 visitors and by more than 8000 visitors at end of Year 3. In Year 2, SUM II also launched its Success Stories series (see SUM website).

IMPLEMENTATION PROGRESS – OBJECTIVE 1

This SUM II Project Monitoring & Evaluation Report reviews Year 3 progress in Objective 1 and 2. In the Year 3 Work Plan for Objective 1, SUM II activities are organized under ten strategies.

Strategy 1: Identifying and Supporting Principal CSOs

Strategy 2: Expanding Coverage of HIV and STI Services to MARPs

Strategy 3: CSO Capacity Building

Strategy 4: SUM II Staff and Resources

Strategy 5: Strengthening Advocacy Capacity

Strategy 6: Gender and Human Rights

Strategy 7: Providing Organizational Performance TA for Health Care Services to MARPs

Strategy 8: Monitoring and Evaluating CSO Performance

Strategy 9: Introducing Mobile and Other Technologies

Strategy 10: Leveraging Funds

Implementation activities and progress in these ten strategies was aided by joint planning and collaboration among SUM II staff, international and local consultants, local TA organizations, GOI institutions, including NAC and MOH at national, provincial and district levels, and, most importantly, SUM II CSO partners and MARPs leaders.

The leadership and implementation role of local TA organizations in support of SUM II implementation increased significantly in Year 3:

- TA provider *Circle Indonesia* continued intensive workplace based OP training, coaching and systems development to existing and new CSO partners in DKI Jakarta and East Java Regions, and expanded assistance to CSO partners in North Sumatra.
- In Tanah Papua, TA organizations Penabulu and Satunama provided mentorship to KIPRa mentors in each of the districts. Penabulu and KIPRa mentors focused on coaching CSOs in the development of SOPs for finance and how to demonstrate daily transaction records (catatan transaksi harian -CTH). Satunama and KIPRa mentors focused on coaching in strategic planning and community organization.
- Also in Tanah Papua, TA provider OPSI began its assistance to CSOs on technical capacity for MARPs-specific community organization, in particular for sub population of FSW, MSM and TG.
- Penabulu expanded technical assistance to SUM II CSO partners in Central Java. In this region, TA covers financial management, organizational management and leadership.
- SurveyMETER commenced its TA in M&E to all CSOs in Jakarta, East Java, including support to Epi Info 7 rollout.

- In East Java, SUM II and the Alliance for Independent Journalists continued their partnership to provide technical assistance to strengthen CSOs partners in advocacy, with focus on increasing local government budget for HIV/AIDS and improving MARPs access to health services related to HIV/AIDS.
- TA providers Penabulu, Circle Indonesia, Satunama and OPSI partnered with SUM II staff and international STTA in the development of the Community Organization Module and its rollout in Quarter 4. Community organization, as noted earlier, is one part of the 4-part model of Comprehensive Services Networks (CSNs) that will be more fully strengthened and demonstrated in SUM II Year 4.
- Angsamerah Foundation and SUM II initiated a cost-sharing partnership to launch a private clinic in Jakarta’s Blok M entertainment area to provide HCT and STI services for female sex workers and other most-at-risk populations.

Figure 2 defines SUM II CSOs.

<i>Principal CSOs</i>	<i>Developing CSOs</i>	<i>Emerging CSOs</i>
<ul style="list-style-type: none"> • current recipient of SUM II grant and TA or well-established CSOs with a proven track record • management has demonstrated responsiveness to OP training • understanding of barriers to improved OP and has taken steps to make changes and improve systems. 	<ul style="list-style-type: none"> • current recipients of SUM II grant and TA and/or established CSOs • experience in delivering HIV comprehensive services effectively and • responsive to organizational capacity development • project was selected to be part of intervention models. 	<ul style="list-style-type: none"> • current SUM II grant recipients • serves MARPs in SUM’s core project sites and the expansion sites with HIV/AIDS prevention to care program. • local TA focus on financial management, and monitoring and evaluation. • TA for OP and technical capacity will be provided by the Principal CSOs as it needed.

Figure 1: Defining SUM II CSOs

CSOs designated as *Principal CSOs* are offered expanded scopes of work and TA support. They are:

1. Yayasan Kusuma Buana (YKB), providing services to FSWs in Jakarta
2. Yayasan Karisma, providing services to IDUs in Jakarta
3. Lembaga Paramitra, providing services to FSWs in Malang
4. Yayasan Genta, services to FSWs in Surabaya
5. Yayasan Gaya Nusantara, services to MSM in Surabaya

6. Yayasan Caritas Timika-Papua (YCTP), services to General Population in Mimika District, Papua
7. Yayasan Usaha Kesejahteraan Ekonomi Masyarakat Desa Indonesia (Yukemdi), services to FSW, HRM, and General Population in Wamena the District of Jayawijaya, Papua.

Implementation progress in the ten strategies of the Year 3 Work Plan is summarized below.

1. Identifying and Supporting *Principal* CSOs

Now, at the end of Year 3, seven SUM II CSOs partners in DKI Jakarta, East Java, and Tanah Papua are designated as *Principal* CSOs. It means that their management and staff have demonstrated responsiveness to OP training, understand barriers to improved organizational performance, and have taken steps to make changes and improve systems; and the Board of Directors actively carries out its responsibilities to the organization, especially in its responsiveness in addressing the organization's challenges.

In Year 3, SUM II *Principal* CSOs received additional funding and technical assistance (TA) support to expand coverage and further strengthen programs. On-the-job training and coaching for *Principal* CSOs focused on ways to tap community and social activities of most-at-risk populations – to expand programs and coverage by recruiting volunteers and soliciting monetary and in-kind contributions; and on the way to build partnerships with other projects in the cities and districts that serve MARPs and PLHIV so that HIV services are mainstreamed in these activities. *Principal* CSOs also are partnering with *developing* CSOs in advocacy to local government for increases in local funding for HIV services.

SUM II TA partners also focused in Year 3 on the capacity of *Principal* CSOs in DKI Jakarta and East Java to become *local capacity building coaches* to *developing* CSOs (financial, management and program skills and systems). Local TA partners now operate as full SUM II team members – engaging in SUM II strategy development and implementation planning, and learning and sharing OP best practices. They are extending the reach of SUM II's capacity building program and making possible the intensive program of training and coaching in the CSO workplace. TA partners and the approaches they bring to SUM II capacity building is contributing to enhanced CSO visibility and credibility in the district HIV response and strengthen abilities to attract, create, and sustain new resources, especially resources based in local communities.

In the January 2013 mid-year review, the SUM II team collectively assessed Strategy 1 as “going well.” As noted above, there are five CSOs in East Java and Jakarta designated as *Principal* CSOs. They include:

- Yayasan Kusuma Buana (YKB), Jakarta
- Yayasan Karisma, Jakarta
- Lembaga Paramitra, Malang
- Yayasan Genta, Surabaya

- Yayasan Gaya Nusantara, Surabaya

Specifically, by the end of Quarter 2, all *Principal* CSOs, except Karisma, had selected and facilitated CSOs in developing SOWs and budget proposals to be submitted to SUM II. Lembaga Paramitra (Malang), Yayasan Genta (Surabaya), and Yayasan Gaya Nusantara (Surabaya) completed financial standard operating procedures, and demonstrated financial systems that used daily transaction record (CTH, or Catatan Transaksi Harian). Gaya Nusantara (GN) had earlier already demonstrated these SOPs. Paramitra and Genta required additional intensive workplace-based TA in the use of financial SOPs. Yayasan Penabulu provided additional intensive TA to YKB and Karisma in finalizing financial SOWs and strengthening implementation of CTH.

In June 2013 SUM II finalized second cycle grants for Papua, and two CSOs in Papua are now also designated *Principal* CSOs:

- YCTP, working with indigenous adult women and men and high risk men in Papua's Mimika District to implement community-based HIV/AIDS services, including health services, and establish partnerships with local health providers, and with district health office, and other stakeholders
- YUKEMDI, working with faith-based and tribal-based, women and youth organizations, provides services to indigenous adult women and female sex workers in Papua's Jayawijaya District to implement community-based HIV/AIDS services

In April 2013, SUM II and KIPRa convened to plan joint activities to be implemented with CSO partners YHI, YPPM and PKBI, including the previously postponed strategic planning with CSOs and CTH training. Meeting results: 1) agreement to contact CSOs to synchronize the time for strategic planning; 2) KIPRa will implement the system using CTH to CSO before training is conducted by Penabulu; 3) SUM II (RCBO Jayapura) and NAC will coordinate with both the District and the City government to discuss what support can be given to CSOs for preparation of action plans.

As noted previously, a key accomplishment related to Strategy 1 was development and roll-out of the *Community Organization (CO) Module* designed to aid strategy and skill development of *Principal* CSOs (and eventually *developing* CSOs) to fully engage MARPs-led community organizations in design, delivery and evaluation of services, and ensure 1) trusting and positive relationships with MARPs; 2) useful services directed at what MARPs need; and 3) a supportive environment that encourages health seeking behavior. Community organizations are defined here as informal organizations within communities of most-at-risk populations. MSM and *Waria*, for example, have sports teams that meet regularly, with members pooling resources and fund raising to purchase team uniforms and equipment. FSWs organize around health care and economic development activities.

The CO module is a core element in strengthening and demonstrating the 4-part model of hotspot-specific and district-wide comprehensive services networks (CSNs). Module development included SUM II national staff, international STTA from APMG, and SUM II local TA providers CIRCLE Indonesia, Penabulu, Satunama, and OPSI. The module, which includes training sessions and guidelines, was tested with CSOs in North Sumatra (CIRCLE Indonesia), Central Java (Penabulu), Riau Islands (Satunama) and Papua (OPSI and Satunama). The results of the field testing have been compiled and the Module finalized. TOTs for TA provider staff and mentors are completed, and training sessions for SUM II staff and staff of the *Principal* CSOs is ongoing (June 2013) in Papua, North Sumatra, Riau Islands, DKI Jakarta, East Java, and Central Java.

Looking Ahead to Year 4

In Year 4, SUM II TA partners will continue to build the capacity of *Principal* CSOs to enable them to become *local capacity building mentors* to *developing and emerging* CSOs, and CSOs that funded by other than USAID/SUM II. Technical assistance for CSOs that implement the 4-part model of CSNs will be highest priority, and will include *Principal* and *developing* CSOs in the eight priority provinces.

The quality of the HIV response relies on effective and efficient use of resources. This effectiveness and efficiency is built on organizational systems that include governance, financial management, monitoring and evaluation, and skilled human resources. In Year 4, the highest priority CSOs will also be provided with capacity building in organizational growth management and how to build successful internal and external relationships – to enable them to provide services for HIV at low cost.

2. Expanding Coverage of HIV and STI Services to MARPs

Strategy 2 calls on *Principal* CSOs to expand coverage of HCT and STI services to MARPs and fill gaps by implementing in high priority hotspots not currently covered to achieve PEPFAR targets. SUM II and its local TA providers are working with *Principal* CSOs to apply four approaches to expand coverage:

- Assist *Principal* CSOs to expand to new intervention sites and partner with CSOs currently operating effectively in the sites.
- Support partnerships between CSOs and private HIV and STI service providers to improve access and availability of services to MARPs in targeted intervention sites.
- Promote and support CSOs to develop equal partnership with government's health providers that provide clinical services related to HIV/AIDS.
- Empower community/MARPs to take the lead and determine the nature of their response, take responsibility, and be active and influential in shaping plans and taking action.

In implementing Strategy 2, SUM II expectation-setting with *Principal* CSOs included:

- The role of the *Principal* CSO in coaching *developing* and *emerging* CSOs in approaches to expanding coverage of HIV and STI services to MARPs; and
- *Principal* CSO approaches and expectations for expanding their engagement in multi-institutional partnerships in the district and province level HIV response, e.g., providing operational support for health services for MARPs to district and provincial AIDS commissions, departments of local government, and the private sector.

DKI Jakarta Regional Team (includes West and Central Java)

By end of Year 3, *Principal* CSOs YKB and Karisma had successfully identified expansion sites, conducted CSO selection, and facilitated newly selected CSOs to develop scopes of work (SOW).

YKB identified CSOs to work with FSWs in two hotspots – South Jakarta and North Jakarta. Yayasan Anak dan Perempuan (YAP) was selected to work with FSWs in North Jakarta, and Yayasan Kapeta is projected to work with FSWs in South Jakarta. YKB also facilitated two newly selected CSOs in West Java (Indramayu and Subang) and two others in Jakarta in the development of their SOW and budget plan. Small grants for these *emerging* CSOs are in process (under \$25,000 per grant).

Yayasan Karisma, with assistance from SUM II staff and TA provider Circle Indonesia, developed guideline for CSO selection. Karisma also engaged the Jakarta NGO Forum and KPA Jakarta to help identify potential CSOs for expansion. Karisma introduced its plan to expand their HIV and AIDS services program for IDUs in Central and South Jakarta, and obtained support from both NGO Forum and KPAP Jakarta. Karisma conducted population mapping of the needed response for IDUs in South and Central Jakarta, as well as project sites that previously were covered by Kios's project sites in North Jakarta. Karisma selected two CSOs – Yayasan Stigma and Yayasan Rempah Indonesia – to work with IDUs in two South Jakarta and Central Jakarta hotspots. SUM II and Karisma are at this time (June 2013) discussing whether expected coverage and reach is more achievable if Karisma expands to cover South and Central Jakarta in their current SOW, or if the organization supports implementation with the two *emerging* CSOs.

DKI Jakarta regional staff and TA providers coached Karisma and Yayasan Intra Medika to identify improvements of STI and HCT services to populations they serve by working in collaboration with Rumah Carlo, the Carolus Hospital. Agreements were reached on a referral system and on joint regular coordination meetings between Rumah Carlo, Karisma, YIM and SUM II.

In Central Java, DKI Regional staff with TA provider Penabulu initiated TA and small grants with LPPSLH and Jakerpermas, including workplace-based training, coaching and systems development in financial and organizational management, and monitoring and evaluation. SUM II regional staff provided strategic support to LPPSLH, working with Medical Faculty University

of Sudirman (FK-UNSUD) in Purwokerto and the District Health Office (Dinkes) to continue implementation progress on community-based clinical services, political and resources support, e.g., supplies from Dinkes and volunteer medical doctor from FK-UNSUD.

East Java Regional Team

Principal CSOs Genta, Paramitra, and Gaya Nusantara identified expansion sites, selected new CSOs, and facilitated the selected CSOs to develop SOWs. Yayasan Genta selected Yayasan Embun Surabaya to work with FSWs in Dolly and Jarak Brothel, Surabaya. Yayasan Paramitra selected two new CSOs – KK Wamarapa to work with transgender (TG) in Malang City/District, and Yayasan SUAR to work with brothel-based FSWs in Kediri District/City. Yayasan Gaya Nusantara (GN) is providing TA to Semarang Gaya Community (SGC) in the local response and situational analysis on AIDS, and development of a SOW and budget proposal for SUM II grant assistance. These grants commenced June 1, 2013.

Paramitra has been mentoring the *emerging* CSO KK Wamarapa and in Quarter 4, with TA assistance of Penabulu, provided capacity building in financial management.

In Quarter 4, Paramitra provided BCC training for *emerging* CSO SUAR. SUM II Regional staff also assisted SUM I in GIS condom mapping. All three *Principal* CSOs in Quarter 4 are implementing the new community organization module.

Tanah Papua Regional Team

In Year 3, Papua SUM II partner CSOs were implementing their first cycle grants. In Quarter 2, YCTP developed expansion plans in Timika to begin providing TA to developing CSOs that receive funding from LPMMAK to implement HIV and AIDS programs in subdistricts of Mimika District that were not covered in the cycle I SOW. YUKEMDI in Quarter 2 developed expansion plans in Jayawijaya to an additional two subdistricts in Jayawijaya District, and to the neighboring district of Lani Jaya. YUKEMDI is also coordinating with the CHAI project in clinical services re: the 4-part model for CSNs.

The Regional team convened planning meetings with Jayapura MSM community to define the strategic role of MSM-led CSOs to contribute to best practices in HIV/AIDS prevention and care programs among MSM in Jayapura. Subsequently, in March 2013, MSM community representatives met with the Jayapura City AIDS Commission to introduce the MSM community group commitment to contribute to HIV/AIDS prevention and care programs.

The SUM II Regional team in Wamena City, Jayawijaya District, continued to work closely with community health motivators and church leaders, and assisted in convening quarterly meetings to review progress of activities done by faith-based community health motivators and to develop follow-up plans. In Year 4, SUM II will intensify efforts to demonstrate in Jayawijaya District a district-wide CSN.

The priority activity for the Tanah Papua Regional team in the last months of Year 3 was to develop second cycle grants for CSOs working in Papua. These second cycle grants are completed and will be submitted for USAID approval end of June 2013.

In Quarter 4, PKBI sponsored through its SUM II grant BCI training for PKBI and YHI field staff. YCTP also conducted BCI training for 25 participants in Timika for staff of YCTP, hospitals, RSMM, Health Commission in district parliament. SUM II regional staff helped facilitate the training. Mimika KPA secretary opened the training. BCI was new to some of the participants. Yukemdi and Tali in May 2013 in Jayawijaya conducted BCI training, sponsored under the SUM II grant to Yukemdi. Participants included staff of the two CSOs with no previous BCI experience.

Also in Quarter 4, OPSI conducted an assessment of community organization in Timika attended by YCTP staff, staff of the Flamboyan Bar (entertainment establishment), and high-risk men.

North Sumatra and Riau Islands

In Year 3, SUM II partner CSOs in North Sumatra and Riau Islands began implementation of their first cycle grants.

Name of CSOs	MARPs covered
Riau Islands	
A. Tanjungpinang City and Bintan District	
1. Yayasan Bentan Serumpun (YBS)	Brothel-based FSWs in Batu-15 and Batu-24 brothels
2. Kompak	Indirect FSWs
B. Batam City	
a. Yayasan Gaya Batam (YGB)	MSM and TG
b. Yayasan Lintas Nusa (YLN)	Brothel –based and indirect FSWs, and High-Risk Men
c. Yayasan Embun Pelangi (YEP)	High-Risk Men of formal private sector, indirect FSWs and IDUs
North Sumatra	
1. Yayasan Galatea	IDUs
2. Human Health Organization (H2O)	Indirect FSWs and High-Risk Men
3. Gerakan Sehat Masyarakat (GSM)	MSM and Transgenders

In North Sumatra, SUM II’s regional capacity building officer provided ongoing TA to Yayasan GSM on approaches to community organizations and its overall outreach strategy, e.g., social media such as a website and short message gateways. Ongoing TA was also provided to Yayasan H2O to facilitate high risk men, specifically the workers in Belawan Harbor, to strengthen the established informal community organization called Lelaki Belawan Tangguh. This informal organization is committed to serving harbor dockworkers with HIV/AIDS prevention and care programs. Most of the members of the CO are peer educators (PE) that were previously trained and sponsored by the Belawan Port Authority.

In Quarter 3, SUM II identified AIDS NGO Forum of Medan as an organization capable of taking responsibility for strengthening CSO networks aimed at improving local government political and operational commitments on AIDS, health services network and system for MARPs and PLHIV. SUM II and the Forum agreed on a SOW, and SUM II provided a small grant and ongoing TA to strengthen these activities. The Forum will also advocate private sector involvement in HIV and AIDS services programs.

By May 2013 the following MARPs were reached:

Yayasan Galatea: Focus is on IDUS in Medan. 225 IDUs and 63 partners reached.

H2O: Focus is on indirect FSWs and HRM. 499 indirect FSWs and 2,149 HRM reached.

GSM: Focus is on MSM and TGs. 833 MSM and 545 TGs reached.

In Riau Islands:

- Tanjungpinang City and Bintan District

YBS: Focused on brothel (Batu 14) in Bintan District to reach FSWs on HIV prevention, through individual counseling and group discussions. YBS works with small Puskesmas that is located within the brothel, and for example assisted in establishing a new procedure that assures new FSWs are referred for HCT and STI testing, e.g., so FSWs do not work until medically cleared. With clients of FSWs at the brothel, provide HIV prevention messages, condoms, and support visits to the Puskesmas at the brothel for HCT and STI services. By May 2013, YBS had reached 427 FSWs at the brothel, and 1,414 clients.

Kompak: Focused on indirect FSWs in Tanjungpinang City in providing HIV prevention messages and access to HCT and STI services at Puskesmas. By May 2013 Kompak had reached 269 indirect FSWs. They also facilitate people living with HIV to access services and form support groups. Most Kompak staff members are HIV positive and very well connected to the PLHIV community. By May 2013, they have reached 99 HIV positive men and 114 HIV positive women.

- Batam City

YGB: Focused on MSM and transgenders in Batam City. They provide HIV prevention messages and access to services at Puskesmas. They also have established a community drop-in center in Batam for MSM and TGs, where discussion groups meet to share information related to HIV prevention and services. They also sponsor activities that promote informal community organizations within the two MARPs communities. By May 2013 they have reached 856 MSM and 298 TGs.

YLN: Focused on brothel-based and indirect FSWs, and high-risk men, and provide services to the largest brothel in Batam City (Sintai brothel) and indirect FSWs at entertainment establishments. They also work closely with the Sintai brothel Puskesmas to assure that new FSWs are screened and that both HCT and STI services are available. Services to brothel-based and indirect FSWs and HRM include HIV prevention messages, condoms, and access to Puskesmas HCT and STI services. By May 2013, they have reached 584 FSWs at Sintai, 470 indirect FSWs and 3,312 HRM. The HRM are reached not only at the hotspots, but also at private factories and businesses.

YEP: Focus is on high-risk men of formal private sector and indirect FSWs, specifically by going to factories and businesses, including entertainment establishments, to provide HIV prevention messages and to facilitate access to Puskesmas for HCT and STI services. With IDUs they have established support groups and facilitate access to methadone substitution. By May 2013, they have reached 2,148 indirect FSWs, 1,998 HRM, and 533 IDUs.

3. CSO Capacity Building

The quality of the HIV response is reliant on effective and efficient utility of resources. This efficiency is built on organizational systems including governance, financial management, monitoring and evaluation; and skilled human resources. SUM II's CSO capacity building approach brings tailored on-the-job training, coaching and systems development to the CSO workplace. It promotes a continuum of institutional development – instilling a can-do culture, data-driven decision making, and people-focused management.

SUM II launched its workplace-based approach to CSO capacity building in Year 2 in East Java and DKI Jakarta. In Year 3, in partnership with local TA providers, SUM II continued efforts in East Java and DKI Jakarta, and expanding intensive on-the-job CSO capacity building to Papua, North Sumatra, Riau Islands, and Central Java. This workplace-based approach enables SUM II to tailor capacity building to the specific needs of the CSO. On-the-job training is a higher quality and higher impact approach over traditional regional and national training courses that bring leaders and managers from several CSOs together and away from their offices and work teams. SUM II's workplace training includes a combination of intact team sessions and individual on-the-job training. It is real-time training to launch a new system and to practice and strengthen new skills that will make a difference that very day.

Coaching is the centerpiece of SUM II's approach. Skill-building and steps to bring changes happen incrementally in a workplace, especially in the application of a new system – for example, how to analyze information the new system is generating, and how to make changes or take decisions in response to the analysis. Intensive on-the-job coaching makes it possible to reinforce new skills and behaviors, and lock-in the improvements that result in effective HIV programs and greater coverage of most-at-risk populations.

For each new financial, management or program system, the OP specialist works with CSO managers to design the system based on real needs. Emphasis is on *practical* and *easy to use*. By participating in the design of a new system, managers and staff are better able to understand the changes they will be part of to get the system integrated into the everyday work of the organization – new procedures, new skills and different behaviors. For more detailed information on the CSO package of TA support see Appendix C; and see Appendix D for more details on workplace training and coaching in financial management and organizational development.

A major initiative early in Year 3 (Quarter 2) designed to strengthen SUM II's CSO capacity-building approach in partnership with local TA providers was development of key results areas (KRAs) and key performance indicators (KPIs), and means of verification, for the following (see Appendix A):

- Organizational performance in financial management
- Organizational performance in organizational management
- Organizational performance in monitoring and evaluation
- Organizational performance in community organization

SUM II conducted a technical workshop with SUM II TA Providers to identify key result areas (KRAs) and key performance indicators (KPIs) were in line with SUM II's "management for results" approach to providing TA to CSOs. A key workshop result was agreement on KRAs and KPIs as guidelines to SUM II's TA approach in Year 3, with particular focus on further developing the capacity of *Principal* CSOs. The total number of KPIs initially proposed was a reflection of TA Providers' confidence in achieving realistic, results-based performance management, in addition to identifying practical means of verification to support each indicator.

Key result areas and performance indicators will be used by TA Providers to measure progress made by CSOs, as well as obstacles to achieving targets. SUM II will link TA Providers' monitoring of CSOs, TA Providers' scopes of work, and project performance. The development of KPAs and KPIs in Quarter 2 facilitated SUM II national staff in finalizing the Year 3 Program Indicators for coverage and organizational performance (approved by USAID in Quarter 3); and also facilitated SUM II input to the PEPFAR 2013 COP.

SUM II also in Year 3 initiated efforts to its capacity building approach with the assistance of independent consultant, Marcella Pierce, MPH. Her report, *Assessment of Technical Assistance Provided to Civil Service Organizations*, was submitted in Quarter 3 and summarizes her assessment of how the SUM II program is impacting the CSOs, the TA providers and the community. She conducted interviews in September 2012 and again in February 2013 with CSOs, TA providers and SUM II staff. Respondents were asked about the condition of CSOs before they started working with TA providers, the changes that have taken place as a result of receiving technical assistance, challenges related to implementation, and input regarding how to strengthen the program.

The consultant was asked to complete a separate report on the Gang Sadar cooperative in Central Java. The report, *A Look at the Gang Sadar Sex Worker Cooperative and Savings Fund and the Role of a Local NGO*, summarizes interviews conducted in February 2013 with several members of the Gang Sadar cooperative in Central Java, including sex workers, management team members, and pimps/madams. This purpose of the interviews was to better understand how being part of a cooperative potentially benefits sex workers and how the savings account developed by the cooperative is used. She also conducted interviews with several freelance sex workers, members of the LPPSLH organization, care providers at the local health clinic (*Puskesmas*) and the head of the regency AIDS commission (*Komisi Penanggulangan AIDS Kabupaten*).

In Year 4, SUM II plans a second assessment of East Java and DKI Jakarta. Findings from both assessments shared with national partners and will also help SUM II and its six local TA providers identify ways to strengthened CSO capacity building. As noted earlier, the six local TA providers assisting with SUM II's Year 3 Work Plan were:

- Penabulu, for financial management
- Circle Indonesia, for organizational management and program strengthening
- Satunama (same)
- SurveyMETER, for M&E capacity building
- KIPRa, for specialized support to Tanah Papua CSO partners
- OPSI, for specialized support to KIPRa on programs for most-at-risk populations

SUM II and TA provider Yayasan Penabulu intensified TA to five SUM II CSO partners in Java, focusing on strengthening the capacity and readiness of CSOs for external financial audits in FY13 and FY14; and seven other CSOs for internal financial audits.

Tanah Papua Regional Team

SUM II TA providers Penabulu, Satunama, and KIPRa coordinated their TA to CSOs through joint planning meetings, implementation, and reporting. Penabulu provided TA and mentoring to KIPRa, so KIPRa is able to provide capacity building in financial management and systems to SUM II partner CSOs. Penabulu and SUM II Regional staff also did joint planning and coordination throughout Year 3 on monitoring the status and condition of each CSO's financial reporting; each CSO's second cycle SOW planning; and development of the implementation program plan for the Region of West Papua. SUM II and Penabulu also developed the application format for CSO financial statements for the second year SOW and financial training plan for CSO partners and KIPRa.

The Penabulu mentor team for KIPRa prepared the initial draft SOP based on CSO financial assessment results and, in January 2013, Penabulu and KIPRa held working sessions in Jayapura to develop a schedule of activities and coordination during the process of mentoring, in

alignment with KIPRa's capacity building program with the CSOs. Penabulu also provided training for KIPRa's CSO mentors on financial daily transaction records.

In Timika, YCTP non-finance staff participated in training on financial management, at the request of YCTP, so staff improves capacity and understanding of the organization's financial system – followed by the Board, and YCTP clinic and hospital.

In Quarter 4, Satunama and KIPRa facilitated strategic planning to CSO partner YCTP for participants representing YCTP board, CSO, hospital (RSMM) and clinic. In Jayapura, Satunama and Kipra provided strategic planning to YPPM and YHI. In Jayawijaya District, KIPRa and SUM II regional staff conducted Community Organization training for Yukemdi and TALI program staff, CSO volunteers, and indigenous volunteers. OPSI, KIPRa, and SUM II Regional staff met in May 2013 to plan CO strategies for MARPs (MSM, TG, FSWs). OPSI presented its program as TA provider for CSOs on MARPs CO development for Tanah Papua. OPSI together with KIPRa and YHI will assist and strengthen community groups to be empowered and their group members to independently seek healthy behaviors. OPSI met with YHI staff and representatives of MSM, TG and FSWs groups to discuss the intent and purpose of their involvement in SUM II and OPSI assistance in Tanah Papua. The meeting also served as an OPSI assessment in preparation for planned CSO activities.

East Java Regional Team

SUM II and local TA providers Penabulu, Satunama and SurveyMETER held regular coordination meetings on the mechanics of TA assistance, and to update on the situation and progress for each CSO.

SurveyMETER became a SUM II TA provider to East Java (and DKI Jakarta) early in Year 3 to provide capacity building in M&E. They implemented on-the-job training and coaching in utilizing Epi Info7 for monitoring and evaluation for all SUM II CSO partners in both provinces. Specifically, they assessed CSO TA needs and disseminated the results; they developed semi-annual survey guidelines; and they revised DQA guidelines for planned implementation in May.

In Quarter 4, Penabulu and SUM II Regional staff continued to explore ways to improve CSO recording of daily financial transactions. Circle Indonesia replaced Satunama's role in East Java and start providing TA to East Java CSOs on preparation of human resources policies (June 2013). The six CSOs were provided with a HR policy framework and agreed on capacity follow-up planning and expected results from the Circle mentoring.

Also in Quarter 4, SUM II in East Java sponsored technical capacity building in case management for 17 CSO outreach workers and case managers.

DKI Jakarta Regional Team (includes West Java and Central Java, North Sumatera, and Riau Islands)

In DKI Jakarta, Penabulu, Circle Indonesia and SurveyMETER provided intensive workplace-based capacity building to SUM II CSO partners.

TA provider Circle Indonesia in Quarter 3 assessed SUM II CSO partners, Angsamerah and OPSI. Both CSOs will assist SUM II in strengthening relation between clinics, CSOs and MARPs community organizations. Some capacity building requirements were identified related to their planning system, implementation, monitoring and evaluation. Other areas for capacity building include MARPs mapping and empowerment, social analysis, and advocacy strategy development, including the relationship of gender and stigma/discrimination to HIV/AIDS programs.

In Central Java, TA provider Penabulu launched its organizational capacity and financial management capacity program of training, coaching and systems development with LPPSLH and Jakerpermas. Penabulu also conducted a community empowerment workshop on strengthening Jakerpemas networks to FSW communities. The workshop provided approaches to addressing health and economic needs of FSWs.

In DKI Jakarta, CIRCLE continued mentoring TA to YKB, YSS, and LPA Karya Bhakti, especially in strengthening organization development and program management. The CSOs also adjusted their organizational structures based on CIRCLE recommendations to enable them to better respond to current and new challenges. Penabulu provided YKB with strengthening in financial management through the implementation of financial information systems and accounting software. In May-June 2013 and, Karisma and YKB received reinforcement in Community Mobilization for each IDUS and FSWs. Both CSOs receive further reinforcement in order to coach *emerging* CSOs for which they are responsible.

In June 2013, Circle Indonesia began its mentoring to CSOs on human resources policy formulation. Seven SUM II CSO partners were provided the HR policy framework and agree on capacity follow-up plans and expected results of the mentoring by Circle.

North Sumatra and Riau Islands

In Year 3, SUM II had one regional capacity building officer, based in Medan, who covered both North Sumatra and Riau Islands. Penabulu provided financial systems and management capacity building to CSOs in both provinces; Satunama provided organizational performance capacity building to Riau Island CSO partners; and Circle Indonesia provided organizational performance capacity building to CSOs in North Sumatra.

Penabulu, in addition to focusing on development and assistance for financial SOPs tailored to each CSO, also assisted the preparation of monthly financial reports that the CSOs provide to SUM II. Penabulu's TA has resulted in financial system SOPs and the CTH reporting (CTH is daily financial transaction recording).

Circle Indonesia facilitated strategic planning and project cycle management with the three SUM II CSO partners in North Sumatera. They also pilot tested the CO module with all three CSOs. CO strategies will be targeted at MSM, FSW, HRM, IDU and TG communities.

Satunama in Riau Islands facilitated strategic planning, reviewed of vision and mission of each CSO, legal status and development of program work plans. Satunama also facilitated advocacy capacity building to the five CSO partners (June 2013).

4. SUM II Staff and Resources

SUM II at the start of Year 3 expanded staff and resources to support its Year 3 Work Plan. In Quarter 3, SUM II took a re-look at its staffing plan because SUM II resources will be more limited in Years 4 and 5. SUM II identified several ways to consolidate roles and positions in Year 4 based on existing staff and with more reliance on local STTA.

Year 3 also saw the departure of COP Rob Timmons (RTI) on January 11, 2013, and USAID approval of replacement COP Yen Rusalam (TRG) on April 2, 2013. Steven Joyce, TRG Project Manager for SUM II served as interim COP from January 8-April 2, 2013. Mr. Rusalam has been key personnel with SUM II since its launch in June 2010, serving first as Senior Technical Expert for Organizational Performance, and then (February 2012) as National Program Coordinator and Senior Technical Expert. On June 16, 2013, Ms. Fiferi Murni (TRG) replaced Yen Rusalam in the key personnel position of National Program Officer and Technical Expert. On February 6, 2013, the USAID Office of Procurement sent a letter to TRG SUM II stating that all replacement key personnel on SUM II will need to be TRG employees in future.

In January 2013, SUM II established the senior leadership team (SLT) comprised of the SUM II key personnel – COP, Senior National Program Officer, F&A Officer, and National M&E Coordinator. The SLT meets weekly to review progress, identify issues and, when needed, make collective decisions. In April the SLT led the annual performance appraisal process of SUM II staff and collectively recommended merit increases. The SLT is also working to strengthened coordination and teamwork between the program and grants components of SUM II, and bring more focused attention to M&E field observations and expectation-setting with regional teams.

GFATM CCM

SUM II extended for a second year its grant to the GFATM CCM to fund the CCM's Finance Officer. This position is the key financial management focal point within the CCM Secretariat. Indonesia is currently implementing a large portfolio of grants from the Global Fund; Indonesia is one of seven countries in the Global Fund's "High Impact Asia" department. The Indonesia Country Coordinating Mechanism (CCM) has overarching responsibility for all of Indonesia's Global Fund grants. Through its Secretariat, the CCM routinely plans, implements and manages a great many grant support activities, including CCM meetings, grant oversight activities, and the development of new proposals.

In order to fund CCM activities and the CCM Secretariat, the CCM relies heavily on an “Expanded Funding” budget provided by GFATM, as well as co-financing provided by the CCM’s Development Partner members and the Ministry of Health Republic Indonesia. USAID has agreed to fund the post of Finance Officer for the CCM, through the SUM II project.

Core roles and responsibilities of the CCM FO are as follows:

- Manage income and expenditure provided by GFATM , DPs, and MoH according to the CCM’s work plan and budget
- Oversee and manage all daily financial transactions related to the CCM and the CCM Secretariat
- Continue to develop and strengthen the CCM Secretariat’s Financial Management Guidelines (a component of the CCM Secretariat Operations Manual)
- Develop all expenditure reports and disbursement requests as required by GFATM, DPs and MoH

The FO position is funded from Jan 2013 to Dec 2013.

Other Year 3 Personnel Actions

Additional major personnel actions in Year 3 are as follows:

- SUM II National Office
 - Quarter 1: SUM II driver hired
 - Quarter 2: the National Capacity Building Officer and a second Grant Manager joined SUM II national staff
 - Quarter 3: ICT Officer and Grant Assistant (temporary consultant) joined SUM II
- Papua
 - Quarter 2: two Capacity Building Officers for Jayapura and Mimika, and office assistant for the regional office, joined SUM II
 - Quarter 4: Regional Coordinator left SUM II
- East Java
 - Quarter 3: office assistant for the Surabaya office joined SUM II
- DKI Jakarta
 - Quarter 2: Regional Coordinator left SUM II
 - Quarter 3: Regional Capacity Building Officer was promoted to Regional Coordinator

Local and International STTA

The following local STTA supported the SUM II Year 3 Work Plan:

- Harmi Prasetyo, roll-out of Epi Info 7 (Quarter 1 and 2), prior to becoming SUM II's ICT Officer
- Nasrun Hadi, local STTA to Strategy 5, Building Advocacy Capacity (Quarter 3 and 4)
- Aldo, OPSI, local STTA to Strategy 1 development of the CO Module (Quarter 3)

The following international STTA supported the SUM II Year 3:

- Mona Sheikh Mahmud, APMG, Strategy 1 development of the CO Module
- Lou McCallum, APMG, technical and work plan support
- Dave Burrows, APMG, technical support to explore rapid HIV testing
- Katherine Otto, training and recommendations for CommCare Mobile technology
- Felicity Young, RTI, technical and work plan support
- Becca Price, RTI, work plan and budget support
- Anne Wakaba, RTI, work plan and budget support
- Brad Otto, RTI, support to RETA use and application
- Tammy Forrester, RTI, grant management training
- Marcella Pierce, independent consultant, documentation on SUM II capacity building approach
- Steven Joyce, TRG, documentation of SUM II progress; interim COP

Strengthening the SUM II Team

Several key steps have been taken in the last half of Year 3 to strengthen management of staff:

- TRG and RTI established the Senior Leadership Team in January 2013 to promote collaborative leadership
- RTI implemented a performance appraisal system in Q4 to enhance transparency and strengthen performance management
- RTI Indonesia Office HR specialist in Year 4 Q1 will conduct one-on-one interviews to assess status of employee satisfaction, leading to a strategy to improve employee satisfaction

5. Strengthening Advocacy Capacity

The priority activities for Strategy 5 are to develop the capacity of SUM II national and regional staff so they can train *Principal* CSOs and other stakeholders in the use and application of the Resource Estimation Tool for Advocacy (RETA), and to develop a RETA module specific to the general population in Papua and West Papua. Capacity in applying the RETA tool is a foundation skill.

The results of RETA will enable CSOs to develop policy briefs, advocacy plans, communication strategies, and, most importantly, lead to CSO involvement and participation in local government budget discussions.

RETA Use and Application

In Quarter 2 and 3, Brad Otto, Senior HIV/AIDS Advisor, RTI, facilitated a series of meetings and workshops designed to build CSO and SUM II TA provider capacity in the use and application of RETA. Note that this TA assistance included local STTA, Nasrun Hadi. SUM II's approach in Year 3 was to team international STTA with local STTA, so that follow-up and coaching is ongoing to help lock-in the learning and progress towards policy briefs and advocacy plans and stakeholder dialogue based on RETA results.

Key activities for Year 3:

- Support in Quarter 2 to Surabaya and Malang CSOs (Genta, Gaya Nusantara, Perwakos, IGAMA and Paramitra) to update the data entered into RETA to include funding allocations for 2012.
- A three-day TOT/introduction to RETA in Quarter 2 for *Principal* CSO participants who had previously participated in RETA training. The TOT was aimed at increasing understanding of how to select and enter relative data and to generate and understand the outputs to a level where they would be able to train others. SUM II TA providers also attended, but for them the TOT was more of a general orientation to the objectives of RETA as a resource estimation and capacity building tool. The TOT goal for them was to begin thinking about how to build an advocacy support program for CSOs considering the data needs and resource mobilization objectives of the advocacy programming that SUM will support.
- A three-day advocacy coordination workshop in Quarter 2 for SUM II TA providers. The goal of the workshop to generate consensus between SUM II national and region staff and TA providers on objectives and strategies for resource mobilization advocacy to be developed and supported under SUM II.
- Support to advocacy planning in Quarter 2 to East Java Principal CSOs and TA providers. The purpose was to take the strategies and principles agreed to in the three-day advocacy coordination workshop and apply them to developing a work plan for East Java CSOs. The meeting provided an opportunity for Principal CSOs to gain a better understanding of the objectives of the overall advocacy program in the context of declining donor funding.
- Support in Quarter 2 to Jakarta CSOs to introduce them to the advocacy strategic planning process initiated in East Java. CSO staff brainstormed on the issues and constraints affecting sustainable funding and CSO access to government funding. In response to the issues and constraints identified, priorities were agreed on and actions to take, including updating resource needs estimates for CSO programming (using RETA).

- Follow up technical assistance in the use of RETA to YKB, LPA Karya Bhakti, Yayasan Inter Medika, and Karisma. YKB succeeded to complete RETA result for FSWs in Mangga Besar West Jakarta that clearly outlined total costs for the estimated population with HIV/AIDS comprehensive services, and unit cost for each prevention and care services. The other CSOs required intensive technical assistance.
- Introduction of RETA to Jakarta NGO Forum and MSM National Network (GWL-INA). Both organizations plan to use RETA in their advocacy agendas, in particular to increase local government budget support to HIV/AIDS comprehensive services. As noted above, international STTA and local STTA will be teamed to enable follow up technical assistance to these organizations.
- Introduction of RETA to National AIDS Commission (NAC), and agreement to conduct RETA training in Papua, which happened in March 2013. NAC was very supportive of the Papua training. NAC sent a letter to Provincial AIDS Commission in Jayapura to encourage members of the Provincial and District AIDS Commissions to participate in the training at their cost. NAC also expressed interested to work with SUM II to hold one national training on the use of RETA.

Papua was a priority in the second half of Year 3 for RETA training and application. The international RETA specialist worked with the SUM II Papua Regional capacity building officer to finalize the adaptation of RETA to the general population of Papua. This adaptation used one district's relevant data (Jayawijaya District) consisting of population size estimates for these most-at-risk populations where they are significant, and the general population at particular risk of HIV and those being targeted for HIV prevention and care programming.

Papua activities focused on TA in the use of RETA to SUM II partners, project collaborators, local government, health providers, and stakeholders in Papua Province. SUM II started its HIV and AIDS intervention program in Papua Province by partnering with six CSOs in four districts of Jayapura City and District, Jayawijaya District, and Mimika District. MARPs included in the program are brothel and non-brothel FSWs, MSM and Transgender, and high risk men, including mobile men and domestic migrant workers who stay away from the family for long period. The general population prioritized in the program are local indigenous men and women 15-49 year old.

In Wamena, Jayawijaya District, training focused on the uses of RETA, and knowledge and skill in RETA utilization, including data interpretation and analytical skills and how to operate RETA worksheet – to produce RETA result, and interpret and apply RETAs result for advocacy. Participants included district government, District AIDS Commission, District Health Office, government and private health providers, and representatives of project implementers.

In Jayapura, training focused on providing participants with knowledge and skill of RETA utilization and know-how to provide technical assistance to RETA primary users. Participants included representatives of the institutions that are expected to train RETA to the primary user,

e.g., CSOs and Puskesmas, or private clinics. The TOT included SUM I and II staff, local TA provider mentors (KIPRa); and the provincial government – Health Office, Planning Board; and Provincial and District AIDS Commission.

In May 2013, YCTP with support from SUM II Regional team conducted a stakeholder workshop on Program Outcomes and Results. The event was held in Timika and attended by the Secretary of KPAD, two members of Parliament, two local journalists, and staff from SUM II, KIPRA and YCTP. The goals were to dialogue with the legislature and provide information about programs that have been implemented by YCTP. Follow Up from this activity is to advocate for additional district government resources with district government and the legislature. The district government expressed their commitment to build integrated and comprehensive services for PLHIV including the building and its facilities.

The local RETA consultant will continue to coach the Tanah Papua Regional Office on RETA development, use and application.

SUM II regional staff in Papua regularly attends HIV planning and coordination meetings sponsored by Papua province, including meetings sponsored by the Provincial Health Office, in which districts and cities present health programs, including HIV programs.

In Year 4, SUM II will give more emphasis and focus to the following:

- Resource Estimation Tool for Advocacy (RETA) and combination tool for advocacy
- Developing the capacity of SUM II national and regional staff, as well as local TA organization staff, so they can provide TA to *Principal* CSOs, local government and other stakeholders in the use and application of RETA, and combination tool for advocacy.
- Applying RETA results to develop policy briefs and formulate advocacy plans.
- Clarifying expectations for engagement of CSO partners in provincial/district budget discussions
- RETA roll-out approaches to Papua, and if resources permit to Riau Islands and North Sumatera.
- Developing a “case” model for RETA based on non-SUM II CSOs (i.e., with lower operating costs)
- Identifying strategies for engaging *Principal* CSOs in addressing operating costs challenges and adopting cost-reasonable approaches to service delivery, e.g., more reliance on volunteers; promoting community self-help systems for HIV/AIDs

Media Training

SUM II and AJI initiated their partnership a year ago with a seminar in East Java that was also sponsored with the Provincial AIDS Commission. The seminar focused on the exchange of information, and repairing relationships and building trust. CSO leaders and staff described the

most-at-risk populations they serve and the journalists explained their approaches to getting an interesting story out to the public, and acknowledged that they may have reinforced stigma and discrimination, or used wrong words and characterizations because they were uninformed. The AJI trainers talked about AJI's goal to reach marginalize people, including transgender people, people living with HIV and AIDS, and female sex workers, and about the role CSOs can play, with press release writing skills, to help get the stories of marginalize people out directly to journalists and the public.

As part of the AJI and SUM II partnership, AJI is coaching CSOs on how to engage effectively in legislative discussions. Journalists know and understand the legislative process, and they know how to access political leaders. AJI's coaching is aimed at building the capacity of CSOs to identify issues in the HIV response that can be addressed with supportive regulations and to advocate for these regulations by participating actively in legislative discussions.

In East Java, in January 2013, AJI and SUM II conducted a two-day media skills seminar in Surabaya that included leaders and staff of four SUM II CSO partners. The seminar included a press conference attended by 50 journalists from 34 electronic, print and TV media outlets. The press conference was arranged by AJI to engage journalists in the challenges of funding for HIV and AIDS services and draft regulations (now in process). Following the press conference, twelve media articles appeared in the Surabaya local media, including *Memorandum*, *Surabaya Post*, *Suara Surabaya*, *Media Online-Lensa Indonesia*, *Detik.com*, *Antara*, *Suara Kawan*, *Seputar Indonesia*, *RRI*, *Surabaya Pagi*, and *Centro One*.

Trainers for the seminar included AJI's head of AJI Surabaya, who is also with the *Surabaya Post*, and additional members of AJI from several media outlets. Seminar participants included staff from PERWAKOS, serving the transgender community; Orbit, serving the IDU community; Genta, serving the FSW community; and Gaya Nusantara, serving the MSM community.

In Surabaya, in Quarter 4, SUM II CSO partners and journalists met with the Surabaya city media director to provide information about the HIV epidemic in Surabaya and CSO program activities. As a result, the director of media encouraged CSOs and journalists to continue to provide news and stories on HIV programs in the local press. Following the media director meeting, Indonesia National Radio has launched a weekly radio program jointly with CSOs to discuss HIV topics.

SUM II convened CSOs the end of April to develop the radio broadcast syllabus. In May 2013, Surabaya CSOs visited four media offices – Jawa Pos, Bereita Metro, Berita Antara, and Surabaya Radio – to strengthen their partnerships and to spread positive stories related the HIV response worldwide.

In Quarter 4, journalists and CSOs serving Malang city and district continued to meet and share information about HIV updates and situation. A meeting in April was attended by 30 journalists from ten media printing and electronic in Malang.

SUM II also conducted a 2-day media skills seminar in October 2012 for Jakarta CSOs. The goals of the seminar were to as follows:

- To communicate CSO messages effectively in a variety of settings.
- To create persuasive, positive messages that counter negative attitudes and difficult issues.
- To practice techniques for different media situations – print, radio, and television interviews.

The seminar was hands-on and practical, and included videotaped practice drills and feedback. Participants attended from YKB, Bandungwangi, YSS, LPA, YIM and Atma Jaya.

Advocacy to Local Government

In East Java, the media training and press conferences described above are aimed at increasing local government political and operational commitment for comprehensive services program on HIV and AIDS. The SUM II Regional team in Year 3 also meets regularly with local governments, including:

- East Java Provincial Planning Board to review HIV and AIDS coverage for MDGs.
- Surabaya City Legislative regarding local policy on AIDS.
- Health Office of Surabaya City
- Provincial KPA, e.g., on CSM issues
- KPA Malang for annual planning

The DKI Jakarta Regional Team attends monthly informal meetings with the Provincial KPA, and also assists the NGO Forum on joint program and budget advocacy. The DKI Jakarta Regional Coordinator is also facilitating discussions in Semarang, Central Java, between CSOs and journalists affiliated with the Alliance of Independent Journalists (AJI).

In Tanah Papua, the SUM II regional team attends regular informal meetings in Jayapura City with KPA, e.g., to plan the MSM group audience with the District Mayor; modification of RETA for general population (see above); and RETA use and application (see above). SUM II regional team members also attend coordination meetings with KPA Jayapura District at KPA Jayapura District Office, which were also attended by UNICEF, CSO SUM II partners, ODHA (PLHIV) community, and other CSOs that provide HIV services in Jayapura District. SUM II also assists local government and CSOs synchronize and integrate HIV and AIDS programs, for example the YHI program with KPA Jayapura city HIV and AIDS program.

In Riau Islands, in February 2013 SUM II and the Provincial KPA collaborated in conducting a joint technical training on behavior change intervention outreach and community organization to a total of 24 CSOs from all the districts in the province. It was a cost sharing training: 19

CSOs' participants were paid by the local government budget, and 5 CSOs by SUM II. Trainers were SUM II CSOs staff and participants totaled 66 CSOs staff.

In North Sumatera, SUM II's capacity building officer participates in the Sub-District Working Group meetings, also attended by H2O, Medan City KPA, AIDS Working Group in Medan Selayang and Medan Tuntungan Sub-District. The goal is to establish working relationships with the Sub-District Working Group to support HIV and AIDS program services provided by H2O to FSWs who work in massage parlors in Medan Selayang and Medan Tuntungan Oukup.

Year 4 Priorities in Advocacy Capacity Building

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

6. Gender and Human Rights

At the national level, gender inequality has been recognized as a barrier to reducing the HIV epidemic and is an impediment to national development and welfare. The proportion of PLHIV who are women increased from 21% to 25% between 2006 and 2009, and in Tanah Papua, females represent 50% of those living with HIV.

MSM and Waria sex workers also are experiencing sexual violence rarely met by current services, e.g., counseling for sexual violence (not just HIV tests), programs to fight stigma and discrimination.

The report on *Health Sector Response to HIV in Indonesia 2011* found local policies supporting human rights in their approach to HIV and some other policies that contravened them. One district reported proposing banning PLHIV from working in restaurants and hotels. In other local regulations, PLHIV are required to reveal their status. Another example is a local policy in 2010 that made it obligatory for FSWs to use condoms with their clients and to be examined for STI and HIV every 3 months. Other regulations strive to criminalize sex workers for low condom used without addressing the responsibility of the client.

Gender in particular is seen by SUM II as a priority because gender-responsive strategies (e.g., HRM) improve the effectiveness of HIV prevention, treatment and care by reducing barriers to access for programs and services, i.e., improve uptake and quality of services, and create an enabling environment to support individual behavior change and risk reduction.

Strategies and plans that address stigma and discrimination also relate to public health policies that impede or facilitate the ability of CSOs to reach MARPs, and access of MARPs to services.

SUM II CSO partners in Papua are providing services to indigenous men and women, brothel- and non-brothel based female sex workers, and high-risk men. Specifically in Papua, CSO activities aimed at indigenous women and girls include engaging faith-based and women's organizations in HCT and ways to minimize risk of partner violence in Papua. In Year 4, The study will identify ways to improve these programs.

In Year 3, TA Providers Circle Indonesia and Satunama provided ongoing TA to CSOs to include gender and address stigma/discrimination in strategic plans, which is the framework for program planning and development.

In February 2013, SUM II provided assistance to a USAID field visit to North Sumatra to collect input on gender equality and women's role in development related to health, particularly in HIV and AIDS. The visit included working sessions with Province KPA, Medan City KPA, and other stakeholders in Medan City.

In April 2013, three-day training workshops addressing gender were held in Surabaya and Malang in East Java for SUM II CSO partners. The training was led by *Principal CSO* Gaya Nusantara, and attended by a total of 40 CSO staff members.

In Year 4, SUM II TA organizations will continue assistance to CSOs in gender-responsive programming and with strategies for addressing stigma and discrimination, especially with a focus on improving service delivery through a program cycle of planning to evaluation. SUM II also plans to develop guidance based on the MOH report findings to increase CSOs' capacity for gender-responsive programming.

If resources permit, SUM II in Year 4 will carry out a gender and stigma/discrimination qualitative study of MARPs and affected populations in Tanah Papua (including pregnant women). The results will feed SUM II's capacity building strategy. SUM II will also carry out a drug user's sexual behavior qualitative study, if resources permit, in Jakarta, Surabaya, Riau Islands, and Medan, with results to be used by SUM II partners to expanding coverage of HIV and STI services to MARPs.

7. Providing Organizational Performance TA for Health Care Services to MARPs

This strategy supports the SUM II 4-part intervention model that is more fully defined and addressed in the Year 4 Work Plan. This support during Year 4 will specifically be in the area of clinical management – planning, supply chain management, external relationships, and leveraging resources (funds, in-kind, and personnel). Initial candidates for pilot intervention sites include Puskesmas Perak Timur in Surabaya that provides health services for MSM; two

private clinics in Java – YKB’s clinic in North Jakarta (YKB), and 1 clinic in Central Java with LPPSLH; and one private clinic in Wamena, Jayawijaya District in Papua, for which SUM II will work in coordination with CHAI to provide TA in clinical management. SUM II and CHAI have been holding exploratory discussions beginning in February 2013.

Angsamerah and SUM II are cost-sharing for a private “satellite” clinic now being established (the building was selected in March 2013) in the Bloc M area of Jakarta. SUM II in Year 4 will explore with Angsamerah TA support they can provide to YKB and LPPSLH in clinical management.

SUM II sees Strategy 7 as “strategically” important because expected higher demand for health services, resulting from SUM II coverage efforts, needs to be matched by easy access to relevant, friendly and quality health services.

Rapid HIV Testing

In Quarter 1, SUM II and STTA from APMG conducted group interviews with management and staff at CSOs in Surabaya and DKI Jakarta to determine the perceived usefulness of rapid (oral) testing by CSOs to increase rates of HIV testing among MARPs in Indonesia. In general, all interviewed agreed that rapid testing could be useful, although several interviewees pointed out significant issues that would need to be addressed and some questioned whether the benefits would outweigh the potential problems or risks. Objectively, the HIV testing situation among MARPs in Surabaya and Jakarta meet the conditions that warrant introduction of rapid testing among MARPs. However, many respondents noted that rapid testing alone will not overcome some major issues such as fears that confidentiality will not be maintained (a fear highest among FSWs in DKI Jakarta) and fear of poor treatment by health services, as well as stigma from friends and families.

Potential advantages of introducing rapid (oral) testing include:

- Encouraging greater numbers of MARPs to get tested, know their HIV status and, if positive, get connected to quality HIV care
- Greater linkages between CSOs, Puskesmas, private and government health facilities in assisting MARPs to access quality health care
- Increased sustainability for CSOs as HIV testing is a core activity that governments can be encouraged to pay CSOs to provide, potentially leading to government funding of testing and other CSO activities.

Potential problems and risks include:

- Delays and difficulties due to the need for MOH approval of rapid testing algorithms and training/PSM processes

- Changing the nature of CSO work from supporting access to the health system to carrying out diagnosis
- Reactions from Puskesmas if numbers of MARPs tested at CSOs are higher than at Puskesmas that may lead to problems in the CSO-Puskesmas relationship.

Group interviews with management and staff were carried out at Persatuan Waria Kota, Yayasan Gaya Nusantara and Yayasan Orbit in Surabaya, and at Yayasan Kusuma Buana and Yayasan Karisma in DKI Jakarta, as well as the MSM/TG national network GWL-INA and a group of Waria clients in Surabaya. Objectively, rapid testing by CSOs in Surabaya and Jakarta satisfies Gilbert’s (2010⁵) conditions, because the answer is “yes” to the following questions:

- Are there client populations with high prevalence of HIV in this area?
- Are there high-risk clients who might not return for their test results?
- Are there high-risk clients where provision of a rapid HIV test result will improve public health follow-up or connection to HIV clinical care?
- Are there community-based settings where rapid testing facilitates access to HIV counselling and testing?

Gilbert and others suggest that, if the answer is “yes” to most or all of the above questions, the following be considered:

- Re-orient HCT services to MARPs and provide low threshold mobile and NGO-based rapid testing paired with attractive services
- Improve contact tracing and provide anonymous peer and online options.

CSO interviewees varied considerably in their current efforts and success in encouraging reached MARPs to undergo a HIV test. CSOs’ achievements to date range from about 10% (Yayasan Gaya Nusantara) to about 45% (Persatuan Waria Kota and Yayasan Orbit). However, even in the CSOs with higher testing rates, significant problems were identified. For example, 60% of the IDUs found to be HIV-positive were only discovered when they entered the hospital with severe HIV-related illness.

CSO	Estimated Population	CSO Reach	Number Tested
PERWAKOS	700	500	200
Gaya Nusantara	5,200	750	75
Orbit	700	400	195
YKB	2,000	1,600	400

⁵ M Gilbert (2010) *Impact and Use of Point of Care HIV Testing: A Public Health Evidence Paper: STI/HIV Prevention and Control* BC Centre for Disease Control, Vancouver.

Karisma	2,000	350	120
---------	-------	-----	-----

Factors cited for low interest in HIV testing by MARPs varied by MARP but included:

- Time, timing and convenience (especially in Surabaya). Current testing options often require being at a specific place on a specific day at a specific time. Options that enable MARPs to be tested when and where they are ready should assist in increasing HIV testing rates
- Fear of stigma from friends and family, of bad healthcare generally, and outcomes of HIV infection (for example, lack of belief in efficacy of ART). While a level of fear will be present regardless of the testing methodology, a capacity development process should be effective if it includes both rapid HIV testing with improved CSO pre- and post-test counselling, confidentiality of results, and improved health outcomes for those found to be HIV-positive
- Fear of being unable to work as a sex worker if found to be HIV-positive. This is a very specific, work-related fear, which may mean that rapid testing is inappropriate in the short-term for use among FSWs in DKI Jakarta.

A checklist for implementers of community-based rapid HIV testing (NY State Department of Health 2011⁶) was used in the group interviews and results from this brief assessment will be provided to guide capacity development of CSOs to carry out rapid testing. In addition, recommendations will be provided on ways to increase rates of HIV testing among MARPs and in those places where rapid testing is not (or not yet) able to be introduced. One recommendation from the brief assessment is to pilot a program on rapid HIV testing with MSM and TGs in Surabaya.

In Year 4 SUM II will consult with MoH at central and provincial levels for the policy of HIV rapid test with involvement of CSO staff, especially in Tanah Papua. As a first priority, if the policy permits, SUM II will support Jayawijaya District to implement a pilot for rapid testing. The design, for example, may combine HIV rapid testing with follow up services after test re: test and treat. Its documentation will be disseminated to central and local stakeholders, which will encourage “test and treat” expansion plans.

As noted previously, SUM II in Year 4 will give priority to implementation of the HIV Comprehensive Services Networks 4-part model. Sum II will assist CSOs to establish services networks or, where already present, provide technical assistance to local government and organizations – such as District Health Offices, District AIDS Commissions, women and youth alliances, and indigenous organizations – which can broker better health services for most-at-risk populations by promoting equal partnership between CSOs and health service providers.

⁶ NY State Department of Health (2011) *Considering Whether to Implement a Rapid Testing Program: A Self-Assessment for Agencies* NY State Department of Health AIDS Institute. NY.

8. Monitoring and Evaluating CSO Performance

SUM II's monitoring and evaluation strategy is primarily focused on assessing management by key results and capturing effective coverage, as well as analyzing the relevant transfer of knowledge.

Database and Analysis: Epi Info 7

CSOs are obligated to maintain records and report to SUM II, as well as routinely conduct analysis and use the information to increase coverage of MARPs and improve access to services. To support the CSOs and achieve program objectives, CSOs should have a standardized recording and reporting system that they use to reach more individuals at risk, remove barriers to HIV and STI services, and become more cost effective. The database system that has been used by the CSOs over the past years fails to accomplish the objectives above and therefore must be replaced.

During the first quarter of Year 3, with the technical assistance of a local consultant from the University of Gadjah Mada, SUM II developed a new recordkeeping and reporting system for CSOs in Epi Info 7; reviewed the existing database used by CSOs, "*SI CSO*" applied by East Java and DKI Jakarta CSOs, and *Excel* applied by Papua CSOs, and developed data entry menus in Epi Info 7 under consultation with SUM II's M&E officer; transferred CSOs' data from *SI CSO* and *Excel* to Epi Info 7; conducted initial training of SUM II and CSO M&E and Program staff in East Java in the use of the Epi Info 7, and in October with Jakarta CSOs; and prepared guidelines for CSOs to use the new recordkeeping and reporting system, and during Quarter 3 with CSOs in Papua, Riau Islands and North Sumatera.

To date, CSOs have been enthusiastic to learn new software that allows them to analyze the data they have been collecting for years. SUM II and SurveyMETER will provide tailored, on-the-job coaching in Epi Info 7 and the use of data analysis each month for CSO management to review achievements and obstacles that are affecting access to HIV and STI services.

In Quarter 4, SUM II's national ICT officer provided workplace-based coaching to YHI, YUKEMDI, and TALI in Epi Info 7. Tanah Papua team Regional Capacity Building Officer from Timika also participated in the coaching sessions in Jayapura in order to provide workplace-based coaching on Epi Info 7 to YCTP.

Also in Quarter 4, Gaya Nusantara (GN) in Surabaya, the local capacity building mentor to expansion site CSO, Semarang Gaya Community (SGC), trained the SGC M&E officer in Epi Info 7. SUM II's grant to SGC was effective June 1, 2013.

SurveyMETER – Local TA Provider in M&E

In Quarter 2 (October 2012) SurveyMETER began its assistance as TA provider to SUM II East Java and DKI Jakarta CSO partners. SurveyMETER is assisting each CSO to build their M&E

knowledge and skills based on their current status. Because CSOs are developing their organizational capacity with assistance from other SUM II partner TA organizations, SurveyMETER is coordinating with these other institutions to harmonize the content of M&E functions so that CSOs will have ability to monitor and evaluate their institutional and programmatic performance. Specifically, SurveyMETER is implementing activities which will support the following objectives:

1. Improve monthly record keeping and reporting by CSOs—accuracy and timeliness
2. Build the capacity of CSOs to collect, analyze, and interpret data for more cost effective implementation and reporting, including mobile phone technology
3. Carry out periodic qualitative assessments (including, but not exclusively, focus group discussions) of MARP clients to identify barriers to service utilization and to build up CSO capacity with assistance from SUM II
4. Conduct annual surveys of CSO intervention sites

In Quarter 3 SUM II national and regional staff further assisted SurveyMETER to fully develop into its TA provider role. In Quarter 3, SUM II national and regional staff monitored CSO annual survey implementation, carried out by six SUM II CSO partners in DKI Jakarta and seven in East Java. In February, a 3-day annual survey training workshop was held for six East Java CSOs in the SUM II Surabaya office conference room.

In Quarter 4, the East Java Regional team convened monthly coordination meetings with six CSOs in the city of Surabaya and Malang. These meetings were held at the CSOs offices and involved all staff. The agenda was to discuss the CSO capacity building progress in organization performance and program achievement, and to determine CSO needs to be used for planning and scheduling with SUM II TA providers, Penabulu and SurveyMETER. TA provider mentors attended the meetings. For SUM II regional staff, these meetings enable them to assess the quality and effectiveness of TA organizations' input.

SUM Website – CSO Interface

In Year 3, SUM II expanded the SUM website to also include a platform for CSO interface. The purpose is to:

- Enable SUM II regional teams to report CSO monthly data directly onto the website
- Publish CSO achievement in meeting targets
- Provide NAC, MOH, USAID, and other donors and partners easy access to CSO data
- Enable SUM II regional teams to monitor CSO program progress and manage for results
- Enhance SUM II internal communication – programs, activity calendar, and problem-solving

Data for 31 SUM II CSO partners is now available on the website. Public access to summarized data does not require a password. CSO-specific data is password protected.

In Quarter 4 the SUM II national ICT officer conducted a 1-day web systems training workshop for East Java, Papua, and Jakarta regional teams to enable them to upload data onto the SUM website.

CSO Annual Survey

SUM II six CSO partners in DKI Jakarta and seven East Java CSO partners (Sadar Hati was included even though they were suspended for a second cycle grant) conducted an annual survey in their intervention sites from January to June 2013 whereas this is the second annual survey for them. The process included developing the survey design and the instrument (SUM II and SurveyMETER); pilot testing with the key affected populations; finalizing the survey instrument; and conducting training of trainers by SurveyMETER for CSO M&E officer and program manager from all CSOs. Following this TOT, the CSO trained trainers provided training and coaching to their own CSO team and survey interviewers. In past years, SUM II used consultants administer the survey and the CSOs sole role was report writing. For the first time, with this year's survey, the CSO is taking the lead. The feedback from CSOs about this year's survey is that they know more about the process in conducting surveys.

The aim of the annual survey, similar to past year annual survey is to determine MARPs' knowledge and HIV risk-related behavior after one year of program implementation. The survey addresses several questions – extent of coverage of program interventions to MARPs; MARPs' HIV comprehensive knowledge; and the practice of MARPs' HIV-related risk behavior, particularly sex and drug use behavior. The survey also enabled CSOs to gain experience conducting program evaluation to determine effectiveness of their programs, and also learn how evaluation of results can lead to more appropriate and effective HIV intervention programs in subsequent years.

The survey's sampling method was two-stage, probability sampling proportional to size and accidental/convenience sampling. Epi Info was used for data entry and data analysis while the last year annual survey utilized EPI Data. Total number of respondents this year survey was 3,204 (1,539 in Jakarta and 1,665 in East Java) which slightly higher than past year survey that involved 2,610 respondents however the sex proportion within those surveys remains the same – 68% male and 32% female. Of the respondents, CSO's clients who become respondents in this year survey is higher than the last survey, which is 77% while last survey is 73% were CSO clients and the rest were not clients.

The survey shows that in January-June 2013 more than half of the clients were contacted one to three times – the percentage of IDU, FSW, MSM, and TGs contacted one to three times were 59.75%, 61.03%, 68.28%, and 61.39% respectively. In addition, this year survey also reveals total contacts to non-clients which were contacted by non SUM II supported CSOs that the percentage of IDUs, FSWs, MSM, and TGs respondents contacted one to five times in the last three months were 70.83%, 80.88%, 96.77%, and 94.44% respectively. From this, it can be concluded that either SUM II supported CSOs might have lesser contacted their clients compare to non SUM II supported CSOs or the respondents did not aware that they were being

contacted by SUM II supported CSOs' staff since most of the times CSOs' staff only mentioned their institution in the first contact with their clients.

When respondents were asked five HIV-related questions, there is an improvement of the percentage of respondents who could answer properly all five questions except FSW. The highest percentage of respondents answering the five questions correctly was IDUs at 65% followed by MSM at 43%, TGs at 41%, and the lowest is FSW at 19%. Meanwhile, the last year survey shows that IDUs respondents answering the five questions correctly was at 54.8%, followed by transgenders at 36%, MSM at 35.5%, and, the lowest, FSWs at 26%.

With HIV risk-related behavior, sexual behavior in particular, transgender respondents were the highest proportion reporting condom use in the last sexual intercourse compared to other KAPs. In the last sexual intercourse with regular partner, non-partner without any form of remuneration involved, sex worker, and client, TG at 67.33%, 81.11%, 69.68%, and 88.92%; while IDU respondents were the lowest proportion reporting condom use in the last sexual intercourse 33.4%, 35.29%, 43.75%, and 33.33% respectively. In addition, the proportion of FSW respondents reporting condom use with their regular partner was lower than with their client which is 31.08% compare to 79.53%.

However, on consistency of condom use in the last one-month, the percentage drops for all KAPs except IDUs that is constant or to some extent slightly higher compare to last sex. In harmony to condom use in last sex, TG respondents were the highest proportion reporting condom use compared to other KAPs. The percentage of TG respondents reporting consistent condom use in the last one-month with regular partners, non-partners without any form of compensation involved, sex workers, and clients, were at 40.64%, 61.09%, 50.93%, and 64.31%; meanwhile FSW respondents were the lowest which are at 11.04%, 35.29%, 41.67%, and 34.22% respectively. Furthermore, the survey shows that among MSM respondents, the percentage of consistent condom use in the last one-month also dropped comparing to last sex which is at 39.21%, 52.95%, 48.61%, and 51.64%. Overall, the survey reveals that KAPs tended to not using condom when they have sexual intercourse with their regular partner and or their non-partner without any return for both side.

Moreover, among IDUs reported using a used needle in last-injection is at 19.52% which is higher than last year survey that was only 5.8%. Furthermore, the result of last-injection is in harmony when comparing to last one-week, 72.97% of IDU respondents answered that they always used their own needle. In addition, this year survey shows another finding that there are other KAPs outside of IDUs using drugs by injecting it, even though the percentage is quite small which are FSW (0.22%), MSM (0.91%), and TG (0.18%). However, 50% of which reported using used needle, except TG that never using used needle.

Of the respondents, TG respondents were the highest proportion having ever accessed HCT services which is 85.79% compare to other KAPs, namely 84.11% of IDUs, 76.69% of FSW, and 66.73% of MSM. Furthermore, of the respondents who have experienced STI syndrome and got STI tested within the last three-months were 69.23% of FSW respondents, 57.55% of TG

respondents, 42.2% of MSM respondents, and 12.64% of IDU respondents. However, in particular among those IDU respondents, 51.72% of which got STI syndrome were not getting tested.

This year survey also shows that most of the respondents who accessed HCT services were not referred to other health services (90.01% of FSW, 86.85% of MSM, 82.58% of TG, and 62.03% of IDU), such as STI, TB, advance HIV, and Hepatitis C. Meanwhile, on the contrary whenever respondents accessing STI services, the result shows quite similar, only were 11.46% of FSW, 33.33% of IDU, 48.21% of MSM, and 50% of TG referred to other health services such as HCT. Therefore, it indicates that the health referral system does not work well.

Of the vast varieties of HCT service providers, Puskesmas was the most accessed institution by 54.13% of FSW and 33.71% of MSM. Meanwhile, 43.98% of IDU respondents accessed HCT service in hospital and 41.65% of TG respondents in mobile clinic. Furthermore, of the respondents accessing HCT services in those service points, 14.37% of FSW and 8.71% of MSM respondents reported that they had to wait the result from Puskesmas more than a day; in the meantime, 47.43% of IDU respondents accessing HCT in hospital and 52.40% of TG respondents accessing HCT in mobile clinic got the result more than one day.

Puskesmas is indeed the most preferable for 60.53% of FSW, 53.45% of TG, 64.81% of MSM, and 60% of IDU respondents to get STI service. Moreover, only did 2.61% of FSW, 11.43% of MSM, and the highest 33.33% of IDUs had to wait more than one day the result of STI examination from Puskesmas.

In term of having experience in being discriminated in the last one-year, MSM respondents are the less be likely being discriminated which is 16.82%, compare to other KAPs, namely 42.07% of TG, 33.88% of IDU, and 25.53% of FSW respondents. Furthermore, the survey shows that there were respondents have had physical violence due to either their sexual orientation, or identity as sex worker, or IDU, namely 17.53% of TG, 11.32% of FSW, 7.65% of IDU, and 7.04% of MSM respondents. Most of the respondents who had physical abuse were experience it in the workplace and residential area (13.47% of TG, 10.43% of FSW, 4.56% of MSM, and 3.75% of IDU respondents). Surprisingly, the survey reported that in health services provider, there remain discrimination practice in particular experienced by 0.15% of IDU and 0.09% of MSM respondents.

Data Quality Audit

HIV/AIDS program performance assessments and future program improvement relies on data that is recorded and reported routinely. The information gained from this data impacts decision making: when the quality of data is poor, decisions and program planning are less effective. Data quality audits (DQAs) review the accuracy and precision of data based on predetermined standard guidelines. DQA scrutinizes four main components in data management, namely record keeping, data entry, data analysis, and reporting. Meanwhile in each components, it has

four dimensions; validity, reliability, integrity, and accurate. The most important part in DQA is a set of recommendations aroused based on the findings to improve the quality of CSO data management.

In Year 3, starting with East Java in early June 2013 and Jakarta in late June 2013, SUM II TA provider SurveyMETER with SUM II national and regional staff conducted DQAs with the six SUM II CSO partners in Jakarta and the six CSO partners in East Java. CSO program managers, M&E staff, field coordinators and 2-3 representatives of the CSO outreach workers participated in the audits.

Audit findings included:

- Record Keeping. All CSOs already have a clear mechanism for their staff in doing record keeping that was provided by SUM Program at the onset of the project implementation in the first year. However, since there has been changes in the field so that it obviously influence to the record keeping. Therefore, it requires an adjustment to accommodate the changes. However, most of the CSOs are still passive and prefer to get revision of the instrument from SUM program. In fact the changes in their field are not similar from one CSO to others. Therefore, ideally, each CSO should adjust it based on their needs and the condition in the field. In addition, CSO's staff turnover has created disparities of understanding of the record keeping instrument, meanwhile most of the CSOs are lack to have regular discussion on the instrument, especially for the new staff.
- Data entry. All CSOs have no significant difficulties in data entry, in particular using the software EPI Info 7.
- Data analysis. All CSOs already have a data processing software, EPI Info 7 to analyze their program data. However, unfortunately most of the CSOs are lack to document it, but in verbal style.
- Reporting. Even though all CSOs already have a written document on the procedure of reporting flow, the implementation of it is still weak. In addition, most of the CSOs have no report review mechanism. On the other hand, the strength in reporting is that all CSOs already have data processing software, including its guideline, to monitor program indicators by utilizing EPI Info 7.

The USAID team conducted the DQA audit in May 2013 with Papua CSOs YHI, Yukemdi and Tali. SUM II convene a meeting for the USAID team and local government KPAD Jayawijaya, Department of Health, Bureau of Women's Empowerment, CHAI, Performance, Bethesda Foundation, Business Shelter, Yukemdi, Tali and members of community empowerment committees in Jayawijaya.

9. Introducing Mobile and Other Technologies

Mobile: CommCare

In the first quarter of Year 3, SUM II introduced the first of three stages of “Mobile Health Application to Improve HIV/AIDS Care for SUM II CSOs in Indonesia.” The goal of this three phase, twelve-month activity is to develop, rigorously test, and scale a mobile phone-based data management tool (CommCare) customized for CSOs in Indonesia who serve most-at-risk populations. The tool will improve the data collection process for otherwise hard-to-reach risk populations by collecting in real-time, allowing program administrators to analyze, report, and act on data more effectively, and by storing mini client records on outreach workers’ mobile phones, empowering them to better serve their clients.

Phase		Timeline
Phase I: Development	Ongoing evaluation of pilots, modified software versions, and scaling efforts.	June 2012 – August 2012
Phase II: Pilot Testing		September 2012 – December 2012
Phase III: Scaled Implementation		January 2013 onward

CommCare is a mobile phone-based software that is free to access and customize through the online platform: www.commcareHQ.org. After making a password-protected account on this site, any user can build an application on CommCare to be deployed on the phones of assigned outreach workers. An application includes several modules; in SUM II’s case, a standard Client Module, an HCT Module, and an STI Testing Module. Within each Module exists data collection forms, which are opened and filled in by outreach workers. These forms include, for the Client Module, a Registration Form, a Daily Activities Form, and a Closing Form. Once a client is registered with the initial form, that client’s record exists in the outreach worker’s phone, and can be easily accessed and updated by the outreach worker at every interaction (and if necessarily, closed or transferred to another outreach worker). HCT and one for STI Testing Modules each contain one follow up form. All data collected by the phones are sent immediately, via GPRS connection, to an online database that can only be accessed by the account owner. From the website, this collected data can be downloaded into Excel format, and custom reports can easily be compiled to satisfy administrative needs. SUM II core indicators that will be collected through this new system are (1) MARPS reached (WPS, IDU, Waria, MSM, OVP); (2) instances of HCT, by gender and age (above/below 15); (3) instances of STI testing by MARPs categorization; and (4) PLHIV provided services, by gender and age (above/below 18).

During the first quarter of Year 3, knowledge and skills in software development and deployment was transferred to 12 local program officers from CSOs and SUM II Jakarta and East Java. The final pilot application was produced as a standard SUM II template with modifications made for pilot CSOs in Jakarta. Two CSOs, with technical support from SUM II and STTA are now prepared to lead Phase II pilot testing (see “Final Field Report: Collaborative Development of a Mobile Health Application for SUM II CSOs in Indonesia” for further details).

In Quarter 2, CommCare started Phase II pilot testing with two Principal CSOs in Jakarta – YKB and Karisma. The testing was successful in that staff of the two CSOs responded very favorably to the tool. In early January 2013, CommCare consultant Katie Otto facilitated CommCare pilot testing review meetings with SUM II, YKB and Karisma to clarify feedback from the testing with the two Jakarta CSOs in order to further fine-tune the customized tool.

In Year 4 Quarter 1, SUM II with SurveyMETER will fully implement CommCare to one Jakarta CSO (YKB) and the six East Java CSOs.

Technical Brief 17 describes SUM II's roll-out of Epi Info 7 and CommCare.

10. Leveraging Funds

The major contributing factor to leveraging of funds by CSOs in East Java, and to a lesser extent in Jakarta, is SUM II's introduction of the *Resource Estimation Tool for Advocacy (RETA)*. As noted in Strategy 5 above, RETA estimates the level of finances needed to scale up HIV programming over a 5-year period, based on population size estimates, local costs of HIV prevention, care, treatment and support programs, and service coverage targets. The bottom-line is that the RETA application provides the evidence to advocate for increased finances for HIV programs.

RETA is a consensus building tool when used collectively by partners. In Year 3 RETA training workshops in East Java, DKI Jakarta, Papua participants worked in smaller groups of multiple stakeholders to use their own data on population size estimates, current HIV programming and resources allocation, and their program budgets for determining costs of the HIV services they deliver. This approach highlights the numerous issues arising from multiple sources of conflicting data, issues that lead to unfortunate mismatches across program budgets, capture areas (hotspots), and populations for services. Application of the RETA tool provides a fuller picture of the mismatches that continue to undercut the response to HIV in many communities.

In Papua, YUKEMDI and Tali quickly established a working relationship with the District AIDS Commission and District Government as part of initial technical assistance in developing scopes of work and advocacy. In Quarter 3 RETA was introduced to more accurately frame the resources needed in the district to achieve the program's objectives through a more productive partnership between CSOs and government.

In Quarter 3, some CSOs in Jakarta and Papua were in the process of dialogue with local government, private sector, and potential donor agencies. Two CSOs in East Java had contract extension for 12 months with GFATM.

Quarter 4 highlights are included below.

DKI Jakarta

1. YKB Jakarta did a series of meetings with the Tourism Office of West Jakarta. The objective was to obtain resource support for regular meetings with bar/message parlor managers on HIV/AIDS programs.
2. Yayasan Perkumpulan Bandungwangi Jakarta is in the process of developing a proposal on health, small scale development, and human right for FSWs in East and North Jakarta. SOWA AIDS, Netherland, has provided three cycles of grants with total grants of USD110,000 – with each cycle for 14 months. These grants are focused on FSWs, specifically to provide life skills on alternative economic activities. Yayasan Atma Jaya voluntarily facilitated SOWA AIDS to meet with Bandungwangi that resulted in the three grants.
3. Yayasan Srikandi Sejati (YSS) was visited by the Minister of Social Affairs of the Indonesian Government. The visit was a follow up to YSS's series of meeting with Social Affairs Ministry to propose one shelter for TG PLHIV care and support services.
4. YSS, YIM, and LPA submitted funding proposals to NAC. The YSS proposal focused on TG teenagers, specifically for HIV prevention messages and access to HCT and STI services, as addressing stigma and discrimination. YIM and LPA proposals will support MSM services.

North Sumatera

1. In Quarter 4, GSM submitted a proposal for NAC funding.

East Java

1. Orbit was awarded a 12 month SSR-GFATM grant for a community-based drug treatment program (pemulihan adiksi berbasis masyarakat-PABM), March 2013-February 2014. Total grant is IDR 118 million (approximately USD 13,100).
2. Paramitra was awarded a 12 month SSR-GFATM grant for the period of February 2013-January 2014. Grant total is IDR 400 million (approximately USD44,440). This award is an extension to the previous year's program grant to provide HIV/AIDS prevention for all most-at-risk populations, including transgender, MSM, FSWs and IDUs.

Papua

1. In Quarter 4, SUM II CSO partners focused on negotiating their individual annual work plans with local government via the District AIDS Commission. The objective is to synchronize CSO work plans with district government's annual plan on AIDS, and seek government cost sharing.
2. Jayawijaya district has demonstrated impressive progress in its district-based response on HIV/AIDS. The district government has launched its commitment to allocate IDR.3 billion (approximately USD 333,330), which represents a 33% increase from the previous fiscal year (2012). SUM II and CSO partners were the core actors to facilitate local government in the development of a district-based response plan.

3. The two CSO SUM II partners in Jayawijaya, YUKEMDI and Yayasan TALI are now in the process of negotiation with local government for total amount of local government budget to be allocated to each of the two CSOs.

IMPLEMENTATION PROGRESS – OBJECTIVE 2

SUM II Objective 2 includes grant funding for TA providers and CSO partners, as well as SUM II grant administration.

At end of Year 3 (June 2013), SUM II grants under Objective 2 are fully expended and committed to CSO and TA provider partners, with a remaining balance of \$285,944.

1. Summary Tables for Grants⁷

Principal CSOs

Province	CSO	Budget	
		IDR	USD
East Java	PARAMITRA	880,288,000	97,810
East Java	GAYA NUSANTARA	815,025,875	90,558
East Java	GENTA	838,762,000	93,196
Jakarta	YKB	1,101,627,481	122,403
Jakarta	KARISMA	1,141,727,500	126,859
Jakarta	ANGSAMERAH	345,030,000	38,337
	Total	5,122,460,856	569,163

Developing CSOs

Province	CSO	Budget	
		IDR	USD
Jakarta	YSS	825,577,200	91,731
Jakarta	YIM	857,813,059	95,313
Jakarta	LPA	810,963,067	90,107

⁷ Current active grants as of June 30, 2013

Jakarta	BANDUNGWANGI	656,103,710	72,900
East Java	PERWAKOS	664,952,750	73,884
East Java	ORBIT	745,545,300	82,838
East Java	IGAMA	747,080,220	83,009
Papua*	PKBI PAPUA	998,228,100	110,914
Papua*	YPPM	880,018,500	97,780
Papua*	YHI	967,939,000	107,549
Papua*	YCTP	1,435,580,000	159,509
Papua*	TALI	981,210,000	109,023
Papua*	YUKEMDI	1,097,005,000	121,889
Riau Islands	YAYASAN BENTAN SERUMPUN	699,715,386	77,746
Riau Islands	KOMPAK	544,542,000	60,505
Riau Islands	YAYASAN EMBUN PELANGI	789,750,000	87,750
Riau Islands	YAYASAN GAYA BATAM	780,405,000	86,712
Riau Islands	LINTAS NUSA	783,138,000	87,015
North Sumatera	GALATEA	674,654,021	74,962
North Sumatera	HUMAN HEALTH ORGANIZATION	706,939,871	78,549
North Sumatera	GERAKAN SEHAT MASYARAKAT	616,958,300	68,551
Central Java	LPPSLH	200,727,500	22,303
Central Java	GRAHA MITRA	209,110,000	23,234
East Java	YAYASAN EMBUN PELANGI	454,135,000	46,640
East Java	WAMARAPA		

		244,206,200	23,046
Central Java	SEMARANG GAYA COMMUNITY	224,984,000	23,038
	Total	18,597,281,184	2,056,497

*No cost extension to August 31, 2013

Local TA Organizations

TA Providers	Regions covered	Period	Budget		Period	Budget	
			IDR	USD		IDR	USD
Yayasan Penabulu	Jakarta and East Java	Aug 15,2011- Nov 15,2012	681,090,000	80,128	Feb 1,2013- Jan 31,2014	1,451,840,000	161,315
Yayasan Penabulu	North Sumatera, Riau Islands and Papua				Oct 1,2012 - Sep 30,2013	1,424,300,000	158,256
Circle Indonesia	Jakarta	Nov 15, 2011 - Feb 28,2013	1,290,744,760	151,852			
Circle Indonesia	North Sumatera, Jakarta and East Java				May 1, 2013-Feb 28,2014	2,604,376,160	267,209
Yayasan SATUNAMA	East Java	Nov 15, 2011 - Feb 28,2013	975,205,000	114,730			
Yayasan SATUNAMA	Papua and Riau Islands				Oct 1, 2012- Sep 30,2013	1,460,760,000	162,307
Yayasan Survey Meter	Jakarta and East Java				Oct 1, 2012- Sep 30,2013	1,561,390,000	173,488
KIPRa	Papua				Oct 1, 2012- Sep 30,2013	1,609,510,000	178,834
OPSI	Papua				Apr 1, 2013- Mar 31, 2013	820,440,000	84,259
		Total	2,947,039,760	346,710		10,932,616,160	1,185,668

PROGRAM AND POPULATION RESULTS

1. CSO Performance against Year-3 Benchmarks

SUM II's Package of Support to CSOs for Year 3 included benchmarks for each quarter. The table below shows the benchmarks for the fourth quarter of Year 3 and CSOs' accomplishments.

Benchmark	Performance
Financial management: CSO leadership has completed annual budget based on at least 6 financial reports	All CSOs in DKI Jakarta and East Java submitted more than 6 monthly financial reports and completed annual budgets. Layak and Sadar Hati are suspended. Papua CSOs are submitting monthly financial statements. Annual budgets due in Feb 2013.
Strategic planning: CSO strategic plan is disseminated to staff, partners and stakeholders	All Principal CSOs in DKI Jakarta and East Java completed strategic plan, approved by BoD, and disseminated to CSO's staff.
HR planning: CSO codes of conduct and service delivery protocols and procedures are disseminated to staff, partners and stakeholders	In particular, Principal CSOs completed with HR policies includes codes of conduct (ethics), service delivery protocols and procedures and distributed to staff. Most of Developing CSOs developed minimum standard HR Policies that includes recruitment and staffing.
Program planning and management: CSO 2 nd annual program plan disseminated to staff, partners and stakeholders	All Principal CSO have developed annual scopes of work includes expected outputs, budgets and resources based on the approved strategic plan.
Enabling environment activities: CSO strategic plan, with enabling environment goal(s) included, is disseminated to staff, partners and stakeholders	Strategy responding stigma and discrimination was included in the strategic plan. CSO's staff were involved in its development process.
Advocacy: CSO strategic plan, with advocacy goal(s) included, is disseminated to staff, partners and stakeholders	All CSOs clearly planned advocacy which focused to improve quality of services and increase local GoI budget, in their annual plans or scope of works.

Benchmark	Performance
M&E: Evaluation findings are fed into work plan for next grant year; All CSOs actively participate in District Annual Program Review; Annual survey	Based on performance, CSOs have been categorized as principal, developing or suspended. The TA to be provided, scopes of work and coverage are expanded for <i>Principal</i> CSOs. All CSOs have participated in the annual surveys in their intervention sites.

2. Performance against Year-3 Targets

Year 3 implementation performance measured against the PMP indicators is summarized in the table below.

Overall in Year 3, SUM II supported CSOs have achieved the target in P8.3.D and C1.1.D. However, whenever it is related with accessing health services, in particular HCT and STI services, SUM II supported CSOs have been struggling to meet the target. Ignorance of KAPs to their health status, unsupported workplace and health related public policy, low quality and quantity of public health service providers have become the barriers that CSOs have dealt of for the last one-year period.

SUM II has worked in six provinces; DKI Jakarta, East Java, Central Java, Riau Islands, North Sumatera and Papua with a total 32 CSO partners. All CSOs have been providing with standard package of community-based services, including outreach, risk reduction counseling, access to prevention commodities, and referral to clinic-based services (HTC, STI management, CST for HIV-positives).

SUM II CSO partners have applied Epi Info7, trained and coached SurveyMETER, the TA Provider whom also strengthens CSOs' capacity in M&E SOP development and use, conducting FGD with MARPs, and the implementation of annual survey.

Indicator#P8.3.D, MARP individuals reached with HIV preventive interventions:

The total achievement is over 100% to the annual target in Year Three. Three key populations OVP, CSW, and transgender contributed impressive achievement. OVP achieved 297% to the target, CSW 119.25%, and TG 98%. However, the achievement to IDUs and MSM was behind of the target; IDU achieved 55.05% to the annual target, and MSM was 68.48%.

There most influential factor to low achievement of IDUs was one CSO partner in Jakarta (Kios Atmajaya) withdrew grant agreement with SUM 2 at early quarter 1. Its grant agreement target was 1,308 IDUs or 26% to total annual target.

Low achievement to MSM was mostly influenced by the constraints between CSO partners planning system with monitoring system. The CSOs included the tight gay and hidden MSM in the planning whom were only able to reach via social media. Meanwhile SUM 2 has not defined monitoring system to social media. It is estimated that one third of the total target of MSM are the tight gay and hidden MSM.

Indicator#P8.1.D, Targeted population reached with individual and/or small group level prevention intervention for Papua:

The achievement was impressive, it was 92.47% to the total target. It was slightly behind of achievement to the target. One identified influential factor was one CSO partner in Jayapura (YPPM) had inadequate technical capacity in reaching high risk men, and poor data management.

Indicator# P11.1.D, Key population (individual) who received HCT:

Annual achievement was behind of total annual target. It was 64,59%. There were some influential factors why the achievement was behind of the annual target, they are:

- a. Most Puskesmas in DKI Jakarta were overwhelm with public health services which caused by a new policy issued by the new elected DKI Jakarta Governor. It provides free health services for DKI Jakarta residents. For those whom are not Jakarta residents have to pay the services which rates are not affordable to the MARPs. Most of FSWs, Transgenders are not Jakarta residents;
- b. One CSO in Jakarta self-withdrew from its contract agreement with SUM II;
- c. Almost all CSO partners, except in Medan have not had their technical capacity to establish equal partnership with GoI Community Health Centers (Puskesmas) which influenced low access to the data of HCT and STI patients;
- d. Local politics in East Java to close down the brothel influenced Puskesmas commitment to provide HCT and STI services to brothel-based FSWs which was usually provided by mobile clinic;
- e. Papua faced with several challenges. Six CSOs experienced slower services for about four months due to local holidays and conclusion of contract agreements in February 2013. Two CSO Partners had insufficient achievement to HRM and MSM. Some Puskesmas in Jayawijaya were in low technical capacity to provide HCT and STI services to general population including comprehensive PMTCT; and some Puskesmas in Jayapura had low technical capacity to serve MSM and HRM with STI and HCT services;
- f. FSWs non-brothel in Riau Islands has poor access to HCT services. Most of them are middle class FSWs whom are reluctant to access HCT services at local Puskesmas.

Indicator C1.1.D HIV positive adults and children receiving a minimum of one clinical service:

Annual achievement was over 100% to the total target. It was influenced by PLHIV that previously served/accessed the clinical services/support system. Papua achieved 533% (the achievement was 1,050 PLHIV of 197 the target). Jakarta achieved 58%, East Java achieved 68.7%, Medan 48.56%, and Riau Islands 30.4%.

- a. Over-achievement to Papua was influenced by a clear authority provided by ARV Referral Hospital Center to some Puskesmas that have high technical capacity which also technically supported by CHAI Project.

- b. Almost all CSO partners in Jakarta, East Java, Riau Islands have not had low access the data of clinical services provided to PLHIV at the ARV Referral Hospital Center and Puskesmas;
- c. Poor coordination system among ARV Referral Hospital Center in Medan and Riau Islands with the Puskesmas influenced low achievement of clinical services to PLHIV.

Indicator to number of key population individuals accessing STI services:

Achievement was 67.30%. Achievement to CSWs and OVP were higher compared to other key population. Achievement to IDUs was the lowest one – it was 48.6%; transgender achieved 51.21%; and MSM 59.67%. The influential factors were exactly the same with HCT mentioned above

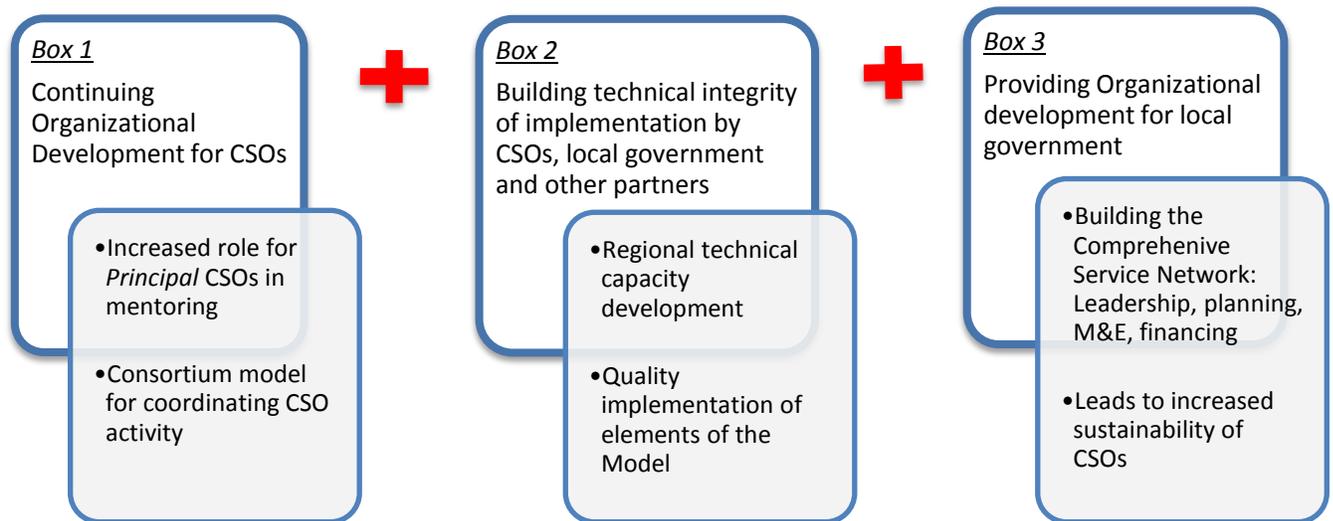
See Appendix E for SUM II PMP indicator results.

RECOMMENDATIONS FOR YEAR 4

1. Objective 1 Recommendations for Year 4

As noted earlier, SUM I’s scope of work no longer includes strengthening technical capacity of CSOs, government and other stakeholders. SUM II, to achieve its own goals and targets, aims to expand its scope in Year 4 to not only aggressively expand coverage and reach of HIV and STI services to MARPs, but also to deliver targeted technical capacity support to CSO, government and other partners (as resources permit). Figure 1 illustrates SUM II’s macro strategy in delivering technical support in organizational and technical capacity building to CSOs, government and other partners.

Figure 2: Macro Strategy for Year 4



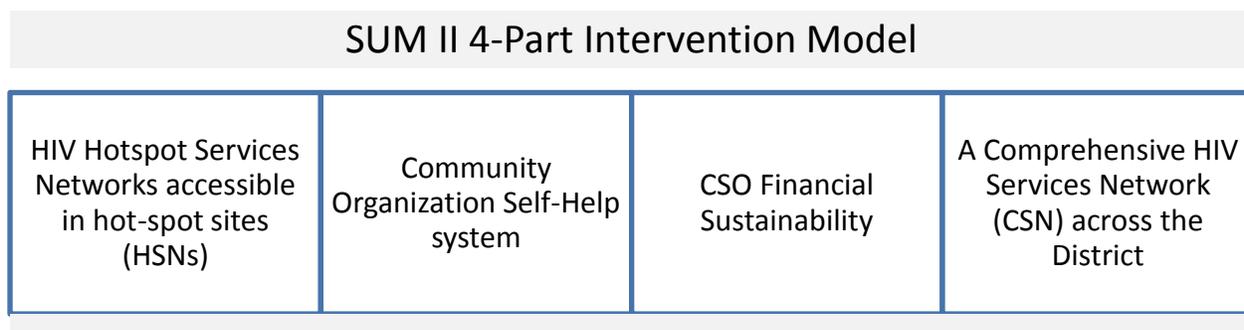
As noted in Box 1, SUM II in Year 4 will continue its intensive workplace-based organizational performance (OP) strengthening of *Principal* CSOs and strategic technical assistance (TA) to *developing* and *emerging* CSOs, and informal community organizations (COs). Emphasis will be given to increasing the role of *Principal* CSOs in mentoring *developing* and *emerging* CSOs; and to building a consortium model for coordinating CSO activities (in North Sumatera, Riau Island, Central Java and DKI Jakarta).

In the absence of inputs from SUM I, SUM II as noted in Box 2 will also take on a key role (to the extent resources permit) in ensuring the technical integrity of CSO and local government HIV prevention to care services and programs. Technical integrity means that CSOs and local government are collaborating together to assure provision of *most current packages of technical support* in services to most-at-risk populations and people living with HIV; that technical capacity is developed and available at provincial levels to support technical integrity at district levels; and that quality implementation is the norm in each element of the SUM II-designed 4-part intervention model for Comprehensive Services Networks.

SUM II will also, in the absence of inputs from SUM I and as depicted in Box 3, help support local government organizational development in building district-wide Comprehensive Services Networks – that empowers its leadership in the district HIV response; strengthens its planning and M&E across departments of local government and with local stakeholders; results in increased local financing of HIV services and programs; and, ultimately, also leads to increased sustainability of CSOs.

In Year 4 SUM II will also strengthen and further demonstrate a 4-part intervention model (see Figure 2). This intervention model emerged from SUM II Year 3 lessons and experiences – from SUM II staff, TA providers, and CSOs and local government partners. SUM II will implement one or more parts of the model at specific demonstration sites in Java and Papua aimed at maximizing learning so the model can be refined and rolled-out across the program. CSNs will increase both demand for services and supply of services, and do so in ways that are sustainable after SUM II and GFATM projects end.

Figure 2: SUM II 4-Part Intervention Model



As already noted, SUM II in Year 4 will support continued organizational performance (OP) strengthening of *Principal* CSOs and strategic technical assistance (TA) to *developing* and *emerging* CSOs, and informal community organizations (COs). In the absence of inputs from SUM I, SUM II will also take on a key role in ensuring the technical integrity of the implementation work of the CSOs (to the extent resources permit).

In order to achieve this shift of emphasis in Year 4, a significant portion of SUM II's budget and capacity building TA will be concentrated on *Principal* and *developing* CSOs implementing the 4-part model for CSNs.

Local government leadership is critical for sustainability. In Year 4, SUM II will continue to help strengthen CSO advocacy to local government and also begin to provide local government (starting in one district of Papua) with technical capacity building – to improve local government awareness of the district-specific HIV epidemic and demonstrate how local government leadership can be at the forefront of district-based HIV response planning and mobilization, operational management, and M&E. Local government leadership can help leverage greater financial and human resources for HIV/AIDs prevention and care.

The NACs at national and local levels currently operate on project funds and not government funds. The district-based approach depicted in the 4-part intervention model is a government comprehensive services network based on its own resources. It is an approach that represents a shift from district-level project implementation (i.e., with GFATM funds) to district-led comprehensive services networks (with local government providing leadership for planning, budget/other resources, operational management and M&E).

SUM II will demonstrate its approach to a district-wide comprehensive HIV services network (CSN) in Jayawijaya District by providing technical capacity to the local government in the following areas:

- 1) Local government budget
- 2) Integrated resources management (SUM II, GFATM, AusAID, etc.)
- 3) Integrated planning
- 4) Comprehensive services towards Three Zeros (that is, zero HIV new transmission; zero morbidity and mortality; and zero stigma and discrimination)
- 5) Local government leadership
- 6) Improved local government political and operational commitment (i.e., to policy change)

SUM II's intended expanded response through CSNs is based on the shared vision of the Three Zeros. In this vision, an individual diagnosed with a STI takes responsibility for follow-up at the Puskesmas for HIV testing, and he or she knows what to do if HIV negative or positive. He or she knows his/her rights as well as responsibilities to keep to a "healthy living" lifestyle. CSNs will enable this "adult learning" at the community level. Working towards the Three Zeros is also the expected outcome of SUM II CSO HIV programs. Since Year 2, these programs have

been the target of SUM II intensive workplace-based OP training, coaching and systems development:

- The CSO develops input projections – budget, human resources needs, technical and management capacity building of personnel, and equipment and supplies (e.g., condoms, etc.).
- During implementation, the CSO does periodic management reviews of the program, focused on input and outputs to achieve Three Zero.

In Year 4 SUM II will also emphasize *management for results* in its overall approach to organizational performance for strengthened CSOs and CSO HIV programs. The parameters for result-driven indicators for CSOs are:

- Project design and detailed plan of activities
- Finance and Administration
- Human Resources
- Operational management and technical Capacities
- Services networks and community participation/contribution
- Utilization of monitoring data
- Regular progress review in monthly basis with involvement of BoD, and all staff involved in the project

Finally, national and provincial advocacy will be another core component in Year 4. SUM II is already collaborating with the National AIDS Commission (NAC) to design and implement national advocacy initiatives at the national and provincial levels. SUM II will also adapt the Resource Estimation Tool for Advocacy (RETA) for macro planning purposes, with the aim to assist NAC in leading the process of developing shared strategies and joint implementation.

2. Objective 2 Recommendations for Year 4

Grant agreements with fifteen CSOs (East Java and DKI Jakarta) and four TA organizations (KIPRa, SurveyMETER, Penabulu TA to Java CSOs, and Satunama) will be ending by September 2013. Ideally, SUM II would extend the SOWs of selected CSOs and TA organizations to assist with implementation of the 4-part model for CSNs. The estimated cost for this extension is \$2,590,000.

SUM II first cycle grants in North Sumatera and Riau Island are also ending by September 2013.

The Year 4 SUM II budget includes a shift of \$700,000 from Objective 1 to Objective 2 grants enabling \$985,944 in funding for CSO and TA provider extensions. Highest priority will be extensions for *Principal* CSOs in DKI Jakarta and East Java, SurveyMETER, University of Indonesia (M&E capacity building for CSOs in Tanah Papua, North Sumatera and Riau Islands), LPPSLH in Central Java, and a new TA provider for clinical services and management.

Appendix A: SUM II KEY RESULT AREAS AND KEY PERFORMANCE INDICATORS

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

Primary Area #1:

A. Organizational Performance in Financial Management

Intermediate KRAs	KPIs	Means of Verification
I. For Principal CSOs in Jakarta and East Java:		
a. By end of year two partnership, all Principal CSOs are fully implementing and applying financial management system developed by TA Organization.	100% of all Principal CSOs implementing and applying financial management system.	<ul style="list-style-type: none"> SOP Financial Management Financial Monthly report of each CSOs Financial monitoring report for each CSOs by TA organizations Revised SOP Financial Management (if needed)
b. By August 2013, all Principal CSOs are financially accountable, proven by consolidated financial report financial and internal audit report.	100% of all Principal CSOs have undergone semiannual ⁸ financial review/preliminary audit conducted by TA Organization. TA provider will produce a report for each CSO.*	<ul style="list-style-type: none"> Consolidated Financial Statements of each CSOs per Dec 31, 2012 Consolidated Financial Statements of each CSOs per June 30, 2013

⁸ Semi-annual Internal audit will review consolidated financial report to the period of January-December 2012. Initial internal audit is scheduled in the month of February- June 2013 , and the second one will be made in the month of July – August 2013 for semi-annual consolidated annual report January – June 2013.

Intermediate KRAs	KPIs	Means of Verification
		<ul style="list-style-type: none"> Financial Review report for each CSOs by TA organizations
<p>c. By August 2013, one Principal CSO is able to demonstrate financial accountability and transparency, proven by external auditor that is assisted by TA Organization.</p>	<p>One Principal CSO have undergone external financial audit in accordance with Indonesia Audit Standard established by Indonesian Institute of Certified Public Accountants and refers to International Audit Standard. The Principal CSO will recruit USAID registered public accountant firm in Indonesia of which process will guided by SUM II/USAID.</p>	<ul style="list-style-type: none"> A twelve months Final Consolidated Financial Statements of the Principal CSO to the period of January-December 2012 (External) Financial Audit report by USAID registered public accountant firm in Indonesia
<p>II. For Developing CSOs in Jakarta and East Java :</p>		
<p>By June 2013, all Developing CSOs are fully implementing and applying financial management system developed by TA Organization</p>	<p>80% of all Developing CSOs implementing and applying financial management system.</p> <p><i>[notes: Atma Jaya and LPA Karya Bhakti will not apply here and therefore the target in KPI is decided to 80%]</i></p>	<ul style="list-style-type: none"> SOP Financial Management Financial Monthly report of each CSOs Financial monitoring report for each CSOs by TA organizations Revised SOP Financial Management (if needed)
<p>III. For the CSOs in Papua, Riau Island, and North Sumatera + Expansion Sites in Purwokerto District and Semarang City/District.</p>		
<p>a. At the 1st quarter of partnership (between TA provider and CSO), all CSOs will already use the simple financial bookkeeping tools with the assistance of SUM II TA Organization.</p>	<p>100% of CSOs utilize simple financial bookkeeping tools developed by TA Organization within 1st quarter of CSO's program period.</p>	<ul style="list-style-type: none"> Financial Monthly report of each CSOs Financial Review report for each CSOs by TA organizations

Intermediate KRAs	KPIs	Means of Verification
b. By August 2013 ⁹ , all of CSOs will produce the draft SOP for financial management system with the assistance of TA Organization	100% of CSOs completed draft financial SOPs for financial management system.	<ul style="list-style-type: none"> SOP Financial Management of each CSOs

Primary Area #1:

B. Organizational Performance in Organizational Management

Intermediate KRAs	KPIs	Means of Verification
I. For Principal CSOs in Jakarta and East Java:		
i. Human Resources Management: By June 2013 all Principal CSOs will have in place, human resource management policies and systems in place to support implementation of the policy	<ul style="list-style-type: none"> 100% of Principal CSOs have HRM SOPs in place as according minimum standards for accountability and transparency set by SUM II 100% of Principal CSOs able to demonstrate utilization and implementation of HRM policy developed 	<ul style="list-style-type: none"> Document review (ie. HRM policy) Selective organizational audit (eg. Job description, employment contracts)
ii. Good Governance: a. By June 2013, all Principal CSOs will already have and implement transparency in financial system, human resources, and other in-kind resources, and publish annual organization profile.	<ul style="list-style-type: none"> 100% of PCSOs have governance policy in place 100% of PCSOs are able to demonstrate use of governance policy 	<ul style="list-style-type: none"> Document review (ie. Governance policy) Document audit & review of constituents complains (eg. Conflict of interest and complaint response mechanism policies)
b. By June 2013, all Principal CSOs will already have and use a system for managing organization growth.	<ul style="list-style-type: none"> 100% PCSOs are receiving funds from more than one source 100% PCSOs have established networks for 	<ul style="list-style-type: none"> Funding contracts Reports, MOUs or other documentations proving

⁹ The SoW of CSOs in Papua will end in February 2013, Riau Islands and North Sumatera will end in October 2013.

Intermediate KRAs	KPIs	Means of Verification
	collaborative efforts with other CSOs and agencies <ul style="list-style-type: none"> 100% PCSOs can demonstrate alignment of values across CBOs 	collaborative work <ul style="list-style-type: none"> Staff and volunteer feedback and evidence of internal communication
iii. Program Management: By June 2013, all Principal CSOs, with the guidance from TA providers, have conducted half yearly program performance review based on their annual strategic plans. The review processes encompass periodic review of CSO's project implementation progress, financial and money reports.	<ul style="list-style-type: none"> 80% of PCSOs have developed program performance review report 80% of PCSOs have developed annual program plan for the next programme cycle; which include rights and and gender mainstreaming approaches to programme design. 	<ul style="list-style-type: none"> Document review
II. For Developing CSOs in Jakarta and East Java:		
i. Human Resources Management: By end of SUM II year 3 work plan, all Developing CSOs will be secured with skilled staff (and if available, includes volunteers) to empower project beneficiaries in the prevention of HIV infection.	<ul style="list-style-type: none"> 100% of DCSOs have HRM SOPs in place as according minimum standards for accountability and transparency set by SUM II 100% of DCSOs are able to demonstrate utilization and implementation of HRM SOPs developed. 	<ul style="list-style-type: none"> Document review Selective audits of project records
iii. Program Management: At the end of year two partnership with SUM II, all Developing CSOs will send annual report of the approved SoWs to SUM II attn. Regional Coordinators.	<ul style="list-style-type: none"> 100% of DCSOs have developed program performance review report 100% of DCSOs have developed annual program plan 	<ul style="list-style-type: none"> Document review
III. For CSOs in Papua, Riau Islands, North Sumatera, and expansion sites in Semarang City/District and Purwokerto District		
i. Human Resources Management: By September 2013, all CSOs	<ul style="list-style-type: none"> 50 % of CSO have preliminary/minimal HRM SOP in place, in line with 	<ul style="list-style-type: none"> Document review (eg. Job description,

Intermediate KRAs	KPIs	Means of Verification
will produce the draft of human resource policy (HRP).	SUM II standards	recruitment procedures) • Document review
iii. Program Management: By July 2013, all of CSOs will produce the draft of strategic plan.	<ul style="list-style-type: none"> 50% of CSOs have developed organisational strategic plan; which include human rights and gender mainstreaming approaches to programming 	• Document review

Primary Area #1:

C. Organizational Performance in Monitoring and Evaluation

Intermediate KRAs	KPIs	Means of Verification
I. For Principal CSOs in Jakarta and East Java:		
By June 2013, all Principal CSOs will already have and use a monitoring system that is pervasive into record keeping and reporting system; have the capacity to do analysis and utilize the data to improve the effectiveness of the program implementation	<ul style="list-style-type: none"> 100% of CSOs are complying with the monitoring and evaluation of SUM II programme 100% of CSOs can demonstrate use data for decision making based on internal data analysis 100% of CSOs conduct quarterly program progress review. 	<ul style="list-style-type: none"> SurveyMETER's reports on timely delivery of data from CSOs Document review (eg. proposals, annual plan etc) based on analysis of data Program progress review report
II. For Developing CSOs in Jakarta and East Java:		
By September 2013, all Developing CSOs will already have and use a monitoring system that is pervasive into record keeping and reporting system; have the capacity to do analysis and utilize the data to improve the effectiveness of the program implementation	<ul style="list-style-type: none"> 100% of CSOs are complying with the monitoring and evaluation of SUM II programme 50 % of CSOs can demonstrate use data for decision making based on internal data analysis 100 % of CSOs conduct quarterly program progress review. 	<ul style="list-style-type: none"> SurveyMETER's reports on timely delivery of data from CSOs Document review (eg. proposals, annual plan etc) based on analysis of data Program progress review report
III. For CSOs in Papua, Riau Islands, North Sumatera, and expansion sites in Semarang City/District and Purwokerto District		

Intermediate KRAs	KPIs	Means of Verification
By July 2013, all Developing CSOs will already have and use a monitoring system that is pervasive into record keeping and reporting system	<ul style="list-style-type: none"> 100% of CSOs are complying with the monitoring and evaluation of SUM II programme. 100 % of CSOs conduct quarterly program progress review. 	<ul style="list-style-type: none"> Program reports on timely delivery of data from CSOs Program progress review report

Primary Area #1:

D. Organizational Performance in Community Organization

Intermediate KRAs	KPIs	Means of Verification
MARP participation in HIV programming, by end of SUM II year three work plan	<ul style="list-style-type: none"> 75% of CSOs involving MARPs in developing strategic and annual work plan 80 % of Principal CSOs able to show evidence of volunteer recruitment process 75% of CSOs are able to show evidence of active community engagement; verified by numbers of CSO staff and community members engaged in community organization/mobilization activities conducted by the TA provider and CSOs 50% of CSOs able to demonstrate success in initiating monetary and in kind contribution by the members of MARPs community towards communal/joint/mutual assets growth used for mutual communal benefits 	<ul style="list-style-type: none"> Document review – HR records, attendance list etc Number of volunteers recruited Number of staff and community members engaged in activities Evidence of practice documented by the community

Primary Area #2:

Effective, Integrated HIV Interventions

Intermediate KRAs	KPIs	Means of Verification
For Principal and Developing CSOs in year two of partnership with SUM II:		
<p>a. Comprehensive knowledge of HIV and AIDS. Percentage of MARPs (CSW; IDU; MSM; Transgender) in targeted intervention sites who have basic knowledge on HIV and AIDS.</p>	<p>percentage of MARPs in targeted intervention sites who have basic knowledge on HIV and AIDS (as per PEPFAR indicator)</p> <p>Numerator: 80,167</p> <ul style="list-style-type: none"> - CSW: 7,726 - IDU: 4,850 - MSM:20,180 - Transgender: 3,750 - OVP (High-risk men, Papuan male, Papuan female, non-injecting drug users, and IDU sex partner): 43,661. <p>Denominator: Total MARP population in intervention sites as determined by CSO MARP mapping</p>	<ul style="list-style-type: none"> • CSO monthly M&E report • Semi-annual survey
<p>b. Percentage of sex workers who have regular STI screening</p>	<p>percentage of sex workers accessing STI services at targeted intervention sites</p> <p>Numerator: 5,604</p> <p>Denominator: Total number of sex workers at intervention sites as determined by CSO mapping</p>	<ul style="list-style-type: none"> • CSO monthly M&E report
<p>c. Number of MARP individuals who have had HIV test and received results</p>	<p>Numerator: 17,924</p> <p>Male: 12,580</p> <p>Female: 5,344</p> <p>Denominator: Total number of MARPs</p>	<ul style="list-style-type: none"> • CSO monthly M&E report

Objective #2:

Provide and monitor small grants to qualified civil society organizations to support the scale up of integrated interventions in “hotspots,” where there is a high concentration of one or more most-at-risk population and high-risk behavior is prevalent.

Intermediate KRAs	KPIs	Means of Verification
ALL CSOs in all Project Sites		
a. By end of SoW period, 100% of CSOs will efficiently absorb the approved budget – proven by regular financial report	100% of CSOs able to demonstrate 90% budget absorption by end of contractual grant period [reported by SUM II grant management team]	<ul style="list-style-type: none"> Financial Review report for each CSOs by TA organizations
b. By mid of SoW period, 100% of CSOs will accurately manage the cash flow/advance, and in timely manner – proven by monitoring of financial aging policy.	100% of CSOs able to manage the cash flow/advance in timely manner – with aging of advance max. 30 days [reported by SUM II grant management team]	

Appendix B: YEAR 3 CSO PARTNERS

YEAR 3 CSO PARTNERS

Jakarta

1. Yayasan Kusuma Buana HIV/AIDS Prevention Program through Behavior Change Interventions among FSWs in West Jakarta
2. Yayasan Inter Medika HIV/AIDS Prevention Program: Behavior Change Interventions among MSM in West, Central and South Jakarta
3. Yayasan Srikandi Sejati HIV/AIDS Prevention Program through Behavior Change Interventions among transgenders in DKI Jakarta
4. Yayasan Karya Bakti HIV/AIDS Prevention Program: Behavior Change Interventions among MSM in North and East Jakarta
5. Yayasan Perkumpulan Bandungwang HIV/AIDS Prevention Program through Behavior Change Interventions among FSWs in East Jakarta
6. Yayasan Atma Jaya – ARC HIV/AIDS Prevention Program through Behavior Change Interventions among IDUs in West and North Jakarta (Partnership with SUM II ended in Quarter 3)
7. Yayasan Karisma HIV/AIDS Prevention Program through Behavior Change Interventions among IDUs in East Jakarta.
8. Angsamerah STI and HCT services in Blok M entertainment area of Jakarta

Malang

9. Lembaga Paramitra HIV/AIDS Prevention Program through Behavior Change Interventions among FSWs in Malang
10. Ikatan Gaya Arema HIV/AIDS Prevention Program: Behavior Change Interventions among MSM in Malang.

Surabaya

11. Yayasan Genta, Surabaya HIV/AIDS Prevention Program through Behavior Change Interventions among FSWs in Surabaya
12. Yayasan Orbit, Surabaya HIV/AIDS Prevention Program through Behavior Change Interventions among IDUs in Surabaya
13. Yayasan Gaya Nusantara HIV/AIDS Prevention Program: Behavior Change Interventions among MSM in Surabaya
14. Persatuan Waria Kota HIV/AIDS Prevention Program through Behavior Change Interventions among Waria (transgenders) in Surabaya

Tanah Papua

15. Perkumpulan Keluarga Berencana Indonesia (PKBI) Daerah Papua HIV/AIDS Prevention Program through Behavior Change Interventions among MSM and TG in Jayapura City, and FSW in Tanjung Elmo, Jayapura District
16. Yayasan HIV/AIDS Prevention Program through Behavior Change

YEAR 3 CSO PARTNERS

- | | | |
|-----|---|---|
| | Harapan Ibu (YHI) | Interventions among FSW in Jayapura City |
| 17. | Yayasan Persekutuan Pelayanan Masirey (YPPM) | HIV/AIDS Prevention Program: Behavior Change Interventions among high-risk men in Jayapura City and District |
| 18. | Yayasan Caritas | HIV/AIDS Prevention Program through Behavior Change Interventions among Indigenous adult women and men and high-risk men in Timika, the capital city of Mimika District |
| 19. | Yayasan Usaha Kesejahteraan Ekonomi Masyarakat Desa Indonesia(YUKE MDI) | HIV/AIDS Prevention Program through Behavior Change Interventions among I indigenous adult women in Wamena, the capital city of Jayawijaya District |
| 20. | Yayasan Tangan Peduli (TALI) | HIV/AIDS Prevention Program through Behavior Change Interventions among adult indigenous men in Wamena, the capital city of Jayawijaya District. |

Riau Island

- | | | |
|-----|-------------------------------|---|
| 21. | Yayasan Bentan Serumpun (YBS) | HIV/AIDS Prevention Program through Behavior Change Interventions among brothel-based FSWs in Batu-15 and Batu-24 brothels; and HRM in Bintan and Tanjungpinang |
| 22. | Yayasan Kompak (YK) | HIV/AIDS Prevention Program through Behavior Change Interventions among indirect and direct FSWs in Bintan and Tanjungpinang, and PLWA |
| 23. | Yayasan Embun Pelangi (YEP) | HIV/AIDS Prevention Program: Behavior Change Interventions among IDUs, indirect and direct FSWs, and high-risk men of formal private sector in Batam city |
| 24. | Yayasan Gaya Batam (YGB) | HIV/AIDS Prevention Program through Behavior Change Interventions among MSM and TG in Batam city |
| 25. | Yayasan Lintas Nusa (YLN) | HIV/AIDS Prevention Program through Behavior Change Interventions among Brothel-based and indirect FSWs, and high-risk men of informal sector in Batam city |

North Sumatra

- | | | |
|-----|---|---|
| 26. | Yayasan Galatea | HIV/AIDS Prevention Program through Behavior Change Interventions among IDUs |
| 27. | Perkumpulan Human Health Organization (H2O) | HIV/AIDS Prevention Program through Behavior Change Interventions among indirect FSWs and HRM |

YEAR 3 CSO PARTNERS

- | | | |
|-----|--|--|
| 28. | Lembaga Gerakan Sehat Masyarakat (GSM) | HIV/AIDS Prevention Program: Behavior Change Interventions among MSM and TG |
| 29. | NGO Forum | CSO strengthening in advocacy, partnerships with government and other stakeholders; convening HIV response coordination meetings; and developing CSO advocacy strategies |

Central Java

- | | | |
|-----|-------------------------|---|
| 30. | LPPSLH | HIV/AIDS Prevention Program through Behavior Change Interventions among FSWs and HRM in Banyumas District |
| 31. | Jakerpermas | Community networks and community clinic providing prevention services to FSWs and FSW clients and regular partners in Sunan Kuning brothel in Semarang district |
| 32. | Semarang Gaya Community | HIV/AIDS Prevention Program through Behavior Change Interventions among MSN (started June 1, 2013) |

Appendix C: USAID SUM II YEAR 3 CSO WORKPLACE TRAINING, COACHING AND SYSTEMS DEVELOPMENT

DKI JAKARTA

Financial Management by Penabulu; Organizational Management by Circle Indonesia; and M&E by Penabulu and SUM II (National and Regional Staff)

No.	CSO	Phase	Result
1.	LPA Karya Bakti Sept. 30 2013: End of second year SUM II partnership	<ul style="list-style-type: none"> • Training and coaching to staff to implement SOPs • Systems to implement human resources management under development • Coaching and training in Epi info 7 and on capacity to do analysis and utilize the data to improve the effectiveness of program implementation 	<ul style="list-style-type: none"> • Financial management SOPs completed. • Consolidated financial statements • Secure with skilled staff (and volunteers) to empower project beneficiaries in the prevention of HIV infection • Annual program plan developed • Draft human resources management policies under review • Epi info 7 in operation
2.	Yayasan Intermedika Sept. 30 2013: End of second year SUM II partnership	<ul style="list-style-type: none"> • Training and coaching to staff to implement SOPs • Systems to implement human resources management under development • Coaching and training in Epi info 7 and on capacity to do analysis and utilize the data to improve the effectiveness of program implementation 	<ul style="list-style-type: none"> • Financial management SOPs completed. • Consolidated financial statements • Secure with skilled staff (and volunteers) to empower project beneficiaries in the prevention of HIV infection • Annual program plan developed • Draft human resources management policies under review • Epi info 7 in operation
3.	Yayasan Bandungwangi	<ul style="list-style-type: none"> • Training and coaching to 	<ul style="list-style-type: none"> • Financial management

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

No.	CSO	Phase	Result
	Sept. 30 2013: End of second year SUM II partnership	<p>staff to implement SOPs</p> <ul style="list-style-type: none"> • Systems to implement human resources management under development • Coaching and training in Epi info 7 and on capacity to do analysis and utilize the data to improve the effectiveness of program implementation 	<p>SOPs completed.</p> <ul style="list-style-type: none"> • Consolidated financial statements • Secure with skilled staff (and volunteers) to empower project beneficiaries in the prevention of HIV infection • Annual program plan developed • Draft human resources management policies under review • Epi info 7 in operation
4.	Yayasan Kusuma Buana Aug 14 2013: End of second year SUM II partnership	<ul style="list-style-type: none"> • Training and coaching to staff to implement SOPs • Systems to implement human resources management under development • Coaching and training in Epi info 7 and on capacity to do analysis and utilize the data to improve the effectiveness of program implementation 	<ul style="list-style-type: none"> • Financial management SOPs completed. • Consolidated financial statements • Preparation underway for internal audit • Secure with skilled staff (and volunteers) to empower project beneficiaries in the prevention of HIV infection • Annual program plan developed • Draft human resources management policies under review • Epi info 7 in operation
5.	Yayasan Karisma Sept. 30 2013: End of second year SUM II partnership	<ul style="list-style-type: none"> • Training and coaching to staff to implement SOPs • Systems to implement human resources management under development • Coaching and training in Epi info 7 and on capacity to do analysis and utilize the data to improve the effectiveness of program implementation 	<ul style="list-style-type: none"> • Financial management SOPs completed. • Consolidated financial statements • Secure with skilled staff (and volunteers) to empower project beneficiaries in the prevention of HIV infection • Annual program plan developed • Draft human resources management policies

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

No.	CSO	Phase	Result
			<ul style="list-style-type: none"> under review Epi info 7 in operation
6.	Angsamerah Oct. 14 2013: End of first year SUM II partnership	<ul style="list-style-type: none"> Training and coaching to staff to implement SOPs 	<ul style="list-style-type: none"> Drafting of Financial management SOPs in process. Satellite clinic with secure skilled staff (and volunteers) opens in July 2013
7.	Kios Atmajaya Partnership with SUM II ended in Year 3 Q3	<ul style="list-style-type: none"> TA and partnership ended 	<ul style="list-style-type: none"> Financial SOPs incomplete
8.	Yayasan Srikandi Sejati Sept. 30 2013: End of second year SUM II partnership	<ul style="list-style-type: none"> Training and coaching to staff to implement SOPs Systems to implement human resources management under development Coaching and training in Epi info 7 and on capacity to do analysis and utilize the data to improve the effectiveness of program implementation 	<ul style="list-style-type: none"> Financial management SOPs completed. Consolidated financial statements Secure with skilled staff (and volunteers) to empower project beneficiaries in the prevention of HIV infection Annual program plan developed Draft human resources management policies under review Funding proposal submitted to KPA for TG teenager HIV prevention Epi info 7 in operation

EAST JAVA

Financial Management by Penabulu; Organizational Management by Satunama; and M&E by SurveyMETER and SUM II (National and Regional staff)

No	CSO	Phase	Result
1	Gaya Nusantara Aug 14 2013: End of second year SUM II partnership	<ul style="list-style-type: none"> Training and coaching to staff to implement SOPs Systems to implement human resources management under development Coaching and training in Epi info 7 and on capacity to do analysis and utilize the data to improve the effectiveness of 	<ul style="list-style-type: none"> Financial management SOPs completed. Consolidated financial statements Draft human resources management policies under review Transparency in financial system, human resources, and other in kind resources,

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

No	CSO	Phase	Result
		program implementation	and publish annual organization profile <ul style="list-style-type: none"> Epi info 7 in operation, project data/informations was used for follow up action plan. However, GN has to improve documentation in regards with success story based on the data.
2	Genta Aug 14 2013: End of second year SUM II partnership	<ul style="list-style-type: none"> Training and coaching to staff to implement Financial SOPs Systems to implement human resources management under development Coaching and training in Epi info 7 and on capacity to do analysis and utilize the data to improve the effectiveness of program implementation 	<ul style="list-style-type: none"> Financial management SOPs completed. Transparency in financial system, human resources, and other in kind resources, and publish annual organization profile Draft human resources management policies is available. Epi info 7 in operation project data/informations was used for follow up action plan. However, Genta has to improve documentation in regards with success story based on the data.
3	Paramitra Aug 14 2013: End of second year SUM II partnership	<ul style="list-style-type: none"> Training and coaching to staff to implement SOPs Systems to implement human resources management under development Coaching and training in Epi info 7 and on capacity to do analysis and utilize the data to improve the effectiveness of program implementation 	<ul style="list-style-type: none"> Financial management SOPs completed. Transparency in financial system, human resources, and other in kind resources, and publish annual organization profile Draft human resources management policies is available. Epi info 7 in operation project data/informations was used for follow up action plan. However, Paramitra has to improve documentation in regards with success story based on the data.
4	Orbit Aug 14 2013: End of second year SUM II partnership	<ul style="list-style-type: none"> Training and coaching to staff to implement SOPs Systems to implement human 	<ul style="list-style-type: none"> Financial management SOPs completed. Consolidated financial

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

No	CSO	Phase	Result
		<p>resources management under development</p> <ul style="list-style-type: none"> Coaching and training in Epi info 7 and on capacity to do analysis and utilize the data to improve the effectiveness of program implementation 	<p>statements Draft human resources management policies under review</p> <ul style="list-style-type: none"> Transparency in financial system, human resources, and other in kind resources, and publish annual organization profile Epi info 7 in operation
5	<p>Perwakos Aug 14 2013: End of second year SUM II partnership</p>	<ul style="list-style-type: none"> Training and coaching to staff to implement SOPs Systems to implement human resources management under development Coaching and training in Epi info 7 and on capacity to do analysis and utilize the data to improve the effectiveness of program implementation 	<ul style="list-style-type: none"> Financial management SOPs completed. Consolidated financial statements Draft human resources management policies under review Transparency in financial system, human resources, and other in kind resources, and publish annual organization profile Epi info 7 in operation
6	<p>Igama Aug 14 2013: End of second year SUM II partnership</p>	<ul style="list-style-type: none"> Training and coaching to staff to implement SOPs Systems to implement human resources management under development Coaching and training in Epi info 7 and on capacity to do analysis and utilize the data to improve the effectiveness of program implementation 	<ul style="list-style-type: none"> Financial management SOPs completed. Consolidated financial statements Draft human resources management policies under review Transparency in financial system, human resources, and other in kind resources, and publish annual organization profile Epi info 7 in operation

CENTRAL JAVA

Financial Management, Organizational Development by Penabulu; M&E by SUM II (National and Regional Staff)

No	CSO	Phase	Result
1	<p>LPPSLH Oct 30 2013: End of first</p>	<ul style="list-style-type: none"> Training/coaching to develop financial SOP and daily transaction 	<ul style="list-style-type: none"> SOP for financial management system in place prior to SUM II

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

No	CSO	Phase	Result
	year SUM II partnership	reporting <ul style="list-style-type: none"> • Training/coaching to revise constitution, develop strategic plan, and training/coaching on advocacy and community mobilization 	partnership <ul style="list-style-type: none"> • Human resources policies (HRP) in place prior to SUM II partnership • Strategic plan completed in 2011 • SUM II TA on Epi Info 7 monitoring system is ongoing
2	Jakerpermas Nov 30 2013: End of first year partnership	<ul style="list-style-type: none"> • Training/coaching to develop financial SOP and daily transaction reporting • Training/coaching to revise constitution, develop strategic plan, and training/coaching on advocacy and community mobilization 	<ul style="list-style-type: none"> • Draft SOP for financial management system • Draft of human resources policy (HRP) • Strategic plan development scheduled for July 2013 • Existing system appropriate for M&E

TANAH PAPUA

Financial Management and Organizational Development by KIPRa and Penabulu; Community Organization by OPSI; M&E by SUM II (National and Regional Staff)

No	CSO	Phase	Result
1	Yukemdi Feb 14 2013: End of first year partnership; no-cost extension to Aug 30,2013	<ul style="list-style-type: none"> • Training/coaching to develop financial SOP and daily transaction reporting • Training/coaching to revise constitution, develop strategic plan, and training/coaching on advocacy and community mobilization 	<ul style="list-style-type: none"> • Draft SOP for financial management system • Draft of human resources policy (HRP) • Draft of strategic plan • Have and use a monitoring system that is pervasive into record keeping and reporting system
2	Tali Feb 14 2013: End of first year partnership; no-cost extension to Aug 30,2013	<ul style="list-style-type: none"> • Training/coaching to develop financial SOP and daily transaction reporting • Training/coaching to revise constitution, develop strategic plan, and training/coaching on advocacy and community mobilization 	<ul style="list-style-type: none"> • Draft SOP for financial management system • Draft of human resources policy (HRP) • Draft of strategic plan • Have and use a monitoring system that is pervasive into record keeping and reporting system
3	YCTP Feb 14 2013: End of first year partnership; no-cost extension to Aug 30,2013	<ul style="list-style-type: none"> • Training/coaching to develop financial SOP and daily transaction reporting • Training/coaching to revise constitution, develop strategic plan, and training/coaching on advocacy and community mobilization 	<ul style="list-style-type: none"> • Draft SOP for financial management system • Draft of human resources policy (HRP) • Draft of strategic plan • Have and use a monitoring system that is pervasive into record keeping and reporting system
4	YHI Feb 14 2013: End of first year partnership; no-cost extension to Aug 30,2013	<ul style="list-style-type: none"> • Training/coaching to develop financial SOP and daily transaction reporting • Training/coaching to revise constitution, develop strategic plan, and training/coaching on advocacy and community mobilization 	<ul style="list-style-type: none"> • Draft SOP for financial management system • Draft of human resources policy (HRP) • Draft of strategic plan • Have and use a monitoring system that is pervasive into record keeping and reporting system

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

No	CSO	Phase	Result
5	YPPM Feb 14 2013: End of first year partnership; no-cost extension to Aug 30,2013	<ul style="list-style-type: none"> • Training/coaching to develop financial SOP and daily transaction reporting • Training/coaching to revise constitution, develop strategic plan, and training/coaching on advocacy and community mobilization 	<ul style="list-style-type: none"> • Draft SOP for financial management system • Draft of strategic plan
6	PKBI April 30 2013: Partnership with SUM II ended	<ul style="list-style-type: none"> • Training/coaching to develop financial SOP and daily transaction reporting • Training/coaching to revise constitution, develop strategic plan, and training/coaching on advocacy and community mobilization 	<ul style="list-style-type: none"> • Draft SOP for financial management system • Draft of strategic plan • Have and use a monitoring system that is pervasive into record keeping and reporting system

RIAU ISLANDS

Financial Management and Organizational Development by Penabulu Satunama; M&E by SUM II (National and Regional Staff)

No	CSO	Phase	Result
1	Yayasan Bentan Serumpun (YBS) Aug 14 2013: End of first year partnership	<ul style="list-style-type: none"> • Training/coaching to develop financial SOP and daily transaction reporting • Training/coaching to revise constitution, develop strategic plan, and training/coaching on advocacy and community mobilization 	<ul style="list-style-type: none"> • Draft SOP for financial management system • Draft of human resources policy (HRP) • Strategic plan completed • SUM II TA for Epi Info 7 ongoing
2	Kompak Aug 14 2013: End of first year partnership	<ul style="list-style-type: none"> • Training/coaching to develop financial SOP and daily transaction reporting • Training/coaching to revise constitution, develop strategic plan, and training/coaching on advocacy and community mobilization 	<ul style="list-style-type: none"> • Draft SOP for financial management system • Strategic plan completed • SUM II TA for Epi Info 7 ongoing
3	Yayasan Gaya Batam (YGB) Aug 14 2013: End of first year partnership	<ul style="list-style-type: none"> • Training/coaching to develop financial SOP and daily transaction reporting • Training/coaching to revise constitution, develop strategic plan, and training/coaching on advocacy and community 	<ul style="list-style-type: none"> • Draft SOP for financial management system • Strategic plan completed • SUM II TA for Epi Info 7 ongoing

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

No	CSO	Phase	Result
		mobilization	
4	Yayasan Lintas Nusa (YLN) Aug 14 2013: End of first year partnership	<ul style="list-style-type: none"> • Training/coaching to develop financial SOP and daily transaction reporting • Training/coaching to revise constitution, develop strategic plan, and training/coaching on advocacy and community mobilization 	<ul style="list-style-type: none"> • Draft SOP for financial management system • Strategic plan completed • SUM II TA for Epi Info 7 ongoing
5	Yayasan Embun Pelangi (YEP) Aug 14 2013: End of first year partnership	<ul style="list-style-type: none"> • Training/coaching to develop financial SOP and daily transaction reporting • Training/coaching to revise constitution, develop strategic plan, and training/coaching on advocacy and community mobilization 	<ul style="list-style-type: none"> • Draft SOP for financial management system • Strategic plan completed • SUM II TA for Epi Info 7 ongoing

NORTH SUMATERA

Financial Management and Organizational Development by Penabulu and Circle Indonesia; M&E by SUM II (National and Regional Staff)

No	CSO	Phase	Result
1	Yayasan Galatea Aug 14 2013: End of first year partnership	<ul style="list-style-type: none"> • Training/coaching to develop financial SOP and daily transaction reporting • Training/coaching to revise constitution, develop strategic plan, and training/coaching on advocacy and community mobilization 	<ul style="list-style-type: none"> • Draft SOP for financial management system • Strategic plan completed and under review • SUM II TA for Epi Info 7 ongoing
2	Human Health Organization (H2O) Aug 14 2013: End of first year partnership	<ul style="list-style-type: none"> • Training/coaching to develop financial SOP and daily transaction reporting • Training/coaching to revise constitution, develop strategic plan, and training/coaching on advocacy and community mobilization 	<ul style="list-style-type: none"> • Draft SOP for financial management system • Strategic plan completed and under review • SUM II TA for Epi Info 7 ongoing
3	Gerakan Sehat Masyarakat (GSM) Aug 14 2013:	<ul style="list-style-type: none"> • Training/coaching to develop financial SOP and daily transaction reporting • Training/coaching to revise 	<ul style="list-style-type: none"> • Draft SOP for financial management system • Strategic plan completed and under review

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

No	CSO	Phase	Result
	End of first year partnership	constitution, develop strategic plan, and training/coaching on advocacy and community mobilization	<ul style="list-style-type: none">• SUM II TA for Epi Info 7 ongoing

Appendix D: USAID SUM PROJECT PMP INDICATOR RESULTS

Indicator		Disaggregated by	Achieved Y2	Target Y3		Achieved Y3/Q1	Achieved Y3/Q2	Achieved Y3/Q3	Achieved Y3/ Q4	Total
1	Number of MARP individuals reached HIV preventive interventions that are based on evidence and/or meet the minimum standards required (P8.3.D)	MARP: CSW, IDU, MSM, Transgender and OVP (non-injecting drug user, IDU's sex partner, high-risk men, high-risk men partner)	43,942	CSW	7,726	1,751	3,100	2,170	2,192	9,213
				IDU	4,850	167	1,310	496	697	2,670
				MSM	20,180	2,070	4,474	3,958	3,319	13,821
				Transgender	3,750	760	1,795	658 ¹⁰	464	3,677
				OVP	4,000	257 ¹¹	3,444	3,127	5,080	11,908
				Total	40,506	5,005	14,123	9,751 ¹²	13,278	41,289
2	Number of the targeted population reached with individual and/or small group level prevention interventions that are based on evidence and/or meet the minimum standards required (P8.1.D)	The number is derived from the general population in Papua which is consisted of Papuan Men, Papuan Women, High Risk Men, and High Risk Men's Partner.	n/a	39,661		16,764	13,609	4,938	1,364	36,675
D	Number of individuals who received Counseling and Testing (HCT) services for HIV and received their test results	Sex and Age: (male<15, male 15+; female<15, female 15+)	5,389	Male<15	0	0	58	4	0	62
				Male 15+	12,580	472	2698	1,406	2,647	7,223
				Female<15	0	15	25	11	0	51
				Female 15+	5,344	1,075	1558	1,169	440	4,242
				Total	17,924	1,562	4339	2,590	3,086	11,578
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+)	1,115	Male<18	0	5	6	5	14	30
				Male 18+	2,150	229	539	366	568	1,702
				Female<18	0	11	18	0	7	36

¹⁰ There was over reported in the Q3, initially TG was reported at 1,080. After there was a correction in the database, TG reached in the Q3 was 658.

¹² Since there was a correction on TG number, so initially the sum was 10,831 but become 9,751.

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

				Female 18+	447	170	484	8	559	1,221
				Total	2,597	415	1,047	379	1,148	2,989
5	Number of MARP individuals accessing STI services at targeted intervention sites	MARP: CSW, IDU, MSM, and OVP (transgender, non-injecting drug user, IDU's sex partner, high-risk men, Papuan Male, Papuan Female)	5,714	CSW	5,604	1,085	1019	1,199	1,465	4,768
				IDU	465	30	42	64	90	226
				MSM	3,358	202	492	612	698	2,004
				Transgender	2,843	81	469	138	768	1,456
				OVP	3,836	329	1171	792	94	2,386
				Total	16,106	1,727	3193	2,805	3,115	10,840