



USAID SUM II YEAR 4 MONITORING & EVALUATION REPORT

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Contents

LIST OF ABBREVIATIONS	4
EXECUTIVE SUMMARY	6
INTRODUCTION.....	14
DKI Jakarta	20
East Java	22
Tanah Papua.....	23
Riau Islands	24
North Sumatra	25
Central Java.....	25
West Java	26
Summary of Years 1, 2 and 3	27
IMPLEMENTATION PROGRESS – OBJECTIVE 1.....	32
1. CSO Capacity Building	35
2. SUM II Operational Management.....	46
3. Strengthening Advocacy Capacity	55
4. Addressing Gender and Stigma and Discrimination	63
5. Providing Organizational Performance TA for Health Care Services to MARPS.....	64
6. Monitoring and Evaluating CSO Performance.....	69
IMPLEMENTATION PROGRESS – OBJECTIVE 2.....	78
PROGRAM AND POPULATION RESULTS.....	82
1. CSO Performance against Year-4 Benchmarks	82
2. Performance against Year-4 Targets.....	84
RECOMMENDATIONS FOR YEAR 5.....	86
1. Objective 1 Recommendations for Year 5	86
2. Objective 2 Recommendations for Year 5	86
Appendix A: CSOs BY TECHNICAL CLUSTER – JAVA, NORTH SUMATERA, AND RIAU ISLANDS	87
Appendix B: SUM II KEY RESULT AREAS AND KEY PERFORMANCE INDICATORS.....	91
Appendix C: YEAR 4 CSO PARTNERS	100
Appendix D: USAID SUM II YEAR 4 CSO WORKPLACE TRAINING, COACHING AND SYSTEMS DEVELOPMENT.....	102
Appendix E: ORIGINAL USAID SUM PROJECT PMP INDICATOR RESULTS (SUM II).....	112

Appendix F: USAID SUM PROJECT PMP INDICATOR RESULTS (SUM II) (*revised 25 March 2014, updated 07 April 2014*) 115

LIST OF ABBREVIATIONS

AEM	Asian Epidemic Modeling
AIDS	Acquired Immune Deficiency Syndrome
APMG	AIDS Project Management Global Health
APW	Adult Papuan Women
ART	Antiretroviral therapy
ATS	Amphetamine-type stimulants
BCC	Behavior Change Communication
CBO	Community-based organization
CO	Community organization
CSN	Comprehensive services network
CSO	Civil society organization
FBO	Faith-based organization
FLP-AIDS	Forum Lembaga Swadaya Masyarakat Peduli AIDS Kota Medan
FSW	Female sex worker
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GN	Yayasan Gaya Nusantara, Surabaya
GOI	Government of Indonesia
HCT	HIV counseling and testing
HIV	Human Immunodeficiency Virus
HR	Human resources
HSN	Hotspot service network
IBBS	Integrated Biological-Behavioral Surveillance
IDU	Injecting drug user/person who injects drugs
KP	Key populations
KPA/NAC	Indonesian National AIDS Commission
LKB	Layanan Kesehatan Berkelanjutan (Long-term health systems strengthening program with MOH)
MARP	Most At Risk Population
MOH	Ministry of Health
M&E	Monitoring and Evaluation
MMT	Methadone maintenance therapy
MSM	Men who have sex with men
NGO	Non-government organization
NHASAP	National HIV and AIDS Strategy and Action Plan
NSP	Needle and Syringe Program
OI	Opportunistic Infection
OGM	One-roof grant management
PLHIV	Person/people living with HIV
PSE	Population size estimation
PWID	People Who Inject Drugs
RETA	Resource Estimation Tool for Advocacy

RNM	Resource Needs Model
RTI	Research Triangle International
STI	Sexually transmissible infection
SUAR	Perkumpulan Suara Nurani, East Java
SUFA	Strategic Use of ARTs
TA	Technical assistance
TB	Tuberculosis
TRG	Training Resources Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	U.S. Agency for International Development
HCT	Voluntary Testing and Counseling
WHO	World Health Organization
YAP	Yayasan Perempuan dan Anak, DKI Jakarta
YCTP	Yayasan Caritas Timika Papua, Tanah Papua
YKB	Yayasan Kusuma Buana, Jakarta
YUKEMDI	Yayasan Usaha Kesejahteraan Ekonomi Masyarakat Desa Indonesia, Tanah Papua

EXECUTIVE SUMMARY

Year 4 was a pivotal year for SUM II. During Years 2-3 SUM II staff and TA partners were engaging in organizational performance (OP) with CSO partners working in twenty-two districts across the country's seven provinces with the highest estimated HIV prevalence. The lessons and experiences from these previous years led to Year 4's launch of the *Four-Part Model for Comprehensive Services Networks (CSNs)*. SUM II also entered into Year 4 facing a significant challenge in that SUM I's scope of work was limited to the IBBS in Tanah Papua and the condom distribution program. The result for SUM II was a Year 4 Work Plan with a macro strategy for delivering technical support in organizational and technical capacity building to CSOs, government and other partners.

SUM II determined that it would need to take on a key role (as resources permitted) in ensuring the technical integrity of CSO and local government HIV prevention to care services and programs. The SUM II *Four-Part Model for Comprehensive Services Networks* which began emerging in the last half of Year 3 would be impossible to achieve without equal attention to organizational performance and technical integrity. Technical integrity means: 1) that CSOs and local government are collaborating together to assure provision of *most current evidence-based packages of technical support* in services to most-at-risk populations and people living with HIV; and 2) that technical capacity is developed and available at provincial levels to support technical integrity at district levels; and 3) that quality implementation is the norm in each element of the *Four-Part Model for Comprehensive Services Networks*.

SUM II also determined that in the absence of inputs from SUM I it would need to 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. The Year 4 Work Plan thus was aimed at furthering the demonstrations of parts of the 4-part model.

To support this macro strategy, SUM II's Year 4 work plan centered on five new strategic initiatives aimed at taking the SUM II program to a different level of impact. These five strategic initiatives, highlighted below, significantly expanded SUM II's operational arena and also – as a set of initiatives – offered a conceptual framework for partners and stakeholders to dialogue around in more fully clarifying and defining requirements and partner expectations leading to a sustainable district-level HIV response over the long-haul.

Also included in this Executive Summary are the main lessons that underpin these strategic initiatives, as well as the key challenges faced in Year 4.

Year 4 Strategic Initiatives

SUM II's consistent organizational performance (OP) focus in capacity building with CSOs has been twofold: to create compelling, financially sustainable civil society organizations that help bring equal partnership and shared leadership to a district response; and to scale-up effective, integrated, and cost-efficient HIV interventions. The five Year 4 strategic initiatives highlighted here were designed to take these strengthened CSOs to the next stage – *equal partnership, shared leadership* and *scale-up* of effective, integrated and cost-efficient HIV interventions.

- *Four-Part Model for Comprehensive Services Networks (CSNs)*, aimed at increasing both demand for services and supply of services through hotspot-driven and district-wide comprehensive services networks, and to do so in ways that are locally sustainable
- *One Strategy Approach* to SUM II grants with CSO partners, aimed at strengthening CSO programmatic collaboration and alignment by forming “technical clusters” of CSOs that work in the same geographical area and by engaging with each cluster of CSOs to design and implement a joint scope of work
- *Private Clinic Partnerships*, aimed at bringing new possibilities and synergies – and technical integrity and replicable business models – to hotspot-specific and district-based comprehensive services networks
- *Technical Integrity and Capacity Building* support to CSOs, hotspot and district-wide services networks, and local government, aimed at assuring the provision of *most current evidence-based packages of technical support* in services to most-at-risk populations and people living with HIV
- *Local Government Technical Capacity Building*, aimed at improving local government awareness of the district-specific HIV epidemic (i.e., strategic information) and demonstrating how local government leadership can be at the forefront of district-based HIV response planning and mobilization, operational management, and monitoring and evaluation (M&E)

In addition to these strategic initiatives, PEPFAR in February 2014 provided revised indicators for its worldwide program aimed at strengthening HIV program quality and results. The revisions inspired SUM II to transform its original five core indicators into five new indicators as per PEPFAR revisions, a process that is also described in this report. The bottom-line: SUM II's indicators going forward will give **momentum** to further scale-up of private clinic partnerships, further scale-up of CSO and Puskesmas partnerships, and momentum overall in addressing the strategic role, technical capacity, and sustainability of Puskesmas in the HIV response.

Core SUM II Lessons from Years 1-3

Included here are the core SUM II lessons that underpin the Year 4 strategic initiatives.

- For many years the international and national response to the HIV epidemic – globally, not only in Indonesia – gave priority to immediate efforts to arrest the epidemic and insufficient attention to building local and sustainable institutions able to bring their own organizational and technical capacity to a district-level HIV response, which is where the magnitude of the need gets addressed head-on and will for some years to come. This lesson was reinforced over and over during SUM II’s first three years of engaging in organizational performance (OP) capacity building with partners in twenty-two districts across the country’s seven provinces with the highest estimated HIV prevalence. The set of Year 4 strategic initiatives are a response to this lesson.
- Getting the strategic vision right early in SUM II’s implementation was paramount.
 - 1) The focus on CSO organizational performance was too limiting if the nature of the HIV response in Indonesia is to be transformed.
 - 2) SUM II is a short-term player in Indonesia’s HIV response. Local TA organizations as project partners can become long-term players in building local and sustainable institutions and institutional networks – and responding effectively over the long-term not only to the HIV epidemic but also to a range of community needs.
 - 3) CSO organization performance, to make any difference in the response, needs to be defined within a larger-scale change initiative (i.e., district-wide comprehensive services networks). This broader definition of OP challenged the mindset of many CSOs long dependent on donor funding because it focused on financial sustainability and their external leadership role in a district-wide response.
- In Year 2 local technical assistance organizations joined SUM II as strategic partners and capacity builders (with their cadre of financial management, organizational development, M&E, and clinical services experts and mentors), which enabled an intensive workplace-based approach to OP training, coaching and systems development that proved transforming for many CSOs. The strategic initiatives for *Technical Integrity and Capacity* and *Local Government Technical Capacity* rely on a similar workplace-based approach. The underlying lesson is that centralized, traditional classroom-based management and technical training directed at CSOs and government health workers in past programs didn’t work.
- In Year 3, CSO partners most responsive to SUM II’s intensive OP capacity building approach (i.e., they have a strategic vision aimed at financial sustainability, and greater confidence and visible success in their financial and organizational management) have readily stepped into the role of community development partner to bring local knowledge and expertise to health systems strengthening, as well as other community areas of needs. These CSO partners are the frontline in SUM II demonstrations of the *Four-Part Model for*

Comprehensive Services Networks (CSNs), and they are the “lead” CSOs in the *One Strategy Approach*. These strategic initiatives are helping to expand existing programs for greater coverage and reach – to other hotspot sites, to other districts in a province, to other most-at-risk populations, to small CSOs and community-based and faith-based organizations to support their expansion of coverage, and by engaging with Pukesmas and private clinics to increase demand and provide access to services.

- Local government leaders in some districts are receptive to technical capacity building. Engaging both the political and operational leaders in analysis of the district-specific HIV epidemic helps to leverage financial and human resources for HIV prevention and care, and helps integrate support from project implementer organizations and local NGO networks. The *Local Government Technical Capacity* strategic initiative is aimed at expanding the number of districts with local government leaders at the forefront of district-based HIV response planning and mobilization, operational management, and monitoring and evaluation (M&E).
- HIV prevention efforts will have no significant impact on the HIV epidemic without community leadership from within most-at-risk populations (MARPs). HIV transmission will stop when communities come forward with their own active community response, without dependency on others. Community participation and cash or in-kind contribution (including volunteerism) empowers action: more people feel able to act, and do act, on HIV/AIDS comprehensive services. Community participation enables local government, CSOs, and stakeholders to scale-up services, allocate resources effectively, and build the capacity of other MARPs community organizations – until the 3-zero vision is fulfilled (zero new HIV infections, zero AIDS-related deaths, and zero discrimination). This lesson is especially incorporated into the *community organization* part of the *Four-Part Model for Comprehensive Services Networks (CSNs)*.

Key Year 4 Challenges

- **Gap in Cycle 3 Grants to Java CSOs and Cycle 2 Grants to CSO partners in North Sumatera and Riau Islands.**

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

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

The underlying issues:

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

During the first half of Year 4, SUM II move forward with its preferred approach for long term development goals and sustainability; this was to form technical clusters of CSOs working in the same geographical area and under one grant – referred to by the team as *One Roof Grant Management*. A *Principal* CSO would serve as Lead CSO in the consortium and would be the recipient of the SUM II grant. This approach would also advance the 4-part model, i.e., building comprehensive HIV services networks across CSOs, health service providers, local government and other stakeholders in a specific hotspot and/or district-wide.

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

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

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

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

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

SUM II partners, including USAID, should continue to explore possibilities for making *One Roof Grant Management* a SUM II goal. The *One Strategy Approach* is a step in the right direction, but it doesn’t go far enough in building capacity, changing development paradigms, and preparing for local ownership post-SUM II.

- **In Year 3, changes within the SUM Program compelled SUM II to expand its strategic vision to include technical integrity and capacity.**

As noted earlier, in Years 2 and Year 3 core SUM I responsibilities formally and informally shifted to SUM II.

- **M&E:** The April 2012 USAID management review recommended that SUM II take full responsibility for the SUM Program M&E function, which as noted above was previously shared with SUM I. SUM II agreed to take on this additional responsibility.
- **Lead with CSOs:** The management review also recommended that SUM II going forward take the SUM lead in coordinating both organizational and technical capacity building efforts with CSOs. SUM II agreed to take on this additional responsibility.

With SUM 1’s scope further reduced in Year 3 and 4, SUM II 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. These efforts led to SUM II's Year 4 macro-strategy and strategic initiatives defined above.

- **Year 4 and 5 Budget Realignment**

To support the Year 4 Work Plan, TRG realigned SUM II's overall budget by transferring \$722,678 from the Burnet Institute's budget to TRG; and by transferring \$596,075.72 from RTI's Objective 1 and Objective 2 (Labor & FRINGE line item) to RTI Objective 2, Grants. In finalizing the Year 5 budget, TRG will see where additional Objective 1 budget can be moved to Objective 2, Grants, so that Cycle 3 grants in Tanah Papua are possible.

- **SUM II Staff Turnover**

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

Conclusion

In Year 4, with its strategic initiatives and challenges SUM II benefited from an *expanded coalition of SUM II technical assistance partners* in the provision of intensive, workplace-based OP training, coaching and systems development with the *Principal* and *developing* CSOs; and specifically to *Principal* CSOs in the provision of TA in expansion of coverage and in mentoring approaches to *developing* CSOs, and small CSOs, CBOs and FBOs. These seven local partners included Penabulu, Circle, Satunama, SurveyMETER, KIPRa, OPSI, and Angsamerah.¹

SUM II has evolved into a multifaceted program. There are now 32 SUM II partner CSOs. Thirteen are designated as *Principal* and/or Lead CSO of a technical cluster, because of their responsiveness to SUM II's intensive workplace-based OP training, coaching and systems development. They are receiving additional intensive TA and additional cycles of grants to enable them to become *local capacity building mentors* to *developing* CSOs and non-SUM II CSOs. 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

¹ Due to limited grant funds in Year 4, grants to SurveyMETER and KIPRa ended December 31, 2013. OPSI's grant was suspended March 31, 2014.

by other CSOs; by mentoring and providing TA support to emerging CSOs, CBOs and FBOs that enables expansion of coverage; and by engaging private clinics to provide HIV and STI services.

SUM II's Y4 Work Plan expanded and strengthened Objective 1 of the Task Order with two additional strategies: strengthening local technical capacity at key population hotspots and in the districts; and strengthening local government (district) organizational performance in planning and budgeting, resource allocation and mobilization planning, and M&E systems.

Now going into Year 5, SUM II has a clear 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. This support is currently being demonstrated in some districts of Java and Tanah Papua, with the intent to learn, improve and expand support across the SUM II program.

The Year 5 Work Plan for Objective 1 will continue efforts in six program implementation strategies focused on aggressive expansion of coverage and reach:

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

The priority of these six strategies is to strengthen and further demonstrate the four-part intervention model for comprehensive services networks (CSNs). The Year 4 demonstrations of one or more parts of the model at specific sites in Java and Tanah Papua were aimed at maximizing learning so the model can be refined and rolled-out across the program in Year 5.

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

INTRODUCTION

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 resulting from a mix of two modes of transmissions, sexual transmission and drug injecting.² 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 infection.³ 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 2011.⁴ 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.⁵

The USAID SUM Program was launched in 2010 and 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), people who inject drugs (PWID), 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 original 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, and AIDS Projects Management Group (APMG), and provides targeted assistance in *organizational performance* required to scale-up effective, integrated interventions and to primarily focus on Civil Society – CSOs, CBOs, FBOs, etc.

² 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

³ MoH, Year-end Report on Situation of HIV and AIDS in Indonesia, 2007 and 2011

⁴ MoH, Year-end Report on Situation of HIV and AIDS in Indonesia, 2006 and 2011.

⁵ MoH, Estimation of at-risk Adult Population, 2009

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-based program for organizational performance training, coaching, and systems development, in partnership with local TA organizations. Initially, the TA providers included *Penabulu* (financial systems and management), *Circle Indonesia* and *Satunama* (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). In Year 4, SUM II added *Angsamerah Foundation* (technical integrity).

During Years 2-4, SUM II’s workplace-based capacity building approach in organizational performance, with the local TA organizations noted above contributing to strategic leadership and operating with SUM II as full team members, had significant impact in strengthening CSOs’ financial systems and financial management, organizational management, program design and implementation, and monitoring and evaluation. Moreover, CSO capacity building in M&E and the Year 3-4 rollout of Epi Info 7 and CommCare Mobile is resulting in stronger linkage of M&E to organizational performance and quality implementation of HIV services and programs – all leading to increased coverage.

In Years 1-3, SUM II CSO partners continued to provide MARPs and the affected people with a standard package of community-based services, including outreach on behavior change interventions, peer education/promotion, risk reduction counseling, and access to prevention commodities and referral for clinic-based services (HCT, STI management, MMT, CST for HIV-positives). In Year 3, SUM II also initiated partnership with Angsamerah Foundation to establish a private clinic in the Blok M area of South Jakarta. The clinic opened in July 13, 2013, and provides STI and HCT to FSWs, MSM, and TG hotspots in South Jakarta.

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.

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 start of Year 4 there were several layers of SUM II program management and technical assistance happening simultaneously:

Start of Year 4 (July 2013)

- 38 SUM II partner CSOs
- Seven of the thirty-eight SUM II CSO partners were designated *Principal* CSOs, because of their responsiveness to SUM II's intensive workplace-based OP training, coaching and systems development. They received 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, were 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.
- Seven local TA providers (with Angsamerah Foundation added in Year 4) were 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.

USAID SUM II Capacity Building Partners

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

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

Yayasan SATUNAMA – TA in organizational performance to CSOs in East Java and Riau Islands.

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

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

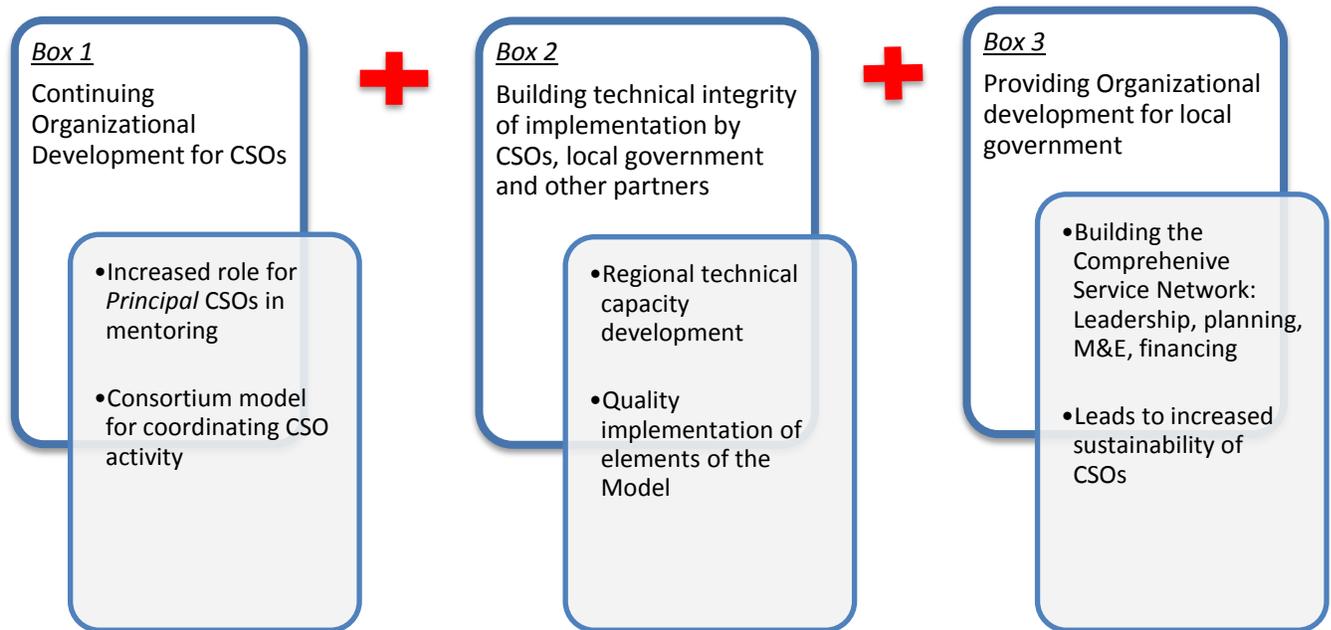
OPSI – TA to build capacity of MARPs in Tanah Papua in community organization.

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

- By end of Year 3 SUM II had succeeded in efforts and coverage expansion that included not only East Java, DKI Jakarta and Papua, but also Riau Islands, North Sumatra, West Java, and Central Java – with TA, grants, program activities and additional SUM II staff positions.

Additionally, at the start of Year 4, SUM II was faced with a significant challenge. During Year 3, SUM I’s scope of work was limited to the IBBS in Tanah Papua and the condom distribution program. As a result, SUM II determined that in the absence of inputs from SUM I it would need to take on a key role (as resources permitted) in ensuring the technical integrity of CSO and local government HIV prevention to care services and programs. The *Four-Part Model for Comprehensive Services Networks* would be impossible to achieve without equal attention to organizational performance and technical integrity. Technical integrity means that CSOs and local government are collaborating together to assure provision of *most current evidence-based packages of technical support* in services to most-at-risk populations and people living with HIV; 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 *Four-Part Model for Comprehensive Services Networks*.

Figure 1: Macro Strategy for Year 4



SUM II macro strategy for Year 4:

- **Box 1 – Continue 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 in Year 4 is to increase the role of *Principal* CSOs in mentoring *developing* and *emerging* CSO and to build a consortium model – now called *One Strategy Approach* – for coordinating and strengthening CSO activities with key populations in the same geographical area in Java, North Sumatera, and Riau Islands.**

- Box 2 -- In the absence of inputs from SUM I, 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.
- Box 3 -- Support local government organizational development in building district-wide Comprehensive Services Networks.

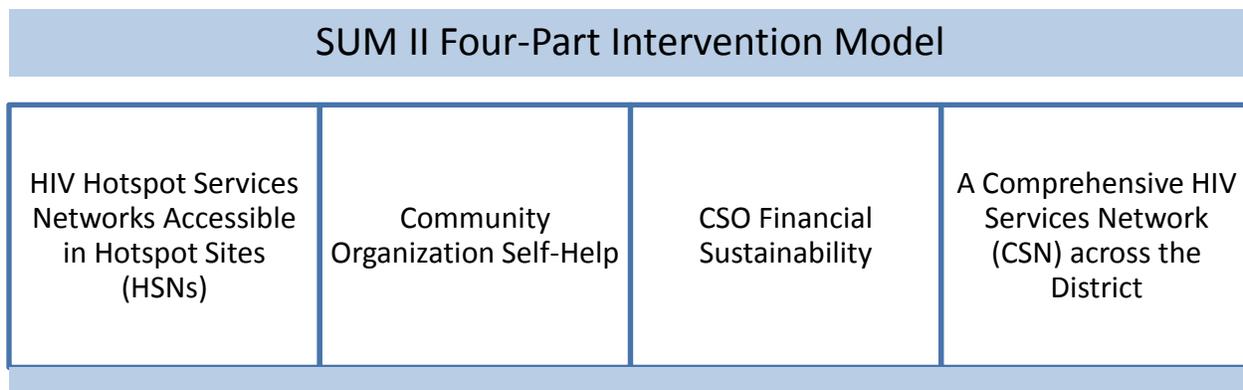
SUM II also determined that in the absence of inputs from SUM I it would need to help support local government organizational development in building district-wide Comprehensive Services Networks – that empowers its leadership in the district HIV response; strengthens its planning and M&E across departments 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. The Year 4 Work Plan thus was aimed at furthering the demonstrations of parts of the 4-part model.

As a result, SUM II as part of its Year 4 work planning with staff and partners developed a macro strategy for delivering technical support in organizational and technical capacity building to CSOs, government and other partners. This macro strategy is summarized above in Figure 1.

Local government leadership is critical for sustainability. 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).

The *Four-Part Model for Comprehensive Services Networks (CSNs)* that emerged from Year 3 and is core to the macro strategy described above and is aimed at increasing both demand for services and supply of services, and to do so in ways that are sustainable after SUM II and GFATM projects end. It is summarized in Figure 2.

Figure 2: SUM II 4-Part Intervention Model



In Year 4 SUM II demonstrated 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 emphasized *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:

- Design
- Administration
- Personnel
- Capacities
- Services
- Data collection
- Management reviews

Overall, SUM II implementation of the Year 4 Work Plan, and its program management and technical assistance, were in alignment with 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 (MARPs)
- Strengthening the community response for mobilization and participation.

Throughout Year 4 SUM II strengthened its collaboration with the National AIDS Commission (NAC), particularly with the September 2013 agreement to implement provincial-level AEM-RETA integration to estimate resource needs and resulting impacts in three provinces for which there are sufficient data to produce AEM projections: East Java, DKI Jakarta, and Papua. SUM II's priority going into Year 5 will be to continue close collaboration with NAC in training provincial and district AIDS Commissions and CSOs in comprehensive HIV planning systems (including budgeting system and local data collection); and in providing coaching to SUM II CSO partners in convening district stakeholders to conduct budget exercises. At national level, SUM II will partner with NAC to implement the National Advocacy Initiative at national and provincial levels.

Included below is an introduction of SUM II by province.

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.⁶ Now, at the conclusion of Year 4:

- Three of the seven original CSOs are *Principal* CSOs
 - Yayasan Kusuma Buana (YKB), Karisma, and Yayasan Inter Medika (YIM)
- Three continue to be *developing* CSOs
 - Yayasan Srikandi Sejati (YSS), LPA Karya Bakti, and Perkumpulan Bandungwangi
- A partnership with Angsamerah Foundation (KYA) established a new private clinic in the Blok M area of South Jakarta (operational in July 2013)
- Three Technical Clusters under SUM II's *One Strategy Approach* established for Cycle 3 grants and TA support (HIV prevention and care support services):
 - A cluster of four CSOs serving FSWs in Jakarta and two districts in West Java – Yayasan Kusuma Buana (YKB) as Lead CSO, and Yayasan Anak dan Perempuan (YAP), Yayasan Kusuma Bongas (Bongas), and Yayasan Resik as Member CSOs

⁶ SUM II partnership with Kios Atmajaya ended in Year 3

- A cluster three CSOs serving PWID and partners in DKI Jakarta – Yayasan Karisma, Yayasan Stigma, and Yayasan Rempah
- A cluster of four CSOs serving MSM and Transgender populations in DKI Jakarta – Yayasan Inter Medika (YIM), Yayasan Srikandi Sejati (YSS), Suara Waria Remaja (SWARA), and LPA Karya Bakti (LPA)

SUM II's Year 4 Cycle 2 grant with Angsamerah includes provisions 1) to continue the clinical services and strengthen its services network with SUM II CSO partners and sub-national health offices and government health service providers, and 2) to conduct technical needs assessments with SUM II private clinic partners in four provinces (DKI Jakarta, Central Java, Riau Islands and Papua) and their clinical services networks (Puskesmas) of which results will be used to develop TA package/design in clinical management and technical capacity in HIV/AIDS clinical services for key populations.

In Year 4, TA providers Penabulu, Circle Indonesia, and SurveyMETER continued to partner with SUM II DKI Jakarta regional staff to provide intensive workplace-based training, coaching and systems development to CSOs.

DKI Jakarta Province has one of the highest concentrations of all key populations: 1) men who have sex with men (MSM) including *Waria* (i.e., male-to-female transgendered persons); 2) female sex workers (FSWs); 3) people with injecting drug (PWID); and 4) other vulnerable populations including regular sexual partners of PWID, gender-based violence, and street youth (i.e., youth living and earning from the street). The HIV epidemic is most acute among PWID and Waria, with sharp increases among MSM and FSWs. The Asia Epidemic Modeling estimated that HIV prevalence will keep increasing year to year among MSM, Waria, FSWs, and the partners of clients to commercial sex workers which influenced by sexual transmission.

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.

The IBBS 2011 revealed that HIV prevalence among these most-at-risk populations also varied greatly between districts of DKI Jakarta. The IBBS 2011 conducted by the Ministry of Health estimated HIV prevalence rates nation-wide are 17.2% among MSM (having doubled since 2007); 31% among waria (slightly lower than 2007); 10.5% and 5.2% among direct and indirect female sex workers respectively; and 36% among people who inject drugs. The epidemic among key populations is fueled by sexual behavior with multiple partners and low consistent condom use, and exchanging unsterile needles.

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.⁷ Now, at the conclusion of Year 4:

- Three of the seven CSOs are *Principal CSOs*
 - Paramitra, Genta⁸, and Gaya Nusantara (GN)
- Three continue to be *developing CSOs*
 - IGAMA, Orbit, and Persatuan Waria Kota Surabaya (PERWAKOS)
- Four Technical Clusters under SUM II's *One Strategy Approach* established for Cycle 3 grants and TA support (HIV prevention and care support services):
 - A cluster of three CSOs serving FSWs and PWID in Malang and Kediri – Yayasan Paramitra as Lead CSO, and Yayasan Sadar Hati and Yayasan Suar Kediri as Member CSOs
 - A cluster of two CSOs serving Transgender populations in Surabaya City and Malang City – PERWAKOS and Lembaga WAMARAPA
 - A cluster of two CSOs serving PLHIV within PWID populations and FSWs in Surabaya City – Yayasan ORBIT and Yayasan Embun Surabaya (YES)
 - A cluster to two CSOs serving MSM populations in Surabaya City and Malang City/District – Gaya Nusantara (GN) and IGAMA

In Year 4, TA providers Penabulu, Satunama, and SurveyMETER continued to partner with SUM II East Java regional staff to provide intensive workplace-based training, coaching and systems development to East Java CSOs. Circle Indonesia also provided specific TA in community organization to East Java CSO partners.

Surabaya, Malang, and Kediri are the priority districts of provincial government in HIV prevention-to-care interventions because of high concentrations of the key populations: 1) men who have sex with men (MSM), including Waria (i.e., male-to-female transgendered persons); 2) female sex workers (FSWs); 3) people who inject drugs (PWID); and 4) other vulnerable populations including regular sexual partners of PWID, and street youth (i.e., youth living and earning from the street). The HIV epidemic is most acute among PWID and Waria, but has seen sharp increases among MSM and FSWs. The AIDS Epidemic Model estimates that HIV prevalence will keep increasing year-to-year among MSM, Waria, FSWs, and the partners or clients of commercial sex workers, all of which results from sexual transmission.

⁷ CSO partner Sadar Hati was suspended in Year 3

⁸ Genta withdrew partnership with SUM II in the 1st quarter of Y4 work plan. The organization changed its mission, which is now only focus on street-based children empowerment.

In East Java, 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.

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.⁹ Now at the conclusion of Year 4:

- Two CSO partners are designated *Principal CSOs*
 - Yayasan Caritas Timika-Papua (YCTP), providing services to the general population, and FSWs in Mimika District, and Yayasan Usaha Kesejahteraan Ekonomi Masyarakat Desa Indonesia (YUKEMDI), providing services to FSW, HRM, and General Population in Wamena, Jayawijaya District
- Three CSOs continue to be *developing CSOs*
 - Yayasan Tangan Peduli (TALI), Yayasan Harapan Ibu (YHI), and Yayasan Persekutuan Pelayanan Masirey (YPPM)

TA providers Penabulu, SATUNAMA, KIPRa and OPSI¹⁰ are partnering with SUM II Papua regional staff to provide intensive workplace-based training, coaching and systems development to these five CSOs.

While most provinces face a concentrated epidemic among 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

⁹ CSO PKBI was suspended in Year 3

¹⁰ KIPRa's grant ended December 31, 2013; and OPSI's grant was suspended March 31, 2014.

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 expected to be available in the coming months.

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.¹¹ Now at the conclusion of Year 4:

- Two Technical Clusters under SUM II's *One Strategy Approach* established for Cycle 2 grants and TA support (HIV prevention and care support services):
 - A cluster of two CSOs serving FSW, MSM, TG and PLHIV populations in Tanjungpinang City and Bintan District – Yayasan Bentan Serumpun (YBS) as LEAD CSO and Yayasan Kompak as Member CSO
 - A cluster of two CSOs serving FSW, MSM, Transgender, and PLHIV population in Batam – Yayasan Embun Pelangi (YEP) and newly selected CSO Yayasan Komunikasi, Informasi dan Edukasi (YKIE)

In Year 4, TA providers Penabulu and Satunama continued to partner with SUM II regional staff (under the DKI Jakarta Region) to provide intensive workplace-based training, coaching and systems development to 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

¹¹ Two CSO partners were suspended in Year 4 – Gaya Batam for misuse of funds and Linus Nusa for poor performance

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).

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 the Medan NGO Forum in Year 4. Now at the conclusion of Year 4:

- One CSO is designated a *Principal* CSO – Yayasan Galatea
- One Technical Cluster under SUM II's *One Strategy Approach* established for Cycle 2 grants and TA support (HIV prevention and care support services):
 - A cluster of three CSOs serving key populations in Medan City (FSW, MSM, TG, PWID, HRM populations, and partners) – Yayasan Galatea, Yayasan Human Health Organization (H2O, and Yayasan Gerakan Sehat Masyarakat (GSM)

In addition, the NGO Forum – *Forum LSM Peduli AIDS* (FLP-AIDS) – in Medan City continues to be active in advocacy and in monitoring and evaluating progress of the Medan City AIDS strategic plan of 2011-2014 and AIDS Perda of Medan City 2012, and is taking a leadership role in promoting sustainable health services related to HIV prevention, and HCT and STI services in Medan City.

TA providers Penabulu and Circle Indonesia continue to partner with SUM II regional staff (under DKI Jakarta Region) to provide intensive workplace-based training, coaching and systems development to these CSOs.

In Medan City, the HIV epidemic is most acute among PWID and Waria, but has seen sharp increases among MSM and FSWs. In 2009, there were 1,226 PWIDs, 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 PWIDs 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%. The AIDS Epidemic Model estimates that HIV prevalence will keep increasing year-to-year among MSM, Waria, FSWs, and the partners of clients of commercial sex workers, all of which results from sexual transmission.

Central Java

Central Java Province prioritizes several district for HIV prevention to care intervention – Surakarta, Semarang, Batang, Banyumas (Purwokerto), Tegal, and Cilacap. All the districts except Surakarta are hotspots of FSWs and are along busiest transportation highway through the north of Java Island.

In Year 3, SUM II initiated activities in Central Java with three CSO partners to cover three districts in Central Java – Semarang City, Semarang District, and Banyumas District (Purwokerto) – with high concentrations of FSWs, and MSM. CSO partner Yayasan Graha Mitra provides services to FSWs in Semarang City; LPPSLH provides services to FSWs in Purwokerto; and Semarang Gaya Community provides services to MSM in Semarang City.

Now at the conclusion of Year 4:

- LPPSLH succeeded in increasing the participation of FSWs and local stakeholders in Baturraden, Purwokerto District, prevention to care intervention, and also worked intensively with the district health office to establish a health services network among Margono Soekarjo Hospital, the District Hospital of Banyumas, the District Hospital of Ajibarang, Maternal and Child Health Clinic, Lung Disease Clinic, Puskesmas Barurraden I and II, and Puskesmas Purwokerto Timur. In March 2014 LPPSLH was approved for a SUM II second cycle grant to scale up services in the two neighbor districts: Cilacap and Tegal.
- One Technical Cluster under SUM II’s *One Strategy Approach* established for Cycle 2 grants and TA support (HIV prevention and care support services):
 - A cluster of three CSOs serving FSW and MSM populations in two districts of Central Java – Semarang City and Kendal Districts – Yayasan Graha Mitra, Griya Asa, and Semarang Gaya Community

In Year 5 SUM II will add one private clinic as a SUM II partner to increase access of clinical services for FSW in two additional brothels in Semarang city and Kendal District.

SUM II’s TA provider partners Yayasan Penabulu and Yayasan Satunama are partnering SUM II Regional East Java staff to provide intensive workplace-based training, coaching and systems development to each CSO partner.

West Java

SUM II initiated activities in West Java in Year 3 to provide a small grant and TA assistance to one CSO partner Kusuma Bongas Foundation to provided services to FSWs and HRM in Indramayu District, West Java. The first cycle grant was finalized and approved at the beginning of Year 4, and *Principal* CSO YKB provided technical assistance in its role as *local capacity building coach* to facilitate expansion of Kusuma Bongas Foundation in Indramayu.

Now at the conclusion of Year 4, grants have been approved (June 2014) for a Technical Cluster of four CSOs serving FSWs in Jakarta and two districts in West Java – Indramayu District and Subang District:

- Yayasan Kusuma Buana (YKB) will serve as Lead CSO, and Yayasan Anak dan Perempuan (YAP), Yayasan Kusuma Bongas (Bongas), and Yayasan Resik will serve as Member CSOs.
 - YAP will provide services in West Jakarta
 - Bongas will continue to provide services in Indramayu District
 - Resik will provide services in Subang District.

Indramayu District is known as one of the areas that supply women for the commercial sex industry in Indonesia. Specifically, there are 10-12 subdistricts in the west part of Indramayu that have become the source of supply of female sex workers. 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 the February 2012 cited cases of 686, and cases nine months previously of 143 HIV infections. Most FSWs in the district brothel complexes have worked in other Indonesian cities before coming home to work in Indramayu – for various reasons, including health. Four subdistricts are the target of SUM II – Gantar, Kroya, Baongas and Patrol – because they include the largest brothels in the district or have the highest number of HIV cases. Patrol Subdistrict has the highest mobility of FSWs.

Summary of Years 1, 2 and 3

In Year 1, in addition to initiating activities with fifteen 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. This more intensive workplace-based capacity building program was made possible through SUM II grants/partnerships with three local TA organizations – Yayasan Penabulu for financial systems and management; and Circle Indonesia and SATUNAMA for organizational development and program design and implementation.

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 Year 3, SUM II continued to assist Java CSO partners to update the data entered into RETA and link RETA results to advocacy strategic planning re: discussions with local government, especially considering the issues and constraints affecting sustainable funding and CSO access to government funding. RETA was introduced to the National AIDS Commission (NAC) and agreement reached to conduct RETA training in Papua, which happened in March 2013. NAC was very supportive of the Papua training and encouraged Provincial and District AIDS Commissions to participate in the training at their cost. As such, Papua was a priority in the second half of Year 3 for RETA training and application. RETA adaptation to the general population of Papua was finalized and applied to 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.

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 CSOs, CBOs and FBOs.

In Year 3, with support from TA providers and SUM II national and regional staff, SUM II 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 – for a total of 32 CSO partners. Seven were designated *Principal* CSOs, because of their responsiveness to SUM II's intensive workplace-based OP training, coaching and systems development. They received 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 were asked by SUM II to expand coverage in multiple ways – to other similar intervention sites; to new geographical areas; by adding a new program that targets a different most-at-risk population; to intervention sites formerly covered by other CSOs; by mentoring and providing TA support to small CSOs, CBOs and FBOs that enables expansion of coverage; and by engaging private clinics to provide HIV and STI services.

New TA partners SurveyMETER, KIPRa, and OPSI coordinated TA provision in targeted provinces in support of CSO programs with Penabulu, Circle Indonesia and Satunama, and SUM II provided the new TA organizations with OP strengthening from Penabulu, Circle Indonesia, and

Satunama. To support coordination of TA provision and consistency in quality and approach, SUM II together with its local TA providers developed key results areas (KRAs) and key performance indicators (KPIs), and means of verification.

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. These efforts in Year 3 helped to formulate SUM II's macro-strategy for Year 4 that is described above.

In Years 1 and 2, SUM II prepared the organizational performance sections of four guides specific to FSWs, MSM, TGs and IDUs; and 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:

- *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)*
- *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)*
- *Technical Brief #14: North Sumatra and Riau Islands – Strengthening Community Readiness in the HIV Response (August 2012)*
- *Technical Brief #15: High Risk Men – A Bridge for HIV/AIDS to the General Population (August 2012)*
- *Technical Brief #16: Qualitative Evidence – CSOs Can Learn How to Set the Bar Higher in Defining Success (January 2013)*
- *Technical Brief #17: CommCare and Epi info 7 – New Technologies to Improve CSO Results (February 2013)*
- *Technical Brief #18: USAID SUM II Lessons – Building a Local and Sustainable HIV Response (October 2013)*
- *Technical Brief #19: Four-Part Model for Comprehensive Services Networks – Transforming the Local HIV Response (October 2013)*
- *Technical Brief #20: Private Clinics for STI and HIV Services – Determining New and Different Approaches (October 2013)*
- *Technical Brief #21: CSO Capacity Building Progress – Organizational Performance (June 2014)*

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.

In Year 4 SUM II participated in the 11th International Congress on AIDS in Asia and the Pacific (ICAAP11), held November 18-22, 2013, in Bangkok, Thailand. One abstract submitted by SUM II was accepted for oral and written presentation; and six abstracts were selected for e-poster presentation.

The abstract presented was:

Abstract# 1262: Strategic Position of Journalist in Public Advocacy

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

The abstracts accepted for e-poster presentations included:

Abstract# 1418: Building Political Commitment for Candidates for Mayor in Malang, Indonesia, to Support HIV Programs, by Aris Dwi Subakti, SUM II East Java Regional Capacity Building Officer and Andi Supati, IGAMA Foundation, Malang, East Java

Abstract# 1166: Improving Community Participation in HIV Prevention Programs to obtain Community Financial Support, by M. Hudallah, SUM II DKI Jakarta Regional Coordinator and Bangkit Ari Sasongko, LPPSLH Foundation, Purwokerto, Central Java

Abstract# 1267: Building Positive Images for Transgender People, by Mainul Sofyan, SUM II East Java Regional Capacity Building Officer and Erma Subakti, Perwakos Foundation, Surabaya, East Java

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

Abstract# 1045: Empowering Communities Towards Improved to Health Seeking Health Behaviors, by Khairul Amri, SUM II National Capacity Building Officer and Yen Yerus Rusalam, SUM II Chief of Party

Abstract# 1368: District-Based Monitoring System in Jayawijaya, Papua, Indonesia, by Jonny, SUM II Tanah Papua Regional Capacity Building Officer and Yen Yerus Rusalam, SUM II Chief of Party

In Year 1 SUM II designed the USAID SUM website, launching it in October 2011 (www.sum.or.id); and in Year 2 also launched its Success Stories series (see SUM website).

IMPLEMENTATION PROGRESS – OBJECTIVE 1

This SUM II Project Monitoring & Evaluation Report reviews Year 4 progress in Objective 1 and 2. In the Year 4 Work Plan for Objective 1, SUM II activities are organized under six strategies.

Strategy 1: CSO Capacity Building

Strategy 2: SUM II Operational Management

Strategy 3: Strengthening Advocacy Capacity

Strategy 4: Addressing Gender and Stigma and Discrimination

Strategy 5: Providing Organizational Performance TA for Health Care Services to MARPS

Strategy 6: Monitoring and Evaluating CSO Performance

Implementation activities and progress in these six 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 priority in Year 4, with the support of these six strategies, is to strengthen and further demonstrate a four-part intervention model for comprehensive services networks (CSNs) that emerged from SUM II Year 3 lessons, experiences and successes. These demonstrations of one or more parts of the model at specific sites in Java and Tanah Papua are aimed at maximizing learning so the model can be refined and rolled-out across the program in Year 5.

The aim of the *Four-Part Model for Comprehensive Services Networks*¹² is to increase both demand for services and supply of services through hotspot-driven and district-wide comprehensive services networks, and to do so in ways that are locally sustainable.

The leadership and implementation role of local TA organizations in support of SUM II implementation increased significantly in Year 4:

- 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 (which was to also include OPSI). KIPRa's grant ended December 31, 2013, and OPSI's grant was suspended March 31, 2014. SATUNAMA is continuing to support CSO partners.

¹² See website for SUM II *Technical Brief #19, Four-Part Model for Comprehensive Services Networks*
USAID SUM II YEAR 4 MONITORING AND EVALUATION REPORT

- TA provider Penabulu 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, Central Java and Riau islands. Penabulu also played a strategic leadership role together with SUM II staff in several areas including the *One Strategy Approach* and roll out of the 4 part model. In Central Java, Penabulu TA covers financial management, organizational management and leadership.
- 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.
- SurveyMETER continued its TA in M&E to CSOs partners, including support to Epi Info 7 rollout. SurveyMETER's grant ended December 31, 2013.
- 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.
- 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.

In Year 4 CSOs designated as *Principal* CSOs were 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.

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

Implementation progress in the six strategies of the Year 4 Work Plan is summarized below.

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 2014.

1. CSO Capacity Building

SUM II entered into its planning for Year 4 with a big advantage. For the previous three years SUM II staff and TA partners were engaging in organizational performance (OP) with CSO partners in twenty-two districts across the country’s seven provinces with the highest estimated HIV prevalence. The Year 4 Work Plan was built on the lessons, experiences and successes of this engagement. The result was a work plan with five new strategic initiatives aimed at taking the SUM II program to a different level of impact.

SUM II’s consistent OP focus in capacity building with CSOs has been twofold:

- To create compelling, financially sustainable civil society organizations that help bring equal partnership and shared leadership to a district response; and
- To scale-up effective, integrated, and cost-efficient HIV interventions.

The five new strategic initiatives were designed to take these strengthened CSOs to the next stage – *equal partnership, shared leadership* and *scale-up* of effective, integrated and cost-efficient HIV interventions.

Four-Part Intervention Model and Managing for Results – Orientation Sessions with CSO Partners

In launching the SUM II Year 4 Work Plan during Quarter 1 (July-September 2013), regional staff set the expectation with CSO partners that future grants and TA support from SUM II will depend on the alignment of the CSO’s proposal and TA requests to the *4-Part Model for Comprehensive Services Networks* (see text box next page) and the CSO’s demonstrated ability and commitment to managing for results.

The series of orientation sessions with CSO partners in Java, North Sumatera and Riau Islands were also the beginning steps in promoting the concept of technical clusters – for upcoming Cycle 3 grants to CSOs in Java and Cycle 2 grants to CSOs in North Sumatera and Riau Islands. In Tanah Papua, all Cycle 2 grants for CSOs partners were approved early in Quarter 1 and orientation sessions were focused on alignment to the 4-part model as well as the demonstration of the district-wide comprehensive services model (the fourth part of the model) in Jayawijaya District.

The orientation sessions underscored that SUM II’s intensive workplace-based capacity building approach for CSO partners will continue to center on the core capacities of HIV program planning and implementation, financial and organizational management, and monitoring and evaluation (M&E). These core capacities enable a CSO to manage for results – to continuously monitor and evaluate their institutional and programmatic performance, and address gaps for improvement, including coverage and reach; and to carry out periodic qualitative assessments of MARP clients to identify barriers to service utilization.

Throughout Year 4, SUM II regional staff, with support from TA providers, especially SurveyMETER, continued efforts to institutionalize CSOs’ managing for results. SUM II’s capacity building approach throughout Year 4 especially prioritized support to *Principal* and *developing* CSOs that implement one or more parts of the four-part model. (Note: Capacity building in *community organization* was provided by TA providers Penabulu, Circle Indonesia, and Satunama.)

This approach of intensive workplace-based training, coaching and systems development was supported by TA partners Circle, Yayasan Satunama, Yayasan Penabulu, Yayasan KIPRa, SurveyMETER, and Angsamerah Foundation.

The Challenge: Some CSOs Responsive to Capacity Building and Some Not

SUM II’s intensive, workplace-based capacity building program was launched in Year 2. At the start of Year 3, five SUM II CSOs partners in DKI Jakarta and East Java were designated as *Principal* CSOs, which means that their leaders and staff demonstrated responsiveness to OP training, understood barriers to improved organizational performance, and took steps to make changes and improve systems. These first five *Principal* CSOs 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

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

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

4. Yayasan Genta, providing services to FSWs in Surabaya¹³
5. Yayasan Gaya Nusantara (GN), providing services to MSM in Surabaya

By the end of Year 3, two CSOs in Tanah Papua were also designated *Principal CSOs*:

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

In Year 4, three additional CSOs were designated *Principal CSOs*:

8. Yayasan Galatea, providing services to IDUs in Medan, North Sumatera
9. Yayasan Bentan Serumpun (YBS), providing services to brothel-based FSWs in Riau Islands
10. Yayasan Inter Medika (YIM), providing services to MSM in West, South and Central Jakarta
11. Yayasan Orbit, providing services to PWID, partners and PLHIV in Surabaya City.

Other CSO partners were designated *developing CSOs* if they continued to demonstrate some improvements over time. Some CSOs have been *suspended* if either they were unresponsive to SUM II capacity building efforts or if they misused grant funds. *Suspended CSOs* (for unresponsiveness) can return as SUM II partners if they make new commitments about organizational improvements.

As part of planning for Year 4, SUM II needed to make strategic choices about how best to maximize remaining SUM II grant funds. As noted above, SUM II's decision was that Year 4 grants and TA support from SUM II would depend on the alignment of the CSO's proposal and TA requests to the *4-Part Model for Comprehensive Services Networks* and the CSO's demonstrated ability and commitment to managing for results.

The challenge with this decision was that the more responsive and less responsive CSOs do not fall evenly across the most-at-risk populations. In general, the more responsive CSOs working to improve their programs are CSOs targeting FSWs. They mostly are not MARPs-led CSOs and operate more as community development NGOs. The less responsive CSOs – and clear candidates for suspension by the end of Year 3 – are MSM and TG CSOs. Their participation as partners in the HIV response is critical, especially considering results of the 2011 IBBS, which shows sharp increases in HIV sexual transmission, particularly among MSM.

¹³ As noted in a previous footnote, in Quarter 1 of Year 4 Genta changed its mission and also ended its partnership with SUM II.

Forming Technical Clusters – One Strategy Approach – to Implement the 4-Part Intervention Model and Better Manage for Results

In Year 3, SUM II *Principal* CSOs received additional funding and technical assistance (TA) support to expand coverage and further strengthen programs. As part of this intensified assistance, TA partners focused 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), and to partner with *developing* and *emerging* CSOs in advocacy to local government for increases in local funding for HIV services. By the end of Year 3 Quarter 2, all *Principal* CSOs, with the exception of one, had selected and facilitated CSOs in developing SOWs and budget proposals to be submitted to SUM II. For example, Yayasan Kusuma Buana (YKB) identified Yayasan Anak dan Perempuan (YAP) to work with FSWs in North Jakarta, and facilitated two CSOs in West Java (Indramayu and Subang) and two others in Jakarta in the development of their SOW and budget plan.

This Year 3 experience in tapping *Principal* CSOs as local capacity building coaches to *developing* and *emerging* CSOs contributed to the Year 4 Work Plan concept of “clustering” CSOs as a response to the challenge re: how to continue engaging CSOs that are critical to the response but have been less responsive to capacity building and program improvement. Forming technical clusters of CSOs working in the same geographical area and under a joint scope of work (SOW), with a strong CSO designated as lead, also advances the 4-part model, i.e., building comprehensive HIV services networks across CSOs, health service providers, local government and other stakeholders in a specific hotspot and/or district-wide.

During the first three quarters of Year 4, this strategic initiative was called *One Roof Grant Management*, because the idea was to form technical clusters of CSOs under one SOW and under one SUM II grant. As such, the strong CSO in the lead, e.g., a *Principle* CSO, gains grant management experience, which is an important core capacity if a CSO hopes to eventually receive direct funding from international and other donors. SUM II’s capacity building program in financial systems and management through Year 3 has been geared at the ability of CSO partners to pass internal and external audits. Experience in administering and managing grants to *developing* and *emerging* CSOs is the next logical step in building sustainable local institutions and institutional networks that can over the long-term bring their talents and resourcefulness to the HIV response in Indonesia.

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

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

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

SUM II partners, including USAID, should continue to explore possibilities for making *One Roof Grant Management* a SUM II goal. Accountability and financial risk for the SUM II international implementing partners are legitimate concerns, and at the same time innovations are born from “creative” conflict and problem-solving. The *One Strategy Approach* is a step in the right direction, but it doesn’t go far enough in building capacity, changing development paradigms, and preparing for local ownership post-SUM II.

Original SUM II Indicators
<ol style="list-style-type: none"> 1. <i>Number of Key Affected Populations (KAPs) individuals reached HIV preventive interventions that are based on evidence and/or meet the minimum standards required</i> 2. <i>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</i> 3. <i>Number of individuals who received Counseling and Testing (HCT) services for HIV and received their test results</i> 4. <i>Number of HIV- positive adults and children receiving a minimum of one clinical service</i> 5. <i>Number of KAPs individuals accessing STI services at targeted intervention sites</i>

Capacity Building to Achieve 2014 Revised PEPFAR Indicators

PEPFAR in February 2014 provided revised indicators for its worldwide program aimed at strengthening HIV program quality and results. The revisions inspired SUM II to transform its original five core indicators into new indicators as per PEPFAR revisions, and during the last quarter of Year 4 SUM II national and regional staff, with TA providers, developed the program content for each of the revised indicators, provided orientation to CSO Partners on the new indicators, and continue to coach CSOs in realigning program implementation approaches, M&E, reporting and other systems to the new indicators.

The revisions are significant. The original SUM II indicators are quantitative and the revised indicators include qualitative elements in prevention to treatment to care and support services delivery, along with the criteria for determining results. For SUM II, these revised indicators will challenge the program to fully integrate organizational performance and technical capacity in its Year 5 CSO capacity building program.

The challenges in addressing technical capacity gaps will go beyond CSO internal systems improvement and staff training and coaching; it will also require different ways of working with Puskesmas to meet the revised indicators. For example, CSOs may need to place a CSO staff position within the Puskesmas to help coordinate, monitor and report on direct services delivery (DSD) in HTC, treatment, and care and support.

The original indicators (adjacent text box) and revised indicators (next page) are highlighted here to underscore the organizational performance and technical capacity challenges ahead.

The bottom-line: SUM II's indicators going forward will give *momentum* to further scale-up of private clinic partnerships, further scale-up of CSO and Puskesmas partnerships, and momentum overall in addressing the strategic role, technical capacity, and sustainability of Puskesmas in the HIV response.

Other Capacity Building Highlights in Year 4

- **Internal and External Audits.** Penabulu assistance to CSOs in Java has focused on preparation for internal and external audits. CSO partners Yayasan Gaya Nusantara, LPPSLH, and OPSI have completed external audits; Yayasan Karisma, Yayasan Paramitra, have completed consolidated financial reports facilitated by Penabulu. These CSO partners have demonstrated their openness in submitting their financial statements to the public. In Quarter 4 and up to Quarter 2 Year Five, a major TA effort by Penabulu is with Consolidated Financial Statements. This assistance was provided to 15 CSOs: in East Java to ORBIT, Perwakos, and Igama; in DKI Jakarta to YIM, LPA, YSS, and Perkumpulan Bandungwangi; in Central Java, with Graha Mitra Semarang; in North Sumatera (Medan) with H2O and GSM; in Batam with YEP; in Tanjung Pinang with YBS; and in Papua with Yukemdi, YHI, and YPPM Jayapura. Internal and External audits are expected to enable SUM II CSO partners to meet the eligibility requirements of bilateral donors such as USAID.
- **Organizational Performance – Financial Systems and Management TA and Advanced TA Ongoing for CSO Partners.** TA provider Penabulu continued its support to SUM II CSO partners in financial management SOPs and improving status as an institution that adheres to the rules and awareness of applicable taxes. Penabulu provided advanced TA for CSOs in Tanah Papua in launching their second cycle grants, i.e., on CTH (daily financial transaction recording, preparation of master soft copy of CTH), and in general strengthening CSO financial management to higher levels of performance. KIPRa is SUM II's Tanah Papua-based TA partner and works together with Penabulu to support CSOs in financial management. TA partners Penabulu, Satunama and OPSI provided KIPRa with backstopping support in the areas of financial management, organizational development and community organization.

New SUM II Indicators (April 2014)

<p>1. <i>Number of PEPFAR-Supported Direct Service Delivery (DSD) and Technical Assistance-only (TA) sites</i></p> <ul style="list-style-type: none"> • <i>HTC DSD</i> • <i>HTC TA</i> • <i>Treatment DSD</i> • <i>Care and Support DSD</i> • <i>General Population Prevention DSD</i> • <i>Key Populations Prevention DSD</i> <p>2. <i>Number and percentage of pregnant women with known status (includes women who were tested for HIV and received their results) (TA)</i></p> <ul style="list-style-type: none"> • <i>Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)</i> • <i>Number of new ANC and L&D clients</i> • <i>Number of new positives identified</i> <p>3. <i>Number and percentage of pregnant women with known status (includes women who were tested for HIV and received their results) (NGI)</i></p> <ul style="list-style-type: none"> • <i>Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)</i> • <i>Number of new ANC and L&D clients</i> • <i>Number of new positives identified</i> <p>4. <i>Percentage of the target population who completed a standardized HIV prevention intervention including the minimum components during the reporting period (DSD)</i></p> <ul style="list-style-type: none"> • <i>10-14 Male</i> • <i>15-19 Male</i> • <i>20-24 Male</i> • <i>25-49 Male</i> • <i>10-14 Female</i> • <i>15-19 Female</i> • <i>20-24 Female</i> • <i>25-49 Female</i> 	<p>5. <i>Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required (DSD)</i></p> <ul style="list-style-type: none"> • <i>Female sex workers (FSW)</i> • <i>Males who inject drugs (Male PWID)</i> • <i>Females who inject drugs (Female PWID)</i> • <i>Men who have sex with men/ Transgender (MSM/TG)</i> • <i>MSM/TG who are male sex workers (subset MSM/TG)</i> <p>6. <i>Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (DSD)</i></p> <ul style="list-style-type: none"> • <i>Test Result Negative</i> • <i>Test Result Positive</i> • <i>15+ Male</i> • <i>15+ Female</i> <p>7. <i>Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (NGI)</i></p> <ul style="list-style-type: none"> • <i>Test Result Negative</i> • <i>Test Result Positive</i> • <i><15 Male</i> • <i>15+ Male</i> • <i><15 Female</i> • <i>15+ Female</i> <p>8. <i>Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (TA only)</i></p> <ul style="list-style-type: none"> • <i>Test Result Negative</i> • <i>Test Result Positive</i> • <i><15 Male</i> • <i>15+ Male</i> • <i><15 Female</i> • <i>15+ Female</i> <p>9. <i>Number of HIV-positive adults and children receiving a minimum of one clinical service (DSD)</i></p> <ul style="list-style-type: none"> • <i><15 Female</i> • <i>Female</i> • <i>Male</i> <p>10. <i>Number of HIV-positive adults and children receiving a minimum of one clinical service (NGI)</i></p> <ul style="list-style-type: none"> • <i><15 Female</i> • <i>Female</i> • <i>Male</i>
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Penabulu also rolled out for CSO partners a program on financial management for non-financial staff. The workshops include CSO key staff, e.g., directors, program managers, and field coordinators. The purpose of the training is to enable these key staff to understand financial accountability procedures that can be implemented in routine

activities of the institutions so they are better able to respond to dynamic changes in their environment. Common understanding of these procedures by key staff will enable standard operating procedures to be successfully implemented (procedures that have been developed and tailored to the proper financial controls required of each CSO).

- **Four-Part Model/District-Based Monitoring System in Jayawijaya District, Papua.** To provide a demonstration of the *Four-Part Intervention Model for Comprehensive Services Networks (CSNs)*, SUM II is supporting the local government to develop a database and M&E system for its HIV program. Funding from local government to CSOs has not been tied to effective planning, monitoring and evaluation. This database and M&E system will integrate partner programs and help assure that future funds to CSOs are tied to measurable results with clear accountability and positive impact on the district response. Improved M&E will lead to a more effective and integrated Jayawijaya District HIV comprehensive services network, which in turn should result in increased local government funding to CSOs. The Bupati issued the special decree (187/2013) in September 2013 authorizing the district-based monitoring system and the appointment of KPAD Jayawijaya as database manager. The KPAD also issued a special decree (75/KPA-JWJ/IX/2013) for the technical working team – which includes SUM II, CSOs, KPAD, and KIPRa – to begin the construction of the system.

District KPA in Jayawijaya and SUM II ICT Officer and regional staff developed a record keeping instrument capable of integrating formats of all district actors and stakeholders – all CSOs, including SUM II partners, local government, Global Fund partners, CHAI, HCPI and other stakeholders. In the second half of Year 4 the data base system was in process of construction. Once completed, SUM II and KPAD and all actors will convene to agree on integration and tools. SUM II ICT at that point will provide on the job training to KPAD, since it will be the system manager.

- **Technical Integrity of MSM and TG CSOs' Interventions.** International partner, APMG, and national and regional SUM II staff carried out a second quarter assessment of DKI Jakarta MSM and TG interventions by SUM II CSO partners YIM, LPA Karya Bhakti, Swara, and YSS. The assessments identified need to:
 - Significantly sharpen focus on testing, knowledge of HIV status, access to ART, and consistent condom use.
 - Increase understanding of ways to support PLHIV.
 - Better integrate case management and outreach so that PLHIV support becomes a part of outreach.
 - Identify Waria PLHIV prepared to act as leaders in support and acceptance, so they take the lead in a campaign for greater acceptance of Waria with HIV, and treatment and support for Waria with HIV.
- **Organizational Performance – CSO Governance, HR Personnel Management, and Integration of Gender and Human Rights in HIV/AIDS Programs.** SUM II TA providers

continued their ongoing assistance throughout Year 4 in strengthening CSO governance, HR personnel management, and the integration of gender and human rights in HIV/AIDS programs.

- **Organizational Growth Management.** TA provider Circle Indonesia launched capacity building as per the Year 4 Work Plan with CSO partners on managing organizational growth – how to build successful internal and external relationships enabling them to provide services for HIV at low cost, (e.g. roll-out a policy for volunteerism). During the second half of Year 4, Circle Indonesia continued to provide assistance to the CSO in managing growth in the development of programs, especially for funding proposals to be submitted to funders and government partners. Emphasis in the assistance is sustainability. Circle also continues to assist CSOs with the formulation of strategic plans and linkages to annual programs that can be funded from various sources. The strategic plans of SUM II *Principal* and *developing* CSOs are the result of Circle Indonesia’s work with SUM II CSO partners from 2011 to present. Almost all SUM II CSO partners have a strategic plan and annual plans that are in alignment. The annual plans are further sharpened and detailed via annual work planning and projects that are organized to meet the vision and mission of the organization and targets that are aligned with the national strategy and donor partners.

Mentoring on managing for growth by Circle Indonesia is ongoing with the CSOs in DKI Jakarta, East Java, and Medan, North Sumatera. This mentoring currently is being driven by SUM II’s new *One Strategy Approach* to organize SOWs so they are led by a LEAD CSO and include other MEMBER CSOs (see above). The aim is to build synergy and cooperation among all CSOs in the region, especially those working with the same key populations and communities. The program also includes the policy situation and needs, and the situation of the key population/community, as well as the dynamics of health services available in meeting the challenges faced and responding to the community.

Looking Ahead to Year 5

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

One Strategy Approach: Priority in first quarter of Year 5 is to continue the formation of the technical clusters under *One Strategy Approach*. In June 2014 – the close of Year 4 – SUM II staff has mobilized behind the launch of *One Strategy Approach* start-up expectation sessions between SUM II and technical clusters as follows:

DKI Jakarta

- June 3-7, 2014: OSA Workshops and Cluster Start-Up:
 - June 3-5: J1W4 Cluster and members. This cluster agreed on this brand name for the cluster. J is Jakarta; 1 is OSA; W is Waria; and 4 are the four CSOs in the cluster – YIM, as lead, and member CSOs LPA, YSS, and SWARA
 - June 4-6: YKB, lead, and CSO cluster members
 - June 5-7: Karisma, lead, and CSO cluster members
- SUM II *One Strategy Approach* alignment sessions
 - Jakarta: June 11-12, 2014, Sessions with three clusters
 - Yayasan Kusuma Buana (YKB), Lead CSO, and Yayasan Anak dan Perempuan (YAP), Yayasan Kusuma Bongas (Bongas), and Yayasan Resik as Member CSOs to serve FSWs in Jakarta and two districts in West Java
 - Yayasan Karisma, Lead CSO, and member CSO Yayasan Stigma and Yayasan Rampah to PWID and partner populations in DKI Jakarta
 - Yayasan Inter Medika (YIM), Lead CSO, and member CSOs Yayasan Srikandi Sejati (YSS), Suara Waria Remaja (SWARA), and LPA Karya Bakti to serve MSM and Transgender populations in DKI Jakarta

East and Central Java

- SUM II facilitated meetings with Technical Clusters:
 - May 7 and May 23, 2014: Orbit technical cluster
 - May 9, 2014: Paramitra technical cluster
 - May 13-14, 2014: Perwakos technical cluster
- SUM II *One Strategy Approach* alignment sessions
 - Surabaya: June 11-12, 2014, Sessions with three clusters
 - Orbit, Lead CSO, and member CSO Yayasan Embun Surabaya (YES) to PLHIV within PWID populations and FSWs in Surabaya
 - Gaya Nusantara, Lead CSO, and member CSO IGAMA to serve MSM populations in Surabaya City and Malang
 - Perwakos, Lead CSO and Lembaga Wamarapa, member (Note: this cluster will serve TG populations in Surabaya and Malang)
 - Malang: June 16, 2014, with one cluster
 - Yayasan Paramitra, Lead CSO, and Yayasan Sadar Hati and Yayasan SUAR
 - Semarang: June 18, 2014, with one cluster
 - Yayasan Graha Mitra, Lead CSO, and member CSOs Griya Asa and Semarang Gaya Community to serve FSW and MSM populations in two districts of Central Java – Semarang City and Kendal District

North Sumatera

- May 16, 2014: SUM II RCBO facilitated the preparation of the TOR for start-up and dissemination of *One Strategy Approach* to Galatea and members CSOs. This activity took place at the Galatea office and was attended by the director of Galatea, director of GSM, program manager of H2O.
- SUM II *One Strategy Approach* alignment sessions
 - Medan: June 16, 2014, Session with one clusters
 - Yayasan Galatea, Lead CSO, and member CSOs Yayasan Human Health Organization (H2O) and Yayasan Gerakan Sehat Masyarakat (GSM) to serve key populations in Medan City (FSW, MSM, TG, PWID, HRM populations, and partners)

Riau Islands

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

Roll-Out of Revised SUM II Indicators based on 2014 PEPFAR Indicators: In April-June 2014 SUM II ICT and local STTA (Nasrun Hadi) launched a series of sessions to introduce the SUM II revised indicators that are now aligned to 2014 PEPFAR indicators, including sessions with CSOs in Java, Tanah Papua, Riau Island and North Sumatera. Integrating these new indicators and targets in existing CSO scopes of work and implementation planning will be priorities for Quarter 1 of Year 5.

Preparation of New Grants: SUM II is anticipating an extension with additional funding. In order to move fast if the extension is approved, SUM II staff in July-August 2014 will prepare the next cycle of grants for the local TA providers (grants end in August) and for a third cycle of

grants for CSOs in Tanah Papua (grants end in September), plus grants to newly identified CSOs in Tanah Papua.

2. SUM II Operational Management

This strategy focuses on SUM II efforts to:

- Increase coverage of comprehensive HIV and STI services to most-at-risk populations
- Strengthen staff and consultant support to Year 4 Work Plan activities

Increasing Coverage (access and quality) of Comprehensive HIV and STI Services to MARPs

SUM II is using small grants to CSOs to improve their performance, aggressively expand coverage (access and quality) of MARP-sensitive, HIV and STI services, and to expand the role of *Principal* CSOs in the HIV response. The strategy includes:

- Current grantees
- Other CSOs currently serving hotspots yet to be covered by SUM II
- Other community-based organizations coordinating with CSO grantees that can help increase coverage of MARPs
- Partnering with organizations that fund CSOs to assist MARPs to access HIV and STI services
- Supporting private clinics to provide services in hotspots.

Expanded coverage by *Principal* CSO is taking several forms:

- Expansion of the existing program for greater coverage and reach (for example, a CSO working with FSWs expands to other brothels or to other intervention sites)
- Expansion of the existing program to new geographical areas (for example, to other districts of the province)
- Addition of a new program that targets a different MARP (for example, a CSO with a successful FSW program adds a new program targeting the MSM community)
- Expansion to intervention sites formerly covered by other CSOs
- Cooperation and TA support to emerging CSOs, CBOs and FBOs that enables expansion of coverage.
- Expanding HIV and STI services by engaging private clinics providing the services

Specific activities in Year 4 designed to facilitate increased coverage (access and quality) of comprehensive HIV and STI services to MARPs include the following:

- Establish and facilitate community organizations to take actions to improve access in the provision of comprehensive services and information to MARPs on STI, HCT, and CST. Community organizations (see text box above on the *Four-Part Intervention Model*) are defined by SUM II as informal organizations within communities of most-at-risk populations. A key Year 3 accomplishment was the roll-out of the *Community Organization (CO) Module* to aid strategy and skill development of *Principal* CSOs (and eventually *developing* CSOs) to fully engage MARPs-led community organizations in design, delivery and evaluation of services, and ensure 1) trusting and positive relationships with MARPs; 2) useful services directed at what MARPs need; and 3) a supportive environment that encourages health seeking behavior.
- Support private clinics providing HIV and STI services to MARPs
- Support *Principal* and *developing* CSOs in mainstreaming HIV prevention into the other non-HIV projects that exist or may potentially occur.

Highlights of Year Four Activities on Continuum of HIV Prevention to Care Services to Most-at-Risk Populations

- **Mentoring *Principal* CSOs as Local Capacity Building Mentors.** SUM II TA organizations continued in Year 4 to provide guidance on mentoring to *Principal* CSOs as local capacity building mentors to emerging CSOs. With this assistance from Penabulu, the *Principal* CSOs will be stronger capacity building mentors to emerging CSOs in the recruitment, development and program implementation – and the expansion of HIV and AIDS services. For example:
 - *Principal* CSO YKB is mentoring Yayasan Kusuma Bongas, a CSO providing a HIV/AIDS prevention program for female sex workers, PLHIV, and high risk men in Gantar, Kroya, Bongas and Patrol subdistricts of Indramayu district.
 - In Malang, Paramitra is providing capacity building assistance to Lembaga Wamarapa (TG-led CSO in Malang and Yayasan SUAR in Kediri) to develop work plan and monitoring system, and strengthen supervisory capacity and management of project implementation.
 - In Surabaya, Genta provided assistance to the Yayasan Embun Surabaya (YES). Yayasan Embun Surabaya (YES) serves female sex workers in Dolly. YES has succeeded to develop strategic plan, annual work plan and M&E system. Genta also worked with YES to develop dialogue with the Puskesmas on a referral system and helped to strengthen coordination between YES with other CSOs that work in Dolly.
- **Community Organization.** As noted in the text box above on the *Four-Part Intervention Model*, community organizations (COs) are informal organizations within communities of most-at-risk populations. SUM II and its CSO partners believe HIV prevention efforts will have no significant impact on the HIV epidemic without leadership from these most-at-risk communities, and, in the case of Tanah Papua, the indigenous communities. SUM II and its CSO Partners believe HIV transmission will be sustainably controlled in Tanah

Papua and elsewhere in Indonesia when communities come forward with their own active community response, without dependency on others.

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

During Year 4, TA provider Circle Indonesia provided ongoing coaching to CSOs in Java on how to increase the capacity of MARPs in self-help *Community Organization*. This mentoring was done for all CSOs in Jakarta that work with FSW, MSM, IDU and TG communities. *Principal* CSO YKB took a lead during the first quarter of Year 4 in aligning its program approaches with SUM II's 4-part intervention model, resulting in agreement to begin developing the *Community Organization* approach with FSWs recruited as volunteers to strengthen within their own communities networking and support to HIV prevention programs.

In Riau Islands, TA provider Satunama introduced the community organization module to CSOs and provides ongoing coaching to CSOs in community organization. Community organization is a new capacity because it is a transition from an individual outreach approach to a group/community empowerment approach aimed at community and individual self-reliance. CSOs in Riau Island welcomed this approach to support the effectiveness of interventions with more community involvement. Community organization skills provided by Satunama are enabling CSOs to assist communities within MARPs by encouraging more community empowerment in health system strengthening, and reduce dependency.

For example, SUM II CSO partner Yayasan Lintas Nusa (YLN) is working with one of the community organizations of female sex workers, called Healthy Women Cadre. They created a community action plan for the period of December 2013 - November 2014. The plan is aimed at strengthening the organization's bargaining position, in that almost all female sex workers were the members of the community organization. With a stronger bargaining position, the organization will be able to better serve the needs of community members including the support for clinical and public services.

In Tanah Papua, TA provider OPSI and SUM II international STTA helped roll-out during first quarter a series of sessions to CSOs and mentors in Jayapura and Timika for CO module development. Meetings were also convened between OPSI and KIPRa to clarify roles and implementation steps in the roll-out of the *Community Organization (CO)* part of the 4-part model. OPSI is already providing CO mentoring to CSOs in Jayapura and Timika. The CSOs working in Jayawijaya received training from KIPRa and OPSI in fourth quarter of Year 3 that further facilitated refinement of the CO approach.

CSO partners in Tanah Papua are working with community organizations. For example YHI is mentoring a community organization of thirty massage therapists in Jayapura – introducing community mobilization and organizing; facilitation techniques; communication and BCI; HIV and AIDS services; HCT and reproductive health, and condom for effective prevention to HIV transmission. YHI also provided mentoring services to a community organization of thirty groups of street-based female sex workers. Yukemdi is working with community representatives from four sub-districts in Jayawijaya: the sub-districts of Walelagama, Kurulu, Asologaima, and Yalengga. In the sub-districts quarterly meetings were convened to enable villages to present their own agenda on how it planned to work in HIV and AIDS prevention to care interventions. Participants included community members, and local indigenous and religious leaders.

- **Private Clinics.** A private clinic for most-at-risk populations was opened in July 2013 in Jakarta's Blok M entertainment area. The clinic was established through a cost-sharing agreement between SUM II and the Angsamerah Foundation and partners, and support from local government. The clinic is offering confidential and friendly HCT and STI services to most-at-risk populations, in particular female sex workers. This model of multiple partner partnership is beneficial for CSOs and relevant institutions to adapt for organizational performance strengthening and project sustainability. SUM II and Angsamerah Foundation are also partnering in providing TA in clinical management to a community-based clinic in Purwokerto, Central Java, and in developing clinical services models for MSM in Surabaya and FSWs in Malang. A main goal of SUM II is to assist CSOs to expand coverage and fill gaps by implementing in high priority hotspots not currently covered.

In Quarter 4, SUM II helped launch another new sexual and reproductive health clinic in central Jakarta, as a collaborative effort between Yayasan Kasih Suwitno (YKS), RS Carolus Hospital, District KPA and government, and SUM II. RS Carolus Hospital is recognized for MSM-friendly services. There is an urgent need in Jakarta for more facilities that provide high-quality, confidential, stigma-free, low-cost and accessible sexual and reproductive health services. These services need to be focused on treatment cascades for not only HIV but STIs, TB, etc., if the chain of HIV transmission is to be broken. YKS intends to model the new clinic on the Siloam Clinic at Bangkok Christian Hospital in Bangkok where 50,000 people have been tested over the last five

years. Donors assisted with the renovation and expansion of the Carlo Community Center Clinic in the hospital where these comprehensive services will be provided.

- **CSO Partnerships in HIV Prevention to Care.** As noted earlier, SUM II's internal debate regarding "*One Roof Grant Management*" and compromise agreement on *One Strategy Approach* took too long and Cycle 3 grants in Java and Cycle 2 grants in North Sumatera and Riau Islands were delayed as a result. Nevertheless, considerable dialogue and planning took place in Quarters 1, 2 and 3 in building Technical Clusters of CSO partners in HIV prevention to care interventions in a geographical area. Examples of efforts being made to form partnerships in HIV prevention to care:
 - In Central Java, starting in Quarter 1, SUM II national staff, international STTA, TA provider Penabulu, and *Principal* Jakarta-based CSO YKB began providing assistance to CSO Partner LPPSLH to identify implementation steps of CO in Gang Sadar, Purwokerto. LPPSLH agreed to implement the CO with FSWs who are most vulnerable to HIV and AIDS, and identified ways to coordinate with other stakeholders. YKB will mentor LPPSLH in moving forward with the plan. Included in the mentoring strategies are appropriate approaches to be undertaken in Sadar and Baturaden brothel areas. TA provider Angsamerah Clinic will provide in-house training and coaching to the community clinic in the Gang Sadar.
 - SUM II and national NGO, GWL-Ina, agreed to establish a CSO consortium model of HIV prevention to care interventions for reaching MSM and TG in DKI Jakarta.
 - SUM II and CSO Partner Bandungwangi agreed to develop HIV prevention programs in the FSW communities in East Jakarta in the effort to increase access of HCT and STI services for FSWs.
 - SUM II with MSM and TG-led CSO partners YSS, YIM, LPA Karya Bakti, and Swara agreed to develop a technical cluster on HIV prevention-to-care interventions for the MSM and transgender communities in DKI Jakarta.
 - SUM II and *Principal* CSO YKB agreed to develop HIV prevention-to-care interventions for FSW communities in Subang District, West Java.
 - SUM II CSO partner Perwakos agreed to provide technical assistance to emerging CSO Lembaga Wamarapa which serves transgender populations in Malang District and City. Previously, technical assistance was provided by Paramitra. Data is showing that STI exams starts happening. The main obstacle faced is the number of hotspots scattered throughout the Malang City and District. Lembaga Wamarapa in facilitating meetings with the health service providers to increase their commitment to have routine STI examinations and HCT services for TG communities.
 - In Medan City, five community health centers developed agreements for implementing HIV services for key populations. It was initiated by SUM II CSO partners in collaboration with DHO, DAC, hospitals, clinics, Puskesmas.
 - In Batam City (Riau Islands), YEP and YKIE agreed to partner in a technical cluster to provide a continuum HIV prevention-to-care interventions in Batam City.

- In Semarang, *Principal CSO Gaya Nusantara* (based in Surabaya) is providing technical assistance to the Semarang Gay Community (SGC). The assistance includes development of a strategic plan, annual work plan and monitoring system.

Strengthen Staff and Local STTA Support to Implement the Year 4 Work Plan

In the second half of Year 3 and in Year 4, SUM II has been challenged with staff turnover in the Tanah Papua regional office and in the national office. In June 2013 TRG requested that an employee satisfaction assessment be conducted. TRG has also requested that SUM II's COP be consulted and included in all employee contract renewal discussions. SUM II continues to experience staff turnover. In February 2013, USAID required that going forward all replacement key personnel must be TRG positions.

TRG received OAA approval in May 2014 to add the key personnel position of Deputy Chief of Party. The DCOP position will support the Chief of Party in implementing SUM II's strategies outlined above for expansion of coverage and reach of HIV and STI services. To achieve these strategies, SUM II is adjusting its organizational structure, revising existing national office positions and identifying additional regular staff positions in order to strengthen technical support to the regional offices, and provide mentorship to TA organizations and STTAs in the design and quality implementation of the TA provided to the CSO partners, health service providers, and local government. The DCOP will supervise day-to-day program operations and management, and be responsible for financial oversight of TRG subcontracts and SUM II grantees.

- **New SUM II Organizational Structure to Support Shift to District CSNs.** The overall aim of SUM II going forward into Year 5 is to improve the quality of the partnership and services network between local health providers, local government, CSOs, and representatives of community organizations to deliver interventions to achieve the 4-part model for Comprehensive Services Networks (CSNs). The combined efforts of the TA provider organizations, the SUM II national and region team, and an expanded cadre of local STTA will facilitate and/or support:
 - Local government, health service providers, and CSOs to identify the gaps and develop the framework and tools required in an HIV/AIDS comprehensive services network for key affected populations at district and province levels
 - The core player institutions to conduct regular meeting to discuss services plans, review quality and services coverage, and mitigate loss of follow up

- CSN implementation technical training and coaching to health provider institution staff specific to clinical management and HIV and STI clinical services
- District AIDS Commissions in establishing community networks and leading efforts to bring partner participation and contribution for continuum health services

Shift to District-Led CSNs

The NACs at national and local levels currently operate mostly with project funds and some government funds. The district-based approach central to SUM II's Years 4-5 Work Plans and 4-part model includes a government comprehensive services network based on its own resources. It is an approach that represents a shift from district-level project implementation (i.e., GFATM funds) to district-led comprehensive services networks with local government providing leadership for planning, budget/other resources, operational management and M&E).

SUM II's new organizational chart, which will be included in the Year 5 Work Plan, in addition to the Deputy Chief of Party position also includes two new senior-level positions to support this shift to district CSNs – Director of Local Capacity Development, and Director Prevention to Care Interventions. The main justification for these additional positions is that SUM II is a very different program than originally envisioned in 2010. Its scope of work now includes functions that in 2010 were part of SUM I's mandate, including M&E and technical capacity building. Moreover, SUM II now has an expanded coalition of local technical assistance partners in organizational performance, technical capacity and M&E; and its targeted assistance has evolved to a four-part intervention model for comprehensive services networks that is both hotspot-specific and district-based.

The Director, Local Capacity Development, will oversee local STTA for local government partnerships and for gender, stigma and discrimination, and support the Director, Prevention to Care Interventions, in local capacity building activities to help assure coordination and integration in the support to district CSNs.

The Director, Prevention to Care Interventions, will work to strengthen local CSOs, local government and health service providers in technical integrity. Building technical integrity is aimed at improving technical capacity of SUM II partners to ensure that they are putting in place strategies that are evidence-based and most likely to bring about HIV prevention and care outcomes. The overall objective of this new position is to support SUM II regional staff and TA providers to improve the quality of the partnership and services network between local health providers, local government, CSOs, and representatives of community organizations to deliver the intervention 4-part model for Comprehensive Services Networks (CSNs).

- **Expanded Cadre of Local STTA.** In Year 4, SUM II expanded its cadre of local STTA to support implementation of the 4-part intervention model and the shift to district-led CSNs.
 - Local Government Partnerships. The local government partnership consultants in East Java, Tanah Papua and DKI Jakarta are working to strengthen local government operational commitment to the local HIV response. Local

government leadership is critical for sustainability in the HIV response. In Year 4, SUM II continued to help strengthen CSO advocacy to local government and also begin to provide local government (starting in the Tanah Papua district) 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. This leadership from local government can help leverage greater financial and human resources for HIV/AIDS prevention and care.

The main responsibility of the local government partnership consultants is to improve local government political and operational commitment towards HIV/AIDS comprehensive services for key affected populations (KAPs), improve local government performance in the control of the HIV and STI epidemic, promote a conducive environment within the communities, improve local partnership with private sector and HIV/AIDS project implementers, and promote community and private sector participation in community and health system strengthening (i.e. Layanan Kesehatan Berkelanjutan – LKB/sustainable health services). In Year 4 SUM II also provided local STTA support to advocacy capacity building – to continue strengthening CSO advocacy to local government.

- Gender, Stigma and Discrimination. The local STTA consultant for gender, stigma and discrimination is strengthening SUM II and TA provider staff and mentors' ability to support CSO and local government partners to build technical integrity in the implementation of HIV/AIDS prevention and care programs, including strategies that are responsive to gender, and stigma and discrimination. Gender-responsive strategies will improve the effectiveness of HIV prevention, treatment and care by reducing barriers to access for programs and services, improving uptake and quality of services, and creating an enabling environment to support individual behavior change and risk reduction. Strategies and plans that address stigma and discrimination relate to public health policies that impede or facilitate the ability of CSOs to reach MARPs, and access of MARPs to services.

The overall objective of the consultant is to work with SUM II Regional Office staff and TA Provider mentors and consultants to provide technical assistance to CSOs, local government, including Province and District AIDS Commissions, and local health service providers in SUM II project sites. Specifically, the consultant is providing:

- Desk review of existing data and information related the issues of gender, and stigma and discrimination specific to HIV/AIDS prevention and care program.

- Help in strengthening existing data and information by conducting a qualitative assessment that will involve at least three sub population of KAP – FSWs, transgender, and Papua indigenous women.
- Support to SUM II efforts to facilitate local government, health service providers, and CSOs to develop the framework and tools required for gender-responsive strategies, and strategies that address stigma and discrimination.
- Direct training and coaching to CSO and local government partners to strengthen program planning and IEC materials so they are responsive to gender, and stigma and discrimination, as well as in-house training and coaching to CSO staff in technical capacity related to gender mainstreaming, and related to activities that address stigma and discrimination, in project implementation.

The following international STTA supported SUM II during Year 4:

- Mona Sheikh Mahmud, APMG, Strategy 1 roll-out of the CO Module and support to TA providers in TA preparation for the *One Strategy Approach*.
- Lou McCallum from APMG
 - Support roll-out of the *One Strategy Approach*
- Marcy Pierce, independent locally-based consultant to identify lessons learned in SUM II's approach to capacity building
- Brad Otto, RTI, specifically to:
 - Assist with revision of SUM II's Year Four Work Plan PMP to align with revised PEPFAR indicators
 - Provide TA in strengthening NAC capacity in leading national stakeholders and province AIDS commissions in doing advocacy for resource allocation for HIV programs
 - Assist in facilitating workshops on AEM-RETA Integration at national level with NAC and for East Java
 - Assist with CSO orientation on the *One Strategy Approach*
- Felicity Young, RTI, to support development of the *One Strategy Approach*
- Becca Price, RTI, to provide training to SUM II F&A staff and support development of the *One Strategy Approach*
- Steven Joyce, TRG, to back-stop the COP and provide project documentation

In January 2014, TRG CEO Jonathan Darling attended the SUM II meeting and TA provider partnership meeting and also visited partners and project sites Tanah Papua. TRG financial officer Toufik Nait attended the SUM II January meetings as well and assisted with the budget review for 2014-15.

SUM II is also developing a Time and Materials subcontract, under TRG, with Puska Antrop, an independent organization affiliated with the University of Indonesia, to serve as SUM II TA

Provider in M&E for CSOs in Tanah Papua, North Sumatera, and Riau Islands. This subcontract is still on hold until SUM II more fully assesses the organization's staff capability to provide M&E (qualitative and quantitative) capacity development for CSOs.

Looking Ahead to Year 5

SUM II going into Year 5 – and at least until January 2015 – will continue to support increasing coverage of comprehensive HIV and STI services to most-at-risk populations.

Community Organization. With TA providers Circle Indonesia, Satunama and Penabulu, continue ongoing coaching to CSOs in Java, Tanah Papua, North Sumatera and Riau Islands on how to increase the capacity of MARPs in self-help *Community Organization*. When grants to TA providers end in August 2014, SUM II will support the Lead CSOs in Technical Clusters to mentor CSO members in CO.

CSO Partnerships in HIV Prevention to Care. At least until January 2015, SUM II and partners will continue to support and strengthen the Technical Clusters of CSO partners in HIV prevention to care interventions in a geographical area. Major effort in Quarter 1 will be to integrate the new SUM II indicators into existing SOWs that are aligned with the 2014 PEPFAR indicators.

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

New Organizational Structure. SUM II is anticipating an extension and additional funds. The extension will enable a robust ramp-up of technical capacity building and expansion of the 4-part model. To be ready for the expected approval, SUM II in Quarter 1 of Year 5 will begin planning for recruitment of candidates for new positions in support of this ramp-up.

3. Strengthening Advocacy Capacity

The priority for advocacy capacity building in Year 4 for SUM II local partners (including CSOs, TA organizations, health service providers, NACs for districts and provinces, and other stakeholders) was 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 in Year 4 provided coaching in developing policy briefs, advocacy plans, communication strategies, and, most importantly, in convening district stakeholders to conduct budget exercises.

Another priority throughout Year 4 the use and application of the Resource Estimation Tool for Advocacy (RETA) and the Asian Epidemic Modeling (AEM) as a combination to tool. Main activities focused on 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 RETA-AEM combination tool for advocacy. Specific to Tanah Papua, RETA and the combination tool for advocacy was aimed at the general population and implemented with local government (including BAPPEDA), CSOs, local TA provider (KIPRA) and stakeholders. For Riau Islands and North Sumatera, SUM II's priority was to train provincial and district AIDS Commissions and CSOs in comprehensive HIV planning systems (including budgeting system and local data collection); and to providing coaching to SUM II CSO partners in convening district stakeholders to conduct budget exercises.

As background, the RETA (Resource Estimation Tool for Advocacy) has been in continuous development since the launch of SUM II with input from CSO partners. RETA allows users to input local HIV prevention, care and treatment service delivery performance and cost information in order to estimate resource needs for scaling up services over a 5 year timeframe. It is meant to provide a more robust evidence-based projection of resource needs than CSOs have traditionally been able to produce, and to assist them in resource mobilization from local government, private sector (CSR), and donors. While users have been able to clearly explain the rationale behind their estimates of resource needs, they are often faced with the additional question from local program managers of "if we allocate the requested resources, what will the outcome be?"

On September 9-10, 2013, SUM II local and international STTA (Nasrun Hadi and Brad Otto) facilitated a workshop on RETA use and application for the NAC planning team, and the planning team delivered their investment framework called

East Java RETA-AEM Integration Workshop Results

To illustrate the impact of this integration and the workshops, the AEM-RETA Integration Workshop in East Java, Surabaya, was held March 5-7, 2014. The workshop was facilitated by East Java Provincial AIDS Commission, and attended by the Surabaya Planning for Development Office, AIDS Commission, Health Office, Social Welfare, Malang Municipality representatives, Malang District representatives, CSOs, journalists, TA providers, SUM II and HIV AID program service providers. The results were as follows:

- Surabaya Municipality proposed the budget amounting to IDR. 12 billion for comprehensive prevention-to-care interventions for a 12 months period.
- Malang Municipality agreed to complete the AEM-RETA data and recommend the HIV program to local government.
- Malang district agreed to collaborate with CSOs to develop proposed budget for FY 2015, to be advocated to local government.

The premise behind the integration of the two tools, as explained to the participants, is that evidence-based advocacy for HIV programs needs estimates of resource needs for government and CSO programs linked to outcomes and impact projections. AEM will produce projections of outcomes and impact from HIV prevention and treatment services, and RETA will produce estimates of resources needed by CSOs to support the delivery of those services. Participants used the AEM intervention and analysis workbooks and the most recent RETA files for CSOs in Surabaya and Malang to create HIV intervention scenarios, projecting the impacts (reduction in HIV transmission) and estimates of resources needed to fund a CSO's support for the services. Each group was assigned a set of information to incorporate into production of scenarios of HIV prevention program coverage among key populations in order to select one which may produce optimal outcomes with a reasonable level of resource needs.

Asian Epidemic Modeling (AEM). Until recently, there was no tool available to project or model the outcomes/ impacts of the HIV prevention to care services at a sub-national level. The recent revisions to the AIDS Epidemic Model (AEM) are now allowing these projections to be modeled. It was agreed by KPA and SUM II that RETA for CSOs and AEM for NAC will be introduced to partners in provinces and districts. The agreement includes AEM-RETA integration to estimate resource needs and resulting impacts in three provinces for which there is sufficient data to produce AEM projections: East Java, DKI Jakarta, and Papua.

Other Year 4 highlights:

National Office

SUM II provided ongoing coordination with NAC to prepare for and deliver the AEM-RETA integration workshops. Training in East Java, DKI Jakarta and Tanah Papua took place in February 2014. This training was followed by planning and coordination for NAC and AEM team members from HCPI. On February 27-28, 2014, SUM II, MOH and NAC held a planning session (held at NAC) on synchronization and application of the AEM and RETA, including RETA training for budget advocacy for HIV prevention and other programs.

Tanah Papua

In Quarter 1, a series of advocacy meetings were held with provincial, district and city of Jayapura officials as well as in Mimika:

- Regional Secretary, Jayapura
- Jayapura Regent
- Deputy Mayor of the City of Jayapura
- Papua Provincial Secretary

With each meeting the main agenda included:

- USAID SUM II programs and its commitment to the HIV/AIDS response in Papua
- Policies of the national ARV program and national funding commitments through the state budget
- Three strategic approaches:
 - Advocacy for awareness and uptake of HIV and AIDS program funds based on local government budget and other funding sources, such as the private sector
 - Synchronization and harmonization of programs both in prevention and in the aspect of services, i.e., Continuous Comprehensive Services (LKB)

Also in Year 4, SUM II and UNICEF agreed to conduct a joint assessment and advocacy visit to the District KPA, especially on the coordination role for health and education issues in sub district meetings. SUM II and UNICEF also agreed that in coordination meetings with KPAD they

will share the list of CSOs each is currently engaged with and identify areas for collaboration. SUM I and Kinerja were also included.

In Year 4, YCTP convened round table discussions on HIV/AIDS in Mimika district that included:

- DHO Mimika
- District AIDS Commission (DAC) Mimika
- The Clinic supported by Public Health Malaria Control, PT. Freeport Indonesia.
- Arm Force Hospital (RS AD)
- PHC (public health center)
- District Hospital

Discussions centered on:

- Plan on HIV-AIDS program in 2014 by KPA Mimika
- PHC support re: HIV to village cadres
- Increased capacity and support to the Network of PLHIV
- Improving the quality of STI services

East Java

In Quarter 1, SUM II regional staff and TA provider Circle Indonesia convened a workshop with staff of ten CSO partners in East Java to review studies on HIV program budget studies for the cities of Surabaya and Malang. The workshop's purpose was to assess the availability and the proportion of HIV budget provided by the Government. The results of the studies illustrate that HIV and AIDS funding in the two areas is very small, averaging only 0.034 % of all government services. As a follow up to the workshop, the results of the studies were disseminated to members of the KPAD and the Surabaya city government in coordination meetings and used as advocacy for increased spending on HIV and AIDS. The SUM II-introduced Resource Estimation Tool for Advocacy (RETA) was used as the basis for calculating the budget requirements. This effort was the first time CSOs with HIV programs have been directly involved in the budgeting process that is facilitated by the legislative and executive branches in the city of Surabaya. CSOs in the city of Surabaya were also involved in the development Perwali 2014 that will be the foundation for passage of the HIV program in this city.

In the first quarter, SUM II's regional staff also conducted a workshop for CSO partners on development of policy briefs. The purpose of the workshop was to build CSO capability in how to analyse the HIV situation and use this analysis to produce a policy brief document that can then be used in advocacy activities with policy makers. Also, SUM II assisted its Surabaya CSO partners to develop a draft of Peraturan Walikota/Mayor Decree on HIV and AIDS response. This draft aims to increase local budget and other related local resources mobilization for HIV AIDS prevention to care program in Surabaya. (See above illustration of RETA-AEM).

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

The original draft budget from the CSOs was for IDR 12 billion and the government responded that they wanted to add care, support and treatment, resulting in the budget of IDR 13 billion.

RETA and AEM integration was also a Year 4 priority for East Java (see text box illustration). RETA was updated in Surabaya, facilitated by Nasrun Hadi on December 17-19, 2013, and attended by ten CSOs from Surabaya and Malang which are active in policy and budget advocacy.

Central Java

SUM II's Regional Coordinator launched Year 4 activities in Central Java with a July 31, 2013, meeting in Purwokerto with the Vice Regent of Banyumas, Dr. Budi, to advocate for the Banyumas Regency government to support a more intensive health services program for the Gangsadar community, Baturraden, especially for health services for female sex workers. During the meeting, the idea emerged to develop a three-way partnership between CSO partner, LPPSLH, already working with the community, the Banyumas Regency as policy advocates, and SUM II for technical assistance and small grants for implementation of the program.

A main SUM II activity throughout Year 4 was to advocate for comprehensive HIV planning with CSO and local government partners. In September 2013 CSO partner Jakerpermas conducted a session with 18 journalists on the topic, how to advocate with local government to establish a policy to empower FSWs in brothel complexes. Journalist participating in the session agreed to write articles on how to support the NGO to empower FSW communities. Following the session with journalists Jakerpermas met with the KPA for Central Java Province, which was attended by the KPA secretary, Mr. Kelvin Sawadi. Jakerpermas presented its activities, including the empowerment activities supported by SUM II in Sunan Kuning. Agreements included:

- 1) Empowerment activities should be tailored to the needs of FSWs
- 2) KPA will support advocacy activities by Jakerpermas with related parties
- 3) Commitment to sustainability of the program post SUM II support

SUM II and Jakerpermas continued this advocacy with a workshop held in Semarang in late October 2013 entitled *Sustainable Management and Intervention Program for Comprehensive*

HIV & AIDS in Central Java, attended by 15 NGO representatives engaged in women's issues, law, children, and HIV. The workshop focused on how to develop HIV and AIDS prevention in Central Java Province. The workshop was also attended by the representatives from the Department of Social Affairs, KPA Semarang, Central Java Provincial KPA, and the Department of Health. SUM II on November 29, 2013, had a hearing with the Central Java Provincial Secretary, Kelvin Sawadi, to discuss the possibility of developing new program strategies for the HIV and AIDS response in Central Java, particularly strategies emphasizing increased community organization/participation within at-risk populations. The next step is to develop a program together with the KPAP to strengthen the HIV response for Central Java.

North Sumatera

A main SUM II activity in Medan has been to support SUM II partner Medan AIDS FLP in its work with local government to finalize drafts for three major policies – one on the district AIDS Commission and two on HIV prevention and treatment, care and support. Policy formulation sessions included the head of the district health office, Pirngadi hospital and KPA Medan. In May the final drafts were completed and the Chief Medical Officer has requested review by the legal office. Following this step, the Mayor of Medan is expected to sign off on the new policies.

SUM II and partner FLP AIDS also (Quarter 3) collaborated together to develop the work plan and proposal on SUFA program achievement for submission to NAC in Medan City.

SUM II is also supporting CSO partners with help in leveraging funds. In March 2014 SUM II CSO partner Galatea established a cooperative agreement with the company PT. Asphalt Bangun Sarana (PT ABS). The company is committed to allocating IDR 150 million (approximately USD 15,000) to support the implementation of HIV prevention-to-care intervention for Belawan dock workers and surrounding communities for the 12 months beginning April 1, 2014. SUM II's RCBO was requested to facilitate the planning meetings with PT. ABS on preparation of training for staff.

DKI Jakarta

As with East Java, coordination, preparation and delivery of the AEM-RETA integration training in Jakarta was a major activity. This coordination was a joint activity by the SUM II regional office, Provincial AIDS Commission and NAC. The training took place March 5-17, 2014. Follow-on planning sessions for AEM-RETA integration in DKI Jakarta, facilitated by SUM II STTAs and NAC, was attended by DKI Jakarta Provincial AIDS Commission, Provincial Health Office, Social Office (from provincial and five municipalities of Jakarta), CSOs, TA providers and HIV AID program partners. The results are as follows:

- The data used will be synchronized and validation as a baseline to AEM-RETA.
- The SUM II Regional Jakarta office will facilitate the policy brief formulation.

- Provincial KPA and partners will arrange the audience with the Vice Governor or Chairperson of Provincial KPA to deliver the evidence-based package of HIV and AIDS prevention to care interventions based on the AEM-RETA result.

SUM II also supported CSO partners with technical assistance in leveraging funds. In September 2013 SUM II CSO partner Yayasan Intermedika received approximately US\$20,000 from the second cycle call for proposal from GF/KPAN, with the focus to provide HIV and AIDS prevention to MSM. Yayasan Srikandi Sejati and LPA Karya Bhakti received grant award from NAC for TG and MSM communities to improve access of STI, HCT, ARV services; and to promote health seeking behaviors. The total grant provided to each CSOs is IDR 200,000,000 (approximately USD 22,000).

SUM II's regional team participated in a round table discussion on health insurance for people living with HIV and AIDS. In February 2014 the discussion was convened with representatives from the Indonesian Business Coalition on AIDS (IBCA), NAC, British Petroleum Indonesia, HCPI, LKNU, YCCP, CCPHI, Penabulu, ADRA Indonesia, YKS, UPK Padjadjaran, Equity Life Indonesia, Indonesia AIDS Coalition (IAC) USAID.

Riau Islands

SUM II Regional Staff launched Year 4 Work Plan by convening a coordination meeting with the deputy mayor of Tanjungpinang in August 2013. The meeting was facilitated by the District KPA of Tanjungpinang with involvement SUM II CSO partners, SUM II and related district stakeholders. SUM II presented a summary of previous year results and an overview of the activity plan for upcoming year. SUM II emphasized the challenges in regards with the continuum of prevention to care services and the need of local funding and political support. The Deputy Mayor of Tanjungpinang was pleased with SUM II's contribution and technical assistance, and expressed his commitment to support funding through local budget reallocation to be made in late August 2013.

RETA training was also a priority activity in Year 4 Work Plan for SUM II in Riau Islands. A RETA workshop was held in August 2013 in Tanjungpinang attended by 25 participants from Yayasan Embun Pelangi, Yayasan Bentan Serumpun, Yayasan Kompak, Yayasan Lintas Nusa, representatives of MSM and transgender community, KPA of Bintan District, KPA of Tanjungpinang City, KPA of Batam City, and KPA of Riau Islands Province. The output: CSOs and the KPAs exercised RETA with the existing local data and succeeded to complete the draft of RETA document which was presented to the Chairperson of the Province KPA and the decision makers of local government. The presentation focused on the high need for local political and budget estimation for a comprehensive HIV prevention to care intervention in Batam City, Bintan District, and Tanjungpinang City.

In Year 4 TA provider Satunama also began its mentoring services on advocacy and community empowerment in Riau Islands. Its focus was to strengthen the capacity of CSOs'

advocacy skills to dialogue on policy and local budget, and improve access of the Key Populations to HIV prevention to care interventions. In September 2013 Satunama conducted follow-up sessions to finalize RETA and development of the policy brief. SUM II and Satunama conducted regular coaching for the CSOs to conduct series of advocacy to local government at district and province levels. RETA capacity building is being provided to SUM II CSO partners YEP, Kompak and YBS. YEP convened meetings to disseminate RETA results to stakeholders in the city of Batam and the province of Riau Islands, i.e., to KPAP, KPAD, Departments of Health, and other partners and the community stakeholders. SUM II CSO partners will also be presenting RETA as a tool to their partners to gain further support for the sustainability of the HIV- AIDS program in the future. YEP, YBS and Linus presented RETA to their communities and engaged them in determining future activities. The three institutions have also met with other local stakeholders to review their plans in the future and the possibility of support from relevant partners.

Looking Ahead to Year 5

Comprehensive HIV Planning: In Year 5, the priority for advocacy capacity building will continue to be comprehensive HIV planning with local partners, including CSOs, TA organizations, health service providers, NACs for districts and provinces, and other stakeholders. This planning will continue to focus on budgeting and local data collection and utilization, so that local partners are better able to develop evidence-based program and budget plans, and mobilize the resources to support the implementation of comprehensive HIV and AIDS services. SUM II and TA providers (until their grants end) will continue to provide coaching in developing policy briefs, advocacy plans, communication strategies, and, most importantly, in convening district stakeholders to conduct budget exercises.

RETA-AEM: SUM II's priority will be to continue implementing the RETA-AEM combination tool for advocacy application and analysis. In Tanah Papua this implementation will include the general population and in collaboration with local government (including BAPPEDA), CSOs and stakeholders. SUM II will continue RETA-AEM training with provincial and district AIDS Commissions and CSOs in comprehensive HIV planning systems (including budgeting system and local data collection); and provide coaching to SUM II CSO partners in convening district stakeholders to conduct budget exercises. SUM II will also continue to build the capacity of SUM II national and regional staff to be able to provide TA to *Principal* CSOs and other stakeholders in comprehensive program planning based on the RETA-AEM combination tool for advocacy results.

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

4. Addressing Gender and Stigma and Discrimination

At 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. Stigma and discrimination are also recognized barriers to reducing the HIV epidemic. MSM and Waria sex workers, in particular, are experiencing sexual violence rarely addressed by current services, e.g., counseling for sexual violence (not just HIV tests), and programs to fight stigma and discrimination.

A SUM II priority in Year 4 was to increase CSOs' capacity for gender-responsive programming and programs addressing stigma and discrimination. Under its first and second cycle SOWs, SUM II TA provider Circle Indonesia has been assisting CSOs in gender-responsive programming and with strategies for addressing stigma and discrimination – focused on improving service delivery. This effort by Circle continued throughout Year 4. In October 2013 Circle conducted a training course on Gender and Human Rights in HIV AIDS projects attended by key personnel from seven DKI Jakarta CSOs (Karisma, YKB, Bandungwangi, YSS, YIM, LPA, Angsamerah, and OPSI). This training course was repeated in November 2013 in East Java and attended by staff of six SUM II CSO partners; and in December 2013 in North Sumatera for three CSO partners. Training outputs included preparation of concept notes for HIV AIDS projects by each of the CSOs.

TA provider, Circle Indonesia conducted this gender mainstreaming training course with the primary purpose to coach the CSOs attending in reviewing all existing activities to identify gender-responsive improvements, and to use this gender mainstreaming review as a way to determine approaches in how to engage community organizations within most-at-risk populations. The concept note prepared by each CSO on its gender-responsive programs can also be used in future proposal development.

In February 2014 a joint session on stigma and discrimination held by USAID/Indonesia, PEPFAR Representative, and SUM II participation by CSO partners Angsamerah, YKB, Karisma, Bandungwangi, YIM, LPA Karya Bhakti, YSS and YKS.

At end of Quarter 3 SUM II recruited local STTA (Mrs. Nur Aisyah) with expertise in gender, stigma and discrimination to support efforts by SUM II Regional Office staff and TA provider mentors and consultants to provide technical assistance to CSOs, local government, including Province and District AIDS Commissions, and local health service providers in SUM II project sites. The overall aim of this consultant expertise is to support SUM II efforts to facilitate local government, health service providers, and CSOs to develop the framework and tools required for gender-responsive strategies, and strategies that address stigma and discrimination. Mrs. Aisyah STTA support to SUM II will continue for several months, specifically to:

- Conduct a desk review of existing data and information related the issues of gender, and stigma and discrimination specific to HIV/AIDS prevention and care program.
- Help strengthen existing data and information by conducting a qualitative assessment that will involve at least three sub population of KAP – FSWs, MSM, transgender, and Papua indigenous women.
- Support SUM II efforts to facilitate local government, health service providers, and CSOs to develop the framework and tools required for gender-responsive strategies, and strategies that address stigma and discrimination.
- Provide direct training and coaching to CSO and local government partners to strengthen program plan and IEC materials so they are responsive gender, and stigma and discrimination, as well as in-house training and coaching to CSO staff in technical capacity related to gender mainstreaming, and related to activities that address stigma and discrimination, in project implementation.

On June 16-17, 2014, DKI Jakarta RCBO and Mrs. Aisyah facilitated a workshop with staff of Yayasan Perkumpulan Bandungwangi on integrating qualitative assessment of gender and human rights in the SUM II program. Bandungwangi’s program is working to strengthen community participation in HIV prevention and improving access to health services for female sex workers in four hotspots in East Jakarta.

Looking Ahead to Year 5

Continue Qualitative Assessments: The June 2014 assessment with CSO partner Bandungwangi, serving FSWs, will be followed by qualitative assessments in Tanah Papua with YCTP and YUKEMDI, serving the general population, and with MSM and transgender CSOs in East Java.

Guidance Materials: The local STTA will also in Year 5 Increase CSOs’ capacity for gender-responsive programming by developing guidance materials based on the MOH report.

Mainstream Gender and Address Stigma and Discrimination: With the help of the guidance materials SUM II will mainstream gender and address stigma and discrimination in organizational strategies and program planning to improve service delivery, including HIV testing and counseling, PMTCT, prevention, care, support and treatment.

5. Providing Organizational Performance TA for Health Care Services to MARPS

The creation of demand for health services among increasing numbers of MARPs and affected populations – through expanded outreach and expanded breadth of HIV prevention services – needs to be matched with increased access to relevant, quality health services. Strategy 5 supports implementation of the HIV Comprehensive Services Networks 4-part model described in Strategy 1 and Strategy 2 above. In Year 4 SUM II assisted CSOs to establish services networks or (where already present) to provide technical assistance to local government and

organizations, such as District Health Offices, District AIDS Commissions, women and youth alliances, etc., to broker better health services for MARPs (i.e., equal partnership between CSOs and health service providers).

In Year 4, in DKI Jakarta, SUM II supported establishment of three private clinics:

- Private clinic in Blok M area of South Jakarta, in partnership with Angsamerah Foundation. As noted in Strategy 2 above, this clinic opened in July 2013.
- Private clinic in North Jakarta for FSWs (YKB). This clinic is not yet established.
- Private clinic in Central Jakarta in partnership with Yayasan Kasih Suwitno and Carolus Hospital. As noted above, this clinic was established in April.

Also in Year 4, in Central Java, SUM II provided financial support for partial salary of one counselor, and one laboratory technician, and one Integrated Data Processing Officer (IDP) who will work at the Griya ASA Clinic in Sunan Kuning Brothel, as well as support to one community-based health clinic in Baturraden, Purwokerto.

Angsamerah: CSO Partner with Blok M Clinic and TA Provider to Other SUM II Partners

The Angsamerah clinic staff, once the clinic was established, worked closely with SUM II's seven CSOs to reach at-risk population sub-groups from South Jakarta's Blok M and from elsewhere in Jakarta. To establish its market niche within the targeted sub-populations, clinic staff initiated regular meetings with cafe/bar managers and members of at-risk groups, notably sex workers, in the Blok M area to promote risk-reduction and improved health-seeking behaviors, as well as to facilitate the use of sexual health services at the clinic. One result is that to further accommodate the specific needs of MARPs, the clinic adapted its opening hours and ensures additional convenience and privacy through the provision of services by appointment. One early lesson is that clinic customers are saying they prefer that CSOs frame that referrals are for health check-ups, and not specific STI and HCT services.

To ensure long term sustainability, the premises of the clinic (a four story RUKO) will be shared with other businesses (such as a pharmacy and commercial laboratory), which will lower the operational costs. Moreover, the clinic has adopted a dual-track pricing scheme: one track for "general population" clients, who will be charged somewhat higher prices in order to help cross-subsidize the lower prices at-risk population groups referred by local CSO partners, and a second for members of at-risk groups for whom lower prices are needed. One of the challenges will be to maintain long term sustainability while keeping the prices for the services at an affordable level for both at-risk groups and a wide range of others in need of sexual and general health services.

Angsamerah Foundation is assisting SUM II and partner YKB in setting up its private clinic serving North Jakarta, especially to assure sustainability and high quality services. In Quarter 1, Angsamerah met with YKB to share its experiences, so YKB in developing its own model can

learn from Angsamerah. Planning was also initiated by SUM II and Angsamerah Foundation to partner in providing TA in clinical management to a community-based clinic in Purwokerto, Central Java, and in developing clinical services models for MSM in Surabaya and FSWs in Malang. A main goal of SUM II is to assist CSOs to expand coverage and fill gaps by implementing in high priority hotspots not currently covered.

In Quarter 2 Angsamerah in its TA provider role continued to meet with and coach LPPSH (Central Java) and YKB (Jakarta) by sharing ideas about clinical assistance. LPPSH and YKB staff conducted a study-visit at the Angsamerah-SUM II satellite clinic at Blok M and the Angsamerah main private clinic in Central Jakarta. In Quarter 3, with its second cycle grant (February 2014), Angsamerah began preparation for clinical assessments of services in DKI Jakarta, Central Java, North Sumatera, Riau Islands, and Papua.

YKS and the Carolus Hospital

Planning was initiated in Quarter 1 for the new sexual and reproductive health clinic in central Jakarta, which is a collaborative effort between Yayasan Kasih Suwitno (YKS), RS Carolus Hospital, district KPA and government, and SUM II. This clinic was established in Quarter 4. YKS was already working with doctors, nurses, counselors and lab specialists at Carolus Hospital in Jakarta as well as with local non-governmental organizations providing outreach and support to provide free, efficient, confidential 'one-stop' services for the poor and at risk. Services include treatment of STIs, participatory counseling around behavioral risk reduction, testing and counseling for HIV and treatment for HIV if they are infected. YKS intends to model the new clinic on the Siloam Clinic at Bangkok Christian Hospital in Bangkok where 50,000 people have been tested over the last five years. Donors have already made possible the renovation and expansion of the Carlo Community Center Clinic in the hospital where these comprehensive services will be provided.

Technical Integrity and Capacity

In addition to the local STTA for gender and addressing stigma and discrimination, SUM II has also engaged three local STTA for local partnerships (all started April 1, 2014). The main goal of these STTA consultants is to support the *Four-Part Model for Comprehensive Services Networks* with local government and health service providers. They will help SUM II strengthen local CSOs, local government and health service providers in technical integrity. Building technical integrity is aimed at improving technical capacity of SUM II partners to ensure that they are putting in place strategies that are evidence-based and most likely to bring about HIV prevention and care outcomes. The consultants will provide SUM II regional office staff and TA provider mentors and consultants with in-house training and coaching so they are better able to assist partner CSOs, local government, and local health service providers in developing a comprehensive network of health services for MARPs and affected populations. The consultants will also provide direct support in technical capacity building to initiatives to establish district comprehensive services networks.

On April 1, 2014, SUM II's COP facilitated a session with the four STTA for local partnerships and gender (Firkan Maulana Nur Aisyah, Setyo Warsono, and Jonny). The session provided an overview of SUM II current status (32 CSOs, six TA providers, and 22 districts in eight provinces) and also provided the rationale for their mission: that SUM II's focus was on organizational performance, but the OP is not enough. It takes technical capacity in collaboration with clinical services providers, such as Angsamerah Foundation, YKS /Carlo, and Griya Asa, to demonstrate the 4-part model. The Year 4 Work Plan and the Year 5 Work Plan focus on OP for the CSOs, technical capacity for CSOs and GOI, and OP for local GOI. The STTA met with CSO partners YKB, Karisma, YIM, and Bandungwangi to identify issues related to the relationship between CSOs with stakeholders including the government, as well as issues concerning stigma and discrimination and gender.

Other Highlights

DKI Jakarta

- See Angsamerah and YKS clinic descriptions above.

Central Java

- In Quarter 1, SUM II and LPPLSH held a series of meetings to determine the best approaches in supporting the community-based health clinic in Purwokerto to assure it becomes sustainable and offers HIV-sensitive services to female sex workers in the brothel complex.
- Comparative study and workshop on clinical management held in November 2013 and focused on the development of intensive clinical management support services, as per the model of Angsamerah Foundation in Jakarta. The workshop was attended by five representatives of Jakerpermas, five representatives of LPPSLH, and two representatives of YKB.

North Sumatera

- At the start of Year 4, SUM II staff facilitated planning with GSM in Medan to expand the GSM mobile clinic STI and VCT services for FSWS, MSM and transgender communities. The result was that Puskesmas Helvetia agreed to focus on supporting mobile clinics for the district and sub-district. Marelan Helvetia and Puskesmas Veteran will focus on providing clinical services to FSWs in the sub-district of Medan Belawan; and Puskesmas Veterans will do mobile STI and HCT free services for MSM and transgender communities on a monthly basis.

- SUM II CSO partner, FLP-AIDS Medan initiated regular meetings in February 2014, involving Medan City Health Office and RS Pirngadi hospital. The initial meeting was to review Pirngadi hospital procedures and support to HIV and AIDS support, care and treatment. It was followed up with development of a health services monitoring system, completed in April 2014 (facilitated by AIDS Forum and Medan Department of Health, and involving participation from SUM II CSO partners, KPA of Medan City, and health service providers in Medan City).

East Java

- In Quarter 1, to promote the 4-part model, SUM II convened meetings in Surabaya and Malang to strengthen the role of case managers in the services of HCT and CST. The case manager was expected to strengthen health service coordination and referral network, monitor regimen of medication for HIV positive patients, and support administrative issues at the hospital. The meetings resulted in agreement to find ways to engage families, friends and PLHIV partners in monitoring the regimen of medication, so that case managers will focus on coordination and referral system strengthening.
- The SUM II regional team and East Java Province KPA (KPAP) conducted a coordination meeting in August 2013 to discuss approaches to support community participation in HIV programs, and SUM II program progress. The conclusion: both KPAP and SUM II committed to strengthen HIV and AIDS program coordination in the province, in particular to avoid overlaps in the partnership with CSOs – i.e., some of them may also be supported by Global Fund.
- In January and March 2014, SUM II Regional East Java provided in-house training for the staff of Yayasan Embun Surabaya (YES) on HIV and sexual and reproductive health.
- In March 2014 SUM II assisted with mapping the strategic use of ARV (SUFA) readiness in Surabaya City. The purpose of this mapping is to identify readiness of services. Fourteen hospitals and Puskesmas declared that they were ready to provide health care services. However, one hospital (RS. DR. Soetomo) and one Puskesmas (Perak Timur) of them are the favorite HSPs for all MARPs groups because of completeness of services, friendly services and ease of access. Perak Timur clinic is the favorite of almost all MARPs assessing services at the clinic because of the friendliness of the staff. RS. DR. Soetomo is the main health service provider in East Java for ARVs and clinical assessment. The large number of patients seeking services at these two HSPs is certainly the result of quality of service. The results of this mapping will be discussed with the Provincial Health Office to begin preparing for a comprehensive health care program in response to SUFA.
- In April 2014, SUM II assisted with the joint MOH-USAID visit to Saiful Anwar Hospital, PKM Kendal Sari, PKM Diniyo, IGAMA and Sadar Hati. The purpose was to discuss the

mechanisms of STI and HCT, and ARV services provided by the Puskesmas and hospitals, and quality of pre- and post-referral served by the CSOs.

Tanah Papua

- YUKEMDI in Jayawijaya District: Regular monthly meetings with health service providers to promote the creation of friendly services (without stigma and discrimination). The meetings involved health care staff, community leaders and staff of District KPA Jayawijaya – which aimed at improvement of quality and coverage of health services related to HIV and AIDS for MARPs and General Population.
- YCTP in Mimika District: Facilitated HIV and AIDs Working Group discussion which focused on the strengthening of referral systems, coordination between health service providers with CSOs and the community organizations. The health services that need to strengthen are HCT and STI services, CST, ART, MTCT and opportunistic infections.
- YHI in Jayapura District and City: Ongoing efforts to improve synergy among health services providers, CSOs and the district government. A meeting in May 2014 participated by Puskesmas staff from Sentani City and PLHIV – the discussion focused on the issues related to limitations of health center personnel and capacity of services per day.

Looking Ahead to Year 5

Four-Part Model for Comprehensive Services Networks: SUM II will continue to assist CSOs to establish services networks or (where already exist) provide technical assistance to local government and organizations (such as District Health Offices, District AIDS Commissions, women and youth alliances, etc.), which can broker better health services for MARPs (i.e., equal partnership between CSOs and health service providers).

Private Clinics: SUM II will also support private clinics with clinical and non-clinical human resources to be able to work on the *Four-Part Model for HIV Comprehensive Services Networks* – planning, supply chain management, external relationships, and leveraging resources (funds, in-kind, and personnel).

6. Monitoring and Evaluating CSO Performance

M&E Technical Capacity for CSOs and Local Government

In Year 4, the key theme underpinning SUM II's M&E strategy was assessing management by key results (driven by the 3 Zero) and capturing effective coverage, as well as analyzing the relevant transfer of knowledge.

Technical capacity for CSOs includes:

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

Technical capacity for local governments includes:

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

SUM II and SurveyMETER continued to provide CSOs with tailored, on-the-job training and coaching in technical capacity, including 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.

SUM II's national ICT officer (Harmi Prasetyo) continued to provide technical capacity training and coaching to CSOs in Papua, Riau Islands, and North Sumatera, including Epi Info 7, since SurveyMETER is only covering the Java provinces. He is also working with Angsamerah to develop their tailored data management system. The plan is to create connectivity between Angsamerah (and other health services providers eventually, i.e., YKB's private clinic) and CSOs. This connectivity will enable real-time referral and follow-through case management.

Training and maintenance on the Epi Info database for Tanah Papua CSOs partners YHI, YPPM, Yukemdi, YCTP, and TALI was conducted in Quarter 3. The training addressed constraints in the software and introduced the revised PEPFAR targets.

CSO Annual Surveys

A major Quarter 1 activity was the SUM II and SurveyMETER engagement with CSO partners on the annual survey results. CSO M&E officers had attended the SurveyMETER training on surveys in February 2013 and were full participants in the survey implementation over the first half of 2013 for purposes of strengthening their capacity to conduct surveys, analyze the results and identify and address improvement areas together with CSO program managers.

The aim of the 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.

SUM II initiated Year 4 with July 2013 sessions with CSO partners to present and discuss survey results. In preparation for external dissemination of the CSO surveys, SurveyMETER facilitated sessions for SUM II CSOs.

In DKI Jakarta, the annual survey results were presented and discussed in a session on August 28, 2013, attended by SUM II, Jakarta CSO partners, and Jakarta KPAP. Preparation steps were also identified for dissemination to a wider stakeholder audience in September 24, 2013. Attendance was high, over 100 people, with representatives of Jakarta NGO Forum, KPAP DKI Jakarta, the private sector, international NGOs, UN agencies, SUM II TA providers, HCPI, HIVOS, local government (Social Affairs, DOH, and KPAD), and other CSOs. During the session, KPAP DKI Jakarta agreed to hold a further meeting on the findings of the annual survey by CSOs and to develop a follow-up action plan for Jakarta's HIV response. One additional highlight of the event was the presentation of survey findings by the M&E officer of CSO partner Bandungwangi. Until recently the M&E officer, who only completed primary school, lacked confidence in her job, and now was able to take a lead in disseminating the results. The feedback to her from attendees was very positive, which was that her participation in conducting the survey clearly increased her confidence as an M&E officer.

In East Java, dissemination of survey results took place September 25th in Surabaya and September 26th in Malang. Dissemination in East Java was effective because most of the invitees attended – representing Department of Health, Provincial AIDS Commission, SUM I, CSOs, private companies, the media, donors and other stakeholders. In Surabaya discussions focused on increasing the budget for HIV AIDS programs and the capacity of CSO in outreach. In Malang, the Provincial AIDS Commission Secretary opened the dissemination session, and the vice-mayor, who also attended, stated that all related local government departments should analyze the survey data and submit requests for budget to strengthen programs.

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

In North Sumatera, planning for the annual survey was held in July 2013 and attended by SUM II, KPA Medan, Galatea, GSM and H2O at the Medan Health Center. The session resulted in a letter agreement between the CSOs and the city of Medan to implement the NAC Annual survey data together so that the data will be inclusive of the city of Medan as well as the CSOs. In September 2013 additional preparatory discussions were held with 3 CSOs – Galatea, H2O, and GSM. It was agreed that the annual survey would be carried out jointly by the three CSOs, with technical assistance from consultants from the University of North Sumatra (to organize and develop the survey questionnaire). On follow-up, a preparation session for the annual

survey was held in Medan with the TA consultant, Mrs. Lita Andayani, from the University of North Sumatra. The session was attended by Galatea, GSM and SUM II, and included formulation and preparation of the survey questionnaire, the schedule for interviewer training, schedule for communities in conducting the survey, forming the interviewer team, determining the system survey data and reporting results.

Data Quality Audits

HIV/AIDS program performance assessments and future program improvement relies on data which has to be recorded and reported in regular basis. The information gained from this data will strengthen evidence-based 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.

In June 2013, SUM II TA provider SurveyMETER with SUM II national and regional staff conducted DQA which involved six CSO partners in Jakarta and six CSO partners in East Java. CSO's program managers, M&E staff, field coordinators and 2-3 representatives of the CSO outreach workers participated in the DQA.

In Quarters 1-2 of Year 4, SurveyMETER worked with the East Java and Jakarta CSOs in data quality management review, data-based proposal development training, and Commcare training (for YKB). These activities were completed under SurveyMETER's no-cost extension. The data quality management review was aimed at improving CSO evidence-based data. This on-the-job review activity was conducted in December 2013 for ten CSOs in DKI Jakarta and East Java.

The training on data-based proposal development, held at SurveyMETER offices in Yogyakarta on November 19-23, 2013, participated by all CSOs that have already received TA from SurveyMETER since 2012. Each CSO sent two participants. Course goal and content were aimed at matching CSO profiles with potential donors in support of CSO HIV programs and services, and at how to develop a data-driven proposal. The course was provided by SurveyMETER mentors and therefore tailored to each CSO. The training resulted in 12 proposals by CSOs and identified the potential donors. The potential donors were mainly government, and some were foreign and private sector donors.

In Quarter 3, SUM II conducted Pre Data Quality Audits involving two SUM II CSO partners in Tanjungpinang – YBS and KOMPAK. The purpose was to align hard copy documentation on outreach activities with the database, synchronize the data with the SUM II national M&E team, and provide training in the use of the data to assess the progress of the programs being implemented by YBS and KOMPAK.

Also in Quarter 4, Data Quality Audits were conducted in East Java with YES, Lembaga Wamarapa, and SUAR. The main purpose was to check data management soft copy (Epi info

database) with hard copies (diaries). Of the three organizations, SUAR and KKwamarapa have clear reporting lines, and well written and implemented data management. YES needs to improve their data management.

District-Wide Monitoring System

SUM II's Year 4 Work Plan included demonstration of one or more parts of the 4-part model. Jayawijaya District in Papua Provinces was selected for demonstration of the district-wide monitoring system.

In August 2013 the KPAD Jayawijaya facilitated a mid-year review of HIV programs in the district. It was attended by stakeholders that implement HIV services programs in Jayawijaya district. Participants evaluated the progress of programs in the first semester of 2013, and determined priorities in HIV programs for the second semester of 2013. One result was that local government in Jayawijaya District requested that SUM II assistance be provided to develop a district-wide monitoring system in the upcoming year 2014, as well as software that enables the district to co-manage (with KPAD in the lead) and integrate all of the data from CSOs, health services providers, and other stakeholder programs. The Bupati issued a decree (187/2013) at end of September authorizing the district-based monitoring system and the appointment of KPAD Jayawijaya as database manager. The KPAD also issued a decree (75/KPA-JWJ/IX/2013) for the technical working team – which includes the KPAD, Social Affairs District Office, District Secretary, District Health Officer, CSO partners Yukemdi and TALI CSOs, and SUM II – to begin the construction of the system. SUM II's ICT Officer (Harmi Prasetyo) took the lead and worked with KPAD throughout Year 4 in construction the system.

Expansion Strategy for Roll out of CommCare Mobile and other Technologies

In Year 4, SUM II continued to work towards a scalable, results-driven mobile phone-based data management tool that is customized for use by CSOs in Indonesia who serve MARPs communities and people living with HIV. The tool improves 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.

SUM II in Quarter 1 focused on addressing the roll-out challenges, including budget constraints as well as the mindset of CSO managers fearful that electronic data transmission will result in loss of data. For example, YKB faced budget constraints in the purchase of cell phones, and so SurveyMETER agreed to purchase the cell phones for YKB. Training for YKB field staff in CommCare use and application was provided in Quarter 2 (December 19, 2013). The Commcare training is aimed at improving the capacity of field staff in data management, including tablet communication tools for data processing. This approach uses the latest technology in HIV and AIDS program.

It is planned to be expanded to Papua in Year Five. YCTP in the upcoming modified sub-grant will propose the budget for cell phones.

Website-Based On-Line Reporting System for CSO Data

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

By end of Year 3, data for 31 SUM II CSO partners was available on the website. Public access to summarized data does not require a password. CSO-specific data is password protected.

During Year 4, SUM II's ICT Officer, Harmi Prasetyo, continued design work on the new website feature to document CSO achievement. In Quarter 2 SUM II's server was replaced by a server with greater capacity in order to handle the interactive website and new design. In addition, the M&E system for SUM II was re-designed in order to enable a new system that CSOs are able to access. With this new system in place, capacity building activities were able to take place in Quarter 3 with CSOs in DKI Jakarta, East Java, Central Java, Tanah Papua, North Sumatera and Riau Islands. Main emphasis of this capacity building was to introduce SUM II's new M&E system and train M&E officers and senior program staff of CSOs on access to the website-based system and expectations for monthly reporting.

In Year 4 SUM II held quarterly meeting on M&E data with Regional Capacity Building Officers to synchronize data on between regional and national offices. These meetings are facilitated by SUM II's ICT officer and attended by all SUM II RCBOs.

Other Year 4 Highlights

National Office

- SUM II and SurveyMETER¹⁴ continued in Quarter 1 and 2 to 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.
- SUM II's National ICT Officer continued construction of the website-based on-line reporting system for CSO data. He also continued to coach CSOs in Epi Info 7 in Papua,

¹⁴ SurveyMETER's grant with SUM II ended December 31, 2013.

Riau Islands, and North Sumatera because SurveyMETER only covered the Java provinces. The ICT Officer also worked with Angsamerah to develop their tailored data management system. The plan is to create connectivity between Angsamerah (and other health services providers eventually, i.e., YKB's private clinic) and CSOs. This connectivity will enable real-time referral and follow-through case management.

- Developed country operational plan (COP) for FY 2014 and revised target indicators that reflected to the revised PEPFAR Indicator FY 2014 and FY 2015. The COP and revised target indicators were submitted to USAID/Indonesia.
- The National ICT Officer and local STTA (Nasrun Hadi) conducted a series of meetings in April-June 2014 to introduce the SUM II revised indicators that are now aligned to 2014 PEPFAR indicators, including CSOs in Java, Tanah Papua, Riau Island and North Sumatera.

DKI Jakarta

- In Quarter 4 (April) SUM II and Yayasan Kasih Suwitno (YKS) launched the Ruang Carlos clinic. As part of this initiative, the National ICT Officer will provide TA and coaching because currently clinic records are based on two existing record keeping systems and SUM II's reporting requirements will add in the system of recording to avoid administrative burden of data collection and management to the clinic.

Tanah Papua

- SUM II and CSO partners initiated on a 3-monthly basis to review program performance and follow up plan. The meetings are held in the CSO's respective offices, facilitated by SUM II and TA organization mentors, with participation by the director and all program staff.

North Sumatera

- Annual Survey dissemination was held November 29, 2013, in Medan. The Annual Survey was conducted by three SUM II CSO partners, in collaboration with a consultant from the Faculty of Public Health, North Sumatera University. The dissemination meeting was opened by KPA and attended by about 35 stakeholders, including Health Office of North Sumatera Province and Medan City, Family Planning Office of North Sumatera Province, KPA of North Sumatra Province and Medan City, Labor and Transmigration Office of Province and Medan City, HSPs, SUM II Regional Office, and CSO partners.
- In Quarter 3, SUM II RCBO facilitated mid-year monitoring and evaluation sessions with FLP Forum and project staff to discuss the three sessions below:
 - Accuracy of the financial statements and program delivery
 - FLP achievement of results

- Budget reallocation
- In Quarter 3 (March 18-20, 2014), USAID conducted program monitoring visit to Medan City to review SUM II program progress and local government response on HIV prevention to care interventions. She visited and conducted informal discussion with Veteran Clinic, Pirngadi Hospital, Padang Bulan Puskesmas, the Port Health Office of Belawan Harbor, Medan City Health Office, KPA of Medan City, and four CSO partners (Galatea, H2O, GSM, and FLP AIDS Medan).

Riau Islands

- SUM II RCBO conducted regular field monitoring visits for the following activities:
 - With YEP field staff visited high risk men hotspots in Muka Kuning, Batam, which is also close to the brothel. It is an industrial area for ship construction and involved approximately 1,500 male workers.
 - With Kompak field staff visited FSW at a hotspot in Tanjung Uban, Bintan District. Kompak covers 30 direct FSWs that work at a café.
 - With YBS field staff visited HRM hotspots in Mantang island, Bintan District. YBS worked in coordination with District Health Office and the KPA to provide regular mobile clinic to serve the HRM with STI and HCT services.
- In Quarter 4, the National ICT Officer worked with YBS in Tanjungpinang to refresh the Epi Info and data management. In Batam, the National ICT Officer worked with YKIE clinic to assess clinic capacity in M&E, and recording and data management.

East Java

- In Quarter 4, the National ICT Officer reloading Epi Info at SUM II Surabaya office. This activity was followed by refresher sessions that involved three *emerging* CSOs (Lembaga Wamarapa, SUAR, and YES) and three *Principal* CSOs (GN, Perwakos, and Orbit). The purpose of these refresher trainings was to strengthen skills and understanding of M & E staff to operationalize Epi Info and data management. It was agreed to conduct quarterly joint M&E meetings, which will be held in the technical cluster.
- In Quarter 4 SUM II worked with the Malang City Health Office and Puskesmas Dinoyo to study the finger print system which is used at Dinoyo Puskesmas to avoid double counting of the services provided to MAPRs. Dinoyo is one of the PKMs in Malang that uses this system but unfortunately the system was developed for internal purposes. Dinoyo has not been able to integrate the system with the national monitoring system called SIHA which requires staff to do another entry of data to work on SIHA. SUM II staff (Harmi and Aris) who conducted the study believed that these two systems are very possible to integrate. SUM II and the Health Office will hold a follow up meeting to seek agreements on needed technical assistance to integrate the system.

Looking Ahead to Year 5

In Year 5, SUM II will continue efforts to “lock-in” CSO capacity improvements.

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

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

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

Data Quality Audit (DQA): Continue DQAs on a semi-annual basis.

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

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

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

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 Quarter 4 of Year 3 (June 2013), SUM II grants under Objective 2 were fully expended and committed to CSO and TA provider partners, with a remaining balance of \$285,944.

For SUM II's Year 4 Work Plan and Budget, TRG realigned the budget to augment this remaining balance of \$285,944 by transferring \$596,076 from RTI's Objective 1 and Objective 2 (Labor & FRINGE line item) to RTI Objective 2, Grants. This budget realignment early in Year 4 brought the remaining balance for Years 4 and 5 to \$882,020. By end of Year 4 additional funds were made available to Objective 2 Grants, bringing the total funds now fully committed in Year 4 (including Cycle 3 grants in Java and Cycle 2 grants in North Sumatera and Riau Islands) to \$1,337,415.

In finalizing the budget for Year 5, TRG will give highest priority to aligning an additional \$400,000 to Objective 2 Grants for Cycle 3 grants to Tanah Papua and additional round of grants to some SUM II TA providers. The life of these Year 5 grants will be 5-6 months.

As noted in the Introduction to this report SUM II's good intentions to bring innovation that would improve quality and scale-up of CSO HIV programs through a technical cluster approach resulted in gaps between cycles of grants in Java, North Sumatera and Riau Islands. These gaps negatively impacted achievement of PEPFAR targets. In hindsight, the debate around *One Roof Grant Management* (the technical cluster formed under one grant) should have been resolved sooner. The compromise was *One Strategy Approach* (the cluster formed under one SOW), and the delay in reaching this compromise meant that 4th Quarter of SUM II was spent in a rush to complete grant agreements and documents with all of the CSO members in a technical cluster. The team efforts were also assisted by USAID Office of Health and OAA quick turnaround on grant approvals.

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

Year 4 Highlights

Quarter 1-2 Grants and No Cost Extensions

- USAID approved second cycle grants to five SUM II CSO partners in Tanah Papua early in Quarter 1
- No cost extensions were approved for SUM II CSO partners in Java, North Sumatera and Riau Islands
- Fourth cycle grant issued to CCM Indonesia. Purpose of the grant modification was to continue financial management support to the CCM. The grant extension of IDR.239,614,500 (US\$24,202) funds the post of Finance Officer for the CCM. The Indonesia Country Coordinating Mechanism (CCM) has overarching responsibility for all of Indonesia's Global Fund grants.
- DKI Jakarta: Yayasan Perempuan dan Anak (YAP) for grant entitled: *STIs and HIV Prevention Program through Comprehensive Sexual Transmission by Strengthening the Community Independence in North Jakarta*
- East Java: Perkumpulan Suara Nurani (SUAR) for grant entitled: *Development of an HIV control intervention model in support of effective, comprehensive, integrated and sustainable HIV management in Kediri District and City*
- North Sumatera: Forum Lembaga Swadaya Masyarakat Peduli AIDS Kota Medan (FLP-AIDS in Medan) for grant entitled: *Comprehensive community-based HIV and AIDS control integration into the Development Plan of Medan City*
- West Java: Yayasan Kusuma Bongas for a grant entitled: *HIV/AIDS Prevention Program among Female Sex Workers (FSWs), PLHIV, HRM in the brothel Gantar, Kroya, Bongas and Patrol in Indramayu District*. Note: Yayasan Kusuma Bongas is an emerging CSO and will be coached by Yayasan Kusuma Buana Jakarta.

Quarter 3-4 Grants and No Cost Extensions

- No cost extensions through August 2014 were approved for TA providers Circle, Penabulu and Satunama
- Second cycle grant approved for Angsamerah for clinical management services and continued funding of the Jakarta Blok M satellite clinic (IDR 720,931,667 or approximately USD 63,730.50)
- Yayasan Kasih Suwitno Jakarta, for a sexual and reproductive health clinic in collaboration with RS Carolus (IDR 719,025,000 or approximately USD 63,633.90)
- Yayasan Perkumpulan Bandungwangi in Jakarta, for strengthening community participation in HIV prevention and improving access to health services for female sex workers in four hotspots in East Jakarta (IDR 751,172,979 or approximately USD 66,403.80)
- Lembaga Penelitian dan Pengembangan Sumberdaya dan Lingkungan Hidup (LPPSLH), Purwokerto, Central Java, for strengthening the Center of Community Empowerment in HIV prevention for female sex workers (IDR 475,835,500 or approximately USD 41,666.90)
- Java, North Sumatera and Riau Island grants approved under *One Strategy Approach*

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

CSO Partners

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

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

Local TA Organizations

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

PROGRAM AND POPULATION RESULTS

1. CSO Performance against Year-4 Benchmarks

SUM II's Package of Support to CSOs for Year 4 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, East Java, North Sumatera, Riau Islands, and Papua improved their quality of monthly financial reports. All CSOs in DKI Jakarta and East Java completed annual budget. Yayasan Layak, Jakarta was suspended in Year 2 due to poor financial management, Sadar Hati in East Java was suspended in Year 3 due to poor program performance, and Yayasan Gaya Batam was suspended due to misused of fund.
Strategic planning: CSO strategic plan is disseminated to staff, partners and stakeholders	All CSOs in DKI Jakarta and East Java have completed strategic plans, except Yayasan Layak and Sadar Hati which were suspended.

Benchmark	Performance
<p>HR planning: CSO codes of conduct and service delivery protocols and procedures are disseminated to staff, partners and stakeholders</p>	<p>Five CSOs have completed codes of conduct (ethics). All have completed service delivery protocols or procedures, which were distributed to the staff. Fifteen have developed basic human resources policies, which include job descriptions and staff recruitment procedures.</p>
<p>Program planning and management: CSO 2nd annual program plan disseminated to staff, partners and stakeholders</p>	<p>All have developed annual scopes of work and budgets for the up coming year, except Layak, Sadar Hati, and Gaya Batam which were suspended.</p>
<p>Enabling environment activities: CSO strategic plan, with enabling environment goal(s) included, is disseminated to staff, partners and stakeholders</p>	<p>All CSOs have completed strategic and action plans for the period of three years.</p>
<p>Advocacy: CSO strategic plan, with advocacy goal(s) included, is disseminated to staff, partners and stakeholders</p>	<p>All CSOs have developed action plans for advocacy and mobilization, except Layak, Sadar Hati, and Gaya Batam.</p>
<p>M&E: Evaluation findings are fed into work plan for next grant year; All CSOs actively participate in District Annual Program Review; Annual survey</p>	<p>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 in Jakarta, Surabaya, Malang, and Medan have participated in the annual surveys in their intervention sites.</p>

2. Performance against Year-4 Targets

Implementation performance measured against the PMP indicators is summarized in the table below. Overall, Quarter 1-3 achievement of targets for each SUM II indicator is on the right track, although some Quarter 3 numbers are lower than in Quarter 2. During the second half of Year 4 most CSOs in Java, Medan, and Riau Islands focused on preparation of their request for grant modification and the revised project strategy and approach called *One Strategy Approach Grant Management*.

The Quarter 3 achievement to the indicator P8.3D and KAP accessing STI services, at 65%, is higher than the Quarter 2 achievement, which was 59%. The number of individuals provided with STI services is 57% in Quarter 3, an increase over Quarter 2's 45%. The number of individuals reached in preventive interventions is on track to meet Y4 work plan targets for all the key populations, except MSM which is still below 50%. It was also a big challenge for SUM II to make significant increases in Quarter 4 for MSM and TG to access STI services.

The number of the general populations targeted in Papua (indicator P8.1D) is 60%, which is a significant increase from the 26% in Quarter 2. It encouraged the increase of indicator P11.1D which achieved 65%, which is an increase from the 50% in Quarter 2. The number of individuals who accessed testing and counseling for HIV in particular, Papua's female 15+ was significantly increased – double over the Quarter 1 achievement and a 41% increase from Quarter 2.

The indicator C1.1.D is 51% at end of Quarter 3. It is only a 6% increase from Quarter 2. SUM II believes the numbers were influenced because most of the CSOs in Java, Medan, and Riau Islands reduced services while preparing for the implementation of the *one strategy approach*.

Quarter 4

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

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

Overall in Year 4

P8.3D, achieved 75% of the annual target. FSW and TG achieved 100%, OVP 82%, and IDUs 80%. Outreach among MSM was the lowest achievement, which was only achieved 51% of the annual target. It was influenced by the gap in resources among MSM-led CSOs in Jakarta, Surabaya, Malang, and Medan; and the suspension of Yayasan Gaya Batam.

P8.1D total general population of Papua reached with comprehensive HIV prevention to care services achieved 82% of the total annual target. Male 15+ achieved 86%, and female 15+ achieved 78%. Males below 15 year old achieved 13% and females below 15 year old achieved 22%. The achievement was only for those boy and girl who were not in school. The school children received life-skill education and HIV prevention from the school teachers supervised by District Education Office. SUM II CSO partners decided not provide HIV prevention education services in the schools, and hence the achievement in school was not recorded.

P11.1D, overall achievement was 81%. Female 15+ was 106%, and male 15+ achieved 69%. The achievement of female 15+ was contributed by four CSOs in Papua, H2O Medan, SUAR Kediri, YAP North Jakarta, Kusuma Bongas Indramayu. Low achievement of male 15+ was influenced by the gap in resources among MSM-led CSOs in Jakarta, Surabaya, Malang, and Medan; and suspension of Yayasan Gaya Batam; and male general population 15+ were mobilized for local election for the mayor of Jayawijaya, Lani Jaya, and Tolikara. Low achievement of females below 15 year old achieved 35% and males below 15 year old achieved 46% because CSOs decided not to provide overlapped services to school children (please see P8.1D).

C1.1D, overall achievement was 77% of the total annual target. Female 18+ achieved 78% and female below 18 year old achieved 128%; and male 18+ achieved 74% and male below 18 year old achieved 137%. Achievement of females below 18 year old (128%) was contributed by general population Papua and FSWs in Indramayu West Java, North Jakarta, Medan, and Kediri East Java. And, achievement of males below 18 year old (137%) was contributed by general population Papua and MSM in North Sumatera and Central Java, and the services provided by YKS/Ruang Carlo, and Angsamerah Clinic.

MARPs that accessed STI services on regular basis was achieved at 70%. Achievement of CSWs was 100%, IDUs 74%, MSM achieved 45%, TG achieved 49%, and OVP achieved 59%. Low achievement of MSM, TG and OVP was influenced by a gap in resources among SUM II CSO partners in Jakarta, Surabaya, Malang, Medan, and Riau Islands; and suspension of Yayasan Gaya Batam.

See Appendix E for SUM II PMP indicator results for the original indicators, and Appendix F for SUM II *revised PMP indicator results*.

RECOMMENDATIONS FOR YEAR 5

1. Objective 1 Recommendations for Year 5

As noted earlier, SUM I's scope of work no longer includes strengthening technical capacity of CSOs, government and other stakeholders at the province and district levels. SUM II, to achieve its own goals and targets, will continue to build on Year 4 lessons and successes to expand its scope in Year 5 to not only aggressively expand coverage and reach of HIV and STI services to MARPs, but also to deliver targeted technical capacity support to CSOs, government and other partners (as resources permit).

2. Objective 2 Recommendations for Year 5

Grant agreements with four CSOs in Tanah Papua and three TA providers will be ending by September 2014. SUM II will go forward with development of next cycle grants for seven Papua CSOs – Yukemdi, YCTP, YPPM, YHI, YTHP Wamena, Calvari Clinic Wamena, and PKBI Jayapura; and one CSO in Sorong, West Papua – Yapari, to provide services to MSM and TG.

Cycle 2 grants to SurveyMETER and KIPRa ended in December 2013, and OPSI's grant was suspended March 31, 2014. SUM II will discontinue KIPRa and OPSI due to poor performance, and prepare next cycle of grants to Penabulu, Circle and Satunama so they continue TA support to CSO partners. SurveyMETER ended the sub-grant agreement; however, they submitted a request to work with a subcontract agreement to provide TA to all CSOs in SUM II project sites.

If SUM II does not get a funded extension, strategic decisions will be made on how to continue SUM II TA to Tanah Papua.

Appendix A: CSOs BY TECHNICAL CLUSTER – JAVA, NORTH SUMATERA, AND RIAU ISLANDS

Name of CSO	The Grant Modification Amount		Incurred Previous Grant Amount	Total Grant Amount Grant Duration		Grant Type	Grant Duration	Start and End Dates		
	IDR	USD		IDR	USD			Start	End	
1	Yayasan Paramitra (LEAD)	734,123,705	\$ 64,970.29.00	1,405,739,400	2,139,863,105	\$ 189,379.00	Standard Cost Reimbursement Grant	12 Months	1 Jun 2011	30 Apr 2015
2	Yayasan Suar (Member 1)	297,443,702	\$ 26,323.91.00	210,968,125	508,411,827	\$ 44,994.00	STG	9 Months	1 Aug 2013	30 Apr 2015
3	Yayasan Sadar Hati (Member 2)	393,133,312	\$ 34,792.48.00	511,508,800	904,642,112	\$ 80,061.00	STG	12 Months	1 May 2014	30 Apr 2015
4	PERWAKOS (LEAD)	649,385,063	\$ 57,470.88.00	1,170.032,750	1,819,417,813	\$ 161,019.00	STG	12 Months	1 Jun 2011	30 Apr 2015
5	Lembaga Wamarapa (Member 1)	280,772,593	\$ 24,848.47.00	224,206,200	504,978,793	\$ 44,690.8.00	Simple Cost Reimbursement Grant (SIG)	11 Months	1 Jun 2013	30 Apr 2015
6	Yayasan ORBIT (LEAD)	712,351,530	\$ 62,873.0	1,211,037,300	1,923,388,830	\$ 169,761.00	STG	12 Months	1 Jun 2011	30 Apr 2015
7	Yayasan Embun Surabaya (Member1)	481,581,240	\$ 42,505.0	454,135,000	935,716,240	\$ 82,587.50	SIG	11 Months	1 Jun 2013	30 Apr 2015

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

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

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

Appendix B: 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 ¹⁵ 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

¹⁵ Semi-annual internal audit will review the consolidated financial report for the period of January-December 2012. Initial internal audit is scheduled for the months of February-June 2013, and the second one will be made for the months of July-August 2013, and 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

Intermediate KRAs	KPIs	Means of Verification
		organizations
b. By August 2013 ¹⁶ , 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 (i.e., HRM policy) Selective organizational audit (e.g., 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 (i.e., Governance policy) Document audit & review of constituents complains (e.g., conflict of interest and complaint response mechanism policies)
b. By June 2013, all Principal CSOs will already have and use a system for managing	<ul style="list-style-type: none"> 100% PCSOs are receiving funds from more than one source 	<ul style="list-style-type: none"> Funding contracts Reports, MOUs or other

¹⁶ 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
organization growth.	<ul style="list-style-type: none"> 100% PCSOs have established networks for collaborative efforts with other CSOs and agencies 100% PCSOs can demonstrate alignment of values across CBOs 	<p>documentations proving collaborative work</p> <ul style="list-style-type: none"> Staff and volunteer feedback and evidence of internal communication
<p>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.</p>	<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 gender mainstreaming approaches to programme design. 	<ul style="list-style-type: none"> Document review
II. For Developing CSOs in Jakarta and East Java:		
<p>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.</p>	<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
<p>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.</p>	<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		

Intermediate KRAs	KPIs	Means of Verification
<p>i. Human Resources Management: By September 2013, all CSOs will produce the draft of human resource policy (HRP).</p>	<ul style="list-style-type: none"> 50 % of CSO have preliminary/minimal HRM SOP in place, in line with SUM II standards 	<ul style="list-style-type: none"> Document review (e.g., job description, recruitment procedures) Document review
<p>iii. Program Management: By July 2013, all of CSOs will produce the draft of strategic plan.</p>	<ul style="list-style-type: none"> 50% of CSOs have developed organisational strategic plan; which include human rights and gender mainstreaming approaches to programming 	<ul style="list-style-type: none"> 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:		
<p>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</p>	<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 (e.g., proposals, annual plan, etc.) based on analysis of data Program progress review report
II. For Developing CSOs in Jakarta and East Java:		
<p>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</p>	<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 	<ul style="list-style-type: none"> SurveyMETER's reports on timely delivery of data from CSOs Document review (e.g., proposals, annual plan, etc.) based on analysis of data Program progress

Intermediate KRAs	KPIs	Means of Verification
	review.	review report
III. For CSOs in Papua, Riau Islands, North Sumatera, and expansion sites in Semarang City/District and Purwokerto District		
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 	<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

Intermediate KRAs	KPIs	Means of Verification
	communal/joint/mutual assets growth used for mutual communal benefits	

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>Number of MARPs in targeted intervention sites who have basic knowledge on HIV and AIDS (as per PEPFAR indicator) Numerator: 80,167 <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. 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>Number of commercial sex workers accessing STI services at targeted intervention sites Numerator: 5,604 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 Male: 12,580 Female: 5,344 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 C: YEAR 4 CSO PARTNERS

YEAR 4 CSO PARTNERS

DKI Jakarta

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

West Java

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

East Java

10. Lembaga Paramitra FSWs in Malang
11. Ikatan Gaya Arema MSM in Malang
12. Lembaga Wamarapa
13. Perkumpulan SUAr Transgender in Malang
14. Yayasan Genta, Surabaya¹⁷ Transgender in Kediri
FSWs in Surabaya
15. Yayasan Orbit, Surabaya IDUs in Surabaya
16. Yayasan Gaya Nusantara MSM in Surabaya
17. Persatuan Waria Kota Surabaya Transgender in Surabaya

Tanah Papua

18. Yayasan Harapan Ibu (YHI) Non-brothel based FSW in Jayapura City and District
19. Yayasan Persekutuan Pelayanan Maserey (YPPM) High-risk men in Jayapura City and District
20. Yayasan Caritas Timika Papua (YCTP) Indigenous adult women and men, FSWs and high-risk men in Timika, the capital city of Mimika District
21. Yayasan Usaha Local indigenous adult women, FSWs and HRM in

¹⁷ Graduated as a SUM II partner

YEAR 4 CSO PARTNERS

	Kesejahteraan Ekonomi Masyarakat Desa Indonesia (YUKEMDI)	Wamena, the capital city of Jayawijaya District
22.	Yayasan Tangan Peduli (TALI) ¹⁸	Adult indigenous men in Wamena, the capital city of Jayawijaya District
Riau Island		
23.	Yayasan Bentan Serumpun (YBS)	Brothel-based FSWs in Batu-15 and Batu-24 brothels; and HRM in Bintan District and Tanjungpinang City
24.	Yayasan Kompak (YK)	Indirect and direct FSWs, and PLHIV, in Bintan District and Tanjungpinang City
25.	Yayasan Embun Pelangi (YEP)	IDUs, indirect and direct FSWs, and high-risk men that work in the private sector in Batam city
26.	Yayasan Gaya Batam (YGB) ¹⁹	MSM and Transgender in Batam city
27.	Yayasan Lintas Nusa (YLN) ²⁰	Brothel-based and indirect FSWs, and high-risk men of informal sector in Batam city
North Sumatera		
28.	Yayasan Galatea	IDUs and OPV in Medan City
29.	Perkumpulan Human Health Organization (H2O)	Indirect FSWs and HRM in Medan City
30.	Lembaga Gerakan Sehat Masyarakat (GSM)	MSM and TG in Medan City
31.	FLP-AIDS Medan (Forum Lembaga Peduli AIDS Medan)	CSO strengthening in advocacy; improving local initiative and partnerships with local government and stakeholders; convening HIV response coordination meetings; and developing CSO advocacy strategies
Central Java		
32.	LPPSLH	FSWs and HRM in Banyumas District, Cilacap District, and Tegal District
33.	Yayasan Graha Mitra (Jakerpermas)	Community networks and community clinic providing prevention services to FSWs and FSW clients and regular partners in Sunan Kuning brothel in Semarang district
34.	Semarang Gaya Community	MSM in Semarang District and City

¹⁸ Suspended during Year 4

¹⁹ Suspended during Year 4

²⁰ Suspended during Year 4

Appendix D: USAID SUM II YEAR 4 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	<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	<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
		<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	<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	<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	<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) opened 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	<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

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

No	CSO	Phase	Result
		program implementation	<p>system, human resources, and other in kind resources, and publish annual organization profile</p> <ul style="list-style-type: none"> Epi info 7 in operation
2	Genta ²¹ 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 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
3	Paramitra	<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
4	Orbit	<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

²¹ Graduated from SUM II because they are financially sustainable

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

No	CSO	Phase	Result
5	Perwakos	<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	Igama	<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	LPPSLH	<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"> • SOP for financial management system in place prior to SUM II partnership • 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	Yayasan	<ul style="list-style-type: none"> • Training/coaching to develop 	<ul style="list-style-type: none"> • Draft SOP for financial management

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

No	CSO	Phase	Result
	Graha Mitra (Jakerpermas)	financial SOP and daily transaction reporting • Training/coaching to revise constitution, develop strategic plan, and training/coaching on advocacy and community mobilization	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	<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	Tali²² Feb 14 2013: End of 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) • Draft of strategic plan • Have and use a monitoring system that is pervasive into record keeping and reporting system
3	YCTP	<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	<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

²² Suspended as a SUM II partner

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

No	CSO	Phase	Result
5	YPPM	<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
6	PKBI	<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

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)	<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	<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

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

No	CSO	Phase	Result
3	Yayasan Gaya²³ Batam (YGB) Aug 14 2013: End of 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
4	Yayasan Lintas Nusa (YLN)²⁴ Aug 14 2013: End of 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
5	Yayasan Embun Pelangi (YEP)	<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

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	<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 and under review • SUM II TA for Epi Info 7 ongoing
2	Human Health Organization	<ul style="list-style-type: none"> • Training/coaching to develop financial SOP and daily transaction 	<ul style="list-style-type: none"> • Draft SOP for financial management system

²³ Suspended as a SUM II partner

²⁴ Suspended as a SUM II partner

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

No	CSO	Phase	Result
	(H2O)	reporting <ul style="list-style-type: none"> • Training/coaching to revise constitution, develop strategic plan, and training/coaching on advocacy and community mobilization 	<ul style="list-style-type: none"> • Draft of human resources policy (HRP) • Strategic plan completed and under review • SUM II TA for Epi Info 7 ongoing
3	Gerakan Sehat Masyarakat (GSM)	<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 and under review • SUM II TA for Epi Info 7 ongoing

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

Appendix E: ORIGINAL USAID SUM PROJECT PMP INDICATOR RESULTS (SUM II)

No	indikator	Achieved Y3	Target Y4	Achieved Q1	Achieved Q2	Achieved Q3	Achieved Q4	TOTAL	Percentage	
P8.3D	Number of Key Affected Populations (KAPs) individuals reached HIV preventive interventions that are based on evidence and/or meet the minimum	41.289	CSW	10.000	4.360	2.607	1.413	1.574	9.954	100%
			IDU	3.000	1.377	342	150	599	2.468	82%
			MSM	17.000	4.402	2.566	134	1.561	8.663	51%
			Transgender	3.000	1.560	997	388	59	3.004	100%
			OVP	12.000	5.873	2.164	1.042	468	9.547	80%
			Total	45.000	17.572	8776	3127	4261	33636	75%
P8.1D	Number of the targeted population reached with individual and/or small group level prevention interventions that are based	36.675	Male < 15	935	0	0	73	52	125	13%
			Male 15+	33.000	31	8474	12.641	7.397	28.543	86%
			Female <15	690	0	0	126	24	150	22%
			Female 15+	15.000	0	4556	3.644	3.480	11.680	78%
			Total	49.625	31	13030	16.484	10.953	40498	82%
P11.1D	Number of individuals who received Counseling and Testing (HCT) services for HIV and received their test results	11.578	Male < 15	120	38	5	5	7	55	46%
			Male 15+	12.370	1.771	4313	650	1.787	8.521	69%
			Female <15	110	3	19	10	6	38	35%
			Female 15+	6.200	1.197	1963	2.872	538	6.570	106%
			Total	18.800	3.009	6300	3.537	2.338	15184	81%
C1.1.D	Number of HIV- positive adults and children receiving a minimum of one clinical service	2.989	Male < 18	30	1	13	3	24	41	137%
			Male 18+	2.475	406	771	166	494	1.837	74%
			Female <18	40	2	10	17	22	51	128%
			Female 18+	1.530	204	416	62	510	1.192	78%
			Total	4.075	613	1210	248	1050	3121	77%
	Number of MARP individuals accessing STI services at targeted intervention sites	10.840	CSW	7.000	2.264	2212	862	1.666	7.004	100%
			IDU	300	47	57	103	15	222	74%
			MSM	4.000	654	601	32	508	1.795	45%
			Transgender	3.000	397	734	205	124	1.460	49%
			OVP	4.500	904	616	1039	111	2.670	59%
			Total	18.800	4.266	4220	2241	2424	13151	70%

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

		Disaggregated by	Data Source, Collection Method	Target Y4	
P8.3.D	Number of Key Affected Populations (KAPs) individuals reached HIV preventive interventions that are based on evidence and/or meet the minimum standards required	KAPs: CSW, IDU, MSM, and OVP (transgender, non-injecting drug user, IDU's sex partner, high-risk men, high- risk men partner)	CSO monthly report; reported quarterly; semi-annually; and annually	CSW	10,000
				IDU	3,000
				MSM	17,000
				Transgender	3,000
				OVP	12,000
				Total	45,000
P8.1.D	Number of the targeted population reached with individual and/or small group level prevention interventions that are based on evidence and/or meet the minimum	By sex (male & female) and age (<15 y.o. & 15+)	Papua CSO monthly report; reported quarterly; semi-annually; and	Male<15	935
				Male 15+	33,000
				Female<15	690
				Female 15+	15,000
				Total	49,625
P11.1.D	Number of individuals who received Counseling and Testing (HCT) services for HIV and received their test results	Sex and Age: (male<15, male 15+; female<15, female 15+)	CSO monthly report; reported quarterly; semi-annually; and annually	Male<15	120
				Male 15+	12,370
				Female<15	110
				Female 15+	6,200
				Total	18,800
C1.1.D	Number of HIV- positive adults and children receiving a minimum of one clinical service	Sex and Age: (male<18, male 18+; female<18, female 18+)	CSO monthly report; reported quarterly; semi-annually; and annually	Male<18	30
				Male 18+	2,475
				Female<18	40
				Female 18+	1,530
				Total	4,075
Additional Capacity		KAPs: CSW, IDU, MSM, and OVP (transgender, non-injecting	CSO monthly report;	CSW	7,000
				IDU	300
				MSM	4,000
				Transgender	3,000
				OVP	4,500

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

Building Indicator	Number of KAPs individuals accessing STI services at targeted intervention sites	drug user, IDU's sex partner, high-risk men, Papuan Male, Papuan Female)	reported quarterly; semi-annually; and annually	Total	18,800
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Appendix F: USAID SUM PROJECT PMP INDICATOR RESULTS (SUM II) *(revised 25 March 2014, updated 07 April 2014)*

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of	Target Y4		Achievement at End of Y4
SITE_SUPP	Number of PEPFAR-Supported DSD and TA sites	Program area/support type	Source/s: • SUM II Site Directory • SUM II Quarterly Report Validation: • DSD-clinic: SUM II private clinic partners quarterly meeting or progress review sent to SUM II regional office • DSD-CSO: monthly progress report (program coverage, monthly plan and finance report) • TA: CSO quarterly report which indicates quarterly meeting with Puskesmas to discuss services planning, review of coverage and quality of services, and Puskesmas and CSO follow-up plan Frequency: Quarterly	HTC Direct Service Delivery (DSD)	4	3 (Angsamerah Clinic and Carolus Clinic in Jakarta; and YKIE clinic in Batam City)
				HTC Technical Assistance-only (TA)	45	49 (5 in Papua; 9 in East Java; 6 in Riau Islands; 4 in North Sumatera; 4 in Central Java; 2 in West Java; 10 in DKI Jakarta)
				Treatment Direct Service Delivery (DSD)	2	2 (Angsamerah and Carolus clinic)
				Care and Support Direct Service Delivery (DSD)	2	2 (Angsamerah and Carolus clinic)
				General Population Prevention Direct Service Delivery (DSD)	9	3 (1 in Wamena; 1 in Jayapura; 1 in Timika)
				Key Populations	31	31

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of	Target Y4		Achievement at End of Y4
				Prevention Direct Service Delivery (DSD)		(2 in Papua; 8 in East Java; 3 in Riau Islands; 3 in North Sumatera; 3 in Central Java; 2 in West Java; 10 in DKI Jakarta)
PMTCT_STAT_TA	Number and percentage of pregnant women with known status (includes women who were tested for HIV and received their results) (TA)	HIV Status <i>Numerator: Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)</i> <i>Denominator: Number of new ANC and L&D clients</i>	Source/s: <ul style="list-style-type: none"> • CSO reports of <ul style="list-style-type: none"> – pregnant and lactating women accessing ANC/L&D services, – number of women receiving HIV counseling and testing – number of women in ARV register Validation: <ul style="list-style-type: none"> • CSO reports of: <ul style="list-style-type: none"> – Supporting revitalization of posyandu/ANC/ PMTCT services – Supporting community participation in posyandu/ANC/PMTCT activities 	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	1,031	No data yet
				Number of new ANC and L&D clients	2,226	No data yet
				Number of new positives identified	31	No data yet

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of	Target Y4		Achievement at End of Y4
			Frequency:			
PMTCT_ STAT_NGI	Number and percentage of pregnant women with known status (includes women who were tested for HIV and received their results) (NGI)	HIV Status <i>Numerator: Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)</i> <i>Denominator: Number of new ANC and L&D clients</i>	Same as above	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	1,031	No data yet
				Number of new ANC and L&D clients	2,226	No data yet
				Number of new positives identified	31	No data yet
GPY_ PREV_DSD	Percentage of the target population who completed a standardized HIV prevention intervention including the minimum components during the reporting period (DSD)	Age/Sex <i>Numerator: Number of the target population who completed a standardized HIV prevention intervention including the minimum components during</i>	Source/s: CSO monthly reports of individuals reached (in individual or small group discussions) with minimum standard package of information on HIV prevention and care (needs definition according to Indonesia standard)	10-14 Male	4,781	125
				15-19 Male	4,769	5709
				20-24 Male	4,773	8563
				25-49 Male	7,559	13,701
				10-14 Female	3,979	150
				15-19 Female	3,978	2570
				20-24 Female	3,979	3270
25-49 Female	5,968	5723				

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of	Target Y4		Achievement at End of Y4
		<i>the reporting period.</i> <i>Denominator: Total number of people in the target population</i>				
KP_ PREV_DSD	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required (DSD)	Key population type	Source/s: CSO monthly reports of individuals reached (in individual or small group discussions) with minimum standard package of information on HIV prevention and care (needs definition according to Indonesia standard) Frequency: Monthly	Female sex workers (FSW)	9,034	9954
				Males who inject drugs (Male PWID)	3,070	2295
				Females who inject drugs (Female PWID)	100	173
				Men who have sex with men/ Transgender (MSM/TG)	20,393	7934
				MSM/TG who are male sex workers (subset MSM/TG)	11,624	3733
HTC_ TST_DSD	Number of individuals who received Testing and Counseling (T&C) services for HIV and received	Test result Age/sex (aggregated)	Source/s: • Clinical monthly reports • CSO (that provide pre- and post-test counseling services) monthly reports	Test Result Negative	3,957	572
				Test Result Positive	297	106
				15+ Male	2,696	576
				15+ Female	899	102

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of	Target Y4		Achievement at End of Y4
	their test results (DSD)		Frequency: Monthly			
HTC_TST_NGI	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (NGI)	Test result Age/sex (aggregated)	Source/s: • Clinical monthly reports • CSO (that provide pre- and post-test counseling services) monthly reports Frequency: Monthly	Test Result Negative	17,157	7179
				Test Result Positive	774	710
				<15 Male	67	55
				15+ Male	15,535	1108
				<15 Female	84	38
				15+ Female	6,293	854
HTC_TST_TA	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (TA only)	Test result Age/sex (aggregated)	Source/s: • Clinical monthly reports • CSO (that provide pre- and post-test counseling services) monthly reports Frequency: Monthly	Test Result Negative	13,200	6607
				Test Result Positive	476	604
				<15 Male	43	55
				15+ Male	8,556	7945
				<15 Female	60	38
				15+ Female	5,017	6435
C2.1.D_DSD	Number of HIV-positive adults and children receiving a minimum of one clinical service (DSD)	Age/sex	Source/s: • Clinical monthly reports	<15 Female	134	0
				15+ Female	34	7
				<15 Male	No Target	0
				15+ Male	100	68

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of	Target Y4		Achievement at End of Y4
C2.1.D_NGI	Number of HIV-positive adults and children receiving a minimum of one clinical service (NGI)	Age/sex	Source/s: • Clinical monthly reports	<15 Female	134	51
				15+ Female	34	1192
				<15 Male	No Target	41
				15+ Male	100	1837
CARE_CURR_DSD	Number of HIV positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR viral load (DSD)	Age/sex	Source/s: • Clinical monthly reports	15+ Male	100	68
				15+ Female	34	7
CARE_NEW	Number of HIV-infected adults and children newly enrolled in clinical care during the reporting period	Age/sex	Source/s: • Clinical monthly reports	15+ Male	80	68
				15+ Female	20	7

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of	Target Y4		Achievement at End of Y4
	and received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load					
CARE_SITE	Percentage of PEPFAR-supported HIV clinical care sites at which at least 80% of PLHIV received all of the following during the reporting period: 1) clinical assessment (WHO staging) OR CD4 count OR viral load, AND 2) TB screening at last visit, AND 3) if eligible, cotrimoxazole	Site support type <i>Numerator: Number of PEPFAR-supported HIV clinical care sites at which at least 80% of PLHIV received all of the following during the reporting period: 1) clinical assessment (WHO staging) OR CD4 count OR viral load, AND 2) TB screening at last visit, AND 3) if eligible,</i>	Source/s: • Clinical monthly reports	Technical Assistance-only (TA): Total number of PEPFAR supported sites providing clinical care services	2	2

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of	Target Y4		Achievement at End of Y4
		<i>cotrimoxazole</i> <i>Denominator: Total number of PEPFAR supported sites providing clinical care services</i>				
TX_ CURR_DSD	Number of adults and children receiving antiretroviral therapy (ART) [current] (DSD)	Age/sex	Source/s: • Clinical monthly reports	15+ Male	65	No Data Yet
				15+ Female	15	No Data Yet
TX_ CURR_NGI	Number of adults and children receiving antiretroviral therapy (ART) [current] (NGI)	Age/sex	Source/s: • Clinical monthly reports	15+ Male	65	No Data Yet
				15+ Female	15	No Data Yet
TX_NEW	Number of adults and children newly enrolled on	Age/sex	Source/s: • Clinical monthly reports	15+ Male	65	No Data Yet
				15+ Female	15	No Data Yet

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

Indicator		Disaggregated by	Data Source, Collection Method, Validation, Frequency of	Target Y4	Achievement at End of Y4	
	antiretroviral therapy (ART)					
TX_SITE	Percentage of PEPFAR-supported ART sites achieving a 75% ART retention rate	Support type <i>Numerator: Number of PEPFAR-supported ART sites with a retention rate of 75% or greater for patients 12 months after ART initiation</i> <i>Denominator: Total number of PEPFAR-supported ART sites</i>	Source/s: • Clinical monthly reports	Direct Service Delivery (DSD): Number of PEPFAR-supported ART sites with a retention rate of 75% or greater for patients 12 months after ART initiation	2	2
ID.415	Number of USG-funded CSOs with approved grants in the last reporting cycle	N/A	Source/s: • SUM II grant management data Updated number of CSOs with approved grant agreement Frequency:		46	55

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of	Target Y4		Achievement at End of Y4
ID.416	Number of CSOs that received technical assistance from USG-funded activities and then received non-USG funding from another source to implement the model within the reporting cycle	N/A	Source/s: <ul style="list-style-type: none"> SUM II grant management data CSO reports on resource mobilization Frequency: 6 monthly		20	26
ID.417	Number of CSOs that underwent an internal audit by USG-funded partners based on Indonesia audit standardization during the last reporting cycle	N/A	Source/s: <ul style="list-style-type: none"> TA Organization report Frequency: Quarterly		6	3

USAID SUM PROJECT YEAR 3 MONITORING AND EVALUATION REPORT

Indicator		Disaggregated by	Data Source, Collection Method. Validation, Frequency of	Target Y4		Achievement at End of Y4
ID.418	Number of CSOs that have strategic and annual plans in place and practiced them for program decision making and implementation during the last reporting cycle.	N/A	Source/s: • TA Organization report Frequency: Quarterly		10	18