



# **SUM II QUARTERLY REPORT**

## **January – March 2014**

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USAID/Indonesia

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



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## Abbreviations

AEM	Asian Epidemic Modeling
AIDS	Acquired Immune Deficiency Syndrome
APMG	AIDS Project Management Global Health
APW	Adult Papuan Women
ART	Antiretroviral therapy
ATS	Amphetamine-type stimulants
BCC	Behavior Change Communication
CBO	Community-based organization
CO	Community organization
CSN	Comprehensive services network
CSO	Civil society organization
FBO	Faith-based organization
FLP-AIDS	Forum Lembaga Swadaya Masyarakat Peduli AIDS Kota Medan
FSW	Female sex worker
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GN	Yayasan Gaya Nusantara, Surabaya
GOI	Government of Indonesia
HCT	HIV counseling and testing
HIV	Human Immunodeficiency Virus
HR	Human resources
HSN	Hotspot service network
IBBS	Integrated Biological-Behavioral Surveillance
IDU	Injecting drug user/person who injects drugs
KAP	Key affected populations
KPA/NAC	Indonesian National AIDS Commission
MARP	Most At Risk Population
MOH	Ministry of Health
M&E	Monitoring and Evaluation
MMT	Methadone maintenance therapy
MSM	Men who have sex with men
NGO	Non-government organization
NHASAP	National HIV and AIDS Strategy and Action Plan
NSP	Needle and Syringe Program
OI	Opportunistic Infection
OGM	One-roof grant management
PLHIV	Person/people living with HIV
PSE	Population size estimation
RETA	Resource Estimation Tool for Advocacy
RNM	Resource Needs Model
RTI	Research Triangle International
STI	Sexually transmissible infection
SUAR	Perkumpulan Suara Nurani, East Java
TA	Technical assistance
TB	Tuberculosis
TRG	Training Resources Group

UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	U.S. Agency for International Development
HCT	Voluntary Testing and Counseling
WHO	World Health Organization
YAP	Yayasan Perempuan dan Anak, DKI Jakarta
YCTP	Yayasan Caritas Timika Papua, Tanah Papua
YKB	Yayasan Kusuma Buana, Jakarta
YUKEMDI	Yayasan Usaha Kesejahteraan Ekonomi Masyarakat Desa Indonesia, Tanah Papua

## INTRODUCTION

SUM II's Third Quarter Report for Year 4 provides a summary of the progress of SUM II Year 4 Work Plan activities in Tanah Papua, DKI Jakarta, East Java, Central Java, West Java, North Sumatera and Riau Islands. Contributing to the activities described in this report are SUM II partners from the TA organizations, *Principal* CSOs, and KPA, MOH and other partners and stakeholders at national, provincial and local levels, as well as SUM II international partners.

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

Strategy 1: CSO Capacity Building

Strategy 2: SUM II Operational Management

Strategy 3: To Strengthen Advocacy Capacity

Strategy 4: To Address Gender and Stigma and Discrimination

Strategy 5: To Provide Organizational Performance TA for Health Care Services to MARPs

Strategy 6: Monitoring and Evaluating CSO Performance

Together, these strategies support the strengthening and demonstrations of a 4-part model for comprehensive services networks (see Technical Brief #19, *Four-Part Model for Comprehensive Services Networks: Transforming the Local HIV Response*); and continue SUM II efforts to align local institutions and resources behind the HIV response in 22 districts across the country. The aim of the *Four-Part Intervention Model* is to increase both demand for services and supply of services through hotspot-driven and district-based comprehensive services networks, and to do so in ways that are locally sustainable.

SUM II's Year 4 Work Plan Objective 2 strategies support development and implementation of third cycle grants for Java CSO partners and second cycle grants for North Sumatera and Riau Islands; as well as grant modifications for TA providers Penabulu, Circle Indonesia, KIPRa, Satunama, SurveyMETER, Angsamerah, and OPSI. A major new innovation introduced by SUM II in Quarter 3 is the *one strategy approach* to the funding of CSOs.

On January 15-18, 2014, SUM II held its annual internal teambuilding and team planning workshop to review work plan progress and further explore options for "one strategy approach for grant management" with CSOs working in the same geographical area or with the same key population. This internal team meeting was followed by the January 20-22, 2014, *SUM II Partnership Meeting with TA Provider Organizations*. For several months, TA provider organizations have been part of the discussions to consolidate thinking on the *one strategy approach*, especially in clarifying roles of SUM II and TA providers in support of CSOs working in this consortium model.

Under the *one strategy approach*, CSOs working in the same geographical area or with the same key population will form a *technical cluster*. The *technical cluster* will provide an organizational structure and framework that designates one CSO as LEAD CSO. The LEAD CSO will work in *close* partnership with the SUM II staff and TA providers to build the organizational performance capacity and HIV technical capacity of the developing or emerging CSOs of the *technical cluster*. Under the *one strategy approach* these CSOs are referred to as MEMBER CSO of the *technical clusters*. The *technical clusters* will work as an implementation team to target the key populations within geographically distinct interventions sites. Each category of CSOs within the *technical cluster*, either the LEAD or MEMBER CSO, will be responsible for service delivery of the prevention-to-care

intervention spectrum. However, in addition to the delivery of services, the CSOs within the cluster will work together as a team to facilitate and fast track capacity building by sharing knowledge, networking, cross-fertilization of ideas and working on standardized approaches to HIV comprehensive prevention, care and support.

With this new approach, SUM II grant approval requests are now based on a joint SOW for each technical cluster; however, SUM II will have individual grant agreements and provide a separate grant award to each CSO that works in the *technical cluster*. The grant budget for LEAD CSO will provide funding for service provision, and project management and administration, plus additional funding to enable the CSO to conduct the leadership activities. The MEMBER CSO will be allocated budget for service provision, and project management and administration. SUM II will engage in a process of joint implementation work planning with each technical cluster which will result in updated PEPFAR and project-level operational implementation targets. The individual implementation plans will form the basis of contract modifications to integrate the new performance targets.

During the January-March 2014 time period SUM II also reviewed its staffing and organizational structure against the current program realities. As a result, SUM II is proposing to add a Deputy Chief of Party position and other additional positions. 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.

SUM II in Quarter 3 continued its collaboration with the National AIDS Commission, MOH, and UNAIDS to develop a RETA and Asian Epidemic Modeling (AEM) integrated tool. This report describes the training and other activities on the integrated tool in Papua, DKI Jakarta, and East Java.

#### Other Major Activities this Quarter 3

- Preparation of the FY 2014 Country Operations Plan, including projected budget allocations and budget narratives
- Revised PMP in Year 4 Work Plan to align with revised PEPFAR indicators for 2014 and 2015 (see Annex 1)
- Second cycle grants to SUM II's five CSO partners in Papua (approved in First Quarter) were in full implementation, as was CSO capacity building by Penabulu, Satunama, KIPRa and OPSI.
- Recruitment underway in Quarter 3 for SUM II replacement key position of Monitoring and Evaluation Officer.
- Continued development of the CSO interactive reporting platform on the SUM II website, including training CSO staff in how to access and use the site.
- Completion of one success story (see Annex 2)

Activities and outcomes for Objective 1 in Year 4 Third Quarter are highlighted below by strategy. Objective 2 grants issued since the beginning of SUM II are also summarized in this quarterly report.

**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.**

The 2010 SUM II Task Order was based on a shared program mandate with SUM I:

- SUM I was to provide targeted assistance in key technical areas and SUM II in organizational performance required to scale-up effective, integrated HIV interventions that lead to substantial and measurable behavior change among most-at-risk populations.
- SUM I's mandate was also to provide targeted assistance to government agencies and CSOs working on strategic information efforts related to the HIV response, including monitoring and evaluation.
- SUM II's mandate was to provide and monitor small grants to CSOs to support scale-up of integrated interventions in "hotspots" where there is a high concentration of one or more most-at-risk populations.

Since 2010, the SUM Program has changed significantly.

*Shifts in SUM I Responsibilities 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.
- In addition, 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:
  - Technical Integrity: In Year 4, SUM II support to CSOs, hotspot and district-wide services networks, and local government expanded to include technical integrity in 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: Also in Year 4 SUM II support includes local government technical capacity building – to improve local government awareness of the district-specific HIV epidemic (i.e., strategic information) 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). SUM II is demonstrating this local government technical capacity building in one district in Tanah Papua, and plans to expand this support to other districts, particularly in Java.

#### *Expanded Coalition of SUM II Technical Assistance Partners*

- Over the last two and a half years SUM II initiated and expanded a coalition of local partners in the provision of technical assistance. There are now eight local partners – Penabulu, Circle, Satunama, SurveyMETER, KIPRa, OPSI, Angsamerah, and Puska Antropologi (pending). These local TA providers are enabling expansion of SUM II’s efforts 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.

#### *Evolution to a Multifaceted Program*

- 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 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 expands and strengthens 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.

#### *Aggressive Expansion of Coverage and Reach of HIV and STI Services (the 4-Part Model)*

- SUM II now has a macro strategy to deliver technical support in organizational and technical capacity building to CSOs that enables an aggressive expansion of coverage and reach of HIV and STI services to most-at-risk populations, and with greater technical integrity of implementation by CSOs and local government. It is a strategy aimed at creating district-wide comprehensive services networks (CSNs) led by local government (planning, M&E, and financing) and supporting increased sustainability of CSOs. This support is 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 4 Work Plan for Objective 1 includes six program implementation strategies focused on this 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). (See adjacent text box.) 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.

Now, in Quarter 3, there are thirteen *Principal* and/or LEAD CSOs. Five CSOs in East Java and Jakarta were designated as *Principal* CSOs in July 2012; two CSO partners in Tanah Papua were designated *Principal* CSOs in July 2013; and this quarter one CSO partner in North Sumatera, Galatea, was designated a *Principal* CSO. One of the East Java *Principal* CSO, Yayasan Genta, Surabaya, “graduated” from SUM II funding in Quarter One of Year 4, because it is financially self-sufficient in its HIV prevention-to-care interventions and other community development programs.

These *Principal* CSOs are LEAD CSOs of a technical cluster along with six additional CSOs:

#### Principal/LEAD CSOs

- 1) Yayasan Kusuma Buana (YKB), Jakarta
- 2) Yayasan Karisma, Jakarta
- 3) Lembaga Paramitra, Malang
- 4) Yayasan Gaya Nusantara (GN), Surabaya
- 5) Yayasan Caritas Timika Papua (YCTP), Tanah Papua
- 6) Yayasan Usaha Kesejahteraan Ekonomi Masyarakat Desa Indonesia (YUKEMDI), Tanah Papua
- 7) Galatea, North Sumatera

#### LEAD CSOs

- 1) Yayasan Intra Medika, Jakarta
- 2) Yayasan Graha Mita (Jakerpermas), Semarang
- 3) Perwakos, Surabaya

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

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

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

- 4) Yayasan Orbit Surabaya
- 5) Yayasan Bentan Serumpun  
Tanjungpinang
- 6) Yayasan Embun Pelangi Batam

A major effort by SUM II staff in the third quarter of Year 4 was engagement with SUM II CSO and TA provider partners to define the new **One Strategy Approach** for grant management and to develop Cycle 3 grant SOWs for Java, and Cycle 2 grant SOWs for North Sumatera and Riau Islands. The January 2014 meetings – internal SUM II team and SUM II team-TA partners – helped to further clarify the mechanism(s), structure and roles for **One Strategy Approach**. Because of limited grant funds, grant budgets developed in Quarter 3 cover an eight to ten-month period, and not the usual twelve months.

During first quarter Year 4 USAID approved second cycle grants to the five SUM II CSO partners in Tanah Papua. In third quarter, implementation was underway (see text box next page).

### Strategy 1.1: CSO Capacity Building

Under the SUM II Year 4 Work Plan, regional staff set the expectation that future grants and TA support from SUM II will depend on the alignment of the CSO’s proposal and TA requests to the four-part model and the CSO’s demonstrated ability and commitment to managing for results.

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.

### Second Cycle Papua Grants Underway in Quarter 3

**YCTP** works with indigenous adult women and men and high risk men in Mimika District (Mimika Timur, Mimika Baru and Kuala Kencana), and focuses on community-based HIV/AIDS services, partnership-building with local health providers, the district health office, and other stakeholders; as well as on continued scale-up of HIV/AIDS and TB-HIV co-infection services in Mimika District, by seeking agreement with USAID-funded TB-CEPAT that was awarded to the Catholic Diocese of Timika. Activities will include the development of advocacy strategies in collaboration with the Mimika District AIDS Commission.

**YUKEMDI** works with faith-based and tribal-based women and youth organizations, and, with its second cycle grant, is continuing its work with high risk populations in Wamena and indigenous women and men in five sub-districts of Jayawijaya district. YUKEMDI is implementing interventions serving female sex workers (FSWs), all non-brothel FSWS who work in massage parlors and the streets; and Adult Papuan Women (APW), who are sexually active women (15-49 years old) and not included in the commercial and/or transactional FSW group. YUKEMDI’s service area includes five districts/subdistricts in Jayawijaya Regency, including: Wamena Kota, Kurulu, Asologaema, Walelagama, and Yalengga.

**TALI** works in the Jayawijaya Regency of Papua Province and, with its second cycle grant, is implementing interventions serving Wamena Kota District, with a focus on high risk males (motorcycle taxi drivers, pedi cab drivers, stone breakers, sand diggers, driver-driver assistant, Army/police, civil servants, and pupils/students); and Hubikosi, Asolokobal, Bolakme and Ibele sub-districts, with a focus on adult Papuan men and women, and pregnant women.

**YPPM** works with high risk populations in Jayapura City, including North Jayapura, South Jayapura, Abepura, and Heram; and in Jayapura District, specifically in Sentani, West Sentani, East Sentani, Nimboran, Nimbokram, Kentuk Kresi, Kaureh, and Waibu. With its second cycle grant, YPPM is continuing to focus on high risk populations in Jayapura City, including motorcycle taxi drivers, car rental drivers, taxi drivers, dock and construction workers, the motorcycle community, parking men, and dormitory male students; and in Jayapura District, that include palm plantation workers, Sentani airport porters, motorcycle taxi drivers, car rental drivers, taxi drivers, construction workers, and parking men.

**YHI** works with non-brothel female sex workers and high risk women in four sub-districts of Jayapura City – North Jayapura, South Jayapura, Abepura and Heram; and two sub-districts in Jayapura District – Sentani Kota and East Sentani. YHI’s second cycle grant is focused on providing behavioral change education and condoms to high risk men in the district; enabling access of pregnant women with HIV/AIDS to information, treatment, and services to prevent transmission to the

In Year 4, SUM II regional staff, with support from TA providers, especially SurveyMETER, is working to institutionalize CSOs' managing for results; and SUM II TA partners Circle, OPSI, Yayasan Satunama, Yayasan Penabulu, Yayasan KIPRa, SurveyMETER, Puska Antropologi (subcontract with TRG being developed), and Angsamerah Foundation will continue to provide intensive workplace-based training, coaching and systems development, with priority given to *Principal* and *developing* CSOs that implement one or more parts of the four-part model. (Note: Capacity building in *community organization* is provided by TA provider OPSI in Papua, and Penabulu, Circle Indonesia, and Satunama in the other provinces.)

SUM II national and regional staff, with support of international STTA included the following implementation support in Quarter 3 for the Four-Part Model and technical integrity:

#### Other Quarter 3 Highlights

Additional highlights of SUM II activities during January to March 2014 are included below.

- **Circle Indonesia:** One of the activities under Strategy 1.1 is capacity building to *Principal* CSO in organizational growth management – 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). In Quarter 3, 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 Introduction). The aim is to build synergy and cooperation among all CSOs in the region, especially those working with the same key populations and communities.

Circle's mentoring approach begins with the identification of development issues for intervention, the formulation of a logical framework to in the design of activities, and a budget. The work program also includes the policy situation and needs, and the situation of the key population/community, as well as the dynamics of health services available in meeting the challenges faced and responding to the community. This approach was developed with SUM II and the new *one strategy approach*.

- **Penabulu:** In Quarter 3 Penabulu focused its assistance on the review of monthly financial statements of CSOs in Tanah Papua. CSOs in Papua are a high priority for SUM II because their capacity still requires improvement re: financial statements and financial standards (e.g., SFAS 45 and related standards). Penabulu's mentoring approach is to build alignment

between program implementation and financial management. In addition, the CSOs in Papua need to more fully understand how the SOPs that are generated are implemented in accordance with the established agreements.

Penabulu assistance to CSOs in Java has focused on preparation for internal and external audits. The CSO partners in Java in this process have demonstrated their openness in submitting their financial statements to the public. Some of the CSOs have already conducted internal audits. For organizations like Paramitra, Gaya Nusantara, Karisma, YKB and Angsamerah the internal audits in addition to their immediate results are also driving the CSO partners to make upgrades in preparation for the external audit. Other CSO partners, such as Orbit, Galatea, Inter Medika, and Yayasan Bentan Serumpun are committed to conducting internal and external audits, especially since these organizations will be serving as LEAD CSO in SUM II's new *one strategy approach*.

- Planning is underway for a SUM II internal meeting and partnership meeting on *one strategy approach* scheduled for April 10-14, 2014; and training for LEAD CSOs and TA Provider Partners on *one strategy approach* to be held April 28-30, 2014.

#### DKI Jakarta

- January 2-3, 2014: Meeting with Yayasan Kusuma Buana (YKB) and Yayasan Resik from Subang at the SUM II national office to discuss the development of HIV prevention programs in the FSW communities in West Jakarta and Subang, West Java.
- January 6-7, 2014: Meeting with Bandungwangi at the SUM II office to discuss the development of HIV prevention programs in the FSW community in East Jakarta , especially related to increasing access to HCT and STI services for FSW .
- January 8, 2014: Meeting at SUM II office with SUM II partners YSS, LPA Karya Bhakti, Intermedika Foundation (YIM), and Swara Waria to plan the development of HIV prevention programs for MSM and transgender communities and to strengthen coordination among CSOs on MSM and Waria issues, especially related to advocacy and reduction of stigma and discrimination

#### East Java

- February 2, 2014: Coordination and planning session at SUM II office with Circle Indonesia to agree on upcoming program direction and agenda for March to May 2014. In February 2014, the main activities implemented included community organization development, assessment of STI needs and services, and strengthening skills of emerging CSOs, including LEMBAGA Wamarapa, SUAR, and Embun.

#### Tanah Papua

- KIPRA is SUM II's Tanah Papua-based TA partner, and during Quarter 3 KIPRA provided capacity building support to CSOs in financial management. TA partners Penabulu, Satunama and OPSI provide KIPRA with backstopping support in the areas of financial management, organizational development and community organization.
- KIPRA conducted a workshop for CSOs in Jayapura on February 3-4, 2014. Five CSOs attended this workshop – YHI, YPPM, YCTP, Tali and Yukemdi. The purpose of the workshop

was to identify CSO needs. Also attending to present their work plans for the next year were KPA Province and KPA District Jayapura and KPA Jayapura City.

- SUM II staff conducted CSO assessments in Sorong January 5-8, 2014. The assessments included four CSOs – Pelita Kasih, Yayasan Papua Lestari (Yapari), KDS Sorong Sehati and Yayasan Santo Agustinus. SUM II and the CSOs discussed opportunities for partnership in Sorong.
- March 22, 2014: Coordination meeting with TA providers and OPSI to further strengthen the partnership in Papua. OPSI SOW's will be closed to identify the suitable method for TA in Papua.
- As noted under Penabulu above, training and coaching was provided by Penabulu March 10-18, 2014, on financial records for CSOs in Papua. The training was conducted in Jayapura and Jayawijaya for four CSOs – YHI, YPPM, TALI and Yukemdi. The sessions covered:
  - Charging vouchers that correspond to transactions in CTH and coding
  - Column bank on CTH which should equal the current account
  - Decimal should be written according to the bank statement
  - Advance Request
  - SUM II's financial monitoring tool "aging period"
  - Reporting procedure on the disbursement of funds

#### Riau Islands

- January 27-28, 2014: Pre-data quality audits conducted with two SUM II CSO partners, YBS and Kompak. The pre data quality audits reviewed outreach activities, and synchronized data with the system of the SUM II national M&E team. The sessions included how to use the data to assess the progress of the program that is being run by YBS and Kompak.
- January 30, 2014: Discussions with the director of YEP to develop SoW of HIV prevention-to-care interventions in Batam by cooperating with YKIE Clinic for clinical services to all key populations in Batam. The discussions involved YKIE clinic coordinator Dr. Yamin.
- January 9-10, 2014: Quarterly meeting on SUM II M&E data, held in the office of SUM II Jakarta to synchronize regional and national data which was facilitated by Harmi Prasetyo and all SUM II RCBOs participated.

#### North Sumatera

- January 7, 2014: In collaboration with Medan NGO Forum on AIDS (FLP-AIDS Medan), Regional Capacity Building Officer (RCBO) for SUM II for Medan and Riau Islands conducted a one day session on HIV prevention-to-care programs in the City of Medan. The meeting was attended by the Chairman of the FLP, the Program Manager, the Administration, Finance, Advocacy Coordinator and the Coordinator of the NGO members/network. The result of the meeting was agreement on the following issues and steps:
  - NGO members' work plans should focus on sustainable comprehensive services and health system strengthening for STI and HTC examinations.
  - NGO members will work with local government in the development of Medan City Regulations on AIDS (PERWAL), which will strengthen the local budget for HIV prevention programs in the city of Medan.
  - Cooperation between FLP-AIDS Medan and the Education District Office will be strengthened, especially for outreach to youth in schools on HIV prevention interventions and risk behavior awareness related to drug and sexual behavior.

- January 23-24, 2014: SUM II and FLP-AIDS members attended the workshop, *Health System Strengthening [Layanan Kesehatan Berkelanjutan (LKB)]* in Medan, and included the participation of the DHO, DAC, health service providers in Medan (hospitals, clinics, and Puskesmas), and CSOs. The workshop outputs included the draft agreement for the implementation of LKB by five health service providers in the city of Medan.

## Strategy 1.2: SUM II Operational Management

This strategy focuses on SUM II efforts to:

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

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

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

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

Expanded coverage by *Principal* and LEAD CSOs 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 AIDS services by engaging private clinics providing the services

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

- Establish and facilitate community organizations to take actions to improve access in the provision of comprehensive services and information to MARPs on STI, HCT, and care, support and treatment (CST). Community organizations 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 SUM II activities during January to March 2014 are included below.

### Quarter 3 Highlights

#### DKI Jakarta

- January 6-7, 2014: SUM II and Bandungwangi session to plan the development of HIV prevention programs in the FSW communities in East Jakarta, especially related to increasing access to HCT and STI services for FSWs.
- January 8, 2014: SUM II session with YSS, YIM and Swara Waria to plan the development of HIV prevention-to-care interventions for the MSM and transgender communities, especially in developing a partnership model among CSOs.
- January 23, 2014: SUM II and YKB session to plan the development of HIV prevention-to-care interventions for FSW communities in Subang District, West Java.

#### East Java

- March 23-24, 2014: Development of the partnership between Perwakos and Lembaga Wamarapa. For the previous three months, SUM II CSO partner Perwakos has provided technical assistance to emerging CSO Lembaga Wamarapa which serves transgender populations in Malang District and City. Previously, technical assistance was provided by Paramitra. The session showed progress especially in management of data. The CSO is more precise in recording data that is easier to retrieve for follow-up. Data is showing that STI exams are happening though not yet routine. The main obstacle faced is the number of hotspots scattered throughout the Malang City and District. In the coming two months, Perwakos will assist Lembaga Wamarapa in facilitating meetings with the health service providers closest to the hotspots in order to increase their commitment to have routine STI examinations and HCT services.
- March 27-28, 2014: Review with SUM II CSO partner in Kediri re: SUAR program. HIV prevention programs in the city and district of Kediri are going well. The referral mechanism for STI exams, HCT, and care, support and treatment services to FSWs are regularly provided every month. Stakeholders have a considerable role in addition to monitoring the progress of the referral system, including monitoring drug compliance among female sex workers. The capability and commitment demonstrated by SUAR was a justification for SUM II to increase the amount of coverage from five hotspots in the first year to nine in the second year.

- March 31, 2014: Mapping strategic use of ARV (SUFA) readiness in Surabaya City. The purpose of this mapping is to identify readiness of services. Of the 14 health clinics and hospitals that declared they are ready to provide health care services, only two became a favorite of all MARPs groups, specifically for 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 services staff. The other favorite is Soetomo Hospital, which is the main service provider in East Java for ARVs and clinical assessment. The large number of patients seeking services from these two health facilities 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.
- Preparation for the April 2-3, 2014, 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. Pre- and post-referral is the responsibility of the CSOs.

#### Tanah Papua

- SUM II CSO partner YHI conducted training for a community organization (CO) of massage therapists on January 16 -18, 2014, in Jayapura. Thirty massage therapists attended the training. Topics of the training: 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
- Yukemdi conducted a district meeting January 20, 2014, with community representatives from four districts in Jayawijaya (District Walelagama, District Kurulu, District Asologaima and District Yalengga). The purpose of the meeting was to enable each village to present its own agenda on how it planned to work in HIV /AIDS prevention. This meeting was attended by community member, community (tribal) leaders (tokoh adat) and religious leaders. All total, 44 participants attended from District Walelagama; 30 participants attended from District Kurulu; 25 participants attended in District Asologaima; and 25 participants attended meeting from Yalengga.

#### North Sumatera

- January 23-24, 2014: Workshop to develop draft agreements for the implementation of HIV services for key populations in five health centers in Medan City. Participants were from DHO, DAC, hospitals, clinics, Puskesmas, and field worker of CSO partners.

#### Riau Islands

- January 30, 2014: YEP and YKIE meeting to develop HIV prevention-to-care interventions in Batam City in collaboration with YKIE clinic for referral services to all key populations.

### **Proposed New Staffing and Organizational Structure**

During the January-March 2014 time period SUM II also reviewed its staffing and organizational structure against the current program realities. As a result, SUM II is proposing to add a Deputy Chief

of Party position and other additional positions. 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 proposed 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.

Specifically, the DCOP will supervise day-to-day program operations and management, and be responsible for financial oversight of TRG subcontracts and SUM II grantees. The DCOP will provide direct supervision to the following:

- Director, Finance and Administration, RTI (revised existing position)<sup>1</sup>
- Director, Program and Development of Partnerships, TRG (revised existing position)
- Director, Local Capacity Development, RTI (revised existing position)
- Director, Prevention to Care Interventions, RTI (new position)

The DCOP will help strengthen networking and partnership among local stakeholders at national and sub-national levels to improve the reach, coverage and cost-effectiveness of the HIV/AIDS prevention to care interventions specific to PEPFAR indicators. A strong COP-DCOP leadership team will enable SUM II to continue to improve and expand its program, and help the macro-strategy for aggressive expansion succeed.

#### SUM II Staff Resources

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

- Replacement for Tanah Papua Finance and Administration Assistant
  - Arningsih Simanjuntak was appointed to this position. She joined SUM II on January 6, 2014.
- Replacement for National Office Grants Assistant
  - Adi Hartono was appointed to this position. He joined SUM II on January 9, 2014.
- Replacement DKI Jakarta Finance and Administration Assistant
  - Renie Sigar was appointed to this position. She joined SUM II on January 5, 2014.

The following local and international STTA supported SUM II during Year Quarter 3:

- Nasrun Hadi, local STTA to Strategy 3, Strengthening Advocacy Capacity

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<sup>1</sup> This staff position was created in Year 4 Quarter 2 to supervise subcontractor (RTI) finance and administrative procedures, policies and regulations.

- Brad Otto, RTI, 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 workshop on AEM-RETA Integration for East Java
- Felicity Young, RTI, to support development of the *one strategy approach*
- Becca Price, RTI, to provide training to SUM II F&A staff
- Steven Joyce, TRG, to support the annual SUM II meeting and TA providers partnership meeting, and project documentation

In January 2014, TRG CEO Jonathan Darling also 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.

### Other Quarter 3 Highlights

#### National Office

- January 6-9, 2014: SOW reviews of programs developed by Yayasan Kusuma Buana, Bandungwangi; Puska Antro UI; and DKI Jakarta MSM-TG CSOs as per *one strategy approach*.
- January 13, 2014: Review of SOW from Jakerpemas.
- February 3-14, 2014: Review of SOWs for 14 CSOs and 1 TA Provider from DKI Jakarta, Central Java, East Java, Riau Islands and North Sumatera
- March 1, 2014: Finalization NCE for two TA providers.
- March 15, 2014: Finalization 14 SOWs from CSOs and one SOW from a TA Provider
- Ongoing to March 31, 2014, CSOs cycle III grant processing in Jakarta and East Java, and cycle II in Medan, Riau Islands and Central Java (15 CSOs and one TA provider).
- Grants to Angsamerah, Yayasan Kasih Suwitno and LPPSLH received USAID approval, with implementation to begin in April 2014. Angsamerah will work for two objectives: clinical services and clinical management technical assistance. LPPSLH will continue their work in mobilizing FSWs to access the clinics provided by the community.

### **Strategy 1.3: to Strengthen 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) is comprehensive HIV planning, including budgeting and local data collection and utilization, so that local partners are better able to develop and implement comprehensive HIV and AIDS services. Specifically for CSOs and TA providers, SUM II will provide coaching in developing policy briefs, advocacy plans, communication strategies, and, most importantly, in convening district stakeholders to conduct budget exercises.

As background, the RETA (Resource Estimation Tool for Advocacy) has been in continuous development 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?”

Until recently, there was no tool available to project or model the outcomes/impacts of the HIV services (prevention and treatment/care) at a sub-national level. The recent revisions to the AIDS Epidemic Model (AEM) are now allowing these projections to be modeled and SUM II has proposed to look at integration of resource needs estimates using RETA with the outcomes modeling produced by AEM. An initial consultation between SUM II and the KPAN/MOPH AEM team was conducted in September 2013. Agreement was reached to move ahead with provincial level 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.

The priority activities for Strategy 3 will continue to focus on the use and application of the AEM-RETA integration to in 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 AEM-RETA. SUM II’s priority will be to train 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. At national level, SUM II will partner with KPA to implement the National Advocacy Initiative at national and provincial levels.

Quarter 3 highlights:

#### National Office

- Coordination with NAC to prepare for the AEM-RETA integration workshops and training held February 4 and 18<sup>th</sup> in East Java, DKI Jakarta and Tanah Papua. This training was followed by planning and coordination for NAC and AEM team members from HCPI.
- February 27-28, 2014: SUM II, MOH and NAC 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.
- March 3-4, 2014: SUM II STTA internal discussions for AEM-RETA training and workshops.

#### Tanah Papua

- 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 in coordination meetings to share the list of CSOs each is currently engaged with and identify areas for collaboration.
- Coordination meetings on HIV programs and planning were held February 5 and March 5, 2014, and included SUM II, SUM I, UNICEF, and Kinerja.
- On March 3, 2014, YCTP conducted a round table discussion on HIV/AIDS in Mimika district, attended by 40 participants:
  - 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 included:

- Plan on HIV-AIDS program in 2014 by KPA Mimika
- PHC Support and HIV in 14 village cadres. (People Smart = AIDScom = KT HIV)
- Increased Capacity Support Program through the Network of PLWHA
- Improving the quality of STI services at the Clinic of Reproductive Health Services and Networking (PHC)

Indicator results for the 2014 program are:

- 2,100 to reach AIDScom (Smart People)
  - 25,000 range STI - HIV tests. ( A minimum of 1,000 health center coverage )
  - 200 people living with HIV Case Management for Compliance (PD & KDS = Network With Satellite = Reference)
  - 3,800 pregnant women with counseling and test for HIV.
- YCTP on March 5, 2014, held a brainstorming meeting and discussion with stakeholders in Mimika District, attended by 17 participants – DHO Mimika, DAC Mimika (3 people); Chief Sub-district (3 people); District Social Welfare Office (2 people); and faith-based leaders (7 people). Brainstorming and discussion covered:
    - Exposure of HIV - AIDS situation in the Mimika District from 1996 to 2013 by the Head of Mimika Health Office, H. Saiful Taqim.
    - The number of cases of co-infection of TB-HIV increased. The proportion of new HIV cases decreased to 1.77 %.
    - People living with HIV who receive treatment with antiretroviral is still low at 48.99 % of all people living with HIV.
    - Exposure results of the implementation of the HIV/AIDS (SUM II and YCTP, with cooperation by the Program Manager, Dr. J.J. Malonda.
    - Results of the discussion :
      - Stigma and discrimination is still very high in Timika. It needs support and active participation of the stakeholders. Agreement to improve the performance of case findings and HCT with the support of stakeholders.
      - DAC Mimika expects to receive quarterly reports from stakeholders on program activities and outputs. Strengthen networking with religious and indigenous leaders to promote the importance of knowing HIV status, and treatment with antiretrovirus for all PLHIV.

East Java

- AEM-RETA Integration Workshop in East Java, Surabaya, 5-7 March 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 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 will complete the AEM-RETA data and recommend the HIV program to local government.
- Malang district will 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.

#### North Sumatera

- March 5, 2014: attended a one-day session to finalize the draft PDP and plan for the upcoming meeting at the office of the Mayor for Medan City, attended by SUM II RCBO, Medan Health Office, Pirngadi Hospital, DAC Medan, and FLP AIDS
- March 17 and 26, 2014: SUM II RCBO facilitated sessions with FLP AIDS to prepare the work plan and proposal for submission to NAC in supporting SUFA program achievement in Medan City.
- March 25, 2014: Established a cooperative agreement between SUM II CSO partner Galatea and 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. The signing ceremony was held at the Grand Angkasa Hotel and attended by Mr. and Mrs. Oki Goddess of PT.ABS, Mr. Badurani of Galatea and SUM II's RCBO.
- March 27, 2014: Planning meeting with PT. ABS on preparation of training for staff. SUM II RCBO was requested to facilitate the meeting.

#### DKI Jakarta

- February 2, 2014: SUM II DKI Jakarta RCBO participated in workshop on health insurance for people living with HIV and AIDS. Workshop participants included 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, and InHealth.
- Yayasan Srikandi Sejati and LPA Karya Bhakti were awarded a grant from NAC for community (TG and MSM) mobilization to access STI, HCT, ARV services; and promote health seeking behavior among TG and MSM in Jakarta. The total grant provided to each CSOs is IDR 200,000,000 (approximately USD 22,000).

- Coordination, preparation and delivery of the AEM-RETA integration workshop and training in Jakarta, March 5-17, 2014. Joint activity of SUM II regional offices, Provincial AIDS Commission and NAC.
- March 26-28, 2014, for AEM-RETA integration in Jakarta, facilitated by SUM II STTAs and NAC, attended by DKI Jakarta Provincial AIDS Commission, A, 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 to have the valid data 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 delivering the necessity of HIV AIDS programs based on the AEM-RETA result.

#### **Strategy 1.4: to Address Gender and Stigma and Discrimination**

A SUM II priority in Year 4 is to increase CSOs' capacity for gender-responsive programming and programs addressing stigma and discrimination. As noted in Strategy 1.2 above, SUM is engaging a local consultant with expertise in gender, stigma and discrimination to support efforts by SUM II Regional Office staff and TA provider mentors and consultants to provide technical assistance to CSOs, local government, including Province and District AIDS Commissions, and local health service providers in SUM II project sites. Under its first and second cycle SOWs, SUM II TA provider Circle Indonesia has been assisting CSOs in gender-responsive programming and with strategies for addressing stigma and discrimination – focused on improving service delivery.

The main highlight for Quarter 3 is the February 19, 2014, joint session on stigma and discrimination held by USAID/Indonesia, PEPFAR Representative, and SUM II participated by CSO partners Angsamerah, YKB, Karisma, Bandungwangi, YIM, LPA Karya Bhakti, YSS and YKS.

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

The creation of demand for health services among increasing numbers of MARPs and affected populations – through expanded outreach and expanded breadth of HIV prevention services – needs to be matched with increased access to relevant, quality health services. Strategy 5 supports implementation of the HIV Comprehensive Services Networks 4-part model described in Strategy 1 and Strategy 2 above. SUM II will also support private clinics with clinical and non-clinical human resources to be able to participate in the HIV Comprehensive Services Networks model – planning, supply chain management, external relationships, and leveraging resources (funds, in-kind, and personnel). A main aim is to demonstrate services networks that result in better health services for MARPs (i.e., equal partnership between CSOs and health service providers).

Main highlights during Quarter 3 are the February 5, 2014, SUM II planning session with Medan City Health Department, RS Pirngadi hospital, and FLP-AIDs to review Pirngadi hospital procedures and support to HIV and AIDS support, care and treatment; and the January 27 and March 12, 2014, SUM II/East Java in-house training for the staff of YES on HIV and sexual and reproductive health.

## Strategy 1.6: Monitoring and Evaluating CSO Performance

The key theme in Year 4 underpinning SUM II's M&E strategy is assessing management by key results (driven by the 3 Zero) and capturing effective coverage, as well as analyzing the relevant transfer of knowledge. Technical capacity for CSOs includes:

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

Technical capacity for local governments includes:

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

Quarter 3 highlights are as follows:

### National M&E

- January 9-10, 2014: SUM II quarterly meeting on M&E data with Regional Capacity Building Officers to synchronize data on between regional and national offices. Meeting facilitated by SUM II's Harmi Prasetyo and attended by all SUM II RCBOs.
- 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.

### Tanah Papua

- Training and maintenance on the Epi Info database for Papua CSOs partners:
  - March 10-11, 2014: YHI and YPPM
  - March 12-13, 2014: Training for Yukemdi and TALI in Wamena for new M&E staff
  - March 17-18, 2014: Training for new M&E staff of YCTP

The training addressed constraints in the software and introduced the revised PEPFAR targets.

### DKI Jakarta, Central Java, Riau Islands, and North Sumatera

- January 7, 2014: SUM II RCBO facilitated sessions with FLP AIDS Medan for monitoring progress of HIV prevention programs in the city of Medan. The meeting was attended by the Chairman of FLP, the program manager, the administration and finance officer, the advocacy coordinator and the network coordinator. The session results include:
  - Supporting work plan related workshops for sustainable comprehensive services networks (CSNs) or health systems strengthening for STI and HCT services.
  - Advocating for the Mayor's draft regulation budget to support advocacy for HIV prevention programs in Medan City

- Strengthening cooperation between FLP and Medan's local government unity on education.
- January 27-28, 2014: Pre Data Quality Audits on two SUM II CSO partners in Tanjungpinang attended by YBS and KOMPAK. The purpose is 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.
- February 19, 2014: SUM II RCBO facilitated the mid-year monitoring and evaluation session with FLP Forum administrator and project staff. Agenda included:
  - Accuracy of the financial statements and program delivery
  - FLP achievement of results
  - Budget reallocation
- March 18-20, 2014: USAID program monitoring visit to North Sumatera to review with the SUM II RCBO the response and progress of HIV/AIDs prevention efforts. Sites visited included the Veterans Clinic, RS Pirngadi hospital, the Port Health Office (KK) in Belawan, the Medan Health office, the PKM Padang Bulan, the Medan KPA, and CSO partners Galatea, H2O, GSM, and FLP AIDS.
- March 26-28, 2014: Workshop to coordinate and integrate DKI Jakarta AEM-RETA implementation. Attendants: KPA, MOH, SUM II, HCPI, KPA Province, Bappeda, Provincial Health Office, Provincial Social Welfare Office, Provincial Tourism Office, Women Empowerment Office, and Health Office of five municipalities: Central, West, East, North and South Jakarta.

## Objective 2: Small Grants Program

SUM II Objective 2 includes grant funding for TA providers and CSO partners, as well as SUM II grant administration. At end 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 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 brings the remaining balance for Years 4 and 5 to \$882,020. TRG will continue to assess options for further realignment of the SUM II budget in order to maximize grant funding to TA provider and CSO partners.

A major new innovation introduced by SUM II in Quarter 3 is the *one strategy approach* to the funding of CSOs. During the January 2014 *SUM II Internal Team Meeting* and *SUM II Partnership Meeting with TA Provider Organizations*, the *one strategy approach* for grant management was further explored, especially in clarifying roles of SUM II and TA providers in support of CSOs working in this consortium model.

Under the *one strategy approach*, CSOs working in the same geographical area or with the same key population will form a *technical cluster*. The *technical cluster* will provide an organizational structure and framework that designates one CSO as LEAD CSO. The LEAD CSO will work in *close* partnership

with the SUM II staff and TA providers to build the organizational performance capacity and HIV technical capacity of the developing or emerging CSOs of the *technical cluster*. Under the *one strategy approach* these CSOs are referred to as MEMBER CSO of the *technical clusters*. The *technical clusters* will work as an implementation team to target the key populations within geographically distinct interventions sites. Each category of CSOs within the *technical cluster*, either the LEAD or MEMBER CSO, will be responsible for service delivery of the prevention-to-care intervention spectrum. However, in addition to the delivery of services, the CSOs within the cluster will work together as a team to facilitate and fast track capacity building by sharing knowledge, networking, cross-fertilization of ideas and working on standardized approaches to HIV comprehensive prevention, care and support.

With this new approach, SUM II grant approval requests are now based on a joint SOW for each technical cluster; however, SUM II will have individual grant agreements and provide a separate grant award to each CSO that works in the *technical cluster*. The grant budget for LEAD CSO will provide funding for service provision, and project management and administration, plus additional funding to enable the CSO to conduct the leadership activities. The MEMBER CSO will be allocated budget for service provision, and project management and administration. SUM II will engage in a process of joint implementation work planning with each technical cluster which will result in updated PEPFAR and project-level operational implementation targets. The individual implementation plans will form the basis of contract modifications to integrate the new performance targets. SUM II will inform USAID of the new performance targets once finalized. The individual modifications will not have any implications for the grant budgets as the detailed activity plans for service delivery and technical cluster activities are fully accommodated within grant approval requests.

During Quarter 3, SUM II prepared for USAID approval the following grants under the *one strategy approach*:

- Yayasan ORBIT, with emerging CSO Yayasan Embun Surabaya (YES), for HIV prevention interventions and care support services to PLHIV for people who injecting drugs and for female sex workers in Surabaya City (Orbit, IDR 712,351,530 or approximately USD 62,873; YES, IDR 481,581,240 or approximately USD 42,505)
- PERWAKOS, with emerging CSO Lembaga WAMARAPA, for a joint operation between PERWAKOS and Lembaga Wamarapa for HIV prevention interventions and care support services for PLHIV and involving the participation of the Waria population in Surabaya and Malang cities (PERWAKOS, IDR 649,385,063 or approximately USD 57,470.88; Lembaga WAMARAPA, IDR 280,772,593 or approximately USD 24,848.47)
- Yayasan Galatea, with developing CSOs Yayasan H2O and GSM, for developing comprehensive HIV and AIDS services as part of a continuum of care program for PWID and female sex workers in Medan City (Galatea, IDR 745,713,987 or approximately USD 66,145; H2O, IDR 705,436,282 or approximately USD 62,575; and GSM, IDR 806,876,891 or approximately USD 71,570)

Additional grants approved by USAID or submitted for approval include the following:

- Angsamerah, for 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)

Other Quarter 3 highlights:

- USAID approval of grant funding to CCM
- No cost extensions completed for SUM II CSO partners in Java, North Sumatera and Riau Islands.
- Development of SOWs for Cycle 2 and 3 grants in Java, and Cycle 2 grants in Riau Island
- Development of SOW for TA providers
  - University of Indonesia for M&E support in Tanah Papua, North Sumatera and Riau Islands

SUM II grants as of March 31, 2014 are included below.

#### CSO Partners

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

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

## 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

## Performance Against PMP Targets

Implementation performance measured against the PMP indicators is summarized in the table below. Overall, Quarter 3 achievement of targets for each SUM II indicator is on the right track even though some numbers are lower than in Quarter 2. During the reporting period, 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 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 is 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 encourage the increase of indicator P11.1D which achieved 65%, which is an increased from the 50% in Quarter 2. The number of individuals who accessed testing and counseling for HIV in particular, Papuan'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% increased 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*.

No	Indikator	Achieved Y3	Target Y4	Achieved Q1	Achieved Q2	Achieved Q3	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	2607	1413	8380	84%
			IDU	3.000	1.377	342	150	1869	62%
			MSM	17.000	4.402	2566	134	7102	42%
			Transgender	3.000	1.560	997	388	2945	98%
			OVP	12.000	5.873	2164	1042	9079	76%
			<b>Total</b>	<b>45.000</b>	<b>17.572</b>	<b>8776</b>	<b>3127</b>	<b>29375</b>	<b>65%</b>
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	73	8%
			Male 15+	33.000	31	8474	12.641	21146	64%
			Female <15	690	0	0	126	126	18%
			Female 15+	15.000	0	4556	3.644	8200	55%
			<b>Total</b>	<b>49.625</b>	<b>31</b>	<b>13030</b>	<b>16.484</b>	<b>29545</b>	<b>60%</b>
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	48	40%
			Male 15+	12.370	1.771	4313	650	6734	54%
			Female <15	110	3	19	10	32	29%
			Female 15+	6.200	1.197	1963	2.872	6032	97%
			<b>Total</b>	<b>18.800</b>	<b>3.009</b>	<b>6300</b>	<b>3.537</b>	<b>12846</b>	<b>68%</b>
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	17	57%
			Male 18+	2.475	406	771	166	1343	54%
			Female <18	40	2	10	17	29	73%
			Female 18+	1.530	204	416	62	682	45%
			<b>Total</b>	<b>4.075</b>	<b>613</b>	<b>1210</b>	<b>248</b>	<b>2071</b>	<b>51%</b>
	Number of MARP individuals accessing STI services at targeted intervention sites	10.840	CSW	7.000	2.264	2212	862	5338	76%
			IDU	300	47	57	103	207	69%
			MSM	4.000	654	601	32	1287	32%
			Transgender	3.000	397	734	205	1336	45%
			OVP	4.500	904	616	1039	2559	57%
			<b>Total</b>	<b>18.800</b>	<b>4.266</b>	<b>4220</b>	<b>2241</b>	<b>10727</b>	<b>57%</b>

## **Annex 1. Revised PMP**

Revised PMP of Year 4 Work Plan

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

**Appendix A: Performance Management Plan (Original)**

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

Additional Capacity Building Indicator	Number of KAPs individuals accessing STI services at targeted intervention sites	KAPs: CSW, IDU, MSM, and OVP (transgender, non-injecting drug user, IDU's sex partner, high-risk men, Papuan Male, Papuan Female)	CSO monthly report; reported quarterly; semi-annually; and annually	MSM	4,000
				Transgender	3,000
				OVP	4,500
				Total	18,800

**Appendix A: Performance Management Plan (revised 25 March 2014, updated 07 April 2014)**

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

Indicator		Disaggregated by	Data Source, Collection Method, Validation, Frequency of Reporting	Target Y4	
PMTCT_STAT_TA	Number and percentage of pregnant women with known status (includes women who were tested for HIV and received their results) (TA)	HIV Status <i>Numerator: Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)</i> <i>Denominator: Number of new ANC and L&amp;D clients</i>	Source/s: • CSO reports of – pregnant and lactating women accessing ANC/L&D services, – number of women receiving HIV counseling and testing – number of women in ARV register  Validation: • CSO reports of: – Supporting revitalization of posyandu/ANC/PMTCT services – Supporting community participation in posyandu/ANC/PMTCT activities  Frequency:	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	1,031
				Number of new ANC and L&D clients	2,226
				Number of new positives identified	31
PMTCT_STAT_NGI	Number and percentage of pregnant women with known status (includes women who were tested for HIV and	HIV Status <i>Numerator: Number of pregnant women with known HIV status</i>	Same as above	Number of pregnant women with known HIV	1,031

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

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

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

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

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

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

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

## **Annex 2. Success Story**

CSO Capacity Building to Leverage Funds:  
*OPSI Receives Direct Grant from International Donor*



## SUCCESS STORY

### CSO Capacity Building to Leverage Funds

#### *OPSI Receives Direct Grant from International Donor*

USAID SUM II technical assistance providers *Penabulu*, *Circle Indonesia* and *SurveyMETER* are strengthening the capacity of over 30 SUM II CSO partners to receive direct funding from international donors, national and local government, and the private sector.



*“With the support of SUM II and its TA providers our staff at the OPSI National Secretariat has increased its financial management and other organizational capacities, including proposal development.”*

— Feraldo “Aldo” Saragi, Founder  
OPSI

U.S. Agency for International Development  
[www.usaid.gov](http://www.usaid.gov)

Since 2010, the HIV programs of over 30 CSOs have been the target of USAID SUM II intensive workplace-based organizational performance (OP) training, coaching and systems development. SUM II’s approach is based on management for results – which means zero new HIV infections, zero AIDS-related deaths, and zero discrimination, known internationally as the “three zeros” strategy.

*Penabulu* specializes in financial systems and management and prepares CSOs for internal and external audits. *Circle Indonesia* specializes in organizational development, HIV program planning and implementation, and proposal development aimed at long-term financial sustainability. *SurveyMETER* specializes in monitoring and evaluation, including data-based proposals.

The Indonesia Social Changes Organization (OPSI) is a SUM II technical assistance provider to CSOs on community organization approaches to most-at-risk populations (MARPs). Community organization means that leaders within MARPs take the lead and determine the nature of the HIV response, take responsibility for shaping plans, and take action. This independence and self-reliance of communities and individuals will reduce resources now being expended for intensive HIV prevention outreach efforts. OPSI is also a recipient of SUM II’s intensive, on-the-job capacity building program provided by SUM II TA partners *Penabulu* and *Circle Indonesia*, including capacity building to leverage funds.

In November 2013, *Circle Indonesia* provided training and coaching on preparation of proposals for submission to funders other than SUM II to OPSI and four SUM II CSO partners in East Java and DKI Jakarta serving female sex workers, men who have sex with men, and transgender communities. Proposals were developed and submitted to the National AIDS Commission, local governments, the private sector, and, in the case of OPSI, to the Netherlands Development Assistance Program. In January 2014 the OPSI proposal was accepted by Netherlands Development Assistance for 100,000 Euros over two year from its STOP AIDS NOW program. The goals address economic empowerment for sex workers, building a supportive environment, and reducing sexual violence.

The technical assistance provided by local TA organizations to SUM II CSO partners aims to strengthen a CSO’s ability to prepare a variety of proposals specific to various donor partners that fund HIV programs; as well as to begin integrating proposal development capacity with advocacy plans aimed at leveraging resources from local government. To complement these activities, TA providers are also assisting CSO partners in the preparation of data-based plans and annual reports as tools to describe activities and achievements of the institution. These skills and documents are all aimed at gaining further support from a variety of international organizations, private sector companies, and national and local government for CSO financial sustainability.

Financial reporting portion removed for publishing.