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Internal Evaluation Report 2000

HIV/AIDS Prevention Project



INTRODUCTION

A report on the HAPP "Lessons Learned" was launched in September 2000. In response to several requests for a clear explanation of how the "Lessons Learned" report was produced, FHI compiled much of the material produced during the course of the evaluation. These materials include the information gathered during the course of the evaluation, either regarding HAPP itself or regarding the evaluation method. In order to reflect the process used in the internal evaluation, some *working notes* have been deliberately retained and differing points of view have been left unedited. This is essentially a working document that enhances its value for those involved in the process or interested in attempting a similar style of evaluation.

These materials were produced by the members of the Evaluation Team. An index is to be found at the back of this book to help with reference.

The first part contains an explanation of the evaluation method and the questionnaires used during the evaluation.

The second part contains samples of the tables containing the responses to the evaluation questions and a report on individual interviews.

The third part contains the reports drafted based on the field interviews with organizations and individuals. These reports were the basis for "Lessons Learned".

The fourth part contains various materials developed during the process of preparing to disseminate the evaluation findings.

A. First Stage - Collecting the Data

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A. First Stage - Collecting the Data

The first document in this section is an explanation of the method used to conduct the evaluation. This section also contains the questions asked during the site visits, both to organizations and to individuals.

I. Evaluation Method

Introduction

HAPP is a bilateral partnership between the Government of Indonesia (GOI) and the USAID, being implemented by the Government through the Project Implementation Letter (PIL), by Family Health International (FHI) and by a Participating Agencies Service Agreement (PASA) with the CDC.

A Completion Report and an Evaluation of HAPP (1996-2000) were stipulated in the original Project Contract. The Completion Report covers both the technical and non-technical standards. This evaluation focuses on Lessons Learned from the entire process of the Project's implementation and incorporates the perspectives of the different stakeholders, including the GOI, Department of Health, FHI, HAPP's various partners (NGOs and PVOs) and the different target audiences (in the community) and does so within the religious and cultural norms of Indonesia.

An attempt was made to make the evaluation process itself user-friendly, practical, participatory and consultative. It was primarily a self-evaluation being undertaken by FHI in association with HAPP staff, for a project planned and implemented by them. The evaluation was managed internally by FHI Jakarta, coordinated by the Country Director, using an Evaluation Team. The evaluation process consisted of a number of task-oriented teams who represented end users and stakeholders, including the GOI, HAPP Provincial staff, the Implementing Agencies (IAs), the community (end users), Komseni - the public relations company, universities and other research agencies and facilitators.

The Evaluation TOR

The process of evaluation began in January 2000 with the development of an Evaluation Terms of Reference (TOR). This specified the process to be followed, the tasks to be undertaken, including field, PVO, GOI and donor consultations, a time plan for these activities and the end report production and dissemination plan. The TOR was revised after in-house consultations and formal and informal meetings with the Technical Advisory Group, consisting of HAPP's PVO partners and USAID.

Method

Information and data were gathered in two ways, as described below. The present qualitative and participatory evaluation was conducted by integrating the findings of qualitative analysis of two types of data: (1) field-interview based data and (2) secondary data.

Secondary Data Assessment

One Evaluation Team member scanned and perused all available reports, documents, letters, minutes of meetings, etc. and carried out qualitative analysis of the secondary data. The secondary data comprised all documents pertinent to technical and non-technical aspects of the Project, including minutes of meetings, letters, progress reports (e.g. quarterly and annual reports) and interim evaluation reports.

The analysis was conducted by reading all the above documents to identify common themes or recurrent issues and other critical issues. The latter could include issues that had a great impact on different aspects of the Project. The next step was to draw Lessons Learned from the issues identified.

Site Visits

The three HAPP sites, Manado/Bitung, Surabaya and North Jakarta, were visited in the months of April and May 2000 (Manado: April 9 - 13, 2000, Surabaya: April 23 - 27, 2000 and Jakarta: May 15 - 19, 2000). This was done to gain a firsthand impression of the actual existing situation at the sites and to meet the people involved in the implementation of the Project.

A set of questions (See Annexes) was developed over a period of two weeks in March 2000, by a consultant in the Evaluation Team, in close coordination with the senior staff of the HAPP Jakarta Office and with inputs from the Provincial Offices. These were a set of broad questions for the following target audiences, to be used as a guideline in order to ensure complete information and data, rather than to be strictly adhered to:

- GOI
- NGOs
- Provincial HAPP Office staff
- KPAD/KPAD Program Advisor
- Beneficiaries
- NGO Forum
- PVOs
- Donor Agencies

A set of questions was also prepared for the GOI and donors and for PVOs and other partners.

Each visit was conducted by a team consisting of independent consultants who comprised the Evaluation Team, including a facilitator as well as a member of the HAPP Jakarta Office staff to formalize some of the meetings and to introduce the team and briefly summarize the objectives and process of the evaluation.

The HAPP Jakarta Office and Provincial Office staff helped organize the site visits and set up meetings and focus group discussions with the KPAD, IAs and the Beneficiaries. However, they were not present at these meetings in order to avoid bias and to encourage openness and honesty among participants.

- KPAD Meetings - These were conducted by the Evaluation Team members and the facilitator/interpreter, following the guideline questions described above. Meetings were held separately with the members of the KPAD Core Group and the KPAD Program Advisors in each site.
- HAPP Provincial Office Staff - The Staff at each site were similarly consulted for information and their perceptions of the Project.
- The Implementing Agencies - All three HAPP-supported NGOs in Manado, Surabaya and Jakarta met separately with the Evaluation Team and the facilitator/interpreter. An attempt was made to ensure the presence of all the staff from each NGO at the meetings so as to make the process as honest and participatory as possible.
- Beneficiaries - Each group of Beneficiaries involved in the HAPP-supported NGOs in every site participated in focus group discussions with the Evaluation Team, the interpreter and a staff member from the HAPP Jakarta Office or another HAPP site. The meetings with the Beneficiaries were organized a little differently as each group was different (CSWs, sailors, dock workers,

transvestites, youth, midwives and traditional medicine vendors). The focus group discussions were begun in innovative ways with games and other ice breakers.

Each of the above meetings took place at sites and times convenient for the group being consulted. HAPP staff organized and provided snacks for the IAs and snacks and gifts for the Beneficiaries during their respective consultations.

An international consultant, who was part of the Evaluation Team, carried out the consultations with the various Project partners (PVOs), concerned officials of the GOI and a number of relevant donor organizations based on the pre-prepared set of broad questions.

It is important to mention at this stage that, apart from the aforementioned interviews, a number of other formal and informal meetings and dialogues were also held, for example, meetings with FHI's capacity building partners.

Compilation and Analysis of the Qualitative Data

The results of the above interviews were used by the evaluation team to gain a qualitative assessment of the main issues and Lessons Learned from the implementation of HAPP at the provincial level governmental (KPAD) and non-governmental (HAPP IAs) sectors. This was done following sequential organized steps.

After detailed deliberation on the methodologies of compiling qualitative data, a method was evolved where the information was first set in a tabular format - target group from each site by key topics discussed (see Annexes). The objective of developing and utilizing this method was to ensure the inputting of all the data collected (and there were vast volumes of it after all the consultations took place) in a format that was feasible, easily do-able and easy to read at a glance. It was then easier to seek out and use the relevant data for actual inclusion in the evaluation report. Information about each group's perceptions (site-wise) about the Project, their activities, partners, capacity building, etc. was thus systematically entered. Key themes and issues emerging from the tables were then highlighted. These were discussed in detail among the core evaluation team and main key issues - both cross-cutting and particular to specific target groups, areas or topics - were then identified.

The next step was to develop a framework within which to work with respect to writing up the key issues and the main Lessons Learned that arose from the analysis. This was once again done keeping in mind that everything of relevance was to be included. The core HAPP Evaluation Team - most of whom had been involved in all the previous steps (from developing the questions, to doing the field consultations to doing the data analysis) to ensure the flow and continuity - then divided the writing to fit within the framework developed earlier. A broad outline was discussed and decided upon to keep the writing style as uniform as possible.

Challenges

It is to be kept in mind that a number of limitations were faced and Lessons Learned during the actual process of the evaluation. HAPP was a large project that spanned a period of five years, three years of which were the focus for the evaluation. Much was accomplished and many lessons were learned. Some points of importance had to be kept in mind, including the following:

- There were many personalities and parties, playing many parts, each with their own characteristics. Since one of the main elements of this evaluation was that it was participatory, it was of the utmost importance to include, during data collection and report writing, each player's and group's perceptions and views. A sincere attempt was made to do so. Confidentiality of the people interviewed, formally as well as informally, was also ensured.

- At every stage of the evaluation, the bias of those involved was kept out of the interpretation and analysis as much as possible.
- There were large volumes of data and, therefore, the development of a suitable data compilation method (in particular, for qualitative data) was time-consuming and labor-intensive.
- The report itself included all relevant information, perceptions and Lessons Learned for consideration in similar future projects and programs.
- It was important to plan well ahead of time for the production and dissemination of the findings, particularly as these were tailor-made for specific target groups.

It was felt important to document in detail the entire evaluation process so as to make it user-friendly and to be able to replicate it in the future for similar projects.

II. Questions for NGOs

1. Outreach

- a. How useful did you find the outreach activities?
- b. Why?
- c. What were your best results?
- d. What was special about your outreach activities?
- e. How did these 'special' things contribute to your achievements?
- f. What was the process of reaching these results?
- g. If you had to repeat it, what changes would you make to your outreach process?

2. Peer Education

- a. How useful did you find the peer educator activities?
- b. Why?
- c. What were your best results?
- d. What was special about your peer educator activities?
- e. How did these 'special' things contribute to your achievements?
- f. What was the process of reaching these results?
- g. If you had to repeat it, what changes would you make to your peer educator process?

3. BCC Material Development

- a. What were the materials you developed?
- b. Which were the most useful?
- c. Why were these useful?
- d. How did you utilize the different materials?
- e. What was the training you received to develop this material?
- f. Was it useful?
- g. Why?/Why not?
- h. If you had to do it again, what changes would you make?
- i. Did you receive feedback from the beneficiaries on the material you developed and distributed?
- j. If so, what?
- k. Did you pre-test your materials?

4. Coordination and Networking (KPAD, Private Sector, HAPP Partners, Provincial Office)

- a. With whom did you collaborate?
- b. In what ways did you collaborate?

- c. How useful was this collaboration to your organization in achieving your organization's objectives?
- d. How useful was this collaboration to your organization in achieving the Project objectives?
- e. What were the challenges you faced during your collaboration?

5. Sustainability

- a. What are the main factors that contributed to sustainability?
- b. Do you think these factors were included in the HAP Project design?
- c. How have inputs towards proposal development contributed to the sustainability of your organization?
- d. How have inputs towards resource mobilization contributed to the sustainability of your organization?
- e. How have inputs towards monitoring and reporting contributed to the sustainability of your organization?
- f. How have inputs towards strengthening management contributed to the sustainability of your organization?

6. Capacity Building

- a. What were the capacity building activities you were involved in?
- b. Which of these approaches did you find useful?
- c. Why?/Why not?
- d. What content was useful?
- e. Why?/Why not?
- f. What other capacity building activities would you like to have been involved in?

7. Management Issues

- a. What were the main challenges you faced in the area of management?
- b. Why?
- c. How did you monitor/use data for your management decisions?
- d. How have your skills in monitoring/using data improved over time?
- e. What have been the challenges you faced in recruiting, supporting and retaining staff?
- f. Did you overcome them?
- g. How?

8. Project Start-up

- a. What are your views on the "Jump-Start" process?
- b. If you were to start a project again, what do you think would be the best possible way to do it?

9. STD Service Provision

- a. Which STD clinic in your opinion was good?
- b. Why?
- c. What do you think a good STD clinic should provide?
- d. What do you think of the quality of the STD service provision supported by HAPP?

10. Condom Promotion

- a. Is your collaboration with condom manufacturers useful?
- b. If yes, how?

- c. If no, why not?

III. Questions for GOI/Donors/Managers

1. Project Start-Up (JW - Jump-Start)

- a. What would be the quickest/simplest transition to keep on-going projects continuing successfully without disturbing the flow of the Project?

2. Coordination and Networking

- a. What does partnership mean to you? (quality and quantity)
- b. Does your partnership with HAPP satisfy your definition of partnership?
- c. If yes, how?
- d. If no, why not?
- e. Given your experience with partnership, how importantly, do you think, would similar partnership benefit a new project?

3. Surveillance - Behavioral and Biological

- a. How do you think the surveillance process could be simplified?
- b. What forms of capacity building are required for its implementation?
- c. What forms of capacity building are required for analysis?
- d. What forms of capacity building are required for interpretation of data?
- e. How do you think that surveillance can be made sustainable?
- f. In what way has the surveillance affected your decision-making?

4. STD Service Provision

- a. Which STD clinic in your opinion was good?
- b. Why?
- c. What do you think a good STD clinic should provide?
- d. What do you think of the quality of the STD service provision supported by HAPP?
- e. How would you improve the quality of STD service provision?

5. Condom Promotion

- a. Is the strategy being followed for condom promotion sustainable?
- b. If yes, in what way?
- c. If no, why not?

6. Management of Sub Offices

- a. What do you expect from the sub offices?
- b. Do your sub offices fulfill these expectations?
- c. If no, what are the gaps?
- d. In what way can the sub offices be made more efficient?

IV. Questions for Komisi Penanggulangan Aids Daerah (KPAD)

1. Capacity Building and Support

- a. What were the capacity building activities you were involved in?
- b. Which of these approaches did you find useful?
- c. Why?/Why not?
- d. What content was useful?
- e. Why?/Why not?
- f. What other capacity building activities would you like to have been involved in?
- g. What were the outcomes of capacity building inputs provided to you?

2. Their Role

- a. How did you perceive your role in the life of the Project?
- b. Has it changed over time?
- c. If so, how?
- d. What is your perception of your coordination/interaction with NGOs?
- e. What is your perception of the (KPAD Advisor/Working Group)?

3. Sustainability

- a. What are the key factors that contribute to sustainability?
- b. How have inputs towards monitoring and reporting contributed to your sustainability?
- c. How have inputs towards strengthening management contributed to your sustainability?

4. Decentralization

- a. How do you see your role changing in a decentralizing system?
- b. What did you have that could be useful during decentralization?

V. Questions for Partners, PVOs And Others

Making partnerships productive and satisfying

- a. What does partnership mean to you?
- b. What is your perception of the Provincial Office?
- c. How did you perceive your role in the implementation of the Project?
- d. Was your involvement and partnership in the Project satisfying?
- e. If so, how?
- f. If not, why not?
- g. Given your experience with partnership, in what way would a similar partnership benefit a new project?
- h. How could your perception of the 'ideal partnership' be operationalized? (mechanism)

VI. Questions for Beneficiaries

1. Project Goals and Activities

- a. Which part of the Project that you were involved in did you find most useful/relevant?
- b. Why?

- c. Which part was the most interesting?
- d. Why
- e. Which part was the most fun?
- f. Why?

2. Perceptions of the Project

- a. Did the Project help you in solving any of your problems?
- b. If so, how?
- c. Did you think you were at risk before your involvement with the Project?
- d. After your involvement with the Project, what were the safe practices you adopted?
- e. Would you like to have been involved in the Project in a greater or different way than you were? How?
- f. In what way do you think the Project could have been better with respect to you?
- g. Would you continue in the future what you have learned with the Project?
- h. What were your most useful 'gains' from the Project?
- i. What did you feel was not useful? Why?

VII. Questions for The NGO Forum

1. Capacity Building and Support

- a. What were the capacity building activities you were involved in?
- b. Which of these approaches did you find useful?
- c. Why?/Why not?
- d. What content was useful?
- e. Why?/Why not?
- f. What other capacity building activities would you like to have been involved in?
- g. What were the outcomes of capacity building inputs provided to you?

2. Their Role

- a. How did you perceive your role in the life of the Project?
- b. Has it changed over time?
- c. If so, how?
- d. What is your perception of your coordination/interaction with KPAD?

3. Sustainability

- a. What are the key factors that contribute to sustainability?
- b. How have inputs towards monitoring and reporting contributed to your sustainability?
- c. How have inputs towards strengthening management contributed to your sustainability?

4. Decentralization

- a. How do you see your role changing in a decentralizing system?
- b. What did you have that could be useful during decentralization?

VIII. Questions for GOI/Donors/Managers/Partners

1. Project Start-Up (JW - Jump-Start)

- a. What would be the quickest/simplest transition to keep on going projects continuing successfully without disturbing the flow of the Project?

2. Coordination and Networking

- a. What does partnership mean to you? (quality and quantity)
- b. Does your partnership with HAPP satisfy your definition of partnership?
- c. If yes, how?
- d. If no, why not?
- e. How significantly would similar partnerships benefit a new project?

3. Surveillance - Behavioral and Biological

- a. How do you think the surveillance process could be simplified?
- b. What forms of capacity building are required for its implementation?
- c. What forms of capacity building are required for analysis?
- d. What forms of capacity building are required for interpretation of data?
- e. How do you think surveillance can be made sustainable?
- f. In what way has the surveillance affected your decision-making?

4. STD Service Provision

- a. In your opinion, which STD clinic is most functional?
- b. Why?
- c. What do you think a good STD clinic should provide?
- d. What do you think of the quality of the SSTC service provision supported by HAPP?
- e. How would you improve the quality of STD service provision?

5. Condom Promotion

- a. Is the strategy being followed for condom promotion sustainable?
- b. If yes, in what way?
- c. If no, why not?

6. Management of Sub Offices

- a. What do you expect from the sub offices?
- b. Do your sub offices fulfill these expectations?
- c. If no, what are the gaps?
- d. In what way can the sub offices be made more efficient?

B. Second Stage - Compiling the Data

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B. Second Stage - Compiling the Data

The data from the site visits was transferred into matrices by the Evaluation Team, as was the secondary data. This section contains examples of the matrices. It is not possible to include all the matrices but they are available on request from the FHI office in Jakarta.

During this compilation process, the critical points were highlighted and common themes identified. Items of interest which were particularly unique were also marked.

I. Beneficiary Table

Respondent	Project Goals and Activities	Perception of the Project
<p>Jakarta</p> <p>YKB (CSW) Bandung- wangi</p>	<p><i>Usefulness:</i></p> <ul style="list-style-type: none"> • Increased self-esteem, especially because YKB treats them with respect (which they don't receive from the community) and YKB gives them the opportunity to become Outreach Workers, facilitators and resource persons in training. • Building networks with people from all levels • Able to make contact with other CSWs in other areas through Study Tours (National and International) and went to international forum. • Condom negotiation training • Knowledge of how to prevent oneself from getting STD/HIV/AIDS and ability to disseminate that information and skill to their peers (domino effect) • Being able to be part of the community, not marginalized. 	<p><i>Perceived problems solved:</i></p> <ul style="list-style-type: none"> • Their STD treatment seeking behavior (e.g. seek medical treatment for vaginal discharge) was increased and the referral system developed by YKB gave them the chance to have the same treatment and services as other patients (non-CSWs). • They could afford adequate STD treatment. • After becoming PEs at the YKB project, they were able to change their behavior by using condoms with their clients. • CSWs were given the chance to become ORWs and to change their occupation. After becoming ORWs, CSWs quit their previous job as CSWs (e.g. one of the CSWs said that "being a SW is not what I want to be). <p><i>Notable behavior changes:</i></p> <ul style="list-style-type: none"> • Giving up smoking and alcohol. • No longer working as CSW. • More mature. • Able to get along better with people. • Self-awakening to help others. • Learned how to budget. <p><i>Future plans:</i></p> <ul style="list-style-type: none"> • Because of YKB support, BW is now an independent organization. The members would like to be supported and funded to provide services and to disseminate HIV/AIDS prevention information and skills to the CSWs themselves, independently from YKB. • With their high motivation and commitment, BW members would like to continue OR and PE programs to disseminate information to SWs. According to them, this is important because, after Kramat Tunggak was banned, SW were spread throughout the community and STD prevalence increased (information from BSS). • BW would like to build a network with the government to minimize stigmatization. <p>RECOMMENDATIONS</p> <p>YKB should provide Bandungwangi with Capacity Building and Technical Assistance in using computers, income-generating programs organizational management and human resource development.</p>

<i>Respondent</i>	<i>Project Goals and Activities</i>	<i>Perception of the Project</i>
<p>YIK (CSW) Putri Mandiri</p>	<p><i>Usefulness:</i></p> <ul style="list-style-type: none"> • Increased STD/HIV/AIDS prevention knowledge, which led to using condoms with clients. • In collaboration with Artika’s Task Force, PM was able to make condoms available at that particular red area and to sell these to SWs/clients, which led to increased income. • Vocational training such as dancing and singing is one way to increase SW income and make contact with other organizations. 5 SWs have changed profession and become dancers at pubs and discos. ❖ Durex and Simplex are preferred by waria (for oral sex); Sutra is not popular (because its cheapness is perceived as denoting low quality); Artika is the most popular condom in that particular area. 	<p><i>Background:</i></p> <p>‘Putri Mandiri’ was previously the name of a newsletter containing SW stories, which was developed by YIK for SWs. On June 15, 1999, Putri Mandiri became a legal SW organization with Peer Educators as members. After its establishment, PM took over YIK activities such as disseminating HIV/AIDS information, carrying out condom promotion activities, holding the Candlelight memorial event, motivating their peers to practice safe sex and holding literacy classes. To become a member, an SW has to participate in PM discussion meetings at least 2 times and must always use a condom. Belonging to PM was valuable to the SWs because “everybody is there”, they could consult about their problems and they could participate in income-generating programs such as selling peanuts (with seed money from YIK).</p> <p><i>Perceived problems solved:</i></p> <ul style="list-style-type: none"> • Realization of their own risk of STD and HIV/AIDS infection has led to them starting to use condoms with clients. • Small-scale income generating activities <p><i>Future plan:</i></p> <ul style="list-style-type: none"> • PM wants to obtain the support and funds to broaden the scope of programs with SWs, not only STD/HIV information dissemination but also vocational/income-generating programs.

<i>Respondent</i>	<i>Project Goals and Activities</i>	<i>Perception of the Project</i>
<p>IAKMI (Waria)</p>	<p><i>Usefulness:</i></p> <ul style="list-style-type: none"> • The clinic is useful because waria can get free STD treatment and health assistance. • Regular discussions are useful because they increase STD/HIV/AIDS prevention knowledge, which leads to their buying condoms for their own safety and they can change their behavior by persuading clients to use condoms (although this still depends on the client's decision). Condoms are not, however, used with their partners. • Through the IAKMI clinic they were able to make friends and new contacts • Transportation money, free lunches at regular weekly meetings and free STD check-ups motivate waria to come to the IAKMI clinic and encourage their friends to come along. • They became resource persons at training and seminars. • Domino effect for the clinic and STD check-ups. ❖ A good relationship between ORWs and waria is a must. 	<p><i>Perceived problems solved:</i></p> <ul style="list-style-type: none"> • Realization that they are at risk of STD and HIV/AIDS infection has led waria to have regular STD check-ups and to use condoms regularly. • They were able to get STD examination and treatment free from a clinic which was not judgmental. They felt that the health providers at this clinic accepted them and were friendly. <p>RECOMMENDATIONS</p> <ul style="list-style-type: none"> • Clinics for waria and gay men such as the IAKMI clinic should continue to operate, otherwise waria will start self-treatment again because they cannot go to general clinics. • HAPP could set up other clinics and HIV/AIDS prevention programs for waria in another parts of Jakarta such as East Jakarta and Bekasi because the waria populations there are high. • IAKMI should rotate persons appointed to represent IAKMI as resource persons if requested by other NGOs or institutions.
<p>IPOOS (MSM)</p>	<p><i>Usefulness:</i></p> <ul style="list-style-type: none"> • The MSMs became resource persons at the request of other NGOs/organizations and Government institutions. • They used condoms during sexual intercourse with partners. • Domino effect in countering the myth that HIV is a gay disease. • Broadened their views. • Made friends and new contacts and built network with the government people as well. • Increased self-esteem and greater self-confidence • Increased income through entertainment at Discos and Pubs and became known by people. ❖ A solid organization with waria and MSMs as members is advantageous especially because they have the same attitude and behavior and can use the organization to support each other for behavior change. 	<p><i>Notable change:</i></p> <ul style="list-style-type: none"> • Realization that they are at risk of STD and HIV/AIDS infection has led to their regularly using condoms and being aware of how to have sex with a partner if they get HIV. • Self-awakening to build empathy with people who are HIV+ and becoming assured that they would still be accepted even if they got HIV <p><i>Future plans:</i></p> <ul style="list-style-type: none"> • To reach MSMs outside IPOOS. • To disseminate HIV/AIDS information through entertainment (such as operetta), quizzes and games. • Outreach and Basic Counseling training.

Respondent	Project Goals and Activities	Perception of the Project
<p>Surabaya</p> <p>YAA (CSWs and pimps)</p>	<p><i>Usefulness:</i></p> <ul style="list-style-type: none"> • Decrease in STD cases due to condom use. • Greater knowledge about STDs led to dissemination of that information to clients (domino effect) and to using that information to negotiate condom use with clients. • Were able to refer STD cases to PKBI or Putat Jaya. • Training and seminars organized by YAA gave them new experience and knowledge and enabled them to make friends and network. • Were able to participate in entertainment (edutainment) events organized by YAA. • Becoming a PE for YAA increased their self esteem and status in the community. • Becoming PEs and having regular meetings organized by YAA was useful because this was a starting point for organizing themselves into 'Sudi Asih' for Mami and 'Harapan Sejati' for SWs and these new organizations were used for income-generating programs. <p>❖ One wisma owner expressed her satisfaction with the Project and said she feels no regret that the SWs working in her house are involved in the Project. In fact, they have benefited since the clients see her SWs as clean. This project has brought respect to their house, which has then increased their income.</p>	<p><i>Notable change:</i></p> <ul style="list-style-type: none"> • Perception that condom use is better for STD prevention than regular check-ups or penicillin injections. • Changes in STD treatment seeking behavior, from self-treatment to adequate examination and treatment. <p><i>Perceived problems solved:</i></p> <ul style="list-style-type: none"> • Realization that they are at risk of STD and HIV/AIDS infection has led to regular STD check-ups and condom use. • They were able to get STD examinations and treatment free at the PKBI clinic, which was a relief because paying a doctor is burdensome for them. • Using condoms and getting adequate STD treatment led to feeling safer and getting more money from their trade (because the clients see them as "clean"). <p><i>Future plans:</i></p> <ul style="list-style-type: none"> • To continue STD/HIV information dissemination and adequate STD treatment even with their own money. • Could form an NGO among themselves to continue STD/HIV prevention program work ("It is a just a matter of money/funding") because they already have the knowledge and information. <p>RECOMMENDATIONS:</p> <ul style="list-style-type: none"> • Training needed: vocational training (hair dressing, salon, tailoring) for income generating. (Success story: after tailor training and getting a sewing machine from the Dept. of Social Welfare, one SW was able to change profession. <p>✓ Story from one SW: She asked a client to use a condom but he refused saying it would lessen the pleasure (although he had never tried one). He was drunk and did not realize when she put the condom on him anyway. After intercourse, she told him about the condom and he could not believe that he had not felt it.</p> <p>➤ Almost all SWs interviewed said that there is a time limit for being an SW. After they become old, no one will give them money for sex transactions and they will not be able to compete with the young SWs; that's why almost all said they need to think about another job to anticipate "retirement".</p>

<i>Respondent</i>	<i>Project Goals and Activities</i>	<i>Perception of the Project</i>
<p>Y Pros (Sailors, Dock Workers, CSWs, Waria)</p>	<p><i>Usefulness:</i></p> <ul style="list-style-type: none"> • Training is useful because they realize their own risk of STD and HIV. • For dock workers: they would like to disseminate information regarding the danger of STDs (these are common diseases among them) and the fact that STD is an entry point for HIV. • For waria: condom negotiation is useful because it can be used to negotiate condom use with clients. • They felt good when disseminating STD and HIV prevention information to peers and other people. • Street Theater is a good way to disseminate information and to refer illiterate STD patients. <p>For dock workers: Y.Pros clinic is useful because, for those who have health insurance but whose health insurance does not cover STDs, this service is a relief.</p>	<p><i>Notable changes:</i></p> <ul style="list-style-type: none"> • Realization of their own risk of STD and HIV infection has led to strong motivation to disseminate that information and especially to make their peers and other people have the same awareness of the risk. • More controlled sex behavior by using condoms. • People who have been treated at the Y.Pros clinic have a lot of faith in it and wanted to be Pes. • The Y.Pros STD clinic is a place that helps them to change their behavior from self-treatment to more adequate STD treatment seeking behavior because it gives free examinations and treatment (affordable). Only for advanced diseases will they be referred to the hospital. <p>RECOMMENDATIONS:</p> <ul style="list-style-type: none"> • PE SWs could go to other areas (Balikpapan and Makasar) to teach SWs there about condom use and STDs. • The people interviewed depend too much on the Y.Pros STD clinic and wish to continue receiving services free of charge. • Y.Pros could open branches in other provinces. <p>❖ Story from one SW (PE): when she first became aware of STDs and HIV she was afraid because she realized how risky her work was. This realization encouraged her to educate and disseminate this information to her peers and she became a Peer Educator. In her experience, it took time for her peers to believe her but after that time they listened to her and even sailors listen to her now. There are times when there is denial, so persistence is required for PEs. In addition to providing STD/HIV prevention information, she refers peers, sailors and dock-workers she has contacted to the Y.Pros clinic. She needs to persuade them to go to that clinic</p>

Respondent	Project Goals and Activities	Perception of the Project
		<p>before they believe that Y.Pros gives free STD examinations and treatment. According to her, those people like the Y.Pros clinic because it provides free services and guarantees confidentiality. She sometimes gets mistaken for a condom saleswoman, because, as a PE, she talks so much about condoms and carries condoms all the time.</p> <ul style="list-style-type: none"> ✓ Another story re. condom use: one dock worker (PE) offered to pay for his peer to have sex with an SW if he would use a condom. This is one way to prove that condoms don't lessen the pleasure. ❖ Challenges: Educating people who don't speak Indonesian. To overcome this problem, collaboration with local authorities is useful.

Respondent	Project Goals and Activities	Perception of the Project
<p>PKBI (Midwives)</p>	<p><i>Usefulness:</i></p> <ul style="list-style-type: none"> • Training was useful because it increased their knowledge especially re. Counseling and discussions, STD syndromes) and helped a lot in their daily work and information dissemination (e.g. to youth, housewives and wives of government officials). • Training and meetings were useful because they were able to make friends and build networks. • The referral system developed by PKBI was perceived as good because midwives could either refer patients or send vaginal smears. • IEC material distributed by PKBI was useful because it was colorful, had pictures and was easy to understand. 	<p>RECOMMENDATIONS:</p> <ul style="list-style-type: none"> • The PKBI clinic could continue giving STD laboratories testing and treatment for free for patients referred by midwives. • More IEC material should be distributed to patients through midwives, including slides and OHP to be used when disseminating information during discussions. ❖ Midwives were unable to make follow-up visits to their patients since time was limited. ❖ Older patients are more interested in HIV information, while younger patients don't care.
<p>PKBI (Traditional Herbs Vendor)</p>	<p><i>Usefulness:</i></p> <ul style="list-style-type: none"> • STD and counseling training is useful because they become more confident in giving advice to clients, they expand their services and, as a result, generate income. • Being able to refer clients to PKBI generates more client respect for them. • Networking and making friends. • Training and discussion on STD syndrome, counseling and small enterprise management increase their knowledge. 	<p><i>Notable changes:</i></p> <ul style="list-style-type: none"> • For assumed STD clients, they did not just give traditional herbs but also referred them to the PKBI clinic (they sometimes even brought clients to PKBI). • Knew more about hygiene especially in the preparation of traditional herbs. • Became more confident in giving advice to clients. • Generated income. • Established a "Traditional Herbs" Organization as a place to share information. <p>RECOMMENDATIONS:</p> <ul style="list-style-type: none"> • Further business management and marketing skills training.

Respondent	Project Goals and Activities	Perception of the Project
Manado		
YMM (Youth)		
YPeka (CSW)	<p><i>Usefulness:</i></p> <ul style="list-style-type: none"> • Condom negotiation training and discussions were useful because they got in-depth information which was relevant to their daily work. They disseminated this knowledge and skills to their peers as well. • Discussions were useful because they increased their knowledge and understanding about STD/HIV prevention and condom negotiation. They were also able to share this information. • Regular STD examinations were the most useful because they were able to get free examinations and treatment and even transportation money. <p>❖ Wisma owners were very positive about the Project and felt no regrets at the SWs working in their houses being involved in the Project. In fact, one benefited since her house was seen as the cleanest brothel in that area, always active in health sector activities and was the center of NGO activities. This project brought respect to her house, which then increased its income.</p> <p>❖ A good relationship between ORWs and wisma owners and SWs is a must, so as to build a good foundation for the outsider to build a good rapport his/her audience.</p>	<p><i>Notable changes:</i></p> <ul style="list-style-type: none"> • Realization of their own risk of STD and HIV/AIDS infection because of their work (both to them from a client and to the client's wife at home) has motivated them to persuade clients to use condoms (by saying this is to protect his loved one at home). However, the bargaining power is still in the man's hands; if he does not agree to use one, they can do nothing. <p><i>Future plans:</i></p> <ul style="list-style-type: none"> • Small-scale income generating activities such as kiosks. • Becoming PEs to teach other SWs in other places. There have been occasions when SWs from Kotamobagu, Mariri and Jalan Siswa came to their place and asked for condom. They used this occasion to teach them about STD/HIV issues and the importance of using condoms and to motivate them to always use condoms with clients. However, they do not want to be 'open' in front of the general public since they still have to protect their family from being exposed to their profession. <p>✓ Story about condoms: Some of their clients always use condoms because of the suggestions made by the SWs. As result of OR, the clients realize the importance of protecting their wife. They do not want their wife to get infected with an STD or HIV, so they always use condoms.</p> <p>✓ More free condoms from DepKes are needed compared to more Sutra or 'Consortium' (Durex, Simplex and Artika) condoms because of the their low income. So far, stocks from DepKes are adequate as checked by Y.Peka ORWs. They have tried to sell consortium brands but were out of stock, the price being far too high for their clients.</p>

<i>Respondent</i>	<u>Project Goals and Activities</u>	<u>Perception of the Project</u>
LHS (Sailors)	<p><i>Usefulness:</i></p> <ul style="list-style-type: none"> • HIV information dissemination through IEC material and Traditional Drama Performance is useful because it give them the skill to protect their own health by using condom properly and got free condom. • Traditional Drama Performance by LHS is good because it generates discussion among them and as a means of reinforced each other to use condom. 	<p><i>Notable changes:</i></p> <ul style="list-style-type: none"> • <u>Realization of their own risk for STD and HIV/AIDS</u> infection has led them to use condoms with SWs (but not with regular partner). • Not using any penis accessories anymore (penis accessories such as pearls implanted in the head of the penis. • Willing to buy the condom themselves if they run out of it because they know this will help them. <p><i>Recommendation:</i></p> <ul style="list-style-type: none"> • Antibiotic (such as 500mg of Ampicilline) being provided on ships. This is for temporary relief until they can see the doctor as they are often far out in the sea when they get STD syndrome and it is often days before they can see a doctor. The other reason is that doctors are not always available on every harbor they come into port. • Use Family Health Campaign strategy for AIDS Campaign and make it nationalized it. • Continue providing free condoms on the ships. <p><i>Sailor story:</i> Getting STD for very comunon for a sailor and most self-treat with 500mg of Ampicilline as that was available on the ship. They are ashamed when they get STDs since their colleagues will tease them.</p>

II. KPAD Table

	<u>Capacity Building and Support</u>	<u>Their Role</u>	<u>Sustainability</u>	<u>Decentralization</u>
Manado	List of CB to be included in the introduction			
	<p>KPAD - Program Advisor Role as perceived by KPAD:</p> <ul style="list-style-type: none"> • Gives advice on programs/activities /selection of NGOs • Coordinates with KPAD members • Coordinates & supports KPAD activities • Facilitates communication with executive staff of Government • Seen as HAPP staff therefore gets more attention & respect from government officials. • Implementation of activities not his strength because HAPP Jakarta is the final decision maker. <p>Most useful ones:</p> <ul style="list-style-type: none"> • Training for officials from different sectors very useful to integrate HI/AIDS activity better. • Study tours very good because: • Broaden participants view • Has domino effect specially to sectors other than health & to executive level of government • Leads to good collaboration between KPAD & NGOs • Leads to increase in HIV/AIDS budget allocation • Leads to HIV/AIDS being included in other programs. 	<ul style="list-style-type: none"> • They perceived their role & involvement in HI activities as well-coordinated and particularly important & deep with respect to HAPP activities because of their perceived sense of responsibilities (sp. To identify health center with STD clinic) • They can see than in some situation (e.g. dealing with high risk behavior groups) also NGOs can be more flexible - timings, etc. the role of NGO is bigger and therefore their role is that of facilitator. • Their role is multi-sector in nature. • The activities of the health sector have incurred in frequency and quality: • Became integrated: counseling, STD clinic (at health centers), IEC, treatment, lab. Exam, condom information and distribution, STD/HIV information • HAPP coordination activities between KPAD and NGOs • Who does what activities • Collaboration for joint activities (e.g. WAD) • Shared role of the different government sector & NGO • Representation of NGOs in KPAD through the NGO forum representative to improve communication and trust. 	<ul style="list-style-type: none"> • KPAD has develop a think tank in which the NGO are represented, should be more professional & committed. • Important factor. • Continue to support the Advisor & secretariat through other funding. • Advocacy to members of the provincial parliaments to ensure their support for budget allocation for HIV/AIDS activity, both through KPAD & the sectors • A multi-sectoral approach should be continued. • Increase the capacity of district & lower levels of KPAD 	<p>Recommendations:</p> <ul style="list-style-type: none"> • Joint decisions between the KPAD & donor should be taken on planned activities to avoid confusion & changes. • District level KPAD should be made capable of implementing more activity (capacity building) <p>Preparation for:</p> <ul style="list-style-type: none"> • Included lower level staff in capacity building activities.

	<u>Capacity Building and Support</u>	<u>Their Role</u>	<u>Sustainability</u>	<u>Decentralization</u>
Surabaya	<p>Also conducted 100% condom workshop funded by HAPP</p> <p>All were very useful because:</p> <ul style="list-style-type: none"> • All were new • All were conducted differently • All had different purposes • IDF training tough them to develop their mission & mission & budget development for more allocations of funds. <p>KPAD - Program Advisor & Secretary</p> <p>Role as perceive by KPAD Program Advisor & secretary regard themselves as HAPP Jakarta staff and largely follow HAPP Jakarta instructions.</p>	<ul style="list-style-type: none"> • They perceived their role as a support & coordination body for HAPP activities and between the government & NGOs at all levels. • HAPP involvement led to: • The Governor & other sector becoming more aware of and more involved in HIV prevention. • Money from the Governor & HAPP resulting in conducting activities and inviting participation even from the district level NGOs • Good relationship with NGOs • Improved activity reporting from NGOs would lead to better coordination by the KPAD 	<p>Recommendations:</p> <ul style="list-style-type: none"> • Increase the capacity of district & lower levels of KPAD • District level KPAD should also have better interaction with NGO at that level • Creating a network of comprehensive health services for HIV+ people at all levels. • Empowering HIV + people • KPAD core group recommends a salary to increase motivation and incentives. • KPAD has develop a core group in which the head of NGO forum is represented. 	<p>Recommendations:</p> <ul style="list-style-type: none"> • District level KPAD should be made capable of implementing more activity (capacity building) e.g. leadership, IEC de-velopment & net working.
		<ul style="list-style-type: none"> • To avoid duplication & overlap of activities, coordination between KPAD, NGO & Donor should be strengthened. 	<p>Important factors:</p> <ul style="list-style-type: none"> • Political will of policy makers including the governor • Money • Commitment of KPAD members. 	<p>KPA, KPAD & District level KPADS all autonomous & so no decentralization issues.</p> <p>Recommendations: NGOs should work and coordinate directly with the KPAD at their level.</p>

	<u>Capacity Building and Support</u>	<u>Their Role</u>	<u>Sustainability</u>	<u>Decentralization</u>
Jakarta	<p>Ongoing proposal development skills HAPP required each activity to be based on a proposal) Office equipment from HAPP Operational funds from HAPP</p> <p>Usefulness (their perceptions)</p> <ul style="list-style-type: none"> • Leadership training had no relevance for these because as government officials they get leadership training for their level. • Study tours are only useful if they are abroad because they feel that Jakarta is more advanced than other regions in Indonesia. • They feel that after having received IEC development training (from HAPP), they should received funding from HAPP for their one IEC material development. <p><u>KPAD - PA</u> Role as perceived by KPAD</p> <ul style="list-style-type: none"> • Program Advisor and secretary perceived themselves as HAPP Jakarta staff and followed Jakarta instructions. • PA should be either part of KPAD or a KPAD consultant. • Salary of Program Advisor & Secretary should be channeled through KPAD • Their recruitment process should be in consultation with KPAD. <p>Further support required:</p> <ul style="list-style-type: none"> • Financial management • PR TOT about HIV, drugs, Hepatitis 	<ul style="list-style-type: none"> • They see their role as a facilitator for NGOs to implement their activities. • They would like to strengthen their role as a coordinator between KPAD, NGOs and Donors. 	<p>They are self sufficient and not necessarily require donors.</p>	

II. Jakarta Consultations

A. Details of Jakarta-Based Organizations' Individual Consultations

World Health Organization (WHO)

Coordination and Networking - Partnerships should be built upon respective strengths and be focussed on reaching a common goal. The IDU Rapid Assessment has been a good example of a collaborative effort. WHO should be seen as having technical expertise with high level Government assistance and USAID/HAPP should be seen as having technical expertise with the ability to implement in the field.

Surveillance - Behavioral and Biological - In relation to sero-surveillance, WHO felt that the guidelines have already been simplified. They felt there is a need for improved capacity in some areas to implement guidelines and an overall need for funding. In particular, the need for funds for test kits remains a critical gap. In behavioral surveillance, WHO feels that the BSS guidelines need to be simplified to provide a sustainable strategy to be implemented within the provinces. At the moment, WHO feels the BSS is unsustainable. Overall, WHO felt that there should be a link between the sero and behavioral surveillance implemented at a provincial level with governmental and non-governmental involvement.

STD Service Provision - WHO believes that the most sustainable system for STD service provision is integration with the Puskesmas or at least linkages of STD service provision for sex workers with the local Puskesmas. WHO believes that an integrated approach to STD service provision is sustainable.

Condom Promotion - WHO believes there needs to be a coordinated approach to review the national policy for condom promotion. It seems that the approach across the nation is a bit confusing and condom promotion could be enhanced with a coordinated and clear policy.

Project Start-Up - WHO hopes that this internal evaluation could be used as a baseline for the next project. Their hope is to see enhanced efforts at a provincial level.

Atma Jaya

Atma Jaya's role was described as assessing the capacity for monitoring and evaluation (M&E) among NGOs and providing technical assistance to NGOs for M&E. The original needs assessment showed that most NGOs were using quantitative means to monitor their programs and they required greater skills in qualitative analysis and data management. Atma Jaya developed a 5-day workshop and several manuals for the NGOs to use in M&E.

In addition, Atma Jaya has been involved in technical assistance for the IDU Rapid Assessment and Response (RAR).

Overall, Atma Jaya has been pleased to be a part of HAPP and welcomes continued collaboration and partnership. They felt HAPP provided them with their own authority and responsibility in developing and implementing their work.

Issues Raised: Atma Jaya felt that M&E was initiated too late in the development of the NGO program. They felt that an earlier start was required in the new project. In addition, Atma Jaya felt

that their efforts could have a greater impact if all capacity building assistance was coordinated under HAPP.

In the area of RAR, Atma Jaya felt that it was very good that donors were coordinating to improve an overall understanding of IDU in Indonesia. However, donor coordination could be improved by better communication among the donors on rules and regulation (e.g. per diem) and for the donors to speak in a single 'voice' to provincial partners. In addition, their role in technical assistance to the provinces is constrained by a limited involvement in decisions about who locally will be involved and by the lack of not also having the financial management responsibilities of the Project.

Overall Recommendation: A clearly articulated capacity development plan that identifies the roles and responsibilities of each partner organization could improve the efficiency and effectiveness of the capacity building efforts for the NGOs.

Business Dynamics

Business Dynamics' role was described as offering capacity development in the areas of leadership and participatory management practices to HAPP partners, specifically, the KPADs and the NGOs. Although they were hired somewhat late in the Project, Business Dynamics worked with the KPADs and NGOs to describe baseline assessments of the organizations, retrospectively and followed up with current self-assessments. They offered several capacity building workshops with these partners. Details can be found in the "Institutional Development" report by HAPP.

Partnership: Partnership was defined as 'working together and drawing on each other's strengths to provide maximum benefit to the end users' and was also described as: 'mutual work towards a goal to be achieved, a collaborative effort of pooled strength with a team spirit.'

They perceived their partnership with HAPP as high quality with a focus on producing results for the end users. In addition, they believed HAPP was sensitive to cultural issues and provided many opportunities for NGOs to improve themselves. Business Dynamics was very satisfied with their partnership with HAPP.

Lessons Learned Leadership training in association with institutional development was critical for HAPP partners in the field.

1. Future assistance under the new project to local organizations must be better coordinated by FHI.
2. Business Dynamic can assist by developing and implementing training in core competency for management.
3. In the future, it is required that resources across HAPP that are focussed on NGO capacity building are planned ahead of time as a well-coordinated strategy with clear linkages between the various HAPP partners who are offering TA.

Recommendation: A strategy for NGO capacity building is developed early in the new project. The new project should have 'targeted capacity building' efforts based upon the assessed needs of individual partners.

AusAID HIV/STD Project

Project Start-Up - AusAID is undertaking a situational assessment for the next stage of their new project and will field a team for new project design in October 2000. Their current project will most likely run into the year 2001. The AusAID project suggests that the start-up of the new project can be assisted by a regional exchange between provinces of the old and new projects. AusAID sees the two projects as complementary as USAID's approach offers greater focus on high risk groups and AusAID's approach is a greater focus on institutional strengthening.

It was generally thought that a 'jump-start' approach will not prove to be 'quicker' for the new project. It is thought that a careful phased approach with a hierarchy of provinces based upon epidemiological criteria and provincial capacity in relation to responding to HIV/AIDS would be the most appropriate strategy.

Coordination - Coordination according to AusAID should be done for a common goal or through a common activity. AusAID felt that Issue-Based coordination has been the most successful, i.e. IDU Rapid Assessments. In the future, AusAID sees that the majority of the work should be with a provincial focus with locally tailored strategies and responses. In addition, AusAID sees that there has been very good collaboration between AusAID and CDC on STDs and with HAPP on the BSS.

Overall, AusAID suggested that collaboration and coordination between the Project improved with time and effort. The lesson learned was that collaboration was best operationalized around a common goal or activity. In the future, collaboration and coordination between AusAID and USAID projects are essential. He suggested that the model of collaboration should be on issued-based training and coordinated geographic coverage.

Recommendation: Coordination between the two projects should be both in geographical placement of the Projects (e.g. Irian Jaya & Jakarta) and in issue-based collaboration in assessments, training and policy discussions.

National AIDS Commission (KPA)

Overall, the KPA would like to see greater communications and coordination of HAPP with the KPA. The KPA said that their few human resources and the lack of equipment constrains their ability to be completely effective within their role. Support directly for the KPA was requested.

The Futures Group

Overall, TFG had a very close collaboration with the communications advisors under HAPP and appreciated their partnership under the Project. They felt the condom social marketing component was constrained by the slow start-up of HAPP and the slow approval process for subagreements. TFG felt the partnerships across the Project could have been improved by more proactively-initiated communications and coordination of the partners by the leader of HAPP/FHI. In addition, in the future, where provincial offices may exist, they could be given greater authority to make decisions so that their role is more programmatic and not only administrative.

Concerning the sustainability of condoms supply and promotion, TFG felt that the current strategy within Indonesia to supply subsidized condoms will undermine the market share of Indonesian condom manufacturers. This strategy was deemed unsustainable.

PVO Partners - PCI, PATH and PACT

PCI's focus has been to provide TA to HAPP NGOs giving a community health focus. They have worked in M&E, financial assistance, sustainability and facilitation of HAPP workshops.

PATH has worked in Irian Jaya under a separate agreement with USAID. They have worked with local NGOs, developed drop-in centers, worked with students, high risk groups, clinics and also carried out cross-border activities.

PACT has worked on IEC materials development, networking, training for youth, capacity assessments and integrating HIV/AIDS into NGO programs.

Overall, this group of international PVOs felt that the 'partnership' with HAPP was unsatisfactory. In general, it was recommended that the follow-on project improve its understanding of partnership and ability to coordinate. Planning and continuity should be given special attention to address the roles the PVOs expect to play and improved communications across the Project and particularly with its partners could increase the effectiveness of the program in the field.

University Partners - JEN/Atma Jaya and University of Indonesia (UI)

JEN has been responsible for implementing and publishing an analysis of the quality of STD management (PI6&7) and an STD prevalence study.

UI has been responsible for implementing and publishing the BSS for HAPP.

Surveillance - In general, for sero-surveillance, it was felt that the procedure has been fairly simplified. The overall requirement is to decentralize and how to accomplish decentralization. In many places the local capacity to implement is already there; however, in some places equipment and overall funding is needed.

Analysis/Interpretation of Data - There needs to be continual training in how to analyze the serosurveillance data at a local level. JEN has been working with local universities and NGOs to improve this capacity. In the future, more local involvement is required to improve the perceptions and use of research data.

Decentralization - To improve the involvement of local organizations, the involvement of "Urban Forums" is required in the response to HIV/AIDS.

STD Service Provision - JEN feels that the clinics worked with do not know what the HAPP strategy is to improve STD case management. It is not worth measuring PI6&7 if there is no clear and attainable strategy to improve STD case management. Due to the lack of availability of drugs, there will be limited improvements in the measurement of PI6&7.

BSS Simplification - Although, there is potential to simplify the BSS, several issues must be taken into account while planning for 'local' implementation and use of data.

- The role and responsibility of every organization must be very clear. Increasing the number of partners will increase the complexity and increase the requirements associated with quality control.
- A plan for Capacity Building of local institutions must be articulated, funded and provided sufficient time and follow-up must be budgeted for.

Overall, the following questions need to be answered prior to simplifying and implementing the BSS with local partners:

1. What data is required at a local level?
2. Which questions are critical in the BSS in relation to local needs?
3. What is the minimum criteria/experience of organizations to implement the BSS or a similar tool?
4. What are the capacity development needs?
5. How will the process and findings be linked to both policy development and the end users?

Government of Indonesia (Ministry of Health)

Project Start-Up - In the original project, the Jump-Start method did not allow for enough time for GOI to assess the NGOs to be funded. At the beginning of the next project, the GOI would like to have an appropriate amount of time to assess the NGOs. In addition, the GOI would also like to be involved in monitoring project implementation especially through NGO activities. The NGOs need to know that the GOI is the ultimate authority with Indonesia and that they are the lead partners for the new project. Finally, under the new decentralized authority within the GOI, the workplan for the new project will have to be approved by the local Government.

Under the new project, there is a need for early discussions and clarification of the relationship between the GOI/Depkes and the Project. A clear terms of reference for the work to be done in collaboration needs to be articulated early in the development of the Project. This is especially true for the collaborative work in surveillance, but also in terms of local GOI involvement in the Project at provincial/district levels.

The new project should be tailored specifically to needs at the provincial/district level. In addition, the new project should clearly articulate its own limitations to the 11 provinces so that expectations are in line with these limitations. Finally, service delivery at a local level should have a greater emphasis in the next project.

Overall, there was a concern that, within the next project, there are not enough funds to cover all of the provinces/districts proposed. In addition, they felt that there should be more emphasis on the outcomes not only process indicators. However, there was concern that the level of indicators described in the new project (i.e. STD service provision) cannot be measured through NGOs.

Finally, it was unclear to the GOI how the GOI will access funds through the new project. The overarching question was how the new partnership with the GOI will be operationalized. The important recommendation that the GOI has is that the new project be proactive about early and continued GOI involvement and not reactive.

Surveillance - The GOI feels that HAPP's biggest contribution has been in the area of Behavioral Surveillance. In the future, to reduce the costs associated with the BSS, priority areas should be

identified where it is implemented. In addition, it was requested that a 'second generation' BSS should be developed that can be implemented locally and the data used locally. There was a suggestion that perhaps the BSS is not the best tool for the local assessment of programs.

Condoms - There was disconsensus about whether 100% condom use policies should be implemented through a law enforcement strategy. It was agreed that teaching female sex workers negotiation skills was insufficient and that involvement of the client is critical to increase condom use. Discussions about promoting condoms as a means of inexpensive contraception ensued.

Management of Sub-Offices - The overriding question was: How will the FHI procedure for approval processes be decentralized? In addition, it was felt that the Beneficiary should be the focus in the next project, but, given GOI decentralization, local advocacy and involvement of the local GOI will be critical to ensure the agreement for NGO participation and local project success.

USAID

Project Start-Up - The new project should not use a 'jump-start workshop' as was done previously. There is no need to rush into subagreements prior to orienting the staff and project partners. There should be an introductory workshop that will orient everyone to USAID's strategy, the goals, objectives and framework of the new project, FHI and FHI's subagreement process. This workshop should include opportunity for the partners to organize themselves and to develop a plan of how they will collaborate under the new project for joint objectives. In this way, a clear definition of partnership can be articulated early and potential cooperative plans articulated that will operationalize the partnership approach. Only after this orientation, should the process for subagreement development begin.

The new project should be organized through a phased approach - this includes a phased approach to engaging partners and a phased approach to geographical coverage of the provinces.

Coordination and Partnerships - Overall, USAID felt that they had a good partnership with HAPP. They found that collaboration with some of the donors improved over time - particularly with WHO and AusAID. The IDU Rapid Assessment was an example of this collaboration. In the new project, cooperation with the GOI is both under the USAID larger umbrella within the 'SOAG' as well as through FHI. However, USAID sees that few of their partners understand the SOAG completely. Under the new project, the GOI will need to see FHI as a resource for technical assistance.

Surveillance - Surveillance will be the 'branches of the tree' under the new project. Surveillance will need to be intimately connected to the central and local level for decision-making. Teambuilding with Depkes will be required to implement the surveillance program properly. A TOR between FHI and GOI will need to be developed to implement this component. Overall, the central authority will be involved in strategy and policy decisions while the local GOI will be involved in implementation. Where the KPADs don't exist, capacity building will need to occur. Technical assistance will need to be tailored specifically to the needs of the local province and district.

STD Service Provision - USAID sees STD service provision as an entry point for HIV/AIDS prevention. There needs to be continued support to Putra Jaya to develop Lessons Learned from this site. In general, the new project will have to develop a strategy to supply STD services close to sex workers and their clients, whether this is in Puskesmas or through NGOs or private clinics.

Condoms - The sustainability of the current strategy of supplementing the cost of foreign condoms and aggressively promoting them was questioned. This strategy, funded by KFW seems to be

undermining Indonesian condom manufacturers' market share. The concern is that the Indonesian condom manufacturers could go out of business under this current strategy.

Sub-Office Management - USAID suggested that, under the new project, an efficient structure for the sub-offices is imperative. This includes hiring one project manager and one 'KPAD advisor' per province. These three provincial offices should work as 'regional' offices within Indonesia.

Dissemination of the Final Evaluation Document - Finally, USAID would like to see a workshop for the dissemination of the final evaluation document of HAPP. This kind of workshop is not within the current workplan.

CDC, Center for Disease Control, USA

Coordination - In general, CDC found that it was a difficult to coordinate and collaborate within the framework of HAPP. For a number of reasons, it was difficult for a US Government employee to collaborate with a contractor from a different branch of the US government. Nonetheless, the role of the CDC advisor was focussed on the provision of technical assistance, analysis and technical guidance in relation to several areas across HAPP and in relation to requests from USAID. Technical guidance in STD service provision was a priority focus for the CDC advisor.

STD Service Provision - In the area of a future STD strategy, the CDC advisor suggested that primary prevention of STD/HIV through condom promotion should be the most important strategy for the new project in the area of STD services.

B. Overall Summary of Jakarta Consultations

Project Start-Up

It was universally agreed that the 'Jump-Start' approach used under HAPP should not be repeated for a number of reasons. Rather, the Project start-up should be seen as a phased approach with some provinces considered 'priority' under phase one. Priority provinces could be chosen based upon epidemiological significance and level of current development of a local response. Within provinces, obviously certain districts would also be considered priority. In relation to program development, there could also be some technical areas that could be given initial priority under phase I. (i.e. interventions with sex workers and their clients). There was not a detailed discussion about all the necessary components of phase I.

It was agreed that an initial Introductory workshop is essential that would allow project partners to:

1. Learn about USAID and their SOAG for Indonesia;
2. Learn about the Goals, Objectives, Design/Focus and the Structure/Management of the new project;
3. Learn about FHI and their subagreement process; and
4. Allow the partners to meet to discuss respective strengths; define their roles in relation to the structure of the Project and to identify strategies for cooperation/collaboration prior to subagreement development.

The purpose of the meeting should be both to orient project partners, but also to begin to develop plans to operationalize a partnership approach for the new project. Sub-Agreement development

should not occur at this initial meeting. Rather, TA should be provided for subagreement development with cooperative planning between the organizations in mind.

In addition, it was reported that the Provincial/District level GOI partners need to be involved early on in planning. Therefore, it was discussed that the annual workplan for the new project will need to reflect the need for provincial/district level assessments, planning and approvals.

Coordination, Networking and Partnership

Partnership was generally defined as a collaborative effort where the individual strengths of organizations are pooled to provide maximum benefit for the 'end user'.

Overall, a wide variation of satisfaction among the various organizations existed concerning their experience of 'partnership' under HAPP. Some organizations were 'very satisfied' and others were 'completely unsatisfied'. 'Satisfaction' was generally correlated with the expectations of the organization's role and subsequent involvement in the Project. Overall, most partners reported that all components of the Project, but especially the NGO strengthening efforts, could be improved by increased internal/external HAPP communications and a strategic and well articulated plan for collaboration early on in the new project.

The need for a strategic plan for NGO capacity building and NGO related technical assistance efforts for the new project cannot be understated.

Surveillance:

Serological Surveillance

Although the majority of respondents in this consultation felt the sero-surveillance system was generally simplified, several key issues still need to be addressed. A recently conducted review of the national response to HIV/AIDS including the sero-surveillance system revealed several issues relating to strengthening the surveillance system in Indonesia. Specifically, the surveillance guidelines nationally need to be strengthened to ensure that implementation is clear concerning:

- the type of target group to be sampled,
- the appropriate sampling procedures and
- lines of reporting from district to province to the national level.

It is critical that enough funds are available to ensure basic surveillance with a minimum coverage of sex workers and blood donors. However, surveillance within additional high-risk groups is required, especially with transvestites and injecting drug users. In addition, the implementation of linked serological surveillance with behavioral surveillance should be considered.

Behavioral Surveillance

Several informants within this review suggested that the BSS results may be the largest contribution of HAPP. However, the utilization of the BSS data at local level has been minimal. In addition, under HAPP there has been little capacity development locally to implement or utilize the data. It was generally believed that either a short version of the BSS or a different tool for collecting and analyzing local data is required under the new project. In addition, it was discussed at length that if collection of data with a tool like the BSS is to be done by local organizations then several key issues need to be addressed including:

- Increasing the number of partners will increase the complexity and increase the requirements associated with quality control. Therefore, the role, responsibility and financial/technical authority of every organization must be very clear.

- A plan for Capacity Building of local institutions must be articulated, provided with sufficient time, provided with appropriate follow-up and properly funded.

In conclusion, it was not clear whether the BSS is the most appropriate tool for provincial and district level authorities for decision-making in association with programs, primarily due to the complexity of implementing it. Other tools, including qualitative research, need to be a part of locally appropriate evaluation methods. It was suggested that the new project consider the model of implementation used under the AusAID project for the BSS in their provinces where there was a combination of quantitative and qualitative data collected and local organizations were involved in the collection of this data.

STD Service Provision

There generally was no consensus on the best way to strengthen the service delivery of STD case management among the organizations reviewed. Responses varied from mass treatment, stand alone private clinics for high risk groups, integrated private sector approaches, integrated public sector approaches or by focusing greater efforts on promoting primary prevention through condom use. It was agreed that, if the drugs are not available, then there is no need to assess improvements in service delivery. Furthermore, it was generally agreed that if STD service delivery was to be prioritized under the new project, then services that will be accessed by the female sex workers and their clients should be a priority. (See: External HIV/AIDS Assessment, Indonesia 11/99).

Condom Promotion

It was generally believed that the condom promotion strategy could be improved by a stronger focus on male clients of sex workers. However, the current strategy within the country to allow foreign subsidized condoms to be aggressively promoted and to gain market share over Indonesian manufactured condoms was considered unsustainable. Overall, it was reported that there is not a clear national strategy in condom promotion.

Management of HAPP including Sub-Offices

Overall, the management of HAPP was constrained by a number of issues; however, an overriding theme was the length of time it took to get subagreements approved. It was reported by several partners that at times it could take several months for a subagreement to be approved and for funds to flow, even when the Project time was only a few months long. This was a major constraint and it hampered project progress.

The need for decentralization of authority to the FHI Country Office was raised as an overarching issue. In addition, the utilization of the provincial office in more than an administrative role was also cited as critically important. However, under the new project, the provincial offices are suggested to have minimal staff and also have a 'regional role'. There seems to be a contradiction. Many persons interviewed suggested the need for increased decentralization to the provinces, however, under the new project there could be fewer personnel in the provinces with an increased role across a region. It seems unlikely that 'decentralization to the provincial offices' will be able to take place. Nonetheless, overall, the roles, responsibilities and authority of HQ, the ARO, the local Jakarta office and the provincial offices need to be clearly defined and appropriate authority given to each to ensure both timely responses and high quality work.

C. Summary of People Contacted

ATMA JAYA:	Drs. Clara Ajisuksmo, Yustina Rostiawati, Charles Surjadi
AusAID Project:	Drs. David Elkins, Abby Ruddick
Business Dynamics:	Diena Trigg and Andrew Trigg
CDC, USA:	Dr. John Moran
Government of Indonesia:	Drs. Runizar Roesin, Arwati, Haiqin Rahmat, Drs. Saiful Jazan, Sigit Priohutomo, Rita Priohutomo.
KPA:	Djoko Prayitno
PACT:	Imam Mulyadi
PATH:	Silvy Wantania
PCI:	Carol Carp and Palupi Widjajanti
The Futures Group:	Reed Ramlow and Danny Yatim
University of Indonesia:	Dr. Budi Utomo
USAID:	Ratna Kurniawati and Joy Pollock
WHO:	Dr. Bing and Dr. Amaya

C. Third Stage - Analyzing the Data

Outline of Evaluation Report

I.	HAP Project Context	C-4
II.	HAP Project Design	C-8
III.	HAPP Internal Management	C-9
IV.	HAPP Intra-Office Management	C-29
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VIII.	Working with NGOs	C-55
IX.	Building Support: Networking and Coordination	C-58
X.	Beneficiary Involvement	C-81
XI.	Technical Issues	C-87
XII.	Surveillance	C-112
XIII.	Policy Support	C-115

C. Third Stage - Analyzing the Data

A framework was then developed for writing the evaluation report, which was expected to take the form of a large, narrative-style document. The Evaluation Team wrote within this framework, each concentrating on an area in which they had previously gained considerable experience.

During this process, it was then decided that it would be more manageable to produce the book in bullet points and some of the reports in this section reflect this intention. It is interesting to compare, for example, the development of the sections on internal management and intra-office management from report style to bullet points. Similarly, one can see the way in which text was reallocated to different sections in the bullet point version; this becomes evident, for example, upon close examination of some of the text in "Subproject Management Issues", which was moved to "Funding Mechanisms Bullet Points".

This section contains the original framework for the report as well as the detailed reports in their correct order according to the original framework. These provide a complete and thorough picture of HAPP and its activities. The report on the evaluation method is not included here as it has been included in Section 1 on "Collecting the Data".

Outline of Evaluation Report

The main part of the evaluation report, which was to cover all information gathered during the first stage, was originally expected to cover the following matters in the following order.

I. HAP Project Context

- a. Project timeline - major project and environmental events
- b. GOI/central, provincial, FHI: HQ, ARO, USAID, NGOs, PVOs - requirements, agenda and 'culture' of all players
- c. Economic crisis

II. HAP Project Design

(issues: shift in project conception projections; audience data; broaden view of intervention; better surveillance; fragmented agenda/locations)

III. HAPP Internal Management

- a. HAPP internal management
 - finance,
 - administration,
 - human resources - staffing, recruitment, training, personnel policy; internal monitoring/
 - project documentation (MIS?), submission of complex documents in English)- Intra-office communication
 - infrastructure development
 - management style of HAPP (participatory, openness, commitment to change) -

- b. Review activities:
 - Program Feedback - formal - ongoing
 - Internal Review
 - External Review
 - USAID
 - Retreats
 - Daichi Meeting
 - Acacia Meeting
 - Note: unwritten assumptions
 - Senior staff preparation by FHI

IV. HAPP Intra-Office Management

- FHI - HQ/ ARO/HAPP
- Internal/Provincial - HAPP Internal Review
- HAPP - IA (Intra project communication)

Points:

- Provincial offices
- Finance - internal + to IA

V. Funding Mechanisms

VI. Working with KPADs

- cross cutting Capacity Building

VII. Working with Partners

- (include as capacity building also)
- Intra partner communication
- Networking/NGO Forum
- Relationship with HAPP, KPAD, other IAs, local authorities, PVOs, NGO Forum
- Working with Partners: (a) PVOs; (b) TAGs
- Capacity Building

VIII. Working With NGOs

- Capacity Building - cross cutting for IAs,

IX. Building Support: Networking and Coordination

X. Beneficiary Involvement

XI. Technical Issues:

- a. BCC - (IEC to BCC - capacity building)
 - Material (DKT, HAPP, IAs, TFG)
Issues: availability, timelines, target specific, capacity building
 - Media
 - Channels for BCC -

Interpersonal - Outreach and PE

Mass Media (radio and TV) - mass media, press capacity - reporter training (Jogja, GOI, IPM)

b. PR

c. CSM

- BCC - Promotion - Logistic/Task Force
- DKT

d. STDs

- Service delivery strengthening (information, HRD)
- Service promotion:
referrals
messages

XII. Surveillance

Issues: local capacity building, dissemination and use of data, connection between biological and BSS surveillance; local ownership

- a. Biological
- b. BSS

XIII. Policy Support

GOI - Central
Coordination and Collaboration - KPAD

As far as possible, this order is the order in which the reports compiled from the initial data are presented in this book, although the final order used in the 'Lessons Learned' report is markedly different. Some sections, such as 'Internal Management' have more than one report. Some, such as 'Project Design', are covered in just one page.

<p>Evaluation Report</p> <p>I. <i>HAPP Project Context</i></p> <p>II. HAPP Project design</p> <p>III. HAPP Internal Management</p> <p>IV. HAPP intra-office management</p> <p>V. Funding Mechanism</p> <p>VI. Working with KPADs</p> <p>VII. Working with Partners</p> <p>VIII. Working With NGOs</p> <p>IX. Building Support: Networking and Coordination</p> <p>X. Beneficiary Involvement</p> <p>XI. Technical Issues:</p> <p>XII. Surveillance</p> <p>XIII. Policy Support</p>	<p>I. HAP Project Context</p> <p>A. <u>Managing Expectations - Multiple Stakeholders</u></p> <p>Recognition needs to be given to the enormous accomplishments and progress made by all involved in this project; all of whom contributed to the overall building of HAPP's capacity. All of the problems, gaps and remaining needs should be viewed in the context of a very large, complex and relatively 'young' project which sought to bring together a number of partners and stakeholders, to enable learning while implementation was taking place and to build on that learning.</p> <p>Stakeholders in HAPP included: the Government of Indonesia - MOH and KPA/D at central and provincial levels; the USAID Mission and, indirectly, USAID/DC; Family Health International- HQ and Asia Regional Office; local offices of international PVOs - but which must also be responsive to their own headquarters; local NGOs; religious-based organizations; universities; various private sector businesses; and the communities in which activities were to be implemented. One of the greatest challenges of the HAP Project was creating a technical and management 'marriage' among the many institutional and individual stakeholders involved in the Project.</p> <p>Each of these had its own continuously evolving needs, perceptions, agendas, priorities and cultures which affected expectations and working relationships with the HAP Project. Not unexpectedly, these inherent differences produced friction or conflict within the Project. The management of outcomes of this 'friction' required continuous attention and effort.</p>
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In most cultures, there is an unspoken perception of conflict as 'failure' - usually on the part of one or more parties. This perception can prevent effective management of conflict or disagreements. Though, in retrospect, the potential for discord appears predictable, this was not a significant management role and, therefore, no mechanisms or strategies were in place to deal with or to take advantage of, conflict.

The evaluation activities identified many valid recommendations from a variety of sources, ranging from 'shoulds' to 'musts'. Implementing any of the 'one-line' recommendations will require time and resources. Some of the recommendations, even from the same source, create opposition. For example: the recommendation that bureaucratic processes be streamlined and delays decreased will have to be balanced with a recommendation that there be greater consultation and involvement of 'partners' in decision-making. Another source of conflicting recommendations is the perceived need by NGOs and others for a quick start-up and flow of funding versus the recommendation and perceived need of FHI, USAID and the GOI to start in an orderly, phased manner.

Each recommendation needs to be evaluated in relation to overall project priorities and requirements, project design and the resources available: particularly staff and budget. To a certain extent, each group making recommendations or voicing requirements may be in competition with others as resources available within the Project are not adequate to meet all expectations.

Participation and consultation of parties involved is essential - particularly to negotiate or to obtain agreement from the various stakeholders regarding the degree to which their expectations can be met. The geographic spread and the number and range of stakeholders have shown that this component of the Project is one that will require significant funding and staff time.

It is clear that management of expectations will be a priority concern: both during start-up and throughout the next phase of the HAP Project.

Lessons Learned :

- Greater information sharing and consultation with partners and stakeholders tended to decrease friction. The process and level of resources to be used to ensure this happens needs to be consultatively negotiated and planned as much as possible.
- Consultation takes a significant commitment of time and human resources. The amount needed is underestimated by all involved.
- Successful management of the tensions inherent in this project will require the cooperation of all stakeholders and an understanding that the differences in the needs and priorities of all stakeholders will require compromise among all. If possible, an agreement to 'disagree' should be negotiated from the beginning, along with an agreed process for managing negotiation and friction. Such an agreement and process may function to decrease the negative aspects of the intrinsic differences.
- Actual or potential conflict can provide an opportunity for exploring differing needs and perceptions which will affect the success of the Project, but this expectation and the skills and processes need to be in place from the beginning.
- Viewing a certain level of conflict as inevitable in a complex development project may allow for more positive management approaches. Project managers and staff may benefit from basic training in conflict management or mediation.
- Multiple start-up 'orientation' activities will be needed in order to manage expectations and to negotiate mutually acceptable processes for information sharing and consultation. Ongoing updating and negotiating activities will be necessary throughout the life of the Project.

B. Requirements and Procedures of FHI/USAID/GOI

A collaboration among FHI/USAID/GOI means the obligation to meet the requirements and regulations of concerned parties. This was compounded by requirements for project management to be conducted in a consultative manner and to meet requirements of relevant parties. Examples of practical issues included setting and meeting deadlines, following procedures and regulations, reporting, maintaining quality control, meeting expectations of MOH and other relevant ministries, provincial government and USAID.

Effective implementation of the Project was further hampered by a lack of understanding of the processes/procedures of these parties (MOH, FHI, including HQ, ARO and USAID) and inadequate orientation/briefing/training for HAPP staff with little experience of working with FHI/USAID. More intensive orientation was provided to staff of HAPP in line with the recommendations of the Internal Review.

Improvement of the management skills of the HAPP staff is required to enhance their ability to understand each HAPP team member's roles and responsibilities and to communicate/ coordinate among staff about routine HAPP activities, such as: (a) responsibilities for determining timetables and deadlines for subagreement finalization and submission of reports; (b) responsibility for regular contact with PVO partners; (c) responsibility for monitoring and support to local NGOs (IAs); and (d) responsibilities for and differentiation between administration and program responsibilities.

Attention to USAID regulations and requirements is needed to better support FHI's ability to respond to necessary program actions.

C. Economic Crisis

Introduction

The economic crisis, which began in July 1997, rapidly showed sociopolitical ramifications in addition to the economic/financial consequences such as substantial depreciation of the rupiah, inflation and extreme fluctuation of exchange rates. Between July 1997 and the end of the HAP Project, there was a succession of three different governments, while political instability and insecurity were consistent major concerns throughout the period, albeit at varying degrees of severity. Among others, the sociopolitical impact of the crisis took the form of sharp increases in rates of unemployment and/or under-employment owing to financial constraints in the private sector and an increase in the prevalence of poverty. By and large, people's income and purchasing power declined severely as did the public sector revenue. Low morale among people in general was not uncommon in the face of uncertainty surrounding the future of the country in terms of the volatile political situation and financial difficulties.

Issues:

- The Indonesian economic crisis led to significant changes in USAID's development response in Indonesia. The initial approach involved the identification of 'Social Safety Net' responses by all USAID contractors. The inflexible nature of the Performance-Based Contract prevented changes to the existing contract and the CPO required consistency over time in the technical approach. Consequently, in addition to all deliverables stated in the original contract, the HAP Project was responsible for integrating the social safety net feature in its intervention. In the context of an emergency situation, time and efforts invested by HAPP staff in assessing and documenting possible social safety net applications within the Project components were also intensive. This dilemma was ultimately resolved in the new USAID SOAG and in the use of more flexible funding mechanisms, such as RRF.
- Depletion of public sector revenue undermined the Government's ability to meet the people's needs during the crisis and to sustain components of the Project that the GOI had planned to take over. In connection with this, financial difficulties experienced by the private sector and a drop in people's purchasing power hindered reliance on their contribution. One illustration was that the Government's fiscal constraints led to a request to USAID for FHI to purchase HIV test kits for the Red Cross. The package of support to KPAD was designed to decrease gradually over the life of the Project, but the economic crisis caused maintenance of the same level of support to the end of the contract.
- The crisis underscored the needs for HIV/AIDS prevention intervention in light of the anecdotal observation, suggesting an increase in the number of migrant CSWs in the HAPP demonstration sites due to sociopolitical unrest in other parts of Indonesia. Moreover, a higher number of factory workers turned to sex work and a higher demand for free condoms was also noted. The rise in the number of younger and less experienced CSWs after the crisis was found in a survey conducted by the University of Indonesia.
- At the same time, the economic crisis also impeded implementation of the Project and ultimately, the attainment of some of the contract performance objectives (CPO). Among others, some implications of the crisis were: (a) a decrease in the number of clients of CSWs which further lowered the bargaining power of CSWs to negotiate condom use; (b) an

increase in the mobility of CSWs and waria, caused by open hostility of the community against them in the era of 'reform' and/or a decline in the number of clients; (c) the disruption of outreach workers' activities because of public disturbances (e.g. general election and presidential campaigns, riots); and (d) the relocation of some condom outlets, resulting from the riots. Solutions adopted by IAs included: (a) re-directing their activities to different red light districts; (b) identifying new geographic areas where CSW activities occurred or expanding geographic target areas; and (c) recruiting additional outreach workers. However, even with a collaboration with the CSW association, the IA faced substantial constraints in re-mapping the situation after the closing of the commercial sex establishment resulting from the integration of sex workers into the community with false identities.

- As numerous economic/financial consequences and sociopolitical ramifications of the crisis overwhelmed people in general, attracting their attention to issues related to HIV/AIDS and encouraging them to place these issues as a priority in their life while their most basic needs (e.g. food supply, sense of safety and security) were threatened entailed creative and persistent efforts of the HAPP staff and their partners.
- The volatile economic and sociopolitical climate also affected management of the Project, especially in terms of the timing and scheduling of activities and the Project workplan. Consequently, the HAP Project had to accommodate changes in deadlines and reorient the workplan. Inflation and the fluctuation of exchange rates led to the readjustment of the approved budget of IAs and difficulties in the budget preparation of most PVOs and NGOs and ultimately, delays in proposal development. The crisis necessitated the 50% increment of all IA budgets, mentoring USAID FSN salary levels and the provision of COLA by FHI-HQ.

Lessons Learned :

- The inflexibility of the PBC posed challenges to integrate social safety net concerns into the HAP Project. Such flexible funding mechanisms as RRF evidently allowed urgent response to the pressing and evolving needs of the community at large during the crisis.
- The economic crisis created demands for HIV/AIDS prevention intervention because of anticipated growing numbers of people with high-risk behavior on account of a severe decline in their purchasing power and a decline in the Government's ability to address people's needs due to the depletion of public sector revenue.
- The economic crisis presented challenges to all aspects of the HAP Project: the reformulation of subprojects to integrate the social safety net responses, management and implementation (e.g. budgeting, scheduling and the on-time implementation of activities, reaching target audiences). Additional workloads to the normal workloads fell on the staff's shoulders in an attempt to respond to the varied challenges.
- Flexibility and creativity in project management and implementation on the part of the HAPP staff and their partners to overcome ongoing problems, endurance of their staff to deal with the challenges and good teamwork became the key to success.

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II. HAP Project Design

HAP Project Design

The project design has evolved over the life of the Project. Audiences and sites have been selected in response to assumptions, political agendas and increasingly, in response to better data and understanding of the stage of the epidemic in Indonesia. Unlinked sites and, to a certain extent, diverse, unlinked audiences made delivery of an integrated program capable of producing a 'critical mass' of impact difficult.

Issues due to the specific contracting mechanisms are also the source of important lessons which are discussed in section .. X .. The end of global AIDSCAP funding and changes in project contracting meant that significant levels of time and resources went into learning new contracting requirements, start-up and close-out activities during the life of the Project. The inflexibility of the HAP Performance-Based Contract made responding to evolving needs difficult. This was particularly evident in the case of new needs and priorities resulting from the economic crisis.

However, experience gained, capacity built, working partnerships developed and a clearer understanding of HIV and STDs in Indonesia through HAP has contributed greatly to the national ability to design and implement more effective programs.

Lessons Learned :

- Widespread and diverse geographical sites and audiences increase the number of management issues and demands, which has an impact on HIV/AIDS prevention efforts through the diffusion of resources and effort.
- Learning based on biological and behavioral data gathered through formal data collection activities and informally through documented experience needs to be combined with the learning about the realities of implementation when planning any new projects.
- Being able to focus on linked and interacting audiences and sites has the potential to increase the potential for the impact of resources expended.

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III. HAPP Internal Management

A. HAPP Internal Management

Staffing and Workload

Throughout the life of HAPP, the number of staff increased, particularly after the staffing review conducted as follow-up to the Internal Review. Among deficiencies in terms of staffing were HAPP being understaffed, incongruities in staffing and demands for supervision and technical input, as well as inadequate understanding of one's own and colleagues' job descriptions. The review resulted in the finalization of position descriptions (PD) for new staff, the revision of the position descriptions of all staff, a redesign of the HAPP organizational chart and a revision of the HAPP management plan. Since the Internal FHI Review, staffing improved and turnover was reduced.

It should also be recognized that finding qualified staff with management skills and/or technical skills and experience in HIV/AIDS prevention took a considerable time. Demands on the office at different points in time differed and required the establishment of a databank of consultants to fill gaps when required.

Capacity Building of HAPP Staff

Staff at the HAPP office received different types of capacity building activities, including regular supervision, training on technical matters and English language and orientation both in Indonesia and the FHI regional office. The results of the English training could be seen in the improved quality of the quarterly reports. Technical knowledge, management capacity and teamwork made it possible for Indonesian staff to complete planning and budgeting, e.g. the annual workplan and regular reports.

Management Style

Both staff and NGOs valued the HAPP COP/FHI CO's participatory style and innovative ways of combining staff for problem-solving. The advantages of this approach were that it improved understanding of HAPP overall and staff performance, it provided an opportunity for people to try new roles and to look at new problems. The approach was also reflected in the involvement of all HAPP partners in consultations in conjunction with various forms of evaluation (e.g. the internal and external assessment) during the course of the Project. Based on the recommendations, follow-up actions were conducted. The overall process led to improvement in different aspects of HAPP management, especially in the Jakarta office.

Lessons Learned :

- The quality and timely implementation of the Project requires openness and a willingness to reflect on the implementation process of HAPP and the commitment of HAPP/FHI to rectify deficiencies related to non-technical and technical aspects of the Project.

Teambuilding and Teamwork

The effective team approach was reflected in the successful completion of complex tasks that required contributions from many staff, such as the development of the SAR, Annual Data Report and workplan. Office-wide retreats/training/problem-solving meetings were praised by staff members as useful in terms of building good understanding of the overall HAPP mission, strengthening communication, teambuilding, sharing experiences among staff, effective planning and advancing personal professional growth. It was put forward, however, that the meetings should have clear professional/organizational objectives and participants should be actively involved in appropriate substantive discussion.

Lessons Learned :

- Contributing factors to the effective application of a team approach are the careful selection of staff, a clear sense of mission and shared team values.

Finance Matters

Prior to the Internal Review in 1998, a transfer of funds from HQ required up to 3 weeks to arrive in Indonesia. There was also a lack of two-way communication and constructive feedbacks on the IAs' financial reports. Upon the recommendation of the Internal Review, a comprehensive analysis of the bottlenecks in processing financial reports (e.g. a review of procedures, filing systems, tracking systems etc.) was conducted. Based on the findings of the review, remedial actions were carried out in almost every aspect of the procedure of the financial process. The decentralization from HQ and ARO has allowed for payments to be authorized from BKK rather than Arlington. A tracking system, a time schedule for different types of payment and the computerized accounting system were put in place. As a result, the Finance department was able to expedite the transfer of funds to IA within 2 weeks of the submission of complete documentation. In addition, the speedy process was also facilitated by the delegation of the authority to process disbursements to CD in the absence of the COP and assistance provided by provincial finance and Administration officers in checking all of the Recipient Monthly Financial Reports and supporting documents. The latter significantly contributed to the improvement of the monthly financial reports of HAPP IAs in terms of time and required attachments.

Various forms were developed by the Finance department to facilitate the processing of financial matters, such as:

- a. guidelines for expenditures and reimbursements;
- b. budget proposal and financial report forms for KPADs and RRF proposals to track expenditures versus budget; and
- c. Budget Analysis forms and the Recipient Monthly Financial Report tracking system for project financial reports and records.

By and large, the concerted efforts to deal with delays in the processing of financial matters were more effective than previous ad hoc initiatives (e.g. the provision of cash advances based on IAs' estimates of expenses for a certain period of time).

Other good finance-related practices have been carried out such as the conduct of an internal audit for all HAPP IAs as part of FHI HQ routine financial supervision and spending within a planned budget. However, the accuracy of funding projections (expenditures vs planned budget) remains to be strengthened.

Lessons Learned :

- When bottlenecks in processing of the financial matters occur, a comprehensive review of procedure of processing of financial report, followed by concerted efforts to rectify the deficiencies, are required to result in efficient processing of the report and disbursement of funds to the field.
- Technical assistance to IAs' financial report provided by knowledgeable staff to ensure compliance with the existing administrative requirements can contribute to faster processing of the financial matters.

Required Submission of Project-Related Documents in English

All project-related documents submitted to FHI and USAID have to be written in English. Many of the IAs, however, possess limited writing skills, even in Indonesian, and inadequate proficiency in English. Inevitably, analytical writing skills among IAs were restricted as reported by the assessment carried out by the Atma Jaya University. Translation of IAs' reports into English by a translator with insufficient knowledge of technical matters led to misunderstanding due to unfamiliarity with concepts and terminology. Likewise, the reports written in poor English could cause confusion. To deal with this situation, HAPP accepted IAs' reports written in Indonesian and encouraged the project manager to write the executive summary in English as part of a capacity building exercise. The translation and compilation of these into HAPP quarterly reports was assigned to a bilingual native English speaker or an Indonesian with knowledge of technical terms and concepts.

Lessons Learned :

- The translator of IAs' reports needs to be not only bilingual but also possess to knowledge of technical matters.
- Capacity building efforts aimed at improving the report writing skills of the staff of IAs and their English proficiency remain priorities.

Use of Time and Cost-Saving Measures

Various time and cost-saving measures have been applied to enhance the implementation of HAPP such as upgrading the computer software system and the employment of a computer technician. Training in MS Outlook and MS Office for HAPP staff resulted in the production of better planning documents and a better electronic filing system. Establishment of an email system and the appropriation of cell phones in the Jakarta office and the provincial offices facilitated communications between HAPP offices and with the HAPP partners. The use of email was found to be particularly cost-effective with the size of the telephone bills remaining the same in spite of the presence of additional staff. Communication with the Regional Office improved through the writing of a brief monthly report with a follow-up telcon between senior staff. FHI's computerized accounting system (MTX) was established and the Finance Unit has continued to improve the MTX reports to fulfill FHI HQ standards and, in turn, a higher quality of financial reporting to USAID.

Implementation of the technology was not always smooth. MIS was delayed from December 1997 to the last quarter of 1998 due to ongoing problems with the technical design. Similarly, the FIS has improved reporting considerably but it took time to ensure that FHI formats were consistent with the formats required by USAID.

Others

The need for a bigger office space in Jakarta was reiterated in the Internal Review and led to renovations of the Jakarta office. The renovations were completed with minimum interruption by building a temporary office.

Program Planning

Since 1997, FHI/HAPP has demonstrated improvement in the process of developing and finalizing its annual workplan. In the first year, preparation of the workplan was delayed due to failure to provide the required format at the beginning and several revisions and reformatting of the document based on Mission requests. The effectiveness/efficiency in implementation of activities based on what has been planned in the annual workplan needs further attention.

Recognizing Critical Problem Areas And Opportunities

Key HAPP staff, at all levels, still need to be more involved in holding group discussions to explore and clarify the nature of the problems, which can lead to good problem identification and solving. In addition, group discussions will enable FHI/HAPP to accept and offer staff ideas individually and privately about the nature of the problems.

FHI will continue to recognize critical problem areas and opportunities in FHI's non-technical and technical abilities to comply with the current contract obligations which were found by FHI Internal Assessment Team in August 1998. We recognize that some of the specific recommendations have been implemented, which has added value to the Project.

B. HAPP Internal Management Bullet Points

Introduction

The design of the HAP Project comprised of partnerships with GOI, USAID, FHI (ARO-HQ), local NGOs or IAs and PVOs. Inevitably, staff of HAPP had to address requirements, regulations and expectations of all parties involved in the Project (GOI/USAID/FHI (ARO-HQ)/IAs/PVOs) as well as of colleagues (provincial staff and staff in the Jakarta office). They were also responsible for delivering on-time and quality work in consultation with all parties concerned. The collaboration was further translated into a lengthy bureaucracy and consultative process to meet the expectations, requirements and regulations of all parties. This became the major constraint to progress in the implementation of the Project, including the Project development and approval, which will be taken up again in the section on funding mechanisms.

Staffing

- For the first seven months of the HAP Project, the position of the Chief of Party was not filled and was represented by several staff of FHI-ARO and FHI who rotated on a bi-weekly basis. The acting COPs largely concentrated on negotiation for initiation of the HAP Project, rather than on providing technical orientation to staff in preparation for implementation. The lack of orientation, in addition to the lack of consistent leadership, inadequate planning and the different management styles of the Acting COP, adversely affected HAPP staff's ability to implement the Project with the required knowledge and leadership.
- The HAP Project was fully staffed through recruitment of personnel to fill 13 available posts between January 1996 and January 1997. Since then, changes in staffing took place annually

(see Table 1). The most distinctive changes occurred after the staffing review conducted as follow-up to the Internal Review.

Table 1 Evolution of staffing in the HAPP Jakarta Office

	1996/1997	1997	1998 (pre-internal review)	1998/1999 (post-internal review)	2000
Number of fixed posts	13	13	15	16	20
Number of additional posts		3	1	7	1
Number of abolished posts		1		3	1
Total number		15	16	20	20

- Finding qualified staff with management skills and/or technical skills and experience in HIV/AIDS prevention took considerable time. Recruitment of the HAPP staff was often based on a limited number of qualified candidates.
- In the early phase of the Project, apart from being understaffed, staffing of HAPP was characterized by: (a) incongruities in staffing and demands for supervision and technical input; (b) inadequate clarification of individuals' and colleagues' job descriptions, as well as a link between them for coordination purposes; and (c) limited skills and understanding of supportive supervision among HAPP staff. Consequently, provision of program supervision and technical support to IAs and provincial offices and managerial duties were not optimally discharged.
- A number of events were held to resolve some of the staffing issues mentioned above (such as retreats, meetings). Examples were the recruitment of an Evaluation Officer to coordinate the quarterly reports and the assignment of the Program Officer to focus on contract and grant management. However, the same issues related to staffing were identified again during the Internal Review. The Internal Review, staffing review and technical support provided resulted in the finalization of position descriptions (PD) for new staff, the revision of the position descriptions of all staff, a redesign of the HAPP organizational chart, a revision of the HAPP management plan, training for staff and recruitment of new staff. Since then, HAPP staffing improved. FHI-ARO and HQ technical support played a critical role in the Internal Review and its subsequent follow-up actions.
- Both the partners and staff of the HAP Project conceded that the lack of understanding about each HAPP team member's roles and responsibilities remained a crucial issue. The staff found their job descriptions to be too broad with no clear boundaries of authority among those who shared responsibilities.
- Overall, staff turnover of HAPP during the life of the Project was not particularly high. However, senior staff functioned as contact persons for all HAPP partners and were key focal points in the decision-making of programmatic matters. Any changes in senior staff were accompanied by changes in the policy or approach to programmatic aspects of the Project. In turn, continuity of the programming process was disrupted and previous agreements or promises were nullified or contradicted. Finally, the programming process became lengthy, while relationships with partners and the leadership of HAPP were compromised.

- Demands on the office at different points in time varied. Consultants with matching technical backgrounds were hired intermittently to meet the demands.

Lessons Learned :

- A staffing review to anticipate the numbers, technical and managerial requirements and job descriptions of the staff for effective implementation of a project should ideally be conducted prior to the implementation of the Project. Factors to be taken into account are: (a) the scope of work of the overall project (e.g. the goals/objectives); (b) geographic coverage; (c) the number of parties involved (GOI, USAID, FHI-ARO/HQ, IAs) and the consequential demands for technical and managerial support; (d) the available funds; and (e) the capacity of the human resources available.
- Acknowledgement from the FHI Vice President that HAPP was understaffed (after the HAPP task review) led to authorization for more staff recruitment and position creation.
- As far as possible, the team leader and senior staff should be appointed prior to the implementation of the Project and given sufficient time to orient themselves and the staff with the Project in preparation for implementation. Staff orientation programs should include the project goal and strategy, technical issues and administrative matters.
- Projects such as HAPP reasonably involve overlapping areas among staff's job descriptions. In this case, clear boundaries of authority among those who share responsibilities are more important than ever.
- With respect to staff turnover, particularly the turnover of senior staff, sufficient overlapping periods of employment between new and old staff is essential to orient the new staff. A smooth transition between them in terms of the continuity of the Project and honoring previous promises/agreement should take first priority.
- The HAP Project was dynamic and fast-moving and, consequently, demands for staffing changed over time in response to changing demands on the office. Hence, it is crucial to carry out staffing reviews to identify the needs for both short-term and more permanent staff at different points in time during the life of the Project.

Recommendations :

- A database of consultants should be established to fill in gaps when required.

Capacity Building for HAPP Staff

Issues :

- As mentioned earlier, collaboration between USAID/GOI/FHI meant obligations in meeting the requirements and regulations of the concerned parties. Insufficient understanding of these factors on the part of the HAPP staff prolonged the completion of such tasks and led to frustration among the staff. One instance was a long delay in the preparation and approval of the workplan in the first year due to failure to receive information about the required format from the beginning and the multiple revisions and reformattings of the document based on Mission requests.
- The staff of the HAP Project relied largely on trial and error or learning-by-doing/on-the-job-training to become proficient in the regulations/requirements of GOI, FHI (HQ, ARO) and

USAID, given the staff's lack of experience of working with them and their inadequate orientation/briefing/training. An orientation on the FHI regulations was provided to staff of HAPP in line with the recommendations of the Internal Review but there was not enough refresher training. It was recognized that learning-by-doing or on-the-job-training was more effective to strengthen some skills that required a lot of practice to improve them. Nonetheless, a systematic orientation of the existing regulations/procedures was one area that was identified by the HAPP staff to be the most crucial to foster uniform understanding/interpretation. Hence, it would minimize the chance of providing contradictory information to IAs or PVOs. A systematic orientation should also include alternative solutions to handle special cases in addition to routine practice as part of an effort to expedite the processing of such cases. In connection with this, a clear definition of the delegations of authority must be considered.

- Many tasks in the HAP Project comprised technical, programmatic and financial components such as proposal development or amendments. At times, the lack of understanding about each other's areas of expertise among the technical staff, the finance staff and the program staff, as well as the linkages between their roles in the completion of tasks, led to delays or deadlocks in processing the tasks at hand. One illustration was an inclination to deal only with the component of the proposal that was relevant to one's responsibility. Hence, the finance staff only read the part on finance and the program staff were concerned only with the program side of the proposal. The review resulted in a disjointed proposal (an activity without a budget) or a long delay caused by a deadlock as staff failed to agree on a solution that accommodated all requirements from each of their areas of responsibility.
- All staff, independent of their positions and expertise, had to deal with administrative/management aspects of their duties. As expected, management training such as the Institutional Development Framework (IDF) was perceived to be an extremely useful tool, particularly with respect to developing and enhancing leadership qualities and improving interpersonal communication skills.
- HAPP staff received different types of capacity building activities, including regular supervision, mentoring, training on technical matters and on English language and orientation on management issues both in Indonesia and in the FHI regional office. Training and mentoring were found to be effective capacity building methods because they enabled staff to concentrate on learning specific subject matters at a particular time with limited interruption. The high level of the workload of the supervisor or subordinate and the limited understanding of supportive supervision contributed to ineffective capacity building through supervision. Inadequate supervision automatically hampered the attainment of skills or understanding through trial and error or learning by doing.

Lessons Learned :

- Prior to project implementation, key stakeholders (USAID/GOI/FHI (HQ-ARO)) need to provide systematic orientation to staff in their critical regulations and requirements to ensure consistent interpretation among the staff. The orientation can focus on basic and key information, as well as available references for various regulations and requirements. Refresher orientation is also essential to ensure that both the existing staff and the new staff are able to achieve the standard performance.
- Staff can develop appropriate coping/stress management strategies by having prior knowledge of potential challenges resulting from the nature of the Project (multi-partner, multi-layer, dynamic).

- Orientation for all staff on areas of the job description and the technical aspects of each unit (Finance, Administrative, Technical and Program Units), albeit at an introductory level or in terms of general outlines, the linkages among the units, potential conflicts and alternative solutions, can improve the overall performance of the staff. This can include discussion of their experiences.
- Successful capacity building methods are influenced by adequate opportunity for staff and technical assistants/supervisors/trainers to undergo the process without interruption. Subsequently, such capacity building activities as training and mentoring are more beneficial for staff than supervision. Learning by doing/trial and error will only be an effective learning method if accompanied by adequate and supportive supervision.
- Irrespective of their position and expertise, all staff need both administrative/managerial and technical skills to discharge their duties, as these duties commonly encompass both administrative/managerial and technical responsibilities. Accordingly, capacity building activities, particularly in technical and managerial areas, are important (e.g. supportive supervision, stress management, communication skills, negotiation skills, conflict management, time management).

Management of HAPP

- The collaboration between USAID/GOI/FHI (ARO-HQ) demanded flexibility and responsiveness on the part of the HAPP management to accommodate the inputs of these parties. In addition to the lengthy process of decision-making, HAPP frequently had to make repeated changes to previous decisions. Further, it was sometimes difficult for them to take a firm stand and be consistent on some technical and non-technical matters. Therefore, HAPP's partners often questioned its credibility and leadership.
- Both staff and IAs valued the HAPP COP/FHI CO's participatory style and innovative ways of involving staff for problem-solving. The advantages of this approach were that it improved the understanding of HAPP overall and staff performance, and provided an opportunity for people to try new roles and look at new problems. The approach also resulted in the involvement of all HAPP partners for consultation in conjunction with various forms of review during the course of the Project. The limitations included a lengthy process, no feedback to participants on the decision and disappointment experienced by some people.
- The HAP Project underwent numerous on-going formal and informal reviews, which were conducted by both HAPP/FHI staff themselves and external reviewers such as USAID or independent teams. Such reviews encompassed Internal Review meetings (the Daichi and Acacia meetings), the Internal Management Review, the External Review, retreats and USAID's monitoring field visits. These reviews typically discussed issues and provided recommendations. Follow-up actions were usually carried out by the HAPP Jakarta Office whenever they were feasible. The overall process led to improvements in different aspects of the HAPP management, especially in the Jakarta Office, as outlined in a number of sections in this report.
- The Internal Review had a more profound impact than other reviews on the improvement of the HAP Project management because its remedial measures were recommended based on an in-depth understanding of the root of persistent complex issues. The understanding was gained through the conduct of appropriate tools, such as the staffing review, the comprehensive review of the Finance Unit and the meeting with PVOs. The conduct of the review by FHI-HQ and ARO facilitated the implementation of the required significant changes.

- The senior HAPP staff of the Jakarta Office perceived that they were given sufficient authority and delegation for independent decision-making in routine matters. This was, by and large, also true for the administrative management aspect at the field level. However, the extent to which it was actually utilized at the field level was a function of the different personalities and cultural practice influenced by the cultural historical background of the area. (Manado, for example, has historically a high degree of European influence). Issues pertinent to decentralization will be outlined in the section on the intra-management of HAPP.

Lessons Learned :

- The quality and timely implementation of a project requires the openness and willingness of the management to reflect on the implementation process of the Project and the commitment of the HAPP staff and FHI (ARO-HQ) to rectify deficiencies related to the non-technical and technical aspects of the Project.
- In light of the demands conferred on the HAP Project from numerous stakeholders and the intensity of the Project, a participatory style of management can provide an opportunity to see an issue from different points of view and can facilitate creative problem-solving of the issue. At the same time, it requires high levels of facilitating skills on the part of supervisors/managers to maintain objectivity, to manage expectations, to deal with potential conflicts and to ensure effectiveness given the available timeframe.
- Complex issues can be better addressed by carrying out corrective measures on the basis of full understanding of the root of the problem. The conduct of the review by those with the authority to approve substantial changes is also equally important to implement changes.
- Meeting the expectations, requirements and regulations of all stakeholders (GOI/USAID/FHI ARO-HQ), demands a long consultative process and very flexible management in the sense of making repeated changes, as well as fluidity in the process of accommodating inputs from all stakeholders. Inevitably, this is done sometimes at the expense of the credibility of the HAPP Office. Communication of the costs to all stakeholders can be attempted to manage their expectations.

Teambuilding and Teamwork

- An effective team approach was reflected in the successful completion of complex tasks that required contributions from many staff members, such as the development of the SAR, the Annual Data Report and the Work-Plans. Office-wide retreats/training/problem-solving meetings were praised by staff members as useful in terms of building a good understanding of the overall HAPP mission, strengthening communication, teambuilding, sharing experience among staff, effective planning and advancing personal professional growth. A common philosophy was developed in the first retreat, which had implications on the development of the second stage of HAPP.
- The annual retreats were found to be a particularly effective means of strengthening teamwork rather than resolving complex management issues, which usually needed time to properly examine and find appropriate solutions.
- The level of teamwork among the HAPP staff varied over time. Critical influencing factors were the ability of staff to cooperate with each other, the ability to see each other's role and

contribution, levels of stress, the equal sharing of important information, and transparency and uniformity in the application of rules/regulations/privileges to all staff.

Lessons Learned :

- Teamwork is most essential in this kind of large, fast-moving, multi-partnered and multi-layered project. Contributing factors to the effective implementation of a teamwork approach are the careful selection of staff in terms of ability to work in a team, a clear sense of mission and shared team values and cultural homogeneity (numerous local staff at management level). In addition, rules/regulations/privileges should be transparent and applied equally to all staff, which leads to all staff respecting the rules/systems. Likewise, sharing key information to all staff also prevents a feeling of being alienated among some staff.
- Teamwork needs to be nurtured through office-wide retreats/training/problem-solving meetings.
- Self, supervisory and peer assessment are essential elements of the staff evaluation system and a means of fostering teamwork as they enable assessment in its entirety of the professional and personal contribution of each member of the staff to the organization.
- Monthly staff meetings, which must include all staff members, are strongly believed to lead to greater transparency in the system as a whole and thereby to a higher level of efficiency and teamwork.
- To deal with office politicking and staff problems, the creation of a labor union could be advocated. This could also deal with other staffing conflicts and legal matters. Electing a labor union leader should be based on commitment and willingness to take risks.

Finance

- The Finance Unit financially reported regularly to FHI-HQ and to USAID and carried out sets of regular activities on a daily basis, namely: payments to suppliers and employers; petty cash payments; purchases of equipment; and reimbursements to IAs. The Unit usually met ARO deadlines in their reporting procedures. Other good finance-related practices were carried out, such as the conduct of an internal audit for all HAPP IAs as part of FHI-HQ's routine financial supervision and spending within a planned budget.
- Prior to the Internal Review in 1998, the transfer of funds from FHI-HQ took up to three weeks. This was attributed to a long bureaucratic process involving FHI-ARO and HQ, the limited capacity of NGOs to write financial reports, insufficient two-way communication between the Finance Unit and IAs and little constructive feedback on the IAs' financial reports. Understaffing of the HAPP Jakarta Office partly contributed to the lengthy process. The provision of cash advances based on IAs' estimates on previous expenses rather than on expenses of upcoming activities, also created gaps in IAs' cash flows.
- Upon the recommendation of the Internal Review, a comprehensive investigation of the bottlenecks in processing financial reports (e.g. reviews of procedures, the filing system, the tracking system, etc.) was conducted. Based on the findings of the review, remedial actions were carried out in almost every aspect of the procedure of the financial process. As a result, the Finance department was able to expedite the transfer of funds to IAs within two weeks after the submission of the complete documentation. The provision of cash advances based on IAs' estimates of expenses of upcoming activities for a certain period of time smoothed IAs' cash flows.

- To prevent gaps in funding to the IAs and to maintain their monthly replenishment of funds, the HAPP Finance Unit developed the Flow of Disbursement system in February 1999. In July 1999, a Budget Analysis format and the Recipient Monthly Financial Report (RMFR) Tracking System were established to monitor the status of the IAs' budgets. Various forms and guidelines were developed by the Finance department to simplify processing of financial matters, such as: guidelines for expenditures and reimbursements and budget proposal and financial report forms for KPAD and RRF proposals to track expenditures versus budget. The MTX computer system was established for generating regular financial reporting. The finance staff of the HAPP Jakarta Office received training in FHI-ARO on finance matters (e.g. regulations). A schedule was also established for different types of payments. These streamlining initiatives were also found to be very helpful and useful for amendments and Option Period budget purposes.
- The speed of the process was also facilitated by: (a) the delegation of the authorization of payments from HQ to FHI-ARO; (b) the delegation of the authorization to process disbursements to DCOP in the absence of the COP; and (c) the authorization given to the provincial finance and Administration officers to ensure compliance of all of the RMFR and supporting documents submitted by IAs with HAPP regulations.
- Significant progress was made in the finance area, yet the need for further streamlining of the Finance Unit was expressed. In the absence of the CD/COP, fewer signatories need to approve a voucher for payment than the present practice. Decision-making about the timing of certain payments should be delegated to those with the best ability to realistically estimate the time required to process the payment. At times, disbursement was still delayed because of failure to provide the Finance Unit with timely prior notice about upcoming expenditures. An amendment for extra payment to an IA and reimbursement to IAs remained a very lengthy procedure, as it required FHI-ARO approval and proof of payment. The MTX system was complex and not always functional, leading to reliance on time-consuming manual calculations because of the complexity of the system.
- The abolition of the pre-award assessment for new IAs, which was used to examine an IA's financial management capacity, created concerns about the ability of the Finance Unit to anticipate the technical support necessary given that they had no prior knowledge of the IA's capacity (e.g. financial monitoring, understanding of FHI financial policy).

Lessons Learned :

- The timely disbursement of funds or payments needs proficiency in the existing regulations/requirements by both the staff of the Finance Unit and the other parties concerned (e.g. IAs), the capacity to write financial reports, good cooperation and coordination between them (e.g. the on-time submission of prior notice) and a streamlined processing procedure.
- When bottlenecks in the processing of the financial matters occur, a comprehensive review of the process, followed by concerted efforts to rectify the deficiencies, are required to achieve efficient processing of the report and disbursement of funds to the field. Aspects of the Finance Unit to be assessed, include bureaucratic procedures, the delegation of authority, administrative systems (e.g. filing system; forms; tracking system), staff capacity (e.g. proficiency in the regulations/requirements), and utilization of time and cost-saving measures such as the computer system.

- Streamlining of the finance procedure is an evolutionary process and needs follow-up reviews on a regular basis to ensure its effectiveness and to address new issues.

Project Documentation

- All project-related documents submitted to FHI and USAID had to be written in English. Staff of the HAPP Jakarta Office were responsible for compiling the reports from all partners into the HAPP Quarterly Reports for USAID. Both IAs and the staff of HAPP recognized that the program reporting process was mutually beneficial for HAPP and IAs, particularly for program work. Many IAs, however, possess limited writing and analytical thinking skills, even in Indonesian and an inadequate proficiency in English.
- Translation of IAs' reports into English by a translator with insufficient knowledge of technical matters, led to misunderstanding due to unfamiliarity with concepts and terminology. Likewise, reports written in poor English caused confusion. To deal with this situation, HAPP accepted IAs' reports written in Indonesian and encouraged the Project Manager to write the executive summary in English as part of a capacity building exercise. The translation and compilation of the reports into the HAPP Quarterly Reports were assigned to a bilingual native English speaker or an Indonesian with knowledge of technical terms and concepts.

Lessons Learned :

- The translator of IAs' reports needs not only to be bilingual but also to possess knowledge of technical matters.
- Capacity building efforts aiming at improving the report writing skills of staff of IAs, analytical thinking and English proficiency remain priorities.

Facilities and Infrastructure Development

- Various time and cost-saving measures were applied to enhance the implementation of the HAP Project, such as upgrading the computer software system and recruiting a computer technician. The presence of a full-time computer technician in the office meant that most computer-related problems could be solved immediately. Training in MS Outlook and MS Office for HAPP staff resulted in the efficient production of quality documents and a better electronic filing system. Establishment of the email system and the appropriation of cell phones in the Jakarta Office and the provincial offices facilitated communications within the HAPP Offices and with HAPP partners. The use of email was found to be particularly cost-effective with the size of the telephone bills remaining the same in spite of the presence of additional staff and an increase in the volume of communication. Communication with the Regional Office improved through the writing of a brief monthly report with a follow-up teleconference between senior staff. FHI's computerized accounting system (MTX) was established to improve financial reports to conform to the standards of FHI HQ and USAID.
- Implementation of the technology was not always smooth. As mentioned in the Finance Section, the MTX system could sometimes be troublesome. MIS was delayed from December 1997 to the last quarter of 1998 due to on-going problems with the technical design. Similarly, the FIS improved reporting considerably, but it took time to ensure that FHI formats were consistent with the formats required by USAID.
- The need for more office space in Jakarta was reiterated in the Internal Review and led to the renovation of the Jakarta Office. The first phase of the renovation of the office at the

beginning of the Project and the second phase of the renovation (the office in its present form) took about three months for each. The latter was completed with minimum interruption by building a temporary office beforehand. Although the renovated and temporary offices provided more comfortable space to work in, they still did not meet demands for space from time to time when additional short-term consultants were hired to work in the office or when several meetings needed to be held at the same time.

Lessons Learned :

- The use of appropriate technology to facilitate the completion of timely and quality work, as well as communication/coordination such as by computer and cell phones, is necessary. In terms of computer usage, building the capacity of staff to use the software effectively and making a full-time technician available at the office leads to time and cost-saving measures.
- The utilization of technology can be beneficial as well as detrimental. The latter especially applies to a combination of complex technology and the unavailability of an expert to immediately troubleshoot problems. In relation to this, the availability of a back-up technician to solve daily problems in the absence of the permanent staff is necessary.
- Attention should be given to the provision of office space that enables staff to work effectively, prior to the implementation of the Project. As the number of staff grows in response to the amount of the workload, expansion of the space may need to be reconsidered. Limited office space also means the need for better planning of meetings.

C. Administrative Management

Historical Overview

Setting up the HIV/AIDS Prevention Project Office in 1996 was the first experience of such a nature for the administrative staff. This included not just arranging permits through the Ministry of Health (MOH), Government of Indonesia (GOI), but physically renovating the office space provided by the GOI and developing and formulating a personnel policy in keeping with FHI's regulations as well as the Indonesian labor laws. The first phase of the renovation of the office took about three months. The second phase of the renovation (the office in its present form) took another three months. The formulation of the draft personnel policy took between three and five months. The first draft was approved by the FHI Area Regional Office (ARO) Director in June 1996. After the Chief of Party (COP) joined the Project, a revision was made and the final personnel policy in its present form, was approved in January 1997.

The project started with six local staff in May 1996. Before the present Country Director began her assignment with the Project in July 1996, a number of people from ARO (Bangkok) and from FHI Arlington came for short periods as acting Chiefs of Party.

Recruitment

Recruitment was first initiated for the Jakarta sites and was then done for Surabaya and Manado. However, during the initial period between 1997 and 1999, there were a number of changes in the staff during the process of selecting the "right" person for a given job.

A probation period of three months, was part of the recruitment process. This provided an opportunity for both the relevant senior staff at HAPP and for the person to assess whether the fit was matching, so to speak, before the candidate was taken on as a member of the HAPP staff. Over time, project staff improved their skills in selecting appropriate staff to fit with the existing team.

Staff Evaluation

An annual staff assessment for the entire HAPP staff was done. This consists of a self-assessment followed by a supervisory evaluation. However, there was no formal process of peer evaluation built into the system, although some senior staff members did consider peer assessment of staff members during the annual staff evaluation on an informal basis. It was strongly felt, however, that self, supervisory and peer assessment must be a formal part of the whole staff evaluation system, to be able to assess in its entirety the professional and personal contribution of each member of staff to the organization.

Collaboration with NGOs

Because of the fact that the entire planning and implementation of this Project was a learning experience for everyone, initial collaboration with partner NGOs was difficult because of differences in the culture and the way of functioning between the NGOs and HAPP. Problems were encountered and overcome in the areas of:

- Equipment procurement processes
- Travel
- Finance

It was an evolutionary process where, initially, obstacles were encountered and, later, solutions were developed for each particular challenge. But this resulted in HAPP staff gaining a large knowledge and information base about NGOs and their functional processes.

Authority and Delegation

The senior HAPP management staff perceived that they were given sufficient authority and delegation for independent decision-making. This was, by and large also true of the administrative management aspect at the field level. However, the extent to which it was actually utilized at the field level was a function of the different personalities and the cultural historical background of the area. Manado, for example, historically has a high degree of European influence.

Management Systems

It was felt that the management systems could be further improved with a greater level of decentralization and a regular procedure of monthly staff meetings (which must necessarily include all staff members). These processes, it was strongly felt, would lead to greater transparency in the system as a whole and thereby to a higher level of efficiency.

Communication

Another aspect which was somewhat of a concern and which, it was felt, required more attention, was that of communication between the different units and departments within the HAPP Jakarta Office. Proper communication was, at times, felt to be lacking, resulting in miscommunication and sometimes in misunderstanding.

The Institutional Development Framework (IDF) was perceived to be an extremely useful tool in this regard, particularly with respect to developing and enhancing leadership qualities and better interpersonal communication skills. A strong suggestion from within the Administrative Management Department was that an IDF refresher workshop be held for all staff at least once a year.

Another success in this context was the yearly retreat organized for and by the staff. This was considered to be a successful procedure that resulted in intensive and extensive evaluation,

assessment and introspection by all the participants with regard to the activities, successes and challenges they faced over the previous year. The retreat was valuable also as a means of dispersing misunderstandings which may have arisen over time and as a means of enhancing communication.

Other Points of Concern

- Inter-office communication between the GOI staff within the HAPP Jakarta Office and the other staff members. This concern stemmed from a feeling that perhaps there was some sense of isolation between the Government officers and the others and there was a strong felt need to address this issue.
- Dealing with staff (and equipment) humanely and in a mutually agreeable way before the completion of the Project in September 2000.

Conclusion

It is notable that the Administrative Management Unit of HAPP was the result of an evolutionary process which “started from scratch” and over a period of time - which was a learning process for all involved - and that it evolved and developed into a full fledged department which finally dealt successfully with all aspects of management, including interaction with the GOI, international agencies, the private sector and non-government organizations. A very good management system evolved which included a working personnel policy, a procurement process, a travel policy and successful interlinks with other departments.

D. Financial Management

Background

As was the case with the Administrative Management Unit, the Finance Unit also started a number of its systems from “scratch” when HAPP began in 1996. There were, however, some vital programs that were provided or stipulated by Headquarters. These included the MTX computer system for generating regular financial reports, which was tailored specifically to HAPP and which reported on the seven Contract Performance Objectives (CPOs) by converting them into CLIN (Contract Line Item Numbers) with a specific weightage attributed to each.

There was a system of regular monthly financial reporting to Headquarters the quarterly reporting of cash flow per activity planned and, for this fiscal year, a report to USAID. The activities of the Finance Unit also included the preparation of budgets for all IAs after the IAs prepared the budgets required. The prepared budgets were sent to the Asia Regional Office (ARO), in Bangkok, which reviewed them and sent them to Headquarters for approval. At times, changes occurred during the implementation of activities, which required amendments to be made to the budget and supporting funds to be provided.

Apart from the different types of regular financial reporting, the Finance Unit carried out sets of regular activities on a daily basis. These included payments to suppliers, employers (salaries, medical allowances, etc.), petty cash payments (including to Provincial Offices and the KPADs), the purchase of equipment and reimbursements to IAs.

Strengths

A number of strengths supporting the Finance Unit led to it functioning in a relatively easy and efficient manner and, thereby, to related aspects of the Project.

- The Unit expressed its pride in the fact that they always met ARO deadlines in their reporting procedures, in spite of the difficulties they sometimes faced because of the MTX system not working at times.
- Good coordination and cooperation existed between the Finance Unit and the IAs, which was extremely important as it led to IAs' financial reports being sent on time, which resulted in payments to IAs also being made on time.
- The Finance Unit also took pride in having developed a system of making daily payments to suppliers, IAs and employees, in such a way as to be, most of the time, efficient as well as satisfactory for all the parties.
- Another point of pride for the unit was their having developed and implemented an insurance policy for hospitalization and accidents for HAPP staff. Given the high costs of medicine, hospitalization and treatment in Indonesia, this development was greatly appreciated by and added to the overall efficiency and satisfaction of the staff.

Weaknesses

Some of the challenges faced by the Finance Unit during the life of the Project included the following:

- The MTX system was found to be somewhat complex and at times did not work and often required manual calculation, which, because of the complexity of the system, was very time-consuming.
- Reimbursement to IAs was also found to be a very lengthy procedure, as it required ARO approval and proof of payment, which often took time.
- If an amendment was to be made for extra payment to an IA, it too was found to be time-consuming, taking away from the optimum level of efficiency of the given activity.
- It was felt that the staff of the Finance Unit should have been encouraged to attend finance and related topic seminars etc. organized either in-house or by other organizations on a regular basis as this would lead to greater motivation, learning and exchange of ideas.
- There was a felt need by the staff of the Finance Unit for provision of English Language courses for them.
- It was also felt that the staff of the Finance Unit should be given the opportunity to escort study tours, as it would be a learning opportunity for the staff and be of great value to the participants of the study tour in better understanding the financial procedures involved during the tour.
- A need was also expressed for a greater level of authority and delegation in carrying out certain routine activities which would, it was felt, lead to improved efficiency in the system and a saving of time. Examples of this included:
 - Decisions about when certain payments should be made, being with the Finance Unit and not with others, as the Finance Unit felt they were the best judges of realistically promising how long a particular payment would take;
 - If the Country Director was not available, it was felt that a voucher for payment need only be approved by the Head of the Finance Unit along with the second signatory, rather than by a relatively large number of people who had to approve it under the circumstances.
- There were times when either the KPAD or some RRF NGOs did not give the Finance Unit prior notice about upcoming expenditures and then suddenly required the payments to be made.
- It was also felt and expressed that communication and teamwork between the different units of the Project needed further improvement as it sometimes led to miscommunication and misunderstanding.

Finance Management Assessment

Strengths

1. In July 1999, the HAPP Finance Unit developed a Budget Analysis format and the MFR Tracking System for each individual implementing agency. This was intended to make it easier for both

HAPP and the IAs to control and monitor each budget item category of the IAs' budget as well as their expenditures. It would also detect the status of the IAs' remaining budget quickly. These tools made it easier to work more closely with partner organizations. In addition, they strengthened the relationships, communication and coordination between HAPP and partner organizations. They were very helpful and useful especially for amendments and Option Period budget purposes. The documents are available in hardware and hardcopy.

2. The HAPP Finance Unit also developed a standard format of budget for both the KPADs and the RRF NGOs, divided into the budget proposals, financial reports and tracking systems of financial reports. This format was very helpful for reviewing expenditures. This tool made it easier to work more closely with both the KPADs and the RRF NGO staff.
3. In responding to and fulfilling the USAID/external review recommendations, the Finance Unit carried out the following activities:
 - To prevent gaps in funding and to replenish funds for IAs, since February 1999, the HAPP Finance Unit developed the Flow of Disbursement system. This system intended to monitor and detect any gap in funding from the IAs submitting their RMFR (Recipient Monthly Financial Report) until the time HAPP reimbursed their expenditures/requests and to maintain monthly replenishment of funds. This also ensured that they had sufficient funds to keep activities ongoing. In case of any delay in the MFRs submitted by IAs, HAPP automatically sent a reminder letter to them.
 - In order to delegate authority, responsibility and accountability to the HAPP Provincial Offices, the checking and reviewing of RMFRs submitted by IAs, including the supporting documents and making sure that their reports complied with HAPP regulations, was done by them.
4. Staff Benefits: Payments of medical as part of employee benefits were consistently implemented. All staff were also entitled to medical and accident insurance.
 - Payment System: Payment service were set 3 times a week, that is each Monday, Wednesday and Friday. The supplier and employee may get the reimbursement on the arrangement date above. Medical allowance will be reimbursed every two weeks at end of the week 2 and 4.
 - Pay Day of Salary: Cash or transfer could pay Salary directly to the employee accounts. Every employee has salary history form and signs afterward.
 - IA Reports: Finance has issued tracking sheet in relation to financial status. This is also including for KPAD and RRF sub-contract. The other tracking sheet also is providing information in lateness or regularly on time of the monthly MFR reimbursement.
 - Cash Flow: is prepared quarterly and send to HQ c.c. to ARO. The cash flow is pre-requisite to get reimbursement upon expenditure submitted on the MTX every month. The HQ will never arrange wire transfer for such amount and kept in HAPP accounts. The quarterly cash flow is crucial and must be ready before the end of the quarter.

E. The HAPP Staff Development Strategy

High priority was given by FHI to the provision of a quality staff development program. The program is motivated by recognition of the contribution of the HAPP staff and encourages staff to improve professional skills relevant to their current position in the organization and in support of

career advancement. The program has been possible because of strong FHI / ARO support of HAPP's allocation of budget for local staff development.

The HAPP staff selected English language training as a priority focus for personal and professional development. A variety of strategies for providing learning opportunities were evaluated. As a result, design of the staff development program has been based on an adult learning model that takes into consideration matching learning to current capacity, actual needs and situations.

Points to be considered included :

- HAPP staff are fully committed and they frequently work well over 40 hours per week.
- Work-related travel time is already considerable for most staff members; ease of access was an important issue.
- Each staff person has specific learning needs in order to increase skills related to their position responsibilities.
- Staff have varying levels of English language competency in speaking, listening comprehension and writing.
- Staff requested assistance with developing presentation skills.

In Jakarta, an initial 20-hour program was piloted by the British Council. Based on feedback and on staff needs assessment, a 12-month follow-on program was designed.

Adjustments included providing the instruction in the HAPP office to ensure that staff were able to take advantage of the tutorial time. Office time was allocated in recognition of the potential benefit to the Project itself and in appreciation of the 'beyond the job description' contribution of all HAPP staff.

Highlights of the program include:

1. Spaced learning - that is, group course work is interspersed with time spent on individual programs and tasks.
2. Staff are encouraged to monitor their progress through weekly learner diaries maintained in English
3. Additional monitoring is provided through :
 - Samples of written English at beginning and end of the course
 - Maintenance of learner portfolios containing work completed over the course. This will provide an overall record of achievement.
 - The one-to-one tutorials provide optimal monitoring and feedback.
4. Each group (by level) has selected a representative whose responsibility it is to monitor logistics issues and to communicate any problems to the contact at British Council.

Special events provide another motivation and opportunity for relevant learning. For example, presentation skills were sharpened through an in-house event. Each unit was responsible for preparing and delivering a group presentation on a topic of their choice. Every person in the unit had an opportunity to deliver a part and their 'successes' were celebrated after with a staff party. This was a challenging new experience for most of the staff. A similar program is being implemented in both the other HAPP sites.

Staff were invited to identify their priorities and to identify local resources to provide learning support. Objectives identified in the sites included:

- To develop capacity in English conversation to handle daily duties related to position responsibility as a HAPP staff;
- To prepare reports;

- To facilitate HAPP visitors and to provide them with information;
- To improve listening comprehension and the ability to express ideas in order to participate more actively in meetings in which English was the main language.

Each staff member set his or her own personal learning agenda and they designed their learning around activities such as formal language study, bringing native English speakers to office for practice sessions, report and document writing practice with feedback, business letter writing.

While each of the learning programs has a formal evaluation component, the impact of these activities can also readily be observed through improved report and document preparation, the ability to host and explain the HAPP program to foreign visitors and the increased ability to express themselves in English during meetings.

F. A Full-Time Computer Specialist

"Ensuring A Well-Oiled Engine"

The importance of retaining a full-time computer specialist within the organization began to be recognized and greatly appreciated by the entire staff after the specialist joined in October 1998 first as a computer consultant and then as a member of the HAPP staff in June 1999.

Among his many other tasks, the specialist was responsible for designing and standardizing the office software and ensuring that it ran efficiently and for connecting the MTX system in the Finance Unit to the main network. At the three HAPP sites, he standardized the software, developed an inventory for the hardware and solved any problems as they arose. This meant that he was always on call, both at the Country Office where he is based and at the sites. This was a fact that was well appreciated by everyone, particularly as everyone also realized the fact that the specialist was often under pressure to complete jobs and to trouble-shoot, but was, nevertheless, always ready to help when required.

His contributions to the organization were many and varied within the field of computers. However, the specialist felt that he too, had learned a great deal from HAPP. Apart from learning on-the-job with respect to his field - he often came across complex problems that required time-consuming and labor-intensive solutions - he learned: how to manage his time better and more effectively; how to deal with different sorts of people, in particular, those who did not have a background in computers; and how to work with government officials, since part of his job involved dealing with KPAD members.

The computer specialist is still in the process of learning and studying, which he does in the form of both informal reading on his subject and formally studying towards qualifying as a Network Engineer. But he has a dream - that "someday all employees (of organizations like HAPP) will have access to and know at least the basics of computers", as he rightly feels that that is the world of the future.

G. Fuel for the Engine

In the many very important project tasks which, of course, have to be accomplished, it is that much more important to remember that, in order to achieve them, there are many, many smaller tasks which must be completed and which require certain types of people to do them. Often in the satisfaction and pride of having successfully achieved the greater goals, these 'smaller' tasks and people are forgotten. With a view to acknowledging their invaluable contribution, it is warranted to mention that the support staff of the HAPP Jakarta Office consisted of two drivers and two office assistants.

Both the drivers were always on call and often worked long hours helping the professional and administrative staff to meet deadlines and to achieve objectives.

The office assistants, both of whom were senior high school educated and had received training and certificates in the basics of computer functioning, were intelligent, honest and willing workers, with scope for further development. They too, were always there, working alongside the rest of the HAPP staff, whether under pressure of deadlines or just giving the routine support of photocopying or providing food and drink when required, as the daily work went on.

The support staff participated willingly and wholeheartedly, joining in the staff retreats and other non-work activities as well.

Their importance cannot be exaggerated for its constant, consistent, if silent, presence and for the fact that none of the bigger goals and objectives of the Project could possibly have been achieved were it not for their ever-ready contribution and support.

Evaluation Report
I. HAPP Project Context
II. HAPP Project Design
III. HAPP Internal Management
IV. <i>HAPP Intra-Office Management</i>
V. Funding Mechanism
VI. Working with KPADs
VII. Working with Partners
VIII. Working With NGOs
IX. Building Support: Networking and Coordination
X. Beneficiary Involvement
XI. Technical Issues:
XII. Surveillance
XIII. Policy Support

IV. HAPP Intra-Office Management

A. Communication within HAPP

Initially, the many complex layers and cultures which characterized HAPP caused difficulties in keeping open lines of communication and preventing miscommunication. This sometimes created delays and misunderstandings. Patterns of communication within the HAPP office also showed a lack of sharing information and insufficient understanding of lines of reporting. Examples were delays or failure of the HAPP Jakarta Office to respond to the provincial offices' requests/needs, IAs receiving different advice from the HAPP Jakarta Office and provinces and the Jakarta office directly contacting IAs without informing the provincial office. The latter led to confusion for both IAs and HAPP in the field.

A retreat was organized for HAPP, USAID, MOH, KPA and KPADs to overcome the above challenges. The retreat helped to build relationships and establish lines of communication within the HAPP office and between each of these organizations. A common philosophy was developed which had implications on the development of the second stage of HAPP. In addition, there was greater clarity in understanding individual job descriptions and their interrelationship between the HAPP Jakarta Office and the Provincial HAPP offices. However, noncompliance within HAPP with agreed lines of communication and office procedures by FOs, IAs and new staff was found during the Internal Review. Informal discussion between new and senior staff led to creative problem-solving and more shared responsibilities.

B. HAPP Provincial Offices

Staff of HAPP provincial offices were GOI nominees or selected from a pool of candidates of those qualified with experience in HIV/AIDS prevention in the provinces. They were recruited with recognition of their needs for ongoing training to reorient their skills and to understand the HAP Project. The role of HAPP provincial managers was centralized on their being gatekeepers with Local Government. They also had great scope in their work with coordination of HAPP IAs and the provincial AIDS Commission and overall monitoring. Decentralization of the authorization of HAPP proposals and financial management to provincial program managers was not feasible in view of FHI's rigorous proposal development process, the complexity of FHI/USAID's financial regulations and the presence of many levels of authorization for HAPP proposals.

In the earlier phase of the Project, a number of consistent observations were made by various parties, including USAID, FHI, external evaluators and NGOs. They included: (a) the weak roles of the manager and the deputy manager; (b) the limited delegation of authority, responsibility and accountability to provincial level HAPP offices; (c) insufficient provincial resources to support the implementation of IAs; (d) the inadequate management of provincial offices, including a lack of monitoring; and (e) insufficient technical capacity. A lack of delegation from FHI HQ to ARO, from ARO to the COP, and from the COP to staff in Jakarta, Surabaya and Manado led to a bottleneck in implementing activities and distributing tasks, such as in the disbursement of funds to IAs.

Remedial actions were subsequently undertaken. Examples were: the provision of training for the two Deputy Program Managers at the ARO in program management; participation in various technical training; access to e-mail for provincial program managers; and the delegation of many tasks to the Administration and Finance Assistants at the provincial level. The supervision arrangement was also adapted. Some management-related initiatives were carried out by provincial staff through holding monthly monitoring meetings and assisting NGOs and KPADs in preparing technical proposals and financial reports to ensure compliance with the administrative requirements of FHI/USAID.

In spite of the many opportunities for training, support and regular supervision, the management of the Manado and Surabaya sites remained short of the operating level required. Moreover, HAPP-funded NGOs repeatedly reported the lack of field monitoring conducted by HAPP provincial staff over the course of the Project. Other issues also emerged, including the persistent self-identification of PPMs as being staff of GOI rather than HAPP, a lack of leadership and over-reliance on DPPM. Throughout the life of the Project, IAs continued to see the role of HAPP provincial office largely as a post office for the HAPP Jakarta Office and IAs.

Lessons Learned :

- A provincial office with limited authority and capacity reflects a negative image among partners.
- In view of the complexity of the Project, the number of IAs involved and the amount of the workload, the delegation of responsibilities and authority is necessary to ensure the quality and on-time implementation of the Project.
- Capacity building to improve the technical and managerial skills of staff may not be successful because of staff's entrenched attitudes, values and practices and a lack of learning capacity to orient oneself with new tasks and roles.
- A successful delegation of authority is influenced by the technical and managerial capacity of staff, the level of complexity of responsibilities or bureaucracy system and HAPP's ability to develop capacity among staff.

Recommendations :

- Prior to the establishment of a provincial office, a clear objective of the establishment of the office, including its roles and responsibilities, must be in place. This should guide a careful selection of suitable staff with the required capacity to discharge the responsibilities and to assume the roles.
- Decentralization inherently entails strong coordination to attain a common goal. Consequently, any forms of decentralization must be accompanied by well-planned coordination linkages, compliance with the agreed coordination scheme and a regular review of coordination.

C. Subproject Management Issues

Project Start-up

Major constraints to a seamless transition between Phase I and II of HAPP were the time needed to resolve HAPP technical strategy/directions with USAID and to amend and modify the FHI technical and financial proposals as requested by USAID. In addition, despite support from COTR and the Contracting Officer, considerable time was taken by HAPP staff to reorient to the different contractual formats and processes during the transition between the first phase of HAPP and the commencement of the Performance-Based Contract.

Process of Proposal Development and Approval

A 'Jump-Start' Proposal Development Workshop was held in August 1996 for 26 NGOs selected to work with HAPP. Participants of the workshop received conflicting information, which caused confusion owing to inadequate preparation time for the event and a lack of orientation for facilitators about the task and guidance from FHI-HQ and the Asia Regional Office regarding procedures.

For Phase II of HAPP, NGOs interested in working with HAPP in the three sites were required to attend a one-day orientation to HAPP. It covered HAPP's priorities and requirements, the USAID Strategic Objectives, writing and submitting a concept paper and the requirement of the submission of all subagreements in English. HAPP staff reviewed the concept papers and determined the disposition for each based on these categories: (a) subagreements; (b) capacity building and networking; (c) Rapid Response Funding; or (d) as not fitting within HAPP. After selection, comments were made on the concept paper and returned to the submitting agencies. A three-day subagreement development workshop was then held in each site and facilitated by ARO and HAPP staff. The workshops focused on development of a logframe, a workplan and a budget.

In light of the number of parties involved, the varying skill levels and the high standard required in the proposal development, the HAPP staff finally resorted to jointly designing the subagreement with the IAs but wrote the documents directly. An English writer was also employed to ensure a high standard of language.

HAPP provincial staff worked with the KPADs on the budget and program components of their proposals, which was beneficial to both parties. This was evident in the improved quality of the final proposals and a better understanding of the FHI requirements and the KPAD approach as well as areas where support was most relevant.

The whole process of proposal development continued to be time-consuming, including the process of subproject approval. Reaching a consensus on the Project's conceptual design, the technical strategies to be used with each IA and a clarification of the roles of key officers took a lot of time. This included delays in getting concurrence from USAID. Moreover, the proposals needed improvements both in the content of the intervention activities and the format. The HAPP team in Manado found it more difficult to work on the proposals than did those in Surabaya because of inadequate explanation of the content of the IAs' proposals and a failure to integrate lessons learned. They did not mention their previous institutional activities, particularly during the last ten months of the HAPP implementation project and the implication of these activities for the current proposal. Political instability also delayed the whole process (e.g. the evacuation of the senior foreign staff of HAPP and US-based PVOs). Similarly, considerable time was spent in the preparation of budgets and narratives for the Option Period. The approval process was also lengthy due to the multilevel management.

Delays in processing the approval of subawards could have a negative impact on some activities. One example was the delay in finalizing the YBHK subagreement, which hindered referral activities by other NGOs.

To shorten the whole process, concerted efforts were carried out to streamline the processing for reviewing subagreements, letters of agreement and RRF grants. They involved changing the organogram, recruiting additional staff and developing checklists for the review of proposals (financial, technical, management and administrative reviews).

Lessons Learned :

- A serious gap occurred between the planning/contracting phase and the start-up of field-based activities due to the complexity of the technical design, the multiple agency structure

and the time taken to respond to USAID/Indonesia's comments and to reach consensus about the annual workplan.

- USAID requirements, the new type of contract, the complexity of HAPP and the volatile political climate made this more difficult than usual.

Rapid Response Fund

From the beginning, it was recognized that the role of RRF was to enable wider participation by and the trials of small and innovative activities by new IAs or more experienced IAs turning their attention to HIV/AIDS issues. At the same time, it was also realized that it would be time-consuming to plan and manage it. As mentioned earlier, procedures for the improved and speedier processing of RRF proposals were finalized and implemented.

Supervision and Technical Support

Both IAs and the staff of HAPP recognized that program reporting processes were mutually beneficial for HAPP and IAs, particularly for program work. At the beginning of the Project, insufficient feedback on progress reports from the staff of HAPP was expressed by IAs. IAs and provincial staff of HAPP valued face to face interaction in the context of program supervision and technical support. Inadequate program supervision and technical support took place in 3 sites, particularly North Jakarta. The major reason was the limited skill and understanding about supportive supervision among the HAPP staff in the Jakarta offices. In response to this, the Evaluation Officer was recruited to coordinate the quarterly reports, while the Program Officer focused on contract and grant management.

Cooperative Work Environment with Counterparts

Good collaboration with KPADs, CDC and MOH was maintained by HAPP from the start of the Project. The working relationship with the USA-based PVOs (PACT and PCI) was problematic. During the negotiation of the second phase of the HAP Project, the partnership between HAPP and PVO was discussed and a letter of commitment between FHI and each PVO was signed. It was agreed that the role of the PVOs was to provide technical assistance to the NGO projects and to provide input to their design through collaborative planning and strategizing meetings between HAPP, NGOs and PVOs. In reality, PVOs experienced a lengthy negotiation (repeated changes of the content/focus) or no initiation of negotiation. They were also not involved with NGO subproject development until it was too late and with very few follow-up meetings of PVOs and HAPP staff.

Overall communication with HAPP staff was also problematic, including: (a) a lack of information about HAPP activities; (b) slow or no response to requests for meetings and feedback; (c) HAPP staff gave different responses to the same questions; (d) the repeated submission of reports and other deliverables as the HAPP office lost copies of them; and (e) a difficult communication process, which was characterized by a top-down approach, unclear directives and requests and a lack of partnership in making technical and managerial decisions. The delay in realizing the contracts created a financial burden on PVOs who had maintained staff in anticipation of signing the contract.

Since then, the relationship between HAPP and PVOs has been strengthened. A series of Technical Advisory Group (TAG) meetings was conducted to keep all PVO partners well informed on the progress of HAPP, as well as to update PVOs on technical issues that are relevant to STD/HIV/AIDS programs. One of the TAG results was a consensus on conducting organizational capacity assessments for all partners. This was useful to assess the coordination of the provision of technical assistance.

FHI/HAPP satisfactorily communicated with SO5-RO3 during regular meetings between FHI/Chief of Party, MOH HAP Project Manager and SO5-RP 2 staff. These meetings are held to discuss the

progress of implementation activities, problems encountered and to seek USAID's input on problem-solving. FHI has been cooperative and responsive to USAID's additional urgent requests, such as preparing documents, participating in the Mission HIV/AIDS External Assessment in February 1999 and making a presentation to the HIV/AIDS Design Team in November 1999.

Working relationships with the three Provincial AIDS Commission (KPADs), US-based PVO partners and local NGOs have improved through the capacity building effort across many audiences, technical areas and different types of organizations.

Capacity Building of HAPP-Funded NGOs

The majority of NGOs involved in the first and second phase of HAPP were newly-established and had little experience in working with an international donor agency. Their limited program and financial management skills evident in the first phase of HAPP substantially improved in the second phase of the Project, particularly in the areas of planning and financial management, according to the IDF. IAs also demonstrated a much higher level of capacity and understanding of the FHI regulations. This has been achieved through supervisory and technical visits and training. New RRF NGOs also required technical assistance on monitoring and the regulations of FHI.

In terms of monitoring and evaluation, diversity was observed among the IAs in skill and understanding of them. IAs possess considerable skills in data collection, reporting and narrative descriptions of activities. Their weaknesses were in data analysis, the identification of relevant data, the under-utilization of target groups in monitoring and the evaluation and use of data to follow up and improve activities due to a lack of skills and appropriate human resources. The provision of technical assistance was hindered by NGOs' over-commitments, NGOs' loss of interest in the Project due to failure to get the extension, the low capacity of NGOs and high staff turnover among a few NGOs. One of the consequences was a constant change of participants at workshops during each phase of the Project, which made it difficult to maintain continuity.

PCI: most ngos don't focus on micro-credit and microenterprises in their fundraising activities; most materials in the resource center are in english; direct access to donors are limited. PCI: not all donors can directly support NGOs. The workshop time and budget limited the number of resource persons;

PACT: the organizational capacity assessment - ngos gained useful info about organizational issues and 11 ngos led training and information dissemination within their own organization.

- Direct technical assistance to organizations submitting professional abstracts (writing and oral presentation skills).

IAs' Staff Turnover

Some IAs experienced significant levels of staff turnover since the first phase of HAPP. This was a persistent issue for a few NGOs despite technical support provided by the staff of HAPP. Staff turnover resulted in the delay and postponement of IAs' activities. The high turnover of counselor volunteers required a mass of trained volunteers, ongoing supervision and refresher courses.

Other Constraints

Public and religious holidays and religious observances (e.g. the fasting month) delayed subagreement finalization and the implementation of the Project. Likewise, the economic and political

climate affected the timing and scheduling of activities and workplan. Consequently, HAPP had to accommodate changes in deadlines and to reorient the workplan.

D. HAPP Intra-Office Management Bullet Points

- The FHI-HQ and ARO have been effective in backstopping the FHI Country Office with respect to both technical and managerial support. Yet the need for decentralization of authority to the FHI Country Office was an overarching issue with the most substantial impact on the development and approval of proposal. This will be addressed in the section on Funding Mechanisms.
- The provincial offices were designed with limited inputs of Lessons Learned from similar initiatives, as such initiatives were very few. PPMs were selected based on GOI nominees and DPPMs were recruited from a limited pool of candidates with professional background of working for NGOs, due to the few existing qualified people with experience in HIV/AIDS prevention in provinces. They were recruited in recognition of their need for ongoing training to reorient their skills and to understand the HAP Project. The role of the HAPP provincial managers was centralized on their being gatekeepers with Local Government. They also had great scope in their work with coordination of HAPP IAs and the Provincial AIDS Commissions (KPAD) and overall monitoring. Provincial offices were envisaged to coordinate and support implementation of the HAPP activities in their respective sites through provision of managerial/administrative and technical assistance to NGOs and KPADs.
- In the earlier phase of the Project, a number of consistent observations were made by various parties. They included: (a) the weak roles of the manager and the deputy manager; (b) the limited delegation of authority, responsibility and accountability to provincial level HAPP offices; (c) insufficient provincial resources to support implementation of IAs; (d) the inadequate management of provincial offices, including the lack of monitoring, although monthly meetings were held; and (e) insufficient technical capacity. A lack of delegation from the COP to staff in Jakarta and provincial offices led to a bottleneck in implementing activities and distributing tasks. Staff of provincial offices found that supportive supervision and monitoring were inadequate.
- Actions were undertaken to rectify the deficiencies. Examples were the provision of training for the two Deputy Program Managers at the ARO in program management, participation in various technical training, access to e-mail for provincial program managers and the delegation of many tasks to the Administration and Finance Assistants at the provincial level. Supervision arrangements for senior provincial staff was also adapted.
- At the beginning, substantial decentralization of the authorization of HAPP proposals and financial management to provincial program managers was seen as not viable in view of FHI's rigorous proposal development process, the complexity of FHI/USAID's financial regulations and the presence of many levels of authorization of HAPP proposals. Later on, the staff of the provincial offices managed to assist IAs and KPADs in preparing technical proposals and financial reports to ensure compliance with the administrative requirements of FHI/USAID.
- Throughout the life of the Project, IAs continued to see the role of HAPP provincial offices largely as a 'post office' for the HAPP Jakarta Office and for the IAs. Moreover, IAs reported a lack of field monitoring by HAPP provincial staff over the course of the Project. Other recurrent issues also emerged, including failure to establish self-identification as staff of

HAPP, the lack of leadership and an imbalanced division of labor between staff. The provincial staff ended up spending more time in administration and management than on technical issues. In line with the staff's professional background, the Manado Office was more BCC-oriented and the Surabaya Office more STD-oriented. A combination of a lack of clarification of their job descriptions, inadequate initiative of the staff, little supportive feedback or supervision and lack of authority, constrained the ability of the provincial staff to effectively screen technical and management-related material by ensuring their quality and adherence to the existing regulations, before being submitted to the HAPP Jakarta Office.

- Communication within the HAPP provincial offices was problematic, partly as a result of the different sectoral backgrounds of the staff, which prevented reaching consensus on critical issues and the necessary follow-up actions stemming from different problem-solving approaches. This was also compounded by inadequate and unequal shares of information between the HAPP Jakarta Office and provincial offices as well within provincial offices. This hindered effective decision-making and caused friction. Similarly, communication between the HAPP Jakarta Office and the provincial offices was adversely affected by noncompliance with the agreed lines of communication by all parties involved. One example was a direct communication between the Jakarta Office and the IAs, by-passing the provincial office. This resulted in difficulties faced by the staff of the provincial office when they were requested to follow up without adequate background information about what had taken place. It also reflected an unfavorable image of the HAPP office to its partners.
- Overall, the roles, responsibilities and authority of HQ, the ARO, the local Jakarta Office and the provincial offices needed to be clearly defined and appropriate authority given to each to ensure both timely responses and high quality work.

Lessons Learned :

- A successful delegation of authority is influenced by the technical and managerial capacity of the staff of sub-offices, the level of complexity of regulations, the responsibilities and bureaucratic systems of the parties involved and the Country Office's ability to develop the capacity of the sub-office staff.
- A provincial office with limited authority and capacity reflects a negative image among partners and can be harmful to the progress of the Project.
- In view of the complexity of the Project (multiple stakeholders), the number of IAs involved and the geographic coverage, delegation of responsibilities and authority to subordinates and sub-offices is necessary to deal effectively with the amount of the workload. Nonetheless, striking a balance between consistent quality of control and the delegation of authority remains a challenging issue.
- Capacity building to improve the technical and managerial skills of staff is a function of staff's entrenched attitudes, values and practices and their motivation and learning capacity to orient themselves with new tasks and roles.
- Decentralization inherently entails strong coordination and good communication to attain a common goal. Consequently, any form of decentralization must be accompanied by well-planned coordination linkages (including lines of communication), compliance with agreed coordination/communication arrangements and a regular review of the coordination /communication including good dissemination of Jakarta staff's field trip reports and recommendations to the provincial offices.

Recommendations :

- It was suggested that, under the new project, the provincial offices have minimal staff and also have a 'regional role'. This appears to be contradictory. Many persons interviewed suggested the need for increased decentralization in the provinces. However, under the new project there could be fewer personnel in the provinces with an increased role across a region. It seems unlikely that 'decentralization in the provincial offices' will be able to take place.
- Prior to the establishment of a provincial office, a clear objective of the establishment of the office, including its roles and responsibilities must be in place. This should guide a careful selection of suitable staff with required capacity to discharge the responsibilities and to assume the roles. Project coordinators at the provincial office should be selected based on their technical and advocacy skills and have the ability to work as a team and be highly committed.
- When only a limited selection of suitable candidates is available, other alternative solutions should be explored, including scaling down the roles and responsibilities and/or the selection of less suitable candidates with a view to improving their capacity in the spirit of national capacity building. The first option renders rethinking of the cost-effectiveness of maintaining an office with minimal capacity to support the overall implementation. With respect to the second option, it is imperative to strike a balance between national capacity building/sustainability and the assurance of the quality and cost-effective implementation of the Project. Moreover, potential benefits of capacity building of local staff in the decentralization process within the GOI should also be given due consideration. In this case, while it is not feasible to strengthen capacity in many areas at once orientation and training essential for the smooth start-up of the office should be carried out prior to project implementation.
- Another option could be to make the sub-offices completely administrative and management-oriented and hire local consultants for technical assistance.
- ARO could back up technical issues and update and FHI-HQ could do cross-border updates. This could save time and effort.
- Recruiting NGO staff from the staff of IAs posed problems in the past. In the future, it should be done in consultation with the Forum and that person should sign a statement, certifying his/her termination of involvement with the respective NGO during his/her employment.

E. Intra-Office Communication Bullet Points

- Initially, the many complex layers of bureaucracy and the diverse sectoral backgrounds of the HAPP staff (public, private and non-governmental organization sectors), which characterized HAPP, caused difficulties in keeping open lines of communication and preventing miscommunication. This sometimes created delays and misunderstandings. Patterns of communication between the different units and departments within the HAPP Jakarta Office also showed a lack of sharing information and insufficient understanding of lines of reporting.
- The yearly retreat organized for and by the staff was considered to be a successful procedure that resulted in intensive and extensive evaluation, assessment and introspection by all the participants with regard to the activities, successes and challenges they faced over a period of the previous year. The retreat was valuable also as a means of dispersing misunderstandings

which may have arisen over time and of enhancing communication. The retreat helped to build relationships and to establish lines of communication within the HAPP Office. However, noncompliance within HAPP with agreed lines of communication and office procedures continued to be one of the recurrent challenges, which was partly triggered by urgent needs. Recipients' refusal to deal with matters that did not undergo the agreed lines of communication or office procedures was found to be helpful in reinforcing compliance on the part of communication partners. On the whole, both partners and staff of the HAP Project noted the need to strengthen communication/coordination among staff about routine HAPP activities.

Lessons Learned :

- Coordination is a must among HAPP staff and the establishment of lines of communication as a means of coordination at the early stages, can curtail confusion and misunderstanding within the office and with partners. Given the complexity of such a project and the involvement of many parties, adherence to agreed lines of communication is sometimes difficult to maintain over a long period of time for various reasons and for different reasons at different points of time. This means that a regular review of the lines of communication to amend them on the basis of understanding of the root of the problem should be carried out from time to time. Meanwhile, the importance of enforcing the agreed lines of communication or office procedures should be recognized by all involved.
- Retreats are more effective for strengthening teamwork and relationships than for solving such a complex management issue as the establishment of lines of communication or office procedures, which may take more time to carefully examine underlying causes and to come up with viable solutions.

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V. Funding Mechanism

A. Funding Mechanism Bullet Points

Introduction

There were three broad types of contracts: (a) subagreements (over US\$100,000 or a project longer than 12 months); (b) letters of agreement/LOAs (up to US\$ 100,000 or up to 12 months) and (c) Rapid Response Funding or RRF. The RRF was fully developed and approved by the Country Office. All other proposals were first developed and reviewed by the Country Office, then reviewed and approved by FHI-ARO and finally concurred by USAID. It also involved the execution of agreements by FHI-HQ before advance payments to IAs were authorized. Theoretically, the whole process of proposal review and approval by FHI (ARO and HQ) and USAID should have taken up to 2 months before authorization of advance payment.

During the course of the HAP Project, subagreement proposals were developed through two different procedural models. The first model was a 'Jump-Start' Proposal Development Workshop, which was held in August 1996 for 26 NGOs selected to work with HAPP. During the two-week workshop, all NGOs developed their proposals with the assistance of facilitators. At the end of the workshop, all the NGO proposals were completed and approved by FHI-HQ and USAID. This process was necessitated by the short initial implementation period of only 10 months. The focus was on getting started quickly and getting activities going in the sites. During the first two months, twenty-three subagreements were developed and approved. Since then, a great deal

of learning has taken place: (a) new projects with many 'institutional capacity development' needs; (b) new expectations; (c) new regulations and procedures; and (d) new technical needs for the HAPP staff in Jakarta, Surabaya and Manado, as well as the staff of partner agencies and IAs.

The second model was adopted for Phase II of the HAP Project. NGOs interested in working with HAPP in the three sites were required to attend a one-day orientation of the HAP Project. It covered the HAP Project's priorities and requirements, the USAID Strategic Objectives, writing and submitting a concept paper and the requirement of the submission of all subagreements in English. HAPP staff reviewed the concept papers and determined the disposition for each, based on these categories: (a) subagreements; (b) capacity building and networking; (c) Rapid Response Funding or (d) irrelevant to HAPP. After selection, comments were made on the concept paper and returned to the submitting agencies. A three-day subagreement development workshop was then held in each site and facilitated by the ARO and HAPP staff. The workshops focused on the development of a logframe, a workplan and a budget. At this point, continuity of funding was considered essential at the same time as it was considered essential to spend more time developing solid projects and proposals.

Issues :

- The process of the 'Jump-Start Workshop' was stressful and less effective as participants received conflicting information, which caused confusion. This was attributed to inadequate

preparation time for the event and the lack of orientation for facilitators about the task and the lack of guidance from FHI-HQ and the ARO regarding the overall procedures. The only benefit of the workshop was to offer the opportunity for NGOs to network and to share experiences and ideas.

- During the Phase II of HAPP, the processing of all types of contracts, including changes in contracts, which required budget amendments, were time-consuming and labor-intensive. There were delays on the part of all parties concerned. Among the major reasons were the requirement for high levels of specificity in the Project contract and workplans. The contracts under which HAPP and the IAs worked were not easily able to accommodate being responsive to evolving needs and project learning. As mentioned in the discussion about finance, budget amendments meant undergoing the whole process of proposal review and approval by FHI-ARO. The complexity of the financial form in the budget section of a proposal demanded considerable time to complete.
- Delays also occurred in getting concurrence from USAID and in going through the multilevel management. The limited authority of the Country Office to release money for proposal approval was also a major challenge.
- In light of the number of parties involved, the varying skill levels of IAs and the high standards required in the proposal development, the HAPP staff finally resorted to jointly designing the subagreement with the IAs, but wrote the documents directly. A native English speaker writer was employed to ensure a high standard of language. The whole process of joint proposal development remained time-consuming and labor-intensive for all parties involved. The proposals completed by IAs needed improvement, both in the content of the intervention activities and in the format. The IAs did not mention their previous institutional activities, particularly during the first Phase of the HAP Project and the implication of the Lessons Learned for the Phase II proposal. Insufficient analytical thinking ability and the limited writing skills of NGOs entailed the provision of intensive technical support. The support aimed at assisting NGOs to systematically and analytically formulate a subproject based on lessons from their previous activities, as well as in undergoing the creative process of finding innovative and viable strategies. Reaching consensus on the Project's conceptual design, the technical strategies to be used with each IA and the clarification of the roles of key officers was also a lengthy process.
- The lack of communication/coordination/consensus among the HAPP staff involved, including the turnover of senior staff as the focal point without proper handover (see section on Staffing), partly contributed to the 'impromptu redesigning' of the proposals, even after their approval, and incongruities between proposed budgets and activities, among others. See section on Capacity Building.
- External factors also played significant roles in the delay of subproject development. The Project was implemented in the context of a dynamic sociopolitical environment. Accordingly, the content/focus of the proposal was also changed over time to better address the emerging needs of the target groups, such as the needs for mitigating the impact of the economic crisis. Political instability also delayed the whole process (e.g. the nationwide temporary closing of offices for security reasons and the evacuation of senior foreign staff of HAPP and US-based PVOs).
- The involvement of the provincial offices in the process of proposal development turned out to be double-edged sword. On the one hand, the staff of provincial offices lessened the burden of the Jakarta staff through investing considerable time in jointly developing the proposals with NGOs. Joint preparation by the HAPP provincial staff and IAs, for instance

with KPAD, on budget and program components of KPAD proposals, was mutually beneficial to both parties. This was evident in the improved quality of the final proposals and a better understanding of the FHI requirements and the KPAD approach and of areas where support was most relevant. On the other hand, it created an extra bureaucratic layer and the additional time necessary to reconcile disagreements between the provincial offices and the HAPP Jakarta Office. By and large, a subproject could take months to be approved and for funds to flow, even when the actual project time was only a few months.

- Similarly, in the early phase, the process of RRF development and approval became time-consuming and labor-intensive and created a lot of confusion among both the HAPP staff and NGOs. This was attributed to the involvement of too many stakeholders (FHI-ARO, the HAPP Jakarta Office, HAPP Provincial Offices) with different philosophies (e.g. quality control versus local ownership) and little coordination/consensus among them. Political instability contributed to difficulty in coordination and communication among staff of HAPP and between HAPP and partners. At one stage, the involvement of a foreign consultant with little knowledge of Indonesian created miscommunication between HAPP and IAs through inexact translation. These factors were complicated by several turnovers of focal points with inadequate orientation with previous agreements and consensuses and the necessity to honor them and to take the progress further.
- Delays in processing/approving sub-awards had a negative impact on the progress of the Project in general and specifically on interrelated NGO activities. An example was a delay in finalizing the YBHK subagreement, which encompassed the establishment of a referral clinic. This hindered referral activities by other NGOs.
- Time-saving measures were carried out to streamline the process for reviewing subagreements, letters of agreement and RRF grants. These involved a change in the organogram, the recruitment of additional staff and the appointment of one staff member to be the focal point for RRF and KPADs, the use of standard costs, training staff in proposal development, holding HAPP group meetings for reaching consensus about technical content and developing checklists for the review of proposals (financial, technical, management and administrative reviews). HAPP introduced to the IAs a force-field analysis to study their current activities and to identify future activities. IAs utilized the results of this analysis as a basis for developing their amendments. It was also helpful to change the order of the bureaucracy procedure of RRF proposal approvals from IAs-Provincial Offices-KPAD-HAPP Jakarta to IAs-Provincial Offices-HAPP Jakarta-KPAD. The latter arrangement permitted a more efficient processing of amendments, since, otherwise, proposals would have needed to undergo a long processing point at KPAD several times. Even though the above activities facilitated proposal development and approval, considerable time still had to be spent preparing the budget and narrative of the proposal for the Option Period.
- RRF enabled: (a) wider participation of IAs and/or target audiences; (b) the trial of small and innovative activities or the adaptation of effective interventions from other countries or provinces; and (c) implementation by new IAs or more experienced IAs including HIV/AIDS issues within their on-going activities. At the same time, RRF project development based on local needs and issues (bottom-up planning) and the management of a large number of RRF projects was time-consuming and labor-intensive. Considerable assistance in terms of managerial and technical matters also required inputs, especially for newly-established IAs or IAs with little experience in working in the area of HIV/AIDS. In view of the short-term implementation period (3-5 months) of RRF intervention, they could not reasonably be demanded to show the long-term impact of their intervention.

Lessons Learned :

- A serious delay occurred between the planning/contracting phase and the start-up of field-based activities, due to the complexity of the technical design, the multiple agency structure and the time taken to respond to USAID/Indonesia's comments and reach consensus about the annual workplan. USAID requirements, the new type of contract, the complexity of HAPP and the volatile political climate made this more difficult than usual.
- A 'jump-start' approach will not prove to be quicker for a new project. A carefully phased approach with a priority of provinces based upon epidemiological criteria and provincial capacity in relation to responding to HIV/AIDS would be the most appropriate strategy.
- Each party involved in the development and approval of a subproject (IAs, HAPP, FHI-ARO/HQ, USAID, GOI) can contribute to delay in the overall process due to understaffing and/or the turnover of focal points, inadequate capacity (knowledge of technical and administrative requirements), a lack of clarification of authority among reviewers, poor communication/coordination/consensus. In addition to the human factors, other factors, such as the system (bureaucracy procedure), time-saving measures (guidelines, use of standard costs, user-friendly checklists for the review of proposals, user-friendly/simple format of proposal), coordination/consensus facilitating means (HAPP group meetings for reaching consensus), are also important.
- Prior to the process for subproject development, the new project should hold an introductory workshop that will orient everyone to USAID's strategy; the Goals, Objectives, Design/Focus and the Structure/Management of the new project; FHI and their subagreement process. It should include opportunity for the partners to organize themselves and to develop a plan of how they will collaborate under the new project for reaching joint objectives. This helps clarification of the definition of partnership and the operationalization of the partnership approach. Allow the partners to meet to discuss their respective strengths, to define their roles in relation to the structure of the Project and to identify strategies for cooperation/collaboration prior to subagreement development. TA should be provided for subagreement development with cooperative planning between organizations in mind.
- The decentralization of proposal development can be both time-efficient and time-consuming, depending on the severity of the gap between the capacity of the Country office and the provincial office, the ability of each party to reconcile their differences in an efficient manner or the presence of an effective mechanism to deal with disagreements between them.
- The development of subprojects means striking a balance between taking sufficient time to crystallize ideas, including addressing target audiences' evolving needs and taking a shorter possible time to prevent losing invaluable resources invested to target audiences. A long time-lapse between phases of the Project could mean loss of human resources, loss of time to restart the Project and to reestablish rapport with respective target groups. Therefore, proposal development and approval in the shortest possible time through maintaining continuity of consensus, objectivity and uniformity of treatment to all submitted proposals are imperative. In this context, consideration should be given to the establishment of a standardized review procedure for subprojects, including the development of user-friendly monitoring forms for all types of subprojects (e.g. subagreements, LOAs, RRFs) to ensure adherence by all parties involved. The standardized procedure should include the following requirements: (a) all units of HAPP should read all relevant sections of a proposal; (b) the relevant units of HAPP should hold group meetings for reaching consensus about technical content; and (c) the documentation of participants, time and main results (consensus or disagreement) of meetings with partners or colleagues in conjunction with proposal

development and approval. The latter can be incorporated into the monitoring form, hence the form can also function as a tracking device to monitor progress and bottlenecks and to help new focal points to obtain complete background information on each subproject. Furthermore, deadlines for every step of the procedure should also be enforced to expedite the whole process (e.g. deadlines for submission, deadlines for review, deadlines for approval). There should be a stipulation that a proposal that cannot be approved within a certain period of time has to be taken to a special meeting to decide its merits to continue the process.

- Preparation in all aspects of the Project is essential to facilitate a seamless transition between projects: (a) project management (project design, technical assistants and consultants, methods/guidelines of proposal writing, clear project indicators); (b) working partners (socialization and dissemination of information about the Project, selection of NGOs based on experience, accountability, audit, etc.); (c) NGOs' concept papers; proposals/program design (systematic, focused, assisted by a consultant); and (d) budget planning, approval process and signing of contract. Therefore, the Project contractor, the executing agency and partner or implementing agencies, need to be well prepared.
- Given the rigidity of other types of contract and the implementation of the Project in the context of the dynamic sociopolitical environment, RRF, as a flexible funding mechanism, is an essential element of the HAP Project.

Recommendations :

- Assistance should start in priority areas before the Project starts. Situational assessment and needs assessment should also be done when necessary.
- The start-up of the new project can be assisted by a regional exchange between provinces of the old and new projects.
- The whole process needs to be shorter and more authority should be given to COP. Decentralization can be done at the designing so that only the Project has authority (not FHI/GOI/USAID).
- HAPP could use the transition for building the capacity of IAs' staff. Because there are no overheads for NGOs, a certain amount of funds should be given to NGOs to sustain their existence.
- The new project should be organized through an incremental approach - this includes a phased approach to engaging partners and a phased approach to geographical coverage of the provinces. The project start-up should be seen as a phased approach with some provinces considered 'priority' under phase one. Priority provinces could be chosen based upon epidemiological significance and the level of the current development of a local response. Within provinces, obviously, certain districts would also be considered priority. In relation to program development, there could also be some technical areas that could be given initial priority under phase I (i.e. interventions with sex workers and their clients). There was no detailed discussion about all the necessary components of phase I.
- The Provincial/District level GOI partners need to be involved early on in planning. Subsequently, the annual workplan for the new project will need to reflect the need for provincial/district level assessments, planning and approvals.

- Foreign consultants involved in subproject development at the provincial level should be selected based on knowledge of Indonesian or accompanied by a good translator who knows the Project goals and strategies well. This should be in conjunction with good coordination with the HAPP staff (Country office and Provincial office).

B. Funding Mechanisms

(working notes)

For the first phase of happ, a "jump-start" workshop was held. This was a 2-week workshop during which 15 (?) Subagreements were developed and signed. This process was necessitated by the short initial implementation period of only 10 months, but nearly all involved agreed that this was not an experience they wanted to repeat. During the 10 months, (x more) subagreements were developed along with x rrf grants

Focus was on getting started quickly, getting activities going in the sites. Lots of learning taking place: new project with many 'institutional capacity development' needs, new expectations, new regulations and procedures, new technical needs... for happ staff in jakarta, surabaya and manado as well as among partner agencies and ias

Second phase of happ: 1-day orientation meeting for all interested ngos.. Presented the new 'performance based contract and requirements, information about different ways ngos could work with the new project (subagreements, rrf's or as consultants or in ngo forums) and the selection process that would be followed: guidelines for submitting a concept paper + the criteria for ngo selection were distributed. All submissions were reviewed by a team of the happ staff and partners, selections made. Happ/aro team traveled to each site to assist ias in project design and proposal development.

At this point, continuity of funding was considered essential at the same time as it was considered essential to spend more time developing solid projects and proposals.

Due to the requirement for high levels of specificity in the project contract and workplans, the contracts under which happ and the ias worked were not easily able to accommodate being responsive to evolving needs and project learning..

changes in contracts which required budget amendments to contracts were time-consuming.

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VI. Working with KPADs

A. The KPAD and the Program Advisor

In each of the three HAP Project areas, the Provincial AIDS Commissions (KPAD) were found to be well established, with a relatively greater involvement in HIV/AIDS prevention, education and control activities. HAPP strengthened the role and functioning of the KPAD by assisting the establishment of a working secretariat, hiring full-time staff and enabling coordination between the KPAD and the HAPP implementing agencies and partners.

Capacity Building and Support

Capacity building activities that members of the KPAD were directly involved in included the IDF leadership and institutional development training, the 100 percent condom promotion workshop funded by HAPP, HAPP sponsored study tours, both national and international, and the establishment of the KPAD Program Advisor (PA) and secretariat.

The important points that arose from each of the three sites regarding capacity building were:

1. *Manado*

- The PA was perceived by the KPAD as an advisor on the programs, activities and selection of NGOs and as someone who coordinated with the KPAD members and supported KPAD activities and facilitated communication with the executive staff of the government. He was seen to be staff of HAPP and, therefore, perceived to receive more attention and respect from government officials. However, the implementation of activities was not seen to be his strength as the HAPP Jakarta Office was felt to be the final decision-maker.

- The PA himself saw his role as that of an advisor and coordinator, to make suggestions about issues such as which groups required what capacity building activities, to help in planning and strategizing and giving ideas for alternatives when required. He also kept track of reports and research data to provide as inputs and feedback to the KPAD.
- The PA felt that one of his major contributions was that his inputs made the KPAD begin thinking about sustainability and self-sufficiency and the need for other sources of funding. This led to districts as well as different departments of the KPAD now allocating some funds for their programs and activities. The above mentioned capacity building activities were seen by the KPAD to be very useful because officials from different sectors attended them and this helped to integrate HIV/AIDS activities better at the implementing stages.
- The study tours, in particular, were found to be very useful as they helped to broaden the participants' view, they had a domino effect, especially in sectors other than health and to the executive level of the government and they led to HIV/AIDS being included in other programs, to better collaboration between the KPAD and NGOs and to a significant increase in the HIV/AIDS budget allocation.

- The capacity building was also found to be useful in that community leaders and senior government officials had to speak personally at certain forums and, therefore, had to ensure that they were well-informed and knowledgeable about the relevant issues.

- NGOs also got a chance to present their views and opinions at these forums.

2. Surabaya

- The PA and secretary were largely seen to regard themselves as HAPP staff, following mainly HAPP orders. Therefore, they were perceived to be less helpful than required.

- The PA himself also used to consider himself a HAPP employee only earlier and this made working within the government difficult. But he currently considered himself more in the role of a coordinator between the KPAD and the government, the NGOs and HAPP and so found it easier to function.

- All other capacity building activities were perceived by the KPAD to be very useful as they were all new, they were conducted differently and had different purposes. The IDF training was found to be particularly useful as it taught them to develop budgets for greater allocation of required funds. The study tours, specifically those outside Indonesia (e.g. to Thailand and the knowledge gained about the success of the 100% condom use strategy) were found also to be of great value.

- The desire was also expressed by the KPAD PA for further training for the KPAD members in English, particularly with the objective of writing acceptable scientific articles and papers.

3. Jakarta

- The KPAD PA and Secretary in Jakarta were also perceived by KPAD to regard themselves as HAPP staff, following the HAPP Jakarta Office instructions.

- The PA himself felt that his role was that of a coordinator and supporter for the KPAD working groups and the different sectors and this helped them to collaborate on and integrate their activities and programs better rather than each sector doing unlinked and individual activities which, he felt, often led to duplication and inefficiency.

- The PA expressed his view that the ultimate goal of the KPAD and the NGOs is the same. But the KPAD should act in an advisory, coordinating and facilitating capacity, while the operational and implementation functions should be left to NGOs.

- The KPAD members felt that the leadership training for government officials is not of significant relevance because leadership training is part of their culture as government officials.

- They felt that study tours would only be useful for them if they are held out of Indonesia as, within Indonesia, they felt Jakarta was more advanced in most areas than other regions in the country.

- The KPAD members expressed appreciation for the opportunity HAPP provided for developing their proposal development skills - an ongoing training, so to speak, as HAPP required a proposal to be submitted for each activity undertaken by KPAD (including procuring office equipment and operational funds).

- The KPAD members in Jakarta expressed a need for further capacity building in financial management, public relations and the training of trainers for information in HIV, drugs and hepatitis.

Lessons Learned :

- The KPAD Program Advisor was perceived by all the KPAD in the three sites to be a staff of HAPP and, therefore, did not integrate completely with the KPAD itself. This took on a positive hue in Manado where he was better accepted and respected by government officials. But it had a somewhat negative connotation in the other two sites.
- All capacity building activities were greatly appreciated and added value directly to the KPAD and also through a domino effect to sectors other than health.

Recommendations :

- To integrate the roles of the KPAD PA and secretary better with the KPAD itself, the recruitment process could be in greater consultation with the KPAD and the two could be either a part of KPAD or taken as KPAD consultants.
- Capacity building activities must be ongoing and continue to include officials from different sectors to help integrate HIV/AIDS activities better in the future.

KPAD's Role

1. *Manado*

- The KPAD perceived their role and involvement in HIV activities as well-coordinated and particularly important and deep with respect to HAPP because of their perceived sense of responsibility.
- They realized that, in certain situations and circumstances (for example, when dealing with high-risk behavior groups), NGOs are more flexible and have to play a bigger role and, therefore, the KPAD's role was more that of a facilitator.
- Because of the many sectors involved in the KPAD, their role too was perceived by them to be multi-sectoral.
- They felt that the activities of the health sector had, over time, increased in frequency as well as in quality, particularly in terms of becoming more integrated.
- They felt that HAPP coordinated very well the activities between KPAD and the NGOs (who did what activities, the joined activities, the shared role of the different government sectors and the NGOs, etc.).
- The head of the NGO Forum was a member of the KPAD Core Team and this went a long way in improving communication and trust.

2. *Surabaya*

- The KPAD in Surabaya perceived their role as a support and coordination body for HAPP activities between the government and NGOs at all levels.

- HAPP involvement led to the governor and the other sectors becoming more aware and more involved in HIV prevention activities. This led to an increase in the budget from the governor and, therefore, to an increase in activities with participation even from the district levels. Before the involvement of HAPP, they felt that “everyone was sleeping and now they have woken up”.
- They felt that they had developed a good relationship with NGOs, but improvement in activity reporting by NGOs could lead to better coordination on the part of the KPAD.

3. *Jakarta*

- Although this KPAD saw their role more as a facilitator for NGOs to implement their activities, they felt that in time, they would like to work towards strengthening their role as a coordinating body between themselves, NGOs and donors.

Lessons Learned and Recommendations :

- The KPAD played an extremely important role as a facilitator and coordinator between the different sectors and levels of the government, the NGOs, HAPP and other donors to successfully integrate and implement STD/HIV/AIDS activities. This role needs to be consistently strengthened to make the KPAD more effective, involved and sustainable in the future. Increasing the frequency and quality of relevant capacity building activities is a means of achieving this. What requires to be looked at is the financial feasibility of different capacity building activities.
- A slight restructuring of the KPAD (as suggested by KPAD Jakarta, as a result of a capacity building activity supported by the World Bank) could be another means to greater operational involvement by them. This would involve KPAD having a steering committee of an advisory capacity and then an operational level made up of members from different government sectors and the NGOs, for actual involvement at the implementation level.

Sustainability

Lessons Learned :

1. *Manado*

- The KPAD “Think Tank” or the Core Group (in which the NGOs are represented) was found to be very useful and the need was expressed to continue it for more efficient functioning of the KPAD.
- The KPAD Core Team also expressed the need to continue support for the PA and secretariat, if need be, through other sources of funding.
- To sustain the efficiency and effectiveness of the KPAD, it would be important to provide advocacy to members of the provincial parliaments and officials from the different sectors to ensure their support for budget allocation for HIV prevention activities, both through the KPAD and through the different sectors. A multi-sectoral approach is very important and should be continued.
- NGOs and KPADs at the district and lower levels need to be empowered and strengthened through capacity building, some of which should be self-planned and self-sustained.

- Good monitoring and reporting, particularly the STD survey data, contributed greatly to making activities and decisions more transparent, helped KPAD to encourage other departments to get involved and to plan better for the future.

2. *Surabaya*

- KPADs at the district level need to be more involved in STD/HIV/AIDS prevention activities and, to achieve this, there needs to be greater levels of interaction between them and the NGOs at the district and sub-district levels.
- KPAD HIV prevention programs at the provincial levels should be linked with those at the district levels to help make them more comprehensive and effective.
- Members of the Core Team of the KPAD also felt that a very important factor contributing to sustainability was the creation of a network of comprehensive health services, ranging from HIV testing, counseling onwards to care of HIV-positive people at all levels and, at the same time, the provision of programs for empowering HIV-positive people.
- The representation of the NGO sector (the head of the NGO Forum) in the KPAD Core Team was felt to be a very positive move, leading to sustainability and increased communication and trust. However, it was felt to be important for the KPAD to consistently involve the NGO representative in all relevant meeting and decisions. Other factors, as expressed by the members of the KPAD, contributing to sustainability were their continued commitment, the political will of policy makers, in particular the governor and of course, continued funding through different sources.
- The point was also underscored that KPADs, as in the case of any other organization, would require diverse and ongoing funding, including funds raised by them directly, to keep it sustainable and effective.

3. *Jakarta*

- One of the factors which was felt to be of significant importance for the sustainability of the functioning of the KPAD was consistent improvement in the relationship between the KPAD and the NGOs.
- It was also felt to be of importance that members of the KPAD and the different sectors at all levels were aware of the importance of the coordination and facilitation of related activities.
- Regular and good monitoring and reporting led to better networking between the NGOs and the different government sectors and thus in better coordination between them.

Decentralization

Lessons Learned :

1. *Manado*

- To avoid confusion, changes and delays with respect to the implementation of activities and programs, it is important to ensure consultations and, at times when required, joint decisions between the KPAD and the donor (HAPP, in this case) on activities which will be implemented jointly.
- In the light of the ongoing plans for decentralization in Indonesia, capacity building and empowerment need to be provided to the KPADs at the district and lower levels to increase

their capability to involve themselves in and to implement programs and activities at these levels. As mentioned earlier, however, this would need to be done within the financial feasibility levels.

2. *Surabaya*

- Along with increased capacity building for KPADs at different levels, the same would be required for NGOs at different levels so as to encourage and enable them to work and coordinate directly with KPADs at their levels.

3. *Jakarta*

- The autonomy of the KPAD was seen to increase over a period of time and this led to their planning and funding a number of their own programs and activities. The role of the PA, as perceived by him, was also seen to have become more autonomous. This led also to allocation of bigger budgets and the freedom to decide how to use these.
- The role of the NGOs must increase over time because, as pointed out by the PA, “the arm of the government is not long enough to reach all sections of the community” and the NGOs must start becoming independent and capable of planning and implementing programs.
- Partnership between the government and the NGOs, however, must be consistently strengthened.
- KPADs at the district levels have be strengthened and empowered in order to conduct activities and programs with NGOs in their areas.

As can be seen from the above analysis, one of the main points that arose through the various discussions and interviews with members of the KPADs and the Program Advisors was that in order to assure sustainability and to move towards decentralization, it would be necessary to increase the autonomy and authority of both the KPADs and the NGOs at the district and sub-district levels. And to do this, various types of quality capacity building activities would be required. There is no doubt that this is true. However, given the high levels of expenditure needed to do this - the actual cost of KPA and provincial level KPAD activities between October 1998 and September 1999 was close to US\$ 201,000 - it would be reasonable to assume that the costs would be many fold greater if district level KPADs were also to be taken up. It would, therefore, follow that more than one agency would need to take on this responsibility. And other sources of funding, maybe even generated by the KPADs themselves, would need to be looked into.

B. KPAD

Issues :

- The role and function of the KPAD must be understood in the light of: its role as the coordinator of HIV/AIDS prevention in the provinces; the advocacy capacity of KPAD members to higher level decision-makers (the Government, ministries) as well as advocacy by them within the multi-sectoral agency to create an enabling/supportive environment for HIV/AIDS prevention, encompassing the allocation of a sufficient budget; and the commitment of the members of the KPADs.
- KPAD members’ understanding of the comparative advantages of various partners’ (NGOs, private sector) abilities and to capitalize on their strengths in HIV/AIDS prevention initiatives were important influencing factors.

- Study tours were seen as the most popular capacity building activity among the KPAD members and the impact was different across sites. For example, because certain members of the KPAD in Manado were decision-makers, after their participation in the study tours, they had the capacity to and were very enthusiastic about their increased participation and involvement in HIV/AIDS prevention activities (World AIDS Day).
- HAPP attempted to promote the adoption of a multi-sectoral approach within the KPADs, by developing various schemes designed to ensure the participation of representatives from the different sectors of the Government and from the NGOs into KPAD activities. Adoption of a multi-sectoral approach within the KPADs in the three sites varied, with some KPADs showing the involvement of sectors other than the health sector as the focal point of HIV/AIDS prevention activities and sharing information about each sector's activities to avoid duplication.
- Repeated restructuring and political uncertainty resulting from successive changes in the Government during the life of HAPP following the economic crisis, led to people feeling somewhat demotivated and to a public budget constraint and this ultimately adversely affected the performance of the KPADs.
- The technical and managerial capacities of the NGOs and the KPADs at the district and lower levels were reported to be inadequate in anticipation of the decentralization of GOI. These inadequacies included effectively implementing programs, collecting data, reporting and disseminating STD survey data, which are supposed to be used for decision-making and planning for programs based on local needs.
- The representation of the NGO sector (the head of the NGO Forum) in the KPAD Core Team, was a very positive move, leading to sustainability and increased communication and trust.

Lessons Learned :

- The effectiveness of a study tour is influenced by the selection of the right person with respect to their commitment to HIV/AIDS prevention, their advocacy ability and also by the participation of multi-sectoral representatives.
- Raising awareness of the importance of HIV/AIDS prevention and the first-hand observation of success stories of HIV/AIDS prevention programs/activities, are needed to strengthen the commitment of the KPADs. In addition, it is equally necessary to strengthen their advocacy capacity through the provision of training about advocacy tools/strategies.
- An opportunity for dialogue among potential partners in HIV/AIDS prevention (NGOs, private sectors and GOI) is critical for promoting a concerted and sustained effort in this endeavor.
- It is important for the KPADs to consistently involve the NGO representative in all relevant meetings and decisions. Other factors, as expressed by the members of the KPADs, contributing to sustainability, were their continued commitment, the political will of policy makers, in particular of the governor, and, of course, continued funding through different sources. As in the case of any other organization, the KPADs would also require diverse and ongoing funding, including funds raised by them directly, to keep them sustainable and effective.

Recommendations :

- To sustain the efficiency and effectiveness of the KPADs, it is important to provide advocacy to members of the provincial parliaments and to officials from the different sectors to ensure their support for budget allocation for HIV prevention activities, both through the KPADs and through the different sectors. A multi-sectoral approach is very important and must be continued.

C. Program Advisor

Issues :

- All PAs and Secretaries hired by HAPP to assist the KPADs identified themselves as staff of HAPP. In some sites, the staff capitalized on their position as HAPP staff to facilitate KPAD activities, but in other sites, the staff translated this identification into merely taking orders from the Country Office.
- Major contributions of the PAs of the KPADs, to further improve the functioning of the KPADs, varied. In some sites, the PAs managed to effectively give guidance to and vitalize the KPAD, while other PAs were less effective in doing so.
- Learning from its own experience, HAPP recognized that regular policy dialogue was essential within the KPADs to strengthen the role of the KPADs as coordinators of HIV/AIDS prevention. This led to the assignment of Advisors to the KPADs, which was an innovative approach. However, this move was not accompanied by clear boundaries of and linkages between, roles and responsibilities between the KPAD-PA and the HAPP PPM, which further contributed to ineffective management of the overall HAPP activities in the provinces. Confusion was also caused by unclear job descriptions of the senior staff, lines of reporting/authority, lines of communication within intra-HAPP offices and between HAPP and the KPADs. The IAs and KPADs were also uncertain about which office had the legitimate authority.
- The decentralization of authority to the PAs with respect to the implementation of activities, was brought up as an issue, but this was caused more by confusion about their role - whether as advisors only or also as program managers.

Lessons Learned :

- The identification of PAs and Secretaries as staff of HAPP was to assist the KPADs, but this could be beneficial or detrimental from the point of view of the KPAD members, depending on how the identification was used to the advantage of the KPADs.
- The main contributions of the PAs of the KPADs to the KPADs depends on,
 - a. their commitment to HIV/AIDS prevention;
 - b. their acceptance by the KPADs;
 - c. their capacity and ability to adapt to their advisory role for the KPADs;
 - d. their experience in working with the Government and their history of a good relationship with the GOI;
 - e. the awareness of the staff of the KPADs about the multi-sectoral nature of HIV/AIDS prevention that leads to openness in accepting contributions/support from different sectors, including from the PAs.

- The management and process of HIV/AIDS activities in provinces should be clarified at the beginning of the Project and properly socialized among all stakeholders.
- Whether decentralization of authority to the PAs in terms of implementation of activities is an issue or not depends on whether the role of the PAs is that of an advisor only or as a program coordinator/manager as well.

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VII. Working with Partners

Working with Partners

Partnerships in this section refers primarily to the relationships of HAPP with the International PVOs identified as 'partners' on the original project document. There were many other organizations which would certainly be considered 'partners' but without the expectations of shared authority. These included the Indonesian organizations which provided valuable research and capacity building support (see section.. capacity building and surveillance) Other bodies and organizations with which HAPP coordinated or collaborated are discussed under section x Coordination and networking.

The HAP Project followed the worldwide AIDSCAP model: one 'prime' agency contracting with USAID, working with a number of sub-contractor 'partners.' In some cases, secondment of staff from a sub-contractor to the prime agency enabled greater input into ongoing management and decision-making. Otherwise, the 'partner ' agencies were subcontracted to fulfill a certain scope of work with reporting requirements to the prime agency. The prime agency, FHI/HAPP is ultimately responsible to USAID for the quality of all program components and outcomes.

Without going into detail, it is interesting to observe how similar many of the issues and problems identified are from both sides: HAPP staff and PVOs. These included :

- a) The inexperience of the HAPP staff - and PVO partners - in contractual 'partnership' arrangements.
- b) A specific, operational definition of 'partnership' was not explicitly established at the beginning of the Project. This led to a lack of shared expectations particularly about levels of funding, actual roles and responsibilities and assumptions about authority/autonomy versus the high accountability requirements of the contract.
- c) HAPP was a new project with new staff attempting to meet many requirements and expectations while they learned on-the-job. This contributed to inadequate establishment of mechanisms for more closely collaborative sharing of the workload mandated by project design and contract.
- d) Frequent travel required for HAPP and PVO staff often meant that key people were not easily available. This sometimes contributed to inaccurate communication and delays on all sides.
- e) Changes in the management of several PVO partners led to some change of organizational priorities. This change, in part, contributed to changes in focus to activities differing from those previously planned and to delays in project development
- f) It was agreed that the role of PVOs was to provide technical assistance to the NGO projects and to input to their design through collaborative planning and strategy meetings between HAPP, the NGOs and PVOs. However cumbersome contracting mechanisms made it extremely difficult for HAPP to find ways to pay PVOs for their contributions to the work on

project planning and development. This contributed to the PVOs not being involved as expected with NGO subproject development.

- g) Planning and coordination meetings were inadequate. Better systems needed to be established to ensure smoother coordination and communication among partners, HAPP and HAPP provincial staff and NGOs.
- h) PVO partners experienced the same difficulties due to the complex and lengthy subagreement process as did NGOs. The delay in the realization of the contract created a financial burden on PVOs who had maintained staff with anticipation of signing of the contract.
- i) Both HAPP and PVO staff perceived a lack of communication and responsiveness from each other. Since then the relationship between HAPP and PVOs has been strengthened. The reestablishment of Technical Advisory Groups helped improve relationships. A series of Technical Advisory Group (TAG) meetings were conducted to keep all PVO partners well informed on the progress of HAPP, as well as to update PVOs on technical issues that are relevant to STD/HIV/AIDS programs. One of the TAG results was consensus on conducting organizational capacity assessments for all partners. This was useful to assess coordination of the provision of technical assistance.

Lessons Learned :

- Partnership relationships need to be carefully managed. Clearly define the roles, expectations, funding levels, responsibilities, authorities, accountability and limitations of all 'partners' within any new project. Clearly articulate the process for subagreement development and approval. As much as possible, develop capacity for this process early and communicate the progress of subagreement approvals to agencies concerned. Establishment and providing adequate staff for a regular process for regular and frequent communication should be a priority.
- The concept of collaborative ongoing management is cumbersome and not practical. However, a priority need is establishing a practical mechanism for being able to reimburse local partner agencies for their contributions during planning phases, before subagreements are established.
- Collaborative planning meetings need to be held at the beginning of a project. Establish systems and operational plans for ensuring regular communication as well as ways to meet needs for exceptional or additional coordination. Plans should include agreements on how to deal with differences of opinion, grievances and other interagency problems. For 'partners' outside of Indonesia, consultation will need to be held through phone or email contact. The plan needs to explain roles and responsibilities and to have budgets that are attached to outcomes and accountability. FHI procedures need to be explained early in the process.
- Acknowledge that planning can never be perfect; establish a system for dealing with the inevitable changes that will occur and with unexpected events and needs. Since the time requirements for communication, planning meetings and follow-up are significant, one staff person may need to be assigned to manage this part of the program.

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VIII. Working with NGOs

Working with NGOs

NGOs are the front-line forces of HIV/AIDS prevention among those at highest risk. The majority of NGOs involved in the first and second phase of the HAP Project were newly-established and had limited experience in meeting USAID requirements and in behavior change interventions. This was just as true of the HAPP staff. Given the state of the HIV epidemic in Indonesia, this was not surprising. The willingness of NGO staff to take on the challenging task of learning how to reach and build trusting relationships with stigmatized and 'at-risk' populations contributed greatly to the progress of HAPP. In turn, support, technical guidance and the high level of resources for capacity building provided by HAPP contributed to the increased quality of NGO efforts. In the HAP Project, NGOs reached brothel-based and street female sex workers, male 'client' groups, waria, high-risk youth and street youth. Lower risk groups reached included factory workers and 'women at risk.' Additional audiences included pimps and managers. NGOs also carried out advocacy and informational activities among many important stakeholder groups, including local government, business managers, authorities and others.

Issues identified by both HAPP staff and NGOs during the evaluation:

1. Delays in subagreement development and funding. Contributing factors included:

- The complexity of contracting mechanisms. The standards for subagreements and the complex, multi-layered requirements for approval contributed to a long start-to-finish period for subagreement development and approval
 - Capacity building (and experience) for HAPP staff and NGOs in designing appropriate projects and developing proposals and subagreements that meet requirements was needed in order to speed up the design of appropriate projects and proposals
 - The need for greater authority and appropriate capacity in HAPP field offices
- 2. The type and level of need for capacity building in many technical and management aspects varied among NGOs*

Note: Issues relating to overall capacity needs are discussed in section x.. Working with Partners, part ...x and Technical capacity, see sections on BCC and STDs.

The program and financial management skills shown in the first phase of the HAP Project substantially improved in the second phase of the Project, particularly in the areas of planning and financial management according to Institutional Development Framework assessments. This self-evaluation was highly valued by those who received this assistance. IAs also demonstrated a much higher level of capacity and understanding of the FHI regulations. There was high staff turnover among a few NGOs. One of the consequences was a constant change of participants to workshops at each phase of the Project, which made it difficult to maintain continuity :

- New RRF NGOs also required technical assistance on monitoring and regulations of FHI.

- NGOs providing capacity building to other NGOs contributed to the development of both agencies involved.
- The development of self-managing NGO forums increased overall NGO capacity and decreased dependence on donors.
- High levels of staff turnover decreased the impact of capacity building and resulted in delays to and the postponement of some IAs' activities. It was anticipated that some of the organizational capacity building would help alleviate this problem.

3. *Ongoing technical assistance*

Technical assistance has been centralized at the HAPP Jakarta Office to ensure standardization of the quality of technical assistance. Nonetheless, the number of technical advisors was not commensurate with the workloads of backstopping and supervising a considerable number of IAs, including those received RRFs in the three project sites. NGOs reported that this system posed challenges because of the length of time needed to approve IAs' works or to trouble-shoot IAs' problems and ultimately to the on-time implementation of IAs' activities. For additional discussion, see Sections

4. *Monitoring as a management tool*

- IAs had diverse levels of skill and understanding of monitoring and evaluation. Initially, only quantitative monitoring was required. Monitoring indicators were externally determined based on the subagreement logframes. Improving management and intervention quality through strengthening the ability of NGOs to use monitoring as a management tool has been a focus of the second phase of HAPP.
- As much as possible, individualized assistance was provided within the overall program provided by the HAPP partner providing assistance on monitoring and evaluation. HAPP was fortunate in having a partner that provided continuous assistance in this area from the beginning.
- Some NGOs report successes in using information to identify program needs and to develop new activities. Others requested more assistance in learning how to make better use of information collected through monitoring. One factor appears to be difficulty in analyzing and interpreting what is learned. Another of the factors contributing to this difficulty may be the lack of knowledge about different options or approaches which might be adopted in their project. Peer to peer sharing may prove to be helpful in broadening the 'repertoire' of technical and management solutions. IAs also recommended involvement of field and other program staff in regular reflection and problem-solving.

5. *Designing projects, developing proposals*

Several different approaches have been used to work with NGOs on project design and subagreement development. RRF development used other approaches. More detail is presented in Section x on funding mechanisms.

One of the most important challenges was that HAPP was a new project and there was little formative data available and limited ability to use what was available. As in any new project, experience in designing projects and proposal writing was extremely limited, which hampered HAPP's ability to provide quality assistance in this area. Much of what was designed was based on 'best guess.' In addition, since there is no simple, 'cookie-cutter' recipe for interventions, every design and proposal writing activity was also an on-the-job capacity development activity.

Another challenge for NGOs was the changes in beneficiary group focus of HAPP. Based on increasing data and contract changes, some beneficiary groups were added to HAPP and others were dropped. The shift has been towards focussing resources on those at highest risk. These are the more difficult audiences to reach effectively.

Even one PVO found this difficult, resulting in the lack of high risk 'male clients' centered in N. Jakarta. However, for the most part, NGOs have demonstrated commitment and creativity in identifying needs and creating solutions, providing valuable insights in the process.

6. *Increasing NGO and government collaboration: see section on networking*

Lessons Learned :

- As much as possible, HAPP and partner staff who will be involved in project design and proposal development need to be provided with early orientation and training, keeping in mind that most learning will inevitably happen on-the-job. Training should provide simulations which will help build decision-making and problem-solving skills needed for project design. The training also needs to provide actual experience in writing. Program, technical and finance staff need to participate together in such training.
- New projects should be started in phases, after all stakeholders have been consulted and informed of their role in the overall plan. However, this will mean that funding will not be immediately available for NGO project start-up or continuity
- Capacity building needs could only be identified after the start of the Project. For most needs identified, approaches needed to be conceptualized and processes and resources to meet needs had to be created.
- Ongoing training for HAPP financial, program and technical staff in assisting others to design projects and develop proposals and budgets is essential in order to meet evolving needs.
- Working through NGOs requires a balance of providing capacity building to enable increasing organizational independence and ensuring that activities adhere to epidemiologically sound priorities.
- RRFs and the development of NGO forums can contribute to increasing NGO capacity and can expand involvement and resources for HIV/STD prevention and support.
- Regular and responsive communication with NGOs is essential for maintaining good relationships. It can also enable early identification of problems and opportunities for providing timely support. Adequate systems and staffing are needed to do this.

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IX. Building Support: Networking and Coordination

A. Networking and Coordination Bullet Points

Partnerships in this section refer primarily to the relationships of NGO Forum and KPAD and religious organization. Other bodies and organizations, identified as 'partners' on the original project document (International PVOs) are discussed under section vii Working with Partners.

NGO Forum

- The NGO Forum was a medium that brought together NGOs working in the field of HIV/AIDS issues. HAPP was instrumental in the establishment of NGO Forums, especially in Manado and Surabaya and in strengthening their capacity through involving them in various activities (study tours, ongoing technical assistance in financial accountability, management training, etc.). The achievements of the NGO Forums included the realization of joint activities with the KPAD (e.g. the commemoration of World AIDS Day) and the promotion of partnerships among NGOs through monthly meetings, which was a means of learning from each other about technical and management issues and it also promoted greater transparency about each other's programs and roles. The technical and management capacity of most members of the NGO Forum and the ability to support each other, were also critical issues.

- Perceptions of the NGO Forum about their roles in the three HAPP sites differed. One perception was that the NGO Forum was a forum to share information and sources of funding for those NGOs focusing on HIV/AIDS issues. The other view was that, in addition to the above, the NGO Forum should be consulted during the selection process of NGOs to be supported by donors, in view of the members' knowledge of NGOs working in this field.

- One of the roles of the NGO Forum - the head being a member of the KPAD (at provincial level) - is to provide the KPAD with inputs about the needs and situation in the field, as the NGO Forum is more knowledgeable about them. Representation of the NGO Forum in the core team of the KPAD as well as in the Working Groups was expected to promote the effectiveness of the KPAD in discharging its coordination role within the province. In reality, the KPAD was perceived in three sites of the HAP Project as not fully involving NGOs, which resulted in low participation of the NGOs in the decision-making process of the KPAD and in a lack of transparency of the KPAD about its plans and programs, as well as about each other's role. In the context of improving the capacity of the NGO Forum to advocate pertinent, policy-related issues (such as 100% condom use in the red light areas) and to influence decision-making at the provincial level, the NGO Forum in Jakarta was in the process of investigating the possibility of restructuring the organization of the Jakarta KPAD to increase the number of NGO representatives at the decision-making level of the KPAD.
- The NGO Forum and the KPADs successfully implemented large-scale joint activities such as the commemoration of important AIDS events (World AIDS Day and Malam Renungan AIDS). With respect to these activities, articulation of clear terms of reference for the overall scope of work and the role of each party at an early stage or during the preparation phase



contributed to an increase in each party's sense of ownership as well as their sense of partnership.

- The sustainability of the NGO Forum was questioned. One of the key issues was the ability of members of the NGO Forum to strike a balance between reaching the common goal of HIV/AIDS prevention through prioritizing the interest of each individual NGO and working as a team within the framework of the NGO Forum. This was compounded by the absence of recognition of it as a legal entity and its inadequate establishment as a proper and accountable organization. An articulated vision and mission, long-term plan and transparent and accountable financial and management systems were not in place. Similarly, there were insufficient funds, a lack of committed and capable human resources serving on their Boards and no full-time executive secretary. Moreover, office equipment was also seen to be limited.
- In the context of the nation-wide implementation of the decentralization of the Government, there was a significant gap between the capacity of the KPADs and the NGOs at the provincial level and those at the district level.

Lessons Learned :

- The foundation for collaboration and partnership between the NGO Forums and the KPADs has been built through membership of the NGOs in the Core Group and Working Groups of the KPADs and joint activities between the two parties. However, their ability to work as a team needs further strengthening by providing an opportunity for regular dialogue, among other ways of regular communication. An appropriate mechanism to promote equal partnership between them such as an equal representation of NGOs in the KPADs at the decision-making level of the KPADs must also be considered.
- There is a need for broadening the scope of NGOs participating in HAPP capacity building activities, to include non-HAPP-funded NGOs and for involving local consultants, if possible, as time and cost-saving measures, as well as a means of building local capacity.
- In anticipation of the decentralization of the Government, capacity building activities for NGOs and the KPADs should include strengthening their mentoring skills to provide technical assistance to NGOs at district levels in implementation of HIV/AIDS programs and in finding diverse sources of funding.
- An effective collaboration between NGOs and the KPADs is feasible if they are clear about the terms of reference of the overall activity and about each others' roles. These should be reached through a joint decision-making process at the preparation stage of a program or project on the basis of the comparative advantages and disadvantages of each party.
- There is a need for building the capacity of the KPADs and the NGOs at provincial, district and sub-district levels, to anticipate decentralization of the Government.
- The NGO Forum needs further institutional strengthening in terms of the following factors: (a) members' ability to work as a team; (b) legalization of its role; (c) its function and structure as a proper organization with a clear vision and mission as well as accountability and transparent management and financial systems; and (d) technical and managerial skills, including the ability to generate income. Taking all these factors into consideration, institutional strengthening of the NGO Forum is both labor-intensive and time-consuming as it is an on-going activity. Hence, these factors should be addressed based on priority, which should be developed on the basis of the severity or urgency of a particular factor. When it is viable, capacity building activities should include a systematic framework to measure and evaluate capacity development.

Efforts aiming to improve the capacity of NGOs working in the area of HIV/AIDS should consider collaboration with the members of the NGO Forum to avoid duplication.

B. Manado NGO Forum

Introduction

The NGO Forum in Manado consisted of 17 members, including the HIV/AIDS Rapid Response Fund (RRF) NGOs. Of these members, 5 were office bearers consisting of three Presidents, 1 finance person and 1 secretary. One of these office bearers was also a member of the KPAD Core Group.

Issues :

Perception of their Role

- Better RRF management systems were required because it took too much time for approval of proposals or changes took place even after the proposal was approved and the proposal went back and forth from the NGO to HAPP Manado Office to the HAPP Jakarta Office. In one case, it took 8 months for a proposal to be approved - for a project that had a life of 4 months. The RRF system was not standardized for proposal writing. Related to this was the fact that there was at times either a communication gap or discrepancy in agreement between HAPP Manado Office (or the Senior Staff there) and HAPP Jakarta Office, resulting in delays and changes even after a proposal was agreed upon or approved.
- The members of the NGO Forum also expressed dissatisfaction on account of the fact that although the representative of the NGO Forum in the KPAD Core Group had been elected in May 1999, so far (in the last year) he was invited by them to only three meetings - for any information from the KPAD, he had to go to them personally and inquire.
- There was a good personal relationship between the previous head of the NGO Forum and the KPAD. But he did not always share all his information with the NGO Forum. Also, because of this situation, it was he who always went for training programs, etc. However, he was subsequently not re-elected.
- Another issue of concern for the NGO Forum was the fact that selection of the NGOs for participation in certain activities, particularly study tours, was not always standardized or transparent. In fact, the Forum representation in the KPAD Core Group was supposed to be involved in the selection process, but this did not happen.
- The forum felt that knowing the impact and success of the "100 percent condom use" strategy (some members having seen it personally during a study tour to Thailand), the KPAD had not pushed it enough for implementation.
- Another point of great concern for the NGO Forum was that they felt that the NGOs who worked well with the KPAD (and with donors, etc. also) were those who "marketed" themselves well. An example of this, the Forum said, was a HAPP-funded NGO whose previous founder was a HAPP employee. Because of this, the Forum felt that HAPP was biased in favor of this NGO and the NGO got prior information on activities and plans of the KPAD and donors, which gave this NGO an unfair edge over other NGOs. This NGO presented itself as being able to work well with different target groups, as compared to other NGOs who worked only with one particular target group.

Capacity Building

All the NGOs represented by the NGO Forum had taken part in one or more of the following capacity building activities sponsored by HAPP:

- Financial Sustainability Training - PCI
- IDF (Leadership) Training - Business Dynamics
- IEC Development Training - TFGI
- IEC Dissemination Training - DKT
- Study Tours

All this training was given over the last one year so the NGOs have not yet had an opportunity to put all of it to use. However, they all unanimously expressed their appreciation of the fact that they were given this training and felt that it was all very useful as it was new for them and they had gained a lot of knowledge. Some specific points mentioned by the NGOs were:

- One NGO working with sailors and dock workers designed a box of condoms with use instructions, specifically for sailors. This was kept on the ships for use by them and was found to be very useful.
- Some NGOs used the Leadership Training material they received during the training for their training of peer educators.
- Almost all the NGOs developed some IEC material on their own, using the inputs they received from the IEC Material Development Training.

Sustainability

The NGO Forum agreed that, as long as an NGO provided what the target audiences required, the NGO would continue to be sustainable. They did, however, express the fact that it was necessary for NGOs to have more than a single source of funding and other income generating sources. For example, NU has health clinics and 20 percent of the income generated by these clinics goes to NU NGOs for their other activities. But, the NGOs stated that, as long as target groups needed them, they would continue their activities as best they could.

Decentralization

Given the rapid decentralization process taking place, the members of the NGO Forum strongly expressed the following:

- NGOs at the district and subdistrict levels have to be strengthened with respect to focussing their efforts, their STD/HIV/AIDS activities, writing proposals and coordinating and networking among themselves and with donors and the government.
- The KPADs at the district and subdistrict levels also would have to be strengthened with respect to collaboration with NGOs and initiating and implementing their own activities.

The NGO Forum submitted a proposal in January 2000 to HAPP to train NGOs at the district and subdistrict levels with workshops and seminars to provide to HIV/AIDS and STD information and for collaboration activities between NGOs and the KPAD. However, as of the end of April, they had not had a response.

Recommendations:

Keeping in mind all the above issues and concerns, the following recommendations would be worth consideration. Some of these were suggested by the NGOs themselves.

- Income generation training and programs could be organized for target groups, along with their ongoing HIV/AIDS and STD prevention programs. This would go a long way towards the sustainability of NGOs.
- A required capacity building activity for the NGO Forum could include English language courses and training. This would be specially helpful for proposal and report development and writing activities.
- The NGO Forum suggested having their members trained for the relevant medical and counseling aspects to start up HIV testing centers, which would be run and managed by the Forum.
- On-the-job internship programs for NGOs would go a long way towards more efficient functioning and sustenance of NGOs.
- The KPAD could encourage the 100 percent condom use policy in red light areas through the Ministry of Tourism and related Ministries.
- Further capacity building for NGOs could be given for better collaboration with and presentation to the government (KPAD) and donor organizations.
- NGOs could begin to look at increasing the target groups they work with and thus diversify further.
- Given the level of their concern for this issue, another recommendation put forth by the NGOs was that, in future, if a donor recruits a staff member from an NGO, that person must sign a statement ensuring that he/she would not in the future be in any way involved with that NGO. This must be adhered to in order to do away with any bias. Also in the event of such a situation arising, the NGO Forum must be consulted and involved.
- Subcontract procedures must be more standardized and professional.

C. Islamic Religious Leaders' Response To HIV/AIDS

"The challenge of HIV/AIDS is not just a health problem, rather it has major political, economic, social, ethical, religious and legal consequences which sooner or later will touch all aspects of national life" - states the National AIDS Strategy of Indonesia as formulated in June 1994. The Strategy is very much in-keeping with the Islamic religious teachings of the country. Islam is the predominant religion of Indonesia and a majority of the population is Islamic. The Islamic religious leaders of Indonesia are not only well respected in their communities but are also deeply involved in several community development activities. The infrastructure they control (for example, all the mosques in the country) is more widespread than the government infrastructure. They are in a key position to mobilize communities and implement activities. Their role is reflected by the organizational structure of the National Commission for Prevention and Control of HIV/AIDS, in which the Minister of Religious Affairs is one of the four vice chairpersons.

It is, therefore, not surprising that they were sought out and involved relatively early in the fight against AIDS in Indonesia. It was realized that their potential role in making the HIV/AIDS campaign

in the country successful depended to a large degree on involving and empowering them with appropriate information, tools and methods to, in turn, empower the community.

But, as has been the case with all other communities in the early days, misconceptions about HIV/AIDS and related issues, abounded even among the religious leaders and at the very beginning they were reluctant to get involved. A number of informed and enlightened members of the community, including from the MOH, GOI, decided to correct the situation by taking early steps. This was manifested in the establishment of a specific committee on AIDS at the National Institute of Health Research and Development as early 1986, when there still had been no AIDS cases reported from Indonesia (the first case was reported in 1987 in Bali). It was however not easy to change perceptions and everything that was said had to be backed by accurate scientific information. Doctors from the MOH lobbied endlessly in the persuasion of religious leaders to start taking an active interest in the issue. Towards that end, a number of debates and talks were held with them and this eventually culminated in the first workshop for religious leaders being held in Bandung in November 1995.

The National Ulama Seminar on HIV/AIDS, Bandung 26 - 30 November 1995.

The organization of this first seminar was in itself the acknowledgment of the fact that a problem of epidemic proportions existed and showed the willingness of the Islamic religious community to actively begin to do something about it. With this as a given, the aim of the seminar was to generate responsible attitudes, guided by Islamic teachings, towards preventing the spread of HIV/AIDS, through communication, information, education and motivation. After much discussion, the five-day seminar brought forth the following recommendations:

- That the Indonesian Council of Ulamas (ICU) establish a Task Force to deal primarily with preventing the spread of HIV/AIDS and methods of handling infected people.
- That the Fatwa Commission of the ICU convene discussions on the establishment of Fatwa on methods to prevent the spread of the infection, with special emphasis on issues related to euthanasia, quarantine and the sterilization of people with HIV and AIDS.
- That the ICU, in collaboration with the Government, produce guidelines on nursing people, with a view to preventing the spread of the infection.
- That the National Commission on AIDS Prevention insure the involvement of ICU at the Provincial and District levels in the Provincial and District Commissions.
- That the Government, in its development efforts, take into account the "religious values" and "supreme national culture".
- That infected people be guided by religious rites in order to be "granted forgiveness".

The Plan of Action brought out by the seminar proposed future programs, which included:

- The ICU setting up a Task Force to assist the Indonesian Ulama in educating people about the risks and prevention of HIV/AIDS. This Task Force was expected to come up with a detailed plan on preventive measures against the infection and to maintain continuous collaboration with the National Commission on AIDS Prevention.
- Studying, firsthand, areas and groups vulnerable to the infection with the objective of understanding in-depth the sociodynamic environment conducive to its spread. A comparative study with other Islamic states battling with HIV/AIDS was also proposed.

- Doing research and carrying out studies on sexual behavior in relation to HIV/AIDS, within the Islamic thinking.
- Developing a special curriculum for lecturers, especially in religious schools, enhancing knowledge about HIV/AIDS.
- Developing guidelines and leaflets giving information about HIV/AIDS.
- Strengthening collaboration between the Ulama, the Government, other Islamic organizations and NGOs, international organizations and universities, on research, planning, implementation and evaluation of the HIV/AIDS Prevention Program.
- Convening seminars etc., to enhance this collaboration, including:
 - ❖ Forming Friendship Forums among various ICU levels, others Moslem religious leaders and scholars, other Islamic organizations and NGOs.
 - Introducing relevant information at all educational levels, both formal and non-formal.
 - ❖ Including government bodies and institutions at all levels.
 - ❖ Including modern and traditional mass media.

This was a major first step taken by a predominant religious community in the country and was done relatively early in the evolution of the infection in Indonesia.

Study Tours of Islamic Leaders to Malaysia and Thailand

The purpose of these visits was to gather firsthand knowledge about the host countries' policies on HIV/AIDS programming, background, design, involvement of related sectors, implementation, constraints and achievements; and also to provide an opportunity to exchange views on the different approaches to HIV/AIDS, particularly with relevance to the Indonesian Master Plan 1995/1996 - 1999/2000. The visit was coordinated by PATH/Indonesia in conjunction with PATH/Thailand and PACT/Malaysia.

The main objectives of the study tours were:

- To study the Thailand and Malaysia experiences with planning and implementing their HIV/AIDS programs.
- To consider the relevant implications of Thailand and Malaysia for the Indonesian National AIDS Program.
- To gather important views and inputs to help improve ability in reformulating and redirecting the Indonesian National AIDS Program within the religious framework.

In particular, the tour to Malaysia was to learn firsthand how programming in an Islamic society can be effectively carried out. In Bangkok, the objective was to learn firsthand how a "full-blown epidemic" can affect a society and a nation.

In each country, several meetings and discussions with host organizations were held. Some of the more outstanding outcomes of the exchange were:

- The presenter of the presentation on the HIV/AIDS Program for Recovering Ex-Drug Users at Rumah Pengasih, acknowledging his appreciation to the Indonesian Islamic Leaders for visiting the Rumah Pengasih, was grateful to have been given the opportunity to host such a

group for the first time. He hoped this would lead to the Malaysian Islamic leaders doing the same.

- During the presentation on Islamic Approaches by the Government in Relation to HIV/AIDS, made by Jabatan Kemajuan Islam Malaysia, the need for dialogue between the two countries on Islam and HIV/AIDS and to exchange ideas and learn from each other was expressed.
- After a visit to the Suan Santitham AIDS Hospice in Patumthani, Thailand, the Indonesian group understood better the need for hospices for AIDS patients.

However, the main results of the tours were:

- The expression of a need for Islamic leaders of ASEAN to meet together and discuss issues, concerns and preventive measures to regionally combat the problem of HIV/AIDS.
- Indonesian Islamic leaders realized the need to act immediately - it was made clear to them that Indonesia could not afford to delay the implementation of HIV/AIDS prevention programs any longer.
- They realized also that the involvement of Islamic leaders in the overall national effort in the battle against the spread of HIV/AIDS is of the utmost importance.

Workshop of the Indonesian Islamic Leaders on HIV/AIDS, Jakarta, 22-25 June 1997.

One of the most important follow-up actions of the Study Tours was the second workshop of Islamic leaders, held in Jakarta in June 1997. This was financially and technically supported by USAID/HAPP, with particular emphasis on its first main program component, that is, policy support.

Various aspects of HIV/AIDS, with particular regard to religion, were discussed during the course of the workshop. These included issues relating to HIV-infected pregnant women, the babies of these women, circumcisions of HIV-infected children, HIV-positive CSWs, the home care of people living with HIV and AIDS and the handling of people who die of AIDS. All these issues were seen in the light of both medical ethics and the relevant religious teachings and took into account the entire life span of the human being "from the womb to the tomb".

One of the main results of this workshop was the development of a set of guidelines for implementing HIV/AIDS prevention programs and activities, within the framework of Islamic teachings and importantly, with a strong emphasis on the fact that the dignity of human beings must be respected with no exceptions, including that of HIV/AIDS infected people. A controversy on euthanasia for HIV/AIDS infected people ensued during the workshop and discussion on the topic raged. However, given the importance of human dignity and the fact that, as per Islamic teachings, only the Almighty has the right to give and take life, the Indonesian Council of Ulama rejected this idea. This then led to a decision where euthanasia, discrimination and isolation of people with HIV/AIDS would not be "accepted, approved or tolerated".

The First HIV/AIDS ASEAN Regional Workshop of Islamic Religious Leaders, Jakarta, November 30 - December 3, 1998.

This was attended by delegates from Brunei Darussalam, Indonesia, Malaysia, the Philippines, Singapore and Thailand. The Deputy Country Director of HAPP chaired the workshop. The opening ceremony of the workshop was linked to World AIDS Day (December 1, 1998) and the participants were addressed by the Minister of Religious Affairs and by the then President. Significant papers were presented by delegates from all the represented countries and each presentation was followed

by lively discussion. Each country representative spoke about the health situation in general and then about the HIV/AIDS problem in particular in his country, prevention and control measures being undertaken, problems faced and the role and involvement of the religious community within the social and cultural framework in their country. Other than this, several Indonesian speakers spoke on a number of different aspects and issues related to HIV/AIDS. However, the major results of this workshop were the development and adoption of a Plan of Action and the Jakarta Declaration.

The Plan of Action

It is commonly accepted that Moslem Leaders in Islamic communities are not only highly respected within these communities, but are also deeply involved in community development activities. They can, therefore, play an important role in the HIV/AIDS campaigns in their communities and countries. However, an obstacle being faced by them at the time of the formation of the Plan of Action was that the IEC component of the National AIDS Program was reaching only a few of them in the urban areas. This was a major drawback. It was felt during the workshop that "feasible methods and appropriate instruments for empowering the majority of Moslem religious leaders in (the) ASEAN member countries (were required) to enable them (to play an) important role in (the) HIV/AIDS campaign in their respective Moslem communities".

Therefore, the objectives of the Plan of Action were:

- To implement HIV/AIDS campaigns within the given religious framework.
- To strengthen cooperation among Moslem leaders in the ASEAN region in combating HIV/AIDS.
- To set up information exchange networks among ASEAN Moslem leaders.

A number of activities were proposed towards successfully achieving the above objectives. These included:

- Holding seminars, workshops etc., on HIV/AIDS for Moslem leaders throughout the region with the objective of getting rid of misconceptions about the issue;
- Establishing expert committees on sex education within the Islamic cultural framework, to develop guidelines for teaching modules for children, youth and married couples;
- Developing technical working groups (within the Islamic cultural framework) on risk reduction programs;
- Implementing programs for the prevention of the spread of HIV from mother to child;
- Strengthening cooperation between the Government and Moslem leaders for solving the problem of prostitution by implementing religious and public health programs.

The Jakarta Declaration

As stated earlier, the other major result of the First HIV/AIDS ASEAN Regional Workshop of Islamic Religious Leaders was the formation and adoption of The Jakarta Declaration. This basically summed up the conclusions and findings of the workshop and in addition, provided the following guidelines:

- HIV/AIDS is acknowledged as a global threat.
- Euthanasia is unacceptable.
- Knowingly transmitting the infection is against Islamic Law.
- Marriage between people living with HIV/AIDS is permitted.
- Marriage between an HIV-positive and HIV negative person is not prohibited but is preferable to avoid.
- Divorce due to the infection is lawful.
- A married couple must use preventive measures (condoms) to prevent transmission of the infection if one of them is HIV-positive.

- Abortion is prohibited even if the pregnant woman is HIV-infected.
- A pregnant HIV-positive woman having got the infection through IDU must be treated humanely but must be "made aware of her sin and guided to ask for forgiveness".
- PLWHA should stay with their families and families should take care of such people.
- The delivery of a baby of an HIV-positive woman should be handled by well trained professionals.
- The circumcision of HIV-positive children must be done and handled by well trained professionals.
- HIV/AIDS positive accident victims should be taken care of and all precautions should be taken to avoid HIV transmission.
- Deceased AIDS patients should be given a proper Islamic burial.

From Then To Now

So, briefly, the following have been the stages of involvement of the Moslem religious organizations and leaders in the recognition and active participation of HIV/AIDS preventive activities, nationally.

- The first stage, as has been the case with all communities globally, was that of denial, of not recognizing the gravity of the problem and, therefore, not wanting to get involved. Active lobbying, talks and debates with religious leaders by Government officials, doctors and others, led to a slow but positive shift in their attitudes towards recognizing and acknowledging HIV/AIDS as a global problem of which Indonesia is a part.
- This resulted in the setting up of the special committee on AIDS in 1986. But, misconceptions and inaccurate information still lingered in the minds of most Islamic leaders. Further debates and talks were held to disperse these misconceptions.
- The National Ulama Seminar on HIV/AIDS Prevention Measures was then held in Bandung in November 1995. This resulted in the deeper involvement of Islamic religious leaders in the issue of HIV/AIDS through a number of recommendations involving the ICU and plans for the future.
- Two study tours to Thailand and Malaysia.
- A workshop of the Indonesian Islamic Leaders on HIV/AIDS was then held in Jakarta in June 1997. Here, for the first time, a guideline was developed to implement HIV/AIDS programs within communities and within the framework of Islamic religious laws and teachings, with special emphasis on respecting the dignity of human beings, with respect to issues such as euthanasia and discrimination.
- The First HIV/AIDS ASEAN Regional Workshop of Islamic Religious Leaders took place in Jakarta in December 1998. This was attended by representatives of six ASEAN countries with high Moslem populations. The most important results of this workshop were the formation of a regional Plan of Action and The Jakarta Declaration.

Lessons Learned :

Religious Islamic Organizations in Indonesia are amongst the biggest, strongest and most influential the world. Almost all the people belonging to the Moslem religion in Indonesia (and it is the predominant religion of the country) are members of one or the other major Islamic religious group. These religious organizations are old and have been, from the beginning, intensively and extensively involved in community development activities. Their activities cover a gamut of issues and concerns including health, education, religious teachings, counseling, family life enhancement, etc. And

activities implemented by them geographically cover, by and large, the entire country. The major Lessons Learned, therefore, have been as follows:

- HAPP recognized that, as the Moslem population is dominant in the country, the involvement of the religious leaders was a must and HAPP did so at an early stage of the Project.
- Moslem leaders are respected decision-makers in their communities and all program decisions endorsed and encouraged by them have very high rates of success.
- Having once introduced them to and got them into the fold of the issues and problems related to HIV/AIDS, introducing new programs into their ongoing ones will prove to be easier.
- The problem of HIV/AIDS was recognized and accepted by the Moslem religious community early and the challenge now is to ensure that the momentum in their involvement and cooperation is kept at a peak so as to thereby ensure the involvement of the majority of the country's population and, thus, the ongoing success of the Indonesian National AIDS Strategy.

D. Religious-Based Organizations

Introduction

"The challenge of HIV/AIDS is not just a health problem, rather it has major political, economic, social, ethical, religious and legal consequences which sooner or later will touch all aspects of national life" - states the National AIDS Strategy of Indonesia as formulated in June 1994. Islam is the predominant religion of Indonesia. The Islamic religious leaders are respected and involved in development activities in their communities. Their key position to mobilize communities and implement activities is reflected by the organizational structure of the National Commission for Prevention and Control of HIV/AIDS, in which the Minister of Religious Affairs is one of the four vice chairpersons.

Issues :

- In the early days, the religious leaders had misconceptions about HIV/AIDS and related issues and they were reluctant to get involved. Doctors from the MOH lobbied endlessly in the persuasion of religious leaders to start taking an active interest in the issue. Towards that end, a number of debates and talks were held with them and this eventually culminated in the first workshop for religious leaders being held in Bandung in November 1995.
- The study tours to Malaysia and Thailand resulted in: the realization of the need to act immediately to prevent the spread of HIV/AIDS; the realization of a need for Islamic leaders of ASEAN to meet together and discuss issues, concerns and preventive measures to regionally combat the problem of HIV/AIDS; and, religious leaders understanding better the need for hospices for AIDS patients.
- One of the most important follow-up actions of the study tours was the second workshop of Islamic leaders, held in Jakarta in June 1997. Various aspects of HIV/AIDS were discussed in the light of both medical ethics and the relevant religious teachings and took into account the entire life span of the human being "from the womb to the tomb". The main results were:

- a. the development of a set of guidelines for implementing HIV/AIDS prevention programs and activities within the framework of Islamic teachings and respect for the dignity of human beings, including that of HIV/AIDS infected people;
 - b. a decision where euthanasia, discrimination and isolation of people with HIV/AIDS would not be "accepted, approved or tolerated".
 - c. it was also specified that condom use for couples where one of the two is HIV-positive, is compulsory. This was a major step.
- The First HIV/AIDS ASEAN Regional Workshop of Islamic Religious Leaders took place in Jakarta in December 1998. This was attended by representatives of six ASEAN countries with high Moslem populations. The most important results of this workshop were the formation of a regional Plan of Action and the Jakarta Declaration.

Lessons Learned :

- Involvement of the religious leaders is a must and should be done at an early stage of an HIV/AIDS prevention project.
- Having once introduced religious leaders to and got them into the fold of the issues and problems related to HIV/AIDS, introducing new programs into their ongoing ones will prove to be easier.
- Ongoing and intensive advocacy activities play a significant role in the enlistment of support from the religious leaders in HIV/AIDS prevention programs.
- The problem of HIV/AIDS was recognized and accepted by the Moslem religious community early and the challenge now is to ensure that the momentum in their involvement and cooperation is kept at a peak so as to thereby ensure the involvement of the majority of the country's population and, thus, the ongoing success of the Indonesian National AIDS Strategy.

E. Participation In ICAAP-5TH
Kuala Lumpur, Malaysia

HAPP participated in the Fifth International Congress on AIDS in Asia and the Pacific (ICAAP-5th), in Kuala Lumpur, October 20-27, 1999.

An attempt was made to maximize NGO and GOI participation in the ICAAP-5th. This included the capacity building activities, which enabled direct project representation at the Conference.

Indonesians working under the HAPP umbrella were facilitated in developing capacity in order to bring their experiences to Kuala Lumpur to share in a forum of their peers. Out of 30 HAPP sponsored participants, 14 persons representing HAPP partners gave presentations at the Conference. The other HAPP participants attended the Conference and participated in region-wide networking workshops, managed the FHI/HAPP exhibit and provided technical support to abstract presenters. In addition, HAPP staff were involved with the planning and implementation of heightened public relations activities specific to HAPP's participation in the conference.

Capacity building outputs from this activity included the following:

- Twenty-three professional abstracts were written in English by HAPP partners and submitted to an international HIV/AIDS conference.
- Two in-country panel discussions in English were organized and held, which provided a forum for abstract presentations and dialogue with peers around professional issues.
- Fourteen individuals successfully gave professional presentations in English at an international AIDS conference.
- Thirty individuals representing HAPP partners attended an international HIV/AIDS conference and participated in activities such as skill-building workshops, regional networking, management of the FHI/HAPP exhibit and other professional exchanges.
- HAPP staff gained skills in planning and designing an exhibit area, the design and management of HAPP PR activities and printed materials.

The overall goal of this activity was to facilitate projectwide participation in an international HIV/AIDS conference, thus heightening Indonesian experiences and concerns as an integral part of the Asia Pacific Region. Specific objectives were to build the capacity of HAPP partners in the area of abstract writing and oral and poster presentations. In addition, there was also the objective of promoting HAPP as an FHI/USAID/MOH project in Indonesia through an exhibit area and involving HAPP staff and members of HAPP IAs in PR activities.

As much as possible, the actual author of the abstract was coached and facilitated in writing the abstract. Many abstracts were first conceptualized and written in Indonesian and later translated into English. HAPP provincial staff played an important role in providing direct assistance to individuals submitting abstracts, many of whom were writing abstracts for the first time.

The HAPP consultant organized the HAPP Jakarta Office staff in assisting in the final production of abstracts to be submitted to the ICAAP organizing committee. Abstracts needed to be typed and fit into a standard format on an original form. The authors' personal data was also collected and recorded. HAPP selected 23 abstracts for submission to the Conference committee, making sure that these arrived prior to the deadline. This process alone was very labor-intensive and time-consuming.

Oral presentations were written in English based on the author's technical paper. Presenters were given one-on-one assistance in both writing and presenting in English. Technical Assistance in the development of colorful visuals was provided by graphic artists..

Two separate seminar activities (one each in Surabaya and Jakarta) were planned and held in advent of the Kuala Lumpur Conference. These activities consisted of a panel discussion featuring the selected abstract presenters. The activity was designed as a rehearsal for the presenters to gain confidence in presenting and fielding questions in English. It also allowed other HAPP partners (KPAD and NGO) to be aware of how their province would be represented at the Conference.

Poster Presentations were assisted with both technical and artistic input. Poster content was reviewed for accuracy, adherence to the suggested poster guidelines and attractiveness. Graphic artists were engaged to help create the final poster from a document of printed data, photos, tables and graphs. In one case, the poster content needed to receive clearance from CDC Atlanta as this office held intellectual rights to some of the material being presented. HAPP staff worked closely with the artists and reviewed all poster "mock-ups" prior to printing. Professional, single-printed posters were produced with HAPP, USAID, FHI and MOH signature logos. Posters were transported to Kuala Lumpur and placed in the specific viewing area by the poster presenter. After the Conference, the posters became the property of the individual presenter/organization for use in their respective agencies.

Upon arrival in Kuala Lumpur, all HAPP participants were briefed on the conference activities. Oral and poster presenters were twinned with helpers (other HAPP participants) and given written explanations of the place and time of their presentations.

Two exhibition booths were used for FHI/HAPP. The HAPP exhibition booth had the goal of promoting HIV/AIDS projects in Indonesia under HAPP umbrella.

A post conference assessment was made with HAPP sponsored participants. Participants were asked to complete a brief survey which was done by 56 percent of the participants.

Lessons Learned :

The following are some of the “lessons learned” gleaned from this experience:

- Developing capacity for writing and presenting professional papers is useful for both NGO and GOI organizations. The skill level from person to person and organization to organization varied significantly. A great deal of technical assistance was required in this area sometimes influencing the actual “intellectual ownership” of the product. Due to most of the TA being given on a one-on-one basis, a series of workshops that would facilitate writing and presenting abstract ideas over a period of time is recommended. This method may prove to be more time and cost-effective for all parties.
- The FHI/HAPP exhibition booth promoted a sense of national pride and facilitated teamwork among participants. This was especially apparent between the GOI and NGO participants who worked side-by-side as booth attendants, answering queries about HIV/AIDS work in Indonesia.
- This was the first experience for HAPP staff to plan for a professional exhibition. The use of professional graphic artists was invaluable to the entire process. More lead time in art production is recommended, especially if multiple requests are made of the same agency. If possible, abstract authors should have more participation in making recommendations to the artists to reflect more of their personal style and emphasis.
- In order to ensure adequate staffing at the FHI/HAPP booth, it is recommended that when FHI sponsorship is given to an individual to attend an international conference, there is requirement that the individual participates in booth attendant duties.
- For future FHI participation in international conferences, it is recommended that more interactive ways be used to tell others about work in Indonesia other than through an exhibition booth. This might include music or drama performances, hosting informal networking meetings (similar to the sex worker networking meetings), etc.
- In July 1999, FHI/HAPP, through the Futures Group, held a journalism contest for Indonesian journalists to encourage coverage HIV/AIDS issues in Indonesia. The winner of the contest was awarded free participation, travel and lodging to attend the 5th ICAAP in Kuala Lumpur. Throughout the conference, this journalist had an opportunity to become better acquainted with the Indonesian delegates and, more importantly, to learn about specific interventions and to hear concerns. The winner, a writer for Femina Woman’s Magazine, produced several articles which were published based on learnings from the conference. Needless to say, the strategy of facilitating the capacity development of a local journalist was successful.

F. Draft: capacity building; evaluation framework
(Working notes)

I. *Establish a conceptual framework for capacity building:*

Capacity building includes a range of activities that contribute to development of technical and management ability among those involved in HAP Project implementation

A. *Includes HAPP staff, KPAD, local government, IA staff, staff in government clinical and lab facilities (any private sector training?) who else?*

B. *Capacity building activities are on-going throughout the life of the Project and attempt to respond developing needs as identified by partners and by HAPP.*

C. *As much as possible, capacity building activities are done through partnerships: 'with' and not 'to' participants so as to strengthen 'fit' and potential for uptake by participants*

1. *'partnerships include collaborative needs assessment and 'learn by doing' activities*

D. *Capacity building activities are implemented through a variety of mechanisms. For example, through:*

1. *By HAPP technical and management/financial staff in all sites*

2. *Contract with an external agency: NGO, CBO, university, PVO (what else?) (any funding of government?, private sector (*

3. *In collaboration with other donors (Lentera outreach, PCI-BCC curriculum development, WHO/GOI STD training? What else?)*

4. *Budget support for capacity building provided by IA s (and RRF grantees?) to staff*

5. *Support to GOI ?*

6. *Indirect resource mobilization (e.g. through Durex - which supported WAD activities,*

7. *Funding of international training (ARO, Johns Hopkins)*

E. *Capacity building activities are implemented using a variety of approaches:*

1. *Formal workshops with specific 'outcome' objectives*

2. *Support for 'peer to peer' learning through 'internships, mentoring, 'consultation,' exchange visits*

3. *Support for international and local study tours*

4. *Informal 'on-the-job' capacity building implemented by HAPP staff and HAPP technical consultants during site visits (to HAPP staff and IA s, HAPP)*

5. *? provision of current technical information in Indonesian/*

6. Support to 'in-person' information sharing and networking activities (national conference.. outreach worker consultation in Jogja)
7. Support for problem based 'learn by doing' activities (BCC curriculum development, IEC materials development)(what about the counseling training and Koja Hospital
8. Through invitations to GOI representatives to capacity building activities
9. Through formal and informal presentations (e.g. BSS and other data)

F. Capacity building activities are monitored through:

1. Qualitative/quantitative reporting
2. Technical review by HAPP staff
3. Debriefing with participants and implementing staff
4. During monitoring meetings
5. Pre-post tests
6. Against workplans
7. 'opinionaires' at end of activities (participant perceptions)

G. Capacity building activities will be evaluated through:

1. Multi-tiered participatory process: among and by HAPP offices, implementing agencies, recipients of capacity building
2. Focus on sample of activities - not total
3. Train appropriate HAPP Sr. staff + provincial staff to implement
 - a. They will need TA/help with data collation, analysis and interpretation
4. For sample selection: List all capacity building activities according to:
 - a) Site
 - b) Implementing mechanism/Implementor
 - c) Participants
 - d) Approach
 - e) Content
5. Possible methods:
 - a) Force field analysis: factors which supported/constrained implementation and/or quality control of:
 - (1) 'quantity' of capacity building activities ('as planned' and sufficiency/reach)
 - (2) timeliness of capacity building activities ("as planned')
 - (3) appropriateness/responsiveness of capacity building - did it meet needs?

- (4) *Quality of capacity building activities*
 - (5) *Was it in line with 'adult learning' models: participatory, active, relevant to current concerns and needs of participants?*
 - (6) *Recommendations?*
- b) *Ranking exercise with selected sample of capacity building activities (different topics and approaches)*
- (1) *Usefulness of content as perceived by beneficiaries*
 - (2) *Perceived usefulness of capacity building approach*
 - (3) *Degree of participation*
 - (4) *What else?*
- c) *Review, summarization and conclusions based on training reports/monitoring of training*

G. The HAPP Capacity Building Model

Introduction

Building capacity among host country nationals and institutions must be a goal that underwrites the activities of any development project. HAPP has allocated significant attention and resources to this end.

Capacity building refers to the enhancement of abilities that are at least one step removed from the beneficiary, i.e. the person who will benefit from the HIV/AIDS prevention activities provided through HAPP. Capacity building includes a range of activities that contribute to the development of technical and management ability among those involved in HAP Project implementation.

Those benefiting from HAPP capacity building activities include HAPP staff, KPAD, local government, IA staff, staff in government clinical and lab facilities and members of the private sector.

Capacity building activities are on-going throughout the life of the Project and attempt to respond developing needs as identified by partners and by HAPP. Capacity building may be multi-layered, with HAPP providing support to an agency which in turn provides capacity building support to its own audience.

As much as possible, capacity building activities are done through partnerships: 'with' and not 'to' participants so as to strengthen 'fit' and the potential for uptake by participants. Partnerships include collaborative needs assessment and 'learn by doing' activities as described below.

Capacity building activities are implemented through a variety of mechanisms. For example:

- Directly, through HAPP technical and management/financial staff in all sites;
- Through contracting with an external agency NGO, CBO, university, PVO, private sector;
- In collaboration with other donors and GOI;
- Through budgetary and TA support for capacity building provided by IA s and RRF grantees to staff and communities;
- Through technical support to GOI;
- Indirectly through resource mobilization (e.g. through Durex - which supported WAD activities;

- Through funding and arranging for international training, study tours, meetings and conferences (ARO, International AIDS conferences, Johns Hopkins);
- Through funding and arranging internal/national study tours.

Capacity building activities are implemented using a variety of approaches. These include:

- Formal workshops with specific outcome objectives;
- Support for peer to peer learning through internships, mentoring, consultation, exchange visits;
- Support for international and local study tours;
- Informal on-the-job capacity building implemented by HAPP staff and HAPP technical consultants during site visits (to HAPP staff and IAs, HAPP);
- Support to in-person information sharing and networking activities;
- Providing facilitation and support for self-analysis and reflection on technical and management capacity by HAPP staff, HAPP implementing agencies and KPAD;
- Support for problem based 'learn by doing' activities (*BCC curriculum development, IEC materials development*)(*what about the counseling training and Kofa Hospital?*);
- Through invitations to GOI representatives to capacity building activities;
- Through formal and informal presentations (e.g. BSS and other data).

Capacity building activities are monitored through:

- Qualitative/quantitative reporting
- Technical review by HAPP staff
- Debriefing with participants and implementing staff
- Monitoring meetings
- Pre-post tests
- Workplans
- 'Opinionaires' at end of activities (participant perceptions)

The HAPP capacity building model and activities will be evaluated through a multi-tiered participatory process: among and by HAPP offices, implementing agencies, recipients of capacity building. Due to the breadth and scope of capacity building, the evaluation will focus on a carefully selected sample of activities and approaches.

Management systems capacity development is being evaluated through application of an Institutional Development Framework process. The HAPP offices trialed the process which has now been facilitated with the 9 major HAPP IAs as well as with the KPADs.

30 additional 'safety net' NGOs being supported through an agreement with an international PVO (PACT) are being assisted with a similar assessment, using a PACT-developed approach.

H. Capacity Building Introduction to IDF

Key activities of the HIV/AIDS Prevention Project were implemented through NGOs. The organizational orientation of many NGOs is often more outwardly focussed, on field or technical activities rather than inward on management and the development of a professional organization.

The HAP Project identified two essential components for the effective implementation of Behavior Change and clinical HIV/AIDS prevention interventions: sound technical strategy and skills and the institutional and management capacity to implement the strategy.

In an effort to promote quality work and to introduce greater accountability and sustainability into NGO activities, FHI adopted two synergistic capacity building approaches, both related to management capacity:

1. Increasing the capacity for planning, carrying out and using the results of outcome-linked monitoring and evaluation to strengthen program management and
2. Ensuring NGOs mature into strong, effective institutions

A first step forward in institutional development was to provide each IA with the opportunity to carry out an organizational situation assessment. FHI identified and reviewed several tools that provided an operational framework for institutional or organizational assessment. The Institutional Development Framework was selected as it addressed core organizational components identified by HAPP staff during their reviews and the ID Framework had been successfully translated, adapted and used in Indonesia. While an external assessment might be more objective, the participatory, reflective process of self-assessment using the IDF process is intrinsically capacity building. Finally, skilled facilitators to assist with the participatory process were already available.

I. Institutional Development Framework

The IDF was used to assess institutional development within the HIV/AIDS Prevention Project (HAPP). The Institutional Development Framework was selected as it addressed core organizational components identified by HAPP staff during their reviews and the IDF Framework had been successfully translated, adapted and used in Indonesia. While an external assessment might be more objective, the participatory, reflective process of self-assessment using the IDF process is intrinsically capacity building. Finally, skilled facilitators to assist with the participatory process were already available.

The IDF is essentially a matrix composed of commonly held resource characteristics seen as crucial to institutional effectiveness in almost any organizational unit. These characteristics are further subdivided into discrete "key component" areas against a four-stage institutional development continuum for each of the key components cited. The continuum describes textually the "life cycle" of each of the key components from the typical "start-up" phase to a "development" stage on to an "expansion/consolidation" phase to a phase which could be considered as "sustainable."

0	1	2	3	4
Start-up	Development	Expansion/ Consolidation	Development	

In its current form, the IDF is purposefully inclusive - there are enough resource characteristics and key components identified (with accompanying four-stage development continuum criteria) to satisfy almost any type of organizational unit. The common resource characteristics used with HAPP partners included: organizational mission and vision, leadership style, planning, monitoring and evaluation, staff skills, management practices, financial management, communications, public relations, community participation, autonomy and advocacy. Through group process, the organization is tasked with reviewing the characteristics and key components to determine which ones apply to their own organization.

The organization then self-assesses their "location" or progress on the four-stage continuum giving themselves a 1-4 "score" (using decimal points as desired) for each of the key components they find relevant to their organization.

This simple self-assessment scoring mechanism enables the organization to immediately generate a graphic picture as to their institutional “progress” over time. (The scores are depicted in a simple bar graph.). More importantly, the dialogue process among participants during the self-assessment helps forge a common understanding of the organization’s purpose, vision, identity and sense of progress towards “sustainability” as defined by the criteria stated for each of the key components.

By obtaining an average of the key component scores, the organization is able to report a single number, which, in an admittedly very general way, represents the organization’s overall progress towards sustainability.).

For internal management purposes, the organization can assign a priority to each of the key components (in the form of 1-4 weighting, with 4 being high priority and 1 being low). Doing so allows the organization to plot out the location of each of the key components in terms of “urgency of attention” (on an “x-y” axis) with one axis depicting the 1-4 continuum progress “score,” and the other axis depicting the assigned weight for each of the key components. The key components will fall into one of four categories:

- ❖ low priority/high continuum score
- ❖ low priority/low continuum score
- ❖ high priority/high continuum score
- ❖ high priority/low continuum score

The key components that fall into this last category, the “high priority/low continuum score,” qualify for “urgency of attention”. These are key component areas in which the organization places a great deal of importance, but has yet to make much progress towards sustainability, but which command more immediate attention/review by the organization and the development of action plans.

IDF Facilitation

The IDF assessment involved a process of in-depth discussions and was administered with each organization over a period of 3-4 days. Each IDF workshop involved groups of 15-30 persons requiring 1-2 group facilitators/professional trainers. An external party with group training experience was sought out as facilitator. Not only was neutrality a preference, but also there was a realization of the labor-intensive nature of thirteen separate workshops and the impact on current HAPP staffing. Therefore, Business Dynamics was contracted to implement the IDF. In addition, HAPP identified a dedicated staff member to coordinate and manage the entire process.

Business Dynamics is a Jakarta-based firm with experience in conducting corporate education and training programs for business and non-profit organizations in Indonesia. Business Dynamics refined the framework and adapted it to the characteristics of the HAPP organization. Business Dynamics provided three professional bilingual trainers who either worked individually or as a team with 13 HAPP organizations. All nine HAPP implementing agencies, three HAPP-supported Provincial AIDS Commissions (KPAD) in Jakarta, Surabaya and Manado and the HAPP Jakarta Office voluntarily participated in this assessment process. Business Dynamics was the primary agency administering the IDF, however HAPP provided close monitoring, trouble shooting and logistical support. The following steps were taken in administering the IDF.

Monitoring IDF Process

Weekly phone monitoring was done with the Business Dynamics facilitators. Feedback from experiences with some of the first organizations assessed resulted in modifications to the workshop design and schedule. The same facilitator was designated to work with each of the Provincial AIDS Commissions (KPAD), as the organizational structure and style differed greatly between KPAD and NGOs. HAPP Jakarta and Provincial staff provided assistance as needed for logistical support.

Follow-up Action Plans

As the cumulating activity of the IDF assessment, Business Dynamics facilitated each organization in making action plans based on the IDF findings. The plans were written up in specific tasks and members of the organization took responsibility for its completion. Business Dynamics also made a site visit to each of the organizations in order to verify information that was provided during the assessment.

Outcomes of IDF

Some of the main incentives to utilize the IDF were the value it has as an accountability tool and as a means for HAPP organizations to promote themselves, thus increasing chances of sustainability.

Anecdotal Summary by Business Dynamics

Business Dynamics documented their observations of each organization during the IDF Assessment process. Based on their observations, Business Dynamics made recommendations for the HAPP Jakarta Office in their supervisory role of each organization.

Lessons Learned :

Finding :

This was HAPP's first experience in contracting with a private agency for an intervention with NGOs and government organizations. The initial concern expressed was whether or not an agency from the business sector could relate to the culture of NGOs and government. Business Dynamics were aware of this sentiment from the onset and made efforts to use language and processes that were familiar to NGOs and government organizations. In addition, they spent considerable time studying each organization and visiting their workplaces.

By using Business Dynamics as the facilitator of the IDF assessments with all thirteen (13) organizations, the result was consistency, neutrality and professionalism. HAPP partners were motivated to improve their management in line with their private sector counterparts. An important linkage was established between HAPP organizations and this agency which could develop into future non-profit and private sector collaborations.

Lesson Learned:

Utilizing the private sector in organizational assessments (as HAPP did with the contracting of Business Dynamics) contributed to the professional completion of 13 rounds of 4-day IDF assessments within a time period of five months. The results of the assessments included quantitative and qualitative documentation as well as action plans for each organization.

Finding:

A considerable concern coming from the IDF results was the varying degrees of professional leadership and management capabilities of directors and managers in HAPP partner organizations. Organizations with less participatory management practices showed slower development progress. The concern was: How to support those leaders who have developed effective leadership skills and to strengthen leaders which have been ineffective, thus limiting the development of their organization?

Lesson Learned:

Because effective leadership/management is believed to be essential for institutional growth, a follow-up activity to the IDF assessments was planned. A 3-day leadership training for each HAPP organization to address the needs of ineffective leadership styles and ways to maintain healthy leadership behaviors was offered in each of the three HAPP sites. The leadership training was both skill and knowledge-based building on the findings of each organization from the IDF. The leadership training was made available for up to four participants of HAPP partner organizations who worked in positions as managers and supervisors.

Finding:

HAPP partner organizations are very much aware of the ongoing need for institutional growth and development. Sustainability of an organization is paramount to the organization's survival. When organizations are dependent upon international grants or other funding sources, having an "attractive" organization with a documented track record is essential. The IDF assessment facilitated under HAPP provided two sets of scores which furnished a systematic way of describing the growth of an organization over time.

A repeat IDF Assessment was completed for HAPP IAs in July 2000.

Lesson Learned:

Systematically administered IDF assessments can document the growth of an organization over time and strengthen an organization's bargaining power with donor agencies.

J. Donor Coordination Bullet Points

- In the last six years, regular quarterly coordination meetings chaired by WHO/UNAIDS enabled the sharing of information where UNAIDS facilitated small working meetings. HAPP demonstrated an effective coordination with AusAID's HIV/AIDS Prevention and Care Project at many levels, which allowed the two projects to benefit from Lessons Learned and ongoing strategic planning. There was very good collaboration between AusAID and CDC on STDs and with HAPP on the BSS. AusAID saw the two projects as complementary as FHI's approach offered greater focus on high-risk groups and AusAID's approach was a greater focus on institutional strengthening.
- Building partnerships among donors, based upon respective strengths and common issues and for a common goal has proved to be effective. The IDU Rapid Assessment was a good example of a collaborative effort. WHO should be seen as having technical expertise with high level Government assistance and USAID/HAPP should be seen with technical expertise and with the ability to implement in the field.

Lessons Learned :

- Overall, collaboration and coordination between HAPP and AusAID's HIV/AIDS prevention project improved with time and effort.
- Collaboration is best operationalized around a common goal or activity. In the future, collaboration and coordination between AusAID and USAID projects are essential. The model of collaboration should be on issued-based training and coordinated geographic coverage.

Recommendations :

- Coordination between two projects should be both in geographical placement of the Projects (e.g. Irian Jaya & Jakarta) and in issue-based collaboration in assessments, training and policy discussions.
- In the future, AusAID sees that the majority of the work should be with a provincial focus with locally tailored strategies and responses.

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- X. *Beneficiary Involvement*
- XI. Technical Issues:
- XII. Surveillance
- XIII. Policy Support

X. Beneficiary Involvement

A. Beneficiaries

Issues :

- Apart from the information received from outreach workers, all target audiences (CSWs, sailors, youths, waria/gay men, truck drivers and dockworkers) also gained information about STD/HIV/AIDS from mass media or extension work provided by the government agencies. Discussion and interpersonal communication with outreach workers, however, gave the opportunity to conduct two-way communication to clarify some misconceptions and uncertainties, as well as to discuss personal and sensitive matters.

- Good relationships between outreach workers and beneficiaries, which was established through regular communication, led to openness to discuss concerns with regard to HIV/AIDS and sexual health on the part of the beneficiaries. An example was that the open communication allowed the provision of condom negotiation skills, which, in turn, encouraged CSWs to discuss STD issues with clients and to use condoms with them. Some beneficiaries also reported increased awareness about their high-risk behaviors (CSWs and warias) and some behavior changes such as the willingness to buy condoms themselves if they run out of them. Other beneficiaries claimed increased empathy with people with HIV and felt assured that they would still be accepted even if they were infected with HIV (gay men).

- Some groups of people with high-risk behaviors felt uncomfortable about using public health services, but reported satisfaction with health services provided by NGOs, such as the clinic for waria. Favorable features of this type of clinic reported by the beneficiaries were that they: (a) were friendly and non-judgmental; (b) were affordable (free examination and treatment); (c) were accessible; and (d) had credible or good quality of services (including counseling services). Their good experience with the clinic encouraged them to bring their friends to have STD check-ups.

- Overall, all groups of beneficiaries stated that involvement with HAPP-funded NGO programs enhanced their self-esteem, pride and self-worth because they were treated with respect, were made to feel useful and fully part of the Project, which they did not receive from the community. One example was that NGOs gave them the opportunity to become peer educators and resource persons at seminars or training, which permitted them to build networks with people from diverse backgrounds.
- Sex workers never used condom with their boyfriends as a symbol of their special relationship and trust.
- The integration of some income generation activities or vocational training, which were perceived as beneficial by target audiences, contributed to the sustainable involvement of some beneficiaries in the Project.

- All beneficiaries reported that their friends were sources of information about reproductive and sexual health, including relevant health care, as well as sources of encouragement for their behavior changes. Their ability to communicate about these issues were facilitated by: (a) the real care and concern shown by their friends; and (b) the accessibility of their friends.
- In some HAPP-funded NGOs, regular meetings for peer educators organized by NGOs became a starting point to organize themselves into a new organization focusing on HIV/AIDS and STD-related issues.
- Based on the experience of some NGOs, the provision of transportation money to some peer educators led some commercial sex workers to leave their profession, as they now perceived their peer education activity as a job.
- Street CSWs were reluctant to admit their profession because they were worried their family's would find out about it. They could not be fully involved in various peer education activities such as attending meetings, serving as resource persons, carrying condoms and taking IEC materials home.
- Some owners of commercial sex establishment explained that the involvement of CSWs in the HAP Project was beneficial for their business as they gained the reputation of providing 'clean' services and their clients were willing to pay more.

Lessons Learned :

- Outreach Workers needs to have good communication and simple counseling skills (see section on Outreach Activities - BCC).
- In view of the flexibility of NGOs, they are more effective at providing health care services for marginalized groups of the community, especially if they manage to deliver client-centered (friendly and non-judgmental), affordable, accessible and credible or good quality services.
- Once a group of the marginalized community is mobilized through establishment of their association, for instance, they can be effective at reaching out to more marginalized people (e.g. Bandungwangi).
- Boyfriends of commercial sex workers play a critical role in the adoption of safe sex; accordingly, future intervention should consider this factor.
- Income generation programs can contribute to the sustainability of HIV/AIDS prevention programs.
- Integrating financial incentives into peer education activities can lead to the perception that peer education is a 'real' job, hence an alternative job to commercial sex work.
- Associating 'clean services' with good business can be used as an advocacy message to solicit support from owners of commercial sex establishment for STD/HIV/AIDS prevention programs. Concerns about the client's health through the provision of 'clean services' can be used to negotiate condom use with clients and to enforce the adoption of 100% condom use in a commercial sex establishment.
- Peer education is a potential means of influencing behavior change among all beneficiaries, particularly if peer educators can show real care and concern to their peers and be accessible to them.

B. Bandungwangi
From Sex Work to Self Help

Bandungwangi is an organized group of community members who have had legal identification as a full-fledged organization since June 1999. They were formed with the help of Yayasan Kusuma Buana (YKB), a non-profit organization providing family health care through community-based health services. Under HAPP, YKB focussed on outreach services to brothel-based commercial sex workers, pimps and brothel managers in Kramat Tunggak, North Jakarta. This successful empowering of commercial sex workers to form their own organization for HIV/AIDS prevention activities is the first one of its kind in Jakarta.

YKB trained a number of the sex workers in peer education and designated them as peer educators (PE). Outreach workers (ORW) were then recruited from among the PEs and trained and paid a monthly salary.

From among the many advantages that the members of the Bandungwangi gained through this experience, the most useful were:

- The opportunity to become ORWs, which further gave them the chance to become facilitators and resource persons for future training programs.
- The opportunity to build networks with people at all levels in the community and outside.
- The opportunity to network with commercial sex workers in other areas, through national and international study tours.
- The chance to undergo condom negotiation training, which has since been of help.
- Knowledge for preventing themselves from getting STD/HIV/AIDS and the ability to disseminate this information and skills to their peers, thereby creating a domino effect.
- The increase in their self-esteem and self-image, particularly because of the respect they got from YKB throughout.
- And all the above leading gradually to their becoming part of the community from earlier being a marginalized and stigmatized group.

Another notable achievement of the Bandungwangi was that, in 1996, even before they gained legal status, when they were still an informal group, YKB organized a photography course for them (this activity was sponsored by the Ford Foundation). The course led to them organizing two photo exhibitions and eventually to the production of a book entitled, "Menghadang Mentari Pun Tak Peduli" ("Even Facing the Sun I Don't Care") in 1997. This contained the best selection of about fifty black and white autobiographical photographs depicting their lives and feelings, along with poems written by them. The book was launched at a seminar organized by Bandungwangi where they invited a speaker from a similar organization in Germany. The main outcomes of this activity were that it gave the women the opportunity to recognize their talents, develop and express them and to have Bandungwangi as a group recognized, thus again increasing their self-image.

As Bandungwangi evolved as a group and even earlier, during their interaction with YKB, the women felt that a number of their problems began to get solved. Some of these included:

- An increase in their treatment seeking behavior (for example, they began to go for treatment for vaginal discharge, which earlier they had not). The referral system developed by YKB gave them a chance to use the same treatments and services as other, non-sex worker patients had access to.
- The affordability of adequate STD treatment.
- A change in their own behavior after becoming PEs towards using condoms with clients.
- Getting the opportunity to become paid outreach workers and thereby being able to stop commercial sex activities.

Notable behavior change over the period of their involvement with the Project, as stated by the women themselves, included important elements such as: giving up smoking and alcohol; not being commercial sex workers any longer; becoming emotionally and mentally more mature and secure; getting along better with people; self-awakening, leading to finding opportunities to help others; and very importantly, learning to budget and live within that budget as now their income was limited and regularly spaced and what they now referred to as being 'halal'. Another noteworthy change in behavior, as mentioned earlier, was the use of condoms with clients.

Bandungwangi's future plans included the hope of becoming a completely independent organization, receiving independent capacity building with the goal of procuring funding to provide services and to disseminate HIV/AIDS/STD prevention information and skills to commercial sex workers. The Bandungwangi women felt that continuing their outreach and peer education programs was now all the more important since Kramat Tunggak as a localization was banned and the sex workers from there had now spread out into the community. And because it was now more difficult to reach them, STD prevalence among them had increased (BSS data). The women also felt that they would like, in the future, to build stronger networks and links with the government because they felt that this would greatly legitimize their activities and, at the same time, work towards minimizing the stigmatization of their group.

As another sign of their high motivation and ambition, Bandungwangi expressed the need for capacity building and technical assistance for their organization in the use of computers organizational development, human resource development and, importantly, training in income generation programs as they realized the need very early for diversity in their sources of funds.

The mission and vision of Bandungwangi as an organization was summed up in a statement made by one member - "Being a sex worker is not what I want to be." And Bandungwangi has given her and others like her, the opportunity, means and confidence to go ahead in life and be what she wants.

C. Putri Mandiri
An Organization and Self Help Success Story

Putri Mandiri is a registered organization of commercial sex workers set up in June 1999 by Yayasan Investasi Kemanusiaan (YIK), a non-government organization working with communities in the coastal areas of North Jakarta, YIK's activities include raising STD/HIV/AIDS awareness among members of these communities which include commercial sex workers and brothel-based sex workers. Putri Mandiri was set up with help from YIK and the members were from among YIK's peer educators. Putri Mandiri was earlier the name of a newsletter developed by the sex worker peer educators, consisting of stories about themselves; the name was then adopted for the organization.

Putri Mandiri, as a self-help community organization, is rather unique for a number of reasons. For one thing, after being legally formed, the members of Putri Mandiri took over certain YIK activities such as the dissemination of HIV/AIDS information. Motivation of their peers to practice safer sex, literacy classes and condom promotions also featured among some important activities carried out by Putri Mandiri. In fact, the features of their condom promotion were very interesting and innovative. Ever since its registration, Putri Mandiri began a direct relationship and collaboration with the Task Forces of the different condom manufacturers. Putri Mandiri not only ensured the availability of condoms in this particular red light area, but also did so in a way that generated income for their members. They bought the condoms from the Task Forces at a price, sold then for a small profit and were permitted to keep 10 percent of the profit.

Another income generating activity carried out by Putri Mandiri was a result of income generation training and seed money they received from YIK. They collected Rp.500 per day from each of their members over a period of two months. With the money thus collected, they bought sacks of peanuts

and small containers. These containers were filled with peanuts and sold as snacks to clients. The profit collected was divided, one part going to the organization and the other to the sex workers themselves to do with what they liked.

They also received vocational training which led a number of sex workers having the opportunity to join pubs and discotheques as dancers and singers. Apart from giving them additional income, it actually resulted in five of them leaving the sex work industry completely to take on new professions as dancers and singers.

The members of Putri Mandiri took pride in the fact that sex workers constantly wanted to join the organization. But there were conditions for doing so including: participating in all the Putri Mandiri meetings for at least two months and always using condoms. There were a number of reasons for the organization's popularity and credibility. It was a good opportunity for meeting and interacting with others in similar situations and for sharing and solving problems. It offered opportunities for counseling, vocational training, literacy classes and participation in income generation activities such as the 'peanut' scheme. The members also felt that joining the activities of YIK and thereafter of Putri Mandiri led to a realization of their own levels of risk of STD/HIV/AIDS and of the need to do something about it.

They claimed that they now always wear use condoms with clients and because of this the STD rates among them are low.

The further plans of the members of Putri Mandiri included the organization becoming independent of YIK and being in time, able to obtain support and funds to broaden the scope of their present programs with sex workers to include not only STD/HIV information dissemination but to focus more a vocational and income generation programs. This, they felt, would result is greater independence from their present profession and provide them the opportunity to enter other professions.

D. Services for Special Communities

Ikatan Ahli Kesehatan Masyarakat Indonesia (IAKMI) is a society for public health professionals. IAKMI is also registered as a non-profit organization providing public health activities. Under HAPP, IAKMI provides STD/HIV/AIDS education, prevention and treatment services to more than 800 waria (transvestites) in North Jakarta. Their innovative activities include a drop-in center and STD clinic, outreach activities and education and training activities with waria. A point to be noted is that IAKMI is the only STD clinic for waria and gay men in Jakarta.

IAKMI trained waria and gay men as outreach workers (ORW) for the dissemination of knowledge and information about STD/HIV/AIDS and condom negotiation. The waria, on the other hand, found this information very useful as, earlier they used to self-treat and did not use condoms since health was not their main concern - just the desire to earn money through sex. Condoms are now very popular among the waria, to the extent that waria are now willing to buy condoms from the clinic even though earlier they used them only if they got them free. They claim that they "usually" use condoms with clients now.

Through the outreach carried out by the waria ORWs, the clinic has become very popular among their community. Over a period of time, the ORWs trained by IAKMI have become very confident and feel that, given the opportunity, they can even act as resource persons.

Since IAKMI is the only clinic for waria and gay men in Jakarta, the waria expressed their concern, saying that, if the clinic were to close down or to stop servicing their community for any reason, they would perforce have to return to the practice of self-treatment. But they also said that, in this event,

they would, however, continue condom use for self-protection as, knowing the risks now, they would no longer want to put themselves at risk of STD or HIV.

They realize how fortunate they are in the facilities and opportunities available to them. But their longer term dream is that clinics like IAKMI become available to the many others in their community - IAKMI works only in North Jakarta, whereas the largest waria population is actually in East Jakarta and in Bekasi. Given the success and impact of IAKMI among this group, it would be more than justified for others to take up the cause and make this dream come true.

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XIII. Policy Support

XI. Technical Issues

A. Technical Aspect

Technical assistance

Technical assistance has been centralized at the HAPP Jakarta Office to ensure the standardization of the quality of technical assistance. Nonetheless, the number of technical advisors was not commensurate with the workloads of backstopping and supervising the considerable number of IAs, including those receiving RRF in the three project sites. Further, NGOs reported that this system posed challenges in the length of time needed to approve IAs' work or to trouble-shoot IAs' problems and ultimately in the on-time implementation of IAs' activities. In the absence of evidence on the adverse effects of the imbalance between the workloads and staffing on the quality of technical assistance, no discussion can proceed on this matter.

Technical support provided by foreign technical advisors was reported by HAPP partners to be satisfactory. Yet the language barrier reduced its effectiveness. As planned, a BCC foreign advisor was replaced with Indonesian staff and an Indonesian STD advisor to assist the foreign staff. Between field visits by technical advisors, implementation needs support. No action has been undertaken to address this.

Soliciting Support from Parties Concerned

Some IAs held orientation meetings with local government officials to solicit their support for the IAs' activities. Appointment of new government officials or the reorganization of geographic jurisdiction required NGOs to hold orientation meetings again. On the one hand, the changes in the local government officials in the area of service delayed implementation of the IAs' activities as permits needed to be re-initiated and rapport re-built. On the other hand, the government officials could facilitate the IAs' activities. One IA reported that the government officials' interventions overcame skepticism of CSWs on the IA's program.

To formalize and ensure the smooth implementation of their activities, some IAs organized meetings with all partners involved and community leaders on a regular basis (e.g. local government officials such as the head of the neighborhood, professional organizations, neighborhood chief of the red light district). The benefits of gaining their partners' support included conducting wide discussions on the threat of burning down brothels and reverted any problems by one IA in Surabaya with the assistance of the larger community. Routine meetings with CSW peer educators, the staff of the local health center and local village officials (local health and community officials) strengthened collaborative relations and allowed continued access to red light areas for outreach workers and to follow-up on referred CSWs.

PKBI: a joint review meeting (jamu sellers, midwives and community health center staff) resulted in the request for more lectures on STDs/HIV and more people to be referred.

KPAD JKT and NGOs: a consultative meeting resulting in field trips to NGOs. Problems: the need for ongoing coordination and facilitation;

bureaucracy within KPAD (time required to get approval to attend meetings, sponsoring activities)

KPAD SBY: providing HIV/AIDS awareness/education Programs for the private sector (hotels, other companies).

Coordination

Coordination with relevant parties could facilitate attainment of IAs' goals. YBHK networked with private medical doctors to get urine samples and trained health providers in requesting and taking samples. In 1998, the KPAD and NGOs worked together from planning to implementation of activities surrounding World AIDS Day. Drop-in center in Bitung for STD screening and treatment for CSWs was equipped with effective coordination with GOI (MOH-drugs and equipment, Depsos-bed, BKKBN-gynaecologic bed and services of a medical doctor).

On the other hand, coordination also places a condition that a common goal can be reached if each partner delivers its commitment. FHI did not meet standard target for 1999 in terms of increasing the proportion of those at risk of STDs who are served at HAPP participating clinics according to standard STD diagnosis and treatment protocols. This achievement also depended on PIL implementation activities and drug availability, for which FHI was not directly responsible.

Outreach Activities

Capacity Building for Outreach Workers

High levels of burn-out among outreach workers was found but responses to outreach workers' needs for refreshment and upgrading both substantive and outreach skills, were limited. Outreach workers of some NGOs targeting CSWs had very limited condom negotiation skills and counseling skills. Outreach workers of some IAs (YPEKA, PKBI and YKB) did not possess adequate skills in persuading their target groups to seek medical care or to use the referral system.

Male Responsibility

The need to strengthen outreach activities to better focus on male clients was highlighted during the negotiation of HAPP in 1997 and continued to be an unsolved issue towards the end of the Project.

Technical Terms

Considerable time was needed to explain the term of repeated outreach contact. *How to capture the quality of the interactions?*

The Impact of the Economic Crisis and Political Instability on Outreach Activities

Pressure from some community factions to close down brothels and other entertainment places employing CSWs were more intensified during the reform era, which began following the downfall of the second President of Indonesia. The latter was partly attributed to the economic crisis that took a sociopolitical dimension. Together with the low number of clients, the actual or threatened closing of the commercial sex establishments (CSE) in Jakarta and Manado increased the mobility of CSWs to other red light districts or the street (YIK, YKB, YAA). Subsequently, the number of CSWs identified by outreach workers reduced and CSWs were reluctant to meet outreach workers. One IA redirected its activities to a different red light district. Other solutions adopted by other IAs were identifying new geographic areas of CSWs or expanding geographic target areas. Even with collaboration with

the CSW organizations, the IAs faced a substantial constraint on re-mapping the situation after the closing of the CSE resulted in the integration of sex workers into the community with false identities.

Political instability and security problems owing to the economic crisis also caused a higher mobility of waria because of violence targeting their house. Recruitment of outreach workers to anticipate the increased mobility of this target group was carried out. In parallel, a large numbers of CSWs returned to their villages to participate in the election or to avoid security problems. In turn, this halted YKB's activities. The other compounding factor was difficulty experienced by outreach workers in entering activity areas that were hard hit by the May riots.

The crisis also increased the number of migrant CSWs from other parts of Java coming to Jakarta and the number of transient sex workers in Manado due to the sociopolitical unrest in the eastern region of Indonesia. Anecdotal observation suggested that more factory workers turned to sex work. Based on their survey, the University of Indonesia indicated a rise in the number of younger and less experienced CSW after the crisis.

Influence of Religious Holidays and Observances

Two IAs reported that negative reaction from the community to commercial sex activities during the fasting month led to difficulties in monitoring and implementing outreach activities.

Capacity and Attitude of Pimps and/or Managers

Some IAs found that pimps' ability to talk with CSWs and clients was low; some trained pimps did not support CSWs in negotiating condoms with their clients; and there was a lack of information about HIV/AIDS prevention among CSE managers and workers (bartenders, managers etc.).

Reaching CSWs through Regular Meetings

Monthly meetings among the pimps and CSWs using arisan practices and requiring each participant to invite another two CSWs to meet quotas was effective.

More gays attended monthly waria meetings (unexpected outcome)

Reaching CSWs and Waria through their 'Professional' Organizations

Collaboration with a sex worker association and a waria association, as well as the establishment of sex worker associations, facilitated the respective IAs' outreach and peer education activities.

Other Challenges

YIK : *difficulties in matching planned activities with fluctuating youth behavior*

YAA *CSWs' reluctant to sign their monitoring contact cards, nor interested in IEC , suspicious that OW is a journalist. Perception that outreach activity disturbed the CSWs' ability to earn money, a lack of motivation among CSWs to hear a health message, high mobility of CSWs. A group approach in reaching CSWs and pimps during their leisure time was more successful than during their work hours.*

YIK *one time intervention by another NGO led to skepticism among the community-difficulty in gaining trust of the target audience.*

Evidence of Capacity Building

YPROS: *became the host institution for the AusAID internship program an effective interchange between NGO.*

Peer Education

PE Strategy

A high level of competition among CSWs meant that they shared info with CSWs living in the same compound and with their guests. Information dissemination centered among PEs. Recruitment in the afternoon was difficult because most CSWs are outside the compound.

YAA: *A group approach in reaching CSWs and pimps during their leisure time was more successful than during their work hours.*

LENERA: *A lack of supervision and monitoring from NGO staff/leaders to PE and how NGOs support PE to use training skills.*

NEED: *workshop on supporting PE*

Factory Workers

YPEKA: *Some factories have high levels of worker mobility and another very low. Trained PEs are factory workers who have recently been laid off - reduce the contact number.*

YPEKA: *Difficult to find schedules due to varying shifts of work among factory workers.*

IEC

Content of IEC:
OWs messages include cost-saving benefits of condom use.

Language:

YPEKA: *Clients of CSW are foreign seafarers who do not speak Indonesian - NEED: IEC in other languages.*

YPEKA: *Selecting appropriate language to talk about sex with factory workers during the training.*

BMS: *the need to know the local dialect or slang of the target group*

The external team recommendation: lack of local language;

Development process:

IDI: *Delay of the module for STI-HIV/AIDS counseling due to the time needed for consultation with experts.*

Distribution:

a) Need for a full inventory of HAPP-produced and other Indonesian IEC materials;

b) Need to ensure materials available in HAPP offices and for IAs.

- A high demand for IEC materials: a lack of resources on STD/HIV/AIDS.
- An IEC inventory of HAPP, GOI and other STD/HIV/AIDS products was underway

DKT: few IAs disseminated IEC materials systematically, only 1 or 2 evaluate them properly. Lack of time and personnel has been the reasons. NEED: set up inventory systems, disseminate and evaluate materials properly; produce a greater amount of low literacy or non-literate materials.

DKT gave training on distribution/dissemination of IEC materials

Role Model Story: waria can develop new stories but like the story with pictures - can be co-facilitators in future workshops.

Target group:

YKB IEC for CSWs only not clients.

- Need for more BCC outreach to men by outreach workers (None of CPO's require collecting data on men; IAs' main focus is women, delays in contracting with PATH (scope of work: male clients)

IEC strategy:

YPEKA: distributed milk sponsored by PT Morinaga to children living near the Drop-In Centre to promote the center and to disseminate info to their parents.

YAA: low level of education of some CSWs created challenges to educational approach of YAA; YAA: different levels of education hampered dissemination of information.

YIK: aware of the challenge of influencing behavior change among youths require a full schedule of activities.

YPEKA: low education level of CSWs- low interest in the writing competition;

YPEKA: illiterate sex workers cannot learn anything from available IEC materials.

BMS: target group was reluctant to discuss sexual matters or personal problems; different level of education varies level of understanding among respondents.

YKB: leaflets understood by Javanese only and not colorful enough.

YPEKA: some terms used in IEC were not understood by CSWs.

Outcome:

YPEKA: several of the sex-related myths were less believed.

Development of the STD field handbook for OWs and PEs (non-clinical field workers), contributed to their confidence and credibility with audiences.

General: IAs produced materials with useful function (e.g. YMM, YAA, etc.).

Planning of strategy:

As a result of this detailed planning and regular consultations with the GOI, the CSM activities contain the appropriate messages while using a style appropriate for the Indonesian community.

Promotion of Condoms

KondoMania campaign:

- distribution of condoms to nontraditional outlets - increased condom sales, news releases - improved the relationship with media

MESSAGES

- 3 potentially effective concepts:

protection, peace of mind and sexuality.

- communication messages needed to be specifically targeted because different motivation for different target groups. There was awareness about condoms for both FP and STD;

- not all coverage has been supportive of condoms as a means of prevention.

Condom Market

CSM:

The impact of the crisis caused consumer brand switching. The highly subsidized Sutra brand has increased its market share at the expense of commercial brands.

- promote condoms through the 100% condom use policy in red light districts.

- the front line of condom sales to users are HAPP-funded Task Forces. Their selling efforts have been constrained by lowered consumer spending power and the fierce competition from GOI subsidized condoms.

- A retail-audit (April-May 1999) showed an increase in sales volumes of condoms - every major condom brand - for the first time since the crisis.

YPEKA: *at the end of the condom promo- the number of condom use decreased. Incentives in the form of real benefits are needed to support CSWs in promoting condom use.*

- increased sales of condom in Oct 1999 as compared to the June 1998 retail audit, especially in discos, bars, wismas, kiosks. the most widely distributed and most popular pack size varies by city (SBY: single pack, the rest. three-count pack). But the condom market is continuing to slip.

Condom Promotion/Marketing Activities

The percentage of condoms used among female CSWs increased significantly, from 37% in 1998 to 48% in 1999, after three years of essentially no change. The increase of condom use among CSWs resulted from adequate outreach intervention activities among high risk groups, especially on

condom use negotiation/promotion intervention and condom distribution/social marketing. Currently, FHI emphasis has been on the CSWs as change agents to use condoms. In order to create more demand for condom use, FHI will focus the intervention more on the clients of CSWs (Annual performance evaluation - 24 February 2000)

Condom Use

- YMM: *condoms were provided to participants of camping as many of them were sexually active.*
- YAA: *free condoms are requested-economic crisis; the condom supply is inadequate.*
- YKB: *decreased the number of clients-harder to negotiate condoms;*
- YAA: *economic crisis - many CSWs reluctant to ask their clients to use condoms; some CSWs still fear being examined; different levels of education hampered dissemination of information.*
- YKB: *anecdotal evidence of the increased condom demand by peer educators and CSWs sharing the same accommodation.*
- FGD among CSE managers: *the crisis reduced the number of CSW clients, CSWs more competitive. The importance of 'significant others (?)' and the customer that needs to be targeted.*
- BSS: *technical problems due to differences in the characteristic of each location.*

Condom Distribution

- YPEKA: *non-traditional condom outlets since warung or kiosk owners think that wide scale sale of condom is prohibited.*
- TFG: *some condom outlets have changed due to the riots.*

Referral System

- YPEKA: *the majority of CSWs still resort to self-treatment with antibiotics even though there was increased self-awareness of signs and symptoms of STDs rather than following suggestions of OWs (i.e. routine condom use, examination by a health professional).*

Obstacles to Visiting STD Clinics by Referred Clients

- YAA: *Referred CSWs refused to visit the clinics due to the increased burden of a doctor's fee, the cost of medication, uncertainty about the quality of treatment.*
- YAA: *some CSWs still fear being examined;*

- YMM: youth felt embarrassed during the medical exam and worried about the medical fee - consider setting up a temporary clinic in venues used by youth.
- YBHK: patients were fearful and reluctant to go to the clinic or no money for transportation. NEED: IEC on what clients can expect at the STD clinic.
- YPEKA: few referred CSWs visited the clinic.
- PKBI: clients referred to PKBI did not turn up.
- YMM: many youth refused to return to the YBHK clinic as it does not treat dermatology diseases.

Obstacles Surrounding the Referral System

- MANADO: referral of patients was not optimal (patients arrived outside work hours, some inappropriate referrals), patients faced difficulty in purchasing the prescribed medications or do not follow through with the referral for fear of absorbent costs.
- YKB: low involvement of referral centers made use of referral cards problematic.
- YAA: referrals to Puskesmas did not succeed due to inferiority of the service.
- IAKMI: the clinic hours are planned around the same time as the PE meetings to maximize referrals.
- YPEKA: no new referrals made because many of the targeted CSWs are also involved in YBHK's STD diagnosis and treatment activities.
- PKBI: difficulties in sending clients to PKBI clinic but no change in the approach or direction of the program.
- MND: a misunderstanding between MND and Bitung IAs concerning referral systems.

Promotion of the STD Clinic

- YBHK: the promotion of free STD testing in conjunction with FP services received a positive response- appropriate staffing did not meet the number of patients- menopausal women participated-
CORRECTION: clear announcements of the times and days of clinic operations and eligible participants.
- patients reinfected by partners. Patients misunderstood that they would be tested by pap smear - NEED: more education and counseling to encourage treatment of both sexual partners simultaneously; use of condoms or abstinence during treatment, an annual pap smear if negative STDs testing.

The Putat Jaya Clinic: smaller number of clients than the morning clinics - have increased promotion of the afternoon clinic (shorter wait periods, individualized attention).

YBHK: despite months of socializing the YBHK services, CSWs are still reluctant to come on their own - continued offering mobile STD services

STD Clinics

Finding STD Clinics to Upgrade

Considerable time to locate clinics and hospitals. Few facilities see more than a handful of STD patients/month.

Time taken to facilitate a collaboration with clinics or general hospital that can serve the referred target audience.

Quality of Service

IAKMI: use of the counselor allows more time for the visiting doctor to examine and treat patients.

*YAA: reported repeated use of syringe without sterilization in STAD treatment in HAPP-sponsored Puskesmas.
Problems encountered by clinicians when managing STD patients: (a) difficulty in giving advice on the use of condoms (37.5%) and (b) trouble advising patients with regard to partner notification (56.3%).*

STD Clinic for Waria

IAKMI: STD health services exclusively for warias.

YPROS : transvestites reported discomfort in being examined by female workers in the clinic.

IAKMI: broadened its services to gay men.

Facilities

*IAKMI: STD clinic lacks laboratory back-up for suspected STD cases and no drugs for STD treatment.
STD clinic not optimally utilized (why, which one?), in the absence of free medicines, only counseling services are provided.*

YPROS the clinic hours were inconvenient; no HIV testing facilities.

HAPP clinics: difficulties in conforming STD diagnosis which require lab confirmation, in providing free STD drugs, maximizing referral services to HIV testing facilities - procurement of lab equipment and medication was assisted.

Others:

YPROS - re-opening the clinic after a long re-negotiation of the office rental cost.

Issues During Counseling

- YPROS: *transvestites counseled questioned about risk for GO from oral sex, difficulties in using condoms for anal sex; belief of low risk due to being circumcised*
- PKBI: *delay in procurement of provisions required for the collection of samples for STD screening.*

Policy Support

Strengths:

- *the approach of mobilizing KPAD (positive feedback from USAID/GOI).*
- *FHI RO and HQ support has been very valuable in this process.*

Challenges:

- *Burden on HAPP staff management in monitoring and coordinating the policy activities with the KPAD.*
- *Lack of a cohesive mechanism for distributing new state-of-the-art technical data and articles on HIV programming to key policy makers and other collaborating partners.*
Policy support: Sponsored the Asian Regional Meeting of Islamic Religious Leaders on HIV/AIDS which resulted in the Jakarta Declaration.
- *SBY: a draft working plan for each of the KPAD technical working group.*
- *MND: high commitment of the Vice Governor who used to live in Irian Jaya on HIV/AIDS activities.*
- *KPAD SBY: formulated guidelines for the implementation of 100% condom use policy in high-risk groups or red light districts.*
KPAD-JKT: inter-sectoral/regional communication with KPAD in East Java and related NGOs increased (YKB, Pelita, Bandungwangi).
MND: articles are becoming more HIV/AIDS friendly, use open and non-judgmental language - following a series of journalist workshops conducted by MOH through PIL and other public events conducted by HAPP IAs.

Research

- BMS: *inadequate skills of trained volunteers to gather info about peers' sexual behaviors.*
Dissemination of BSS is inadequate to be beneficial for the community and planning.
Dissemination of BSS to groups with varying backgrounds (e.g. CSWs).

Progress report on HAPP activities and Financial Expenditures - 3 March 1999

During training implementation of surveillance sentinel HIV and AIDS, it was observed that skills on surveillance are very important and useful for Health Services staff (hospital and health center). Many medical and paramedical staff do not understand the procedure of Sero testing for HIV and the diagnosis of HIV. We believe that those training will improve the quality of HIV/AIDS data.

Mass Media Strategy

- *Delays in implementation of the HAPP mass media strategy.*

CEDPA withdrew its interest in working with HAPP after 18 months' preparation, two technical visits and a completed technical design. This led to time lost to strengthen the KPAD, partners and staff in gender issues because of the withdrawal of CEDPA.

At the end of condom negotiation skills training, participants had gained skills and self-confidence and interest in working professionally as HIV/AIDS OWs.

Impact of the Economic Crisis

People put more pressure on to close down commercial sex establishment. During the economic crisis and political unrest, FHI was able to increase the percentage of condom use levels and to expand condom distribution through outlets carrying HAPP-supported commercial condom brands in HAPP demonstration areas (Annual performance evaluation - 24 February 2000). The economic crisis may be having a negative effect on the percentage of CSWs who seek medical care for their last STD symptoms/diseases in the past year due to the fall in purchasing power. FHI has shown good progress in providing STD referral information to CSWs. However, the percentage of CSWs seeking health services decreased.

Knowledge of Acceptable Ways to Prevent HIV Transmission Among CSWs

There has been a consistent increase in knowledge of HIV prevention practices among CSWs from 1996 through 1999 the present time. The knowledge is already at an optimal point and it is difficult to increase knowledge any further.

B. Behavior Change Communication

One PVO which had provided important support to technical capacity building changed management and focus. Ability to identify sufficient NGOs with adequate capacity was a serious limitation.

Findings :

While many agencies involved in HIV/STI prevention have adopted the new terminology, most still view BCC as 'IEC materials' that promote awareness and provide basic information. Supporting this shift created a major challenge related to the limited local material and human resources for building technical skills. Identifying needs, designing locally appropriate approaches, developing training materials, identifying agencies able to assist, strengthening human resources and mobilizing other needed resources were all part of an ongoing process.

Identifying skilled agencies able to assist with management capacity building proved easier than finding resources for building technical capacity. (See Capacity Building and Working With Partners) Various strategies have been proposed or implemented. At the beginning of HAPP II, it was suggested that each of the technically-oriented PVO partners should budget for a% of technical staff time to contribute to a review and response team. This was not taken up. One PVO which had provided important support to technical capacity building changed management and the focus of their proposed contribution to HAPP. Working together with other donor programs helped to increase resources and also to develop a more integrated understanding of behavior change.

Quality control of BCC activities and materials was a continuous challenge. Capacity among many agencies proposing activities was low. While provincial staff were not hired or trained as technical experts, they attempted to provide as much support as possible. However, the BCC advisor was

accountable for technical quality. Attempts to review and respond to activities and materials proposed were constrained by the high level of need, the limited BCC staff and the size of the technical workload. One possible solution to the need to provide consistent, ongoing assistance had been proposed at the beginning of HAPP II; it was that a technical review and response team be established comprising technical personnel from each of the technically-oriented partners. It was suggested that each could budget for a % of staff time for work as a part of the team. This was not taken up.

Behavior Change Communication Skills

Most activities and materials developed by IAs and during early stages of HAPP focussed on the awareness/knowledge stage of behavior. This was appropriate at the beginning of the Project, but there was a great need to help IAs and other agencies to refocus efforts on behavior change rather than awareness.

A Behavior Change Communication training curriculum based on behavior change models did not exist when HAPP started. Most training was not skills based and generally consisted of 'expert lectures.' Trainers skilled in adult learning methods and capable of assisting IAs to train communication workers (outreach workers and peer educators) in behavior change were rare. Trainers who could assist IAs to develop IEC materials with a specific audience and behavior change objective were extremely limited. In collaboration with one HAPP partner, a BCC curriculum was developed and field tested through a participatory process. Participants were trained in adult learning methods as part of the process. A continuation was planned, but the management of the partner agency which had facilitated the first set of activities changed.

The curriculum is still being used by some individuals and agencies who were involved in the development and testing. Users expressed enthusiasm about the curriculum and were able to make concrete suggestions for revisions. A collaborative revision/update is underway with AusAID.

Another major challenge to the BCC program was the unavoidable early departure of the BCC advisor in early April 1998. There was a gap of 4 months before a replacement could be recruited, resulting in a large backlog of work. The new BCC Advisor had to assume full responsibility without the benefit of the orientation and handover that had originally been planned.

IEC Materials

HAPP provided funds within subagreements for materials development. Due to the workload of the BCC Advisor, the ability to provide direct TA as needed at field level was limited. To provide basic materials, HAPP focussed on materials for STD clinic attendees and women attending reproductive health services for the treatment of RTIs, female sex workers and doctors providing RTI/STD services. Additional support was provided for the development of materials for male transport drivers, female sex workers, waria, fishermen and others.

Although HAPP required that the IA submit plans in order to provide TA and quality control, this was often not done.

Training in IEC development was provided by HAPP through a consultant contract. Almost all IAs interviewed stated appreciation for the IEC materials, but emphasized such training needed to be provided earlier in a project. Inadequate distribution systems for IEC materials were an issue for HAPP and for NGOs. Training in collaboration with another donor project, with guidance from the BCC Advisor addressed these issues. Over the life of HAPP, many agencies have been able to advance their understanding and ability to meet audience needs. Adding staff to the HAPP BCC unit helped as did the training in dissemination provided by DKT.

Role model stories, a new communication approach based on behavior change theory and focussing on modeling actual behaviors rather than on facts, was introduced and tested among waria. The group was extremely enthusiastic. An international consultant who was involved in development and testing this process was contracted to work with HAPP BCC staff and others. The challenge was to adapt a sophisticated and proven model so that it would be feasible - and still retain quality in Indonesia.

Outreach workers' complaints that, once IEC materials were distributed, they were unable to answer questions stimulated by the materials led to the development of an STD field handbook for outreach workers and Peer Educators (non-clinical field workers). The booklet, accompanying male and female 'body maps' printed on durable fabric were contained in a 'belly bag' which had space for condoms and other materials. These proved very useful to these workers and contributed to their confidence and credibility with audiences.

Mass Media

To support requirements for mass media communication targeting general population, HAPP collaborated in the production of radio dramas, spots, TV dramas and TV spots and the training of media personnel during the first project period. Due to a shift in audience and the achievement of high levels of knowledge re. two ways to prevent HIV infection, less emphasis was given to mass media during the next project. Instead, the focus was on building a supportive environment for HIV prevention. An innovative approach was contracting with a public relations firm which was able to ensure positive publicity and widespread dissemination for all program activities.

The CSM component of HAPP is covered in section X. The BCC Advisor also provided significant input into the development of the mass media component of the condom social marketing program implemented by one HAPP partner.

Lessons Learned :

- IEC materials are a support tool for use in an overall behavior change intervention. The differing geographic sites, characteristics of the different audiences and audience segments contributed to the high number of variables to be considered when producing behavior change messages, materials and approaches. Helping NGOs to move from a focus on distributing IEC materials to being able to plan and manage an intervention aimed at behavior change is an enormous challenge. The ability to conceptualize, plan and implement behavior change communication as a part of an ongoing set of activities with specific behavior change objectives still needs high levels of ongoing capacity building.
- A combination of directly providing basic IEC materials, building IA capacity building in materials development and on-going quality control was needed in order to ensure that quality materials were designed appropriately for each audience and audience segment. NGOs still need help to understand that IEC materials are not a substitute for interpersonal communication.
- Generic approaches and materials were useful among some audiences, but additional training in behavior change communication skills, adaptation of existing materials and the role of IEC materials as a support to behavior change are still needed by NGOs and others.
- Early development of a capacity building plan based on previous experience of needs, resources and time needed should improve the ability to sequence and implement a balanced program of technical capacity building activities. Ideally, capacity building is provided in response to the current needs of each NGO or government program. However, the scope of

the needs and the limited resources require compromises. Additional resources for providing technical assistance, quality control and capacity building are still needed.

- While a resource center with a full inventory of HAPP-produced and non-produced Indonesian IEC materials was suggested, many materials are not appropriate except among a limited audience and reprinting small quantities based on a localized need is not cost-effective. Training IAs to produce or adapt materials for local use, training in using materials effectively and building capacity for other, non print-based, interpersonal communication approaches is likely to be more useful.
- Developing new models to address behavior change beyond stages of awareness and knowledge appears to be possible. Introducing the approach to NGOs and others will require adequate human resources to ensure that quality is maintained while the role model story intervention is being adapted and trialed in Indonesia.

Peer Education:

A variety of Peer Education programs were established within HAPP - Peer education programs evolved differently depending on the management and the beneficiary group. During the evaluation interviews and in their regular reports, NGOs expressed many lessons they had learned about the recruitment of peer educators, what can reasonably be expected from PEs, the challenges of Peer Educators' work, the support needs of Peer Educators and how these can be met.

A workshop/consultation has been held to facilitate gathering Lessons Learned through these experiences. The emphasis was on the management of peer education programs within a behavior change framework. The outcome of the workshop is being written up as a practical guide to peer education programs for Indonesia.

Initially, the focus of peer education was limited to providing information to peers. Later, selected peers (based on condom negotiation skills) participated in a workshop to build training skills and to develop a condom negotiation training program. This program was then presented in each of the communities from which the participants came. The activity was perceived as very successful and contributed to increased self-esteem and confidence among the peer educators.

The transformation of peer educator groups into self managing 'self-help' groups was another very encouraging finding. Several groups noted that becoming peer educators and having regular meetings and support provided a starting point for organizing themselves. The earliest of these is the Bandugwangi group of female sex workers developed by and with YKB. This group was able to continue work despite the closure of Kranat Tunggak brothel area which caused sex workers to scatter and greatly increased the ability to work with them.

Several other groups formed: YIK assisted with development of Putri Mandiri, comprising female street sex workers and GemtahC - a group of youth. Peer educators working with YAA (calling their group 'Harapan Sejati) also suggested that they could form their own NGO. Mamis (female pimps) have formed a group called 'Sudi Asih.' Several of these groups are carrying out small income-generating activities.

Lessons Learned :

- Improved management and understanding of peer education programs is essential to using this interpersonal approach effectively. Drawing on a combination of international and local experience and providing a framework to ensure effective 'operational' analysis provided a valuable and practical resource for Indonesia.

- Support to capacity building activities for peer educators can lead to 'empowerment' and decreased dependency on the facilitating NGO. While these groups are new in Indonesia, Peer Educator-led organizations have played a valuable role in other countries; providing a cost-effective approach expanded the reach to many of their peers. The increase in self-confidence and skills has allowed some to find other employment. It also seems likely to contribute to the ability to negotiate for safer sex. Independent self-help groups also contribute to expanded reach among beneficiary populations and have high potential for contributing to the sustainability of activities.

Outreach

All non-clinical HAPP-supported interventions included an outreach component. Outreach staff characteristics were highly variable. Many programs hired people similar to, but not from, beneficiary groups so that they might more easily communicate with the audience. Others hired young people, often university student age. Still others hired outreach workers from within the beneficiary groups. Hiring 'proven' peer educator volunteers as outreach workers was also recommended as this would ensure understanding of the work and audience and tended to increase the credibility of the organization among the beneficiaries.

Benefits of outreach identified during the NGO and beneficiary interviews included:

- Familiarity with audience, ability to reach marginalized audiences
- Helping to build trust and good relationships with beneficiary groups, more members of the audience actively sought help and information from them and their organization
- Able to reach work with many members of marginalized groups
- Allows for one-on-one communication and 'helps in behavior change'
- Able to provide and help with referrals for needed services
- Provide support for Peer Educators in the field
- More able to monitor progress: 'condoms are becoming more popular with OR,' " they are now willing to buy condoms.'

For the outreach workers themselves it was noted that:

- The work increases ORW experience and self confidence

Programmatically:

- Based on their experience, they were able to help develop projects for the future
- They are utilized as speakers for other organizations, building credibility of their program and for the prevention messages they share
- They were able to act as advocates with government and others on important issues such as 100% condom use and against brothel closure.

Challenges:

- For ORWs from other populations and backgrounds, it may be difficult for them to communicate effectively about sexual issues.
- As yet, there are no Indonesian guidelines for outreach, although that was the intent of an early collaborative workshop implemented in Yogyakarta. As with peer education, inadequate capacity for the management of outreach may contribute to problems such as high levels of burn-out among outreach workers and the limited responses to outreach workers' needs.

- For refreshment and upgrading both substantive and 'outreach skills' were limited. Outreach workers of some NGOs targeting SWs had very limited condom negotiation skills and counseling skills. Outreach workers of some IAs (YPEKA, PKBI and YKB) did not possess adequate skills to persuade their target groups to seek medical care or to use the referral system.
- Economic crisis: Pressure from some community factions to close down brothels and other entertainment places employing SWs were more intensified during the reform era, which began following the downfall of the second President of Indonesia. The latter was partly attributed to the economic crisis that took a sociopolitical dimension. Together with the low number of clients, the actual or threatened closing of the commercial sex establishments (CSE) in Jakarta and Manado increased the mobility of SWs to other red light districts or the street (YIK, YKB, YAA). Subsequently, the number of SWs identified by outreach workers reduced and SWs were reluctant to meet outreach workers. One IA redirected its activities to a different red light district. Other solutions adopted by other IAs were identifying new geographic areas of SWs or expanding geographic target areas. Even with collaboration with the CSW organizations, the IA faced a substantial constraint to re-mapping the situation after the closing of the CSE resulted in the integration of sex workers into the community with false identities.
- Political instability and security problems owing to the economic crisis also caused a higher mobility of waria because of violence targeting their houses. Recruitment of outreach workers to anticipate the increased mobility of this target group was carried out. In parallel, a large number of CSWs returned to their villages to participate in the election or to avoid security problems. In turn, this halted YKB's activities. The other compounding factor was difficulty experienced by outreach workers in entering activity areas that were hard hit by the May riots.

C. Condom Negotiation Training

Getting condoms on clients has proven to be one of the greatest challenges of HIV/AIDS prevention programs for sex workers. The HIV/AIDS Prevention Project (HAPP) has recently designed and supported a training approach which draws on the expertise of the real experts: sex workers who know how to get the job done right.

HAPP partner NGOs working with female and transvestite sex workers were asked to identify their 'condom use stars' among their peer educators. These peer educator experts were asked to volunteer to help develop and to participate in a master trainers' course during a week-long program implemented by Lentera, a Yogyakarta-based NGO, through a contract with HAPP. Additional support was provided by the Condom Social Marketing Advisor from another HAPP partner, The Futures Group.

The first day of the training focused on development of content; based on their real life experiences, the participants identified common problems and shared strategies on how to overcome client resistance without losing their business! Lots of creative ideas were shared through discussions and several enlightening demonstrations. The second half of the workshop focussed on the development of adult learning and active training skills, with plenty of time for discussion and practice. The high level of enthusiasm lasted throughout the week. The training ended with roleplays to demonstrate newly acquired skills.

During the follow-up phase, the new master trainers will provide the condom negotiation training to sex workers in their own areas. Assistance will be provided by Lentera trainers to support and reinforce the new role.

The greatest challenge during the training was learning the unfamiliar participatory training skills. But, by the end of the training, it was clear that more than just skills had been developed, as

participants expressed new self-confidence. Several of the new master trainers voiced interest in working professionally as HIV/AIDS prevention outreach workers in NGO projects. In the words of one participant “I am sure now I can do something beyond being a sex worker.”

Whatever their profession in the future, the ‘graduates’ of this program are certain to provide a valuable resource to their peers and to HIV/AIDS prevention efforts.

D. Condom Social Marketing Component Bullet Points

- Prior to the economic crisis, most private condom companies spent a small proportion of their expenditure on marketing condoms in Indonesia for numerous reasons. At the same time, there was little demand for condoms in the general population and a large proportion of the market was occupied by highly-subsidized condom brands. During the economic crisis, these companies further cut down their spending on marketing in light of a sharp increase in production costs and a plunge in people’s purchasing power. For the same reasons, donors that subsidized some condom brands increased their support to non-profit condom companies and the Government (through grants) with a view to meeting people’s needs. This led to difficulties for local private condom companies to survive. HAPP aimed at assisting condom companies to create condom demand and sustainable marketing for condoms in the context of HIV/AIDS prevention.
- One of the marketing strategies adopted by HAPP was the establishment of Special Task Forces to bridge the gap between suppliers and retail outlets as well as to create non-traditional outlets for condom. This Task Force actively distributed condoms at strategically convenient points to the target audience including gatekeepers of the commercial sex industry (e.g. owners or managers or staff of brothel, *mama-sans* and pimps) as well “disguised” brothels (bars, hotels, massage parlors, discos and other entertainment establishments). As a result, improvements in the availability of condoms in non-traditional outlets such as discos, bars, wismas and kiosks were observed. Stickers conveying symbols of condom brands and/or messages on ways of preventing STD/HIV/AIDS were found at over 50% of the non-traditional outlets. This implied acceptance of non-traditional outlets as places for selling condoms.
- Capacity building activities for the Special Task Force included educating them about STD/HIV/AIDS and condom-related issues to enable them to deal with myths and misconceptions about them. The activities also encompassed salesmanship training (self-motivation, sales careers, teambuilding, the psychology of selling, team creativity, merchandising success, merchandising simulations, retail distribution and self-assessment), condom social marketing, NGO activities and the dynamics of the commercial sex industry. Finally, the Task Forces required ongoing supervision and technical support.
- The staff of the Special Task Force were employed by the respective condom companies, even though their salaries came from HAPP funding. This fostered staff loyalty to the companies and a sense of belonging of the Task Force on the part of the companies. All the companies recognized the benefit of having the Special Task Force; in fact, one company maintained the Task Force.

Partnership between the Private Sector and NGOs

- Within the context of the HAP Project, partnership between the private sector and NGOs was fostered through the establishment of the Task Force and the implementation of joint activities, which provided opportunities to benefit from each other (e.g. learning from each

other, filling in each others' gaps). The partnership was further reinforced by recognition of the effectiveness of the low budget promotional activities conducted by NGOs.

- The creation of the Consortium of Concerned Condom Companies encouraged collaboration among private condom companies, both local and multinational.
- In view of the benefit of the promotional activities for their products, the managers of the Consortium manufacturers have invested considerable time in HAPP by attending countless management meetings and going on field trips to the HAPP demonstration areas. These managers have been very "hands on" in managing program activities and in overseeing the selling, merchandising and promotional activity of their field Task Forces. They have also proactively collaborated with NGO partners.
- The intensive KondoMania promotion contributed to: (a) strengthening collaboration among the three Consortium members through regular meetings held in conjunction with promotion; (b) building relationship among the Task Forces of different companies; (c) building collaboration between NGOs and the condom companies; and (d) the adoption of a "generic" mass media campaign. Field experiences showed that it was easier to find Durex and Simplex Task Forces at a local NGO rather than at the respective distributor office.

Marketing Strategies

- Marketing strategies adopted by HAPP comprised the following steps. They were: (a) the creation of brand image, targeting the general population through the implementation of various promotional activities, which used different forms of mass media; (b) assurance of the availability and accessibility of condoms to the target audience; and (c) maintenance of the brand image through intermittent promotional activities. A good illustration of the first step was the implementation of the three-month KondoMania promotion. The KondoMania promotion evidently had a demonstrable impact on condom sales and condom use. As a result, consortium brand sales increased by over 30% during the three-month promotion period over the previous three-month period. Moreover, KondoMania and other CSM activities made a significant contribution towards increasing condom use in the demonstration areas, as indicated in the 1999 BSS.
- The image of condoms has been controversial and associated with illicit sexual activity. For instance, it was not permitted to present condom television advertising before 9:30 p.m., although having condoms promoted on TV at all is a landmark. Although, in the 1980s, the social marketing of the "Dua Lima" condom brand successfully positioned it as the family planning brand, research (IDHS) showed that less than 2% of family planning acceptors use condoms. Thus, the primary use of condoms is indeed for STD prevention and, inevitably, condom promotion has been associated with the promotion of illicit sex. The HAPP-funded Condom Campaign was designed based on: (a) consumer research findings (a series of focus group discussions), targeting people with high-risk behaviors and the general population; (b) consideration of sociocultural norms and Ministry of Health policies; and (c) consultations with the Ministry of Health, USAID and the Consortium of Concerned Condom Manufactures. When it was launched, it received very little negative reaction from the community at large.
- In light of the controversial nature of condom promotion, the need to focus on people with high-risk behavior and the limited financial resources, a "media tunnel" was selected as a marketing strategy. The purpose of the "media tunnel" was to bombard clients and commercial sex establishments with messages aiming at: (a) increasing their perceptions about their risks from STD/HIV/AIDS; and (b) mainstreaming understanding of the benefits

of condoms as a protective device. The “media tunnel” was carried out by blanketing the entire red light area with a variety of promotional and IEC materials including posters, stickers, hanging mobiles, banners and brochures. These materials were affixed and placed in bars, wisma, massage parlors and retail outlets, including cigarette kiosks (find photos).

- At the beginning, non-traditional retailers were reluctant to stock condoms because of various factors such as religious taboos, young family members managing the outlets and fear of the police. One of the most effective strategies used to deal with this was offering consignment mechanism. Moreover, these outlets were serviced periodically mainly to ensure that the required inventory was maintained to meet the consumer demand and required stocks of particular brand were prominently placed to catch the attention of the customer.

Lessons Learned:

- Donors with different visions, missions and mandates and the absence of a common strategy to promote condom use in Indonesia can threaten the sustainability of condom demand and marketing for condoms.
- In the context of STD/HIV/AIDS prevention among people with high-risk behaviors, the formation of Special Task Forces to bridge the gap between suppliers and retail outlets as well as to create non-traditional outlets for condoms can be effective. It requires capacity building of the staff and supervision and is facilitated by collaboration with those with good relationships and experience of working with the target audience, such as NGOs.
- An innovative and new strategy to promote condoms should be integrated into the existing system of a private company to ensure the sense of ownership of the company.
- Partnership between private sector and NGOs as well as between private companies can be fostered through well-planned activities designed to achieve a common goal through a process that is mutually beneficial for all parties involved.
- Condom campaigns must address public health issues while remaining sensitive to religious and cultural issues. While emphasizing the use of condoms (through mixed media), care should be taken to target the myths and stigmas attached to them. One way is to pre-test condom promotion strategies and drafts of material not only with the target population but also with opinion leaders and policy makers. Perceptions of what may be offensive are not always accurate. At times, the public is more accepting of challenges to convention than condom promotion planners give them credit for.
- Sales of condoms can be increased by applying comprehensive and appropriate marketing strategies that include components of market creation and maintenance through promotional activities and supported by assurance of the accessibility of the product at the retail level. It will be time-consuming and labor-intensive. It should be realized that the market for condom brands produced by members of the Consortium has been created and further maintenance is required to safeguard its sustainability.
- A consignment mechanism can develop a positive attitude among retailers towards condoms, especially for non-traditional outlets (for the first trial).
- In a situation where condom promotion is controversial, people with high-risk behaviors should be targeted given the low prevalence of HIV/AIDS and the limited financial resources; constructing a ‘media tunnel’ around the red light areas can be considered a cost-effective strategy.

Collaboration with Public Relations in Promoting Condom Use

Introduction

In recognition of the importance of creating a supportive environment for promoting HIV/AIDS prevention activities, including the promotion of condom use as one of the prevention methods, HAPP collaborated with several public relations agencies to conduct a number of activities. These included the dissemination of information to journalists, the dissemination of press releases, a feature writing competition, the publication of newsletters and monitoring the coverage of issues pertinent to HIV/AIDS in various forms of mass media (e.g. audio, audio-visual and printed media).

Issues :

- Overall, collaboration with public relations agencies increased the number of articles printed in the media, although significant improvement was more noticeable around major AIDS-related events such as World AIDS Day and The International Candlelight Memorial.
- The presence of an agency responsible for monitoring the content of media coverage on HIV/AIDS issues, especially with respect to printed articles, facilitated adoption of damage control measures. An illustration was that in dealing with the publication of an article that hampered promotion of condom use (e.g. incorrect information about condoms), the PR agency approached resource persons to respond to the article by providing the correct information.
- Collaboration with PR agencies was initiated by educating them about the Project and about other pressing or emerging issues. In spite of these time-consuming and labor-intensive efforts, they needed ongoing dissemination of HIV/AIDS issues. The training resulted in the use of less judgmental language, the mention of the word 'condom', rather than a euphemism and the mention of using condoms as a means of HIV/AIDS prevention. Nevertheless, they did not fully manage to stimulate readers' concerns about HIV/AIDS and condoms, as shown in the absence of any heated debate about it. In addition, adoption of the sensationalist approach still persisted. This could be attributed to the general policy of the media.

Consider: a box containing terms used before and after training for journalists (politically correct and incorrect terms), an example of a short sensational article about HIV/AIDS versus educational article. Or a list of sensational titles.

Lessons Learned :

- PR agencies are useful in facilitating the publication of project-related news and in strengthening coordination/relationships with journalists and opinion leaders and helped the Project staff to deal with media appropriately. However, generating on-going coverage of HIV/AIDS-related issues requires persons with writing and technical skills and who are deeply concerned about HIV/AIDS. This latter element is what is sometimes difficult to foster.
- In view of the sometimes potentially harmful approaches of the coverage of HIV/AIDS concerns adopted by decision-makers in the mass media (e.g. chief editor), advocacy activities aiming at mass media organizations and the higher level decision-makers of such organizations (e.g. the media producers), are essential.

- Journalists can be educated and trained in technical issues concerning HIV/AIDS and can be sensitized to respect human rights related to HIV/AIDS issues through training and regular dialogue.
- Monitoring of articles published in the mass media is useful to conduct timely damage control measures.

E. STD Services

Ensuring that HAPP target populations had access to appropriate, acceptable, high quality STD services remained a challenge throughout the Project for various reasons. Various quality improvement activities were undertaken with a number of government and NGO facilities, focussing primarily on improving counseling and access for higher risk audiences.

The HAPP STD Advisor's contract as a US Government (Centers for Disease Control) employee rather than as an FHI/HAPP staff member made it difficult to coordinate and collaborate within the framework of the HAP Project.

Achievements included:

The STD Advisor contributed to the adaptation of Syndromic Management Guidelines, which were then translated and printed using PIL funds. Support was provided for training based on the guidelines. ToT was provided to the CDC (DepKes) training team and lead trainers from Community Health (Puskesmas), Medical Care (hospitals) and Laboratory divisions. This group was then responsible for the training of staff under their programs.

The STD advisor contributed greatly to the surveillance and other research activities supported by HAPP and in relation to requests from USAID. Particularly valuable was work done to clarify the picture of STD prevalence among the groups targeted by HAPP and the annual review quality of STD care provision based on WHO Performance Indicators.

The STD Advisor also introduced improved lab technology which allowed for accurate diagnosis of Chlamydia and thus, documentation of prevalence levels among selected groups of high risk and other populations. There are now GenProbe machines in NAMRU, the National Institute of Research in Health (NIRH) and the provincial laboratory in Surabaya. Training in necessary lab techniques was provided to public and private sector HAPP clinical partners through support from CDC (USA)

While the GenProbe is generally too expensive to allow for screening and diagnosis, it does provide an important reference facility.

Anti-microbial susceptibility studies were also supported, which enabled identification of GC drug resistance and recommendations of more effective treatment.

Providing technical guidance in STD service provision was a priority focus for the CDC advisor. During the evaluation, it was generally agreed that, if STD service delivery was to be prioritized under the new project, then services that will be accessed by the female (and male) sex workers and their clients should be a priority. (See: External HIV/AIDS Assessment, Indonesia 11/99). However, the current project showed up a number of constraints to be considered. These are as follows:

HAPP was mandated to 'upgrade' STD facilities so the STD Advisor spent considerable time attempting to locate appropriate clinics and hospitals to work with. However, few facilities saw more than a handful of STD patients/month, which limited the usefulness of this effort.

In general, three different clinic models were trialed during HAPP.

1. Well-established NGO clinics providing reproductive health services to family planning populations integrated STI care into their services using a combination of 'syndromic management' and simple laboratory tests. This was more appropriate during the first phase of HAPP which included "women at risk" as a target population. Selection of this population was based on the assumption that many women were at risk of HIV and STIs through their husbands' sexual activities outside of marriage.

During the first phase of HAPP, this was reasonably successful and one project developed innovative outreach activities working through traditional medicine vendors which resulted in increased referrals (and increased status of vendors). In another, the promotion of free STD testing in conjunction with FP services received a positive response.

To varying degrees, these projects also attempted to function as referral resources for outreach projects working with female sex workers and high risk unmarried youth. A shift in the second phase resulted in dropping the 'women at risk audience' as levels of STIs did not suggest this was a priority over other, higher risk audiences. As in most countries, trying to integrate sex workers into general population clinics did not prove particularly successful for a variety of reasons.

2. A study was implemented to assess the feasibility and costs of integrating STD/RTI management for women into Puskesmas (government clinics) The effort took a high level of effort and again, the clinics did not attract the higher risk populations. In addition, the failure of syndromic management as a method of identifying or treating STI in women limited the effectiveness of treatment based on this approach.

Another government clinic receiving high levels of support, including staff, equipment and training, through HAPP and directly through CDC, was located next to a brothel area in Surabaya. Additional staff were hired to give counseling during the afternoon when additional clinic hours were held. (*ask someone about this. did any of this end up attracting many more sex workers?*) Smaller number of clients than the morning clinics - the afternoon clinic is found more attractive as there is a shorter waiting period and individualized attention. However, findings re: sense of ownership of the GOI vs. the HAPP/CDC-supported clinics suggest that, without ongoing financial support, most new services and 'technology' will not be continued in the HAPP/CDC side of the clinic program.

NGO outreach staff made referrals. Referrals were problematic for many reasons: Reasons could be grouped under:

- a) Perceived financial costs of visit and medications
- b) Perceptions of inferior quality of services
- c) Perceived social or personal costs (embarrassment, judgment)
- d) Distance to the clinic and inability to attend during clinic hours
- e) Some referrals were inappropriate, with population members being sent to reproductive health services for other problems.

The economic crisis also had a negative impact on the ability of government clinics to provide treatment due to the decrease in the availability of appropriate STD drugs in health centers.

3. The most successful clinics reaching high risk groups were those established specifically for beneficiary groups: one for waria and one for truck-drivers and others in the Surabaya port setting. Because of CDC support, the waria clinic was able to provide free drugs for treatment. The drugs were provided through. Clients were recruited by peer outreach

workers who also provided educational sessions at the clinic. Transport costs were also paid. The clinic has become quite popular and is also now attracting some male sex workers and gay men. It has also allowed for STD prevalence studies among this population, which provided valuable new information.

The truckdrivers' /port workers' clinic was able to negotiate with local government (KanWil) for medicines. Negotiation was facilitated by the HAPP Program Manager. The clinic was located in a busy port area. During the second phase of HAPP, the Project expanded to serve all the populations of the area, including female sex workers and waria. Consideration was being given to charging a small fee.

Unfortunately, the syndromic management approach worldwide has proven to be limited for accurate case identification and management, due to the frequent lack of STD symptoms among women and the lack of syndrome specificity. Since lab back-up is not usually available, use of syndromic management among women cannot be expected to have a significant impact on STD prevalence.

Lessons Learned :

- Changing care-seeking behavior is a slow process, as is any behavior change. The majority of CSWs still resort to self-treatment with antibiotics even though there was increased self-awareness of signs and symptoms of STIs rather than following the suggestions of Outreach Workers (i.e. routine condom use, examination by a health professional).
- The clinics most able to attract high risk populations were those specifically established to meet their needs. The problem of not being able to buy medicines for clinics severely limits the ability to establish appropriate clinics. Obtaining government drugs depends on local decisions and supplies.
- Developing referral networks was also tested by one NGO family planning clinic; the low involvement of other clinics meant the system was not effective. The level of involvement may relate to the low number of STD patients actually seen.
- Syndromic management remains a useful approach for the diagnosis and treatment of STIs in men; however, regional and international data has shown that it has a very low usefulness in screening or diagnosis and treatment in women. Most clinics do not have laboratories and labs do not have the facilities to allow for the diagnosis of Chlamydia, one of the most common 'important' STIs. There is still no simple solution to the management of STDs even among women with a high prevalence of infection.
- A more effective approach may be to focus on promoting the care seeking and correct treatment of men, with as much partner referral and treatment as is feasible.
- Systems for making referrals to high quality HIV testing services are also needed. Pre and post-test counseling would need to be provided by the referring agency in order to ensure quality and follow-up on any positive cases.
- Outreach workers, peer educators and clinic service providers need to work together closely to facilitate giving appropriate referrals and uptake of those referrals. Providing 'tours' and IEC on what clients can expect at the STD clinic may help.
- Providing a counselor at clinics allowed more time for the visiting doctor to examine and treat patients. Trained counselors are more likely to be able to discuss issues of sexuality and

specifics of safe and unsafe sexual practices, condom use and negotiation and partner notification when appropriate.

- Adherence to universal precautions needs to be carefully monitored.
- Anti-microbial susceptibility studies provide important information and should be periodically repeated.
- The challenge of providing adequate STD services to sufficient numbers of populations at highest risk remains.

STD Service Provision

In the area of a future STD strategy, the CDC advisor suggested that primary prevention of STD/HIV through condom promotion should be the most important strategy for the new project in the area of STD services.

F. Supporting Field Outreach

"When I give people the brochures on HIV and STDs, they ask questions.. and sometimes I don't know the answers!" This statement is representative of the comments of many HIV/AIDS field workers, who, with simple training, must confidently be able to raise issues and to help people 'personalize' information if HIV prevention is to move beyond simple awareness raising.

Field outreach is a tough job - hours are irregular and venues are frequently difficult. Maintaining the morale of workers is an important concern of any street outreach program. Feeling inadequate doesn't help anyone's morale - nor does the lack of confidence in workers increase the program credibility.

In response to needs voiced by outreach workers and based on experience with providing field worker support, the HIV/AIDS Prevention Project, has produced a 'field workers' kit - now a 'hot' item not only among the field workers but also with many others involved in HIV/AIDS prevention work.

The kit was tailored for 'street' needs. The original included:

- A tough 'hands-free' belly-bag with HAPP logo, to carry materials needed during outreach - big enough for IEC materials, condoms and other supplies.
- An outreach workers' handbook on HIV and STDs. Written in a simple question and answer format, the book was based on actual questions provided by outreach workers. The questions were referred to both HAPP STD Advisor and Indonesian specialists to ensure clinical and linguistic accuracy of information.
- A flashlight, in recognition that much of the work is done at night.
- A set of 'aprons' - full-size images of the male and female reproductive systems, screen printed on fabric for durability. These were developed to supplement the small pictures in the booklet.

On a recent visit to Yayasan Mitra Masyarakat, a Manado-based NGO working with youth at risk, USAID was able to see the materials in action. Young people, trained by the YMM field workers,

demonstrated use of the 'aprons' in their peer education activities. Young men and women were able to lead discussions on reproductive health, illustrating their presentations by pointing to appropriate areas on aprons being worn by other peer educators. The visiting team was impressed with the ease with which the peer educators were able to use the materials to open discussion of these usually 'taboo' subjects.

The bags have become a 'professional' status symbol for outreach workers. They are being requested by many other HIV/AIDS projects, including those of universities and Government and have been used as 'awards' for peer educators successfully completing training. The kits even accompanied Government and NGO representatives on a recent study tour to Thailand.

These popular HIV/AIDS prevention tools are about to go into a second edition, including a new bag design and an update of the handbook to include more advanced information.

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<i>XII. Surveillance</i>
XIII. Policy Support

XII. Surveillance

Surveillance

HAPP established the Behavioral Surveillance System in the three project sites and produced reports on (3?) rounds of surveillance.

Other research activities to monitor progress against the Project CPOs included the studies carried out by JEN which covered STD prevalence among sex workers (*anyone else?*) and the progress of STD care providers toward providing quality care using the WHO Prevention Indicators.

Several major challenges were identified:

1. Building adequate capacity to design and implement the studies and to ensure the quality of analysis and interpretation. The STD advisor and ARO staff provided high levels of guidance and review.
2. Writing up results and dissemination also remain challenges, as does ensuring that potential users have the skills for interpretation and the programmatic application of findings.
3. The cost of the surveillance versus the scope of need and resources available

Serological Surveillance

Although the majority of respondents in this consultation felt the sero-surveillance system was generally simplified, several key issues still need to be addressed. A recently conducted review of the national response to HIV/AIDS including the sero-surveillance system revealed several issues relating to strengthening the surveillance system in Indonesia. Specifically, the surveillance guidelines nationally need to be strengthened to ensure that implementation is clear concerning:

- the type of target group to be sampled,
- the appropriate sampling procedures and
- lines of reporting from district to province to the national level.

It is critical that enough funds are available to ensure basic surveillance with a minimum coverage of sex workers and blood donors. However, surveillance within additional high-risk groups is required, especially with transvestites and injecting drug users. In addition, the implementation of linked serological surveillance with behavioral surveillance should be considered.

STD Surveillance Based on Service Clinic Populations

Issues identified included:

- problems in the quality of STD data collection and analysis.
- inability to diagnose specific STDs through the syndromic approach used.

- need for the improvement of STD data management and reporting.

Behavioral Surveillance

Several informants, including the GOI, within this review suggested that the BSS results may be the largest contribution of the HAP Project. However, the utilization of the BSS data at local level has been minimal and activities to build capacity among decision makers to use data was limited. It was generally believed that either a short version of the BSS or a different tool for collecting and analyzing local data is required under the new project.

- Discussions have also taken place as to how the BSS can be decentralized. Although there is the potential to simplify the BSS, several issues must be taken into account while planning for 'local' implementation and use of data and still maintain quality and cross reliability.

Overall, the following questions need to be answered prior to simplifying and implementing the BSS with local partners:

1. What data is required at a local level?
2. Which questions are critical in the BSS in relation to local needs?
3. What is the minimum criteria/experience of organizations to implement the BSS or a similar tool?
4. What are the capacity development needs?
5. How will the process and findings be linked to both policy development and the end users?

In conclusion, it was not clear whether the BSS is the most appropriate tool for provincial and district level authorities for decision-making in association with programs primarily due to the complexity of implementing it. Other tools, including qualitative research, need to be a part of locally appropriate evaluation methods.

Dissemination and Use of Findings for Decision-Making

Under HAPP, the dissemination of findings generally took the form of official reports and other documents designed for use by central government and donors. Experience suggests that ensuring the 'usability' of findings by provincial and district level government and by NGOs will require that reports be developed with each audience's needs and capacity in mind. There is a need for links between the sero and behavioral surveillance implemented at a provincial level with governmental and non-governmental involvement.

Lessons Learned :

- There is an ongoing need to improve data management, including data collection, diagnosis, analysis and reporting
- In general, for sero-surveillance, it was felt that the procedure has been fairly simplified. The overall requirement is to decentralize and how to accomplish decentralization. In many places, the local capacity to implement is already there; however, in some places, equipment and overall funding is needed
- The new project may want to consider the model of implementation used under the AusAID project for the BSS in their provinces, where there was a combination of quantitative and qualitative data collected and local organizations were involved in the collection of this data.

If the collection of data with a tool like the BSS is to be done by local organizations then several key issues need to be addressed including:

- Increasing the number of partners will increase the complexity and increase the requirements associated with quality control. Therefore, the role, responsibility and financial/technical authority of every organization must be very clear.
- A plan for the Capacity Building of local institutions must be articulated, provided with sufficient time, provided with appropriate follow-up and properly funded. As in all other program activities, compromises will need to be established as resources are not available to ensure as high a standard of quality as was possible within HAPP.

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XIII. Policy Support

Policy Support

The KPAD

The HAPP Delivery Order provided no support for the Provincial AIDS Commissions in the 3 sites although there was substantial support for NGOs. The KPAD in each province had been formally set up in Keppres 36 but not yet operationalized in the 3 HAPP-supported provinces. Family Health International designed an "umbrella proposal" to support the KPAD and to mobilize the Secretariat in an innovative, flexible and sustainable manner. This consisted of funding for a range of activities that would result in the Secretariat becoming a functional unit, consisting of quarterly coordination meetings, study tours and policy meetings. This approach created a big administrative load for HAPP staff and was not easy for the KPAD. It was clear after 3 years of implementation that flexible direct funding is the best way to support local government. While gradual transfer to KPAD funding support was planned initially, it proved impossible because of the impact of 'krismon' (the monetary crisis).

As a result of the Institutional Development Framework, HAPP provided leadership training and management training through Business Dynamics. The KPAD found this very valuable.

Lessons Learned :

- Donor support to provincial AIDS Commissions should be long-term because of the time needed for sustainable organizational change.
- Simultaneous donor support to both KPAD and the NGO Forum is the most appropriate, effective way to build partnership and dialogue between the provincial players.
- Direct funding is a very user-friendly mechanism to support KPAD.
- Leadership and management training would have been more beneficial earlier in the process.

Study Tours and Conferences

These were a requirement as a part of FHI's Delivery Order and the Performance-Based Contract. FHI implemented study tours through contracts with PATH as well as directly with ARO support. Direct implementation was preferred, despite the heavy workload, as the Project benefited directly from the network established.

While study tours were motivating for the provinces involved, the selection of participants could be contentious. It was also impossible to meet all participants' needs despite attempts to build in options. One obstacle in this process was the structure of the KPAD, which led to a turnover of staff and a lack of continuity. A second problem was that the KPAD neither maintained a database of trained staff nor systematically used or evaluated the expertise the participants gained.

Lessons Learned :

- The Project has benefited greatly from the stronger regional linkages and better use of resources and Lessons Learned from FHI's other regional projects.
- It was very productive to use both local and international tours.
- A systematic database of participants (KPA or KPAD) is needed.
- Any follow-up activities should target key decision makers in strategic locations.
- Better cross donor coordination is needed, for example AusAID's IASTP is training people in North Sulawesi, where HAPP is providing support, while many other provinces have no donor support.

GOI Leadership

The Project Manager led the team; this is a full-time position. She regularly advised and consulted and that enabled FHI to have an immediate understanding of GOI needs. FHI could then react fast when necessary, for example, the procurement of HIV test kits.

Lessons Learned :

- This model is very effective for FHI.
- It maximizes GOI ownership.
- GOI gets critical needs met.

D. Fourth Stage - Disseminating the Data

I.	Lesson Learned	D-1
II.	Report Structure	D-1
III.	Second Framework	D-1
IV.	Final Framework	D-2

Attachment :

The Time Line and Key Event

Glossary

D. Fourth Stage - Disseminating the Data

I. Lessons Learned

While writing the individual reports contained in Part 3, the writers became aware that there was too much information for practical dissemination. For this reason, a new framework was drawn up and the individual texts were combined and edited. This inevitably led to some information being cut but it was possible to disseminate "Lessons Learned" to a wide readership of those who would not necessarily have access to or want to read long reports. The findings were distilled into practical lessons learned that could be used by many organizations or individuals implementing HIV/AIDS related activities. The style is deliberately positive and concise rather than attempting to convey the complexity of the many viewpoints that are contained in this document.

II. Report Structure

Besides the lessons learned report, other versions of the report stressing particular elements of HAPP, were produced for different audiences. Key chains for beneficiaries and booklets were produced. There was a plan to produce leaflets specifically for the KPADs but it was decided that this was unnecessary as they would be receiving the "Lessons Learned" report. Working closely with the design company, which provided valuable input regarding the graphics and layout, HAPP produced the following items, all of which were meticulously field tested prior to going to the publishers: 5 versions of key chain products with the essence of HAPP Lesson's Learned for sex workers, waria, and MEN populations; booklet for sex workers with key BSS results.

III. Second Framework

The following framework was the second attempt at organizing the lesson's learned book. It is as follows:

Cover Page
Table of Contents
Foreword
Glossary
Summary
Working with Partners
A. Introduction to Working with Partners - "Managing Expectations"
The Partners
B. Planning and Coordination
C. Capacity Building
D. Policy Support and Funding
Project Overview
A. Introduction to Project Overview
Background
Mission and Goals
The Project's Phases
Main Activities

	Map of Project Sites Evaluation Methods
B.	Behavior Change Communication Outreach Peer Education IEC Materials Collaboration with Public Relations Agencies and the Mass Media
C.	Condom Social Marketing
D.	Sexually Transmitted Disease Treatment Trial of Three Basic Clinic Models
E.	Surveillance
	HAPP Management and Staff
	Conclusion
	Annex

IV. Final Framework

The final framework for the Lesson Learned Book is as follows:

	Table of Contents
	Foreword
	Acronyms
	Summary
1.	Project Overview
A.	Introduction to Project Overview The Start-Up of HAPP Mission and Goals Social and Political Changes Main Activities Map of Project Sites Evaluation Methods
B.	Behavior Change Communication Outreach Peer Education BCC Materials Technical Assessments
C.	Condom Social Marketing and Mass Media Collaboration with Public Relations Agencies and the Mass Media Condom Social Marketing
D.	Sexually Transmitted Disease Treatment and Surveillance

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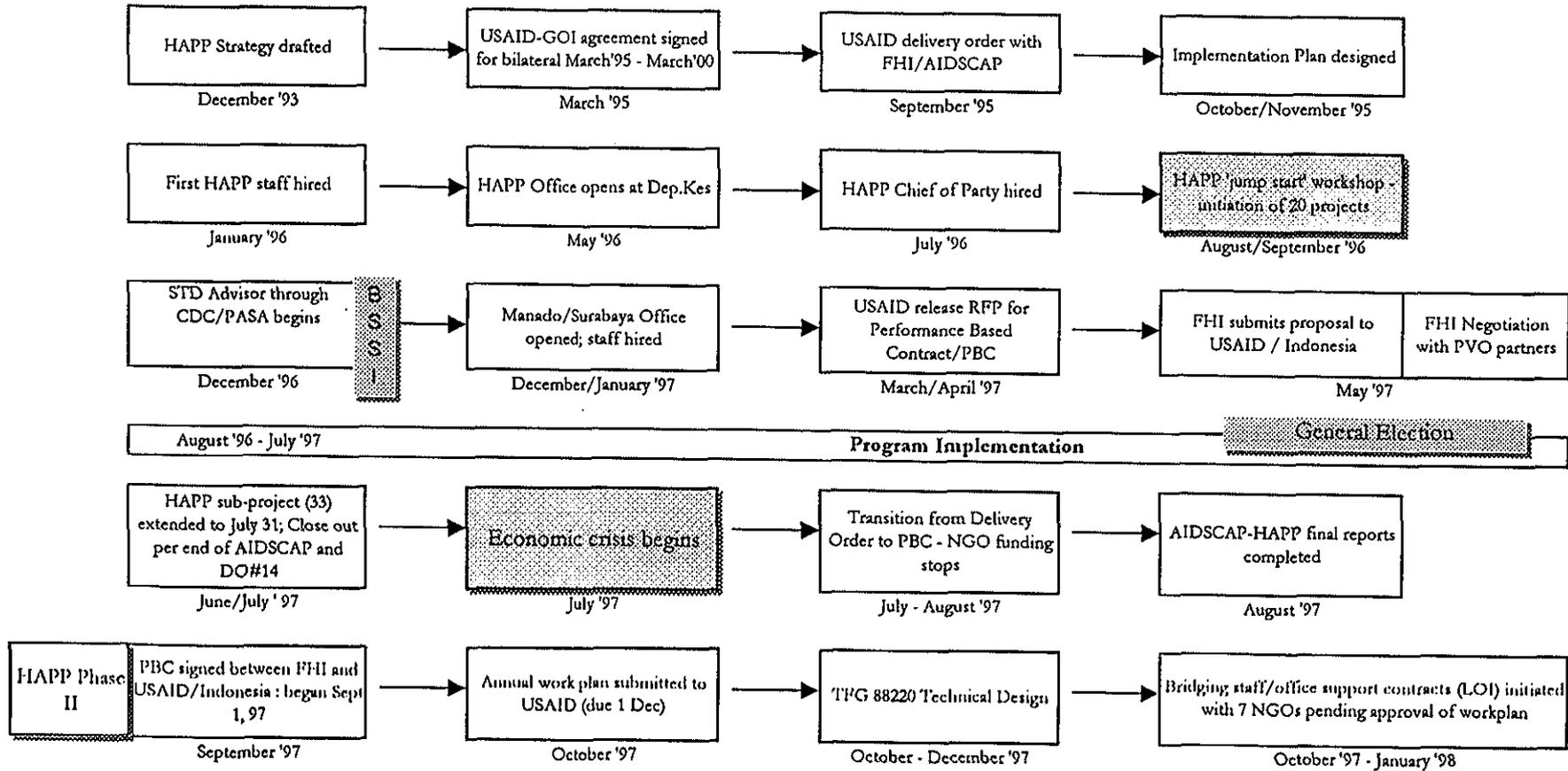
	Implementation of Three Clinic Models STD Surveillance
E.	Behavioral Surveillance System
2.	Working with Partners
A.	Introduction to Working with Partners - 'Managing Expectations' The Partners
B.	Planning and Coordination
C.	Program Management
D.	Capacity Building
E.	Policy Support
3.	HAPP Management and Staff
4.	Conclusion
	Glossary
	Annex I - Participants in the HAPP End of Project Evaluation

Acknowledgement

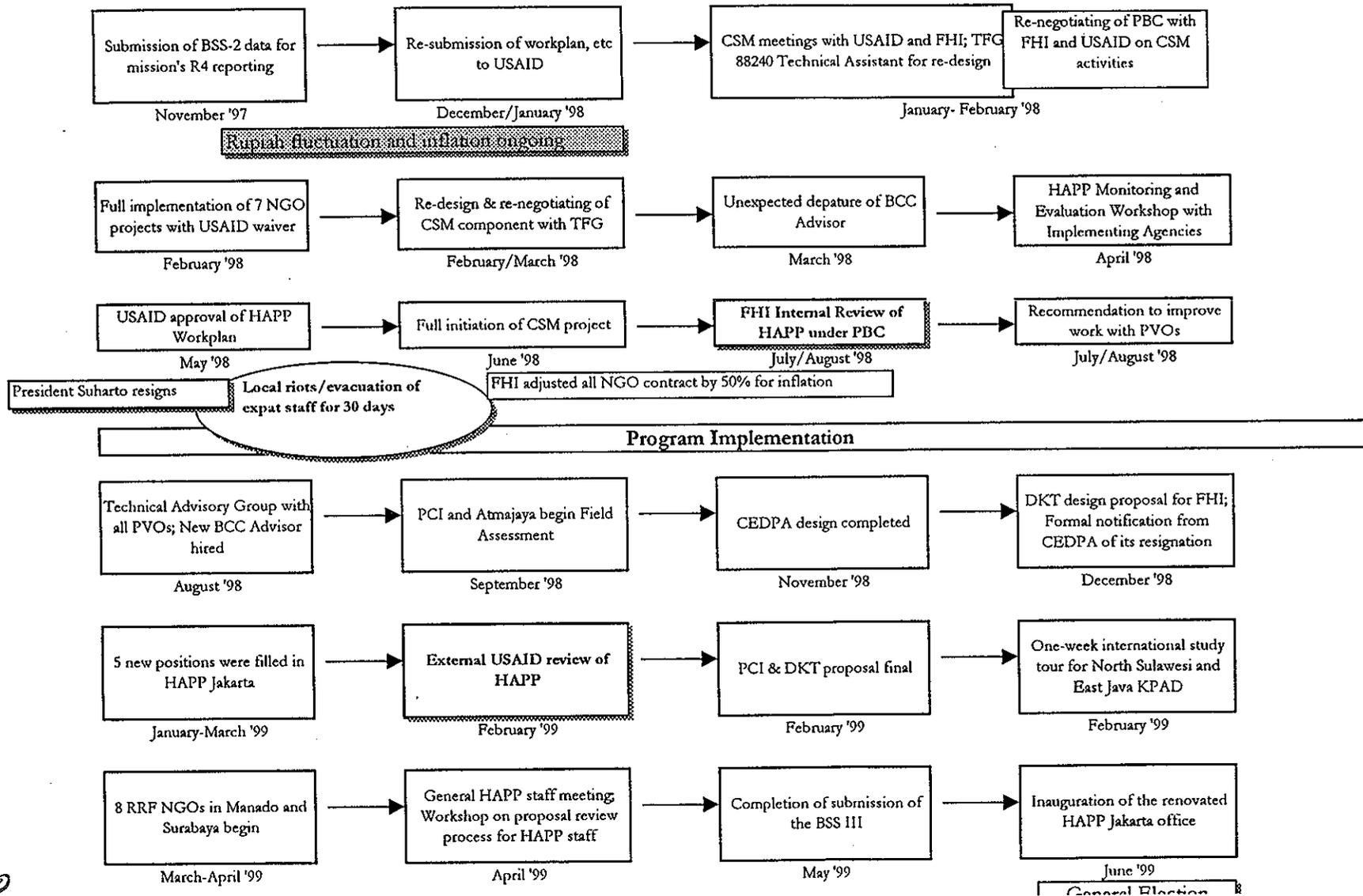
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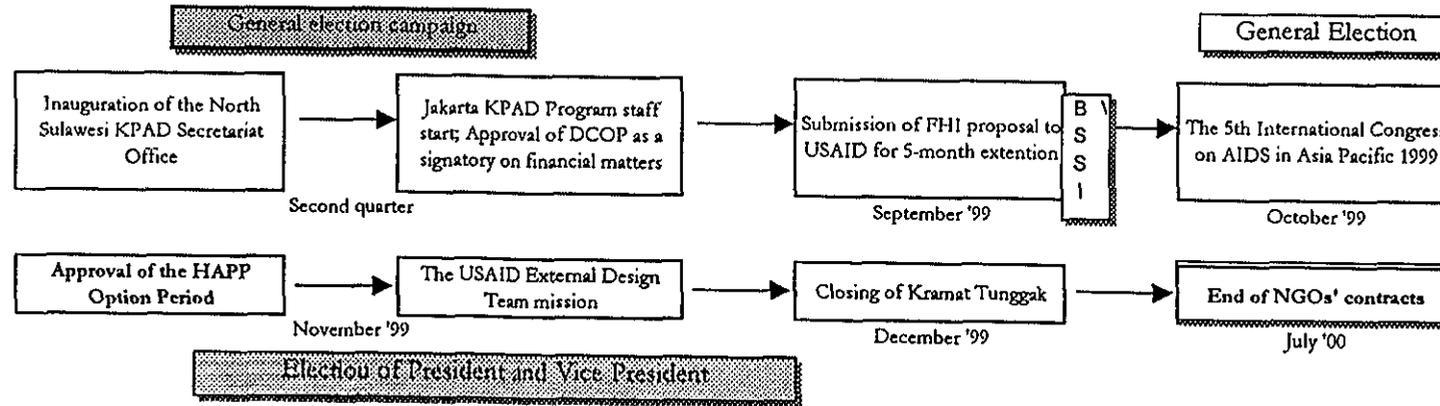
The Time Line and Key Events from 1993 - 2000 Family Health International



The Time Line and Key Events from 1993 - 2000 Family Health International



The Time Line and Key Events from 1993 - 2000 Family Health International



GLOSSARY OF ACRONYMS

AIDS	Acquired Immuno Deficiency Syndrome
AIDSCAP	AIDS Control and Prevention Project
Atma Jaya	Atma Jaya University
AusAID	Australian Agency for International Development
BCC	Behavior Change Communication
BSS	Behavior Surveillance Survey
CD	Country Director
CDC	Center for Disease Control (Atlanta)
CHR-UI	Center for Health Research - University of Indonesia
CLINS	Contract Line Item Numbers
COTR	Contract Office Technical Representative (Country Director)
CPO	Contract Performance Objective
CSE	Commercial Sex Establishment
CSM	Condom Social Marketing
DKI	Daerah Khusus Ibu Kota (Capital City Administrative District of Jakarta)
FA	Finance Assistant
FCO	Final Cost Objective
FHI	Family Health International
FSW	Female Sex Worker
FUTURES	The Futures Group International (PVO)
GOI	Government of Indonesia
HAPP	HIV/AIDS Prevention Project
HCP	Health Care Provider
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
IA	Implementing Agency
IDF	Institutional Development Framework
IDU	Injecting Drug User
IEC	Information, Education and Communication
IP	Infection Prevention
IPOOS	Ikatan Persaudaraan Orang-Orang Sehati, A Jakarta Gay Organization
Jabotabek	Greater Jakarta (Jakarta, Bogor, Tangerang, Bekasi)
JEN	Jaringan Epidemiology Nasional (Indonesian Epidemiology Network)
Kanwil	Provincial Office of a Government Ministry
KPA	Komisi Penanggulangan AIDS (National AIDS Commission)
KPAD	Komisi Penanggulangan AIDS Daerah (Provincial AIDS Commission)
Litbangkes	Health Research and Development Office
LOI	Letter of Intent
<i>lokalisasi</i>	brothel area
MFR	Monthly Financial Report

MOH	Ministry of Health
MSI	Management Systems International
MSM	Men who have sex with men
MTX	Accounting software for office use
NAMRU	Navy Medical Research Unit (US)
NAZA	Narcotics, Alcohol and Addictive Substances
NGO	Non-Government Organization
OCA	Organizational Capacity Assessment
OR	Outreach
OW	Outreach Worker
P2M & PLP	Pemberantasan Penyakit Menular (Communicable Disease Control and Environmental Health, MOH RI)
PASA	Participating Agencies Service Agreement
PE	Peer Educator
PI	Performance Indicator
PIL	Project Implementation Plan
PKM	Pusat Kesehatan Masyarakat (Center for Public Health Education)
<i>Puskesmas</i>	Primary health center
PVO	Private Volunteer Organization
RAR	Rapid Assessment and Response
RI	Republic of Indonesia
ROC	Repeated Outreach Contacts
RRF	Rapid Response Funds
RSCM	Cipto Mangunkusumo Hospital
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SW	Sex Worker
TA	Technical Assistance
TKBM	Tenaga Kerja Bongkar Muat (harbor labor)
TOR	Terms of Reference
TOT	Training of Trainers
UP	Universal Precautions
USAID	United States Agency for International Development
<i>waria</i>	Wanita Pria (transvestite or transsexual)
WHO	World Health Organization