

**HIV/AIDS Prevention Project (HAPP) Activity
1997-2000**

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FHI

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April 23, 1997

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Subject Request for Proposals (RFP) No Indonesia-97-004
HIV/AIDS Prevention Project (HAPP) Activity
(Project No 497-0380)

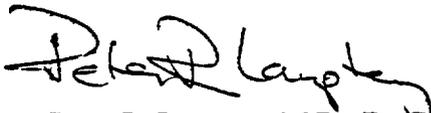
Dear Ms Cromer

On behalf of Family Health International (FHI), I'm pleased to submit to you our Proposal in response to Request for Proposals (RFP) No Indonesia -97-004

We appreciate the opportunity to submit this Proposal for USAID/Indonesia's Consideration

Please contact me if you have any questions

Sincerely yours,



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ACRONYMS and Indonesian terms

AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Control and Prevention Project
ANC	Ante-Natal Clinic
ARO	Asia Regional Office
AusAID	Australian Agency for International Development
Bidan	Midwife
BAPPEDA	Provincial Planning Board
BAPPENAS	National Planning Board
BCC	Behavior Change Communication
BKKBN	National Family Planning Coordination Board
BSS	Behavior Surveillance Surveys
CEDPA	The Centre for Development and Population Activities
CDC/Atlanta	Centers for Disease Control and Prevention (Atlanta, U S A)
CDC/EH	Communicable Disease Control/Environmental Health
CHR/UI	Center for Health Research, University of Indonesia
CEP	Condom Educator and Promoter
CLIN	Contract Line Item Number
COP	Chief of Party
CPO	Contract Performance Objective
CSE	Commercial Sex Establishment
CSW(s)	Commercial Sex Worker(s)
DCOP	Deputy Chief of Party
DepKes	Department of Health
DIA	Department of Internal Affairs
EC	European Community
FHI	Family Health International
GC	Gonorrhoea
GOI	Government of Indonesia
HAPP	HIV/AIDS Prevention Project
HIV	Human Immunodeficiency Virus
IAKMI	Ikatan Ahli Kesehatan Masyarakat Indonesia
IEC	Information, Education, and Communication
JEN	Jaringan Epidemiologi Nasional (Indonesian Epidemiology Network)
KfW	Kreditanstalt fur Wiederaufbau (German Development Bank)
KPA	National AIDS Commission
KPAD	Provincial AIDS Commission
Kuli	Dock worker
Lokalisasi	Government location areas for sex workers
Menko Kesra	Coordinating Minister for People's Welfare
MIS	Management Information System
NAS	National AIDS Strategy
NAP	National AIDS Program
NGO(s)	Non-Governmental Organization(s)

PACT	Private Agencies Collaborating Together
PATH	Program for Appropriate Technologies in Health
PASA	Participating Agencies Services Agreement
PCI	Project Concern International
PeKA	Yayasan Pelita Kasih Abadi
PI	Prevention Indicator
PIL	Project Implementation Letter
PKBI	Perkumpulan Keluarga Berencana Indonesia
PKM	Center for Health Education, Department of Health
PMR	Performance Monitoring Report
PVO(s)	Private Voluntary Organization (s)
Puskesmas	Health center
RCAC	Regional Commission for AIDS Control
Repelita	GOI 5-year National Development Program
RFP	Request for Proposals No Indonesia 97-004
RMT	Regular Mass Treatment
RRF	Rapid Response Fund
RP	Results Package
RTI	Reproductive Tract Infection
SRI	Survey Research Indonesia
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TBD	To be decided
TFG	The Futures Group
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USAID/I	USAID/Indonesia
Waria	Transvestites
YAA	Yayasan Abdi Asih
YBHK	Yayasan Bahagia Harapan Kita
YIK	Yayasan Investasi Kemanusiaan
YKB	Yayasan Kasuma Buana
YMI	Yayasan Mitra Indonesia
YMM	Yayasan Mitra Masyarakat

PREFACE

Family Health International (FHI) is pleased to submit this Application to the United States Agency for International Development (USAID)/Indonesia in response to Request for Proposal (RFP) No Indonesia 97-004, HIV/AIDS Prevention Project (HAPP) Activity. We believe the information provided in the Application is directly responsive to the terms, conditions, specifications and clauses of the RFP and the amendment. To assist the evaluation panel in its assessment of our Application, the section below indicates where each factor of the specified evaluation criteria has been addressed.

Technical Criteria	Section	Pages
Approach		
Approach and deliverables are practical and relevant to the Indonesian setting	III Technical Approach, C-I	7-34
Demonstrate understanding of setting and show through sub-results, benchmark activities, and inputs, how performance objectives and deliverables will be achieved	III Technical Approach, C-I	7-34
Plan for monitoring performance against the performance standards must be implementable and useful in tracking progress toward achievement of benchmarks, sub-results and performance objectives	IV Completion Plan and Performance Monitoring	35-46
Corporate Experience		
Extent of experience working in HIV/AIDS sector	VI Capability Statement Attachment 7	53-54
Experience in related programs in similar environments in lesser developed countries	Attachment 7 VI Capability Statement	53-54
Past performance record with USAID or other Government Agencies	Attachment 7 VI Capability Statement	53-54

Ability to find and field expatriate and local staff	V Management Plan Attachment 3, Table 4 Attachment 5	47
Sufficiency of home office backstop support	V Management Plan	51-52
Appropriate and sufficient delegations of authority to field personnel to diminish implementation snags	V Management Plan	47-52

Personnel

Types and qualifications of personnel appropriate to achieve the performance objectives	V Management Plan Attachment 3, Table 4 Attachment 5	47
Designation of personnel categories deemed to be key to implementation of approach	V Management Plan	47
Education and relevant experience, including Indonesia, interpersonal, management and technical abilities	Attachment 3, Table 4 Attachment 5	
Demonstrated commitment to work under this contract	Attachment 5	

I INTRODUCTION

Family Health International (FHI) is committed to working with USAID/Indonesia (USAID/I) and the Government of Indonesia (GOI) to ensure the high quality implementation and smooth transition of activities from HAPP administered by the AIDS Control and Prevention Project of FHI (FHI/AIDSCAP) to a bilaterally-funded project. This proposal covers the period extending from July 31, 1997 to April 30, 2000 and is designed to contribute directly to USAID/I's results framework and contractor performance objectives of RFP 97-004.

This proposal has benefitted from a series of input and strategy sessions conducted with key stakeholders including provincial AIDS commissions (KPAD), Communicable Disease Control/Environmental Health (CDC/EH) counterparts, local non-governmental organizations (NGOs) and their clients, university personnel and other donors to gain their perspectives on effective HIV control initiatives in Indonesia.

II SITUATIONAL ANALYSIS

A Epidemiology of HIV and other Sexually-Transmitted Diseases

Indonesia is still at an early phase of a Human Immunodeficiency Virus (HIV) epidemic and continues to report low prevalence relative to other Asian countries such as Thailand, Myanmar, India and Cambodia where extensive HIV epidemics have been well documented. A cumulative total of 524 individuals with HIV or Acquired Immune Deficiency Syndrome (AIDS) (397 HIV, 127 AIDS) had been reported from 16 provinces by March 1997. However, HIV/AIDS case statistics invariably suffer from under-reporting, and do not represent the true disease burden present in a country. Several factors are likely to contribute to the continuing spread of HIV in Indonesia. An extensive commercial sex industry reaches rural as well as urban areas in virtually every part of the nation, and there is high mobility of commercial sex workers (CSWs) throughout the archipelago. In addition, CSWs cater to large numbers of mobile men, including men in land and sea transportation sectors, and migrant laborers in construction, mining and labor industries.

Most of the available surveillance data are from CSWs and indicate high rates of sexually transmitted diseases (STD), which serves as a marker for HIV infection risk as well. A recent study sponsored by the European Commission (EC) found the following rates of specific infections in a sample of female CSWs:

Table 1 - STD Rates Among Female CSWs

SEXUALLY TRANSMITTED DISEASE	JAKARTA	SURABAYA
N gonorrhoea	21.8%	21.4%
C trachomatis	21.8%	20.5%
T vaginalis	11.2%	1.1%
RPR positive (syphilis)	9.2%	8.3%
TPHA positive (history of syphilis)	11.4%	19.5%

* Source. European Commission Study Preliminary Results (July, 1996)

There are few accurate STD surveys of people not directly involved in commercial sex as workers or clients. However, one study indicated that pregnant women visiting antenatal clinics in Surabaya had STD rates ranging from 0.5% (syphilis) to 8% (chlamydia), while laboratory examinations of a comparable group in Jakarta found 2.15% positive for syphilis.

B National Response

The GOI began to address the issue of AIDS in 1987 with the National AIDS Strategy (NAS) completed in 1994. The objectives of the National AIDS Program (NAP) are to

- Prevent transmission of HIV,
- Minimize personal suffering, as well as the social and economic impact of HIV/AIDS throughout Indonesia,
- Mobilize and unify national efforts to control and manage HIV/AIDS

In 1994, the President issued a decree establishing the inter-sectoral National AIDS Commission (KPA) which is chaired by the Coordinating Minister for People's Welfare (*Menko Kesra*). The Provincial AIDS Commissions (KPAD) are responsible for implementing national policy at the provincial and local level. The KPAD in the 27 provinces are in various stages of formation and drawing up plans of action.

The Strategy is operationalized in the National HIV/AIDS Program (NAP) for Pelita VI (1996/7-1999/2000). The *Repelita* is the 5-year National Development Program and specifically recognizes STD prevention and treatment as a priority area in order to prevent HIV. This is the context within the GOI for the on-going operations of HAPP activities.

C. International Response

Multilateral, bilateral and private voluntary organizations continue to provide assistance to the GOI as well as professional and non-government organizations in HIV/AIDS control efforts. Assistance ranges from short-term technical assistance to program funding.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) works with the GOI to coordinate the activities of the United Nations (UN) agencies and other donors working in HIV/AIDS. The United Nations Population Fund (UNFPA) has a US\$1.4 million project over five years to the National Family Planning Coordination Board (BKKBN) focused on a family-centered approach to HIV/AIDS awareness in East Java, Yogyakarta, West Kalimantan and Irian Jaya. The United Nations Development Programme (UNDP) has contributed significantly in the development of the Indonesia NAS and is currently planning two whole province interventions. The World Bank recently initiated a US\$23 million loan with the GOI. The program areas include communication campaigns, policy development, monitoring, evaluation, and surveillance. The geographic focus is in N Jakarta and Riau with possible replication in Semarang.

The German Development Bank or Kreditanstalt für Wiederaufbau (KfW) began a four-year US\$15 million bilateral project in 1996, the HIV Prevention Measures Programme. Components include condom social marketing, counseling and blood safety and information, education and communication (IEC) activities in the public sector through the Center for Health Education of the Ministry of Health. The project's main sites are in N Jakarta, Surabaya and Bali.

The Indonesia HIV/AIDS and STD Prevention and Care Project of the Australian Agency for International Development (AusAID) manages an AUS\$20 million five year program in Bali, South Sulawesi and Nusa Tenggara Timur which began in 1995. Project components include support for national government in policy and strategy development, support to KPAD in three provinces, strengthening and support of NGO responses, STD management, condom quality assurance and project management working directly at the national level of the GOI.

On-going technical support and short-term technical assistance projects have been supported by The Ford Foundation and the EC. Beginning in 1996, the EC began funding a two-year US\$1.2 million program with the CDC/EH, in the Department of Health (DepKes). Working with the Ministry in Bandung, Jakarta and Surabaya, EC will establish national guidelines for syndromic approach to STD treatment, strengthen STD management and control, including HIV/AIDS, and conduct behavior change research among CSWs.

D HIV/AIDS Prevention Project

HAPP was designed by USAID/I in collaboration with the GOI. The Project has been implemented under the direction of the CDC/EH Directorate of DepKes through the efforts of public and private sector institutions working in partnership. Support to HAPP activities has been provided by USAID/I through the US Centers for Disease Control and Prevention (CDC/Atlanta) and through the AIDSCAP Project administered by FHI and its nine subcontractors. The Center for AIDS Prevention Studies, University of California, San Francisco, John Snow, Inc., Ogilvy, Adams & Rinehart, Population Services International, The Program for Appropriate Technology in Health (PATH), Prospect Associates, The Institute of Tropical Medicine, Antwerp, the University of North Carolina at Chapel Hill, and the University of Washington at Seattle.

HAPP was designed as an integrated project comprised of four primary technical components:

- Behavior change communication (BCC) to increase public awareness of transmission and prevention of HIV/AIDS and to motivate people to reduce high-risk behaviors,
- Strategic planning and policy support to enable decision-makers to adopt and implement effective HIV/AIDS prevention policies at the local, provincial and national levels based on the NAS and GOI Five Year Plan of Action,
- Improved management and control of HIV and other STD by improving access to appropriate quality diagnostic and treatment services, and
- Expanded access to and promotion of devices to prevent the transmission of HIV/STD for persons at risk through collaboration with the private sector (NGOs and the related business community)

The goal of the project is to reduce the rate of HIV/AIDS transmission in order to promote the general health and economic well-being of the people of Indonesia. The project's purpose is to facilitate the development and initial implementation of policies supportive of HIV/AIDS control based on the documented effectiveness of interventions which reduce HIV transmission in three demonstration sites.

USAID/I, in consultation with DepKes, identified the following three demonstration sites for project interventions: N Jakarta, Surabaya and Manado. These sites were selected based on HIV/STD epidemiology and with reference to activities being conducted by other donors. HAPP has also implemented a number of activities at the national level including mass media, sponsoring participation in international and national conferences and seminars, co-hosting national seminars with the GOI and/or other donors, and participating in donor coordination activities.

E HAPP Activities - Phase 2

Over the past two years, FHI/AIDSCAP has worked successfully with CDC/EH, KPA/KPAD and CDC/Atlanta in implementing the initial two year phase of HAPP activities in the three demonstration areas. FHI has provided innovative and rapid programmatic and technical response in the initiation and development of programs and worked in strong collaboration with the GOI and USAID/I. FHI has employed the technical components described above for achieving the HAPP objective of reduced rates of HIV/AIDS transmission in order to promote the general health and economic well-being of the people of Indonesia. In addition, FHI has placed heavy emphasis on sustainability of projects through linkages and coordination with KPA/KPAD and through capacity building activities with local NGOs.

During the next phase of HAPP activity, FHI will continue to incorporate international best practices in HIV prevention methodologies in order to reduce HIV and STD in the Indonesian population. The technical components of HAPP will contribute to achieving USAID/I's Strategic Objective 2 "Sustained improvements in health and reduced fertility" as well as the Results Package 2.2 "Increased use and quality of STD/HIV/AIDS prevention programs and sound policies developed."

III TECHNICAL APPROACH

A Introduction

Over a decade of research on the effectiveness of HIV prevention interventions has shown that a combination of approaches is most effective and efficient in reducing HIV infection. Just as combination HIV therapies are more effective against the virus in infected individuals, combination HIV prevention approaches have a greater impact among populations than single mode interventions.

FHI utilized this comprehensive approach in the first phase of HAPP as noted above. The FHI strategy for achieving USAID/I performance objectives in this proposal continues to emphasize integration with the NAS in order to ensure long term sustainability and maximum benefits from USAID/I resources. Funding for the activities described below will be from the Performance Contract and the Participating Agencies Services Agreement (PASA) with CDC/Atlanta coordinating with GOI activities supported by the USAID/I Project Implementation Letter (PIL) and other GOI counterpart funds. FHI will also work in collaboration with other key donors in the implementation of shared objectives such as development and adoption of STD guidelines.

HAPP's function as a demonstration project to identify appropriate models for adaptation and replication in other provinces and to leverage support in the public and private sector will continue. The primary target groups selected as performance

indicators are male and female commercial CSWs, including *waria*, and their male clients, particularly men such as sailors, and dock workers. Secondary target groups are youth involved in high risk sex and women at risk of STD, through either their own risk behavior or that of their husbands. In order to achieve sustainable results, secondary target groups will also include key stakeholders and influence groups such as policy makers (including local government), religious leaders, senior managers of large businesses such as shipping companies, pimps and brothel managers, and health care providers.

An integral strategy for achieving long-term sustainable results is on-going capacity building of NGOs and the GOI. FHI has incorporated capacity building activities in all CPOs. The activities will be designed to meet objectives of two convergent tracks: one to meet ongoing needs of NGOs and the other to meet needs of KPAD. In recognition of the KPAD role in coordination of AIDS prevention activities, members of KPAD will be included in all appropriate NGO capacity building activities. All capacity building activities will be based on a problem solving approach, i.e., through identifying needs and working together to develop solutions. Ensuring applicability will require flexibility and the ability to fit training and technical assistance to actual needs. This approach ensures greater potential impact of any training resources expended. Within the limitation of available resources, FHI will strive to maintain responsiveness to on-going needs.

One important component of capacity building activities is training. Training includes short-term in-country training, international study tours, internships with experienced NGOs, third country and U.S. courses, seminars and workshops. These activities will be undertaken and accounted for according to USAID/I regulations and requirements including the gender distribution of participants.

B Strategic Objective, Results Packages, and Contract Performance Objectives

USAID/I has specified seven Contract Performance Objectives (CPOs) which contribute to USAID/I's HIV/AIDS Results Packages (RP) and the overall Strategic Objective (SO) i.e., to decrease STD prevalence in Indonesia. In the following section, FHI specifies for each CPO: 1) a problem statement, 2) the strategic approach, and 3) activities and the partner agencies which will implement the activities.

Based on FHI's experience and research evidence on human behavior change, several of the specified CPOs listed in the RFP are not mutually exclusive, but rather temporally or hierarchically linked to other CPOs or dependent upon the same activities. The following are specific cases in which FHI sees this occurring:

1) CPO No. 4 "Increased knowledge of prevention practices" is an intermediate step towards the fulfillment of CPOs No. 1 and No. 2 "Adoption of risk reduction strategies". Thus, many of the planned activities contribute to the attainment of both CPOs by first changing knowledge and then behavior. In order to distinguish between activities which

contribute to knowledge acquisition versus those which seek to promote behavior change FHI has placed mass media activities under CPO No 4 in this proposal, whereas other interventions directed toward reducing risk behaviors will be placed under CPOs No 1 and No 2

2) CPO No 3 "People at risk diagnosed and treated according to standard STD diagnosis and treatment protocols" will be achieved through staff training, supervision and upgrading of clinical facilities selected by HAPP in the three sites As the GOI approved protocols for STD management include counseling, a proportion of CPO No 5 "Increased proportion of those at risk receiving STD/AIDS counseling" will be achieved through this same training

CPO No 5 will be addressed through specialized training for clinical and non-clinical workers who would not be included in clinical management training but would be providing STD counseling Special counseling support materials will be designed for different audiences male and female STD clients, male and female CSWs, and sexually active youth Materials will also take into account the constraints and realities of the various settings

3) CPO No 6 "Decrease in STD prevalence" is the indicator for the Strategic Objective Indicator STD Prevalence Rate All HAPP activities contribute to this CPO since it serves as the most appropriate proxy indicator for a decrease in HIV infection - the project goal All other CPOs contain sub-sets of activities which feed into the attainment of the overall Strategic Objective Thus, for specific activities under CPO No 6, FHI lists only the activities which will provide the measurement of the indicator

C. CPO No 1 Increase percentage of commercial sex workers reported use of condoms to 60%

Sub-result 1a Provide at least 52,000 repeat outreach contacts to CSWs promoting condom use

Sub-result 1b Provide at least 26,000 repeat outreach contacts to males promoting condom use

Sub-result 1c A 65% increase in condoms distributed and/or sold annually

CPO No 1 is an indicator for achieving USAID/I's Results Package (RP) "Increased adoption of risk reduction strategies " Although the indicator specifically names CSWs, their sexual partners are equally important in the decision process for condom use Therefore, in addition to describing the problem and targeted activities for CSWs, this section will also be concerned with male sex workers, male clients of CSWs, high risk youth, including CSWs, and non-CSW with high sexual partner turnover, and other key audiences FHI has also added three sub-results as noted above (see Section VI Completion Plan for more details)

USAID/I - RP 2.2 : Increased use and quality of STD/HIV/AIDS prevention programs and sound policies developed

Relevant Indicators

2.2.1 Adoption of risk reduction strategies in relationships by those at risk in demonstration areas

2.2.4 National AIDS policies in place to ensure effective implementation of HIV/AIDS programs

GOI - Relevant Repelita Program

- 1 IEC
2. Prevention
- 6 Monitoring & Evaluation
7. Education & Training
- 9 Institutionalizing the Program

See Attachment 4

Box 1

1 Problem Statement

A unique aspect of commercial sex in Indonesia is the *lokalisasi*. These are areas where female CSWs are localized as much as possible, a form of "quasi-legalization" used by the GOI since the 1960s. Registered female CSWs live in *lokalisasi* throughout the country. High mobility is a common characteristic among female CSWs who move as frequently as every six months. This high turnover makes the repeated or extended contact needed to promote behavior change extremely difficult. In addition, a significant proportion of commercial sex contacts are made outside the *lokalisasi* in settings such as massage parlors, discos, karaoke bars and on the street.

Throughout Indonesia most CSWs are female, catering to male clients. However, there also is an established male commercial sex industry serving a male clientele. Most of these clients are married, thus providing a bridge for STD/HIV to the general population. A significant group to be considered in Indonesia is the *waria* or transvestites who have an established place in Indonesian society. From a public health perspective, male CSWs, including the *waria*, pose special risks because they are especially

vulnerable to HIV due to their low rate of condom use and high rate of anal sex

There is no generic profile of male clients of CSWs, CSWs report that they are a cross-section of the population. However, according to rapid assessments and studies among transport workers and laborers conducted in the first phase of HAPP, men whose employment keeps them away from home and family for extended periods of time appear to be at greater risk and worthy of special attention. In Indonesia these groups include workers such as long distance truck drivers, seamen and fishermen, as well as migrant construction and mine workers.

Condom use in the commercial sex industry in Indonesia is dangerously low and presents a great risk for the proliferation of STD and HIV infection from "core transmitters" to the general public. In a recent Behavioral Surveillance Survey (BSS) by the Center for Health Research, University of Indonesia (CHR/UI), the following data on condom use by CSWs with their most recent contact was reported: in *lokalisasi* in N Jakarta and Surabaya, the rates were 48% and 42% respectively, in non-*lokalisasi* settings the rates were 54%, 23% and 15% in N Jakarta, Surabaya and Manado respectively. The Futures Group (TFG) research in Surabaya reports that a significant factor in client

condom use in brothels is the perceived absence of a mandatory condom use policy 71% of non-users indicate that they would use condoms if it was "made compulsory in all brothels "

Sexually active youth ages 12 to 24 are also at risk for STD and HIV Near the major ports of N Jakarta, Surabaya and Manado in Indonesia, for example, there exists a significant population of working youth The youth engage in commercial and casual sex with multiple partners who work and live in the slum areas surrounding the ports The young women/girls report occasionally receiving money from short-term sexual partners As youth comprise a large proportion of the general population, they remain a critical target group for STD/HIV interventions

The GOI has emphasized the importance of cultural appropriateness of prevention activities and the role of the family, however, there is widespread recognition of the difficulty in communication between sexes and generations about sexual issues which will need to be addressed if adequate information is to be given, and if the recipients are to be able to act upon such information

As one of the five municipalities in Jakarta Province, N Jakarta has a population of 1,659,100 according to official estimates for 1997 The Ministry of Social Welfare reports that there are 12,004 individuals who regularly engage in high risk behavior 7,666 CSWs and 4338 transvestites or *waria* This is a low estimate, but accurate census data for these high risk populations are not available

Surabaya, with a population of 2,784,400, is the capital of East Java Province As the major port city of Indonesia, it is a significant economic hub with a thriving commercial sex industry The Ministry of Social Welfare estimates that there are 11,409 CSWs in the province, with most of them practicing in the city In addition to the *lokalisasi* areas, there is an extensive network of free-lance CSWs

The total population of North Sulawesi Province is estimated to be 2,720,500, with about 413,000 of the population in the capital of Manado Although there are no *lokalisasi* in the province, the Ministry of Social Affairs estimates that there are 681 CSWs in Manado and the nearby port area of Bitung A situational assessment by PATH suggested high levels of sexual activity of youth, including involvement in commercial sex Both ports host many ships and sailors from Taiwan, Korea, the Philippines and more recently, Thailand Much of the commercial sex industry in Bitung caters to this market

2 Strategic Approach

FHI's behavior change strategies for risk reduction combine mass media, small media, outreach, counseling, and social marketing to provide pertinent information to individuals and to influence social norms The communication component combines both media and interpersonal approaches to affect determinants of behavior change

These determinants can be categorized into those which are personal and those which are contextual

The personal determinants include

- perceived vulnerability and severity of the consequences of risk behavior,
- perceived effectiveness and benefits of risk-reduction behaviors,
- self-esteem and perceived self-efficacy in changing behaviors, and
- mastery of essential skills for adoption of low risk behaviors, including negotiation and condom use skills

The contextual determinants include

- cultural and gender norms, and
- factors which affect ability to 'choose' behavior

These determinants can be affected through multiple channels, including mass media (radio, TV, newspapers), small media (e.g., brochures, posters, videos, audio cassettes, flip charts, T-shirts) and interpersonal communication

Mass media will be used to provide basic information to raise awareness both of risk and specific means to reduce risk and to create support for low-risk behaviors. Small media will be targeted to support and reinforce behavior change at the individual and community levels. Emphasis will be given to the development of media for model projects and to media which supports stages of change beyond basic awareness and knowledge

In order to set the stage for increasing condom use, FHI will also support policy initiatives in the area of condom promotion, including 100% condom use in brothels

A price segmentation strategy to providing condoms and creating demand for their use will be pursued to enable HAPP to both increase condom use in commercial sex during the project period and to leave in place at the end of HAPP a condom market served by a combination of the commercial sector and free government supplies. Within the framework of the GOI's 100% condom use policy for brothels, three main target groups will be reached with behavior change/risk reduction messages and incentives: 1) CSWs, 2) clients of CSWs, and 3) the "gate keepers" i.e., brothel owners, pimps, and madams

3 Activities

In order to increase condom use among CSWs and other key target groups, the following activities will be conducted

- Policy support for the further development, promulgation and implementation of the 100% condom use policy for brothels which is further described in I Policy Support

- Condom access will be improved through the augmentation of three separate channels of condom supplies in the demonstration areas
 - 1) commercial brands priced to middle and higher income groups such as Durex and Simplex will be aggressively marketed in the demonstration areas in collaboration with The Futures Group,
 - 2) the lower priced Sutra brand supported by KfW, will be marketed to lower income groups in the demonstration areas with the non-profit DKT program,
 - 3) government-supplied condoms and "samples" of commercial brands, available at no cost, will be utilized for the lowest-income segment where cost is a barrier to access
- Aggressive social marketing of condoms in the *lokalisasi* area and the non-registered brothel areas, through condom educators and promoters, plus sales in "non traditional" outlets
- Increasing demand for condoms by outreach to client groups, CSWs and high risk youth
- Enhancing the norm of condom use in risk situations with mass and small media
- Reaching high risk youth with prevention messages and social support services
- Developing and distributing appropriate IEC materials
- Providing capacity building opportunities through training events and internships
- Conducting analysis of potential effects of gender roles and communication on HIV/STD prevention programs and including training activities to meet unmet needs
- Providing condoms or recommending their use to persons identified with STD at participating HAPP clinics

The key activities and implementing agencies are described below by demonstration area. Activities to be undertaken by each implementing agency are either a continuation of the existing HAPP agreements under FHI/AIDSCAP or are new. New activities and new agencies are identified with a "*".

ALL SITES

Key Implementing Agency The Futures Group (TFG)

Activities 1) Assist distributors of Durex and Simplex to enhance product distribution coverage and IEC activities in red light areas, 2) expand the role of task forces in brothels to include a "detail kit" on the 100% condom policy and assure adequate supply of condoms in commercial sex establishments (CSEs) (*), and 3) provide training of CSE managers, pimps, and CSWs regarding condom use and condom negotiation skills

Key Implementing Agency Yayasan DKT Indonesia (*)

Activities 1) Promote sales of low-priced Sutra condoms in HAPP demonstration sites to both traditional (pharmacies) and non-traditional outlets such as brothels, discos, bars, small shops in red light areas, etc (N Jakarta, Surabaya, Manado), 2) train a core staff of condom educators and promoters (CEPs) to access difficult to reach areas with information on STD and HIV/AIDS as well as sell condoms directly, 3) conduct targeted outreach to male clients including, sailors and dock laborers (N Jakarta), military and police force (N Jakarta), truck drivers and bus drivers (N Jakarta and Surabaya), 4) conduct condom education and promotional events in all sites, 5) develop IEC materials to promote the consistent and correct use of condoms, 5) introduce the female condom to CSWs in all three sites and train CSWs in their use, and 6) conduct training in capacity building of NGOs in social marketing techniques and for sustainability and income generation

Key Implementing Agency Program for Appropriate Technology in Health (PATH)

Activities 1) Support outreach activities among male client groups in all sites (e.g., seafarers, fishermen, dock workers, transport industry workers, migrant workers), 2) assist in development of appropriate IEC materials for the varied target groups in work settings and brothel-based settings, and 3) carry out advocacy and training activities with gatekeepers at the management and supervision level, involving KPAD and local government

Key Implementing Agency Private Agencies Collaborating Together (PACT)

Activities 1) Build on current models to establish models of community based outreach among youth at risk including condom promotion (strategies include the use of street educators, a community-based approach which involves local government representatives and neighborhood authority figures and building interventions around a youth drop-in center), 2) participate in the development of effective IEC materials and training in their effective use, and 3) act as key agency in documentation of models for community support for effective youth interventions (*)

Key Implementing Agency Project Concern International (PCI)

Activities Conduct workshops, "problem oriented 'study' sessions", peer training, situational training (internships, exchanges) and NGO network meetings in the areas of management, staff development and compensation, volunteer management and support, personnel, phases of organizational development, resource development, financial management, and program implementation

Key Implementing Agency The Centre for Development and Population Activities (CEDPA) (*)

Activities 1) Provide analysis of the potential effects of gender roles and gender specific cultural socialization on risk behavior and ability to protect oneself from exposure to STD/HIV infection, and 2) use results of analysis to provide the basis for training and advocacy activities among community and religious leaders, men's and women's and youth organizations

N JAKARTA

Key Implementing Agency Yayasan Kasuma Buana (YKB)

Activities 1) Conduct interpersonal outreach to CSWs and gatekeepers in Kramat Tunggak and neighboring areas to support risk reduction strategies, 2) provide support and technical assistance to a CSW self-help group to increase their sense of self efficacy, and 3) advocate, train and support 100% condom use among gatekeepers (*)

Key Implementing Agency Yayasan Investasi Kemanusiaan (YIK)

Activities 1) Conduct community-based activities targeting street-based CSWs and clients in N Jakarta, and 2) provide a model in strategies to mobilize community support and resources for at risk groups (*)

Key Implementing Agency Ikatan Ahli Kesehatan Masyarakat Indonesia (IAKMI)

Activities 1) Conduct outreach and peer education activities among *waria* in N Jakarta, and 2) provide support and technical assistance to the *waria* forum, an independent association of *waria* (*)

SURABAYA

Key Implementing Agency Yayasan Prospectiv

Activities 1) Continue outreach to truck drivers and dock workers or *kulis* with activities among other populations in the geographic area (e g , *waria*, CSWs), 2) develop activities with trucking management and participate in the evolving truck driver's project network (*)

Key Implementing Agency Yayasan Abdi Asih (YAA)

Activities 1) Continue outreach among CSWs, pimps and brothel management, 2) develop a pimp peer educators network (*), 3) add program components such as financial management training for CSWs and other issues requested by the women to increase a sense of self efficacy (*), and 4) build on its good working relationship with the local government in supporting implementation of the 100% condom use policy

Key Implementing Agency Yayasan Bahagia Harapan Kita (YBHK)

Activities Provide condoms and/or counseling on condom use to people presenting to their clinic with STD

MANADO

Key Implementing Agency Yayasan Pelita Kasih Abadi (PeKA)

Activities 1) Continue outreach activities targeting CSWs in the dock areas of Manado with an increased emphasis on advocacy for 100% condom use policy among gatekeepers, and 2) expand its activities to the port area of Bitung, working closely with the PATH work site initiatives there

Key Implementing Agency Yayasan Mitra Masyarakat (YMM)

Activities 1) Continue outreach activities among youth at risk, 2) extend activities for outreach to Bitung along with PeKA (*), and 3) identify strategies to mobilize community support (*)

Key Implementing Agency Perkumpulan Keluarga Berencana Indonesia (PKBI)

Activities Provide condoms and/or counseling on condom use to people presenting at their clinic with STD

D CPO No 2 Increase percentage to 85% of CSWs who seek medical care for last STD symptom/diseases in the past year

Sub-result 2a A 65% increase in condoms distributed and/or sold annually

USAID/I - RF 2 2 Increased use and quality of STD/HIV/AIDS prevention programs and sound policies developed

Relevant Indicators
2 2.2 People at high risk correctly diagnosed and treated in STD clinics in demonstration areas (male and female)

GOI - Relevant Repelita Program

2. Prevention
4 Treatment Service & Care
6 Monitoring & Evaluation
7. Education & Training
9. Institutionalizing the Program

See Attachment 4

Box 2

1 Problem Statement

Female and male CSWs' health care seeking behavior for STD or reproductive tract infections (RTI) vary according to the social, economic and geographic context In 1957, Indonesia initiated a Regular Mass Treatment (RMT) program for registered CSWs in the *lokalisasi* for the treatment of syphilis Due to program costs, DepKes discontinued the national program and left it to the discretion of provincial health commissions to implement Although it is nominally voluntary, most registered CSWs are still under some coercion to attend A recent EC study reported that 77 8% of CSWs in N Jakarta had visited an RMT clinic during the previous two months The occasional use of penicillin RMT will not treat the majority of STD in the CSW population and may do harm by transmitting blood borne infections such as HIV and hepatitis due to lack of universal precautions RMT also gives the false impression to CSWs and clients that additional prevention measures against STD are not needed

Many CSWs avoid treatment at government health centers due to stigmatization, provider's attitudes, lack of confidence in treatment, cost, punitive consequences, or other religious or cultural barriers The quality of care received at each health center or *puskemas* also varies widely and impacts future care seeking behavior Additionally,

RTI/STD in women are often asymptomatic, deterring women from seeking any treatment. Other factors which contribute to the problem of inadequate care are

- budgetary constraints for STD/RTI control,
- under-reporting of cases by approximately 40% in hospitals and clinics, particularly in the provinces which contributes to under-estimating budgeting needs,
- lack of adequately trained and supervised health workers,
- a preference for seeking treatment from private physicians and other health workers who may not be adequately trained,
- extensive use of inappropriate antibiotics purchased over the counter, causing continued transmission as well as antibiotic resistance,
- use of local traditional herbal remedies (*jamu*) for prophylaxis or self-treatment, and
- douching or topical application with substances irritating to vaginal tissue such as toothpaste and soap

2 Strategic Approach

Treating STD constitutes both primary and secondary prevention and uninfected people need to be informed of risks and prevention methods. For bacterial and protozoal STD, early detection and curative treatment of recently infected individuals constitutes secondary prevention by preventing complications of STD in the individual and constitute primary prevention at the population level by preventing further transmission of STD and by reducing the efficiency of HIV transmission. Prevention interventions, therefore, need to address both the infected and uninfected individual.

The patterns of sexual partner mixing and the characteristics of sexual networks are important to the transmission of STD. Consequently, interventions will have the greatest impact on the spread of STD if they are effectively focused and delivered among individuals who have many partners and in dense sexual networks. Populations with frequent casual/commercial sex partners require approaches distinct from the general population both in terms of service delivery and clinical management.

Strategies for management of STD will vary by categories of clients. For individuals who are symptomatic and seek care in appropriate health services the approach would be to ensure that services are effective (e.g., adequate drugs, diagnostics, provider training), accessible, and acceptable. For individuals who are symptomatic but don't seek appropriate care or don't recognize symptoms, the approach will be to implement community based STD communication (interpersonal and mass communication approaches) to improve symptom recognition and care seeking behavior. For individuals with sub-clinical (asymptomatic) infection, screening in general care facilities such as family planning clinics for low risk populations and regular screening for CSW populations will enhance adequate treatment and case finding.

3 Activities

In order to increase CSW care seeking behavior for RTIs/STD, FHI in collaboration with GOI, provincial KPAD and CDC/Atlanta will continue to design projects and activities which include the following

- Biomedical and behavioral interventions to improve the diagnosis, treatment and prevention of RTI/STD/HIV including outreach communication to CSWs,
- Activities to improve RTI/STD care seeking behavior
 - 1 Teaching STD symptom recognition
 - 2 Referral card system to seek clinical care /awareness of clinical services
 - 3 Easier access to STD clinical care /improve treatment efficacy
 - 4 Training of private practice midwives or *bidans* for symptom recognition and referral
- Institutional strengthening for capacity building and sustainability

The improved quality of care in RTI/STD and family planning clinics for clinical management of STD will improve STD care seeking behavior. Information spread in the targeted community about effectiveness of care and changes in clinician attitudes toward STD patients will increase use of services. Currently, most CSWs visit private clinics for care and treatment so emphasis will be given to upgrading services in the private sector. This will involve assessing and mapping the utilization of private sector facilities and including selected private physicians and *bidans* in training opportunities in STD case management, including laboratory staff in trainings, and upgrading clinical and laboratory equipment and facilities in order to improve diagnostic capabilities.

ALL SITES

Key Implementing Agency PATH

Activities Conduct outreach activities to men at risk in select worksites including dock workers, sailors, and cannery workers incorporating STD symptom recognition and improving care seeking behavior

Key Implementing Agency PCI

Activities Provide capacity building opportunities to select NGOs in skill building for outreach workers and peer educators in learning STD symptom recognition

Key Implementing Agency CEDPA

Activities Use results of gender analysis training to provide culturally appropriate training and advocacy activities among clinic staff and outreach workers

Key Implementing Agency PACT

Activities Work with community based outreach youth organizations to incorporate STD symptom recognition training for their outreach workers

N JAKARTA

Key Implementing Agency YKB

Activities 1) Teach STD management skills to clinic staff and RTI/STD symptom recognition to the CSWs, 2) conduct outreach to female CSWs and referral to clinics through a card system, 3) refer symptomatic women for management and asymptomatic women for periodic screening, 4) clinical activities include the establishment of a clinic 'base camp' for CSWs just outside the *lokalisasi*, STD upgrade of a family planning pilot site for women at risk, and 5) collaborate in the development of strategies for partner notification (*)

Key Implementing Agency YIK

Activities 1) Conduct community based activities among street-based CSW and clients, activities will include teaching symptom recognition and improving care seeking behavior, 2) develop a card system to refer CSWs for STD clinical care, 3) refer symptomatic women for management and asymptomatic women periodic screening (*), and 4) facilitate community education on reproductive health (*)

Key Implementing Agency IAKMI

Activities 1) Conduct outreach activities for *waria* including teaching symptom recognition and improving care seeking behavior, 2) provide STD care and treatment at a participating clinic linked to this project (*)

SURABAYA

Key Implementing Agency PKBI

Activities 1) Continue RTI/STD services and counseling to women (activities with private practice *bidans* have demonstrated a potential for 'model' project development), 2) collaborate in development of materials to support model project (*), 3) educate clients regarding symptom recognition for STD, and 4) collaborate in development of strategies for partner notification (*)

Key Implementing Agency YAA

Activities 1) Conduct outreach to CSWs in the Dolly *lokalisasi* including teaching symptom recognition and improving care seeking behavior, 2) develop a card system to be used as a tool to refer women for STD clinical care (*), 3) refer symptomatic women for management and asymptomatic women for periodic screening

Key Implementing Agency Yayasan Prospectiv

Activities 1) Provide outreach and STD treatment for dock and transport workers, 2) outreach includes teaching symptom recognition and improving care seeking behavior, 3) develop a card system to be used as a tool to refer men for STD clinical care (*)

MANADO

Key Implementing Agency PeKA

Activities 1) Conduct outreach to CSWs in Manado and Bitung including teaching symptom recognition, improving care seeking behavior and promoting regular screening, 2) develop a card system to be used as a tool to refer women for STD clinical care (*)

Key Implementing Agency YBHK

Activities 1) Integrate STD case management into its family planning clinic, 2) serve as a recipient clinic for STD referrals from HAPP collaborating agencies, 3) serve as a sentinel site for HAPP surveillance and treatment activities (*), and 4) collaborate in development of strategies for promoting partner notification (*)

Key Implementing Agency YMM

Activities 1) Conduct outreach to high risk youth in Manado including teaching symptom recognition and improving care seeking behavior, 2) develop a card system to be used as a tool to refer symptomatic youth for STD clinical care (*)

E CPO No 3 Increase the proportion of those at risk of STD who are served at HAPP participating clinics to be correctly managed according to standard STD diagnosis and treatment protocols to ratio of 55%

Sub-result 3 a Train health providers and equip at least 45 health facilities to provide STD services to male and female CSWs

Sub-result 3 b Upgrade at least 5 public hospitals, 20 primary health centers, and 20 private facilities to provide STD services

1 Problem Statement

Over the past two years the GOI, in consultation with WHO, EC, USAID/I and other donors, has been developing revised STD protocols for Indonesia based on a modified syndromic case management approach. One of the proven strategies to reduce HIV incidence in a population is to reduce the prevalence of other STD such as gonorrhea, chlamydia infection, trichomoniasis, syphilis and chancroid. Due to budget constraints, many *puskesmas* do not have adequate equipment and supplies to conduct routine STD examinations nor do the staff have adequate training and supervision, and these services do not attract those at greatest need of STD treatment.

CSWs and *waria* have the highest STD/HIV rates in the country according to existing data. The past and occasional current use of penicillin RMT has probably kept the

USAID/I - RP 2.2 Increased use and quality of STD/HIV/AIDS prevention programs and sound policies developed

Relevant Indicators:

2.2.2 People at high risk correctly diagnosed and treated in STD clinics in demonstration areas (male and female)

GOI - Relevant Repelita Program

2. Prevention
- 3 Testing & Counselling
- 4 Treatment Service & Care
- 5 Research and Study
- 6 Monitoring & Evaluation
- 7 Education & Training
- 9 Institutionalizing the Program

See Attachment 4

syphilis rates low but does not treat the majority of STD in the CSW population and has exacerbated the other STD due to microbial resistance, inappropriate regimens, and giving a false sense of security that the "shot" is a cure-all

In the Repelita (Program 2, Prevention), the GOI sets as an objective to "prepare and develop easily accessible infrastructure for testing and treatment of STD with particular attention to people with high risk behavior or who work in high risk occupations " This is one of the key shared objectives of HAPP and contributes to the USAID/I performance objectives

By July 1997, under the first phase of HAPP, data on gonorrhoea, chlamydia infection, and trichomoniasis among CSWs will have been collected in each of the demonstration sites, as well as syphilis prevalence among men attending the three HAPP sentinel sites In addition, the three sites will have collected *N gonorrhoea* isolates to determine antimicrobial resistance patterns This baseline data will impact future

Box 3

direction in terms of STD case management training, laboratory upgrading and additional research needs

2 Strategic Approach

Strengthened STD prevention and management have now become essential components of HIV prevention programs The enhancing role of STD on sexual transmission of HIV was initially suspected on the basis of several observational epidemiologic studies These studies were subsequently corroborated by biologic studies demonstrating increased HIV shedding in the presence of urethral or cervical inflammation and, more compelling, the reduction in viral shedding after appropriate treatment The role of STD control in preventing HIV transmission were confirmed in the Mwanza region of Tanzania where a community randomized trial of strengthened management of symptomatic STD (syndromic management, drug availability, and supervision) is associated with a 42 percent reduction in new HIV infections over a two year period Although the Mwanza trial demonstrated the impact of STD management on HIV reduction, the challenge remains of how to provide services to key populations

Populations with frequent casual/commercial sexual contacts require approaches distinct from those of the general population both in terms of service delivery and clinical management The optimal means to deliver services to populations such as CSWs or

migrants has not been determined but vertical or specialized services may be necessary. Additionally, the risk assessment component of the syndrome management protocol for vaginal discharge is not appropriate for female CSWs. Communication messages and strategies also need to be tailored for these groups.

FHI will build upon and expand efforts which have included development of Indonesian National STD Management Guidelines, the translation and adaptation of WHO training modules in Bahasa Indonesian, and will work to ensure that appropriate drugs are available to expand services to CSWs. This will include targeting health care providers who now provide services to CSWs with training in STD management and communication skills, continuing education and supervision.

3 Activities

Since STD management hinges on acceptable, accessible and effective services and since services must be in place before demand is created, attention will be directed at improving service delivery among care providers associated with HAPP. Activities to accomplish this goal include:

- Treatment guideline development, validation and updating as necessary. This activity includes susceptibility monitoring of key STD pathogens and ensuring adequate drugs/diagnostics,
- Consensus building for the acceptance of the new Indonesian STD Management Guidelines which have been tested in HAPP sites,
- Training for public and private health care providers,
- Introduction of supportive supervision and evaluation tools,
- Upgrading clinical services as necessary and where appropriate, and
- Increasing program management skills.

In order to improve the quality of care for STD in private and public clinics, FHI in collaboration with GOI, KPAD, and local *puskesmas* will do the following:

- Expand the number of HAPP-supported clinical facilities, including primary care clinics and specialty clinics such as STD, family planning and OB/GYN clinics from approximately 5 per site now, to 10-15 per site in year one, and in each following year,
- Provide to each clinic the following:
 - 1 Evaluation and upgrading of clinical equipment
 - 2 Evaluation and expansion of laboratory diagnostic capabilities and equipment
 - 3 Periodic STD management training for all clinical and laboratory staff, including supervisors
 - 4 Assistance in supportive supervision for and monitoring of quality STD care in each demonstration area
 - 5 Management training for the Indonesian teams who will implement the monitoring

6 Establishment of STD case monitoring systems at HAPP sponsored clinics, and work for incorporation into the *puskesmas* system

7 Incorporation of HIV counseling and testing capabilities in select high volume STD clinical sites as part of the STD counseling package (see CLIN 6)

- Test treatment protocols for CSWs to augment the GOI 100% condom use in brothels,
- Monitor antimicrobial resistance patterns for *N gonorrhoea* in all sites
- Repeat surveys on the quality of STD care and prevention in clinical service sites (adapted World Health Organization/Global Programme on AIDS Prevention Indicators (PI) 6 & 7)

FHI will work to integrate activities through support from CDC/Atlanta and GOI to maximize outcomes in the most flexible manner possible. There will be a strong emphasis on consultation with local health departments to ensure appropriate selection of clinics and laboratories as well as those to be trained.

ALL SITES

Key Implementing Agency Agencies, hospitals, universities and consulting teams to be identified with CDC/Atlanta supervision (*)

Activities 1) A local expert in each province with a provincial team will supervise all STD case management and STD training in coordination with DepKes and regional hospitals (*), 2) CDC/Atlanta will supervise the collection of sentinel surveillance data and statistics at all three sites (*), 3) test treatment protocols for CSWs to augment 100% condom use (*), 4) upgrade clinical and laboratory equipment to detect gonorrhoea, syphilis, trichomoniasis in all sites, 5) organize and supervise STD management training for clinical and laboratory staff (*), 6) establish STD case monitoring systems (*), 7) monitor antimicrobial resistance patterns for *N gonorrhoea* in all sites, and 8) develop STD laboratory quality control program for regional surveillance and provincial laboratories for syphilis serologies and HIV testing (*)

Key Implementing Agency CDC/Atlanta

Activities Upgrade participating pilot laboratories in clinics, *puskesmas* and hospitals, provide training and quality control, and assist in the development of supportive supervision for and monitoring of quality STD care

Key Implementing Agency To be determined (TBD)

Activities Repeat surveys on the quality of STD care and prevention in clinical service sites (PI 6 & 7)

Other During the first phase of HAPP, FHI identified 17 clinics among the 3 demonstration sites for laboratory upgrading and staff training. An additional 25-35 clinics will be identified with DepKes and private sector care providers for further participation in the HAPP clinic upgrades and staff training.

Key Implementing Agency CEDPA

Activities Participate in the design of training activities

N JAKARTA

Key Implementing Agency YKB

Activities Participate in the provincial STD management teams, training activities and establishment of STD case monitoring systems

SURABAYA

Key Implementing Agency Yayasan Prospectiv

Activities Participate in HAPP sponsored STD training activities and establishing an STD case monitoring system in its clinic

Key Implementing Agency PKBI

Activities: Develop an STD/RTI case monitoring system in its family planning clinic and participate in HAPP sponsored STD management trainings

MANADO

Key Implementing Agency YBHK

Activities Develop an STD/RTI case monitoring system in its family planning clinic and participate in HAPP sponsored STD management trainings

F CPO No 4 Increase to 88% those at risk who are exposed to information, education and communication campaigns and able to correctly identify two ways to prevent HIV/AIDS

1 Problem Statement

The level of awareness about HIV/AIDS, associated risk behaviors and knowledge of ways to prevent HIV infection is quite high among populations at risk for HIV infection in Indonesia. This was verified by the recent BSS conducted by CHR/UI which noted that among a sample of sailors/port workers, female CSWs, truck drivers and high school students in N Jakarta, Surabaya and Manado, 92.8% had heard about HIV/AIDS. Of those respondents, 85% could name two means of preventing HIV infection.

However, according to the BSS survey in N Jakarta, there is a dangerously low knowledge of HIV prevention among the *lokalisasi*-based CSWs, with only 58% able to name two prevention practices, compared to 78% of comparable CSWs outside of the *lokalisasi*. Youth at risk comprise a group of young people, ages 12-24, whose involvement in high risk sex is largely attributable to lack of education and adequate employment opportunities. This risk is compounded by their inability to access much of the prevention information disseminated through mass media.

USAID/I - RP 2.2 Increased use and quality of STD/HIV/AIDS prevention programs and sound policies developed

Relevant Indicator:

2.2.3 Knowledge of prevention practices in demonstration areas (male and female)

GOI - Relevant Repelita Program

- 1 IEC
2. Prevention
- 6 Monitoring & Evaluation
7. Education & Training
9. Institutionalizing the Program

See Attachment 4

In contrast to N Jakarta, the sample least knowledgeable about means to protect against HIV infection in Surabaya were the non-*lokalisasi* CSWs, with only 56% able to name two prevention practices, compared to 72% of the CSWs in the *lokalisasi*

The average for the samples in the CHR/UI BSS survey in Manado about knowledge of two prevention practices for HIV was 89%, indicating a relatively high level of knowledge

According to media use surveys and situational assessments, television is by far the preferred media - particularly in urban areas where HAPP is located. This is followed by radio, especially private stations playing popular music. These channels can be highly effective in spreading basic awareness and correct facts, however, costs for media time, particularly on the most popular private stations at prime time, are prohibitively

Box 4
high

2 Strategic Approach

The specific behavior change approach described in CPO No 1 will be applied to this CPO as well. Behavior change strategies for risk reduction combine mass media, small media, service delivery, and social marketing to provide pertinent information to individuals and to influence social norms. Increasing the awareness of risk behaviors will be complemented with approaches and messages aimed at behavior change. FHI strategies will include development of a collaborative, sustainable mass media campaign

3 Activities

In the interest of sustainability and consistency of message, and in order to leverage additional resources needed to support access to mass media with effective messages, FHI will follow the successful model established by GOI for the nationwide immunization campaign. A consultant or consulting agency will be contracted to provide technical assistance to a government-led mass media committee. The responsibility of the committee will be to formulate working groups, develop messages, design the campaign strategy, identify and mobilize resources.

Additional mass media and interpersonal communication will be provided by working with and through community organizations or institutional networks (e.g., worksites, women's and youth groups, clinics, unions) to reach people at access points through organizations in which they have confidence.

ALL SITES

Key Implementing Agency GOI departments and public relations firm to be identified

Activities 1) Act as secretariat for the development and management of a mass media committee, 2) formulate working groups, develop messages, design the campaign strategy, identify and mobilize resources

Others All agencies referenced in CPO No. 1 will be contributing to the accomplishment of this CPO through the respective outreach, small media and mass media activities of each agency.

G CPO No 5 Increase proportion of those at risk receiving STD/AIDS counseling to 40%

1 Problem Statement

One aspect of improved quality of STD case management is the incorporation of STD/HIV education and counseling into services. Appropriate HIV/STD education and counseling also has an impact on partner notification and future STD care seeking behaviors. Currently in Indonesia, intensive efforts are needed in hospitals and clinics to offer education, counseling, and referral to counseling or follow-up exams. Many people with symptoms of an STD will self-treat or purchase antibiotics over-the-counter after seeking advice from pharmacists or drug store staff. In addition to often receiving inadequate or incorrect treatment, the opportunity for providing brief counseling on risk reduction behaviors, condom use and partner referral are lost. Counseling on risks of STD is an especially important and sensitive issue among married women and youth. The GOI has emphasized the importance of cultural appropriateness of prevention.

USAID/I - RP 2.2 Increased use and quality of STD/HIV/AIDS prevention programs and sound policies developed

Relevant indicators:

2.2.2 People at high risk correctly diagnosed and treated in STD clinic in demonstration areas (male and female)

GOI - Relevant Repelita Program

- 2. Prevention
- 3 Testing & Counselling
- 6 Monitoring & Evaluation
- 7. Education & Training
- 9 Institutionalizing the Program

See Attachment 4

Box 5

activities and the role of the family. However, there is widespread recognition of the difficulty in communication between sexes and generations about sexual issues which will need to be addressed if adequate information is to be given, and if the recipients are to be able to act upon such information. The GOI has recognized the lack of adequate training to staff in the public sector to conduct appropriate STD/HIV counseling. It has set as an objective from Repelita Program 3 to "encourage the private sector and NGOs to establish effective clinics for testing and counseling which assure confidentiality of the client."

2 Strategic Approach

The effectiveness of STD treatment can be enhanced by providing key education messages such as 1) abstaining or using condoms until infections clear and the medication is finished, 2) completing the course of medication as instructed, 3) ensuring partners are notified and

treated, and 4) sexual risk reduction practices to prevent future STD/HIV infections. Individuals with STD, by virtue of their diagnosis, practice behaviors which put them at high risk of future STD/HIV infections and are therefore a key target group for prevention interventions, including education and counseling. Moreover, STD patients are likely to be more receptive to prevention messages than the general population.

Referral of sexual partners of symptomatic men offers an opportunity to identify and treat women who may be asymptomatic or otherwise unaware of their infection. The probability that a symptomatic patient has an STD is high for most syndromes and for reactive syphilis serology. However, the syndrome of vaginal discharge is less specific for the presence of an STD. Therefore, the decision to treat male partners of women with the syndrome of vaginal discharge is based on the overall prevalence of STD in the community, the availability of other diagnostics, and social and cultural issues.

The experience of FHI and others is that there are significant barriers to the provision of quality education, risk reduction advice and counseling for STD in the clinic setting. These include the lack of privacy, judgmental attitudes on the part of providers, especially toward women and youth, long waiting lines due to understaffed clinics, which also minimizes time for interaction between the patient and the care provider, and inadequately trained care providers. The provision of effective, accessible, acceptable, client-centered services is critical to improving the care seeking behavior of men, women and youth. The quality of the care provided in the clinic setting also is critical to the

education and counseling which is provided because when patients perceive that they are getting quality care they are more likely to heed messages about prevention (the "care-prevention synergy")

Although effective counseling models and training materials have been developed for HIV, it is unrealistic in most settings to expect health care providers to use this same methodology with their STD patients. Communication and counseling approaches and materials that take into account the realities and limitations of most settings are needed to maximize the STD clinic encounters. Additionally, health care provider training is needed to strengthen interviewing and interpersonal communication skills and to correct inappropriate attitudes and biases towards patients.

3 Activities

The syndromic management training modules developed by DepKes, include counseling and partner notification. FHI will continue to conduct training of health care personnel in participating HAPP clinics and work in collaboration with DepKes to identify other health care providers to be included in the training. In addition, an STD/HIV counseling curriculum was developed by PCI with USAID/I funding and will be adapted to support additional, more specialized counseling training. Each STD patient at HAPP pilot clinics will be counseled about prevention, treatment, partner notification, and condom use. Gender specific materials to support counseling will be developed. When appropriate, culturally appropriate partner notification materials to assist with partner communication will be given to patients. The material will be given only to those patients with steady partners.

Physicians, nurses or midwives who currently provide treatment for STD should only be offered additional training in counseling once they have been trained in GOI recommended STD case management protocols. Other clinical and non-clinical workers who do not provide diagnosis and treatment of STD but who may be responsible for counseling will also be trained. Counseling training and support material will take into consideration the amount of time per client contact and the location of STD counseling.

A minimum standard for counseling is inclusion of the following: providing information on diagnosis, and risks associated with improper treatment, instructions for taking medication, risk of HIV/AIDS, prevention information including condom use and offer of condoms, recommendations for partner notification, provision of take home materials and information regarding follow up as needed.

Specific activities will include

- Training of medical providers, nurses and midwives in management of STD. Selected personnel will receive additional training in pre and post HIV test counseling,
- Training of other personnel in counseling as appropriate to job responsibilities,

- Building a referral system between the medical service provider and counseling services,
- Providing each type of counsellor with appropriate support materials ranging from flip charts and brochures for those with more time to a simple client information checklist for busy practitioners,
- Training of medical personnel in the use of partner referral/notification cards

ALL SITES

Key Implementing Agency PCI

Activities In collaboration with Yayasan Mitra Indonesia (YMI), PCI will adapt counseling training materials and conduct the training sessions as a supplement to the counseling module in STD case management training

Key Implementing Agency CEDPA

Activities Develop gender specific materials to support counseling as well as culturally appropriate partner notification materials to assist with partner communication

JAKARTA

Key Implementing Agency YKB

Activities Continue information delivered through reproductive health services to community women to increase staff skills in counseling to CSW and non-CSW women attending its clinics, 2) participate in development of strategies for partner notification (*)

SURABAYA

Key Implementing Agency PKBI

Activities 1) Continue RTI/STD services and counseling to women and provide STD information and clinical management to youth attending PKBI youth activities, 2) PKBI activities with private practice *bidans* to identify and refer RTI among clients have demonstrated a potential for 'model' project development FHI will provide additional technical support as needed to monitor and document project components which appear to have broad applicability 3) Participate in development of strategies for partner notification (*)

MANADO

Key Implementing Agency YBHK

Activities 1) Continue RTI/STD services and counseling services to women, 2) develop strategies for promoting partner notification (*)

H CPO No 6 A decrease of STD prevalence rate among CSWs to 30% by 1998 and 20% by 2000

1 Problem Statement

Factors which contribute to high STD rates in the population include multiple high risk sexual partners, limited or no condom use, many asymptomatic STD among women, limited STD screening to identify and treat asymptomatic STD, poor care seeking behavior resulting in delayed or inadequate treatment, and clinical care facilities providing ineffective care. Mass treatment programs with penicillin indirectly contribute to an increase in rates of all STD except syphilis.

Recent STD prevalence research among CSWs, such as that conducted by the EC, reveal that the STD prevalence is different even among three urban centers in Java. Due to the size of Indonesia and its diverse culture and geography, further research is needed to determine if interventions are appropriately and adequately designed to meet the needs of the target populations. In particular, there is limited data on the *waria* population whose STD and HIV rates suggest that they are among the most vulnerable populations in Indonesia and their male clients act as a "bridge" to the larger population. Further behavioral and surveillance research on *waria* could enhance knowledge and implementation design.

Accurate and timely monitoring and surveillance are critical because they provide data on the adequacy of interventions. Government medical personnel in N Jakarta as well as the provinces note that surveillance, recording and reporting of STD (primarily gonorrhea and syphilis) in Indonesia are inadequate. A further objective of the GOI is in Repelita Program Five, "to perform high quality research and studies (objective, responsible, reliable) and to distribute and utilize them effectively in support of the NAS at local, national and international levels."

2 Strategic Approach

The rate of spread of STD, including HIV, has been expressed in a mathematical model by Anderson and May whereby the number of secondary cases of an STD arising from an index case of STD is the simple product of 1) the effective mean rate of partner change in the population, 2) the mean efficiency of transmission per exposure, and 3) the duration of infectiousness after acquisition of a new infection. Interventions, therefore,

USAID/I - SO 23 STI prevalence rate among high risk populations in demonstration areas

RP 2.2 Increased use and quality of STD/HIV/AIDS prevention programs and sound policies developed.

GOI - Relevant Repelita Program

- 2 Prevention
- 5 Research & Study
- 6 Monitoring & Evaluation
- 7 Education & Training
- 9 Institutionalizing the Program

See Attachment 4

Box 6

can prevent the spread of STD within a population by reducing the risk of exposure to STD by 1) lowering the rate of partner change, 2) reducing the efficiency of transmission, and 3) shortening the duration of infectiousness for the specific STD

A conceptual approach to STD prevention at both the individual and population level is presented in Table 2. For most viral STD, including HIV, where therapy has not been clearly shown to shorten the duration of infectiousness, the key interventions are those that currently target the risk of exposure and the efficiency of transmission. For the curable STD, interventions should also target the duration of infectiousness. The patterns of sexual partner mixing and the characteristics of sexual networks are important in the rate of spread of STD. Consequently, interventions will have the greatest impact on the spread of STD in a population if they are effectively focused and delivered among individuals who have many partners, and in dense sexual networks.

Table 2 - Population and Individual Level Approaches to STD Prevention

Approaches to STD Prevention	Population Level	Individual Level
Reduce Rate of Exposure to STD	<ul style="list-style-type: none"> -Reduce population prevalence of STD -Social norm change to reduce number of sexual partners, delay sexual debut, and avoid high-risk partners 	<ul style="list-style-type: none"> -Few sexual partners -Delay sexual debut -Avoid risky partners
Reduce Efficiency of Transmission	<ul style="list-style-type: none"> -Promote norms to use barrier methods -Promote safer sexual practices -Make barrier methods available 	<ul style="list-style-type: none"> -Use barrier methods (male and female condoms, microbicides) -Safer sexual practices
Shorten Duration of Infectiousness	<ul style="list-style-type: none"> -Provide accessible, acceptable, effective services for STD management -Make STD drugs available -Promote the use of STD services -Ensure linkages between male and female services for partner management 	<ul style="list-style-type: none"> -Seek appropriate STD care promptly upon recognition of symptoms (avoid self-treatment) -Complete full course of medication -Avoid sex until cured -Assist with partner notification and treatment

The control of STD poses a serious challenge for all countries, including Indonesia, to design, implement, monitor and improve public health programs for STD prevention and control. STD caused by bacterial, mycotic and protozoal agents rank among the top five diseases for which adults seek health care services in many developing countries. STD, including HIV, have been found to be the second most important cause for the overall disease burden in young women in these countries.

Basic information on the frequency and distribution of diseases, as well as the frequency and distribution of specific STD, are critical when planning and monitoring an STD.

program. Such data is collected by a disease surveillance system, which includes both specific studies and ongoing routine surveillance activities. As a general strategy, the STD surveillance system should be an integral part of an STD control program and the data collection should interfere with the routine case management procedures as little as possible. Only essential data should be collected.

Surveillance systems should be designed which have the following qualities: 1) feasibility, 2) continuity, 3) standardization, 4) confidentiality, 5) consistency and 6) participation and feedback.

3 Activities

All the proposed activities for CPOs 1-5 contribute to the achievement of CPO No. 6. The following table links the proposed activities to the three major approaches to STD prevalence among CSWs.

Table 3 - Approaches to STD Transmission by CPO

Approaches to STD Transmission	Proposed Activity by CPO
Reduce rate of exposure to STD	CPO No. 4 CPO No. 5
Reduce efficiency of transmission	CPO No. 1
Shorten duration of infectiousness	CPO No. 2 CPO No. 3

The activities described below are designed to monitor achievement of this CPO in light of the impact of the other CPO activities noted above. During the first phase of HAPP, FHI designed an STD surveillance and monitoring system for the HAPP demonstration sites to track STD trends. FHI will continue its surveillance of specific STD. In addition, FHI recommends the initiation of research studies in order to enhance future programming and provide reliable data for DepKes. Specific activities include:

- Accurate monitoring and surveillance of selected STD to guide planning decisions in HAPP provincial clinics and laboratories for surveillance activities,
- Linkages with national surveillance activities to promote sustainability,
- Periodic surveillance of chlamydia,
- Develop STD laboratory quality control program for provincial surveillance, and laboratories for syphilis serologies and HIV testing (provincial lab only),
- Conduct surveillance research on *waria* in one HAPP clinical site.

ALL SITES

Key Implementing Agency Agencies, hospitals, universities and consulting teams to be identified with CDC/Atlanta supervision

Activities 1) conduct regular monitoring and surveillance of STD (*), 2) develop STD laboratory quality control for provincial surveillance and syphilis serologies and HIV tests (*), and 3) periodic surveillance of chlamydia with specimens sent to NAMRU - Jakarta (*)

Key Implementing Agency CDC/Atlanta with local institutions to be identified

Activities 1) Conduct surveillance research on *waria* in one HAPP site STD surveillance will be linked with treatment in collaboration with IAKMI (*), 2) disseminate research findings(*)

I CPO No 7 Policy Support

Sub-result 7 a Organize 6 annual National Conferences for national leaders

Sub-result 7 b Conduct 9 policy study tours for a minimum of 90 Indonesian policy makers

1 Problem Statement

The primary policy vehicles for the NAP of the GOI are the KPA and KPAD, which were established by Presidential Decree Number 36/1994 (May, 1994) with the mandate to lead, manage and coordinate AIDS policy and program implementation in their respective jurisdictions. These Commissions, headed by a senior administrative officer (the Coordinating Minister for People's Welfare at the national level, the Governor at the provincial level, the Bupati at the district level and Camat at the sub-district level) draw their membership from "appropriate government sectors as well as people with special expertise and interest" (Indonesian National AIDS Strategy, 16 June 1994). While it is generally agreed that effectively reaching those at risk of HIV infection in the communities where they live and work requires a strong coalition of government, non-government, private sector and community-based groups, this has yet to happen in most areas of Indonesia, including the HAPP demonstration areas.

USAID/I - RP 2.2. Increased use and quality of STD/HIV/AIDS prevention programs and sound policies developed

Relevant Indicators

2.2.4 National AIDS policies in place to ensure effective implementation of HIV/AIDS programs

2.2.5. National health resources allocated to STD/HIV/AIDS activities

GOI - Relevant Repelita Program

1. IEC
- 7 Education & Training
- 9 Institutionalizing the Program

See Attachment 4

Box 7

Although the KPAD are now officially established in all 27 provinces in Indonesia, they generally are seen to be relatively ineffective due to both a lack of expertise in carrying out their mandate and a lack of the necessary financial and human resources. Senior officials from the Department of Internal Affairs (DIA), at a national meeting in January 1997 in Batam, recognized the need for the involvement of the Provincial Planning Board (BAPPEDA) to leverage the allocation of provincial funds and for higher levels of understanding about HIV/AIDS issues by local government officials. They also prioritized the coordination of all government and private sectors in HIV/AIDS activities and articulated the need for BAPPEDA to become the coordinator of provincial HIV/AIDS activities. The allocation of fifty million rupiah annually to each KPAD (from 1996/7) by the DIA and the increased involvement of DIA staff in HIV/AIDS activities at all levels indicates increased GOI commitment to mobilize resources but points to the urgent need for donor support to accelerate the activation of the KPAD.

2 Strategic Approach

As a US agency, it is not the role of FHI to make public policy in Indonesia. However, FHI is in a position to share its worldwide experience in policy advocacy with the government, religious leaders, businesses and other private sector influence groups. Advocacy and support approaches include review and identification of governmental and institutional policies which are barriers or avenues to HIV prevention programs, involving varied influence groups in participatory learning activities (e.g., policy study tours, HIV modelling exercises), introducing work place strategies for HIV/STD prevention, and working as a partner with the government in strengthening its own capacity to implement, design and evaluate HIV/STD care and prevention programs.

The GOI has developed a strong policy framework which is both technically adequate and culturally appropriate. The focus of the policy initiatives supported by HAPP will continue to support the existing policy mechanisms and institutions in order to help them more fully realize their potential. At the same time, HAPP will continue to highlight the unmet needs and inadequate policies which must be addressed to blunt the impact of HIV/AIDS on the health and welfare of the people of Indonesia. A major contribution of FHI under this proposal will be to strengthen the KPA and KPAD to carry out their respective mandates more effectively.

Several approaches will be used to ensure strong policy support to the GOI and to assist the GOI to improve its policy response to the unique challenges of HIV/AIDS.

- All HAPP activities will be designed and implemented as an integral part of the GOI HIV/AIDS Repelita (See Attachment 4 for matrix of HAPP integration with Repelita.)
- Increased coordination will be achieved in implementing activities with relevant GOI sectors by direct coordination by HAPP staff and local government KPAD.

- Funds allocated for activities which have special relevance to GOI policy implementation are "front loaded," with heaviest expenditures in year one and decreases thereafter. It is felt that after the start-up with HAPP support, the GOI should be able to generate its own support if the activity is seen to have been sufficiently significant for the NAS

CDC/EH recently instituted a policy on 100% condom use in brothels or *lokalisasi*. How the government is to implement this policy at the local level is problematic. FHI and its partner agencies will work closely with KPAD, police and military groups, port authorities, and brothel managers in the implementation of this policy due to its potentially far-reaching impact on reducing the spread of STD and HIV infection.

The GOI *Repelita* in Program 9 "Institutionalizing the Program" puts forth as its objective, "Strengthen AIDS Commissions at national and local levels as well as implementing institutions, government, NGOs, and community organizations and the family."

Its targets are

- The AIDS Commission is organized and functioning at the national and local level so that AIDS control efforts run smoothly, consistently and systematically at all levels, and that
- NGOs, community organizations, private sector groups as well as formal and informal leaders are actively involved in AIDS control at the local level

ACTIVITIES

The purpose of FHI's policy support component of HAPP is to enable decision-makers to adapt and implement effective HIV/AIDS prevention policies at the local, provincial and national levels based on the GOI NAS and the GOI *Repelita*.

Because the KPAD in North Jakarta, Surabaya and Manado are already formed and functioning, their activation and the active participation of NGOs and the community will be the focus of policy support.

All the following proposed policy activities have been developed in consultation with officials and NGO representatives at national and provincial levels. A strong priority expressed throughout these consultations was the importance of strengthening the KPAD.

Specific areas of support to the KPA will include

- Funding of six national meetings that focus on a specific policy issue or implementation issue relevant to the NAP

- Funds to support two assessments of GOI national/provincial policy implementation. The methodology will be developed in collaboration with the KPA. This will involve the use of an external institution or entail the appointment of consultant(s) to provide technical assistance and support development of the KPA.
- Coordination with other donor activities will be an essential component of any policy support (e.g., UNAIDS, the World Bank and AusAID).

Specific areas of support to the KPAD will include

- Technical assistance and policy study tour opportunities in the implementation of the policy on 100% condom use in brothels,
- Provide a consultant or short-term staff for 12-24 months in each of the three KPAD at HAPP demonstration sites in order to activate the KPAD. The consultants will be selected jointly with the KPAD on the basis of prior experience with provincial development programs and HIV/AIDS to assist with institutional development and resource mobilization.
- Provision of policy "resource packages" to the KPAD concerning key aspects of the national AIDS policy and implementation. These "resource packages" will be designed to meet specific needs of each KPAD and may include materials, consultant time, technical assistance and training. The outcome will be a strong policy position on a key issue with a clearly documented approach to implementation.
- Providing resources to each province for the purpose of developing a provincial HIV/AIDS strategy and workplan using a community development approach.
- Funding support for coordination meetings for each of the three KPAD every six months for two years. These meetings will bring together all partners in the provincial program and continue with GOI funds after the first two years.
- Funding of NGO activities already described in the earlier CPOs satisfies the GOI requirement that provincial NGOs are supported.

FHI will also support other policy initiatives including

- In-country and international policy study tours for government, religious, military and business leaders (these will take place in years one and two per local government request),
- Involvement of religious and community leaders in coordination meetings at each of the provincial demonstration sites,
- Training opportunities in institutional strengthening, both technically and managerially, in order to build capacity for the long-term implementation and design of HIV/STD prevention programs,
- Involvement of international HIV experts in key meetings and conferences.

IV COMPLETION PLAN AND PERFORMANCE MONITORING

Table 4 illustrates in tabular form the Completion Plan for the proposed project, including how project activities are linked to benchmark and performance standard targets contained in Sub-results (including those specified by USAID as well as additional ones suggested by FHI) and finally in CPOs. The following explains these linkages as well as the methodologies used to measure benchmark and performance standard targets in each CPO and sub-result. These targets serve simultaneously as evaluation indicators for the proposed project.

CPO No 1 Increase % of CSWs reported use of condoms to 60%

Performance Standards

1996 36% (baseline)

1997 40%

1998 50%

1999 60%

FHI has designed project activities (See Technical Approach Section and Table 4) which will lead to the performance standard targets of 40% for 1997, 50% for 1998, and 60% for 1999 for condom use among CSWs. This CPO will be measured by the HAPP BSS which is a yearly tracking of behavioral risks in specific target groups. FHI pioneered BSS in Thailand and has since expanded this methodology to India, Cambodia, Senegal, and finally to Indonesia in HAPP.

Although the CPO specifies CSWs as one group for the performance standard, FHI proposes to continue to track condom use among several CSW groups as well as other target groups so that the data are comprehensive for site-specific intervention planning and to insure the accurate tracking of behaviors which the baseline survey indicated were at highly different risk levels. The following are groups covered in the baseline and proposed for this project:

Jakarta

CSW/*lokalisasi*

CSW/*Non-lokalisasi*

Seaport laborers

Surabaya

CSW/*lokalisasi*

CSW/*Non-lokalisasi*

Seaport laborers

Transportation workers

Male factory workers

Female factory workers

Manado

CSW

Seaport laborers

Male high school students

Female high school students

FHI will thus measure condom use in five different CSW groups and assumes that the baseline condom use of 36% in the RFP for CPO No 1 has been derived from an averaging of these five groups from the initial BSS wave. The targets for 1997, 1998, and 1999 are likewise averages, thus, each specific CSW group may not attain these levels.

Condom use can be measured in various formulations, time intervals, and with different types of partners. FHI proposes that this indicator be specifically defined as "CSW's reported condom use during most recent sexual intercourse with a client." This definition corresponds most closely with the baseline and performance standard measures specified in the RFP and has been tested and validated in behavioral surveys worldwide.

CHR/UI will implement the BSS on behalf of HAPP with increasing involvement of local researchers and KPAD. It will receive complete funding year one for the BSS and will require support from the local government in years two and three so that BSS becomes an integral, on-going part of provincial surveillance programming in the three provinces. In consultation with the COTR and Program Manager, FHI will develop a series of consultations with DepKes regarding utilization and dissemination of data.

Sub-result No 1 a Provide at least 52,000 repeat outreach contacts to CSWs promoting condom use

Benchmarks

1997 8,000

1998 20,000

1999 24,000

Sub-result No 1 b Provide at least 26,000 repeat outreach contacts to male clients of CSWs promoting condom use

Benchmarks

1997 4,000

1998 10,000

1999 12,000

FHI proposes the above sub-results and the corresponding benchmarks because of research evidence which shows that repeated contacts with CSWs and their clients by outreach workers - complemented by other interventions - leads to increased condom use. Thus, these process level indicators will be recorded and reported from each

implementing agency which conducts outreach to CSWs and male groups which tend to frequent CSWs, e g , sailors and transportation workers

Sub-result No 1 c A 65% increase in condoms distributed and/or sold annually

Benchmarks

1996 1%
1997 20%
1998 40%
1999 65%

Condoms sold and/or distributed will be reported by TFG and DKT as well as other implementing agencies which distribute condoms as part of their activities. Additionally, TFG and DKT will conduct store audits of condom supplies which can provide estimates of the numbers of condoms sold. FHI assumes that each yearly benchmark percentage represents the desired increase from the baseline number of condoms sold/distributed in 1996 in the three project sites. This baseline level will be collected by FHI from condom manufacturers and distributors during the first quarter of the project.

Sub-result No 1 c , which is also listed under CPO No 2 as prescribed in the RFP, has been noted here as well because increased condom distribution is an indicator associated with increased condom use among CSWs.

CPO No 2 Increase % to 85% of CSWs who seek medical care for last STD symptom/disease in the past year

Performance Standards

1996 70% (baseline)
1997 75%
1998 80%
1999 85%

This CPO will be measured by the annual HAPP BSS where baseline levels were attained in 1996. CSWs will be asked if they were diagnosed with an STD or experienced STD symptoms in the past year and, if so, whether they sought medical treatment. The overall average of the CSW groups was 74%. Although the CPO specifies the overall average as the performance standard, FHI proposes to continue to track medical care for STD among the five groups of CSWs in the three project sites so that the data will be more applicable for site-specific intervention planning.

Sub-result No. 2 a A 65% increase in condoms distributed and/or sold annually

Benchmarks

1996 1%
1997 20%
1998 40%
1999 65%

See discussion under Sub-result No 1

CPO No 3 Increase the % of those at risk of STD who are served at HAPP participating clinics according to standard STD diagnosis and treatment protocols to a ratio of 55%

Performance Standards

1996 9% (baseline)
1997 25%
1998 40%
1999 55%

This CPO will be measured by an observational survey of providers practicing at selected clinics upgraded by HAPP. A baseline survey was conducted in 1996 by Jaringan Epidemiologi Nasional (JEN - Indonesian Epidemiology Network) in which providers were observed for their adherence to standardized national STD diagnosis and treatment protocols. These protocols included 1) questioning patients on past STD symptoms and risk behaviors 2) examining patients using accepted procedures 3) treatment according to national protocols. The survey found that 9% of the providers were observed to follow all three protocols. Based on this finding, FHI will adopt the annual performance standards specified in the RFP of 25% in 1997, 40% in 1998, and 55% in 1999. These standards will be obtained by annual surveys of providers utilizing the methodology specified above.

Sub-result No 3 a Train health providers and equip at least 45 health facilities to provide STD services to male and female CSWs

Benchmarks

1997 15
1998 30
1999 45

Sub-result No 3 b Upgrade at least 5 public hospitals, 20 primary health centers (*puskesmas*) and 20 private facilities to provide STD services

Benchmarks

1997 (2,8,5)
1998 (3,13,15)
1999 (5,20,20)

The above sub-results are intermediate products which lead to the attainment of CPO No 3 FHI will obtain these data by recording which facilities in the three sites are targeted for training and upgrading FHI assumes that the benchmarks in both sub-results refer to the same health facilities

CPO No 4 Increase to 88% those at risk who are exposed to information, education and communication campaigns and able to correctly identify two ways to prevent HIV/AIDS

Performance Standards

1996 80% (baseline)

1997 83%

1998 85%

1999 88%

This CPO will be measured by the annual HAPP BSS where baseline levels were attained in 1996 All respondent groups were asked to list a means to prevent HIV infection The overall average of the 13 groups was 77% Although the CPO specifies the overall average as the performance standard, FHI proposes to continue to track knowledge of prevention practices in all groups so that the data are more applicable for site-specific intervention planning

Since the baseline average stands at 77%, FHI theoretically agrees with the specified performance standards of increases to 83% in 1997, 85% in 1998, and 88% in 1999 However, the detection of such incremental increases in knowledge, e g , 2-3% over one year, necessitates sample sizes of target groups which are impossibly high and cost-inefficient The current design of the BSS is designed to detect increases in knowledge and behavior of approximately 10-15% These are substantive changes which prevention programs should be able to document when they occur, smaller changes likely have limited impact on an HIV epidemic

Therefore, FHI proposes to continue with its current sample sizes whereby only more substantive change can be detected This may occur at any time during the project period, depending on the target group International research evidence suggests that knowledge changes relatively quickly as opposed to more complex and recalcitrant behavior

CPO No 5 Increase proportion of those at risk receiving STD/AIDS counseling to 40%

Performance Standard

1996 10% (baseline)

1997 15%

1998 25%

1999 40%

Similar to CPO No 3, this CPO will be measured by an observational survey of providers practicing at selected clinics upgraded by HAPP. A baseline survey was conducted in 1996 by JEN in which clinicians were observed for their provision of STD/AIDS counseling to individuals presenting at STD clinics. Counseling was defined as providing advice on condom use and partner notification. A preliminary analysis of the survey shows that 55% of the clinicians provided STD/HIV counseling to patients. If this finding is confirmed by subsequent analysis, FHI suggests that performance standards be increased. Confirmatory analyses will occur during the first quarter of the project. Future performance standards will be obtained by annual surveys of providers utilizing the methodology specified above.

The Sub-results specified under CPO No 3 will lead to the attainment of CPO No 5 as well since training of clinic staff will include the transference of both national STD diagnosis and treatment standards and the incorporation of STD/AIDS counseling. Therefore, these Sub-Results are only listed once under CPO No 3.

CPO No 6 A decrease of STD prevalence rate among CSWs to 30% by 1998

Performance Standards

1996 40% (baseline)

1998 30%

CPO No 6 serves as the indicator for the Strategic Objective for HAPP and, as such, is critically important. Since measures of HIV prevalence do not indicate reductions in new HIV infections and HIV incidence surveys are costly and inappropriate for large-scale projects, STD prevalence remains the most viable serologic proxy indicator of success in an HIV prevention project. On behalf of HAPP, JEN conducted a STD prevalence study of CSWs in late 1996 to provide baseline measures. However, these results will not be available until May 1997 and may necessitate an adjustment of the performance standards.

FHI interprets the specific definition of the CPO as the prevalence of at least one STD. Only one follow-up survey to measure this prevalence is planned in the proposed project. This corresponds to the requested Performance Standard of 30% in 1998 only.

CPO No 7 Policy Support

Sub-result 7.a Organize 6 annual National Conferences for national leaders

Benchmarks

1997 2

1998 2

1999 2

Sub-result 7 b Conduct 9 policy study tours for a minimum of 90 Indonesian policy-makers

Benchmarks

1997 5 tours for 50 people

1998 4 tours for 40 people

The above sub-results will be attained through FHI records of participants at conferences and study tours. In addition, HAPP supports policy benchmarks taken directly from the Repelita VI (1994/5 - 1998/9) which specifies that each KPAD conduct the following activities

- 1) Develop annual plans
- 2) Develop provincial five-year plans
- 3) Select NGOs and community organizations to participate in the AIDS programs
- 4) Report on number of national and provincial decision-makers, planners, or program managers who have done an overseas study tour
- 5) Report on number of planning officials who have received training

Other Deliverables Training

Sub-result Provide short-term in-country training, third country and U S course, seminars and workshops for up to 1087 persons with no less than 50% of the training candidates being women

In the introduction to the Technical Approach section, FHI has specified training as a critical component of capacity building and developing effective interventions. The number of people trained by HAPP activity will be recorded by FHI and reported to USAID.

HAPP Impact Assessment

FHI and other organizations recognize the difficulty in assessing program impact defined as "reducing the rate of sexually transmitted HIV infection" since direct measures of this can only be obtained through expensive sero-incidence research which would divert resources from interventions. However, FHI/AIDSCAP researchers have developed a model to assess impact as "numbers of HIV infections averted." The AVERT model offers a means to obtain estimates of the effects of HIV/AIDS interventions and is based on formula that account for a variety of behavioral, HIV, and STD factors that affect the probability of sexual transmission of HIV. The model is deliberately simple in performance and interpretation. Although certain weaknesses in the model exist which do not address certain dynamic aspects of the epidemic, the AVERT model is a highly useful tool.

FHI will apply the AVERT model in the proposed project at end-of-project to estimate number of HIV infections averted

HAPP Self-Evaluation

FHI will conduct an annual evaluation of contract performance which will employ a three-dimensional matrix of project and subproject level evaluation, formative, process, outcome and impact analysis, and qualitative and quantitative evaluation. A final contract performance evaluation will be similarly conducted. The evaluation team, which will likely consist of FHI in-country and out-of-country staff, will analyze existing HAPP data, e.g., behavioral surveillance, to determine the status of current performance and future directions.

Table 4 - Completion Table/Delivery Schedule HIV/AIDS Prevention Project (HAPP)

Contract Performance Objectives	Performance Standards Satisfactory	Sub-Results	Bench-marks	Methodology to measure performance standard & Sub-results/Agency	Implementing Agencies/ Activities
No 1 Increase % of CSWs reported use of condoms to 60% (last time usage with clients)	1997 40% 1998 50% 1999 60%			BSS	<p><u>All sites</u> TFG Condom social marketing of commercial brands small media development and advertising DKT Condom social marketing of "Sutra" brand small media and advertising introduction of female condom PATH Communications for client groups to create condom demand PACT Targeted interventions to high risk youth PCI Capacity building for NGOs and training CEDPA Analysis of gender roles training and advocacy</p>
		No 1 a Provide at least 52 000 repeat outreach contacts to CSWs promoting condom use	1997 8 000 1998 20 000 1999 24 000	Condom retail audits sales distribution records/DKT,TFG and other firms	<p><u>Jakarta</u> YKB CSW Outreach self help groups YIK Community based activities to CSWs and their clients LAKMI Outreach and peer education to <i>waria</i> Support to <i>waria</i> forum</p>
		No 1 b Provide at least 26 000 repeat outreach contacts to male clients of CSWs promoting condom use	1997 4 000 1998 10 000 1999 12 000	Process data/outreach records from implementing agencies	<p><u>Surabaya</u> Yayasan Prospectiv Outreach to truck drivers</p>
		No 1 c A 65% increase in condoms distributed and/or sold annually	1997 20% 1998 40% 1999 65%	Condom retail audits sales distribution records of DKT TFG and other firms	<p>YAA Outreach to CSWs, pimps brothel management PKBI Condom advice in clinic interventions <u>Manado</u> PeKA CSW outreach YMM Outreach to youth at risk YBHK condom advice in clinic interventions</p>

Contract Performance Objectives	Performance Standards: Satisfactory	Sub-Results	Bench-marks	Methodology to measure performance standard & Sub results/Agency	Implementing Agencies/ Activities
No 2 Increase % to 85% of CSWs who seek medical care for last STD symptom/disease in the past year	1997 75% 1998 80% 1999 85%			BSS CHR/UI	<p><u>All sites</u> PATH Outreach to men at risk, e.g., dock workers sailors to improve care seeking behavior PCI Capacity building for NGOs and training PACT Targeted interventions CEDPA. Gender analysis training and advocacy</p> <p><u>Jakarta</u> YKB STD case management training to clinics STD symptom recognition and care seeking behavior to CSW and clients STD upgrading of family planning pilot site YIK. STD symptom recognition and care seeking behavior to CSW IAKMI STD symptom recognition and care seeking behavior to <i>waria</i> STD care and treatment at participating clinic</p>
		No 2 a A 65% increase in condoms distributed and/or sold annually	1997 20% 1998 40% 1999 65%	Condom retail audits sales distribution records of DKT, TFG and other firms	<p><u>Surabaya</u> PKBI Integration of STD risk assessment and exam protocols to family planning clinic training of <i>bidans</i> YAA STD symptom recognition and care seeking behavior to CSW Yayasan Prospectiv Outreach to CSW and clients on STD symptom recognition and care seeking behavior</p> <p><u>Manado</u> PeKA Outreach to CSWs on STD symptom recognition and care seeking behavior YBHK. Integration of STD case management into family planning clinic Receive referrals from HAPP agencies YMM Outreach to youth on STD symptom recognition and care seeking behavior</p>

Contract Performance Objectives	Performance Standards. Satisfactory	Sub Results	Bench-marks	Methodology to measure performance standard & Sub results/Agency	Implementing Agencies/ Activities
No.3 Increase the % of those at risk of STD who are served at HAPP participating clinics according to standard STD diagnosis and treatment protocols to a ratio of 55%	1997 25% 1998 40% 1999 55%			Provider observational study/TBD	<u>All sites</u> TBD: Upgrading of clinical and laboratory equipment to detect STD in all sites organize and supervise STD management training, monitor antimicrobial resistance patterns for <i>N gonorrhoea</i> in all sites development of STD laboratory quality control program for provincial surveillance and provincial laboratories for syphilis serologies and HIV testing CDC/Atlanta Upgrading of pilot laboratories in clinic <i>puskesmas</i> and hospitals training and quality control Clinics TBD: Laboratory upgrading and staff training CEDPA gender analysis advocacy and training <u>Jakarta</u> YKB STD case management and training <u>Surabaya</u> Yayasan Prospectiv STD case management and training PKBI STD/RTI case management and training <u>Manado</u> YBHK STD/RTI case management and training
		No.3 a Train health providers and equip at least 45 health facilities to provide STD services to male and female CSWs	1997 15 1998 30 1999 45	Process data/training records of implementing agencies	
		No.3 b Upgrade at least 5 public hospitals 20 primary <i>puskesmas</i> and 20 private facilities to provide STD services	1997 (2 8 5) 1998 (3 13 15) 1999 (5,20 20)	Process data/training records of implementing agencies	
No 4 Increase to 88% those at risk who are exposed to IEC campaigns and able to correctly identify two ways to prevent HIV/AIDS	1997 83% 1998 85% 1999 88%			BSS CHR/UI	<u>All sites</u> TBD: Secretariat for development and management of mass media consortium ALL AGENCIES LISTED UNDER CPO No 1
No 5 Increase % of those at risk receiving STD/AIDS counseling to 40%	1997 15% 1998 25% 1999 40%			Provider observational study/TBD	<u>All sites</u> CEDPA Analysis of potential effects of gender roles training and advocacy among community and religious leaders PCI Training sessions as supplement to counseling module in STD case management (with YMI) <u>Jakarta</u> YKB Counseling to CSW and non-CSW women through reproductive health services <u>Surabaya</u> PKBI RTI services to women and STD clinical management to youth attending PKBI youth activities <u>Manado</u> YBHK. RTI services and counseling to women, STD care referral to youth at risk

Contract Performance Objectives	Performance Standards. Satisfactory	Sub Results	Bench- marks	Methodology to measure performance standard & Sub-results/Agency	Implementing Agencies/ Activities
No 6 A decrease of STD prevalence rate among CSWs to 20%	1998 30%			Seroprevalence survey/TBD	All agencies will contribute to this strategic objective
No 7 Policy Support		7 a Organize 6 annual National Conferences for national leaders	1997 2 1998 2 1999 2	FHI records	FHI Conferences and policy tours
		7 b Conduct 9 policy study tours for a minimum of 90 Indonesian policy makers	1997 5 tours for 50 people 1998 4 tours for 40 people	FHI records	
Other Deliverables Training		Provide short term in country training, third country and US course seminars and workshops	1087 persons (no less than 50% are women) by end of project	FHI records	PCI CEDPA TFG, DKT PACT, PATH, IAKMI PKBI YKB, CDC/Atlanta, HAPP staff, training consultants

V MANAGEMENT PLAN

A Personnel

FHI is proud of the AIDSCAP staff assigned to the HAPP office and their contribution to the progress of HAPP during phase one. In light of their success to date, their relevant experience, and the valuable relationships which they have developed with GOI staff as well as the implementing partners, FHI intends to include most of the current staff members in the new project team.

A complete listing of office support staff to be employed full-time by FHI, their qualifications and responsibilities, is in Attachment 3, Table 4. For senior positions, both resumes and position descriptions are provided in Attachment 5. Recruitment has begun for a qualified professional to be appointed as Finance Manager who has had extensive experience dealing with programs of the magnitude and complexity described in the RFP.

In accordance with guidelines established by USAID/I in Contract Information Bulletin 94-10 regarding key personnel, FHI designates our proposed Chief of Party (COP) and Deputy Chief of Party (DCOP), Jane Wilson and Dr. Runizar Roesin, as the key personnel for this activity.

Letters of acceptance from the key personnel are provided in Attachment 5. Only two expatriate long-term advisors are proposed. In order to promote transfer of skills and long-term sustainability of IEC activities, it is proposed to replace the expatriate IEC advisor with an Indonesian after 12 months, with a four-month period of overlap. FHI believes that the proposed expatriate advisors meet the minimum required language capability levels.

In accordance with approved personnel procedures, an open and competitive personnel recruitment system will be used to recruit staff positions throughout the life of the project.

B Management Systems

HAPP management processes will build on the achievements in the first phase of HAPP. In particular, the following consensus statements reached by the HAPP team will be used as a reference:

Table 5 - HAPP Philosophy

INTERPERSONAL RELATIONS	PRINCIPLES IN PROGRAMMING
Respect each other No "put downs" Speak slowly/clearly Don't interrupt Speak to the point <u>Ask</u> if you don't understand Look for connections Remember how to laugh and laugh often	Respond to Indonesian needs Work in a spirit of partnership Focus Look for gaps Flexibility Timely and high quality performance Adaptability/adoption Build capacity to respond Capacity building <ul style="list-style-type: none"> - in HAPP - in partners Increase use of local expertise Sustainability of effective activity

1 Teams and Supervision

The essence of the HAPP philosophy, which FHI will continue, is that all staff are valued and make special contributions to the work. This will be reflected in the management strategies in all sites. The HAPP Organization Chart (Attachment 3, Table 1) shows the accountability structure and linkages between staff in the specific sites. It is complemented by the HAPP Teams (Attachment 3, Table 2) which shows how teams will be encouraged to function across sites.

The COP will at all times work in close partnership with the HAPP Program Manager, Dr. Arwati Soepanto, to ensure that HAPP activities are carried out in a manner that is sensitive to Indonesian culture, are in conformance with DepKes policies and priorities, and are most likely to lead to long term sustainability. In addition to providing reports listed in section F below, the COP also will meet regularly with the COTR to assure the necessary coordination with, and accountability to, USAID/I.

The HAPP Organizational Framework (see Attachment 3, Table 3) has been redefined to incorporate KPAD and the active involvement of DepKes in the provinces. The Head of the DepKes is the key person and he or his representative will be consulted and involved throughout the next phase of HAPP. Responsibility for this will be taken by the COP in consultation with the Program Manager and the HAPP Provincial Program Managers.

HAPP Demonstration Area Offices have been established in Surabaya and Manado, headed by a Provincial Program Manager. The N Jakarta Demonstration Area activities

will continue to be managed out of the HAPP Headquarters by a new position, N Jakarta Provincial Manager

In addition to the functional teams described above and shown in Attachment 3, Table 2, HAPP will utilize the technical and programmatic expertise of the partner agencies on specialized teams and working groups to strengthen the implementation of HAPP

- Technical Working Groups will be developed as needed in areas relevant to HAPP activities. Members will be drawn from HAPP PVOs and NGOs plus other experts from the community. Membership will be time limited and activities focused on specific objectives. Technical Working Groups will be established and managed by HAPP staff.
- The COP will consult with HAPP NGOs and PVOs partners on a regular basis and set up regular meetings at the provincial level to encourage effective feedback processes. These activities will feed into the PVO/NGO working group mentioned below.
- The RFP specifies the functioning of Steering Committee chaired by *Menko Kesra* with members from BAPPENAS and the KPAD. Annual meetings of the Steering Committee will review HAPP progress and coordination with the NAS and the *Repelita*. Prior to the Steering Committee meeting each year, HAPP will convene a PVO/NGO working group to formally develop inputs for the Committee's consideration.

2 Information Systems

FHI plans to adapt current FHI information management tools and procedures to the specific needs and requirements of HAPP. There will be an automated, integrated information management system, or a small-scale management information system (MIS), based on existing hardware and personal computer applications. The design will allow HAPP's financial, program, and administrative information linked within a system of relational databases, queries, forms and reports. The design will allow staff to plan, track, monitor and report on program activities according to program objectives, as well as support and facilitate daily administrative routines.

The initial needs assessment and design of the MIS will be in place before the start of the contract and the final design, testing, installation and phased implementation will be accomplished by the sixth month.

3 Financial Management System

FHI will be fiscally accountable for the contract and will provide appropriate levels of financial oversight. FHI country offices are periodically audited as a component of the annual audit of FHI's financial records by an independent CPA firm. The FHI internal

auditor routinely monitors all implementing agency subprojects and schedules audits in compliance with OMB Circular A-133 requirements. Other financial reviews will be conducted according to guidelines established in the Contract.

An accounting system which separates funding by source is maintained by FHI. The system allows for tracking country, regional office and home office costs for specific projects, subprojects and activities. All project recipients are subject to routine financial reporting requirements consistent with USAID/I regulations and audits as deemed necessary by FHI.

A new financial system will be fully operational by the beginning of fiscal year 1998. As part of the financial system upgrade, new field-based financial management packages will be installed in major country offices. Should FHI be awarded this contract, Indonesia will be the first country office to have the software installed.

4 PVO/NGO Subaward Program

A key aspect of support to HAPP from FHI/AIDSCAP has been the design and funding of subproject agreements to local NGOs and PVOs for program activities. This will remain in the second phase of HAPP. The Chief of Party will continue as the "project monitor" of all subassistance awards, subagreements, letters of agreement and rapid response fund (RRF) awards. As project monitor, she, and staff under her supervision, will continue to be responsible for initiating the development of subassistance award proposals, and for monitoring implementation.

These proposals will continue to be reviewed initially by HAPP staff for technical and financial soundness. They will then be forwarded to the ARO as a final check for technical quality and financial accuracy. Following formal concurrence by both the HAPP Program Manager on behalf of GOI and the USAID/I COTR, the final agreement will be authorized on behalf of FHI by the Executive Vice President. This entire review and approval process will continue to be accomplished in approximately four weeks.

Once an award is made, an advance to cover approximately three months of operations, will be made directly from the HAPP National Office to the recipient agency. The recipient agency will be required to submit monthly financial reports to the HAPP Office and will be reimbursed based on actual expenditures documented in the monthly report. The ARO will review the monthly financial reports and authorize the transmittals from the HAPP office to the recipient agencies based upon adequate documentation of expenses.

C Technical Assistance

Technical assistance needs will be determined by the Chief of Party in close collaboration with the partners, implementing agencies and USAID/I. The technical assistance needs will primarily be met by local consultants and local agencies, with FHI staff in the ARO.

and Headquarters and international consultants called on when specialized technical skills are not available in Indonesia. In-country technical assistance will also be provided by FHI's local partners including PCI, PATH, PACT, CEDPA, TFG and DKT. Local and international consultants will be approved by USAID/I and will submit trip reports and deliverables to USAID/I and FHI through the COP.

The following list of local and international consultants are in the current workplan and have indicated their willingness to support HAPP activities as needed.

Table 6 - Consultant List

Name	Position/Organization	Qualifications/Expertise
<i>Local Consultants</i>		
Abby Ruddick Ph D	Independent consultant	Anthropologist, training, management, program design considerable experience of HIV/AIDS in Indonesia
Palupi Widjantni, Ph D	Independent consultant	Training management evaluation group facilitator, HIV/AIDS experience in Indonesia
Karen Smith Ph D	Independent consultant	Social sciences 25 years experience in Indonesia, training, management community development, HIV/AIDS experience
Doreen Biehle MsC	Independent consultant	General training, curriculum development, counseling skills, experience as counseling trainer HIV/AIDS experience in Indonesia
Joyce Djaelani	PATH/Indonesia	Psychologist gender and women s issues HIV/AIDS experience
Ninuk Widyantoro	Independent consultant	Psychologist, specialist in adolescent and family issues including sexuality training and media design
<i>International Consultant</i>		
James Chin Ph D	University of California Berkeley	Epidemiologist HIV projections and estimates

D FHI Management and Support

FHI's HIV/AIDS Department, located in Arlington, Virginia, will provide overall management oversight for the FHI contribution to HAPP. The ARO will provide the first line of technical, financial and program management backstopping for HAPP much as it has done in the first phase. The ARO, in turn, will be supported by the FHI HIV/AIDS Department. The headquarters will have greater depth of technical, programmatic and financial management resources in the areas of BCC STDs, program management, evaluation, behavioral research, policy, information management and capacity building which can be called on as needed. In the event that the ARO must be closed during the period of this contract, the COP will then report directly to the Director of the HIV/AIDS Department in Arlington, Virginia.

The Chief of Party (COP) will have the authority to approve local consultants, issue RRF grants of up to US \$5000 each, make purchases of up to US\$1000 and hire local staff with only the Deputy position requiring further approval. She will have full reporting responsibility for project activities, process indicator and evaluation data, and financial reports. With the maintenance of an efficient management information system within the HAPP Office, the project can be responsive to requests for information and rapidly apply new data to program design and management.

FHI has demonstrated its ability to provide management and technical support to HAPP during phase one. In phase two, FHI proposes to maintain this system with modifications which are designed to provide even more direct responsiveness to the HAPP implementing partners and direct accountability to USAID/I.

E Donor Coordination

Donor coordination will be a high priority in this phase of the Project in order to avoid duplication, to collaborate on shared objectives, to share costs and to ensure effective dissemination of information about HAPP activities.

This will be achieved through a variety of mechanisms such as participating in the quarterly donor meeting. In addition, HAPP will instigate regular bi-monthly coordination meetings with those donors having similar programs or working in the same sites. This would include in particular the World Bank, AusAID and UNDP whose projects focus similarly in a whole provincial approach, KPAD capacity building and NGO/Community mobilization. Experience to date shows that sharing experienced across provinces is beneficial for both donors and GOI. Particular emphasis will be placed on encouraging Indonesian staff in these projects to network and to meet regularly through either national, regional or provincial meetings facilitated by the KPA/KPAD or the donors involved. Activities incorporated under CLIN 7, Policy Support, have considerable potential to support more effective donor coordination.

Findings from both informal and formal donor meetings will be summarized in the Quarterly Report. FHI will keep both the COTR and the GOI Program Manager informed of all meetings with donors.

F. Reporting

Regular reporting to USAID/I is an integral part of FHI's program management in order to report on performance results, update workplans, discuss important program findings and constraints, financial updates, and significant policy and epidemiology updates. In accordance with RFP guidelines, FHI will initially submit the following reports 90 days after the contract award date: (1) The Contract Performance Monitoring Plan, (2) the Training Plan, (3) the Procurement Plan, and (4) the HAPP Annual Workplan for 22 September 1997 to 31 December 1998. The Chief of Party will submit to USAID/I the following regular reports: Quarterly Reports to include Performance Monitoring Reports

(PMRs) and a Data Collection Report, annual workplans, an Annual Report on the potential impact of HIV/AIDS and options for action, an annual evaluation plan, a Completion Report and a Final Report

Information on program activities will be supplemented by regular meetings the HAPP Program Manager, the COP and the USAID/I-COTR and by special meetings convened by the USAID

G Workplan

A three-year workplan is in Attachment 1

VI CAPABILITY STATEMENTS

In order to support USAID/I's HAPP activities for the next three years, FHI intends to be the leader of a team which includes United States and Indonesian subrecipients. Considered both individually and collectively, the capability statements below establish that the organizations which will participate have had experience in undertaking programs of similar scope, size and complexity in the health field in general and HIV specifically

A Family Health International

USAID has been a global leader in international health and family planning for over thirty years. For over twenty-five years, Family Health International (FHI) has assisted USAID in carrying out that global leadership role. Founded in 1971, FHI was one of several specialized agencies funded by USAID to introduce modern contraception in the developing world through primary research support. This role quickly expanded into related programmatic, operations and epidemiologic research.

FHI is committed to improving the quality of family life by improving reproductive health, reducing sexually transmitted diseases (STD), including HIV, and increasing contraceptive choices. FHI's contributions have been twofold -- adding scientific knowledge, through international research and implementation of projects, and delivering this scientific and social science knowledge to others, through global technical assistance and education.

Since 1987, a cornerstone of FHI's mission has been preventing the spread of HIV. This began with grants from the American Foundation for AIDS Research (AmFAR). Since then, FHI has spearheaded USAID's worldwide effort to slow the rate of increase of sexually transmitted HIV, first through the five-year \$40-million AIDSTECH Project and then, beginning in 1991, the AIDS Control and Prevention (AIDSCAP) Project, budgeted at \$168 million. FHI/AIDSCAP's overall mission has been to strengthen the capacity of

developing countries to design, implement, and evaluate comprehensive programs to reduce the sexual transmission of HIV. AIDSCAP has worked with more than 40 countries in Africa, Asia, and Latin America/the Caribbean to initiate or improve their HIV prevention programming efforts by funding over 550 subrecipients and over 250 rapid response grants.

FHI's work in Indonesia spans twenty years providing technical assistance and conducting research on various reproductive health and HIV/AIDS prevention issues. Much of FHI's early work focused on the evaluation, acceptability and introduction of contraceptive methods. More recently, FHI's work in the population field has focused on determining the non-health effects of family planning on women's lives. Examples of studies being conducted include women's reproductive decision making and its relation to psychological well-being and the impact of contraceptive use and fertility on family welfare and women's roles.

FHI/AIDSCAP has been a major part of USAID/I's support to the GOI in responding to the unique challenge of HIV/AIDS. In early 1993, technical assistance was provided to the EPOCH Project by staff of the AIDSCAP ARO and assistance was provided by AIDSCAP Headquarters on computer modeling of the epidemic. Later in 1993 the first of a very successful series of four policy study tours was organized by AIDSCAP ARO in which senior GOI officials were introduced to both the severity of the HIV/AIDS epidemic in Thailand and the positive policy response by the Royal Thai Government. Several members of these policy tours subsequently convened as the "Bangkok Group" and were instrumental in drafting the NAS of the GOI.

When USAID/I made the decision to design and launch HAPP, FHI/AIDSCAP was requested to be the primary provider of technical assistance to this bilateral project. FHI/AIDSCAP worked as a partner in the HAPP implementation from September 1995 to the present. During this brief period of implementation, the HAPP staff have succeeded in establishing the national office in N Jakarta and provincial offices in Manado and Surabaya. Outstanding staff, both Indonesian and international, have been recruited and they are now managing more than twenty-five projects in the three demonstration sites.

Successfully managing these global programs, as well as the activities in Indonesia, speaks to FHI's expertise in the field of HIV/AIDS prevention. This broad experience has also prepared FHI to continue its effective collaboration with USAID and other organizations that may undertake intervention activities with USAID funding in the future.

B Partners

Program for Appropriate Technology in Health (PATH)

A non-profit, nongovernmental organization, PATH has been a leader in state-of-the-art reproductive health programming since 1977. Over the past decade PATH offices in Indonesia, Kenya, the Philippines, Thailand, and the United States have collaborated on AIDS and STD prevention projects in 35 countries in Africa, Asia, and the Americas. PATH staff have assisted USAID/I, the EC, the UN, regional organizations, and national and provincial governments with a wide variety of programming intervention. PATH has been a major subcontractor to AIDSCAP and is a World Health Organization Collaborating Centre on AIDS.

PATH has been working in Indonesia for 14 years. It has worked with the Indonesian National AIDS Program to facilitate technology transfer for local production of a rapid test for HIV 1 and 2 to a Lombok-based NGO. In 1991, PATH formed an AIDS coalition involving 38 member organizations from the public and private sectors. Currently, PATH is engaged in implementing a range of HIV prevention programs in several Indonesian cities that include community outreach, STD diagnosis, treatment and prevention, interpersonal communications, training and institutional strengthening, and informational media development.

Presently, PATH manages USAID/I's AIDS Initiatives Project which introduces new modes of AIDS programming that involve NGOs working in collaboration with private-sector companies and local governmental agencies. PATH has also worked closely with FHI and USAID/I in conducting rapid situational assessments of the demonstration areas of HAPP and in providing technical assistance in workplace projects in factories and port settings.

Project Concern International (PCI)

PCI is a non-profit, international health systems development organization founded in 1961, with headquarters in San Diego, California. Since 1972, PCI has worked in Indonesia with DepKes to strengthen health service delivery at the community level. PCI has experience in North and South Sulawesi, Bali, and East Java, with current projects in Jakarta, Riau, Maluku and Irian Jaya. These projects are managed by 41 experienced staff, with expertise in reproductive health, maternal and child health training, HIV/AIDS/STD programming, medical anthropology, and management, financial and health information systems development. PCI country operations include four field offices and the country office in Jakarta.

PCI has implemented province-wide USAID/I-funded Child Survival projects to improve childhood vaccination coverage and maternal care continuously since 1985. Programming innovations produced by these projects have resulted in national policy changes. In 1986, PCI completed work on USAID/I's four-year, \$4.8 million EPOCH

(Enabling Private Organizations to Combat HIV/AIDS) Project, the first cohesive effort at the grassroots to strengthen NGO HIV/AIDS prevention efforts, and the precursor to HAPP. The EPOCH Project worked directly with fifteen NGOs and a network of about fifty agencies. EPOCH exceeded objectives and leveraged over \$ 15 million in additional support.

PCI has worked with FHI/AIDSCAP during the first phase of HAPP to assist in situational assessments and to provide capacity building and training opportunities to HAPP NGOs.

Yayasan DKT Indonesia (DKT)

DKT Indonesia is a part of DKT International, a non-profit PVO with headquarters in Washington, D.C. DKT designs and implements family planning and AIDS prevention projects in developing countries and currently operates successful social marketing programs in Brazil, China, Ethiopia, India, the Philippines, Vietnam, and Indonesia. DKT's operations are funded by a variety of Governments, multilateral organizations, private corporations, foundations and individuals. DKT International is a proven leader in the field of contraceptive social marketing, as evidenced by its results worldwide. In 1996, DKT programs delivered 1.6 million Couple Years of Protection (CYP's) - up from 937,000 in 1995, putting DKT in the ranks of the top six international family planning service providers worldwide.

In June 1996, DKT began operations in Indonesia as the social marketing component of the HIV Prevention Measures Programme, a development program of Indonesia co-financed by the Federal Republic of Germany through Kreditanstalt für Wiederaufbau (KfW). The main objectives of DKT's social marketing project are to (1) make affordable, high-quality latex condoms more widely available, in particular to persons practicing high-risk behavior, and (2) increase consistent and correct condom use in high-risk sexual encounters.

By December 1996, DKT had introduced its new Sutra brand of high-quality latex condoms to Indonesia. Packed in attractive packaging, supported by effective behavior change communication materials, and priced to be affordable to lower income persons, Sutra has proved to be an initial success, with 3.7 million condoms sold in the first four months of operation. PT Sawah Besar Farma, a respected national distributor, distributes Sutra to traditional outlets such as pharmacies and drug stores, while DKT's team of condom promoters and educators work in non-traditional areas such as red-light commercial and entertainment establishments where high risk sexual encounters are taking place. DKT also manages the "NGO Support Fund" a 4-year, \$400,000 sub-grant fund for local NGOs in the Programme sites. Funding is provided by the KfW and the GOI.

Although national in scope, DKT pays particular attention to the cities of Jakarta and Surabaya on the island of Java, and Denpasar on the island of Bali. DKT also provides

technical assistance to the GOI and NGOs in the areas of HIV/AIDS prevention education and condom quality assurance. As part of the HIV Prevention Measures Programme, DKT works closely with the Center for Health Education (PKM) in the development of generic messages for information and education in HIV/AIDS. Also, DKT provides assistance to the Food and Drug Administration in the area of condom quality assurance.

The Futures Group (TFG)

FUTURES, a preeminent social marketing, management and strategic planning organization, works throughout the world to design and manage condom social marketing programs to prevent transmission of HIV. FUTURES has institutionalized the role of the private sector in condom social marketing efforts, thereby fostering sustainability and self-sufficiency of AIDS-prevention efforts. In all cases, FUTURES seeks to strengthen local management and marketing skills so that project activities can continue with minimal donor assistance.

FUTURES' first involvement in condom social marketing came under its 1981 International Contraceptive Social Marketing Program (ICSMP), a four-year US\$3 million project. In 1984, FUTURES was awarded the SOMARC I project, a five-year, US\$23 million program designed to further expand global contraceptive social marketing efforts.

Under SOMARC II, a five-year US\$33 million effort, FUTURES successfully increased the availability and use of condoms, oral contraceptives and IUDs among low-income groups by utilizing commercial distribution infrastructures and by integrating the private sector in project design and development. In response to the global AIDS epidemic, FUTURES successfully integrated HIV awareness/prevention initiatives into its family planning programs.

FUTURES was asked to develop a condom social marketing pilot project in Surabaya, Indonesia, that would increase the availability and accessibility of affordable, high-quality condoms in red-light districts. Since condom use and knowledge of HIV/AIDS transmission were very low, other objectives of the project were to increase awareness of condoms as protection against HIV/AIDS and to encourage condom use among CSWs and their clients. To ensure that condom supply would be sustainable, the project maximized the use of commercial channels by developing a "joint venture" with two commercial condom firms. FUTURES worked with local NGOs to provide outreach and training activities, including condom sampling and use instruction, to CSWs.

FUTURES also worked to prevent HIV/AIDS in Indonesia under USAID's Indonesia Private Sector Family Planning (PSFP) Project, a five-year project designed to increase the availability, quality, sustainability and use of reproductive health products and services (including condoms for AIDS prevention). Under PSFP, FUTURES facilitated the participation and cooperation of Indonesia's National Family Planning Coordinating

Board (BKKBN), private sector providers and a variety of local NGOs in preventing HIV infection and unintended pregnancy

FUTURES worked with FHI/AIDSCAP in the management and implementation of condom social marketing activities under the first phase of HAPP and has worked with FHI/AIDSCAP as an implementing partner in a number of other AIDSCAP country programs

Private Agencies Collaborating Together (PACT)

PACT is a US based private voluntary organization that has developed its capacity as an important resource to a variety of local organizations, communities and their networks in both Indonesia and the rest of the developing world. It is now extending this role into the corporate sector, undertaking collaborative projects in areas such as health education and eco-tourism. PACT's unique role is to provide technical assistance and training in order to strengthen the capacity of communities and institutions to carry out sustainable development programs, as well as to facilitate active collaboration between them and governments.

PACT seeks creative ways to address critical issues by supporting locally based initiatives, consortia, and partnerships between NGOs and governments. PACT has demonstrated that it can provide effective financial oversight, and manage all aspects of program management and implementation. In-country staff are skilled in the utilization, management and reporting of funding from bilateral and multilateral donors as well as private corporations.

Since 1989, PACT has been working in Indonesia and has grown to a current staff of twenty. PACT has developed capacity to conduct intervention activities, program development and implementation, especially in the area of HIV/AIDS and STD prevention. During the USAID/I EPOCH project, PACT acted as a lead partner in the management and implementation of projects including establishing a Resource Center for IEC materials in HIV/STD care and prevention. Through FHI/AIDSCAP support prior to and during HAPP, PACT has worked closely with local NGOs and communities in designing HIV/STD prevention projects for hard to reach youth and street children.

The Centre for Development and Population Activities (CEDPA)

Established in 1975, CEDPA is an international PVO whose mission is to empower women at all levels of society to be full partners in development. As defined by the Gray Amendment to the Foreign Assistance Act, CEDPA is a minority firm, with a woman president, 86% of its staff are women, a majority of the trustees are women and the Chair of the Board is a woman. CEDPA's mission is based on its conviction that sustainable development requires the full participation of women. CEDPA partnerships enable leaders of women-focused NGOs to expand their outreach to women and men who need family planning, health, and development services. Based in Washington, DC,

CEDPA has overseas offices in India, Nepal, Nigeria, Kenya, Egypt and Romania and an international staff of 130, representing 22 countries

In addition to its many health-related partner projects, CEDPA also supports projects and organizations which promote women's literacy, women's participation in democracy building, girls' education, and advocacy for policies which will guarantee women access to family planning services, health care and equal opportunities

CEDPA's strategy for reducing the spread of STD reflects its organizational focus on empowerment of women and its recognition of the cultural and gender issues that affect women. A key focus of CEDPA's strategy in reducing the spread of STD (including HIV) is to identify and address these cultural and gender issues, as well as other behavioral factors that put people at risk

CEDPA's strength lies in its training capacity and in the ability to make direct contacts with women in the community in order to identify patterns of sexual behavior and communication and to identify strategies for changing communication between men and women, between parents and children, and other familial relationships

In Indonesia, CEDPA has worked collaboratively with its alumni and donors to strengthen the institutional capacity of local agencies to develop gender-sensitive family planning and reproductive health programs and policies. Building on the successes of its efforts in Asia and its linkages with its alumni network, CEDPA proposes to utilize these strengths in creating an "enabling environment" to increase awareness and promote risk reductive behaviors among women, men and adolescents

C. Implementing Agencies

The bulk of this project will be implemented through partnerships with Indonesian NGOs and private sector organizations. The organizations will offer a myriad of HIV prevention expertise and access to target populations and service providers. As described in Section III, (Technical Approach), FHI will build upon AIDSCAP's successes in Indonesia by supporting key organizations which have made important contributions to date. They are Yayasan Kasuma Buana (YKB), Yayasan Investasi Kemanusiaan (YIK), Ikatan Ahli Kesehatan Masyarakat Indonesia (IAKMI), Yayasan Prospectiv, Yayasan Abdi Asih (YAA), Perkumpulan Keluarga Berencana Indonesia (PKBI), Yayasan Pelita Kasih Abadi (PeKA), Yayasan Mitra Masyarakat (YMM), Yayasan Bahagia Harapan Kita (YBHK), the Center for Health Research, University of Indonesia (CHR/UI) and the Center for Societal Development Studies, Atma Jaya University. USAID/I is familiar with each organization's capabilities. Attachment 2 contains a detailed description of each of these organizations and how they will work in the next phase of the program. All of the organizations mentioned above have indicated their desire to continue working with FHI (see Attachment 6)

New partner organizations will be selected according to the criteria listed in the RFP, their ability and willingness to integrate HIV prevention activities into their existing portfolio, and suitability to become a contributing organization to the HAPP team. FHI staff will interview potential agencies regarding the above criteria along with staff at USAID/I and GOI as well as conduct the necessary financial reviews before submitting them to USAID/I for approval.

FHI WORKPLAN July 31, 1997 - April 30, 2000

ID	Task Name	97		1998				1999					
		Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2
1	Program Management	▶											
2	Hire new staff												
3	Supervisory visits to Provincial offices												
21	Quarterly Reports (PMR & Data Report)												
32	Donor coordination meetings												
43	Contract Performance Monitoring Plan		◆										
44	Training Plan		◆										
45	Procurement Plan		◆										
46	HAPP Annual Workplan												
50	Annual report on potential impact of HIV/AIDS												
54	Staff annual performance reviews												
57	Review Training Plan												
60	Completion Report											◆	
61	Final Report												◆
62	CPO #1 Increase % of CSWs Condom use	▶											
63	YIK Sub-agreement												
64	IAKMI Sub-agreement												
65	Y Pros Sub-agreement												
66	YAA Sub-agreement												
67	YPEKA Sub-agreement												
68	YMM Sub-agreement												
69	TFG Sub-contract												

Project FHI Workplan
Date 25/04/97

Task



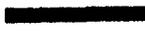
Milestone



Rolled Up Task



Rolled Up Progress



Progress



Summary



Rolled Up Milestone



FHI WORKPLAN July 31, 1997 - April 30, 2000

ID	Task Name	97		1998				1999					
		Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2
70	DKT Sub-contract												
71	PATH Sub-agreement												
72	PCI Sub-agreement												
73	PACT Sub-agreement												
74	CEDPA Sub-agreement												
75	CPO #2 Increase % CSWs Seek STD Care												
76	YKB Sub-agreement												
77	PKBI Sub-agreement												
78	YBHK Sub-agreement												
79	CPO #3 Increase % STDs Correctly Managed												
80	Supervise STD Case Management in 3 sites												
81	Equip health facilities for STD services												
82	Train providers												
91	Upgrade hospitals and health centers												
92	Treatment guideline validation and updating as nec												
93	Monitor antimicrobial resistance patterns of GC												
94	Test treatment protocols for CSWs												
95	Repeat PI 6 & 7												
96	CPO #4 Increase % name 2 ways to prevent HIV/AI												
97	Government Mass Media Consortium												
98	CPO #5 Increase % counselling STD/AIDS												
99	Develop appropriate IEC Material for counseling												

Project: FHI Workplan
Date: 25/04/97

Task

Progress

Milestone

Summary



Rolled Up Task

Rolled Up Milestone



Rolled Up Progress



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FHI WORKPLAN July 31, 1997 - April 30, 2000

ID	Task Name	97		1998				1999				2000	
		Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2
100	Incorporate into STD case management training			█									
101	Training of medical providers nurses bidans												
107	CPO #6 Decrease STD Prevalence	▶											
108	Develop STD laboratory quality control program		█										
109	Monitoring & Surveillance of STD in 3 sites		█	█	█	█	█	█	█	█	█	█	█
110	Conduct STD surveillance research of waria		█	█	█	█	█	█	█	█	█	█	█
111	CPO #7 Policy Support	▶											
112	Consultation to KPAD and "resource packages"		█	█	█	█	█	█	█	█	█	█	█
113	Support for development of provincial AIDS strateg		█										
114	Support KPAD coordination meetings												
119	Participate in International AIDS Conferences												
123	Policy Study Tours												
133	National Meetings												
140	Support assessments for national policy implemen		█	█	█	█	█	█	█	█	█	█	█
141	Donor coordination												
159	Evaluation	▶											
160	CHR/UI BSS Agreement		█	█	█	█	█	█	█	█	█	█	█
161	Atmajaya Sub-agreement		█										
162	Annual BSS Report												
166	Annual Self-evaluation												
169	Final evaluation												█

Project FHI Workplan
Date 25/04/97

Task	█	Milestone	◆	Rolled Up Task	█	Rolled Up Progress	█
Progress	█	Summary	▶	Rolled Up Milestone	◇		

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Attachment 2

Partner organizations and key personnel

Yayasan Kasuma Buana (YKB)

Background YKB is a non-profit, non-sectarian organization founded in 1980 with the mission of assisting the GOI to increase the health status of the community. Since then, YKB has established a laboratory for IUD and condom quality testing, provided facilities for six family planning clinics, and provided mother and child care services. In 1993, YKB began conducting outreach projects for CSWs in the Kramat Tunggak *lokalisasi*, promoting condom use, disseminating information on STDs and HIV and providing clinical STD services. YKB has worked in collaboration with a variety of Government Departments and Ministries, the Family Planning Board, Koja Hospital, and multiple national and international donors.

Proposed Program YKB will conduct outreach activities among CSWs and management in the Kramat Tunggak *lokalisasi* in N Jakarta and will advocate among local government officials in support of the 100% condom use policy. Other activities will include ongoing assistance to a CSWs self-help group initiated to increase their sense of self-efficacy. In addition, YKB will provide STD clinical and support services at their "base camp" clinic in Kramat Tunggak and at their primary clinic in N Jakarta. The YKB clinic will serve as one of the STD sentinel surveillance sites for HAPP and the key clinic for the N Jakarta referral network. YKB will contribute to HAPP model activity, developing strategies for supporting partner notification.

Key Personnel Dr. Firman Lubis, Director of YKB, Ms. Kindy Marina, social worker and manager of the outreach program.

Yayasan Investasi Kemanusiaan (YIK)

Background A community development NGO based in N Jakarta, YIK was established in June 1994 with the mission of assisting the government to improve the social welfare of women workers in Jakarta. YIK specializes in community based activities among disadvantaged communities in Jakarta. YIK's target groups include female workers, CSWs, garbage sorters, and fishermen. They have received previous funding from Oxfam. More recently, with HAPP support, YIK has begun STD and HIV prevention activities among low-income workers and CSWs in Jakarta.

Proposed Program YIK will conduct community based activities among CSWs and their clients in N Jakarta. YIK is particularly well suited to this work, having developed close ties with their communities. YIK will provide input into another HAPP model, strategies for mobilizing community support and resources.

Key Personnel Arthur John Horoni is Chairman of YIK, Drs Jacob Kedang, Project Manager

Ikatan Ahli Kesehatan Masyarakat Indonesia (IAKMI)

Background IAKMI is a professional organization established in 1971 with a membership of more than 1500. Its primary mission is to provide support to community health activities. It has worked in public health supporting research, training and health education. Since the 1990s, in collaboration with the MOH and WHO, IAKMI has been conducting HIV/AIDS surveillance, outreach and prevention activities among various at risk populations including *waria*. IAKMI worked with HAPP during phase one to conduct outreach projects to *waria* in N Jakarta.

Proposed Program IAKMI will conduct outreach and peer education activities in HIV/STD to *waria* in N Jakarta. They will also provide support and technical assistance to the *waria* forum which is a self help group reaching the majority of *waria* in Jakarta.

Key Personnel Dr Syafrı Guarıcı, Executive Secretary, Drs Deddy Darmawan, Head of Development Program, Dr Alex Papilaya, Program Advisor

Yayasan Prospectiv (YPros)

Background Yayasan Prospectiv is a small, clinic-based NGO in Surabaya, East-Java close to the major ports. They have been extensively involved in research on sexual behavior and STD prevalence among high risk groups in Surabaya, and have previously managed a clinic based outreach program for CSW in Surabaya. In collaboration with USAID/I in 1993/1994, the Yayasan conducted a research study on STD prevalence and sexual behavior among CSWs, truck drivers, seamen as well as *kulis*. In 1994/1995 the Yayasan conducted training programs for about 600 CSWs in Surabaya to increase awareness in using condom among the CSWs and their clients funded by the SOMATIC/USAID. Under HAPP, the institution has demonstrated the ability to attract significant numbers of STD clients from among their target population.

Proposed Program Yayasan Prospectiv will conduct outreach among truck drivers and *kulis* in the port area, making referrals to its STD clinic where diagnosis, treatment and counseling are provided. YPros will also be developing additional activities with trucking industry management and participating in an evolving truck driver's project network.

Key Personnel Dr Kambodjı, MPH, Project Manager

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Yayasan Abdhi Asih (YAA)

Background YAA is a non-profit organization established in 1994. It has extensive experience in the area of improving the welfare and health status of female commercial CSWs in Surabaya. During the first phase of HAPP, YAA conducted outreach education to CSWs and pimps in Dolly, Surabaya, encouraging consistent condom use and making referrals for STD symptoms. In collaboration with The Futures Group, YAA developed strategies to increase condom use among CSWs and their clients in order to reduce STD and HIV transmission. Collaborative activities included operations research, public media events, and recruiting and training condom sales personnel among pimps and other young men working in the *lokalisasi*.

Proposed Program YAA will conduct outreach activities among CSWs, pimps and brothel management. YAA has very good working relationships with local government and will be a key participant in supporting implementation of the 100% condom use policy. Abdhi Asih will be adding program components designed to increase CSWs sense of self efficacy and esteem. These are in response to requests by the women themselves and include issues such as financial management.

Key Personnel Liliek Sulistyowati, Director, Agung Soedjono, Vice Director and Sri Suharni, outreach worker.

Perkumpulan Keluarga Berencana Indonesia (PKBI)

Background PKBI of East Java is a non-profit family planning organization established in 1973. Its main activity is to provide services to improve the health status of the community with a focus on reproductive health. Its main target groups include pre-school aged children, teenagers and reproductive aged couples. PKBI became involved in HIV/AIDS prevention projects after hearing of increased STD rates and consequently, it strengthened its STD related services in Surabaya. PKBI has worked in collaboration with the Department of Health, Ministry of Education, the Family Planning Board, Dr Soetomo Hospital, and international donors such as the World Bank, Pathfinder International and PCI. During the first phase of HAPP, PKBI was contracted to provide clinical care for STDs and serve as a referral clinic for HAPP NGOs in Surabaya. PKBI will also contribute to HAPP model activity through developing strategies for supporting partner notification.

Proposed Program

PKBI will continue with services as under the initial phase of HAPP. They will also play a key role as one of HAPP's model projects by providing training of private practice *bidan* to identify and refer RTI among clients. This is particularly important given the preference of women, including CSWs for private practitioners for reproductive health services. This activity was developed and was well received by bidans and clients under the first phase. PKBI will collaborate to ensure full documentation of the process and outputs so that this may be adapted to other areas.

Key Personnel Dr Kesuma Halim, MSc, Project Director, Drs Widodo Adi Cahyono, Program Manager

Yayasan Pelita Kasih Abadi (PeKA)

Background PeKA is a non-profit organization in Manado established in 1995 in response to a need to address the issue of high risk commercial sex. Its primary objectives include (1) improving the community's welfare in a broad sense without bias of race, nationality, language or religion, and (2) to improve the community's efforts and its participation in solving problems in the environment, health, justice, and welfare. The core staff of the project include two medical doctors, a psychologist and a lawyer. During the past year, PeKA has been conducting STD/HIV prevention outreach activities to CSWs and their clients in Manado.

Proposed Program

PeKA will continue outreach activities, with an increased emphasis on advocacy for 100% condom use policy among gatekeepers, recognizing, however, the limitations inherent in working with non-brothel based CSW. PeKA will be expanding activities to the port area of Bitung and working closely with the PATH worksite initiatives there.

Key Personnel Mrs Adiloekito, SH, Project Director, Dr Vina Kilapong, Field Coordinator

Yayasan Mitra Masyarakat (YMM)

Background YMM is a non-profit organization based in Manado. It was established in September 1994 with a primary mission to strengthen the community's role in community development. YMM collaborated with PATH in conducting the rapid behavioral risk assessment in Manado in June and July 1996. Under the first phase of HAPP, YMM began outreach HIV/STD prevention programs among youth at high risk as identified in the assessment. YMM has demonstrated particular success in mobilizing community support and resources.

Proposed Program

YMM will continue working with high risk youth and extend services to Bitung. Along with YIK, YMM will provide input into another HAPP model, strategies for mobilizing community resources. This is particularly important given the sensitivity of effectively addressing sexual activity of youth.

Key Personnel Ms Jenny A Zebedeus, MBA, Executive Director, Johnny Nana, Vice Executive Director, Reinald Parengkuan, Outreach Worker

Yayasan Bahagia Harapan Kita (YBHK)

Background YBHK is a non-profit, non-sectarian organization founded in 1950 with a mission of improving the health status of the community. YBHK's primary activities, based out of its private clinic, have been in general health care provision and family planning services. The clinic has expanded its services to provide STD diagnosis, treatment and counseling in Manado. The clinic has become a sentinel site for HAPP surveillance and treatment activities as well as the referral resource for a network of private practitioners.

Proposed Program

YBHK will continue services as described above and will provide input into another HAPP model, developing strategies for promoting partner notification.

Key Personnel Dr. Eddy Karundeng, Project Director, Dr. Alice Karundeng, Project Manager

Center for Health Research, University of Indonesia (CHR/UI)

Background CHR/UI has a long institutional history of conducting epidemiological and social science research on a variety of health issues including HIV/AIDS. Under previous contracts with FHI/AIDSCAP, CHR/UI has (1) provided technical assistance to the two largest Islamic institutions in Indonesia in assessing the HIV/AIDS impact on its population and drawing up action plans, including a reproductive health module with HIV/STD messages, to address the issue with the respective institutions, (2) conducted an institutional analysis of key policy issues within Indonesia with particular emphasis at the three HAPP sites, and (3) they have conducted the first round of the HAPP Behavioral Surveillance Survey (BSS) for baseline data in all three sites.

Proposed Program CHR/UI will be asked to conduct annual BSS surveys in the three HAPP sites in order to monitor behavior changes in the targeted populations and to provide end of project evaluation data. They will work closely with the local government KPAD to transfer skills and operations of the BSS during the project to build long-term sustainability.

Key Personnel Dr. Budi Utomo, MPH, PhD, Director, Dr. Nick Dharmaputra, Researcher

Center for Societal Development Studies, Atma Jaya University

Background The Center for Societal Development Studies at Atma Jaya University has developed a strong capacity in conducting qualitative research in HIV prevention activities. They have conducted a number of HIV/STD risk assessments for hard to reach groups such as street children in Jakarta. Under a previous contract with FHI in

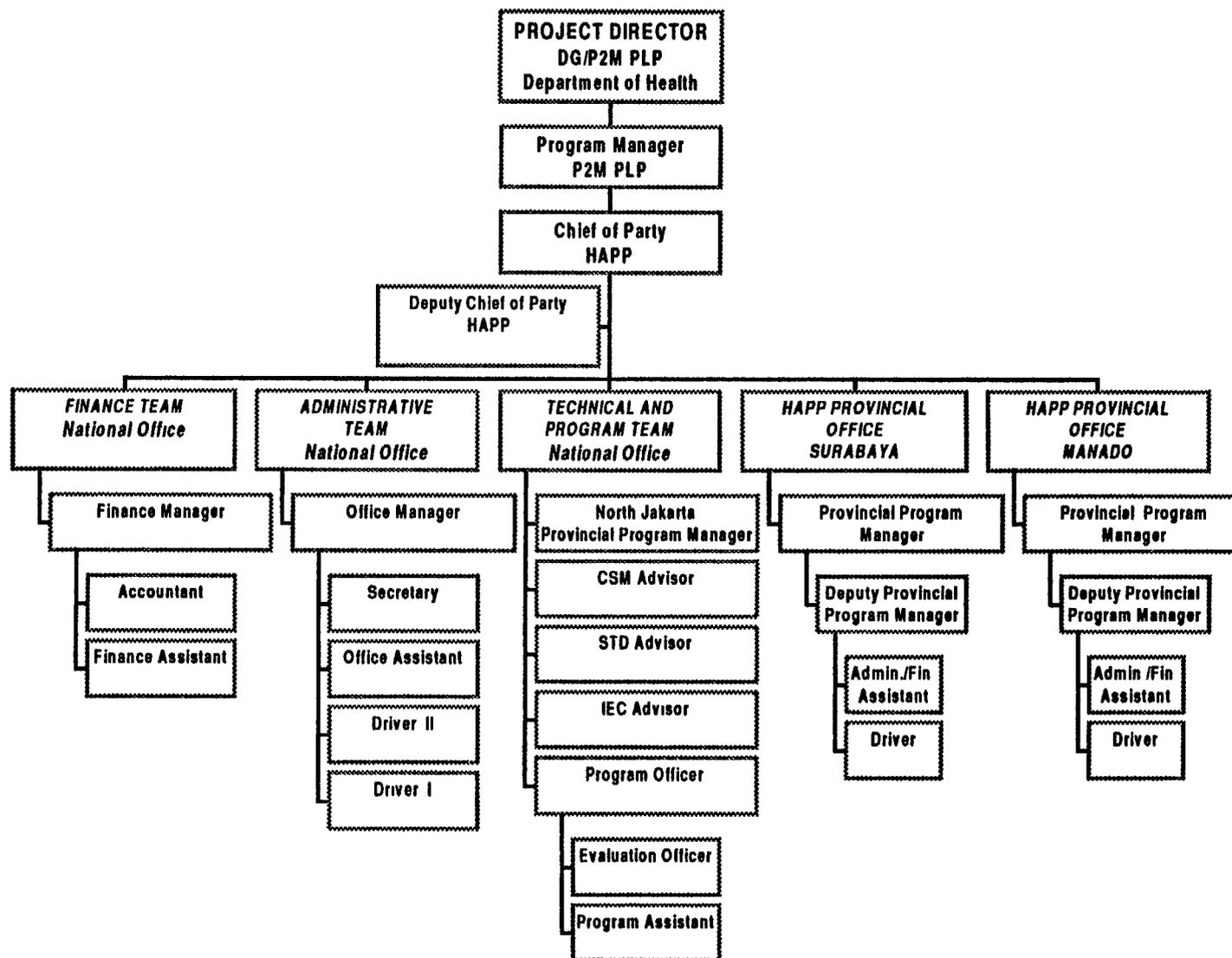
support of HAPP activities, Atma Jaya staff provided technical assistance to HAPP NGOs in all three sites in qualitative evaluation and on-going monitoring of their projects and will produce an end of project lessons learned evaluation report

Proposed Program Provide periodic qualitative evaluation and research support to HAPP NGOs at the start of phase two of the Project. Atma Jaya's support to date has proven invaluable in both collecting evaluation data and in increasing the capacity of NGOs to analyze and manage their projects. The long term skills transfer and capacity developed through this project will contribute significantly to sustainability of these programs

Key Personnel Irwanto, PhD, Director, Dao Ai Lien, PhD, Researcher

Organization Chart HIV/AIDS Prevention Project (HAPP)

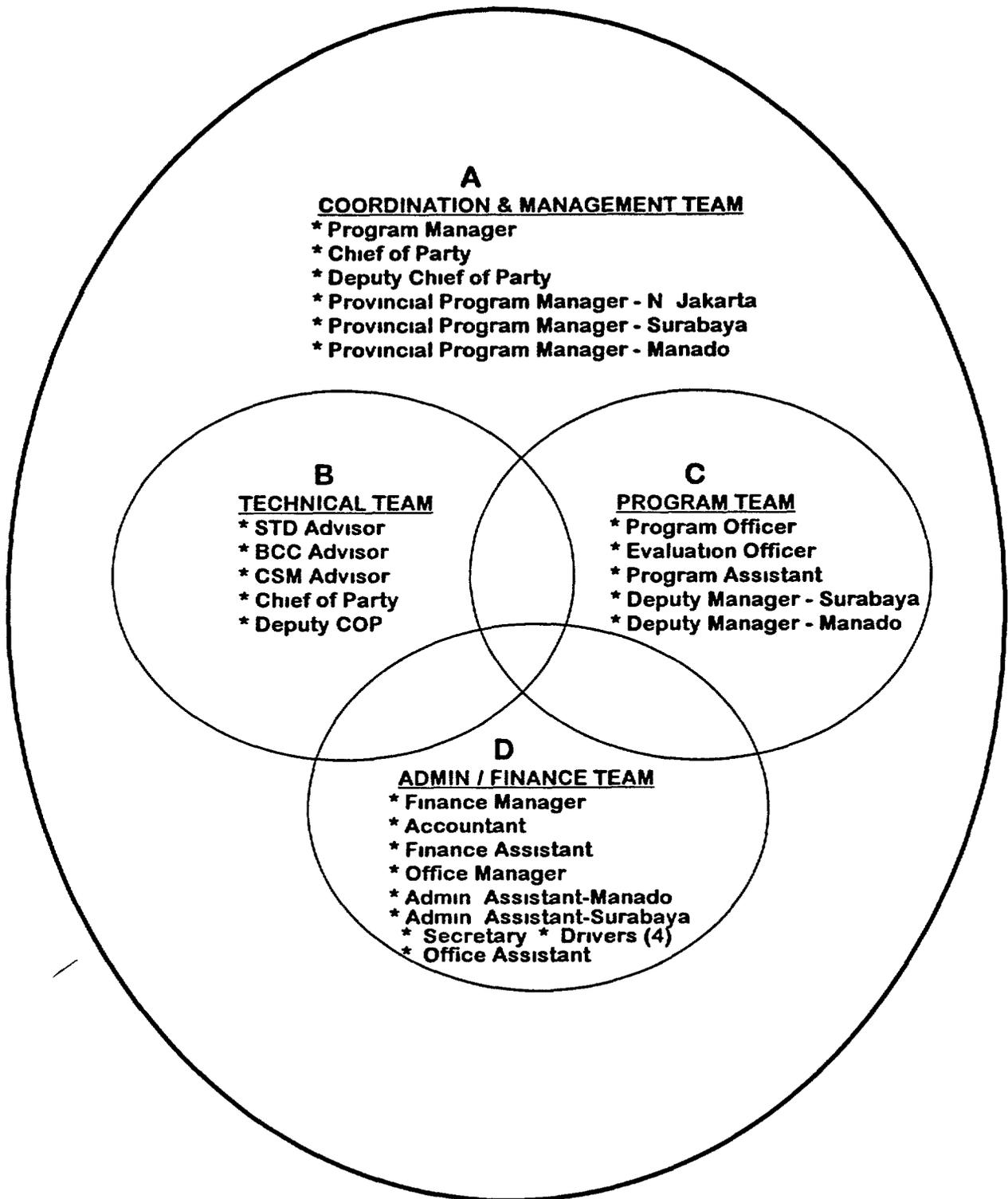
Table 1



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HAPP TEAMS

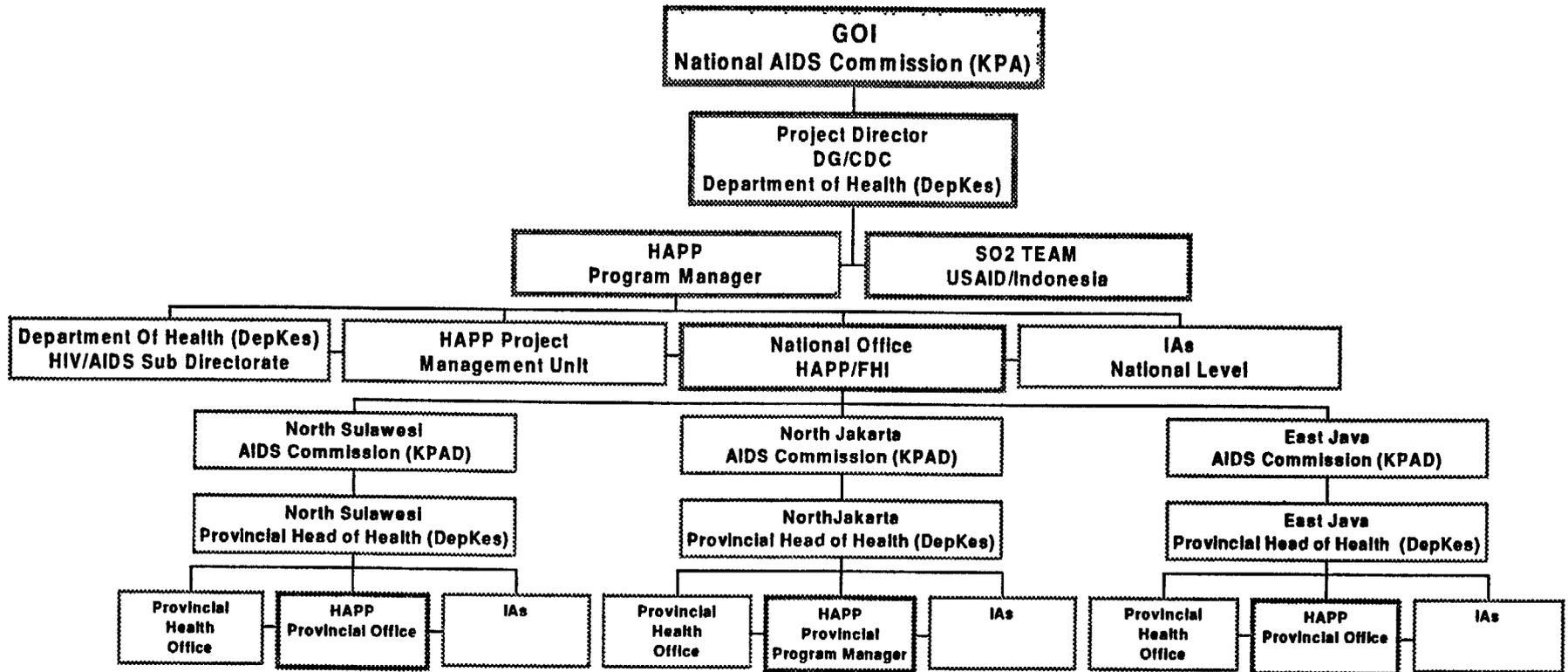
Table 2



Organizational Framework

Table 3

HIV/AIDS Prevention Project (HAPP)
 linkages with
 Government of Indonesia (GOI) and
 USAID/Indonesia (USAID/I)



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MATRIX OF HAPP LOCAL STAFF

Table 4

Title	Name	Qualifications	Areas of Responsibilities
<p>HAPP - NATIONAL OFFICE</p> <p>1 Office Manager</p>	<p>María Radjahi</p>	<ul style="list-style-type: none"> • Tarakanita Secretarial Academy • 14 years of work experience • Management skills and experience • English language 	<ul style="list-style-type: none"> • Assists in developing administrative policies and procedures, • Assists in the recruitment and hiring of all HAPP personnel, • Coordinates and supervises secretarial and administrative support in 3 sites • Coordinates with FHI Regional Office and FHI/HIV/AIDS Department to ensure compliance with FHI Personnel Policies and Procedures in terms of overall consistency • Manages procurement of administrative supplies and equipments, • Directs the leasing, renovation maintenance and developing and implementing plans to provide the most efficient and economical use of office and storage place • Directs arrangements for official travel and hotel reservations for all project staff and official visitors, • Manages the project vehicles including developing policies and procedures for official use, • Coordinates and monitors preparation for Project activities from finance and program sections, • Supports Chief of Party with logistics, correspondence, liaison with sites and USAID

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Title	Name	Qualifications	Areas of Responsibilities
2 Evaluation Officer	To Be Appointed	<ul style="list-style-type: none"> • Knowledge and experience in social science research, statistical analysis and database programs • Knowledge about health sciences and AIDS and experience working in AIDS prevention programs • Ability to work well with others and to develop and maintain relationships among project staff and collaborating agencies • Masters degree in social science or related area and work experience reflecting necessary skills and abilities • Experience must reflect the knowledge skills, and abilities listed above • Knowledge of computer processing • Excellent spoken and written English 	<ul style="list-style-type: none"> • Assists in developing evaluation plans for HAPP program activities, • Assists and coordinates with HAPP country level staff in developing and monitoring evaluation strategies on the country program and subprojects in Indonesia, • Assists in the development of evaluation components of subprojects, • Ensures the quality of evaluation components of subprojects and baseline, process and outcome indicators are collected, • Remains informed on current programs in the HIV/AIDS and STD field by review and analysis of current literature and statistical data and is alert to any process, outcome and impact indicators and any implications of such research on HAPP activities, • Organizes and implements data analysis, • Liaises with government agencies to obtain relevant data and keeps informed on data relevant to HAPP, • Helps maintain the MIS system, providing up-to-date information on project activities and expenditures, • Assists the Program Officer with preparation of HAPP project documents, reports, slides and papers, • Helps maintain regional epidemiological data, • Other duties as assigned by the Program Officer or the Chief of Party

nb

Title	Name	Qualifications	Areas of Responsibilities
3 Accountant	To Be Appointed	<ul style="list-style-type: none"> • Sound knowledge of basic Accounting or Finance, including USAID regulations • Ability to manage and work independently and efficiently • Ability to maintain accurate and complete financial and accounting records • Knowledge of computer processing • Bachelor degree in accounting and four years work experience in international non-profit setting knowledge of USAID procedures very important • Excellent spoken and written English 	<ul style="list-style-type: none"> • Conducts pre audits on each voucher/invoice submitted to HAPP in order to verify that the commitment was properly incurred, funds are available for payment, computations are mathematically correct, the amounts and items claimed are in agreement with the document authorizing the claim the material or services included in the claim were actually delivered or performed and the voucher/invoice does not represent a duplicate claim which has previously been submitted and paid, • Reviews travel claims for correctness and verification that the claim conforms with travel authorizations and regulations regarding routings per diem, accommodation and use of proper transportation determining if a travel advance was issued and computing the amount due to the traveller or HAPP, • Reviews and comments on financial information submitted by implementing agencies which have received financial support from HAPP, • Participates in reviewing and analyzing the budgetary sections of proposed subagreements/letter of agreements submitted to HAPP to assure the budgeted sections are complete and conform to established guidelines • Participates in the establishment or modification of internal procedures governing the formulation, preparation and review of HAPP requests for operating funds, • Assists in Pre-award Financial Review and making occasional site visits to examine the accounts of project recipients for accuracy and propriety of expenditures, • Coordinates with the program section in preparing the up to date financial information on implementing agencies receiving funds from HAPP,

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Title	Name	Qualifications	Areas of Responsibilities
			<ul style="list-style-type: none"> • Processes local hired staff payroll benefits and personal income tax, • Maintains control of petty cash, • Initiates correspondence to verify data, answer queries and obtain additional information on financial transactions, as required, • Performs other financial duties as assigned
4 Finance Assistant	To Be Appointed	<ul style="list-style-type: none"> • Sound knowledge of basic accounting and office procedures, including USAID regulations • Ability to manage and work independently and efficiently • Ability to maintain accurate and complete accounting records • Knowledge of computer processing • College degree in Accounting or Finance with three years of experience in public or private bookkeeping/accounting, preferably have knowledge of USAID regulations • Have a good command of English language 	<ul style="list-style-type: none"> • Performs financial accounting by assuring that accounting ledgers, reports and supporting records and files are current, accurate and complete, • Performs Monthly Bank Reconciliations • Reviews and clears transaction source documents processed for budget availability and assigning FCO numbers for office expenses prior to forwarding to the Finance Manager for clearance and approval, • Prepares recurring reports as scheduled and special reports as required for countries offices, audits or other reasons, • Maintains all the financial files for HAPP, • Maintains personnel records and files for HAPP, • Assists in the budget preparation process by putting into HQ format and providing document back up as needed by the Finance Manager, • Coordinates with the administrative unit in preparing the HAPP labor distribution report and distributing to all staff, • Initiates correspondence to verify data, answer queries and obtain additional information on financial transactions as required • Performs other financial accounting duties as assigned

Title	Name	Qualifications	Areas of Responsibilities
5 Program Assistant	Ida Asfraida Harun	<ul style="list-style-type: none"> • Academy Foreign language • 16 years of work experience • English language 	<ul style="list-style-type: none"> • Provides secretarial duties for Program Office and Evaluation Officer, • Assists with the development and maintenance of a comprehensive filing system for the Program Officer and Evaluation Officer, • Keeps minutes of Program Officer's and Evaluation Officer's meetings, • Maintains contact with collaborating agencies and individuals relevant to project activities and keeps up to date contact information of collaborating agencies and individuals, • Provides administrative support to Program Officer and Evaluation Officer, • Assists with the phone calls in the absence of the secretary, • Provides support to the Program Officer in communicating with and documenting sub-projects activities, • Performs timely and accurate data maintenance for program and evaluation activities
6 Secretary	Sri Meda Anggarsih	<ul style="list-style-type: none"> • Secretarial College • 12 years of work experience • English language 	<ul style="list-style-type: none"> • Provides secretarial duties, • Assists with the maintenance of a comprehensive filing system for the HAPP Central File and in entering Central File data in MIS, • Keeps minutes of Chief of Party and Deputy Chief of Party's meetings, • Assists the Office Manager in the travel arrangements and hotel reservations for all HAPP staff and visitors, • Takes phone calls, monitor faxes and ensures messages passed on to HAPP staff

Title	Name	Qualifications	Areas of Responsibilities
7 Driver I 8 Driver II	Makmun Bin Juwig Uus Supriadi	<ul style="list-style-type: none"> • Senior High School • 23 years of work experience • Senior High School • 23 years of work experience 	<ul style="list-style-type: none"> • Drives staff to meetings and appointments as assigned, • Takes good care of and is responsible for maintaining the project vehicles in clean and good running conditions at all times, • Keeps record of the logbook/calendar and reports to the Office Manager on a weekly basis, • Provides routine clerical assistance when requested • Helps doing general maintenance around the office, • Runs office errands, such as message delivery and visa applications
9 Office Assistant	Dian Chandra	<ul style="list-style-type: none"> • Senior High School • 1 year of work experience 	<ul style="list-style-type: none"> • Keeps the office premises clean • Serves as messenger, delivering mail from and to Embassy, Post Office and Implementing Agencies by project motorcycle • Keeps record of the logbook/calendar and reports to the Office Manager on a weekly basis • Provides routine clerical assistance when requested, • Helps doing general maintenance around the office and under taking minor repairs, • Runs office errands, such as message delivery and visa applications

Title	Name	Qualifications	Areas of Responsibilities
			<p>Administrative Support</p> <ul style="list-style-type: none"> • Assists with procurement and management of supplies and equipment, • Responsible for managing the computer resources for the HAPP Provincial Office, • Coordinates arrangements for official travel and hotel reservations for all project staff and official visitors, • Oversees provision of technical support to sub projects in designing and implementing the administrative, budgeting and financial aspects of their projects • Reviews sub-projects budgets and monitors funds used by sub projects in consultation with Jakarta HAPP staff, • Performs other duties as assigned by Program Manager

Integration of GOI HIV/AIDS Program for Repelita VI and Proposed HAPP Activities 1997 - 2000

(HAPP activities contribute toward achievement of Repelita objectives)

HAPP Contact Performance Objectives		CPO 1	CPO 2	CPO 3	CPO 4	CPO 5	CPO 6	CPO 7
Program GOI Repelita		Increase percentage of CSWs' reported use of condom to 60%	Increase percentage to 85% of CSWs who seek medical care for last STD symptom/diseases in the past year	Increase proportion of those at risk of STDs who are served a HAPP participating clinics according to standard STD diagnosis and treatment protocols to ratio of 55%	Increase to 88% those at risk who are exposed to information, education and communication campaigns and able to correctly identify two ways to prevent HIV/AIDS	Increase proportion of those at risk receiving STD/AIDS counseling to 40%	Decrease of STD prevalence rate among CSWs to 30% by 1998 and 20% by 2000	Policy support
1 IEC	1 AIDS education for government and private institutions	Gender analysis and training	Gender analysis and training		Mass media campaign			Dissemination of National AIDS Strategy
	2 AIDS education for the public at large				Mass media campaign			

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HAPP Contact Performance Objectives		CPO 1	CPO 2	CPO 3	CPO 4	CPO 5	CPO 6	CPO 7
2 Prevention	1 Hospital and puskesmas are able to identify and treat STDs		- Train private practitioners and midwives - Improved diagnosis treatment RTI STD HIV to CSWs Referral card system	-STD case monitoring HAPP clinics and puskesmas -STD care providers training and supervision		Training Medical providers, nurses, midwives in STD management & counseling	Quality control program HAPP laboratories	
	2 People with high risk behavior understand ways to avoid infection	-Condom promotion, condom access, increased demand for CSWs, clients, high risk youth through NGO outreach program -Repeated contacts by outreach workers -Condom audits			NGO interpersonal communication program			
	3 Puskesmas and hospital personnel know and practice universal precaution							
	4 Ensure HIV-free blood supply							

HAPP Contact Performance Objectives		CPO 1	CPO 2	CPO 3	CPO 4	CPO 5	CPO 6	CPO 7
3 Testing and Counseling	1 Testing facilities available in all Kabupaten			HIV testing in HAPP clinics		Referral system for medical providers and counseling services		
	2 There are HIV counselors in all Kabupaten			HIV counselors in HAPP clinics		Train medical personnel in partners notification counseling training		
4 Treatment, Service and Care	1 Standardized medical and nursing treatment for STDs and AIDS							
	2 Availability of medicine and necessary equipment/supplies for treatment of AIDS in hospital		HAPP laboratory/ clinics/ puskesmas upgrading equipments & diagnostic facilities	HAPP laboratory/ clinics/ puskesmas upgrading of equipment & diagnostic facilities				
	3 Increase the skill of puskesmas and hospital personnel in treatment and care of PLWA							
	4 Preparing a manual for home care of PLWA							

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HAPP Contact Performance Objectives		CPO 1	CPO 2	CPO 3	CPO 4	CPO 5	CPO 6	CPO 7
5 Research and Study	1 At least one study per year			CSW treatment research GC resistance			<i>waria</i> research dissemination	
	2. Dissemination of research results to relevant institutions			Dissemination of HAPP research			<i>waria</i> research dissemination	
6 Monitoring and Evaluation	1 Priority for Sentinel Seroprevalence Surveillance	BSS	BSS	BSS surveillance data from HAPP clinics	BSS	Survey health care providers	STD surveillance	
7 Education and Training	1 Education and training for program planners, decision makers and managers at all levels of administration from the local to national level in line with priorities							Attendance at international conferences, local study tours international study tours, KTAD training, national meetings
	2 Strengthening existing training and educational facilities to include HIV/AIDS and reproductive health							

HAPP Contact Performance Objectives		CPO 1	CPO 2	CPO 3	CPO 4	CPO 5	CPO 6	CPO 7
7 Education and Training (con't)	3 Appropriate material and guidelines for AIDS education and training are available for all service delivery units at all levels both public and private	Materials developed	Materials developed	Materials developed	Materials developed	Materials developed		
	4 AIDS educators and trainers are available at all levels	Trainers in HAPP provinces	Trainers in HAPP provinces	Trainers in HAPP provinces		Trainers in HAPP provinces	Trainers in HAPP provinces	Trainers in HAPP provinces
	5 Education and training has been carried out for all program managers at all levels	NGO capacity building	NGO capacity building	STD managers training				KPAD training in HAPP provinces
8 International Cooperation Bilateral & Multilateral	1 Bilateral cooperation in responding to HIV/AIDS							
	2. Multi-lateral cooperation in responding to AIDS							
	3 Increase funds and resources from overseas for Indonesian HIV/AIDS activities							

HAPP Contact Performance Objectives		CPO 1	CPO 2	CPO 3	CPO 4	CPO 5	CPO 6	CPO 7
9 Institutionalizing the Program	1 Formation of Provincial AIDS Commissions in all 27 provinces							
	2 Activation of AIDS Commissions at national and local level	Promote 100% condom use policy by clients and CSWs						Policy assessments Policy resource packages
	3 Active participation of NGOs and community organizations in the HIV/AIDS program	NGO capacity building Rapid response fund	Rapid response fund	Rapid response fund NGO evaluation training	Bi-annual KPAD coordination meetings (2 yrs) KPAD consultants KPAD planning support			
	4 Involvement of families							
10 Laws and Regulations	1 Develop necessary laws and regulations to cover aspects of the AIDS control Program							
	2. Dissemination of laws and regulations to planners, decision makers, and the community, as needed							

HAPP Contact Performance Objectives		CPO 1	CPO 2	CPO 3	CPO 4	CPO 5	CPO 6	CPO 7
10 Laws and Regulations (con't)	3 Application of laws and regulations in the least oppressive manner							
	4 Application of laws and regulations related to HIV/AIDS based on priorities							

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