Populated Printable COP Without TBD Partners

2008

Indonesia

Generated 12/9/2008 9:00:18 AM

Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
Congressional Notification Summary 2008 Indonesia.doc	application/msword	9/25/2007		LBaldwin

Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

[X] Yes [ ] No

Description:

The USG HIV program supports the Government of Indonesia's (GOI) 2007-2010 National HIV/AIDS Strategy, as do those of international and bilateral institutions and other donors. The USG commitment is long-term, sustained support to build a comprehensive national response to HIV and AIDS including effective interventions for prevention of new infections, and care and treatment of infected people. The USG works closely with the National AIDS Commission (KPA) to develop and vet program objectives and interventions that are in alignment with the National Strategy. By working together, the USG and the GOI have put in place important national polices and the KPA – with USG support – will be focusing on strengthening the National Monitoring and Evaluation System.
In previous years, the USG HIV Program in Indonesia was providing direct clinical services to reduce the incidence of HIV in Most-At-Risk Populations (MARPs) through the support of NGOs and civil society. In the FY07 Mini-COP, the USG began to strengthen health systems and increase clinic capacity to acceptable performance standards for MARPs services with the intention of creating opportunities for replication by the GOI, other donors and the private sector.
The FY08 Mini-COP places an increased emphasis on the technical assistance necessary for further development of overall health systems at the provincial and district-level health departments, modeling of best practices and begins to shift away from direct service delivery and implementation through NGOs and civil society (although it still supports 66 sub-partners). This shift maximizes the impact of limited USG resources throughout a geographically large and populous country. In addition, the USG is focusing programmatic efforts on Papua to address its emerging generalized HIV/AIDS epidemic.
The shift in focus features the three following programmatic interventions:
1. Improvement of Clinic Networks for MARPs in 8 priority provinces: USG will support training, mentoring, and Quality Assurance/Quality Improvement assistance, in order to increase the capacity of STI/VCT clinic networks to align with the national monitoring, coordination, logistics and reporting systems and promote stronger management by local health systems.

2. Continuum of Care (CoC) Pilot Sites for MARPs in 3 cities: FY08 funds will support the development and implementation of three CoC pilot sites on Java which primarily serve MARPs who are in need of prevention, care, support, and treatment services. Each pilot site will consist of one district referral hospital linked to 2-3 satellite health centers. Each center will link to one or more NGOs providing home based and community care. Demand for services will be generated through intensive outreach efforts by NGOs working directly with MARPs. While the delivery of such services is not new, emphasis will now be placed on the development of a replicable and sustainable model inclusive of training systems, manuals and protocols (both clinical and managerial) and community outreach materials.

3. A Health Systems Approach in 10 Tanah Papua districts: FY08 funds will expand the creation of CoC network sites from 5 to 10 districts. As described above, CoC pilot sites connect the services of one district referral hospital to at least one satellite health center and these to at least one NGO providing home-based care. The need for assistance in Papua is great and USG (through non-PEPFAR resources) and other donors, are providing funding and services – not just to control the generalized HIV/AIDS epidemic – but also to control the high levels of TB infection, STIs, malaria, poor maternal and child health services, low rates of basic childhood immunizations, and to increase access to safe water and sanitation services.

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Ambassador Cameron Hume Cover Letter.pdf	application/pdf	9/27/2007		LBaldwin

Country Contacts

Contact Type	First Name	Last Name	Title	Email
DOD In-Country Contact	Kim	Holzman	Special Project Advisor	Kim.Holzman@coe-dmha.org
USAID In-Country Contact	Lisa	Baldwin	Senior HIV/AIDS Advisor	lbaldwin@usaid.gov
USAID In-Country Contact	Ratna	Kurniawati	Project Mgt. Specialist	rkurniawati@usaid.gov
U.S. Embassy In-Country Contact	Collette	Marcelin	Economic Officer	marcelinc@state.gov

Global Fund In-Country Representative	Lisa	Baldwin	Senior HIV/AIDS Advisor USAID	lbaldwin@usaid.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008?	$0
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2008

Prevention	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	54	414	468
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	2	19	21

Care (1)	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
		996	4,942	5,938
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	996	4,942	5,938
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	168	480	648
8.1 - Number of OVC served by OVC programs	0	0	0	0
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	11,829	60,880	72,709

Treatment	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
		350	6,030	6,380
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	350	6,030	6,380

Human Resources for Health	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
End of Plan Goal	0			

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	1,680	500	2,180
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	49	15	64

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Care (1)		2,444	25,272	27,716
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	2,444	25,272	27,716
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	655	500	1,155
8.1 - Number of OVC served by OVC programs	0	0	0	0
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	10,737	37,013	47,750

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Treatment		725	6,293	7,018
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	725	6,293	7,018

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Human Resources for Health				
End of Plan Goal	0			

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Health Policy Initiative

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5569.08
System ID: 7557
Planned Funding($): $250,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Constella Futures
New Partner: No

Mechanism Name: Aksi Stop AIDS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7899.08
System ID: 7899
Planned Funding($): $6,937,225
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Yayasan Penguatan Rakyat Pedesaan
Planned Funding: $36,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Perhimpunan Buruh Independen
Planned Funding: $31,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Yayasan Bina Insani
Planned Funding: $37,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support

Sub-Partner: Jaringan Kesehatan Masyarakat
Planned Funding: $36,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support

Sub-Partner: Yayasan Peduli Aids Deli Serdang
Planned Funding: $19,800
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Yayasan Srimersing
Planned Funding: $33,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Yayasan Bentan Serumpun
Planned Funding: $34,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Yayasan Hanz
Planned Funding: $31,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Komunitas Aksi Kemanusiaan Indonesia
Planned Funding: $39,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Yayasan Bandungwangi
Planned Funding: $42,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Institute for Community Development and Social Advocacy
Planned Funding: $34,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Yayasan Pelangi Kasih Nusantara
Planned Funding: $49,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support

Sub-Partner: Yayasan Srikandi Sejati
Planned Funding: $44,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support

Sub-Partner: Perkumpulan Pemberantasan Tuberkulosis Indonesia Jakarta
Planned Funding: $22,800

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HVCT - Counseling and Testing

Sub-Partner: Yayasan Mitra Sehati
Planned Funding: $39,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Yayasan Gerakan Penanggulangan Narkoba dan Aids
Planned Funding: $34,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Yayasan Insan Hamdani-Bandung Plus Support
Planned Funding: $37,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Yayasan Kalandara
Planned Funding: $39,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Solidaritas Perempuan untuk Kemanusiaan dan Hak Asasi Manusia
Planned Funding: $28,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Lembaga Penelitian dan Pengembangan Sumber Daya dan Lingkungan Hidup
Planned Funding: $31,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Perkumpulan Keluarga Berencana Indonesia Semarang
Planned Funding: $81,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Yayasan Media
Planned Funding: $36,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Yayasan Mulia Abadi
Planned Funding: $51,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Palang Merah Indonesia Banyuwangi
Planned Funding: $34,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Yayasan Genta
Planned Funding: $55,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support

Sub-Partner: Yayasan Bambu Nusantara
Planned Funding: $28,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Yayasan SUAR NURANI
Planned Funding: $42,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Ikatan Gaya Arema Malang
Planned Funding: $54,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support

Sub-Partner: Persatuan Waria Kota Surabaya
Planned Funding: $40,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support

Sub-Partner: Yayasan Mitra Karya Mandiri
Planned Funding: $50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Dian Harapan Hospital
Planned Funding: $26,000
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Yayasan Komunikasi Karya Anak Bangsa
Planned Funding: $38,400
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Yayasan Gaya Batam
Planned Funding: $43,200
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support

Sub-Partner: Yayasan Kusuma Buana
Planned Funding: $91,200
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Yayasan Kapela
Planned Funding: $68,400
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Yayasan Layak
Planned Funding: $72,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Yayasan Tegak Tegar
Planned Funding: $36,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Yayasan Mutiara Hati
Planned Funding: $58,800
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Paguyuban Srikandi Pasundan
Planned Funding: $58,800
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support

Sub-Partner: Himpunan Abiasa

Table 3.1: Funding Mechanisms and Source

Planned Funding:	$44,400
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Area Programs:	HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support
Sub-Partner:	Yayasan Fatayat Nahdiatul Ulama
Planned Funding:	$44,400
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Area Programs:	HVOP - Condoms and Other Prevention
Sub-Partner:	Lembaga Swadana Masyarakat Graha Mitra
Planned Funding:	$48,000
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Area Programs:	HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support
Sub-Partner:	Kelompok Kerja Bina Sehat
Planned Funding:	$30,000
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Area Programs:	HVOP - Condoms and Other Prevention
Sub-Partner:	Yayasan Hotline Surabaya
Planned Funding:	$66,000
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Area Programs:	HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing
Sub-Partner:	Yayasan Gaya Nusantara
Planned Funding:	$50,400
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Area Programs:	HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing
Sub-Partner:	Kelompok Kerja Waria Malang Raya Peduli AIDS
Planned Funding:	$26,000
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Area Programs:	HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support
Sub-Partner:	Yayasan Prakarsa Bagi Masyarakat Mandiri
Planned Funding:	$34,500
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVOP - Condoms and Other Prevention
Sub-Partner:	Yayasan Harapan Ibu
Planned Funding:	$48,000
Funding is TO BE DETERMINED:	No
New Partner:	Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support

Sub-Partner: Yayasan Sosial Agustinus Sorong
Planned Funding: $46,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Yayasan kelompok Kerja Wanita Papua
Planned Funding: $40,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Himpunan Konselor HIV/AIDS
Planned Funding: $31,200
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Pusat Pengkajian dan Pemberdayaan Masyarakat Nelayan
Planned Funding: $35,400
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Yayasan Solidaritas Perempuan Pekerja Seks
Planned Funding: $39,600
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support

Sub-Partner: Huria Kristen Batak Protestan
Planned Funding: $24,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Yayasan Batam Taurism Development Board
Planned Funding: $82,400
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support

Sub-Partner: Lembaga Swadana Masyarakat Warga Siaga
Planned Funding: $31,400
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Perkumpulan Keluarga Berencana Indonesia
Planned Funding: $52,800

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Perkumpulan Keluarga Berencana Indonesia
Planned Funding: $67,200
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Perkumpulan Keluarga Berencana Indonesia
Planned Funding: $68,400
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Perkumpulan Keluarga Berencana Indonesia
Planned Funding: $62,400
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing

Sub-Partner: Komite Kemanusiaan Indonesia
Planned Funding: $63,600
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Lembaga Peduli AIDS Karya Bhakti
Planned Funding: $44,400
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Lembaga Paramitra
Planned Funding: $30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Lembaga Swadaya Masyarakat Tegakkan Empaty Gapai Asa dan Percaya Diri
Planned Funding: $30,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Yayasan Gerakan Sosial Advokasi dan Hak Asasi Manusia untuk Gay
Planned Funding: $38,400
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support

Sub-Partner: Yayasan Center for Studying and Milleu
Planned Funding: $29,200
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Mechanism Name: TBD

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7950.08
System ID: 7950
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: Yes

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5573.08
System ID: 7559
Planned Funding($): $500,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5570.08
System ID: 7560
Planned Funding($): $250,000
Procurement/Assistance Instrument: Contract
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defence/Pacific Command
New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Dian Harapan Hospital	N	$26,000
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Himpunan Abiasa	N	$44,400
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Himpunan Konselor HIV/AIDS	N	$31,200
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Huria Kristen Batak Protestan	N	$24,000
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Ikatan Gaya Arema Malang	N	$54,000
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Institute for Community Development and Social Advocacy	N	$34,800
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Jaringan Kesehatan Masyarakat	N	$36,000
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Kelompok Kerja Bina Sehat	N	$30,000
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Kelompok Kerja Waria Malang Raya Peduli AIDS	N	$26,000
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Komite Kemanusiaan Indonesia	N	$63,600
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Komunitas Aksi Kemanusiaan Indonesia	N	$39,000
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Lembaga Paramitra	N	$30,000
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Lembaga Peduli AIDS Karya Bhakti	N	$44,400
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Lembaga Penelitian dan Pengembangan Sumber Daya dan Lingkungan Hidup	N	$31,400
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Lembaga Swadana Masyarakat Graha Mitra	N	$48,000
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Lembaga Swadana Masyarakat Warga Siaga	N	$31,400
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Lembaga Swadaya Masyarakat Tegakkan Empaty Gapai Asa dan Percaya Diri	N	$30,000
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Paguyuban Srikandi Pasundan	N	$58,800
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Palang Merah Indonesia Banyuwangi	N	$34,200
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Perhimpunan Buruh Independen	N	$31,800
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Perkumpulan Keluarga Berencana Indonesia	N	$52,800
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Perkumpulan Keluarga Berencana Indonesia	N	$67,200
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Perkumpulan Keluarga Berencana Indonesia	N	$68,400
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Perkumpulan Keluarga Berencana Indonesia	N	$62,400
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Perkumpulan Keluarga Berencana Indonesia Semarang	N	$81,600
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Perkumpulan Pemberantasan Tuberkulosis Indonesia Jakarta	N	$22,800
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Persatuan Waria Kota Surabaya	N	$40,800
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Pusat Pengkajian dan Pemberdayaan Masyarakat Nelayan	N	$35,400

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Solidaritas Perempuan untuk Kemanusiaan dan Hak Asasi Manusia	N	$28,800
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Bambu Nusantara	N	$28,800
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Bandungwangi	N	$42,600
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Batam Taurism Development Board	N	$82,400
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Bentan Serumpun	N	$34,800
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Bina Insani	N	$37,200
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Center for Studying and Milleu	N	$29,200
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Fatayat Nahdiatul Ulama	N	$44,400
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Gaya Batam	N	$43,200
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Gaya Nusantara	N	$50,400
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Genta	N	$55,200
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Gerakan Penanggulangan Narkoba dan Aids	N	$34,800
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Gerakan Sosial Advokasi dan Hak Asasi Manusia untuk Gay	N	$38,400
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Hanz	N	$31,400
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Harapan Ibu	N	$48,000
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Hotline Surabaya	N	$66,000
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Insan Hamdani-Bandung Plus Support	N	$37,200
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Kalandara	N	$39,600
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Kapela	N	$68,400
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan kelompok Kerja Wanita Papua	N	$40,000
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Komunikasi Karya Anak Bangsa	N	$38,400
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Kusuma Buana	N	$91,200
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Layak	N	$72,000
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Media	N	$36,000
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Mitra Karya Mandiri	N	$50,000
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Mitra Sehati	N	$39,600
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Mulia Abadi	N	$51,600
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Mutiara Hati	N	$58,800
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Peduli Aids Deli Serdang	N	$19,800
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Pelangi Kasih Nusantara	N	$49,200
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Penguatan Rakyat Pedesaan	N	$36,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Prakarsa Bagi Masyarakat Mandiri	N	$34,500
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Solidaritas Perempuan Pekerja Seks	N	$39,600
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Sosial Agustinus Sorong	N	$46,000
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Srikandi Sejati	N	$44,000
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Srimersing	N	$33,600
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan SUAR NURANI	N	$42,000
7899.08	7899	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Yayasan Tegak Tegar	N	$36,000

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01

Total Planned Funding for Program Area: $33,462

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

The relative proportion of total HIV infections that occur among women in Indonesia has grown from 12 % in 1999 to 24 % by 2006 (Jan-Mar 2006, cumulative HIV/AIDS cases, MOH, 2006). Over 70 % of all reported HIV/AIDS cases are in the 20-29 year old age group. Though the absolute numbers of women and children with HIV are still small, HIV prevention programs and intervention services regularly identify women with HIV, almost all of them of reproductive age and sexually active. Over 95% of women have had at least one ANC visit (DHS 2003). Over 58 % of women give birth in their homes, 31 % deliver in private facilities and 9% deliver in public facilities (DHS 2003). Approximately 82% of pregnant women deliver with the assistance of a nurse/midwife or a traditional birth attendant (DHS 2003). Pregnant women suspected to be at risk of HIV are currently offered testing using a HIV rapid test triple algorithm with opt-in testing approach. The MOH estimates that between 2,250 and 3,250 newborn infants are at risk for HIV each year. At one public referral hospital in Jakarta, over 100 pregnant HIV-infected women have been referred for PMTCT services. Recent data from the Yayasan Pelita Ilmu community-based PMTCT program, which provides mobile CT and referral for PMTCT care, showed 0.5% prevalence of HIV infection among pregnant women accepting testing (YPI, 2005) compared to an adult prevalence of 0.1%. According to the MOH, 16.5% of estimated HIV infections in the country are in Papua, despite the fact that it contains only 1.4% of the nation's population. The recent Papua General Population IBBS found a prevalence rate of 1.9% among women in Papua, with 2.22% among ethnic Papuan women.

Between 2003 and 2005, PMTCT capacity-building training for staff from the Ministry of Health and NGOs was facilitated by UNICEF. National guidelines for PMTCT were completed in late 2005 with support from USG and recommend the use of Zidovudine and Neverapine using opt-in testing approach. The national PMTCT training curriculum has been developed, but there are on-going issues related to best practice. For the time being, the MOH is using the WHO module, which has been translated to Bahasa Indonesian. The Directorate of Maternal Health was designated in 2005 to take the lead on developing PMTCT strategies within the MOH; however, it has not provided any on-going TA or mentoring. Since the development of the national guidelines, the MOH has sponsored two PMTCT trainings which have been attended by 163 participants, including OB/GYN, pediatricians, midwives, nurses, public health officers, and NGO staff.

In the National Guidelines for the PMTCT of HIV/AIDS, the MOH is tasked to begin establishing a sustainable and integrated PMTCT program that could be implemented readily within the existing primary health care system, including the family planning infrastructure at the sub-district and community levels, and the 75 referral hospitals which were to provide HIV/AIDS CST by the end of 2006 with support from GFATM Round 4. Despite this mandate, the need for PMTCT is not widely recognized in the general population or by most district authorities. With GFATM Round 4 funds, a PMTCT assessment was undertaken in 2005 in preparation for the Round 6 GFATM application. Findings suggest that there is very low knowledge about PMTCT services, even among health providers, and very high levels of stigmatization of people living with HIV/AIDS. HIV/AIDS continues to be perceived as an issue for those engaging in deviant and immoral behaviors. Stigma and discrimination makes women reluctant to avail themselves of services for fear that they will be branded as members of a despised group.

The GOI decided to make PMTCT a focus of the Round 6 GFATM HIV proposal. The proposal, which focused on mainstreaming PMTCT into the existing maternal and child health services, was not funded. As a result, the current national PMTCT program exists in name only, with no generalized mainstreaming occurring within maternal and child health services. PMTCT service coverage remains low, available only in 12 large hospitals, 2 community health centers and a handful of NGO sites. Most antenatal care in Indonesia occurs at community health centers (PusKesMas). PMTCT is part of the recently submitted GFATM Round 7 proposal.

In view of the concentrated nature of the epidemic in Indonesia, both the national program and USG-supported efforts to date have focused on most at risk groups and more recently on the general population of Papua. The distribution of estimated HIV/AIDS infections among women points to four important risk groups: female partners of IDUs (39%), FSW (24%), regular partners of clients of FSW (17%), and female IDUs (estimated at 17%), as well as general population women in Papua.

PMTCT is a small component of the USG program. This has led the USG response to focus on the integration of targeted PMTCT into a one-stop Continuum of Care (CoC) model featuring comprehensive integrated service packages including STI, CT, TB screening and treatment and case management services. The CoC service models are designed to provide services to FSW, men who pay for sex, IDU and their partners, and men who have sex with men, including male sex workers (MSW) (most of whom are married). The PMTCT services include information and counseling on the possibility of the client or their partner getting pregnant, the risk of transmitting STI or HIV to a baby, and available prevention measures. Assistance will be given for accessing contraceptive measures, if required. In Papua, USG is supporting the integration of PMTCT into the overall GOI health systems strengthening efforts which includes the implementation of the CoC network model plus improvements in supply chain management, human resources, management systems, and infrastructure.

The USG program will work towards preventing women of reproductive age who are at risk for becoming infected with HIV from contracting and passing on the virus. Specific activities include: (1) training counselors on pregnancy counseling and couple counseling skills; (3) implementing opt out CT, prevention for positives, access to treatment for mothers and newborns under a revised protocol; (4) increasing access to contraceptives through referral to family planning programs; (5) supporting efforts to implement capacity-building on the use of ARV for PMTCT, including training OB/GYNs, pediatricians, general practitioners and midwives; (6) supporting specific training on clinical management of drug addiction as related to PMTCT; and (7) in Papua, further integration of PMTCT with MNH, malaria, TB and safe water programs.

With FY08 funds, USG will support the integration of PMTCT into the CoC service models being implemented in the 3 non-Papua MARPS-focused sites. These pilots will model for the GOI implementation of high quality PMTCT services with realistic costs. USG-supported activities are also designed to help the GOI establish service models that include linkages for care, support and treatment for eligible women and children after delivery. In model sites, USG will support the following activities (1) linking comprehensive services and developing a smooth referral system; (2) implementing counseling, couple counseling, and access to contraceptive measures; and (3) in collaboration with nearest ARV hospital, implementing antenatal care, ARV following the WHO recommendations, safe delivery, infant feeding counseling, neonatal care, and postnatal care.

In Papua, PMTCT services are being integrated into the one-stop CoC service network in 5 districts in Papua with FY07 funding. In FY08, USG will rollout the integration in the 5 additional district CoC sites in Papua as part of the health systems strengthening efforts.

In collaboration with partners, GOI responsibility includes scaling-up and obtaining future funding. Acceleration of decentralization of CST services from hospitals to the community health center level will facilitate the scale-up of PMTCT. The speed of the scale-up depends on how quickly and effectively the GOI can utilize GFATM funding.

There are no current plans for USG HIV specific funds to be used to strengthen approaches for infant follow-up, OVC and routine MCH beyond the pilot service models. In Papua, other USG wrap around funds will be used for the integration of PMTCT activities. ASA will collaborate with UNICEF which is working on PMTCT in 4 districts overlapping with the USG CoC districts.

Potential upstream products or outputs
•Opt-out partner testing strategy adopted in USG supported facilities
•Modified policy on different options of PMTCT

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	13
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	1680
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	49
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	206

Custom Targets:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	7899.08	**Mechanism:**	Aksi Stop AIDS
Prime Partner:	Family Health International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	10690.08	**Planned Funds:**	$33,462
Activity System ID:	18186		

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10690

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10690	10690.07	U.S. Agency for International Development	Family Health International	5568	5568.07	Aksi Stop AIDS	$31,400

HVAB - Abstinence/Be Faithful

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Total Planned Funding for Program Area: $0

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Indonesia is comprised of over 220 million people and is at a critical crossroad in the transmission of HIV/AIDS. While the national HIV prevalence among the adult population remains less than 1.0%, it is evident that the low prevalence rate among the general population masks HIV sub-epidemics within Most At Risk Populations (MARPSs), including Injecting Drug Users (IDU), Female Sex Workers (FSW), clients of sex workers and men who have sex with men (MSM). The highest rates of infection are among IDU at 65.5% in Jakarta, transvestites at 22% in various cities, and FSWs at 23% in West Papua. The majority of MARPs are concentrated in Java and North Sumatra.

In Papua, the epidemic is evolving differently. Although commercial sex is a contributing factor in most urban areas, frequent unprotected premarital and intergenerational sex and multiple concurrent sexual relationships appear to be causing a soaring of infection rates in the general population. In 2006 the Aksi Stop AIDS (ASA) program implemented by FHI, supported an Integrated Bio-Behavioral Survey (IBBS) among the general population Papua which revealed a prevalence rate of 2.4%. The rate for men (2.9%) is demonstrably higher than the rate for women (1.9%). IBBS data also showed that HIV was highest among the 40-49 year old age group (3.4%); among persons who had more than 2 sexual partners in 1 year (4.0%); those who engaged in sex for payment (5.1%). The HIV prevalence among men who had a history of STI in Papua was 5.9%. More than 20% of male residents reported more than one sex partner in the past year compared to 8% of female residents.

In most of Indonesia, the level of sexual activity among youth is fairly low and conservative social norms are effective in discouraging pre-marital sexual activity. While data on the age of sexual debut is limited, it is believed that age at first marriage closely corresponds to the age of sexual debut. The median age at first marriage for women is 19.5 years. In Papua, IBBS data from Nabire and Paniai indicate a median age at first marriage of just over 23 for males and just under 20 for females; median age at first sex, however, was 19.5 among men and 18.8 among women. Twenty seven percent of unmarried males and 17% of unmarried females, 15-24 years of age, reported having ever had penetrative sex.

At present, national public health campaigns and programs focusing on AB are highly fragmented and low-intensity in nature. Given the nature of the epidemic in Indonesia, there are few existing AB programs, including those supported by other international organizations. The development of a national communications strategy featuring comprehensive HIV/AIDS prevention messages, including AB, is in process through the National AIDS Commission (KPA) but has been slow in coming to

fruition. Ministry of Education and UNICEF initiated sex education in the schools in 2000; however, quality of curricula, willingness of teachers to discuss sensitive topics with youth, and coverage are undocumented.

In FY07, USG funds supported AB messages to youth and "B" messages to adult men through outreach, targeted media and IEC. These messages were incorporated into IEC materials and training curricula to prepare religious and community leaders to speak out against the issues, supporting the development of local support groups for women, and supporting advocacy for stronger legal sanctions. FBOs were a primary source of A and AB messages in Papua leveraging the energy, commitment and modest financial resources of these groups as well as Tribal Leaders. USG funds were also used to assist the KPADs to develop and implement a provincial communications strategy in which A and AB messages play a prominent role. ASA worked closely with KPA, MOH and engaged UNICEF on expanding school-based programs for youth.

Specific activities included: producing locally appropriate BCC materials focusing on out-of-school youth and high risk men, incorporating AB messages; training youth counselors and peer educators on incorporating AB messages into existing programs; establishing Kabupaten Youth Advisory Groups to advise community leaders on the needs of youth and programmatic issues; in collaboration with UNICEF, training teachers and providing curriculum to expand in-school programs incorporating A messages; developing "Info/edutainment" activities, products and events that promote A and AB messages; conducting HIV/AIDS community socialization workshops to raise community awareness of HIV/AIDS with A and AB messages; training district health staff in "healthy norms action-planning"; training community members to assess, analyze, and map their own situation and develop action plans for healthy behaviors; training community leaders, local health staff, and women's groups to incorporate A and AB messages in all activities; training religious leaders to include healthy norms and A and AB messages in their sermons; integrating HIV/AIDS information and A and AB messages into religious activities; advocating to include A and AB messages in theological and bible school curricula; and advocating for more active role of the Protestant community and the Archdiocese of Jayapura in the fight against HIV/AIDS.

Given the reduction in FY08 funding, the findings of the Papua IBBS emphasizing the importance of efforts focused on high risk men, and the increase of new donor funding into Papua, the USG will shift the focus of its AB programming away from youth. AusAid has just released a new tender and will be developing a Comprehensive Behavioral Communication program in Papua targeting the general population, including youth. In addition, UNICEF will be expanding its efforts to general population youth in Papua, incorporating AB messages.

In order to complement these other AB efforts, and to address the continuing concentrated nature of the epidemic, USG AB programming will concentrate on "B" among high risk men, primarily in the two Papua provinces. "B" messages will be disseminated through multiple channels, including targeted media and IEC materials disseminated by the Provincial AIDS Commissions (KPAD) and Health Offices; workplace programs targeting men and high risk youth with messages such as, partner reduction, and less frequent use of commercial sex workers; and through community-based programs focusing on hotspots and entertainment venues. Alcohol and gender-based violence (GBV) issues predominate within the general population in Papua; USG Indonesia is interested in strengthening these themes in future interventions and to this end is initiating consultations with the MARPs TWG to undertake an assessment/programmatic design visit exploring such programming in Papua.

In FY08, using USG funds, the ASA program will target private sector businesses and government ministries, with significant numbers of high risk men, and support the provision of basic HIV/AIDS prevention information, including AB messages, individual counseling to employees, and access to STI and CT services either on-site or via referral. USG supports 5 NGOs who work exclusively with private sector businesses and government ministries on workplace programs for high risk men, including clients and potential clients of sex workers. Other NGOs target port workers, truck stops and other points along major highways where CSW services are available. USG FY 08 funds will be used to continue support to NGOs and GOI partners to scale-up and improve the quality of the outreach-, clinic- and institution-based interventions described. USG support will also be used to continue addressing gender-based violence and inter-generational sex through messages stressing that these practices are socially unacceptable. These messages as well as VCT and case management will be incorporated into all IEC materials and training curricula which will be provided to individuals in standard outreach areas including hotspots and workplace programs.

ASA will continue to make available technical assistance through direct funding mechanisms to FBOs and other community groups for organizational capacity building to work with youth and high risk groups including developing AB messages for FBOs and themes for political leaders, FBOs and religious groups. ASA will continue to advocate for a more active role of religious organizations, FBOs, and community groups in the fight against HIV/AIDS. USG funds will continue to support groups such as the Catholic Dioceses in Papua, the Gereja Protestan Indonesia di Papua (GPI Papua), and Mohammadiya – the 2nd largest Muslim group in the country, to assist them in mainstreaming HIV/AIDS prevention messages into their general programs.

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	29900
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	0
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	0

Custom Targets:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7899.08
Mechanism: Aksi Stop AIDS
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10691.08
Planned Funds: $0
Activity System ID: 17944
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 10691
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10691	10691.07	U.S. Agency for International Development	Family Health International	5568	5568.07	Aksi Stop AIDS	$1,016,200

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05

Total Planned Funding for Program Area: $5,401,589

Amount of total Other Prevention funding which is used to work with IDUs	$0
Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

While the national HIV prevalence among the adult population in Indonesia remains far below 1.0%, it is evident that the low prevalence rate among the general population masks HIV sub-epidemics within Most At Risk Populations (MARPs), including Injecting Drug Users (IDU), Female Sex Workers (FSW), clients of sex workers and men who have sex with men (MSM). The most recent HIV sentinel surveillance data available depicts mature epidemics among some MARPs. The highest rates of infection are among IDU at 65.5% in Jakarta, prison inmates at 60% in various prisons, FSWs at 23% in West Papua, and transvestites at 22% in various cities. The majority of MARPs are concentrated in Java and North Sumatra.

The “cross-over” of sub-epidemics threatens to accelerate the spread of HIV/AIDS. BSS data from 2004 indicated that 40% of IDU had purchased sex from a FSW within the previous 12 months and 10% had sold anal sex to another man. Reported condom use by IDU was only 32% at last commercial sex. Additionally, reported consistent condom use during commercial sex by FSW was 32%; 15% of clients of FSW and 30% of MSM reported consistent condom use during commercial sex.

The primary focus of the GOI national prevention efforts is on preventing HIV transmission between FSW and clients, harm reduction among IDU and sexual transmission among MSM and IDU and their partners. In Papua, where the epidemic is generalized, the prevention efforts are aimed at MARPs since, according to the data from the recent general population IBBS, the low prevalence, generalized epidemic in Papua is still driven by commercial and transactional sex. IBBS data also showed that HIV was higher among men (2.9%) than women (1.9%); among persons who had more than 2 sexual partners in 1 year (4.0%); those who engaged in sex for payment (5.1%). The HIV prevalence among men who had a history of STI in Papua was 5.9%. More than 20% of male residents reported more than one sex partner in the past year compared to 8% of female residents. The data shows that high risk men and commercial/transactional sex workers continue to be the main drivers of the epidemic in Papua.

The KPA and the MOH are fully supportive of comprehensive prevention efforts. However, full implementation of an effective response to prevent new HIV infections has been hindered by a variety of issues, including: (1) lack of consensus among key GOI bodies and conservative groups; (2) regulatory barriers; and (3) reluctance of the GOI to formally acknowledge the magnitude of the commercial sex industry in the country. Currently, the MOH procures condoms using GOI and GFATM funding. The MOH provides free condoms to NGOs working with MARPs. Additionally, DKT offers several brands of socially marketed condoms. There is limited national condom advertising and distribution.

Current USG-supported program efforts target 79 districts, located in 8 USG priority provinces. These districts were chosen, in consultation with the National AIDS Commission (KPA) because they are sexual and IDU transmission “hotspots,” which means that they have considerable MARPs populations engaged in high risk behavior, and need additional resources to mount a prevention effort to impact the epidemic. USG support will contribute to the national objective of reaching 80% of MARPs in each of these priority provinces by 2010. The targeted MARPSS for the USG-supported program include FSW, MSM, and other high risk men which include both actual clients at sexual transmission “hotspots” and potential clients.

In FY08, USG funding will continue to support 66 selected NGOs and CBOs to provide the basic prevention intervention package for MSM, FSW and high risk men, including clients of sex workers. The basic MARPSS prevention intervention package consists of NGO and peer outreach with IEC materials, including “B” messages for men; condoms, lubricants and safe sex kits; targeted multi-media campaigns; peer support groups; negotiation skills training; and policy interventions, including 100% condom policies and STI testing for brothel-based FSWs. In Papua, this will also include messages on alcohol and gender based violence (GBV). Each community-based NGO is linked with and provides referrals to either a GOI or NGO clinic for case management, CT, and STI screening and treatment. ASA also supports the KPA’s efforts to make female condoms more widely accessible throughout Indonesia, especially to FSW and women who may be engaged in commercial/transactional sex in Papua.

High risk men are also a key target group for USG-supported sexual transmission interventions. Targeted private sector businesses and government ministries, with significant numbers of “at-risk” men, are supported to provide basic HIV/AIDS prevention information, individual counseling to employees, and access to STI and CT services either on-site or via referral. In addition, messages to this group will include a strong B focus incorporating alcohol and GBV issues. USG supports 5 NGOs who work exclusively with private sector businesses and government ministries on workplace programs. Other NGOs target port workers, truck stops and other points along major highways where FSW services are available. USG FY 08 funds will be used to continue support to NGOs and GOI partners to scale-up and improve the quality of the outreach-, clinic- and institution-based interventions described above in the 79 priority districts.

With USG and WHO assistance, the MOH have revised the National Strategy for STI management; this includes enhanced syndromic management using simple lab tests for FSW; the introduction of periodic presumptive therapy (PPT), a package of standard medication which can effectively treat STI; and the replacement of ineffective first-line drugs for gonorrhea and chlamydia with more effective drugs with easier adherence requirements. All of these activities are being paid for by WHO and MOH/GFATM. Previous USG funds supported the development of standard guidelines and SOPs for community outreach for prevention services.

In 2007 USG funds were used to support specific health clinics to conduct STI services. FY08 funding will focus on changing the approach from funding specific clinics to helping the provincial and district health services develop systems to serve MARPs --- including expansion of local STI services to other clinics (NGOs) and strengthening the system (training, mentoring, quality assurance, reporting).

In FY 07, the USG focused on prisons by conducting staff training and strengthening referral systems for prevention, care and treatment with the objective of developing comprehensive programs in each national and rollout plan for prison programs. In FY08, the USG will not continue its work with prisons. However, AUSAid in collaboration with other international donors, the KPA, the Department of Corrections, the National Narcotics Bureau, and the MOH, will continue to build on previous USG efforts and support the development of a national strategy and roll-out plan for prison programs. In 2008 it is anticipated that AUSAid, GFATM, and the Indonesian Partnership Fund (IPF) will fund comprehensive IDU prevention efforts, including support for prison programs. No USG funds will be used for specific IDU HIV prevention programming but will enable IDU to access CT, care and support services supported by USG funding.

FY07 USG funding was also used to coordinate, plan and support ‘traveling’ peer leader workshops to Indonesian Defense Forces (TNI) throughout the country. PUSKES medical staff and TNI officers were trained as peer leaders by ASA. In FY08, USG will continue to use this trained group of peer leaders, and will continue support to the TNI/PUSKES for two additional training of trainers (TOT) peer leaders workshops for non-medical military troops to include new recruits. These workshops will provide the opportunity for the TNI/PUSKES to develop its own peer leader TOT workshop using and adapting the training and material resources from the FHI-organized, national TOT workshops. Training materials will include behavior change tools that address gender through male norms and behavior that lead to risk for infection. Condoms will be procured and funds will also support technical support and travel as required.

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets	6
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	437940
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	730

Custom Targets:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7899.08
Mechanism: Aksi Stop AIDS
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10694.08
Planned Funds: $5,336,589
Activity System ID: 17945
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 10694
Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10694	10694.07	U.S. Agency for International Development	Family Health International	5568	5568.07	Aksi Stop AIDS	$4,580,900

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5570.08
Mechanism: N/A
Prime Partner: US Department of Defence/Pacific Command
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10692.08
Planned Funds: $65,000
Activity System ID: 16821
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 10692

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10692	10692.07	Department of Defense	US Department of Defence/Pacific Command	5570	5570.07		$40,000

HBHC - Basic Health Care and Support

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Total Planned Funding for Program Area: $629,522

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

UNAIDS estimates there are 193,000 Indonesians infected with the virus that causes HIV (2006). The Ministry of Health (MOH) estimates the number of people currently requiring palliative care services to be approximately 10,000 (estimated as the number of HIV+ individuals who are or should be receiving ARV therapy). Of these, only 4,500 (45%) are thought to be receiving care and support services. Additionally, the MOH reports that 9,248 patients received ART at the end of June 2007. The MOH, with support from the GFATM, anticipates expanding the number of individuals receiving ARV combination therapy to 10,000 by March 2010.

The concept of HIV palliative care is not well established in the Indonesian public health system; the most common perception is that it entails end of life care and an emphasis on OI prophylaxis and treatment. The MOH has developed a national policy and established targets for "PLWA care and support services," but guidelines lack a comprehensive description of the standards and services to be included in the service package. The WHO, along with the USG-supported Aksi Stop AIDS (ASA) Program, implemented by FHI, and the AusAID-funded Indonesian HIV/AIDS Prevention and Care Program, are currently working with the MOH to develop national service guidelines and Standard Operating Procedures (SOP) for palliative care. National service guidelines will be piloted in three service sites in 2007 and will expand to Papua in 2008. The goal is to adopt these as national guidelines and SOPs in 2009.

The ASA program currently plays a significant role in national palliative care efforts. ASA supports 31 NGOs to provide community-based "case management" services to individuals testing HIV+, including those on ARV therapy. USG funding supports each of the 31 NGOs. ASA currently receives funds from multiple donors, including USG and IPF, to help lead the HIV/AIDS prevention, care, and treatment efforts in Indonesia. ASA is exploring the option of additional funding that would focus on case management for IDUs in FY08.

The current Case Management strategy places case managers as an integral part of CST teams, providing out-of-hospital/clinic psycho-social support, advocacy, and follow-up, including adherence support. The USG, through ASA, supports partner organizations to provide technical assistance and collaborate with the Ministry of Social Welfare on capacity building and developing a core of case management trainers and supervisors to coordinate training, mentoring, and supervision from central to district levels. Particular emphasis is placed on "positive prevention," communicated through the "HIV stops with me" message. Through USG support, ASA also provides assistance to the MOH and indigenous PLWHA support groups on developing a standard format for medical records and a "health passport" to be carried by patients to assist with referrals and care.

Case management is critical for supporting adherence to treatment which is not strong in hospitals. The role of case managers in the continuum of care is particularly critical with regard to ART and opportunistic infection (OI) drug supplies, which are frequently interrupted due to weaknesses in the supply chain. Case managers have served as a vital link by locating alternative supplies and ensuring that their clients can continue the therapy without interruption. With USG support, ASA also provides home care kits for use by Case Managers.

The USG, through ASA and in collaboration with the WHO and AusAID, also supports 5 hospitals to strengthen OI management by facilitating development of SOPs and Minimum Standards of Clinical Management, as well as facilitating training and mentoring of doctors, nurses, and paramedics.

Using USG FY07 funds, integrated palliative care and treatment services for PLHWA are being made available through selected Community Health Centers operating as satellites of designated referral hospitals (with linked community-based case management services) based upon the IMAAI approach. Services consist of chronic, acute, and palliative care, including OI prophylaxis, OI treatment, ART, PMTCT, and TB screening and treatment. In FY07, ASA began to pilot the Continuum of Care (CoC) network model focusing on MARPs in 3 sites in Java (DKI/Jakarta, West Java (Bandung) and East Java (Malang). The CoC network model will focus on 2-3 health centers in each site. In Papua, the health system strengthening effort focuses on implementing the CoC in at least 1 health center in each of 5 (out of 10) priority districts. USG FY08 funds will be used to scale-up services in the MARPs CoC, continue efforts in the 5 initial Papua districts and initiate the CoC in 5 additional districts.

A major initiative to be undertaken with FY 08 funds will be to provide leadership and technical support to the MOH in shifting the approach to care and support for PLWHA from a "case management" to a "community-and home-based care" (CHB) approach. At present, newly diagnosed PLWHA are assigned a NGO, MOH, or Department of Social Services-based case manager who is responsible for psycho-social support, adherence and related counseling, and facilitation of access to health services (e.g., for management of OIs). However, support for PLWHA is limited to six months, after which they are turned over to PLWHA support organizations, many of which provide only limited support and services.

Under the revised strategy, case managers will provide CHB services to PLWHA residing in their communities for as long as such services are needed. The approach is more in line with the realities of HIV/AIDS as a chronic disease for which long-term care and support are needed. USG funds will be used to assist in the development of service guidelines/SOP and training curricula. Funding will also support staff of USG-funded partner organizations to participate in national training efforts and provide additional training, mentoring, and follow-up support in USG priority provinces and districts.

In addition to expanding coverage and improving service quality and effectiveness at "core" sites, in FY 2007 USG supported testing special palliative care service configurations to meet the needs of IDU. Several clinics that received special training in the management of HIV/AIDS for IDU will receive additional training in FY08 to undertake detailed health assessments for newly diagnosed IDU HIV+ individuals. The results of the health assessments will provide a basis for developing treatment and referral plans, including TB screening and treatment, and management of Hepatitis C.

Potential Upstream Products or Outputs:
•National guidelines of OIs management
•Standard Operation Procedure of Continuum of Care
•Assessment of operational feasibility of the system
•Share process and costs of model system with MOH

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	39
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1789
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	148

Custom Targets:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7899.08
Mechanism: Aksi Stop AIDS
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10695.08
Planned Funds: $629,522
Activity System ID: 17946
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 10695
Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10695	10695.07	U.S. Agency for International Development	Family Health International	5568	5568.07	Aksi Stop AIDS	$557,400

HVTB - Palliative Care: TB/HIV

Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07

Total Planned Funding for Program Area: $115,619

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

Indonesia ranks third among countries that contribute 80% of the global TB burden. In 2006 there were 4658 new TB patients in Indonesia. The 2007 WHO Global TB Report estimates the incidence of TB at 239/100,000. Data on HIV infection among TB cases in Indonesia is limited. WHO estimates a conservative figure of 0.8%; thus, of the 193,000 estimated HIV cases approximately 2,895 are infected with TB annually. Since 2004, USG funds have contributed to the surveillance, education, and testing among TB patients at SR. Soroso Infectious Hospital (PPTI in Jakarta). All patients received HIV education, nearly one-third received HIV counseling and of those, almost 98% were tested for HIV. Of the TB patients who were tested for HIV, 264 persons or 18.8% of all TB patients tested positive. Among all positive TB/HIV persons, 44 out of 264 people receive ART.

While TB/HIV activities have been planned since 2000, implementation of pilot programs to start TB/HIV activities has been delayed due to a range of constraints, including competing priorities for TB case finding and Directly Observed Treatment (DOTS) expansion. Planned strategies for TB/HIV include: CT for all TB patients in high prevalence areas and TB screening for all diagnosed PLWA; strengthened referral systems to ensure HIV care and treatment services for all co-infected TB patients; intensified DOTS for all PLWHA with active TB disease; and TB infection control in congregate settings where HIV is prevalent. To date, it has been difficult to establish effective cooperation between the NTP and HIV/AIDS as well as key stakeholders at the district level. There is a working group on TB-HIV, but it has not been effective in establishing collaboration between TB and HIV programs. In 2003, the TB-HIV working group produced a booklet on Standard Operational Procedures for the Management of TB -HIV co-infection.

High defaulter rates of TB patients treated in hospitals and irrational use of first-line and second-line TB drugs form major threats to further development of MDR- and XDR-TB. The extent of the problem is still unknown due to lack of drug resistance surveillance data. A Central Java survey supported by USAID indicates MDR-TB represents 1.5% of all TB infection. The first case of XDR-TB was confirmed by reference laboratory in 2007; and it is widely believed that there are many more undocumented cases of XDR in Indonesia. The health system has poor capacity to address MDR-TB due to constraints such as inadequate laboratory capacity and facilities, unavailability of several second line drugs to treat MDR-TB, and insufficient capacity to deliver DOTS-Plus. In addition, weak regulations have caused second-line TB drugs to be freely available on the market, and many specialists use these second line TB drugs in first-line TB regimens.

Indonesia has received 2 Global Fund TB grants. GFATM R1 ($68.8 million) supports general expansion of DOTS and GFATM R5 Grant ($69.2 million) supports MDR-TB and TB-HIV interventions. A GFATM R7 Grant proposal ($57 million) will be decided in November 2007 and includes a TB/HIV component. The GFATM grants' primary objectives include, health systems strengthening, quality DOTS service expansion, patient education and community participation improvement, high political commitment achieved through strengthening partnerships, and improved case finding and management of TB/HIV co-infected patients. Strategies specific for TB/HIV include strengthening collaboration between the NTP and key stakeholders at the district level and scaling-up of TB-HIV sero-prevalence surveys. The results of these surveys will enable the NTP to define specific interventions for intensified TB case finding in PLWA, prevention of TB infections in PLWA, and prevention of HIV in TB patients. In March 2007, GFATM programs, except for support of life saving drugs, were placed under restriction by the Global Fund Secretariat for irregularities. These restrictions were conditionally revoked in August, 2007 pending completion of certain actions to be taken by October 15, 2007. If suspended there will be tremendous repercussions on the national TB program.

In FY 2007, in collaboration with UNICEF, WHO and IHPCP, the Indonesia Partnership Fund and Global Fund have supported integrated TB/HIV activities, including development of national strategies on TB/HIV, CT, psychosocial case management, and ARV referral, with models for IDU and their partners in 3 public health centers in Malang, Jakarta, and Bandung. USG used to work with prisons. Because of budget cuts USG plans to leverage funds with other donors including collaboration on TB in prisons with AUSAid.

At present, USG supports TB activities in Indonesia through the TBCAP cooperative mechanism focusing on assistance in DOTS expansion, capacity-building, training at the national and district levels, and a focus on TB/HIV. TBCAP and partners will support TB/HIV activities based on the National TB/HIV Strategy. KNCV is the lead organization; FHI, the key USAID implementing agency for HIV through the ASA program, assumes responsibility for programming in HIV/TB.

KNCV will play a leading role to support the assessment and establishment of TB DOTS and HIV/AIDS treatment linkages in selected hospitals while FHI will support HIV/AIDS, VCT, treatment, and care linkages to well established DOTS in puskesmas in Papua and West Papua and three CoC model facilities. Coordination at the national, provincial, and district levels will be supported by TBCAP partners as well. The activities supported by ASA will include: national TB/HIV coordination efforts; national training on TB/HIV implementation from curricula, guidelines, SOPs development and training of the national and provincial trainers; training in three CoC model districts and Papua/West Papua; development of a TB/HIV referral system between TB and HIV service sites particularly in district hospitals and puskesmas; and development of national M&E TB/HIV indicators and a M&E system.

FHI, with KNCV support, will also assist the MOH in intensifying TB case findings in facilities that provide CT and ARV services. Specific activities include: establishing DOTS Units and Hospital DOTS teams in all government and private hospitals that provide HIV treatment and care; including TB/DOTS principles & guidelines in HIV/AIDS training curricula for doctors and paramedical staff to assure proper identification of TB suspects and establishing effective referral systems; and assisting with the development of guidelines for infection control in hospitals and other institutions caring for TB and HIV co-infected patients.

ASA, with support from TBCAP, provided TA to the NTP to expand cross sectional TB-HIV sero-prevalence surveys and will expand to other sites in 2007-2008. Based on the results of the TB-HIV surveys and in accordance with international standards and guidelines for TB-HIV collaborative activities, planned activities for FY 08 include: implementing policies for "opt-out" HIV CT of all TB patients in those areas where the HIV sero-prevalence is found to be higher than 5%; establishing referral systems between DOTS and CT units in these areas to ensure that all TB patients are routinely offered CT; and training staff in DOTS units on interventions for TB-HIV co-infection.

The USG is focused on integrating TB screening and treatment into a one-stop Continuum of Care (CoC) model, which includes services such as STI, CT, and case management for PLWA. Planned activities aim to improve coordination of care in different settings, including intensified TB case finding in PLWA; prevention of TB infection in PLWA through infection control measures; prevention of HIV in TB patients through HIV CT; and Cotrimoxazole Preventive Therapy for patients with dual diseases.

In FY 2008, ASA will continue its support to the CoC model in two TB clinics, PPTI Jakarta and BP4 Semarang to implement TB/HIV among high risk and marginalized populations. Support in FY 2008 will cover: opt-out HIV counseling and testing for all new TB patients attending PPTI clinics; technical support and mentoring for clinical management of TB/HIV including ART; and linkage of TB/HIV care in communities through ASA's IA networks of HBC. As part of the shift to systems strengthening in Papua, TB/HIV will be part of integrated service program (i.e.; TB/HIV, PMTCT, MNCH, Malaria in Pregnancy, and Safe Water and Hygiene) in two selected districts in Papua and West Papua (Kabupaten Sorong and Jayapura). USG will also phase out support for internal networking between the DOTS units and the CT unit for effective clinical TB/HIV care except in the USG-supported CoC referral hospitals.

Technical areas funded with USG FY 08 funds include: screening of TB among PLWHA and early TB treatment, Cotrimoxazole preventive therapy for all new TB patients, promotion of TB with HIV to receive ARVs, adherence support in facilities and communities, and promotion of opt out HIV testing among HIV high risk TB patients and TB patients in Tanah Papua. USG will continue providing funds to support technical capacity building for the TB-HIV component of the TB grants from the GFATM Round 5 which mainly focuses on TB/HIV seroprevalence surveillance among TB patients in high burden provinces across Indonesia. Additionally, using TB funds, USG will support development of a national TB/HIV policy as well as developing a risk assessment tool to screen out new TB patients who have low HIV/AIDS risk and refer only those TB patients with higher risk for HIV/AIDS CT. In Papua, USG will support screening all TB patients for HIV in 10 districts.

Program Area Downstream Targets:

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	39
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	655
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	83
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	3400

Custom Targets:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 7899.08
Mechanism: Aksi Stop AIDS
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 10696.08
Planned Funds: $115,619
Activity System ID: 17947
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 10696
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10696	10696.07	U.S. Agency for International Development	Family Health International	5568	5568.07	Aksi Stop AIDS	$31,400

HVCT - Counseling and Testing

Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09

Total Planned Funding for Program Area: $306,170

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Until recently, there was limited access to HIV Counseling and Testing (CT) services, with services being available primarily through NGOs. However, in line with the GOI intention to provide universal access to HIV/AIDS-related services, the number of CT sites is being scaled up rapidly. At present, the MOH is offering CT services at 228 hospitals that are capable of implementing comprehensive HIV/AIDS services, including CT and ARV. The MOH has plans to increase the number of sites providing CT to 440 by early 2010 using GFATM funding. At that time, the MOH projects that 147,000 individuals will have received complete CT services. In addition, CT will be introduced at 63 Community Health Centers in Jakarta and West Java in connection with IDU efforts supported by the respective provincial health offices, the Indonesian Partnership Fund, and AusAID.

The current MOH policy uses triple, serial rapid tests with immediate feedback of results. The MOH minimum standards for HIV diagnostic tests are: (1) registered at MOH Indonesia; (2) sensitivity first reagent should be > 99%; (3) specificity second reagent should be = 98% and > first reagent; (4) specificity third reagent should be = 99% and > first reagent; (5) antigen preparation and or principle of test from each reagent should be different; and (6) indeterminate result should be < 5%.

The first-line combination of HIV tests currently recommended by the MOH is SD HIV 1/2 Bioline (Multi) – Determine HIV 1/2 (Abbott) – HIV Tridot. To date, this combination has yielded good results – over 99% joint sensitivity and specificity, with specificity of the second and third reagents being 100%. The primary concern using this combination is maintaining cold chain during transport, as the HIV Tridot test needs to be kept at 2–8 °C. Some resistance to the use of the triple rapid test without confirmation by ELISA has been reported at the field level. This appears to reflect mistrust of rapid testing in the provinces and possibly vested interests in labs doing ELISA. The MOH is responsible for supply chain management. Although GFATM funding appears to be sufficient, concerns continue to be voiced from the field as to the reliability of supply, including from some USG-supported CT sites.

Since CT services are a key entry point into the full range of interventions that make up the continuum of care (CoC) and provide an opportunity to reach both HIV+ and HIV- individuals with prevention messages and information, the USG has supported the national roll-out of CT services through the USG-funded Aksi Stop AIDS (ASA) program, implemented by FHI. Support to date has focused on developing national policy, service guidelines and SOPs, as well as facilitating ASA staff participation as national trainers in efforts to develop a cadre of skilled service providers. ASA assisted the MOH with evaluating new HIV test kits for possible adoption by the national program and quality assurance of HIV testing being undertaken under the national program. Additionally, USG funded the reprinting of national CT service guidelines and SOP manuals to support the ongoing accelerated scale-up of CT services.

The number of USG directly supported sites offering complete CT services at 8 sites in 2007. The ASA program funds an additional 39 sites through the Indonesian Partnership Fund. Currently, USG funding, through ASA, fills gaps in GOI efforts by supporting CT services at locations where HIV is transmitted sexually and via contaminated needles (by IDU). USG-supported CT services are located nearby sexual transmission “hotspots”. All USG-supported CT sites are linked with NGOs providing outreach, behavior change communication, condoms and lubricants, and CT referral services to MARPs (IDU, FSW, MSM, transvestites). GOI clinics, in USG-supported “hot spots” are open extra hours each day in order to increase access by MARP. Although the official GOI policy for CT is “opt-in,” USG programs are advocating an “opt-out” policy for MARP and have pilot-tested this approach at USG-supported CT sites. The MOH triple rapid test policy is followed at all USG-supported sites in order to maximize the likelihood of individuals tested receiving their test results. As the ASA program moves away from funding individual CT sites to supporting networks of provincial and district health facilities and strengthening the CoC model in specific sites, support for CT services will be transitioned to local and provincial governments. Items such as incentives and the purchase of reagents will have to be covered by MOH and the local government health budgets. USG FY08 funding will continue to provide support in the form of mentoring programs, quality assurance, and other technical assistance.

ASA will continue to focus on satisfying unmet need and filling gaps in CT by supporting the 3 CoC MARP sites in Java. In Tanah Papua, CT services are extremely limited (large hospitals in a few large cities). USG has been the primary supporter of the Papua Provincial Health Office’s Health System Strengthening scheme, which entails developing a functioning network of health facilities in Jayapura with capacity to provide comprehensive services, including CT. With FY 08 funds, CT services will be expanded so that in each of the 10 USG priority districts in Tanah Papua there will be at least one Community Health Center providing comprehensive services (OI management, ART), including quality CT.

Additionally, in FY 08, a major thrust of all CT efforts will be to continue supporting the improvement of the quality of counseling and ensuring confidentiality of CT clients. Lack of privacy and confidentiality remains an issue at GOI facilities. USG will also support, through ASA, capacity building within NGOs to improve their outreach skills to increase demand and use of CT services. In FY 08, ASA will review a USG supported small-scale programmatic assessment, which began during FY06, on behavior change, provider bias, etc. following CT among female FSW and IDU.

USG will continue support to the Indonesian military to scale-up the capacity of additional military clinics to provide CT services. With FY 07 funds, TNI/PUSKES coordinated, planned, and executed “traveling” TOT counseling workshops for CT clinics. This allowed the PUSKES medical staff to reach Indonesian Defense Forces (TNI) units posted throughout Indonesia. With FY 08 funds, this activity builds on and extends the “Road Show Counselors Workshops” to military units that have not yet participated in the workshop. Workshop IEC materials will be reproduced. HIV tests kits will also be procured to support CT, and screening, and surveillance activities. Distribution of supplies will also be targeted to facilities in high prevalence areas. Test kits may include, but are not limited to HIV Rapid test kits (2-3 brands to satisfy testing algorithm) as well as consumables to augment testing (gloves, vacutainers, pipettes, etc).

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	41

9.3 Number of individuals trained in counseling and testing according to national and international standards 125

9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB) 7337

Custom Targets:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5570.08
Mechanism: N/A
Prime Partner: US Department of Defence/Pacific Command
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 10697.08
Planned Funds: $75,000
Activity System ID: 16822
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 10697
Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10697	10697.07	Department of Defense	US Department of Defence/Pacific Command	5570	5570.07		$35,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7899.08
Mechanism: Aksi Stop AIDS
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 18392.08
Planned Funds: $231,170
Activity System ID: 18392
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

HTXS - ARV Services

Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11

Total Planned Funding for Program Area: $135,863

Amount of Funding Planned for Pediatric AIDS	$0
Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

UNAIDS estimates there are 193,000 Indonesians infected with HIV. The GOI currently reports offering ART services at approximately 237 health facilities, including 75 hospitals and a limited number of Community Health Centers. A recent round of monitoring visits to ART sites, jointly undertaken by the MOH, WHO and the USG-supported Aksi Stop AIDS (ASA) Program, implemented by FHI, suggests, however, that the number of sites actually providing services is much smaller and is largely confined to the original 25 hospitals covered in the national scale-up scheme. The Minister of Health has recently proposed a more rapid expansion of ART service sites, with a target of 440 facilities by the end of 2010. However, resources needed to accomplish this have not yet been identified.

The MOH reports that by the end of June 2007, there were 9,248 patients who had ever received ART, approximately 76% of the official GOI estimate of those in need. Of these, 7,490 were males, 1,561 females, and 197 children under 14. The MOH reports 5,800 patients are currently receiving ART. The MOH plans to expand the number of individuals receiving ART combination therapy to 10,000 by March 2010, supported with Global Fund monies. There are limited data available on treatment adherence, treatment failure, drug resistance, so assessing the quality of program efforts to date is difficult.

The first line regime is AZT + 3TC + NVP, with possible alternatives AZT + 3TC + EFV, d4T + 3TC + NVP, and d4T + 3TC + EFV. The approved second line regime, TDF + ddI + Lop/r, is problematic because TDF and ddI are not used optimally in tandem. The approved second line regime is in the process of being reviewed and is expected to be adjusted. According to MOH, ART drugs and CD4 tests are provided free-of-charge by the GOI, supported by GFATM. However, in practice, barriers to free ART and CD4 remain as local providers interpret the policy in different ways (e.g., only for registered residents of the district where they are seeking services, only for the indigent, not for active IDU). All other treatment costs must be borne by patients. The MOH is responsible for supply chain management of ART drugs. Although there appears to be sufficient funding from GFATM, concerns continue to be voiced from the field as to the reliability of supplies. This is particularly the case in Papua. A USAID core-funded situational assessment of the commodities management system in Papua will take place in October 2007. The assessment will serve as a starting point in the development of a master plan to strengthen the system in parallel with the health systems strengthening initiative. Results should be available by the end of 2007.

The primary focus of USG-supported efforts has been on containing the epidemic and reducing infection rates within MARPs. However, recognizing both the potential for the epidemic to spread into the general population and the fact that access to treatment is likely to increase the effectiveness of prevention efforts among MARPs, the USG-supported FHI/ASA program has been supporting GOI efforts to establish and scale up HIV/AIDS treatment during the previous and current program cycles. Support to date has focused on developing national policy, service guidelines and SOPs; staff participation in national training efforts to develop a cadre of skilled service providers; and direct technical and financial support NGOs to provide community-based adherence counseling and support to PLWA in partnership with GOI health facilities. These efforts support and leverage the contributions of the GOI, the Indonesia Partnership Fund, the GFATM, the WHO and UNAIDS to achieving universal access to ART for Indonesians

With FY08 funds, USG supported clinical staff will continue to serve as front-line trainers for the planned expansion of sites offering ART under the national roll-out plan (for which primary funding comes from the Global Fund). The FHI/ASA Country Office Clinical Services Unit and Clinical Services Officers, located in each of the 8 USG priority provinces, will be active participants in all national program scale-up activities. Wherever possible, the USG program will prioritize implementation of the MOH strategic plan to include Community Health Centers as ART sites, starting as satellite sites to hospitals, in order to accelerate universal access to ART. FHI/ASA is a key MOH partner in adapting the IMAAI (Integrated Management of Adult and Adolescence Illnesses) approach for HIV/AIDS case management to provide clear implementation guidelines on initiation and management of ART patients at hospitals and Community Health Centers, respectively.

In FY 07, the USG program provided support to a limited number of provincial hospitals (Soetomo in Surabaya, Hasan Sadikin in Bandung, Dok II in Jayapura, Selebesolu in Sorong, and Gatot Subroto Army Hospital in Jakarta) with an eye towards creating a "center of excellence" in each province to lead the national scale-up effort. Efforts here focused on additional mentoring of hospital staff, introducing quality assurance mechanisms, and developing stronger linkages between the different HIV-related service components in order to strengthen the "continuum of care" model. Several of these sites now function as referral hospitals for the district-level CoC sites that will be initiated with FY07 and scaled up with FY08 funds. USG also supported ART services in 4 additional district hospitals in Papua.

Using FY 08 funds USG will support the expansion of ART services in 5 additional district CoC sites in Papua. USG funding will also provide on-going technical assistance for the 3 model CoC district sites in Java (DKI/Jakarta, East Java (Bandung) and West Java (Malang)) focusing on MARP and the initial 5 CoC district sites in Papua. ASA will provide mentoring, quality assurance training and adherence counseling training as part of ART services.

A major initiative to be undertaken with FY08 funds will be to provide leadership and technical support to the MOH in shifting care, support and treatment efforts from a limited, facility-based "case management" model to a "community and home-based care" approach. With FY08 funds, the USG will continue expansion of coverage and improvement in the quality of community-based ART adherence counseling and support through ASA's network of NGO community-based case managers. Efforts will focus on refresher training in adherence monitoring and counseling for NGO and health facility staff, as well as improving linkages between community-based support staff and health facilities that provide ART clinical services through regular case and program review meetings.

Finally, ARV services in Papua are linked to the expansion and strengthening of the network model. FHI/ASA, supported by USG, is the primary supporter of the Papua Provincial Health Office's Health System Strengthening scheme, which will entail the development of a functioning network of health facilities (i.e., hospitals linked with several Community Health Centers) in Jayapura and one Community Health Center in each of the 29 districts in Tanah Papua. FHI staff played a lead role in assisting the Papua Provincial Health Office in developing the plan and in the early stages of capacity building. These efforts, which leverage both GOI and Global Funds, will be intensified with FY07 and FY08 funds to rapidly expand the availability of ART and supporting services.

In Tanah Papua, there will be increased focus on strengthening reporting and recording systems to bring these in line with the national system. IN FY08, USG will support will focus on improving record-keeping systems to manage individual patient care, and monitor the scale-up of ART services and developing referral systems and other mechanisms to enable a functioning "network model". Given physical distances involved and the limited transportation infrastructure in many parts of Papua, it is essential that Community Health Centers are capable of managing at least non-complicated HIV/AIDS cases as quickly as possible, though it may be necessary for ART to continue to be prescribed at higher-level facilities. In order to accomplish this, USG FY07 funds were used to strengthen and standardize recordkeeping and reporting formats at Provincial Health Offices and initiate regular monitoring and mentoring visits at "network" facilities offering ART in Jayapura, the capital of Papua Province. In FY08, these efforts will be expanded to 10 priority districts in Tanah Papua. In view of this heavy workload, the USG program, through FHI/ASA, will continue to support a second Provincial Clinical Officer to Papua Province using FY08 funds.

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	8
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	215
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	990
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	725
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	42

Custom Targets:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7899.08
Mechanism: Aksi Stop AIDS
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10701.08
Planned Funds: $135,863
Activity System ID: 17949
Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10701

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10701	10701.07	U.S. Agency for International Development	Family Health International	5568	5568.07	Aksi Stop AIDS	$102,100

HLAB - Laboratory Infrastructure

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Total Planned Funding for Program Area: $90,000

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

UNAIDS estimates there are 193,000 Indonesians infected with the virus that causes HIV. The GOI currently reports offering ART services at approximately 228 health facilities, including 75 hospitals and a limited number of Community Health Centers. The MOH developed laboratory standards and guidelines and conducted national training sessions for lab technicians in each of the 228 health facilities. A recent round of monitoring visits to ART sites, jointly undertaken by the MOH, WHO, and the USG-supported Aksi Stop AIDS (ASA) Program, implemented by FHI, suggests, however, that the number of sites actually providing services is much smaller and is largely confined to the original 25 hospitals covered in the national scale-up scheme. The Minister of Health has recently proposed a more rapid expansion of ART service sites, with a target of 440 facilities by the end of 2010. However, resources needed to accomplish this have not yet been identified.

The MoH reports that 9,248 patients have ever received ARV at the end of June 2007, representing approximately 76% of the official GOI estimate of those in need. Of these, 7,490 were males, 1,561 females, and 197 children. The MOH reports 5,800 patients are currently receiving ART. The MoH projects expanding the number of individuals receiving ARV combination therapy to 10,000 by March 2010; this increase will be supported with Global Fund monies. The number of military personnel currently on ART is limited.

Currently, ARV drugs and CD4 tests are provided free-of-charge by the GOI, supported by GFATM. However, all other treatment costs must be borne by patients. The MoH is responsible for supply chain management of ARV drugs. Although GFATM funding appears to be sufficient, concerns continue to be voiced from the field on the reliability of supply. The current laboratory system is weak though the GOI has set up a quality assurance system. The government financially supports an annual external quality assurance assessment for 75 hospitals that provide ART, 50 blood transfusion units, and 30 health laboratories (26 provincial, 4 central). Unfortunately, a limited number of the total primary health care centers receive annual QA due to lack of supporting funds from the GOI.

To date, the USG program, through US Department of Defense's Pacific Commander's HIV/AIDS program (USPACOM) has provided laboratory equipment and supplies to two military referral hospitals in Jakarta and two other military medical laboratories not located in Jakarta. At present, efforts in supporting laboratory capacity include: AusAID support to one hospital, RS Sulianti Saroso, by supplying equipment and supplies to perform CD4 tests; Global Fund support for CD4 machines and reagents for ART referral Hospitals; Clinton Foundation is supporting External Quality Assessment (EQA) for CD4 testing, with the ultimate goal of establishing a National External Quality Assessment Service (NEQAS) in Indonesia. To support scaling up treatment of pediatric HIV, CHAI will assist in developing a national infant diagnosis system. This will primarily involve technical assistance in synthesizing a dried blood spot (DBS) guideline and a national DBS referral network system, and MOH provides support for laboratory technician training.

In FY 2008 USG program focus will be placed on supporting laboratory capacity and expanding coverage of quality lab support services to PLWHA through the Indonesia Defense Forces. DOD will continue collaboration between the DOD and the TNI/PUSKES to improve and support the laboratory capacity within the military laboratory facilities outside the capitol. In addition, critical HIV laboratory instruments and disposable supplies, including reagents will be procured.

With FY08 funds, USG will support the upgrade of an additional military medical laboratory with the procurement of key HIV laboratory equipment and required supplies that include but are not limited to FACSCOUNT® CD4 machine, pharmaceutical grade refrigerators, freezers, and reagents. This activity will increase the number of military medical facilities that will have functioning laboratories with the ability to monitor HIV/AIDS. Additionally, USG and implementing partner staff have collaborated with the Directorate of Public Health Laboratories, the Department of Clinical Pathology of the University of Indonesia, the HIV National Reference Laboratory at Cipto Mangunkusumo Hospital and the Balai Laboratorium Kesehatan in Surabaya to develop appropriate external quality control systems for laboratory diagnosis of HIV and STIs. FY 2008 funds will also support technical assistance as required.

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	1
12.2 Number of individuals trained in the provision of laboratory-related activities	2
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	24000

Custom Targets:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	5570.08	**Mechanism:**	N/A
Prime Partner:	US Department of Defence/Pacific Command	**USG Agency:**	Department of Defense
Funding Source:	GHCS (State)	**Program Area:**	Laboratory Infrastructure
Budget Code:	HLAB	**Program Area Code:**	12
Activity ID:	10702.08	**Planned Funds:**	$90,000
Activity System ID:	16823		

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10702

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10702	10702.07	Department of Defense	US Department of Defence/Pacific Command	5570	5570.07		$140,000

HVSI - Strategic Information

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Total Planned Funding for Program Area: $350,000

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

USG plays a critical role in assisting Government of Indonesia (GOI) to strengthen SI activities by collaborating with MOH and other major international donors. Such collaboration will be required among major donors while GOI develops the capacity to lead this process. In FY08, the USG Strategy Information (SI) Strategy will focus on providing SI technical assistance and capacity building for implementation of the National Monitoring & Evaluation Framework and HMIS at national and sub-national level in line with the Indonesia National HIV/AIDS Strategy and the PEPFAR Indonesia 5-year strategy. USG will assist GOI and NGO counterparts at both the national and provincial levels in undertaking in-depth analyses and advocate the use of evidence-based data for strategic planning and decision-making. USG will support key program assessments as an integral part of USG program implementation looking at MARP and the general population Continuum of Care (CoC) model for potential national scale-up. Sustainability is a key component of the SI strategy and the USG will focus on building local capacity for M&E with an emphasis on data quality and data use for performance management and program quality improvement for NGOs, C/FBOs, and government at all levels.

USG Indonesia currently does not have dedicated SI staff in country. However, USG Indonesia has a FSN Program Specialist who works on program management including oversight of USG SI activities. Through an integrated team approach, country SI activities are co-managed by staff at the country level with support from a SI Specialist from the USAID RDM/Asia regional platform office, who serves as the main SI technical backstop and also as the official PEPFAR SI Liaison for Indonesia. There is also additional technical support from a SI Advisor from USAID/Washington.

Starting from FY 2007, USG Indonesia developed a reporting system containing indicators that are aligned with PEPFAR requirements. With recognition of the different stages of HIV epidemic in Indonesia, USG worked closely with USAID partners to introduce an expanded program monitoring system which allows USG to disaggregate accomplishments by provinces, particularly in Papua where the epidemic is generalized versus other provinces where it is still a concentrated epidemic particularly among MARP. In addition, USG partners have developed software and a program monitoring system to keep track of individuals served at delivery sites to avoid double counting. This information is useful in order to monitor the intensity of the various interventions or monitor the quality of coverage targeting MARP.

Indonesia serves as a model for effective collaboration and leveraging of resources to implement its HIV/AIDS program. However,

MOH has relied on TA and financial resources from the ASA Project, as well as other international, multi-lateral agencies including: GFATM, The World Bank, WHO, AusAID, and UNAIDS. In 2007, GOI restructured the National HIV/AIDS Commission. The M&E Technical Working Group was established and is actively moving forward “The Third One” (one national M&E system) agenda. National core indicators were developed and finalized. Using the USG partner program monitoring system (developed by FHI), the National AIDS Commission (KPA) developed unified data collection tools and systems to collect national core indicators including information from facility level and community-based systems. With USG support in FY08, proposed activities include:

• USG will continue to provide TA on developing unified VCT, STI, ART, and community-based programs and put the systems in place. This activity will leverage funds for implementation in collaboration with KPA, Ministry of Health (MOH), and other donors particularly Global Fund and AusAID. Particularly, in FY08, USG will focus on improving record-keeping system to manage individual patient on palliative care and monitor the scale-up of ART services.

• Ensure the M&E framework and HMIS system is effectively implemented and well functioning at sub-national level. In FY08, USG will support a pilot test of an integrated HIV data system in four priority districts. The effort will be expanded to eight provinces in 2009.

• Support development and implementation of capacity-building module including trainings for district and provincial staff to develop provincial M&E framework, how to effectively operate the HMIS system, and how to use data for decision-making, strategic planning, and program improvement.

With USG technical support and co-funding with The World Bank to support the MOH, the second generation surveillance among general population in Papua was completed in 2007. Another HIV/STI IBBS focusing on sample MARP populations in eight USG priority provinces began in September 2007 with preliminary analysis scheduled to be completed in January 2008. In FY08, USG will focus on use of surveillance data and other activities as follows:
•Support triangulation analysis at national level using existing surveillance data as well as program data from various sources to identify outcome and impact of collective responses to combat HIV/AIDS among MARP in Indonesia as well as identify gaps for future improvement. National workshops will be held as a part of the process in collaboration of KPA and MOH and other donors. Based on experience at national level, USG will support the same exercise in three provinces for promoting evidence-based strategic planning and program improvement at the local level.
•Through leveraging funds with World Bank, USG will support a qualitative assessment of transactional sexual behavior and sexual networks among general population in Papua. This information will be critical for interpretation of Papua IBBS results, improvement of IBBS methodology as well as use for improving intervention strategy.
•Continue to provide TA to update size estimations among MARP using the most recent IBBS information in 2008. In collaboration with KPA and MOH, primary data collection may be needed in order to improve accuracy of the estimations as well as convene a consensus building workshop among all stakeholders. If so, USG will provide limited funds to co-finance such as assessment.
•Provide TA to develop TB/HIV passive surveillance. This activity will be an integral part of TB/HIV program implementation.

Building M&E capacity with local NGOs and C/FBOs is an essential component of the USG program for sustainability. By strengthening local capacity for M&E, it ensures that the 66 local implementing partners collect high quality information for use in program planning and improvement. In FY08, USG will provide mentorship support to USAID partners and sub-partners to improve program monitoring system for tracking individuals served as well as monitor intensity of intervention, conduct training or refresher training on data quality, convene meetings to promote civil society participation on successful implementation of district and provincial M&E system, and finally build capacity of USAID sub-partners to effectively use data for performance management and program quality improvement. Additionally, with FY08 funds USG will integrate GIS mapping into routine program management of sub-partner results reporting.

Systems strengthening is a critical USG program area in Indonesia. Given this fact, the process of setting up a model that integrates all components of the Continuum of Care is a new health structure model in Indonesia. USG will support an assessment which will examine the benefits of the model to health providers and their clients (i.e. PLWHA) in order to identify the program gaps or areas that may be consolidated. The findings of the assessment will serve to document the effort and promote the model for nationwide scale-up.

The assessment will take place at two sites providing services to the general population in Papua and one site providing services to MARP in Java. The assessment will be based on data collected using semi-structured questionnaires administered to health professionals (including nurses, doctors, pharmacists, laboratory staff, HMIS staff, and hospital management staff), as well as exit interviews of beneficiaries of those services. Data will be collected prior to and after implementation of structural changes. To provide a comprehensive picture of the issues of this structural reform and its functioning capacity, the assessment might be completed by collection of qualitative data. The assessment will also use monitoring data to evaluate the access and acceptability of services.

During the Mini-COP development process, all program area targets and target justifications were developed by the integrated USG Indonesia SI Team (SI Advisor from USAID/RDMA, SI Advisor from USAID/Washington, the Technical Advisor and Program Specialist from USAID/Indonesia Mission, and the Department of Defense (DOD) Technical Officer). Meetings and discussions were held with USAID partners (FHI and HPI) to set downstream (direct) and upstream (indirect) targets for FY 2008 based on their FY 2007 program results, work plan for FY 2008, their projected programmatic growth, and their expected expansion. Meetings were also held with the KPA (National AIDS Commission) and UNAIDS to get updated national level reporting data and to share information about the USG target setting process.

Potential Upstream (Indirect) Products or Outputs:
•Triangulation analysis report at national as well as provincial level completed
•Unified data collection tools such as VCT, ART, STI and community based program for prevention and care developed
•Provincial M&E framework developed and HMIS set up in 8 USG priority provinces

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	281
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	303

Custom Targets:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7899.08
Mechanism: Aksi Stop AIDS
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10703.08
Planned Funds: $350,000
Activity System ID: 17950
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 10703
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10703	10703.07	U.S. Agency for International Development	Family Health International	5568	5568.07	Aksi Stop AIDS	$516,900

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14

Total Planned Funding for Program Area: **$355,000**

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Indonesia is experiencing an HIV epidemic concentrated among certain most at-risk populations (MARP): IDU, FSW, transsexuals, and MSM. Indonesia's expanding HIV epidemic is fueled by rapidly increasing IDU; an extensive sex industry; highly mobile populations; low condom use among MARPs; widespread stigma and discrimination; and limited access, availability, and quality of STI services. Recent survey results from the General Population IBBS in Papua show that the epidemic has expanded

to the general population, although it remains driven by high risk men and transactional sex work.

Until recently, the National AIDS Commission (KPA) the MOH, and other key GOI organizations have demonstrated limited institutional capacity to plan, implement and monitor responses to the HIV/AIDS epidemic. Decentralization has further complicated program implementation, as District AIDS Commission (KPAD) and District Health Office (DOH) lacked trained personnel and systems to manage the response. NGO capacity is also relatively limited. There is high staff turnover both within the GOI structure and NGOs as well as a lack of human capacity and knowledge of comprehensive HIV programming. Within the uniformed services, challenges include rivalries among services, suspicion of working with foreigners, and lack of command level commitment.

The National HIV/AIDS Prevention Strategy (2007-2010) aims to prevent and limit the spread of HIV, to improve the quality of life of PLHA, and to reduce the socioeconomic impacts on PLHA and their families and societies. Recent political changes in Indonesia reinforce the government's commitment to addressing the epidemic. On July 13, 2006, a Presidential Decree was issued, which clarifies the role and function of the KPA and designates a full-time Secretary who reports directly to the President. This decree is an important step to strengthening overall leadership and coordination. The KPA and KPADs are now charged with guiding the HIV/AIDS response in locally appropriate ways. Under the new structure, the KPA is developing a solid framework for HIV/AIDS programs and providing the national leadership to ensure program success and coordination. The KPADs are located in all 79 target districts and 8 provinces where USG supports HIV/AIDS activities.

To date, the USG has supported NGO capacity-building to manage programs and achieve expected results. The key sustainability strategy is to build capacity and skills in indigenous NGOs, including evidence-based program design, proposal writing, strategic assessment, target setting, supervision, quality assurance/M$E, budgeting and financial tracking and reporting. Each NGO and government implementing partner will be visited once a month by ASA Provincial Program Managers and at least per quarter by relevant technical staff from either the Provincial or Country Office. Provincial and Country Office staff review performance; provide program monitoring, as needed; and undertake QA checks during visits to NGOs. All NGOs will be required to attend regular meetings with their district KPA to facilitate coordination and encourage accountability. Provincial Program Managers will accompany them. They will bring their M&E data for review and discussion by the KPA and other local organizations.

USG has also helped build GOI institutional capacity to plan and implement programs at the national, provincial and district levels, within the national, regional and local prison systems; and in the uniformed services. USG-supported Health Policy Initiative (HPI) conducted a rapid audit of Indonesia's National HIV/AIDS Strategy and provided TA to the KPA to develop the National HIV/AIDS Strategy for 2007-2010.

Other system strengthening initiatives have included: supporting the Department of Corrections in the development of National Strategic Plan for introducing HIV/AIDS prevention, care and treatment services in prisons and planning for implementation in prisons located in the 8 priority provinces covered by the USG; undertaking orientation and basic skill training for members of KPADs from all 79 target districts; and providing the technical support to the KPA in the development of a national database and program tracking system.

With FY06 funds, USG supported the allocation of the Resource Needs Module (RNM) of the Goals Model to cost Indonesia's 2007-2010 Action Plan. Working closely with the University of Indonesia, HPI trained a core team of individuals from the national level on a data collection process application of the RNM, and a draft training package was developed for use at the provincial level. Currently USG funding is being used to build the capacity of national and community level leaders (for example, religious leaders, police) to advocate for the implementation of policies; support KPA and KPAD to build capacity for evidence-base decision making and resource allocation; and will provide technical assistance to KPA and involve ministry staff to develop a costed Action Plan (using the GOALS Model).

A main focus of the USG program is assisting the provincial governments in Papua with their overall efforts at health systems strengthening. With FY07 funds, USG is supporting an operational analysis of the policies in Papua to identify opportunities for and barriers to providing an integrated package of HIV, FP/HIV, malaria, and TB services in clinic settings. This will allow for policies that need to be revised or updated to be identified, so that integration is supported in provincial healthcare systems, increasing access to services and commodities for FP/RH, HIV, TB, and malaria. At the same time, USG CAs will link the existing RNM and the Asia Epidemic Model (which FHI has already completed) to help the Papua KPAD to use the RNM to assess the costs and human resources needs of integrating the HIV, FP/RH, TB, and malaria services. This will allow policymakers to make informed choices about what aspects of the programs can be integrated and the initial investment needed to ensure integration from the policy to the program level.

In FY07, the USG funds are being used to address key HIV-related policy and advocacy issues and provide TA to build KPA capacity for evidence-based resource allocation. The USG funds will help analyze operational policy barriers in the area of prevention, specifically as they relate to implementation of the 100% condom use program (CUP) and identify barriers impeding the CUP, including the potential impact of the barriers on implementation of the CUP and how the resolution of special barriers may improve program performance. Specific activities include updating the audit of the National HIV/AIDS Strategy. The audit will provide policy makers a rapid reference to the existing policies, serve as the baseline for the operational policy barriers analysis and will assist in identifying policy and operational guidelines opportunities, gaps and barriers.

USG will support 66 NGOs in program and financial management in the 79 target districts in 8 provinces. USG funds will also be used to provide TA to GOI in program planning, monitoring and coordination skills (e.g., training, mentoring, assisting in QA/QI, logistics, monitoring, reporting/recording systems) as part of the overall health system strengthening in Papua and CoC scale-up sites.

Additionally USG will continue to work on Papua health systems strengthening by supporting efforts to engage local civil groups in promoting the advantageous linkages between HIV, FP/RH, TB and malaria programs. HPI will continue to build the capacity of PLHA and civil society leaders to develop advocacy strategies that promote support for integrated services in Papua, and encourage their use. Activities will include support for meetings of relevant stakeholders, that include PLHA and other services

users, to disseminate findings from the analysis, and through advocacy trainings to provide stakeholders with the skills needed advocate for integration of RH/FP, HIV, TB, and malaria services in Papua.

As part of the public/private partnership in addressing HIV, USG will continue to collaborate with BP, with whom USAID has negotiated a GDA, to accelerate the scaling-up of workplace- and community-based HIV/AIDS prevention, care and treatment programs in the “Bird’s Head” region of Papua. FY07 funds will be used to access the effectiveness of and possible expand of workplace programs, in collaboration with BP, in other parts of Papua.

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	180
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	283
14.3 Number of individuals trained in HIV-related policy development	196
14.4 Number of individuals trained in HIV-related institutional capacity building	315
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	260
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	240

Custom Targets:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7899.08
Mechanism: Aksi Stop AIDS
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10705.08
Planned Funds: $105,000
Activity System ID: 17951
Activity Narrative: N/A
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 10705
Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10705	10705.07	U.S. Agency for International Development	Family Health International	5568	5568.07	Aksi Stop AIDS	$172,700

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5569.08
Mechanism: Health Policy Initiative
Prime Partner: Constella Futures
USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Budget Code: OHPS

Activity ID: 17956.08

Activity System ID: 17956

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: $250,000

HVMS - Management and Staffing

Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15

Total Planned Funding for Program Area: $520,000

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

USG agencies maintain a core team of highly-skilled and dedicated national and expatriate staff to effectively manage the implementation of the Emergency Plan (EP) in Indonesia. The positions and functions included in the management and staffing budget line are essential to effective planning, implementation and monitoring of the EP. With limited budget and staff, the EP is focused on integrating with and supporting the GOI 2007-2010 National HIV/AIDS Strategic Plan. Three USG agencies are directly involved in the support of current HIV/AIDS efforts in Indonesia: The US State Department, the Department of Defense (DOD) and the US Agency for International Development (USAID). The HHS/CDC has recently established an office to support Avian Influenza efforts in Indonesia and is involved in malaria and TB research; however, Indonesia is not identified as a Global AIDS Control Program (GAP) country. Efforts will be made in the coming year to engage the CDC/GAP Regional Office in Bangkok. Peace Corps has not been active in Indonesia since 1966 when they were asked to depart by then President Suharto. A recent assessment to consider the reinstatement of Peace Corps in Indonesia was refused for security reasons.

As recommended by the FY07 mini-COP review team, one FTE program-funded HIV/AIDS position was created and filled. Currently, USAID has eight staff members working on the EP for a total of 2.3 FTE; one USDH working at .20 FTE, one USDH working .10 FTE, one US PSC working 1.00 FTE, one US PSC working at 0.10 FTE, and one FSN working 0.50 FTE. Additionally, USAID has 3 administrative staff helping to manage the EP; two at 0.15 FTE each and one at 0.10 FTE. USAID has allocated $500,000 for management and staffing costs, which includes a small amount of TA to be used in support of TA visits from HQ. ICASS costs are estimated at $23,000 and $12,320 is being levied for the IRM tax. The mission is not contributing to Capital Security Cost Sharing.

DOD activities are managed by staff located in PACOM in Hawaii as there is no in-country staff member. In-country assistance provided by DOD from the Office of Defense Cooperation in Indonesia works .10 FTE on HIV/AIDS. GHAI funds of $20,000 will provide program management support for USPACOM/COE.

Coordination with the GOI and other donors, particularly the UN agencies, Indonesia Partnership Fund, AusAID and the GFATM, is a key responsibility of staff to ensure EP efforts are most effective, are not duplicative of current efforts, fit within the National HIV/AIDS Strategy and support the GOI's priorities in HIV/AIDS. USG staff provides technical assistance to the GOI MOH and National AIDS Commission (KPA) and are active members of national level Technical Working Groups for HIV/AIDS. Additionally, USG representatives sit on the GFATM CCM and are responsible for grant management of our implementing partners, including Family Health International and Health Policy Initiative. Indonesia will also rely on staff expertise from USG personnel based in the United States and USAID's Regional office in Bangkok, Thailand (RDM/A) to provide backstop support, particularly in the are of SI.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID:	5570.08	**Mechanism:**	N/A
Prime Partner:	US Department of Defence/Pacific Command	**USG Agency:**	Department of Defense
Funding Source:	GHCS (State)	**Program Area:**	Management and Staffing
Budget Code:	HVMS	**Program Area Code:**	15
Activity ID:	17964.08	**Planned Funds:**	$20,000

Activity System ID: 17964

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5573.08

Mechanism: N/A

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 10719.08

Planned Funds: $500,000

Activity System ID: 16820

Activity Narrative: N/A

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10719

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10719	10719.07	U.S. Agency for International Development	US Agency for International Development	5573	5573.07		$436,000

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	**Yes**	**X**	**No**
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?	**Yes**	**X**	**No**
If yes, Will HIV testing be included?	Yes		No
When will preliminary data be available?			
Is a Health Facility Survey planned for fiscal year 2008?	**Yes**	**X**	**No**
When will preliminary data be available?			

Is an Anc Surveillance Study planned for fiscal year 2008?	Yes	X	No
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2008?	**Yes**	**X**	**No**

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
FINAL Table 2 1 and Table 2 2 USG Indonesia Targets FY 2008 and FY 2009 14 Sept 2007.doc	application/msword	9/14/2007		Explanation of Targets Calculations*	PRumakom-I
Indonesia Program Strategic Overview.09.18.07.doc	application/msword	9/26/2007		Other	LBaldwin
Indonesia Intervention Area Map.doc	application/msword	9/26/2007		Other	LBaldwin
Global Fund Supplemental.doc	application/msword	9/27/2007		Other	LBaldwin
List of Acronyms.doc	application/msword	9/27/2007		Other	LBaldwin
Congressional Notification Summary 2008 Indonesia.doc	application/msword	9/25/2007		Executive Summary	LBaldwin
Indonesia 8% partner Justification.doc	application/msword	9/27/2007		Other	LBaldwin
Staffing Matrix.xls	application/vnd.ms-excel	9/27/2007		Other	LBaldwin
Budgetary Requirement Worksheet.xls	application/vnd.ms-excel	9/27/2007		Other	LBaldwin
Ambassador Cameron Hume Cover Letter.pdf	application/pdf	9/27/2007		Ambassador Letter	LBaldwin