

1-2 Health

Harmonization of support to People-centered Development



Project Information Sheet

LIP 1-2-001

Contributed by **AUSAID**

<p>Project Title:</p> <p>Indonesia-Australia HIV/AIDS Prevention and Care Project (IHPCP) – Phase 2</p>	<p>Implementing Partner (Office address, phone number, fax, email and name of the representative):</p> <p>GRM International and the Burnet Institute Office of Coordinating Ministry for Social Welfare, Republic of Indonesia Jl. Merdeka Barat No.3 Jakarta Pusat – 10110 PO BOX 3271, JKP 10032 Phone: (62 21) 350 5561 Fax: (62 21) 350 5564</p> <p>Australian Team Leader: Tim Mackay Email: tmackay@ihpcp.or.id</p> <p><i>IHPCP Papua Office</i> Mr. Kel Brown Adviser: Gender and Sexual Transmission Officer-in-Charge Jl. Kesehatan No.2 DOK.II Jayapura (KOM. SEKRETARIAT KPAD) Phone (0967) – 531925 Fax: 0967- 537714 E mail : ihpcp@jayapura.wasantara.net.id/ kelwynb@ihpcppapua.or.id</p>
<p>Funding (Amount of the budget and funding source/donors):</p> <p>A\$ 1,720,000 in year 2006 (total)</p>	<p>Counterparty (Local government partner):</p> <ul style="list-style-type: none"> • Provincial and Districts AIDS Commissions/Komisi Penanggulangan AIDS Propinsi (KPAP) Papua dan Komisi Penanggulangan AIDS Daerah (KPAD) • Health Dept, Mimika • Radio of Replublic Indonesia (RRI) Jayapura, Wamena, Biak, Serui, Nabire, Merauke

Project Description (The aim and the activities):

The objective of IHPCP:

- Strengthen the capacity of the Komisi Penanggulangan AIDS (KPA), provincial and district KPADs, and NGOs for evidence-based strategic planning, coordination and policy development.
- Reduce the risk of sexually transmitted HIV among identified population groups (men who buy sex, sex workers and men who have sex with men).
- Reduce the risk of HIV transmission through injecting drug use using a public health approach.
- Improve the quality and utilisation of care, support, and treatment for People Living with HIV/AIDS (PLHWA) and vulnerable population groups.

Activities:

- *Provincial and Districts AIDS Commissions:* Seconding four (4) staff covering media relations, behaviour change communications, CST and capacity building for district KPAs. IHPCP Papua also provides additional assistance for strategic and operational planning, advocacy to Local Parliament/Dewan Perwakilan Rakyat Daerah (DPRD) and other stakeholders, support to attend training, study tours and conferences, and strengthening for KPADs.
- *Dinas Kesehatan Mimika:* Increasing Community Health through HIV/AIDS and STD Program
- *Radio Republik Indonesia (RRI) Jayapura and eight RRI stations in Papua and Irian Jaya Barat:* Increasing HIV/AIDS Knowledge and Consciousness of Community through Radio in Papua

Working sector: (Check one)

- 1-1 Food & Nutrition Intake
- 1-2 Health
- 1-3 Education
- 1-4 Local Economy
- 1-5 Gender Equality
- 1-6 Basic Infrastructure
- 1-7 Village level Capacity Development
- 2-0 Sustainable Forest management
- 3-0 Conducive Environment for Investment
- 4-0 Integrated Infrastructure Development
- 5-0 Vocational Training / Human Resource Development
- 6-1 Bureaucracy Reform
- 6-2 Budget Reform
- 6-3 Independent procurement System
- 7-0 Natural Disaster Management
- 8-0 Other

Location: (Check working area level, and list the name of the places)

- Provinsi:
- Kabupaten:
- Kota:
- Distrik(Kecamatan):
- Kampung/Desa:

Provinsi	Papua	IJB
Kabupaten	Mimika, Wamena, Nabire, Biak Nomfor, Keerom, Sarmi	Fakfak, Manokwari, Raja Ampat
Kota	Jayapura	Sorong
Distrik (Kecamatan)		
Kampung / Desa		

Plan, methods and mechanism of the implementation:**Planning:**

- IHPCP support is based on a collaborative planning process with key stakeholders. This process identifies key priorities, develop agreed strategies for responses and make a commitment to building integrated, multisectoral responses.

Methods and mechanism of the implementation:

- Close collaboration with local government, in particular KPAD.
- Strategic partnership with nongovernment counterparts, including churches, community leaders and the local media.

Lessons learn and progress of the project:**Lessons learned**

- The importance of developing sustainability in the government sector through the provincial and district KPAs.
- The need to build an integrated referral and treatment system between subdistrict, district and provincial health services.
- The need to build an integrated referral and treatment system between government, non government and private sectors.
- The importance of strengthening the technical and administrative capacity of all partner organisations, including government counterparts.
- The importance of systematic procedures for HIV testing, counselling, care ,support and treatment of people living with HIV/AIDS.
- Identification of need for Papuan specific communication approach using local culture and languages.

Progress of Project

- Improvement in HIV programs and budget required by provincial and district governments.
- An increase in the sustainability of referral and treatment services for HIV/AIDS between government, community, private sector in Timika.eg. link between Timika puskesmas and Tembagapura hospital, Malaria control clinic and the reproductive clinic.
- Development and distribution of culturally appropriate Information, Education and Communication (IEC)/Audio visual materials
- Increased knowledge about HIV and AIDS services in general population through radio and print media.
- Working with government counterparts is not adequate to remove the social discrimination/stigma in the efforts of HIV/AIDS Prevention and Care, therefore IHPCP is also working with Churches and other faith-based-organizations which have been effective in removing such barriers given the role of these organizations in Papuan community.

Harmonization of support to People-centered Development



Project Information Sheet

LIP 1-2-002

Contributed by **European Union and SANIPLAN**

<p>Project Title:</p> <p>Support to Community Health Services in Jambi, South Sumatera and Papua, Indonesia</p>	<p>Implementing Partner (Office address, phone number, fax, email and name of the representative):</p> <p>Project management Unit (PMU) Office: Ministry of Health Building Block C, 7th Floor, Room 727 - Jl. HR Rasuna Said Kav X.5 No. 4-9, Kuningan, Jakarta 12950 Ph (62.21) 5269940-42, Fax: (62.21) 526 9943 Email: s-chs@cbn.net.id Contacts: Hartono Hadiwignyo / Philip John Constable</p>
<p>Funding (Amount of the budget and funding source/donors):</p> <p>€ 35 millions / European Commission € 2.5 millions / Gol</p>	<p>Counterparty (Local government partner):</p> <p>Field Management Unit (FMU) Papua: Jl. Kesehatan 2 Dok II, Jayapura, Papua. Ph (62.967) 532353, Fax (62.967) 532593; schs_papua@jayapura.wasantara.net.id, schs_papua@yahoo.com; Contacts: Hasnah Sulaiman/Anantray Vyas District Project Office (DPO) Keerom: Jl. Raya Merpati Arso II, Keerom. Ph (085244335999); Contacts: Derek Windessy / Steve DPO Merauke: Jl. Raya Garuda Mopah Lama, Leproseri, Merauke. Ph (62.971) 321356, Dmu_merauke@yahoo.co.id; Contacts: Masia Lay / Yahya</p>
<p>Project Description (The aim and the activities):</p> <p>The project is to support Government of Indonesia to improve accessibility and quality of community health services in the province of Papua, South Sumatera and Jambi with particular emphasis on communities with high level of poverty, while 2) supporting the Gol in its efforts to implement the health related aspects of avian influenza prevention, control and pandemic preparedness nationwide.</p>	
<p>Working sector: (Check one)</p> <p><input type="checkbox"/> 1-1 Food & Nutrition Intake <input checked="" type="checkbox"/> 1-2 Health <input type="checkbox"/> 1-3 Education</p>	<p>Location: (Check working area level, and list the name of the places)</p> <p><input checked="" type="checkbox"/> Provinsi: Papua <input checked="" type="checkbox"/> Kabupaten: Keerom, Merauke</p>

<input type="checkbox"/> 1-4 Local Economy <input type="checkbox"/> 1-5 Gender Equality <input type="checkbox"/> 1-6 Basic Infrastructure <input type="checkbox"/> 1-7 Village level Capacity Development <input type="checkbox"/> 2-0 Sustainable Forest management <input type="checkbox"/> 3-0 Conducive Environment for Investment <input type="checkbox"/> 4-0 Integrated Infrastructure Development <input type="checkbox"/> 5-0 Vocational Training / Human Resource Development <input type="checkbox"/> 6-1 Bureaucracy Reform <input type="checkbox"/> 6-2 Budget Reform <input type="checkbox"/> 6-3 Independent procurement System <input type="checkbox"/> 7-0 Natural Disaster Management <input type="checkbox"/> 8-0 Other	<input type="checkbox"/> Kota: <input type="checkbox"/> Distrik(Kecamatan): <input type="checkbox"/> Kampung/Desa: <table border="1" data-bbox="842 320 1409 595"> <tr> <td>Provinsi</td> <td>Papua</td> <td>IJB</td> </tr> <tr> <td>Kabupaten</td> <td>Keerom and Merauke</td> <td></td> </tr> <tr> <td>Kota</td> <td></td> <td></td> </tr> <tr> <td>Distrik (Kecamatan)</td> <td></td> <td></td> </tr> <tr> <td>Kampung / Desa</td> <td></td> <td></td> </tr> </table>	Provinsi	Papua	IJB	Kabupaten	Keerom and Merauke		Kota			Distrik (Kecamatan)			Kampung / Desa		
Provinsi	Papua	IJB														
Kabupaten	Keerom and Merauke															
Kota																
Distrik (Kecamatan)																
Kampung / Desa																
<p>Plan, methods and mechanism of the implementation:</p> <p>The ongoing work focuses on renovating buildings and renewing equipment supply to 6 Puskesmas in Keerom and 11 Puskesmas in Merauke. In 2007, PMU will proceed with work and equipment phase 2 for identified locations. Trainings for Service Quality Improvement, piloting Health Information System in Puskesmas Arso Barat and Mopah, installing Vsat in a remote Puskesmas in Keerom and Revitalizing 10 Posyandus/district are also part of the plan. Local Initiative Flexible Target (LIFT) sub-projects will also be implemented in 9 selected villages to provide safe drinking water and community latrines.</p>																
<p>Lessons learn and progress of the project:</p> <p>The project is being restructured to more focus on Puskesmas Improvement Program until December 2007, and to allocate about €13 millions for the Avian Flu component to be implemented for the next 3 years. This was done as to improve the slow implementation of previously wider project scope, while giving opportunity to support nationwide prevention and control of the emerging Avian Flu thread.</p>																

Harmonization of support to People-centered Development



Project Information Sheet

LIP 1-2-003

Contributed by **Global Fund-HIV/AIDS**

<p>Project Title:</p> <p>Prevention and Alleviation of HIV Impact in Indonesia</p>	<p>Implementing Partner (Office address, phone number, fax, email and name of the representative):</p> <p>Global Fund Papua Jl. Kesehatan No. 2 dok II Jayapura Telp & Fax. 0967 - 533025 Email. aidsgfpapua@yahoo.com</p>
<p>Funding (Amount of the budget and funding source/donors):</p> <p>Global Fund ATM (HIV/AIDS)</p>	<p>Counterparty (Local government partner):</p> <p>Dinas Kesehatan Provinsi Papua, Dinas Kesehatan Kota Jayapura, Kabupaten Merauke & Kabupaten Mimika.</p>
<p>Project Description (The aim and the activities):</p> <p>Goals:</p> <ul style="list-style-type: none"> - Decrease the mortality and morbidity rate caused by HIV/AIDS. - Decrease the spread of HIV/AIDS among high risk groups. - Decrease the spread of HIV/AIDS among male and female worker. - Medication support for the People Living with HIV/AIDS (PLWHA) <p>Targets:</p> <ul style="list-style-type: none"> - Decrease the transmission of HIV/AIDS between intravenous drug users (IDUs) and their partners. - Decrease the HIV infection among female sex workers and transgender through awareness raising, condom use, treatment for sexual transmitted infections, Voluntarily Counseling and Testing, HIV/AIDS prevention campaign. - Reduce the infection among male sex workers. 	
<p>Working sector: (Check one)</p> <p><input type="checkbox"/> 1-1 Food & Nutrition Intake</p> <p><input checked="" type="checkbox"/> 1-2 Health</p> <p><input type="checkbox"/> 1-3 Education</p> <p><input type="checkbox"/> 1-4 Local Economy</p> <p><input type="checkbox"/> 1-5 Gender Equality</p> <p><input type="checkbox"/> 1-6 Basic Infrastructure</p> <p><input type="checkbox"/> 1-7 Village level Capacity Development</p> <p><input type="checkbox"/> 2-0 Sustainable Forest management</p> <p><input type="checkbox"/> 3-0 Conductive Environment for</p>	<p>Location: (Check working area level, and list the name of the places)</p> <p><input checked="" type="checkbox"/> Provinsi:</p> <p><input checked="" type="checkbox"/> Kabupaten:</p> <p><input checked="" type="checkbox"/> Kota:</p> <p><input type="checkbox"/> Distrik(Kecamatan):</p> <p><input type="checkbox"/> Kampung/Desa:</p>

Investment <input type="checkbox"/> 4-0 Integrated Infrastructure Development <input type="checkbox"/> 5-0 Vocational Training / Human Resource Development <input type="checkbox"/> 6-1 Bureaucracy Reform <input type="checkbox"/> 6-2 Budget Reform <input type="checkbox"/> 6-3 Independent procurement System <input type="checkbox"/> 7-0 Natural Disaster Management <input type="checkbox"/> 8-0 Other	Provinsi	Papua	IJB
	Kabupaten	Merauke dan Mimika	
	Kota	Jayapura	
	Distrik (Kecamatan)		
	Kampung / Desa		
Plan, methods and mechanism of the implementation:			
a. Coordinate and cooperate with public and private hospitals, Papua AIDS Commission, NGO's, religious organizations in HIV/AIDS prevention programs. b. Coordinate with Dinas Kesehatan Papua Province in program implementation.			
Lessons learn and progress of the project:			
a. Four VCT centers is established in Kota Jayapura, one VCT center in Kabupaten Merauke dan three VCT centers in Kabupaten Mimika b. Foods have been supplied for the PWLHA. Pregnant-PWLHAs also get financial assistance to pay for cesarean. c. Establish STI clinics in Kota Jayapura, Kabupaten Merauke dan Kabupaten Mimika d. Training on CST for paramedics in Kota Jayapura, Kabupaten Merauke dan Kabupaten Mimika e. Peer educator trainings for high school students and out-of-school youth in Kota Jayapura and Kabupaten Merauke f. Provide ARV and prophylaxis treatment form PWLHA. g. Workshop on STI services for medical staffs and general population in Kota Jayapura h. Mobile VCT in Kota and Kabupaten Jayapura i. Counseling trainings for paramedics in Kota Jayapura, Kabupaten Merauke dan Kabupaten Mimika.			

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Project Information Sheet

LIP 1-2-004

Contributed by **Global Fund-Malaria**

<p>Project Title:</p> <p><i>Intensified Malaria Control in Four Provinces of Eastern Part Indonesia</i></p>	<p>Implementing Partner (Office address, phone number, fax, email and name of the representative):</p> <p>Global Fund Malaria Papua Jln. Kesehatan 2 Dok II Jayapura Telp. (0967) 537724, Fax. (0967) 533814 Email. wimsgfpapua@yahoo.co.id</p>						
<p>Funding (Amount of the budget and funding source/donors):</p> <p>Global Fund Malaria</p>	<p>Counterparty (Local government partner):</p> <p>Dinas Kesehatan Papua Province Dinas Kesehatan from all regencies in Papua</p>						
<p>Project Description (The aim and the activities):</p> <p>a) Improvement of program management qualities b) Increasing the scope and quality of vector eradication c) Increasing the findings and qualities of treatment</p>							
<p>Working sector: (Check one)</p> <p><input type="checkbox"/> 1-1 Food & Nutrition Intake <input checked="" type="checkbox"/> 1-2 Health <input type="checkbox"/> 1-3 Education <input type="checkbox"/> 1-4 Local Economy <input type="checkbox"/> 1-5 Gender Equality <input type="checkbox"/> 1-6 Basic Infrastructure <input type="checkbox"/> 1-7 Village level Capacity Development <input type="checkbox"/> 2-0 Sustainable Forest management <input type="checkbox"/> 3-0 Conducive Environment for Investment <input type="checkbox"/> 4-0 Integrated Infrastructure Development <input type="checkbox"/> 5-0 Vocational Training / Human Resource Development <input type="checkbox"/> 6-1 Bureaucracy Reform <input type="checkbox"/> 6-2 Budget Reform <input type="checkbox"/> 6-3 Independent procurement System <input type="checkbox"/> 7-0 Natural Disaster Management <input type="checkbox"/> 8-0 Other</p>	<p>Location: (Check working area level, and list the name of the places)</p> <p><input checked="" type="checkbox"/> Provinsi: <input checked="" type="checkbox"/> Kabupaten: <input checked="" type="checkbox"/> Kota: <input checked="" type="checkbox"/> Distrik(Kecamatan): <input checked="" type="checkbox"/> Kampung/Desa:</p> <table border="1" data-bbox="839 1570 1414 2002"> <thead> <tr> <th>Provinsi</th> <th>Papua</th> <th>IJB</th> </tr> </thead> <tbody> <tr> <td>Kabupaten</td> <td>1. Jayapura 2. Keerom 3. Sarmi 4. Biak Numfor 5. Supiori 6. Yapen 7. Waropen 8. Nabire 9. Paniai 10. Mimika 11. Merauke 12. Mappi 13. Boven Digoel</td> <td></td> </tr> </tbody> </table>	Provinsi	Papua	IJB	Kabupaten	1. Jayapura 2. Keerom 3. Sarmi 4. Biak Numfor 5. Supiori 6. Yapen 7. Waropen 8. Nabire 9. Paniai 10. Mimika 11. Merauke 12. Mappi 13. Boven Digoel	
Provinsi	Papua	IJB					
Kabupaten	1. Jayapura 2. Keerom 3. Sarmi 4. Biak Numfor 5. Supiori 6. Yapen 7. Waropen 8. Nabire 9. Paniai 10. Mimika 11. Merauke 12. Mappi 13. Boven Digoel						

		14. Asmat 15. Jayawijaya 16. Tolikara	
	Kota	Jayapura	
	Distrik (Kecamatan)	125	
	Kampung / Desa	357	

Plan, methods and mechanism of the implementation:

- a) Monitoring and evaluation of program implementation and conduct research to support the eradication of malaria.
- b) Coordinate and cooperate with local government, NGOs, religious organizations in malaria eradication.
- c) Fogging
- d) Socialized the use of insecticided mosquito net.
- e) Disseminate health information to change communities' behavior.
- f) Early detection and treatment with effective malaria medication.
- g) Treat malaria with standard methods to eradicate malaria.

Lessons learn and progress of the project:

- a) TOT on vector extermination for manager of malaria program in regencies.
- b) TOT on malaria case management for doctors and paramedics from community health services, midwives and manager of malaria program from all regencies in Papua and IJB except Kabupaten Biak Numfor, Yapen Waropen, dan Sorong.
- c) Training for fog technician at Biak Numfor and Serui.
- d) Fogging at community houses in Biak Numfor and Serui.
- e) Blood sample survey and radical treatment at villages with high prevalence of malaria at Kota Jayapura, Kabupaten Jayapura, Keerom, Sarmi, Biak Numfor, Yapen Waropen, Nabire, Mimika, Merauke, Mappi, Boven Digoel, and Asmat.
- f) Radical treatment for falciparum with ACT
- g) Training for malaria microscopic staff at community health services and hospitals.
- h) Training for malaria cadres from remote villages.
- i) Establish malaria post at remote villages.
- j) Cross check the malaria blood sample from community health services to the laboratories in regency and provincial level.

Harmonization of support to People-centered Development



Project Information Sheet

LIP 1-2-005

Contributed by **Global Fund-Tuberculosis**

<p>Project Title:</p> <p>Expansion of DOTS Projects in Papua Province.</p>	<p>Implementing Partner (Office address, phone number, fax, email and name of the representative):</p> <p>PPO GF-ATM TB Component Papua (Global Fund TB)</p> <p>Jl. Kesehatan No. 2 Dok II Jayapura Telpn (0967) 536818 E-mail: dots_tb_papua@yahoo.co.id</p>
<p>Funding (Amount of the budget and funding source/donors):</p> <p>Plan for 2007 Rp. 11.872.920.000,- (Global Fund TB) Rp. 1.342.609.000,- (Special Autonomy Fund from Papua Province) Rp. 2.366.222.000,- (Special Autonomy fund from regencies and municipalities budget) Rp. 525.689.800,- (National Budget/Budget Proposals/Daftar Isian Proyek of Papua Province) Rp. 733.490.000,- (Others)</p>	<p>Counterparty (Local government partner):</p> <p>Dinas Kesehatan Papua Province</p>
<p>Project Description (The aim and the activities):</p> <ol style="list-style-type: none"> 1. Standards for TB DOTS Strategy- WHO for TB treatment are implemented. 2. Increase the findings and treatment of TB patient. 3. Program and services for TB DOTS treatment expansion. 4. Improve the quality of TB DOTS program management at all level. 5. Cooperate and build networks between supporting components. 	
<p>Working sector: (Check one)</p> <p><input type="checkbox"/> 1-1 Food & Nutrition Intake <input checked="" type="checkbox"/> 1-2 Health <input type="checkbox"/> 1-3 Education <input type="checkbox"/> 1-4 Local Economy <input type="checkbox"/> 1-5 Gender Equality <input type="checkbox"/> 1-6 Basic Infrastructure <input type="checkbox"/> 1-7 Village level Capacity Development</p>	<p>Location: (Check working area level, and list the name of the places)</p> <p><input checked="" type="checkbox"/> Provinsi: <input checked="" type="checkbox"/> Kabupaten: <input checked="" type="checkbox"/> Kota: <input checked="" type="checkbox"/> Distrik(Kecamatan): <input type="checkbox"/> Kampung/Desa:</p>

<input type="checkbox"/> 2-0 Sustainable Forest management <input type="checkbox"/> 3-0 Conducive Environment for Investment <input type="checkbox"/> 4-0 Integrated Infrastructure Development <input type="checkbox"/> 5-0 Vocational Training / Human Resource Development <input type="checkbox"/> 6-1 Bureaucracy Reform <input type="checkbox"/> 6-2 Budget Reform <input type="checkbox"/> 6-3 Independent procurement System <input type="checkbox"/> 7-0 Natural Disaster Management <input type="checkbox"/> 8-0 Other	Provinsi	Papua	IJB
	Kabupaten	Jayapura Biak N. Merauke Mimika Nabire Jayawijaya Pania Yapen Waropen Bovendigoel Mappi Asmat Keerom Peg. Bintang	Manokwari Fakfak Sorong Sorong Selatan
	Kota	Jayapura	Sorong
	Distrik (Kecamatan)	15 hospitals, 122 community health services, 8 clinics	54 community health services and 4 hospitals.
	Kampung / Desa		

Plan, methods and mechanism of the implementation:

- a). Strengthening the systems of TBC treatment through:
1. Training the TB program manager at provincial and regency level, manager from Health Services Units, Community Health Services at regency and district level, village midwives, and hospitals.
 2. Provide microscopes and laboratory supplies for community health services and hospitals.
 3. Provide computers, operational vehicle for Dinas Kesehatan at provincial and regency level.
 4. Monitoring and evaluation of TB prevention programs at national, provincial and regency level, twice in a year.
 5. Supervision, assistance and facilitation from province to regency, from regency to community health services.
 6. Encourage hospitals to be involved in TB DOTS program.
- b) Partnership with the communities, cadre and private health services
1. Train TB cadres as Medicine Intake Watch at community health services areas.
 2. Support the provisions of facilities and TB drugs, and assist private health services (hospitals, clinics) in remote areas.
 3. Advocacy on TB DOTS to provincial and regency governments.
 4. Cooperate with NGOs and other potential community elements.

Lessons learn and progress of the project:

1. Trainings for TB program managers have been conducted at provincial and regency level.
2. Trainings on TB DOTS have been conducted for doctors and paramedics from 216 community health services (54%), 13 regional hospitals, 8 army-owned hospitals, and 3 private hospitals in Papua and IJB.
3. Support for microscopic laboratory available at 102 community health services, and 5 regional hospitals.
4. Detection and treatment of new cases have been increased at hospitals and community health services in 17 regencies in Papua and IJB.
5. Gradual supervision, facilitation and regular monitoring and evaluation have been conducted.
6. Collaboration to manage TB-HIV between hospitals in Jayapura, Merauke, Mimika, Nabire, Manokwari, and Sorong have been established. Referrals system from community health services to the hospitals have been established.
7. Services for TB DOTS have been provided at private clinics, army-owned hospitals at all urban areas and some villages at remot areas in Mamberamo, Waropen and Sarmi.
8. Trainings for TB cadres at 4 community health services area have been conducted.
9. Collaboration with Leprosy Program to socialize TB prevention to the Family Welfare Program (Pendidikan Kesejahteraan Keluarga) at provincial level have been established.
10. Governments from seven regencies start to support TB programs (Mappi, Merauke, Boven Digoel, Kota Jayapura, Kabupaten Jayapura, Keerom, Biak, Serui, Nabire, Pegunungan Bintang and Jayawijaya)

Harmonization of support to People-centered Development



Project Information Sheet

LIP 1-2-006

Contributed by Médecins du Monde

<p>Project Title:</p> <p style="text-align: center;">Primary Health Care and Infectious Diseases Prevention Programme in <u>Puncak Jaya District</u>, <u>Papua</u>, Indonesia</p>	<p>Implementing Partner (Office address, phone number, fax, email and name of the representative):</p> <p>Médecins du Monde (MDM) Jl. Encik SD Tompo No. 2 Angkasapura – Jayapura</p> <p>Telp: 0967-531839, Fax: 0967-534282 Email : mdmpapua1@yahoo.fr mdmiakarta3@yahoo.fr</p> <p>Dr. Olaf Valverde Mordt Country Coordinator, based in Jakarta</p>
<p>Funding (Amount of the budget and funding source/donors):</p> <p>808,615 € for 3 years project, continuation of the previous one (January 2007-December 2009)</p> <p>75% funding by European Union 15% by Cordaid.</p>	<p>Counterparty (Local government partner):</p> <p>Dinas Kesehatan Kabupaten Puncak Jaya</p>
<p>Project Description (The aim and the activities):</p> <p>The general objective is to improve health status of people living in the sub-districts of Mulia and Sinak, Papua Island, Indonesia, in 3 years. The specific objective is to improve access to quality Primary Health Care (PHC) services in the 6 sub-districts of Mulia and Sinak puskesmas coverage areas.</p> <p>Expected results:</p> <ol style="list-style-type: none"> 1. Quality care is available at the 2 health centres and hospital of Mulia for the general population 2. A functioning Health Information System is in place in 6 sub-districts of Puncak Jaya 3. Population of the isolated villages of the 6 sub-districts have access to health care services through mobile visits 4. The health care professionals of the 2 health centres and the hospital actively participate in the process of STI and HIV/AIDS integration into the 3 health care facilities 	

5. The population have access to prevention services (Vaccination, Family Planning, HIV/AIDS and Tuberculosis) in Mulia and Sinak Puskesmas coverage areas

The activities will be as follows:

Medical care access

- To provide initial stock of consumables and enhance their management
- To enhance hospital and health facilities

Training

- To provide continuous adequate training to doctors, nurses, midwives, community health workers, laboratory staff to improve their services
- To provide training on UMP/PEP
- To train the health care workers on and District health authorities in using the National Health Information System
- To continue training of the health staff on STI and HIV/AIDS

Capacity building

- To provide technical assistance for policy making
- To assist in the implementation of the syndromic approach
- To facilitate the creation of a referral system between villages, health centres, hospitals and provincial level
- To assist the health workers in organizing regular immunization days

Advocacy and lobbying

- To advocate the local authorities to get the means for monthly visits to the villages

To advocate condom distribution and availability

Working sector: (Check one)

- 1-1 Food & Nutrition Intake
- 1-2 Health
- 1-3 Education
- 1-4 Local Economy
- 1-5 Gender Equality
- 1-6 Basic Infrastructure
- 1-7 Village level Capacity Development
- 2-0 Sustainable Forest management
- 3-0 Conducive Environment for Investment
- 4-0 Integrated Infrastructure Development
- 5-0 Vocational Training / Human Resource Development
- 6-1 Bureaucracy Reform
- 6-2 Budget Reform
- 6-3 Independent procurement System
- 7-0 Natural Disaster Management
- 8-0 Other

Location: (Check working area level, and list the name of the places)

- Provinsi: Papua
- Kabupaten: : Puncak Jaya
- Kota: Mulia
- Distrik(Kecamatan): Mulia, Yamo, Agandugume, Sinak, Mewoluk and Pogoma
- Kampung/Desa:

Provinsi	Papua	IJB
Kabupaten	Puncak Jaya	
Kota	Mulia	
Distrik (Kecamatan)	Mulia, Yamo, Agandugume, Sinak, Mewoluk and Pogoma	
Kampung / Desa		

Plan, methods and mechanism of the implementation:

Mulia will be the base of the implementing team, with regular visits to Sinak. The team includes expatriate health personnel and Indonesian staff, nurses and translators. Technical support will be given to Dinkes, RSUD Mulia and both Mulia and Sinak puskesmas in training and assistance to increase the health worker skills and specialisation.

An important element will be to directly train village level community health workers (kader and mantri) and supervise their activity by direct visits to the villages in sub-district Mulia and Sinak together with Puskesmas and Dinkes staff, to give health services to community and at the same time assess and respond to community health needs. An important aim is to promote the activation of outreach activities by the formal health system, including mobile clinic especially in distant villages.

Lessons learn and progress of the project:

MDM works in the highlands since 1999 when Puncak Jaya was part of Paniai district. In 2002 an anthropologist stay one year in Mulia doing a deep analysis of the needs and situation and the optimal approach for MDM. Since August 2004 a project was set up concentrating in prevention of STI/HIV/AIDS in Mulia and broadening its scope of action towards primary health care training since February 2006 also including Sinak, after a careful mid-term evaluation. A special relationship with a local NGO, PRIMARI started long time ago and will be developed in the following phase of the project up to the end of 2009.

We realized soon that networking is necessary. The involvement of Bupati, Sekda and health authority in Puncak Jaya district is important. Cooperation and information sharing between related actors, including authorities, NGO and church groups is essential.

Internal data recording and health information system in local Dinkes must be improved to help adequate decision making.

Sufficient, skilled and motivated Human Resources posted and active in all puskesmas is a critical element to help improving the health status of the population. Travel difficulties make access to health care much more complex and expensive for the distant population of Puncak Jaya than for the people living in the major cities or towns.

In the Papuan highlands, it is essential to streamline all health actions, planing and implementing together among different actors to ensure sustainability of the very health system. Otherwise, big budgets will be spent, often in unnecessary infrastructure or frequent and poorly planned trips and little impact will be achieved for the population.

Expanding the general population knowledge about simple healthy behaviours (hygiene) and access to basic life saving drugs (ORS) will undoubtedly have a strong impact in the ability of the vulnerable people to survive. Three more elements are to be considered: Safe Motherhood, diagnosis and expanded treatment of Tuberculosis and increased prevention and access to diagnosis and treatment for STI/HIV/AIDS.

A huge task remains to be done in a very difficult environment. Hopefully if the collaboration among different actors and the acceptance and support from the community can be granted, we will be able together to make a difference for the people of Puncak Jaya

Harmonization of support to People-centered Development



Project Information Sheet

LIP 1-2-007

Contributed by NLR

<p>Project Title:</p> <p>Leprosy Control Program, supported by Netherlands Leprosy relief</p>	<p>Implementing Partner (Office address, phone number, fax, email and name of the representative):</p> <p>Dinas Kesehatan Provinsi Papua Alamat : Jl Kesehatan No. 2 Dok II - Jayapura Telepon/Fax : (0967) 536818 E-mail : nlrpapua@yahoo.com arrypongтику@yahoo.com</p>
<p>Funding (Amount of the budget and funding source/donors):</p> <p>In 2005: Rp.792,487,750 In 2006: Rp. 803,477,200 In 2007: Rp.1,258,015.900</p>	<p>Counterparty (Local government partner):</p> <p>Dinas Kesehatan Provinsi Papua</p>
<p>Project Description (The aim and the activities):</p> <p>a) The project has been started since 1990s, will end in 2010 b) Early case detection and treatment of leprosy cases ,the health center is a basis c) Cut transmission of the disease in community and reduce disability d) Training doctors and nurse as well as laboratory technicians e) Quarterly meeting in disitricks together with TB program and improve recording and reporting system. f) Supervision and on the job training to districts and health centers g) Reduce stigma and increase people awareness about leprosy h) Community Based approaches (Rapid Village Survey), Self care Group i) Improve rehabilitation including social economic rehabilitation for those people who are affected by leprosy</p>	
<p>Working sector: (Check one)</p> <p><input type="checkbox"/> 1-1 Food & Nutrition Intake <input checked="" type="checkbox"/> 1-2 Health <input type="checkbox"/> 1-3 Education <input type="checkbox"/> 1-4 Local Economy <input type="checkbox"/> 1-5 Gender Equality <input type="checkbox"/> 1-6 Basic Infrastructure <input type="checkbox"/> 1-7 Village level Capacity Development <input type="checkbox"/> 2-0 Sustainable Forest management <input type="checkbox"/> 3-0 Conducive Environment for</p>	<p>Location: (Check working area level, and list the name of the places)</p> <p><input checked="" type="checkbox"/> Provinsi: <input type="checkbox"/> Kabupaten: <input type="checkbox"/> Kota: <input type="checkbox"/> Distrik(Kecamatan): <input type="checkbox"/> Kampung/Desa:</p> <p>*The survicve of NLR Papua are given to all districts until Kampung both in Papua and IJB.</p>

<p>Investment</p> <input type="checkbox"/> 4-0 Integrated Infrastructure Development <input type="checkbox"/> 5-0 Vocational Training / Human Resource Development <input type="checkbox"/> 6-1 Bureaucracy Reform <input type="checkbox"/> 6-2 Budget Reform <input type="checkbox"/> 6-3 Independent procurement System <input type="checkbox"/> 7-0 Natural Disaster Management <input type="checkbox"/> 8-0 Other	<table border="1"> <tr> <td>Provinsi</td> <td>Papua</td> <td>IJB</td> </tr> <tr> <td>Kabupaten</td> <td>Merauke, Jayapura, Nabire, Mimika, Keerom, Mappi, Boven Digoel, Biak Numfor, Yapen Waropen, Paniai, Jayawijaya, Yahukimo, Asmat, Sarmi</td> <td>Fakfak, Manokwari, Sorong, Sorong Selatan, Teluk Bintuni, Teluk Wondama, Kaimana, Raja Ampat</td> </tr> <tr> <td>Kota</td> <td>Jayapura</td> <td>Sorong</td> </tr> <tr> <td>Distrik (Kecamatan)</td> <td></td> <td></td> </tr> <tr> <td>Kampung / Desa</td> <td></td> <td></td> </tr> </table>	Provinsi	Papua	IJB	Kabupaten	Merauke, Jayapura, Nabire, Mimika, Keerom, Mappi, Boven Digoel, Biak Numfor, Yapen Waropen, Paniai, Jayawijaya, Yahukimo, Asmat, Sarmi	Fakfak, Manokwari, Sorong, Sorong Selatan, Teluk Bintuni, Teluk Wondama, Kaimana, Raja Ampat	Kota	Jayapura	Sorong	Distrik (Kecamatan)			Kampung / Desa		
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	Distrik (Kecamatan)															
Kampung / Desa																
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<p>Municipality : Kota Sorong dan Kota Jayapura</p>																
<p>(for all Papua and IJB)</p>																
<p>Plan, methods and mechanism of the implementation:</p> <p>a) Funds supported by NLR (Netherlands Leprosy Relief), and increase local government commitment for sustainability. b) Implemented by province,districts ,health centers and hospitals. c) Drugs availble and free of charge. d) Follow national guideline. e) Monitoring and evaluation based on quarterly meeting ,supervision and reports. f) Combined Leprosy and TB program.</p>																
<p>Lessons learn and progress of the project:</p> <p>a) Self Care Group in Biak, Sorong and Nabire. b) Partnership with Nations Petroleum Company to reach remote areas in Sarmi and Waropen c) Movement to detect leprosy cases in Jayapura declared by Head of District Jayapura d) Additional trainings for doctors and nurses.</p>																

Harmonization of support to People-centered Development



Project Information Sheet

LIP 1-2-008

Contributed by **SOEI**

<p>Project Title:</p> <p>HIV/AIDS Institutional Linkages</p>	<p>Implementing Partner (Office address, phone number, fax, email and name of the representative):</p>  <p>Multi Donor Support Office for Eastern Indonesia Jl. Dr. Soetomo No. 26, Makassar 90113, Sulawesi Selatan Tel.: 0411-3650320-23 / Fax. 0411-322049 Email: info@bakti.org</p> <p>Kantor penghubung di Papua: Lantai II, Gedung BPID Papua, Jl. Sam Ratulangi No. 32, Jayapura 99112 Tel.: 0967-521566 Fax: 0967-521541</p> <p>World Bank Jakarta – Health Sector in partnership with KPA, NGOs, FBOs, UN Agencies and international implementing agencies</p>
<p>Funding (Amount of the budget and funding source/donors):</p> <p>Dutch Trust Fund (DTF) 70,000 USD</p>	<p>Counterparty (Local government partner):</p> <p>KPAD and Dinas Kesehatan (still to be confirmed)</p>

Project Description (The aim and the activities):

SOfeI, in conjunction with the World Bank Health Sector intends to strengthen the institutional capacity of government and non-government organizations through capacity building and management support, and to increase the evidence base for HIV/AIDS programming in Papua through review and synthesis of available information and a bio-behavioural survey. Given that several major donors are funding HIV control programs in Papua, SOfeI will build relationships with these agencies, seeking to pool donor knowledge obtained through past and current projects addressing HIV/AIDS. SOfeI will also work with the National and Provincial AIDS Commissions and NGOs, Papuan community based organisations, HIV/AIDS networks and donor agencies on overall programme coordination issues.

This specifically entails:

Enhanced donor harmonization and knowledge exchange in Eastern Indonesia.

- Build relationships with donor agencies through regular communication and participation in the UN WGs seeking to pool donor knowledge obtained through past and current projects
- Promote knowledge exchange by creating a database on HIV/AIDS for the knowledge exchange facility (BaKTI) in Makassar
- Support the establishment of a website for Papua provincial HIV/AIDS Commission;
- Collaboration with the community development communications coordinator in Jakarta to develop a communications strategy for HIV/AIDS in eastern Indonesia using multi-media, including community radio.

A bio-behavioural survey of HIV/AIDS in Papua is designed with the World Bank's Health Team:

- Compilation of existing socio-economic, behavioural and epidemiologic information on HIV/AIDS in Papua.
- Coordination with the Papuan AIDS Commission and other donors.
- Liaise with Indonesian agency that will conduct the survey.
- Assisting in organizing workshops and other meetings to disseminate program evaluations and survey results with stakeholders in Papua.

Working sector: (Check one)

- 1-1 Food & Nutrition Intake
- 1-2 Health
- 1-3 Education
- 1-4 Local Economy
- 1-5 Gender Equality
- 1-6 Basic Infrastructure
- 1-7 Village level Capacity Development
- 2-0 Sustainable Forest management
- 3-0 Conducive Environment for Investment
- 4-0 Integrated Infrastructure Development
- 5-0 Vocational Training / Human Resource Development
- 6-1 Bureaucracy Reform
- 6-2 Budget Reform
- 6-3 Independent procurement System

Location: (Check working area level, and list the name of the places)

- Provinsi:
- Kabupaten:
- Kota:
- Distrik(Kecamatan):
- Kampung/Desa:

Provinsi	Papua	
Kabupaten		
Kota		
Distrik (Kecamatan)		
Kampung / Desa		

Papua (no further specification at this stage)

<input type="checkbox"/> 7-0 Natural Disaster Management <input type="checkbox"/> 8-0 Other This program will focus on scaling up and strengthening institutional linkages and harmonization of HIV/AIDS Organizations as well as providing an evidence-base for HIV/AIDS interventions in Papua.	
<p>Plan, methods and mechanism of the implementation:</p> Facilitation of Meetings, Knowledge Management & Research, Capacity Building and Provision of Management Support.	
<p>Lessons learn and progress of the project:</p> Program is in preparatory Phase	

Website: www.bakti.org

Harmonization of support to People-centered Development



Project Information Sheet

LIP 1-2-009

Contributed by **UNICEF**

<p>Project Title:</p> <p>HIV/AIDS prevention and care through Life Skills Education (LSE) and peer education among young people in Papua and Irian Jaya Barat provinces (Phase Two)</p>	<p>Implementing Partner (Office address, phone number, fax, email and name of the representative):</p> <p>Ministry of National Education (MoNE)</p>
<p>Funding (Amount of the budget and funding source/donors):</p> <p>Government of Nederland</p>	<p>Counterparty (Local government partner):</p> <p>Maternal and Child Survival, Development and Protection (MCSDP/KHPPIA)</p>
<p>Project Description (The aim and the activities):</p> <p>The direct result of programme activities are in two key areas :</p> <ol style="list-style-type: none"> 1. The programme has brought the issue of HIV/AIDS to the forefront. The programme's contribution to create this important shift in attitude is substantiated by a review of programme documentation, which indicates that virtually all advocacy and capacity development activities include at least a brief summary of trends in HIV/AIDS prevalence in Papua and of baseline data on knowledge, attitudes and behaviour among Papua youth. 2. Increasing in awareness of HIV/AIDS has led to a variety of programme activities being undertaken at both the provincial and district levels. These programme have focused on disseminating information on the nature and scope of HIV/AIDS in Papua and proving opportunities for ongoing planning at the provincial and district levels. <p>The programme team has established a very strong record of developing and implementing activities in a short time, consistently achieving annual input and output targets. These activities have taken place in five key areas including :</p> <ol style="list-style-type: none"> 1. Materials development 2. Teacher training 3. Peer programme development and outreach 4. Capacity development with local government, gatekeepers and other community leaders 5. Advocacy for local ownership and future programme development 	
<p>Working sector: (Check one)</p> <p><input type="checkbox"/> 1-1 Food & Nutrition Intake</p> <p><input checked="" type="checkbox"/> 1-2 Health</p> <p><input type="checkbox"/> 1-3 Education</p>	<p>Location: (Check working area level, and list the name of the places)</p> <p><input type="checkbox"/> Provinsi:</p> <p><input checked="" type="checkbox"/> Kabupaten:</p>

<input type="checkbox"/> 1-4 Local Economy <input type="checkbox"/> 1-5 Gender Equality <input type="checkbox"/> 1-6 Basic Infrastructure <input type="checkbox"/> 1-7 Village level Capacity Development <input type="checkbox"/> 2-0 Sustainable Forest management <input type="checkbox"/> 3-0 Conducive Environment for Investment <input type="checkbox"/> 4-0 Integrated Infrastructure Development <input type="checkbox"/> 5-0 Vocational Training / Human Resource Development <input type="checkbox"/> 6-1 Bureaucracy Reform <input type="checkbox"/> 6-2 Budget Reform <input type="checkbox"/> 6-3 Independent procurement System <input type="checkbox"/> 7-0 Natural Disaster Management <input type="checkbox"/> 8-0 Other	<input type="checkbox"/> Kota: <input type="checkbox"/> Distrik(Kecamatan): <input type="checkbox"/> Kampung/Desa:															
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Provinsi	Papua	IJB														
Kabupaten	Jayapura, Jayawijaya, Biak Numfor	Sorong, Manokwari														
Kota																
Distrik (Kecamatan)																
Kampung / Desa																

Plan, methods and mechanism of the implementation:

In area of materials development, over 3,000 training kits for teachers have been developed and distributed as a supplement to the formal teacher's manual prepared by MoNE. In addition, over 100,000 copies of parent booklet developed with Phase One funding have been distributed across the programme's five districts

To accomplish the key area of teacher training, 113 principals and 608 teachers in 160 junior secondary schools have participated in a variety of training seminars covering a number of key topics ranging from basic information on HIV/AIDS to developing systems for ongoing monitoring and evaluation

Pertaining to outputs related to building an effective peer education outreach programme component, a cascade training model reached 594 young people across a variety of institutional setting, including senior high schools, Cendrawasih University, voluntary organisations and faith-based organisations. In turn, these peer educators have conducted outreach activities for about 6,000 young people. In addition, student-led anti-AIDS Clubs have been established in 114 junior high schools.

In area of capacity development, a number of key training seminars and other awareness building activities have taken place. Approximately 1,000 people have participated in these training seminar events. In addition, study tours to Myanmar and Thailand were conducted for staff of MoNE, providing opportunities for observation of established life skills education programme.

With regards to advocacy for programme ownership and local support, Provincial Education Department staff and other counterpart agencies have reactivated the HIV/AIDS Committee and are considering inclusion of civil society representatives.

Lessons learn and progress of the project:

There are three lessons learned that can be thought of as a three-legged stool :

1. Providing additional aids for teachers on presenting skill-based lessons; training for educators on the approaches and pedagogy of LSE; and continuing to advocate at all levels for the adoption of LSE as core curriculum to ensure programmes of adequate scope.
2. General capacity to plan, implement, monitor and evaluate programme initiatives
3. Gaining a deeper understanding of the challenges involved in creating a sense of local ownership

Harmonization of support to People-centered Development



Project Information Sheet

LIP 1-2-010

Contributed by **UNICEF**

<p>Project Title:</p> <p>Strengthening Student Clubs for effective HIV/AIDS prevention and care in Papua and West Irian Jaya province in Indonesia</p>	<p>Implementing Partner (Office address, phone number, fax, email and name of the representative):</p> <p>Ministry of National Education (MoNE)</p>
<p>Funding (Amount of the budget and funding source/donors):</p> <p>AusNatCom</p>	<p>Counterparty (Local government partner):</p> <p>Maternal and Child Survival, Development and Protection (MCSDP/KHPPIA)</p>
<p>Project Description (The aim and the activities):</p> <p>This project addresses HIV/AIDS prevention among adolescents with scholar-based Life Skills Education (LSE) as the key strategy. It is expected that this intervention will contribute to increased application of knowledge and skills to prevent HIV infection in young people in Papua and Irian Jaya Barat Province, especially in 5 districts, i.e. Jayawijaya, Jayapura, Manokwari, Sorong and Biak Numfor.</p> <p>The Major development objectives of this project are :</p> <ol style="list-style-type: none"> 1. Strengthen and expand school anti-AIDS clubs for HIV/AIDS prevention education among students of junior high school. 2. Provide knowledge and skills on HIV/AIDS prevention and care among children in junior high schools and among out-of-school youth through an interactive radio programme. <p>Significant output expected :</p> <ol style="list-style-type: none"> 1. District facilitator team support to regularly supervise and monitor school club activities in 5 districts in Papua after receiving refresher training on the HIV/AIDS situation and skills for management of student clubs 2. Students in junior schools are trained on student club leadership and management 3. Network of school anti-AIDS clubs established and supported to exchange ideas, knowledge and skills about LSE, HIV/AIDS and other concerns of young people. 4. Peer educator from Manokwari and Sorong trained on radio script writing and presentation techniques for HIV/AIDS , reproductive health and drug abuse. 5. Record and disseminate radio programme for school club. 6. Provided technical assistance to strengthen the linkage between school clubs and radio programme activities. 	

The project benefits are :

1. Increased management leadership for school clubs by the students
2. Increased knowledge and skills to prevent HIV/AIDS among junior secondary school students

Working sector: (Check one)

- 1-1 Food & Nutrition Intake
- 1-2 Health
- 1-3 Education
- 1-4 Local Economy
- 1-5 Gender Equality
- 1-6 Basic Infrastructure
- 1-7 Village level Capacity Development
- 2-0 Sustainable Forest management
- 3-0 Conducive Environment for Investment
- 4-0 Integrated Infrastructure Development
- 5-0 Vocational Training / Human Resource Development
- 6-1 Bureaucracy Reform
- 6-2 Budget Reform
- 6-3 Independent procurement System
- 7-0 Natural Disaster Management
- 8-0 Other

Location: (Check working area level, and list the name of the places)

- Provinsi: Papua & Irian Jaya Barat
- Kabupaten:
- Kota:
- Distrik(Kecamatan):
- Kampung/Desa:

Provinsi	Papua	IJB
Kabupaten		
Kota		
Distrik (Kecamatan)		
Kampung / Desa		

Plan, methods and mechanism of the implementation:

Intoduction of radio broadcast programme in Manokwari and Sorong districts is based on research conducted by University Cendrawasih in 2005 among youth out of school in 5 districts. In order to accelerate implementation of the technical assistance for 25 days to cover 5 districts, the radio programme will be recorded in audio tapes for extended use by school clubs.

The project will maintain its policy/approach ensuring equal of girls and boys selected and trained for club leader in all schools. The same principle will apply for the training of districts facilitators and peer educator/radio presenters training. All training events and orientation will ensure that HIV/AIDS prevention and care is presented in a gender-sensitive perspective.

Lessons learn and progress of the project:

The project will benefit the following groups in the districts of Biak, Sorong, Jayapura, Jayawijaya, Manokwari and 2 cities of Jayapura and Sorong :

1. 32 districts facilitators of school club leaders
2. 320 new student leaders of the clubs
3. Approximately 30,000 students in 142 junior secondary school (28 schools in Jayapura, 20 schools in Biak Numfor, 20 schools in Jayawijaya , 28 schools in Sorong, 18 schools in Manokwari and 28 schools in Jayapura city).
4. 16 peer educators-cum-radio presenters
5. 20,000 young people educated and entertained through radio programme on HIV/AIDS

Harmonization of support to People-centered Development



Project Information Sheet

LIP 1-2-011

Contributed by **UNICEF**

<p>Project Title:</p> <p>Malaria Program in Eastern Indonesia:</p>	<p>Implementing Partner (Office address, phone number, fax, email and name of the representative):</p> <p>Ministry of Health</p>															
<p>Funding (Amount of the budget and funding source/donors):</p> <p>The total budget for the Malaria Program is US\$ 2,189,879 for over 2005-2008.</p> <p>USAID, GFATM</p>	<p>Counterparty (Local government partner):</p>															
<p>Project Description (The aim and the activities):</p> <p>The core goal of the Malaria program is to work with the Indonesian Ministry of Health (MOH) and other partners to build a sustainable system to deliver malaria diagnosis, treatment, and prevention through routine antenatal care to pregnant women living in 11 of the most malaria-endemic districts of Indonesia, to demonstrate that the system is logical, workable, and effective, and extend it to other malaria-endemic districts in Indonesia. The long-term impact of such a system will be a reduced burden of malaria in pregnancy and improved maternal and child health.</p>																
<p>Working sector: (Check one)</p> <p><input type="checkbox"/> 1-1 Food & Nutrition Intake</p> <p><input checked="" type="checkbox"/> 1-2 Health</p> <p><input type="checkbox"/> 1-3 Education</p> <p><input type="checkbox"/> 1-4 Local Economy</p> <p><input type="checkbox"/> 1-5 Gender Equality</p> <p><input type="checkbox"/> 1-6 Basic Infrastructure</p> <p><input type="checkbox"/> 1-7 Village level Capacity Development</p> <p><input type="checkbox"/> 2-0 Sustainable Forest management</p> <p><input type="checkbox"/> 3-0 Conducive Environment for Investment</p> <p><input type="checkbox"/> 4-0 Integrated Infrastructure Development</p> <p><input type="checkbox"/> 5-0 Vocational Training / Human Resource Development</p> <p><input type="checkbox"/> 6-1 Bureaucracy Reform</p> <p><input type="checkbox"/> 6-2 Budget Reform</p> <p><input type="checkbox"/> 6-3 Independent procurement System</p>	<p>Location: (Check working area level, and list the name of the places)</p> <p><input type="checkbox"/> Provinsi:</p> <p><input checked="" type="checkbox"/> Kabupaten: In 11 of the most malaria-endemic districts (Papua, IJB, NTT, Maluku and Maluku Utara)</p> <p><input type="checkbox"/> Kota:</p> <p><input type="checkbox"/> Distrik(Kecamatan):</p> <p><input type="checkbox"/> Kampung/Desa:</p> <table border="1" data-bbox="842 1697 1414 1966"> <tr> <td>Provinsi</td> <td>Papua</td> <td>IJB</td> </tr> <tr> <td>Kabupaten</td> <td>Jayapura</td> <td>Sorong, Manokwari</td> </tr> <tr> <td>Kota</td> <td></td> <td></td> </tr> <tr> <td>Distrik (Kecamatan)</td> <td></td> <td></td> </tr> <tr> <td>Kampung / Desa</td> <td></td> <td></td> </tr> </table>	Provinsi	Papua	IJB	Kabupaten	Jayapura	Sorong, Manokwari	Kota			Distrik (Kecamatan)			Kampung / Desa		
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Kabupaten	Jayapura	Sorong, Manokwari														
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Kampung / Desa																

- 7-0 Natural Disaster Management
- 8-0 Other

Plan, methods and mechanism of the implementation:

Under Malaria program, UNICEF develops a strong relationship with the MOH, encouraging cooperation within different departments of the MOH, building partnerships with technical and implementing organisations, and raising funds.

Lessons learn and progress of the project:

In its first year, the Malaria Program program has made excellent progress in forging the needed alliances and leveraging additional funding to realize this broad goal, though actual delivery of services to communities is only just beginning.

Significant progress has also been made in assisting the MOH in developing a sound, balanced malaria control program. Besides, the first stage of training for MOH staff, collection a baseline survey data from East Nusa Tenggara (NTT), the ordering and placement of materials for diagnosis and prevention at district level in each of our target districts, social mobilization, and developing of educational materials with input from P2B2 and Kesehatan Keluarga (KesGa) have been implemented.

Harmonization of support to People-centered Development



Project Information Sheet

LIP 1-2-012

Contributed by **UNICEF**

<p>Project Title:</p> <p>Women's and Child Health Program in Papua</p>	<p>Implementing Partner (Office address, phone number, fax, email and name of the representative):</p> <p>Subdirectorates of Maternal Health and Malaria Control of the Ministry of Health</p>
<p>Funding (Amount of the budget and funding source/donors):</p> <p>The total budget for WCHPP program is AUD 4,264,541 million over the period 2006-2009</p> <p>AusAID</p>	<p>Counterparty (Local government partner):</p> <p>District Health Office</p>
<p>Project Description (The aim and the activities):</p> <p>The WCHPP program constitutes UNICEF's continued commitment to improving maternal and child health in Papua, and focuses on an integrated programmatic approach that addresses the issues of access and affordability of quality health service by the poor and the health needs of women of reproductive age and children under five years. The program focuses on the strengthening roles of women of reproductive age, communities and district health services in improving women's and child health, improving community engagement and accountability within existing (and improved) district health systems, increasing access to and availability of quality health care services, and strengthening district and sub-district service delivery.</p>	
<p>Working sector: (Check one)</p> <p><input type="checkbox"/> 1-1 Food & Nutrition Intake</p> <p><input checked="" type="checkbox"/> 1-2 Health</p> <p><input type="checkbox"/> 1-3 Education</p> <p><input type="checkbox"/> 1-4 Local Economy</p> <p><input type="checkbox"/> 1-5 Gender Equality</p> <p><input type="checkbox"/> 1-6 Basic Infrastructure</p> <p><input type="checkbox"/> 1-7 Village level Capacity Development</p> <p><input type="checkbox"/> 2-0 Sustainable Forest management</p> <p><input type="checkbox"/> 3-0 Conducive Environment for Investment</p> <p><input type="checkbox"/> 4-0 Integrated Infrastructure Development</p> <p><input type="checkbox"/> 5-0 Vocational Training /</p>	<p>Location: (Check working area level, and list the name of the places)</p> <p><input checked="" type="checkbox"/> Provinsi:</p> <p><input checked="" type="checkbox"/> Kabupaten:</p> <p><input type="checkbox"/> Kota:</p> <p><input type="checkbox"/> Distrik(Kecamatan):</p> <p><input type="checkbox"/> Kampung/Desa:</p>

Human Resource Development <input type="checkbox"/> 6-1 Bureaucracy Reform <input type="checkbox"/> 6-2 Budget Reform <input type="checkbox"/> 6-3 Independent procurement System <input type="checkbox"/> 7-0 Natural Disaster Management <input type="checkbox"/> 8-0 Other	Provinsi	Papua	IJB
	Kabupaten	Jayapura, Jayawijaya	Sorong Manokwari
	Kota		
	Distrik (Kecamatan)		
	Kampung / Desa		
Plan, methods and mechanism of the implementation: Under WCHPP program, UNICEF is responsible for the financial disbursement and day-to-day management of the Program at central level. Central MoH, through the Subdirectorates of Maternal Health and Malaria Control, is responsible for providing policy advice and feedback, and for participating at province level meetings as appropriate. Implementation of WCHPP will be decentralised to district health offices working closely with the district and sub-district health services teams, which are responsible for planning, financial management, implementation supervision, monitoring and reporting. The Central and Provincial Health teams, together with staff from UNICEF Jakarta and the UNICEF Field Offices, provide technical and monitoring support to districts.			
Lessons learn and progress of the project: The implementation of WCHPP is just began in July 2006, thus activities that has been conducted is introduction of the new project to Provincial Health officials in Papua and Irian Jaya Barat and subsequently to the four focus Distric Health Office teams. and staff, and preparation of a letter of intent that delineates the terms of programme cooperation between UNICEF and four focus districs.			

Harmonization of support to People-centered Development



Project Information Sheet

LIP 1-2-013

Contributed by **USAID**

<p>Project Title:</p> <p>Basic Human Services – HIV/AIDS</p>	<p>Implementing Partner (Office address, phone number, fax, email and name of the representative):</p> <p>Family Health International Dr. Robert Magnani Telepon : 62-21-422-3463 Fax ; 62-21-422-3455 Hp : 0811-920-513 E-mail : magnani@fhi.or.id</p>
<p>Funding (Amount of the budget and funding source/donors):</p> <p>Regional funding levels are not available</p>	<p>Counterparty (Local government partner):</p> <p>Provincial and district health offices, provincial and district AIDS Commissions</p>
<p>Project Description (The aim and the activities):</p> <p>Aksi Stop AIDS (ASA): Within the past decade, Indonesia has witnessed a dramatic increase in the prevalence of HIV/AIDS. The window of opportunity to prevent the exponential spread of HIV into the general population, with disastrous consequences, is fast closing. USAID is assisting the government of Indonesia to address the spread of HIV among most-at-risk-groups, including commercial sex workers and their clients; injecting drug users; men who have sex with men; and the general population of Papua, where the epidemic is emerging rapidly. The program aims to: (1) increase coverage and use of risk reduction behaviors, practices and services; (2) improve the capacity of partner agencies to self-assess and enhance their performance; and (3) strengthen institutional responses from the AIDS Commissions (at all levels), clinics, the prison system, and the uniformed services.</p> <p>ASA is a three-year program (2005-2008), being implemented by Family Health International (FHI), which works in seven provinces, including DKI/Jakarta West Java, East Java, Central Java, Papua, Riau Islands, and North Sumatra. In these seven provinces, ASA works in 78 of the total 100 districts identified by the Government of Indonesia as being priority areas. This program is implemented in partnership with British Petroleum through a multi-year public-private alliance.</p>	
<p>Working sector: (Check one)</p> <p><input type="checkbox"/> 1-1 Food & Nutrition Intake <input checked="" type="checkbox"/> 1-2 Health <input type="checkbox"/> 1-3 Education <input type="checkbox"/> 1-4 Local Economy</p>	<p>Location: (Check working area level, and list the name of the places)</p> <p><input type="checkbox"/> Provinsi: <input checked="" type="checkbox"/> Kabupaten: <input checked="" type="checkbox"/> Kota:</p>

<input type="checkbox"/> 1-5 Gender Equality <input type="checkbox"/> 1-6 Basic Infrastructure <input type="checkbox"/> 1-7 Village level Capacity Development <input type="checkbox"/> 2-0 Sustainable Forest management <input type="checkbox"/> 3-0 Conducive Environment for Investment <input type="checkbox"/> 4-0 Integrated Infrastructure Development <input type="checkbox"/> 5-0 Vocational Training / Human Resource Development <input type="checkbox"/> 6-1 Bureaucracy Reform <input type="checkbox"/> 6-2 Budget Reform <input type="checkbox"/> 6-3 Independent procurement System <input type="checkbox"/> 7-0 Natural Disaster Management <input type="checkbox"/> 8-0 Other	<input type="checkbox"/> Distrik(Kecamatan): <input type="checkbox"/> Kampung/Desa: <table border="1" data-bbox="842 286 1410 891"> <tr> <td>Provinsi</td> <td>Papua</td> <td>IJB</td> </tr> <tr> <td>Kabupaten</td> <td>Jayapura, Keerom, Pegunungan Bintang, Nabire, Jayawija, Puncak Jaya, Paniai, Mimika, Biak Numfor, Mappi, Asmat, Merauke</td> <td>Manokwari, Faf-fak, Kaimana, Teluk Bintuni, Sorong</td> </tr> <tr> <td>Kota</td> <td>Jayapura</td> <td>Sorong</td> </tr> <tr> <td>Distrik (Kecamatan)</td> <td></td> <td></td> </tr> <tr> <td>Kampung / Desa</td> <td></td> <td></td> </tr> </table>	Provinsi	Papua	IJB	Kabupaten	Jayapura, Keerom, Pegunungan Bintang, Nabire, Jayawija, Puncak Jaya, Paniai, Mimika, Biak Numfor, Mappi, Asmat, Merauke	Manokwari, Faf-fak, Kaimana, Teluk Bintuni, Sorong	Kota	Jayapura	Sorong	Distrik (Kecamatan)			Kampung / Desa		
Provinsi	Papua	IJB														
Kabupaten	Jayapura, Keerom, Pegunungan Bintang, Nabire, Jayawija, Puncak Jaya, Paniai, Mimika, Biak Numfor, Mappi, Asmat, Merauke	Manokwari, Faf-fak, Kaimana, Teluk Bintuni, Sorong														
Kota	Jayapura	Sorong														
Distrik (Kecamatan)																
Kampung / Desa																
<p>Plan, methods and mechanism of the implementation:</p> <p>Technical Assistance, training and commodities</p>																
<p>Lessons learn and progress of the project:</p> <p>New program. An evaluation will be conducted in the near future.</p>																

Harmonization of support to People-centered Development



Project Information Sheet

LIP 1-2-014

Contributed by **USAID**

<p>Project Title:</p> <p>Basic Human Services - Tuberculosis</p>	<p>Implementing Partner (Office address, phone number, fax, email and name of the representative):</p> <p>Royal Netherlands Tuberculosis Society (KNCV) Contact: Benson Hausman Phone: 62-21-428-84176 Fax: 62-21-428-84178 HP: 0813-109-077104 Email: hausmanb@kncvtbc.nl</p>
<p>Funding (Amount of the budget and funding source/donors):</p> <p>Regional funding levels are not available</p>	<p>Counterparty (Local government partner):</p> <p>Provincial and district health offices; public health centers, public Hospitals, and Provincial and district labs.</p>
<p>Project Description (The aim and the activities):</p> <p>Indonesia has the third highest tuberculosis (TB) burden in the world. It is estimated that approximately 100,000 Indonesians die from TB each year. USAID provides technical and operational assistance to strengthen and expand DOTS (Directly Observed Treatment Short-Course) coverage in Indonesia through the TB Coalition Technical Assistance (TBCTA) program, implemented by the Royal Netherlands TB Association (KNCV). TBCTA is supporting the National TB Program in nine provinces, covering approximately 62% of the total Indonesian population. TBCTA supports the National TB Program to improve program management; laboratory diagnosis of TB; treatment for TB patients; training for provincial, district and sub-district the National TB Program staff; management of TB drugs; local government commitment; and research. With support from TBCTA and others, Indonesia has made remarkable progress, increasing the detection of TB patients (Case Detection Rate) from 28% in 2001 to 52% in 2004, increasing the cure rate from 67% in 2001 to 85% in 2004, and reducing the overall burden of TB in Indonesia. The period of performance for this project is 2006 to 2010. This program is implemented in partnership with British Petroleum through a multi-year public-private alliance.</p>	
<p>Working sector: (Check one)</p> <p><input type="checkbox"/> 1-1 Food & Nutrition Intake <input checked="" type="checkbox"/> 1-2 Health <input type="checkbox"/> 1-3 Education <input type="checkbox"/> 1-4 Local Economy</p>	<p>Location: (Check working area level, and list the name of the places)</p> <p><input type="checkbox"/> Provinsi: <input checked="" type="checkbox"/> Kabupaten: <input type="checkbox"/> Kota:</p>

<input type="checkbox"/> 1-5 Gender Equality <input type="checkbox"/> 1-6 Basic Infrastructure <input type="checkbox"/> 1-7 Village level Capacity Development <input type="checkbox"/> 2-0 Sustainable Forest management <input type="checkbox"/> 3-0 Conducive Environment for Investment <input type="checkbox"/> 4-0 Integrated Infrastructure Development <input type="checkbox"/> 5-0 Vocational Training / Human Resource Development <input type="checkbox"/> 6-1 Bureaucracy Reform <input type="checkbox"/> 6-2 Budget Reform <input type="checkbox"/> 6-3 Independent procurement System <input type="checkbox"/> 7-0 Natural Disaster Management <input type="checkbox"/> 8-0 Other	<input type="checkbox"/> Distrik(Kecamatan): <input type="checkbox"/> Kampung/Desa: <table border="1" data-bbox="839 286 1412 560"> <tr> <td>Provinsi</td> <td>Papua</td> <td>IJB</td> </tr> <tr> <td>Kabupaten</td> <td>Jayapura</td> <td>Sorong, Manokware</td> </tr> <tr> <td>Kota</td> <td></td> <td></td> </tr> <tr> <td>Distrik (Kecamatan)</td> <td></td> <td></td> </tr> <tr> <td>Kampung / Desa</td> <td></td> <td></td> </tr> </table>	Provinsi	Papua	IJB	Kabupaten	Jayapura	Sorong, Manokware	Kota			Distrik (Kecamatan)			Kampung / Desa		
Provinsi	Papua	IJB														
Kabupaten	Jayapura	Sorong, Manokware														
Kota																
Distrik (Kecamatan)																
Kampung / Desa																
<p>Plan, methods and mechanism of the implementation:</p> <p>Technical assistance, training, and commodities</p>																
<p>Lessons learn and progress of the project:</p> <p>New program.</p>																

Harmonization of support to People-centered Development



Project Information Sheet

LIP 1-2-015

Contributed by USAID

<p>Project Title:</p> <p>Basic Human Services - Malaria</p>	<p>Implementing Partner (Office address, phone number, fax, email and name of the representative):</p> <p>UNICEF Dr. David Hipgrave Phone: 62-21-570-5816 Fax: 62-21-571-1326 HP: 0811-979-016 Email: dhipgrave@unicef.org</p>
<p>Funding (Amount of the budget and funding source/donors):</p> <p>Regional funding levels are not available</p>	<p>Counterparty (Local government partner):</p> <p>Provincial and district health offices; Provincial and district labs; and Indonesia Midwives Associations (IBI)</p>
<p>Project Description (The aim and the activities):</p> <p>USAID supports a three year program (2005-2008) to address malaria in pregnancy by improving health services, systems and behaviors that contribute to a reduction of malaria in pregnancy in selected districts in Papua. In Papua, the program covers Sorong, Jayapura and Biak districts. The program ensures the integration of malaria control and maternal health systems development and quality control; provides and distributes insecticide treated bednets (ITNs) for pregnant women and young children; and provides technical assistance for increasing awareness and understanding of malaria in pregnancy, including strengthening antenatal care to ensure both quality diagnosis and treatment of malaria. This program is implemented in partnership with British Petroleum through a multi-year public-private alliance.</p>	
<p>Working sector: (Check one)</p> <p><input type="checkbox"/> 1-1 Food & Nutrition Intake <input checked="" type="checkbox"/> 1-2 Health <input type="checkbox"/> 1-3 Education <input type="checkbox"/> 1-4 Local Economy <input type="checkbox"/> 1-5 Gender Equality <input type="checkbox"/> 1-6 Basic Infrastructure <input type="checkbox"/> 1-7 Village level Capacity Development <input type="checkbox"/> 2-0 Sustainable Forest management <input type="checkbox"/> 3-0 Conducive Environment for Investment</p>	<p>Location: (Check working area level, and list the name of the places)</p> <p><input type="checkbox"/> Provinsi: <input checked="" type="checkbox"/> Kabupaten: <input type="checkbox"/> Kota: <input type="checkbox"/> Distrik(Kecamatan): <input type="checkbox"/> Kampung/Desa:</p>

<input type="checkbox"/> 4-0 Integrated Infrastructure Development <input type="checkbox"/> 5-0 Vocational Training / Human Resource Development <input type="checkbox"/> 6-1 Bureaucracy Reform <input type="checkbox"/> 6-2 Budget Reform <input type="checkbox"/> 6-3 Independent procurement System <input type="checkbox"/> 7-0 Natural Disaster Management <input type="checkbox"/> 8-0 Other	Provinsi	Papua	IJB
	Kabupaten	Jayapura	Sorong, Manokwari
	Kota		
	Distrik (Kecamatan)		
	Kampung / Desa		
Plan, methods and mechanism of the implementation:			
Technical assistance, training, and commodities.			
Lessons learn and progress of the project:			
New program. An evaluation will be conducted in the near future.			

Harmonization of support to People-centered Development



Project Information Sheet

LIP 1-2-016

Contributed by WHO

<p>Project Title:</p> <p>Dukungan WHO terhadap Provinsi Papua (WHO support to Papua Province)</p>	<p>Implementing Partner (Office address, phone number, fax, email and name of the representative):</p> <p>Dinas Kesehatan Provinsi Papua Jl.Abe-Kotaraja Telp : 0967 588 024 Fax : 0967 588 024 Email : irawan_chs@yahoo.com</p> <p>Dinas Kesehatan Provinsi Dinas Kesehatan Kabupaten</p>
<p>Funding (Amount of the budget and funding source/donors):</p> <p>WHO</p>	<p>Counterparty (Local government partner):</p> <p>Dinas Kesehatan Provinsi Papua. Dinas Kesehatan Kabupaten.</p>
<p>Project Description (The aim and the activities):</p> <ol style="list-style-type: none"> 1) Technical support to Provincial Health Office to control TB, HIV/AIDS and Malaria , including locally endemic diseases for Papua and IJB. 2) Technical support to Provincial Health Office and Districts Health Office to conduct MCH program in Papua. 3) Maternity Waiting Home program for Pegunungan Bintang and Boven Digoel regencies, preparation for implementation. 4) To develop Wamena Hospital as referral center for OBGYN/ EONC. 5) Supporting Immunisation activities/program through providing operational budget and technical support (Joint program WHO Jakarta and Ministry of Health). 6) VCT pilot project for Health Center and Hospital Jayapura regency and municipality.. 7) Health Center laboratorium training for HIV testing preparation. 	
<p>Working sector: (Check one)</p> <p><input type="checkbox"/> 1-1 Food & Nutrition Intake <input checked="" type="checkbox"/> 1-2 Health <input type="checkbox"/> 1-3 Education <input type="checkbox"/> 1-4 Local Economy <input type="checkbox"/> 1-5 Gender Equality <input type="checkbox"/> 1-6 Basic Infrastructure <input type="checkbox"/> 1-7 Village level Capacity Development</p>	<p>Location: (Check working area level, and list the name of the places)</p> <p><input checked="" type="checkbox"/> Provinsi: <input checked="" type="checkbox"/> Kabupaten: <input checked="" type="checkbox"/> Kota: <input checked="" type="checkbox"/> Distrik(Kecamatan): <input checked="" type="checkbox"/> Kampung/Desa:</p>

<input type="checkbox"/> 2-0 Sustainable Forest management <input type="checkbox"/> 3-0 Conducive Environment for Investment <input type="checkbox"/> 4-0 Integrated Infrastructure Development <input type="checkbox"/> 5-0 Vocational Training / Human Resource Development <input type="checkbox"/> 6-1 Bureaucracy Reform <input type="checkbox"/> 6-2 Budget Reform <input type="checkbox"/> 6-3 Independent procurement System <input type="checkbox"/> 7-0 Natural Disaster Management <input type="checkbox"/> 8-0 Other Health Sector	Provinsi	Papua	IJB
	Kabupaten	Jayapura, Boven Digul , Pegunungan Bintang, Jayawijaya	
	Kota	Jayapura	
	Distrik (Kecamatan)	Abepura, Sentani Tmur, Koya Barat, Demta, Jayapura utara, Jayapura selatan, Tanah Merah, Oksibil. Wamena.	
	Kampung / Desa	As mention above.	
<p>Plan, methods and mechanism of the implementation:</p> <ol style="list-style-type: none"> 1. Placement four National Consultant in Papua provin ce. 2. Budget supporting for training and pilot project activities. 3. Provide facilities and health equipment. 4. Provide books as guidance and reference of the activities. 5. Clinical mentoring VCT. 			
<p>Lessons learn and progress of the project:</p> <p>With the implementation of IMAAI and VCT for HIV/AIDS suspect in the Health Center level more suspect will be catch up and refer to the hospital for treatment.</p> <p>With the clinical mentoring to VCT implementation in the Health center level to encourage motivation and dedication , for VCT personnel team in Health Center because during clinical mentoring if there are any problem will be solved and team possible to get any knowledge from clinical mentoring team.</p> <p>Activities WHO National Consultant make more technical problem will tackled and trend of program development will detected as early as possible.</p>			