

CSAT AP

Civil Society Action Team Asia Pacific¹

Background

The GFTAM plays an important role in countries' responses to the three diseases and in the developing countries of the Asia Pacific this is especially true with HIV/AIDS. Both GFTAM and UNAIDS promote Civil Society involvement in their activities yet how that translates into action in-country is dependent on a select few and the results often leave representatives of CS especially those from key populations less than satisfied. This is complicated by the fact that many CS representatives especially those from the populations most vulnerable to HIV/AIDS are not clear about what exactly their role in the AIDS response is.

Partnership at every level is key to successful and meaningful involvement of CS, yet in the Asia Pacific the limitations to building partnerships come from: insufficient regional coordination, networking, communication and representation; limited skills and experience in resource mobilisation, advocacy and organisational management; the lack of harmonisation and support from UN, donors and international communities; and political and legal restrictions.

CSAT AP sees its role within the framework of international, regional and national responses as promoting and facilitating these partnerships. Working with International Host ICASO (International Council of AIDS Service Organizations) and the other 5 Regional Hosts provides the CSAT AP an opportunity to not only raise awareness and advocate for the issues unique to AP but to also find commonalities and benefit from the support, experience and wisdom of the other regions Middle East and North Africa, West and Central Africa, East and Southern Africa, Eastern Europe and Central Asia, Latin America, and the Caribbean.

Bangkok, Thailand based CSAT AP opened a satellite office in Jakarta, Indonesia in May 2008 where working in partnership with the National AIDS Commission (NAC) are carrying out the CSAT objectives to help civil society organizations with project proposals and implementation – through brokering technical support and coordinating advocacy nationally, regionally and globally.

¹ The Civil Society Action Team (CSAT) of the Asia Pacific (AP) is hosted by the Coalition of Asia Pacific Regional Networks on HIV/AIDS (Seven Sisters) in the offices of the Asia Pacific Network of People Living with HIV/AIDS (APN+) in Bangkok Thailand in May 2008 a satellite office (CSAT Indonesia) was opened in Jakarta, Indonesia in partnership with the National AIDS Commission.

Activities Apr-June 2008

CSAT AP/INDONESIA SUMMARY

CSAT AP reviewed the 18 submitted applications for the coordinator position and interviewed 12. Most of the candidates were from fields outside of HIV and had little to no knowledge of GFTAM. From the pool of candidates three people were hired for a probationary period May – July 2008 after which positions and salaries would be renegotiated.

The National AIDS Commission (NAC) offered CSAT office space in NAC's Jakarta office where CSAT would sit with the Country Coordinating Mechanism (CCM), the Round 8 Grant writing office to be able to actively participate and have knowledge of GFTAM activities in Indonesia including the preparations for Round 8.

In June 2008 the CCM left the NAC's offices to locate in the Ministry of Health. The CCM invited CSAT Indonesia to join them but after extensive discussion where the CSAT staff reporting to the CSAT Coordinator and Host expressed reservation about being so closely paired with the CCM, noting that several incidents had occurred cause for concern and advised strongly against the move. So this offer was declined as CSAT AP/Indonesia felt that it would be more strategic to remain with NAC where autonomy was more likely, easily accessible and more community friendly. The effect on the CCM/CSAT relationship remains to be seen.

NAC has since offered CSAT Indonesia independent office space on the 12th floor. NAC President, Nafsiah Mboi (Ibu Naf), has generously contributed through NAC's Partnership Fund office furniture, supplies, computers, and internet/phone systems to ensure a successful start-up. CSAT Indonesia was scheduled to move into these offices July 2008.

In 2 months CSAT Indonesia has in addition to developing a bi-lingual CSAT flyer (English and Bahasa), work with the CCM and Round 8 Proposal, covered two National Meetings (Network of PLHIV and Harm Reduction),

attended the launch of the International Congress on AIDS in the Asia Pacific (ICAAP 9) to be held in Bali August 2009 and one provincial meeting (Sex Work). Facilitated activities to strengthen and mobilize 3 networks (PLHIV, People Who Use Drugs, and Sex Workers) and with CSAT AP Host initiated talks with the start of an MSM network (Violet Gray). CSAT Coordinator attended the Global Consultation on Harm Reduction in Barcelona, regional meeting of the Coalition of Regional Networks on HIV/AIDS (Seven Sisters) and the Asia Pacific Network of People Living with HIV/AIDS and is actively involved with the International Network of People Who Use Drugs Asia Pacific (INPUD AP). There are still a few details to work out regarding the CSAT Indonesia office but in the next Semester the CSAT Coordinator will begin to work more closely with the CSAT AP Host.

The CSAT Indonesia team has translated CSAT into Bahasa so the local name is *Tim Aksi Masyarakat Sipil* that translates to Civil Society Action Team.

KEY ACTIVITIES

- Building on and or establishing relationships with UNAIDS Country Office, UNODC, UNDP, CCM, NAC, NGOs, Networks of Key Populations, Government bodies including Ministries of Health, Law and Human Rights (National Level), AusAID- HCPI (HIV/AIDS Cooperation Program for Indonesia) and at the regional level APN+, ASAP, Coalition of Asia Pacific Regional Networks (Seven Sisters), APNSW, International People Who Use Drugs in Cambodia, Nepal, Manipur and India, UNODC, and UNAIDS Regional Support Team (RST).
- The GFTAM Round 1 grant has been fully implemented and closed; an external audit was conducted in April 2008 by LFA (CSAT Indonesia is seeking information about this).
- Support and facilitating 2 National Networks of key populations National Network development (Injecting Drug User and PLHIV) and 1 provincial Level (Sex workers).

- Advocating for the composition of Indonesia CCM to include representatives from key populations (PLHIV, PUD, MSM and or Sex Workers) and seeking to influence the January 2009 CCM elections for politics change possibility.
- Proposing idea and facilitating website development for Indonesian CCM to make GFTAM in-country information more easily accessible to NGO/CSO/CBOs.
- Developing CSAT flyer in Bahasa and English.
- Gathering information on Round 4 phase 2 on CSO participation that served as Sub – Sub Recipient in 5 provinces. Analyze findings as base to strategize and to facilitate more CSO meaningful involvement at the Round 9 preparation.
- Assisting in identifying Principal, Sub and Sub-sub Recipients (PR) for Round 8

ACHIEVEMENT

- After 8 weeks CSAT has become well known in Indonesia and established strong reputation amongst key populations especially those identified. This is resulting in an interest in CSAT from representatives outside of Indonesia who are approaching CSAT AP Host for possibilities/opportunities to work together.
- CSAT Indonesia has established an informal consultative meeting with CSO from West Kalimantan (Provincial level, approved to be implementer) and CSO from East Java (rejected to implementer) to find out the key problems of civil society involvement in Global Fund. Analyzing needs and developing strategies to address issues identified.
- CSAT Indonesia actively involve in 2 National Network development of key population in AIDS response (Injecting Drug User and PLHIV).
- CSAT drafted a concept proposal for the Indonesia CCM membership and criteria (still in process).
- Indonesia CCM secretariat has expressed a warm welcome and invited the PLHIV Indonesia Network to become CCM members, as the CCM will open applications in January 2009.

- CSAT Indonesia idea for website development is approved by the CCM secretariat as it is an existing plan in their governance manual. CSAT also take an active role for the CCM website content development in Bahasa to make information to CSOs more easily accessible and.
- CSAT flyer designed and will be printed by the end of July.
- Information gathered through the Ministry of Health as PR based on CSO participation on the round 4 phase 2. Where only 8 from 41 CSO is approved to be involved implement the grant as Sub Sub Recipient (SSR) in 5 province (DKI Jakarta – Kios Informasi Kesehatan PKPM Unika Atma Jaya, Bali – Yayasan Hati – Hati\Yayasan Kasih Kita (Yakita), West Java – PKBI, Middle Java – PKBI, West Kalimantan – Yayasan Pontianak Plus, South Sulawesi – Yayasan Metamorfosa.

GENERAL RECOMMENDATIONS

- CSAT needs to establish relationship and share information with the LFA.
- The CCM political situation will change and January 2009 will be a very important opportunity to push civil society agenda into the CCM.
- CSAT will need to aggressively advocate Injecting Drug User, MSM, migrant worker and sex worker (key population as National Network) to be involve directly inside CCM members.
- Information gathered on Round 4 Phase 2 should be analyzed as it will be the baseline for the civil society capacity improvement on Global Round 9 proposal development.
- CSAT needs to prepare and undertake a National Consultation Meeting for the Round 9 cooperating with the National AIDS Commission for National Network to become SR in Indonesia.
- CSAT will need to develop a public assessment on CCM role in the past and present to facilitate the political change inside CCM in 2009.
- CSAT need to finish the CCM concept drafting as competitor concept of the present CCM and deliver several National consultative forum as soon as possible.
- CSAT will have to get more resources support to operate and implement their planned activities.

SPECIFIC RECOMMENDATIONS CSAT INDONESIA

Round 9 for the CS

- Find out which province they are going to work with.
- Assess the capability (management, finance, program implementation, etc) potential NGO/CSO for the GFATM.
- Training for proposal writing, procurement, fiscal management and being on a CCM, Monitoring and Evaluation (M&E).

Elections of the CCM

- Identify how CSAT can influence this and who are the possible candidates for the CCM members from the key populations.
- CSAT goal is to place representatives from key population in the CCM. (DU, MSM, Sex worker, PLHIV)
- Assist in developing process. How can CSAT help the CCM elect these representatives? Election will be in February 2009, so the person(s) proposed at least by January 2009/ 1 month before.

REGIONAL ACTIVITIES

Indonesia

- CSAT AP Host traveled to Indonesia in April and June 2008 to negotiate and help set-up the CSAT Indonesia Office. This involved extensive negotiations and consultations with the NAC, members of the CCM, community representatives from key populations particularly PLHIV and People Who Use Drugs (PUD), Spiritia (National ASO), UNAIDS, UNDP and UNODC. Official start date for the CSAT Team was 1 May 2008 but hired staff attended a CCM activity related to Round 8 on 28 April 2008. For more info see previous section.
- There were issues that came out of CSAT's role with the CCM and UNAIDS Country Coordinator (UCC). The CCM's decision to leave the NAC offices and desire to take the CSAT staff with them created tension as did the UCC's lack of clarity on CSAT goals and objectives which had been shared in written form earlier. CSAT define CS as the key populations and will target such prioritizing for Year 1 PLHIV, PUD, MSM and SW. While CS does include Academia and in some instances the Private Sector it is CSAT AP belief that those segments of CS have resources and if they so desire can promote their own

involvement with GFTAM whereas the key populations do not. For more info on the issues related to the CCM see previous section.

Round 8

Proposals developed for submission include North Korea, Bangladesh, Nepal, Pakistan, Sri Lanka, Mongolia, Fiji, Solomon Islands, Malaysia, Cambodia, Indonesia, China, Laos, Philippines and Papua New Guinea

Delayed to Round 9

Proposals developed for submission but pushed back to Round 9 include North Korea, Bangladesh, Nepal, Pakistan, Sri Lanka, Mongolia, Fiji, Solomon Islands, and Malaysia

Peer Review

CSAT AP reviewed proposal from Sri Lanka whose merit was hard to determine because proposal was submitted incomplete with the most crucial elements missing. The Sri Lanka proposal was pushed back to submit in Round 9. A submission from the Philippines was submitted late with a two-day turn around time but CSAT AP was unable to review this.

Lessons Learned

- Need to coordinate with UNAIDS RST, UCC offices, TSF and CCMs. Between these there are over 200 people not to mention the individualized countries
- UNAIDS Geneva needs to better inform Regional and Country Offices and coordinate efforts
- In the Asia Pacific, CSAT needs to work not only at National Level but also with provincial and even community based organizations that work with and represent key populations in order to influence proposals.
- Regional proposals while presenting numerous challenges (language, political climate, culture, ect) may be the way to go to ensure that those populations most vulnerable to HIV/AIDS are better served.
- With limited resources activities and efforts need to be prioritized, coordinated with entities doing similar work, sharing information and willingness to partner at multiple levels of the AIDS response.
- CS needs to mobilize such as the case in India where 87 MSM organizations putting differences aside came together and elected 2 representatives for that country's CCM. They have informed the

GFTAM that these two are the only reps they will accept on the CCM to speak for them.

Requests for Assistance

- A Sex Worker organization in Bangladesh with an underperforming grant submitted a request for assistance via APNSW. Language was a barrier and when attempts were made to clarify the request it was withdrawn.
- APCOM: See below
- International Network of People Who Use Drugs Asia Pacific (INPUD AP). Facilitate and strengthen network.

Invitations: CSAT AP Received the Following

GFTAM and Open Society Institute Consultation on Sexual Minorities in Nepal
24-26 July 2008

GFTAM Partnership Meeting in Drakar later this year

Updates from Previous Report

APCOM

Country proposals developed for Round 8 submission but with addition of new partner UNDP pushed back to Round 9 and will be submitted as Regional MSM Proposal. CSAT AP Host has received request for support from APCOM Regional Secretariat.

AP GFTAM Reference Group for CS

Talks to organize this are still underway. Linda Liang, member of GFTAM's Developing Countries Delegation is currently contacting various CS reps across the region including CSAT.

Malaysia

After CSAT AP shared information with CS representatives regarding Malaysia's qualifying for GFTAM Round 8 a proposal has begun to be developed. This proposal has been pushed back to Round 9. There is also the need to explore creation of a CCM and integrating this proposal into the Regional MSM Proposal currently being developed.

Vietnam and Cambodia

CSO developed proposals for community strengthening but these were not submitted for the Peer Review. It is not known whether these proposals were included in the National submissions.

Purple Sky Network (SEA MSM Regional Network)

Currently looking at the feasibility of developing and submitting for Round 9

MISC. ACTIONS TO FOLLOW UP

UNAIDS

- Convene meeting with UNAIDS RST and TSF regional office.
- Contact TSF in Kuala Lumpur identify communication point.

Need to Map

- Key Population: PLHIV, DU, MSM and SW (Where they are and key contacts)
- NGOs in all provinces, what population(s) they are working with and their capacity (legal, finance, administration, scope of work, etc).
Indonesia
- Technical Support and or Assistance available to civil society in Asia Pacific Region (need template) and in country
- CS representation on the CCMs.

Translations

- News brief /newsletter (Everything we do should be available in Bahasa? TBD). TBD – To Be Determine
- Identify possible Translators: Who are some people that might be interested to translate (not too expensive or in-kind)?
- ICASO does advocacy alerts, CSAT will need to translate (for now just GFTAM info)
- Compile ICASO and AIDS-SPAN information and then translate simply.

Guidelines for writing Translations

- The language should be appropriate for the key population to understand (simple, short, without remove the essential message).
- Whenever possible, have someone (from the key population review the translations).
- Whenever possible, try to reverse the translations. (English translated into native language and then translated back to English for consistency)

Contract Updates

- Negotiate CSAT working agreement with NAC and staff

CSAT AP/Indonesia: Activities April to June 2008
2/19/2009

- CSAT Coordinator should be responsible to sign the office agreement with NAC.
- CSAT AP Host will develop new individual contract, starting July 1st 2008. Will submitted by the 14th -15th of July 2008 for start date of 1 August 2008 after probationary period.

9th ICAAP August 2009

- Showcase CSAT achievement and challenges at ICAAP.
- Organize Transgender Forum.
- Submit abstract or propose event for CS PR from other countries to share their experiences.

CSAT Quarterly Report Due to ICASO on July 15th 2008

- Record:
 - Basic activities.
 - Who you meet.
 - Information, issues that you identify, how something might translate into services/ activities. (For example when people writing the GF proposal – how this population's issues are addressed in the proposal).
 - How the activities contribute to “mobilize CS” as in CSAT.
 - Recommendations that we you have.
 - Minutes, personnel report, document, etc.
- Submit to CSAT AP Host