Report 2005 – 2008

Scaling Up the Indonesian AIDS Response
Report on the Indonesian Partnership Fund for HIV and AIDS

A Partnership for a Unified Response

June 2008

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Acronyms and Abbreviations

AIDS	: Acquired Immune Deficiency Syndrome
ART	: Anti Retroviral Therapy
ARV	: Anti Retro Viral
ASA	: Aksi Stop AIDS
AusAID	: Australian Agency for International Development
CCC	: Comprehensive Continuum of Care
CDC	: Department of Communicable Disease Control, Ministry of Health
CST	: Care, Support and Treatment
CSW	: Commercial Sex Worker
DFID	: Department for International Development
FHI	: Family Health International
FSW	: Female Sex Worker
GFATM	: Global Fund to fight AIDS, Tuberculosis and Malaria
GoI	: Government of Indonesia
HCV	: Hepatitis C Virus
HIV	: Human Immunodeficiency Virus
IDU	: Injecting Drug User
IHPCP	: Indonesia HIV/AIDS Prevention and Care Project
ILO	: International Labour Organization
IMAI	: Integrated Management of Adolescent and Adult Illnesses
IPF	: Indonesian Partnership Fund for HIV/AIDS
Lab	: Laboratory
M & E	: Monitoring & Evaluation
MoH	: Ministry of Health
MSM	: Men who have sex with men
NAC	: National AIDS Commission
NGO	: Non Government Organization
MMT	: Methadone Maintenance Treatment
NSP	: Needle Syringe Program
OI	: Opportunistic Infection
PLHIV	: People Living with HIV
PMTCT	: Prevention of Mother-To-Child-Transmission
POA	: Plan of Action
PSA	: Public Service Announcement
Puskesmas (PKM)	: Community Health Centre
RS	: Rumah Sakit = hospital
STI	: Sexually Transmitted Infection
TB	: Tuberculosis
TOT	: Training of Trainers
UNAIDS	: The Joint United Nations Programme on HIV
UNDP	: United Nations Development Programme
UNFPA	: United Nations Population Fund
USAID	: United States Agency for International Development
VCT	: Voluntary Counselling and Testing
Waria	: *literally:* wanita-pria – woman–man - transgender
WHO	: World Health Organization

Executive Summary

IPF and the national response

The Indonesia Partnership Fund for HIV and AIDS was launched in 2005 as a funding mechanism to receive funds from domestic and international partners, government and the private sector, with the primary goal of supporting the development and strengthening of an effective and sustainable multi-sectoral response to the HIV epidemic in Indonesia. The UK (DFID) contributed an initial grant of £25 million over 3 years (2005-2008). The purpose of the IPF was to increase capacity to halt and begin to reverse the spread of HIV/AIDS infection among core transmitters and in areas of concentrated epidemic transmission.

One of the key outputs was to provide the NAC with the resources to further develop its coordination and management capacity and accelerate the operationalisation of the 'Three Ones' principles.[1] It also supported a rapid expansion of prioritised activities. In line with principles of open management and to facilitate progress toward harmonization of activities across Indonesia, a Programme Steering Group (PSG)—chaired by the Coordinating Minister of People's Welfare—was established to oversee the Fund. At the request of the NAC, UNDP agreed to be responsible for financial management and procurement services while the NAC retained responsibility for managing the Fund's technical programme. In cooperation with the NAC, UNDP also worked with the various partners to strengthen financial management capacity at various levels, working on issues related to improving data collection and reporting. With the finance unit at the NAC Secretariat, UNDP provided financial management training for AIDS commissions and partners at the regional level to improve accountability and transparency in the use of IPF resources.[2] While the focus of much of their efforts was specific to the work of the IPF, the training jointly provided by the NAC finance unit and UNDP had the effect of strengthening the overall financial management capacity of many AIDS Commissions at sub-national level.

The UNAIDS Secretariat, meanwhile, was asked to provide technical coordination and programme management support. The UNAIDS Secretariat played a substantial role in supporting the NAC Secretariat, monitoring and evaluation of the IPF, as well as in reviewing proposals and exercising quality control over the various contracts. The UNAIDS Secretariat also assisted the NAC Secretariat in providing secretariat support to the PSG.

Key Achievements

The Indonesian Partnership Fund has contributed significantly to the strengthening and acceleration of Indonesia's response to HIV and AIDS. In particular, it has provided support by developing leadership and management capacity through the NAC secretariat and decentralised AIDS commissions under the

[1] Indonesian Partnership Fund for HIV/AIDS Programme Document (2005)

[2] UNDP: IPF Financial Summary July 2005-December 2006

NAC. Some of the key activities of the IPF under each of the IPF's 5 objective are as follows;

Objective 1 – Individual risk of sexual transmission of HIV reduced

Behavioral change activities:
- Improved Access to enhanced STI treatment incl. PPT
- Self-Perceived Risk Campaigns resulting in 40% increase in condom market
- Promotion for condom use
- Workplace HIV and sexual awareness courses

STI strategy developement and revision of STI treatment guidelines:
- Core indicators for STI monitoring and evaluation identified
- National 5 yearr strategic plan developed

Communications campaigns
- Training for religious leaders
- Radio campaigns reaching over 21 million listeners
- Harm Reduction Workshop for Alcohol in Tanah Papua
- Advocacy using the Persipura football team in Papua

Objective 2 – Individual risk of HIV transmission among injecting drung users and sexual transmission to their partners reduced

Outreach for harm reduction programs and services
- Over 25 000 IDUs and over 1200 sexual partners of IDUs reached

Research, training & enhancement of services
- Training and research on Female Drug Users
- Supplies for diagnostics tests for liver function, Hepatitis B and C and syphilis to 9 hospitals and Harm Reduction centres
- 200, 000 syringes distributed
- Research on Rapid Testing & Counseling for IDUs

Prison Program
- 50 prisons equipped with labs
- 17 prison programs, 4 comprehensive Harm Reduction programs

Objective 3 – Awareness of the general population, particularly young people, increased of their vulnerability to HIV/AIDS infection and discriminatory behavior towards PLHIV

National level activities
- Assistance provided to 3rd National AIDS Conference

- Youth Campaign reaching an estimated 30 million young people
- Research into knowledge, attitudes and practices among youth

Tanah Papua
- Collaboration with churches, community groups and schools
- Outreach to 611,810 people of which 192,471 were under 25 years old

DKI, Bali, S Sulawesi, W. Java, NTT
- Media skills building workshops and technical meetings
- Media conferences and media releases
- PSA, radio, print media, outdoor advertising campaigns

Objective 4 – Access and quality of care, treatment and support for PLHIV improved with a focus on increasing VCT, treatment for OI and community-based care and support

Enhancement of services
- Development of National Guidelines for CD4 testing
- Safe blood transfusion in 6 provinces
- 50,000 Hepatitis C test kits

Training
- 50,000 Hepatitis C test kits
- Ministry of Health and NGO clinical staff trained in IMAI
- Training for 62 health centers and 17 associated referral hospitals in Papua & West Papua
- National staff training on evaluation of Hepatitis C

CST Program support
- Development of referral systems for better access to VCT
- Capacity to support ART follow up and care/treatment for opportunistic infections
- Capacity to deliver ART

Objective 5 – Capacity to prioritize and allocate resources for the HIV/AIDS strengthened through operationalisation of the "Three Ones" framework at national, provincial and district levels

National Authority
- 23 AIDS Commission provincial offices - full time staff and operational
- 119 District/City AIDS Commissions - full time staff and operational
- AIDS commissions capacity to coordinate strengthened

Policy and Strategy
- Local regulations established for 7 provinces and 28 districts

- Governor decrees established in all provinces
- Strategic plans in place in 19 provinces and 64 districts
- Local budget for HIV in place in 22 provinces and 81 districts
- National Strategy and Action Plan in place
- National Strategy for Women and Children & Adolescents in place

M&E

- National AIDS Commission reporting mechanisms in place
- National M&E framework operational
- Sub-national M&E systems operational

External reviews of the Indonesian Partnership Fund by DFID in 2006 and 2007 reflect the cumulative success of the fund. The 2007 review, implemented as part of the first Joint National Review of the AIDS Response in Indonesia, received the highest rating from DFID and financial audits were unqualified. The Indonesian Partnership Fund has proven a flexible, reliable and supportive funding mechanism to strengthen the leadership, management of the national response as well as providing a mechanism through which partners coordinate more effectively.

Implementing Partners of IPF funds included;

- National AIDS Commission Secretariat (NAC);
- Family Health International (FHI);
- DKT Indonesia (DKT);
- Indonesia HIV/AIDS Prevention and Care Project (IHPCP);
- World Health Organization (WHO);
- United Nations Children's Fund (UNICEF);
- United Nations Development Programme (UNDP);
- United Nations Population Fund (UNFPA);
- International Labour Organization (ILO); and
- UNAIDS Secretariat.

'The IPF has proved a useful mechanism for involving CSO and PLHIV in the national response. It is expected that moving forward, the role of CSO and PLHIV in the IPF will be further strengthened.'
Prof. Firman Lubis, Yayasan Kusuma Buana

Purpose and nature of the report

This report covers the activities of the IPF throughout its first phase, 2005 – March 2008. This report uses the logical framework established at the outset of design of the IPF as the basis for reporting and covers the five priority areas of the IPF in support of Indonesia's national AIDS Strategy. The five priority areas, the logical framework and the data collection process are outlined within this report. Reports for each priority area are then detailed, followed by reports on the activities of each of the implementing partners. The report concludes with collective challenges and of recommendations for Phase 2 of the Indonesian Partnership Fund for HIV/AIDS.

This report was drafted by the National AIDS Commission Secretariat, with significant contributions from each implementing partner. It will be disseminated to all stakeholders and made available on the website of the National AIDS Commission (www.aidsindonesia.or.id). Financial disbursement figures are until March 2008; however, progress indicators capture data until January 2008.

Logical framework and indicators

This report uses the logical framework that was established at the outset of the IPF. The baselines used are those set out in the 2006 IPF report.

The outputs identified for the first three years of the IPF are as follows;

Objective 1: Individual risk of sexual transmission of HIV reduced.

Objective 2: Individual risk of HIV transmission among injecting drug users and sexual transmission to their partners reduced.

Objective 3: Awareness of the general population, particularly young people, increased of their vulnerability to HIV/AIDS infection and discriminatory behaviours towards PLHIV.

Objective 4: Access and quality of care, treatment and support for PLHIV improved with a focus on increasing VCT, treatment for OI and community-based care and support.

Objective 5: Capacity to prioritize and allocate resources for HIV/AIDS strengthened through operationalisation of the "Three Ones" framework at national, provincial and district levels.

Progress of IPF 2005 - 2008 is measured against these outputs and based on data available for the national response as a whole in these 5 areas. Data was provided by the NAC Secretariat and drawn from the national M&E database.

Progress per Objective (based on national indicators)

Progress Report on Objective 1

Individual risk of sexual transmission of HIV reduced

Overview

IPF implementing partners working towards objective one include FHI, WHO, DKT and IHPCP. Prevention efforts target most vulnerable populations in priority provinces throughout Indonesia and include a range of activities, including behavior change communications, social marketing of condoms, focus on direct and indirect sex work, and services for sexually transmitted infections prevention and treatment. FHI partnered with 65 local NGOs funded through the IPF focusing on behavior change interventions for female sex workers, high risk men and men who have sex with men across eight provinces.

Condom Promotion activities on World AIDS Day 2007

Over 112,000 female sex workers were reached with outreach services, as were 1,290,000 high risk men, over 62,000 gay men and over 17,000 waria (transgenders). Nearly 1.6 million IEC materials and over 1.3 million promotional condoms were distributed to these vulnerable groups. Results of FHI's BCI activities were optimized through formal linkage to STI screening, VCT and CST services offered at community health centers (Puskesmas), creating a comprehensive response and continuum of prevention to care service system. FHI directly supported 37 clinics in providing STI management and VCT services with IPF funds. Over 44,000 members of most vulnerable populations were screened for STIs at least once during the IPF program period, over 97,000 STI treatments were provided, and over 24,000 were tested for HIV and received their test results at these clinics over the course of the program. FHI also worked with TNI (Indonesia's Armed Forces) and the corrections system with IPF funds to strengthen and expand their institutional responses to HIV. In TNI, the focus was on mobilization of peer leaders and involvement of commanders to create an enabling environment for behaviour change interventions, as well as training of clinic staff at selected military hospitals. Program efforts in prisons sought to increase knowledge of HIV among prison staff and inmates, accelerate adoption of risk-reduction strategies, and facilitate introduction of essential health services into prisons.

Work by DKT has included campaigns on self-perceived risk, a "Celebrities Speak

Out" campaign and a sexual health radio campaign. DKT has sold over 35 million condoms in the first six months of 2007 and in February 2007, DKT launched the first latex female condom in Indonesia, although not specifically as part of their IPF funded activities. In May 2007, the World Health Organization realigned funds available from IPF to fund activities instead of supplies, as had been originally planned, and in agreement with priorities of the NAC Secretariat.

WHO priorities have included a revised, comprehensive STI strategy and support towards the revision of STI treatment guidelines. WHO, in collaboration with MOH and FHI, also developed a core intervention package to reduce STI among sex workers by promoting a package of services including: information; education and behavior change communication targeting sex work settings; enhanced condom promotion; improved STI treatment and detection; and treatment of asymptomatic cases through regular screening and periodic presumptive treatment.

IHPCP has focused the activities under objective one on a communications program in Tanah Papua, including work with religious and indigenous leaders, collaboration with DKT on condom promotion and work with the Persipura football team in Papua. IHPCP has also focused activities on commercial sex work, particularly in Sulawesi and Bali, and completed a Femidom Acceptability Trial for the female condom in Papua.

Objective 1: Individual risk of sexual transmission of HIV reduced.			
Indicator	**Means of Verification**	**Progress to date/Baseline**	
Percentage of MARP who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	BSS, CDC MoH, 2004-2005 IBBS MARP, CDC MoH, 2007	2004/2005 MSM: 43% IDU: 6.7% Sex workers: 23.8% Client of sex workers: 23.7%	2007 MSM: 41.6% IDUs: 58.3% Sex workers: 28.5% High risk men/clients: 6.8%
Condom strategy and procurement plan developed and implemented	DKT Indonesia distribution report.	Campaign Work Plan 2006-2007 submitted to UNDP 17,033,976 million condoms distributed through 2006 (in period November-December 2006)	81, 049, 082 male condoms were distributed during 2006 and 2007. 31, 720 female condoms were distributed

Objective 1: Individual risk of sexual transmission of HIV reduced.			
Indicator	**Means of Verification**	**Progress to date/Baseline**	
% of people using condoms during the last commercial sex	BSS, CDC MoH, 2004-2005 IBBS MARP, CDC MoH, 2007	2004/2005 Direct FSW : 61% Indirect FSW : 58% Waria : 67 % Male SW : 76% Gay men : 63% Client of FSW : 30%	2007 Direct FSW: 66.13 Indirect FSW: 65.8 Waria: 65.6 Other MSM: 54.7 High risk men/clients: 29.8
Decreased time from onset of symptoms to presentation at clinics for STI cases		No data available	No data available
% of STI male and female who seek treatment at health facility	BSS, CDC MoH, 2004-2005 IBBS MARP, CDC MoH, 2007	2004/2005 High risk men/clients: 40% FSW: 62.3%	2007 High risk men/clients: 46% FSW: 49.53
Vulnerable populations who seek treatment at health facility when they have symptom of STI	BSS, CDC MoH, 2004-2005 IBBS MARP, CDC MoH, 2007	2004/2005 Direct FSW : 66% Indirect FSW : 53% Waria : 53 % Male SW : 41% Gay men : 37% Client of FSW : 52%	2007 Direct FSW: 53.4 Indirect FSW: 42.3 Waria: 69.2 Other MSM: 44.4 High risk men/clients: 46.1

Progress Report on Objective 2

Individual risk of HIV transmission among injecting drug users and sexual transmission to their partners reduced

Overview

IPF implementing partners working towards objective two include FHI, WHO, and IHPCP. FHI partnered with 24 NGOs to provide comprehensive programs targeting IDUs in six priority provinces. Activities focused on harm reduction for IDUs both in community settings and in prisons/detention centres, including behaviour change communications, risk assessment, group support, NSP (needle syringe program), referral for methadone maintenance therapy (MMT), and improved access to VCT, CST, and basic health care services for IDU and their sexual partners.

Nearly 49,000 IDUs and nearly 4,500 of their partners were reached with outreach and/or other services. Over 15,000 IDU were referred for methadone substitution therapy, over 1.3 million clean needles and syringes and 264,000 promotional condoms were distributed, and over 4,000 IDU and 600 partners were tested for HIV and received their test results WHO focused activities on procurement of supplies for methadone maintenance treatment (MMT) and capacity building for MMT programs. The majority of WHO activities were implemented from 2006 IPF funds carried over into 2007. In the first half of 2007, IHPCP saw a consolidation of the provincial scale-up projects in harm reduction in Jakarta and West Java.

This process has involved a major commitment from the Ministry of Health, which has already expanded the harm reduction program independently in West Java. Additional expansion is also planned in Jakarta and South Sulawesi using local government funding. IHPCP has also continued its Methadone Maintenance Treatment program and expanded activities focused on prisons.

Objective 2: Individual risk of HIV transmission among injecting drug users and sexual transmission to their partners reduced			
Indicator	**Means of Verification**	**2005**	**2007**
% of IDUs who have shared a needle in the past week at least once	BSS, CDC MoH, 2004-2005 IBBS MARP, CDC MoH, 2007 Rapid assessment studies	2004-2005 Bali: 32.2% DKI Jakarta: 36.1% East Java: 74.8% N. Sumatera: 52% West Java: 33.5%	2007 15.7%

Objective 2: Individual risk of HIV transmission among injecting drug users and sexual transmission to their partners reduced			
Indicator	**Means of Verification**	**2005**	**2007**
% of IDUs that used condom the last time they sold sex	Implementing partner action/ operational research Implementing partner reports Routine monitoring, IHPCP, FHI, Burnet Indonesia, KPA IBBS MARP, CDC MoH, 2007	2004 Bali: 32.1% DKI Jakarta: 32.3% East Java: 19.2% N. Sumatera: 18.% West Java: 35%	2007 39.3%
% of IDUs with access to substitution therapy increased		2006 Increase from 2 to 11 in number of MMT sites nationwide 901 clients ever on methadone treatment 211 currently on methadone treatment 1890 liters of methadone ordered and obligated	2007: % IDUs received outreach: 62-78% 15,000+ IDU referred for MMT 24 MMT clinics and 8 hospitals serving 2800 IDUs
% of IDUs that used condoms at last sex with non-regular partner (directed to IDUs that had non-regular partner(s) in the last year)	BSS, CDC MoH, 2004-2005 IBBS MARP, CDC MoH, 2007	2004-2005 Bali: 28.6% DKI Jakarta: 25.9% East Java: 19.8% North Sumatera: 14.5% West Java: 38.5%	2007 50.6%
% of IDUs that used condoms at last sex with spouse (directed at IDUs that had sex with their spouse in the last year)		2004-2005 Bali: 25.6% DKI Jakarta: 19.6% East Java: 17.9% North Sumatera: 10.8% West Java: 31.3%	2007 33.9%
% of IDUs that ever had VCT		2004 DKI Jakarta: 36.6% Bali: 43.1% East Java: 9.7% North Sumatera: 10.8% West Java: 10.8%	2007 56.7%

Progress Report on Objective 3

Awareness of general population, particularly young people increased of their vulnerability to HIV/AIDS infection and discriminatory behaviours towards PLHIV

Overview

IPF implementing partners working towards objective three include FHI, DKT and IHPCP. FHI activities have been focused primarily in Tanah Papua. Through a variety of outreach, communications and community mobilization activities, FHI's implementing partners reached over 800,000 members of the general population in Tanah Papua. FHI's efforts also resulted in 141 local organizations becoming engaged in the fight against HIV and AIDS, over 3,100 community and religious leaders being educated on the HIV and AIDS situation in Tanah Papua and possible responses, and nearly 1,700 individuals being trained in community mobilization for HIV/AIDS prevention, care, support and treatment.

DKT implemented an 8-month Youth Campaign in partnership with MTV that reached an estimated 30 million people. IHPCP has focused activities in two broad categories: technical assistance to provincial and district AIDS commissions focusing particularly on communications activities and media campaigns working through radio, TV and with journalists on HIV information dissemination. IHPCP also provided technical assistance to the Third National AIDS Conference in Surabaya in February 2007, including managing the conference media center, facilitating a pre-conference workshop for 78 journalists, organizing daily press briefings and providing press releases. IHPCP also reports an increase in media coverage, while noting that it is too early to evaluate the impact this increase has had on programs.

High school students campaigning for AIDS prevention in schools

Objective 3: Awareness of general population, particularly young people, increased of their vulnerability to HIV/AIDS infection and discriminatory behaviours towards PLHIV.		
Indicator	**Means of Verification**	**Progress to date/Baseline**
No. of sectors/organizations requesting BDCC/IEC support for HIV/AIDS	Implementing partner quarterly progress reports Periodic national knowledge, attitudes, practices, and behaviours surveys Implementing partner action/ operational research	No Data
Proportion of young people reached through life skills education.		A Core cadre of 125 national RPs and 39 provincial facilitators developed to support expansion of Life Skills programme across all provinces Total young people reached through life skills training: Public Schools Papua: 59,274 students NAD and North Sumatra: 6000 students Indonesia: 2540 out of 17.600 schools received LSE (15%) (MoE, 2006) Madrasah and Pesantren: East Java: 4000 students 30 young people trained per province (330 young people) → Advisory group of 6 youth ambassadors/per province (66 young people in 11 provinces); National Youth Advisory Group: 18 young people 45 National Level and provincial cadre of trained professionals for supporting GoI in scaling PMTCT services
% of youth/high risk groups can correctly identify two most common modes of HIV/AIDS transmission and prevention and reject at least one major misconception	BSS 2002-2003 UNFPA Reproductive Health Baseline Study (respondents high risk youth)	65.8% of women and 79.4% of men in the 15-24 age group had heard of HIV/AIDS. 95% respondents correctly identify sexual transmission 70.1% identify through shared, contaminated needles 25% identify through blood transfusion 14.2% identify from mother to child 25.03% report always using condoms in the last 6 months in high risk sex; 39.43% report sometimes use condoms; 35.54% report never used in last six months
% of respondents who reject the two most	UNFPA Baseline	Draft report not yet released

Objective 3: Awareness of general population, particularly young people, increased of their vulnerability to HIV/AIDS infection and discriminatory behaviours towards PLHIV.		
Indicator	**Means of Verification**	**Progress to date/Baseline**
common local myths about HIV transmission	Study	
No. of PLWHA active in IEC and media campaigns increasing	Report on Activities 2005/2006 Appendix 4	Four provincial umbrella groups and 86 peer groups for PLHIV/affected people in at least 50 districts/municipalities in 26 provinces, including specific groups such as for transsexuals, gays, methadone users, injecting drug users, women, parents, partners, nurses and carers.
Increased community demand for prevention and care programmes		No Data available
% of funds going to community based groups providing care and support		No Data available
Universal Precautions and PEP measures in place in priority sectors		No Data available

Progress Report on Objective 4

Access and quality of care, treatment, and support for people living with HIV/AIDS improved with a focus on increasing VCT, treatment for OI and community based care and support

Overview

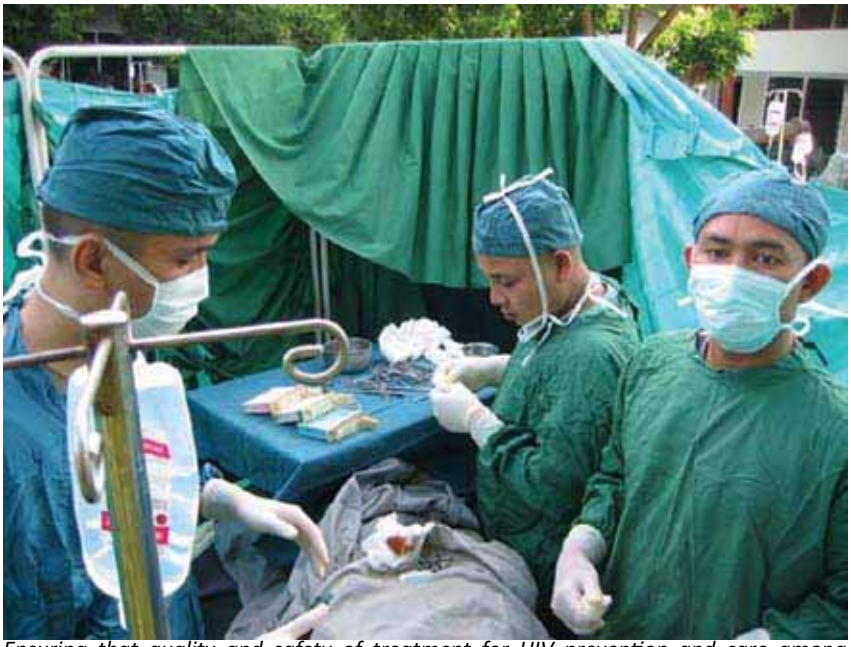
IPF implementing partners working towards objective four include FHI, WHO, IHPCP and a UNDP-ILO joint program. FHI programs have focused on strengthening health systems, developing and pilot testing "service models," and assisting in the development of a continuum of prevention to care which includes strengthening of each level of health services and building networks of hospitals and community health centres (Puskesmas) to provide comprehensive HIV/AIDS-related services. At the national level, FHI worked with various stakeholders to strengthen VCT and CST in setting standards, developing and updating training materials, executing trainings, providing clinical mentoring, and strengthening M&E systems and practices. FHI also worked with WHO and Depkes to increase community-based care and support through IMAI approach, and was a major contributor in the IMAI adaptation, trainings, and mentoring processes.

Social case managers, a new concept introduced by FHI in 2003 to facilitate PLWHA access CST services, has subsequently been adopted by the health system. During the reporting period, case managers were included in all CST and IMAI trainings, and FHI continued strengthening the capacity of case managers and their networks. As CST services started to be introduced at Puskesmas, FHI started to work with case managers and PLWHA to strengthen home-based care capacity.

IPF-funded activities undertaken by FHI also included strengthening health services in the unformed services and prison systems. FHI worked with TNI and MoJHR to adapt IMAI materials to suit the lower level health service setting at TNI and to suit prison clinics, as well as to develop policies and SOPs as the basis for the implementation of HIV related services. FHI worked with 2 TNI referral hospitals (RSPAD Gatot Soebroto for western Indonesia, and RSAL Ramelan for Eastern Indonesia) to strengthen their capacity on VCT, OI management, TB/HIV, ART, and in general care and treatment of HIV. RSPAD Gatot Soebroto has taken the role of mentor to lower level armed forces hospitals in the referral system around Jakarta, creating a sustainable capacity building system. RSAL Ramelan started to develop the capacity building system within Bakorkesda East Java. By early 2008, 20 prisons had had staff trained to provide VCT and CST services, and more than half have begun to offer the services. Clinical and programmatic mentoring of prison clinical staff has also been initiated.

WHO has focused on care, support and treatment activities, particularly through Integrated Management of Adult and Adolescent Illnesses (IMAI) and focusing much of their work in Tanah Papua. WHO has also been working to

strengthen the technical capacity and improved quality and safety of, and access to, appropriate blood safety mechanisms, diagnostic support and laboratory services for PLHIV and populations with HIV-related infections. WHO has worked with national partners to adopt and adapt an approach suitable to the Indonesian context that ensures provision of acute and chronic care as a comprehensive continuum from the community level to the provincial level.



Ensuring that quality and safety of treatment for HIV prevention and care among community is continued in emergency situation

In general, community health centres are entry points to health care and existing programs at this level need to be linked to HIV care. Providers need to identify those at risk for HIV infection, e.g. STI patients or TB patients and link them to counselling and testing and care, support and treatment.

The "Integrated Management of Adult and Adolescent Illnesses" (IMAI) materials are tailored to implement comprehensive community care at community and district levels and comprise not only treatment, but also voluntary, counselling and testing, adherence support, general psychosocial and nutritional support and, in the future, an integrated module on prevention and care for IDUs. WHO reports particular success stories in HIV care activities demonstrated in health centres with repetitive refresher activities and mentoring support, with good examples in Papua (Jayapura District and City, and Merauke). Additionally, the IMAI tool is highly appreciated at the peripheral level and centres requested tools for more visibility in their sites.

Collaboration between UNDP and ILO has been set up to implement the "Start Your Business" program with PLHIV as the beneficiaries in 11 provinces. Expanded and refresher trainings for the Start Your Business program were conducted by ILO to develop entrepreneurship skills amongst PLHIV. For the first phase of the project, more than 50 proposals/business plans were submitted to UNDP and 9 entrepreneurs (people living and affected by HIV and AIDS) have received small grants to start up their own small-scale business. During the second

phase of the project, 94 proposals/business plans were submitted and are being reviewed by NAC, ILO and UNDP.

IHPCP worked at the national level during this reporting period with the Ministry of Health, FHI, WHO, and Burnett Institute to support national care, support and treatment activities and VCT activities. This has included CST training for health care workers from 24 newly appointed ART referral hospitals and training on the revised ART guidelines. This collaborative work also included developing the National Integrated Management of Adult and Adolescent Illnesses (IMAI) handbook, support to VCT monitoring and evaluation at ART referral hospitals, revised national VCT training modules and developing national VCT guidelines for military personnel and migrant workers.

At the end of June 2007, IHPCP has not extended the grant partner contract of the Ministry of Health HIV/AIDS Working Group with the rationale that they have access to other domestic and international funds. Nevertheless, IHPCP will continue to maintain collaboration for training and capacity building where possible. IHPCP and other key partners have noted the positive outputs of their work including the strengthening of coordination and communication across Ministry of Health directorates and the capacity of the health departments to provide oversight and support for VCT and CST services and the methadone program for PLHIV.

Objective 4: Access and quality of care, treatment and support for PLWHA improved with a focus on increasing VCT, treatment for OI and community-based care and support.			
Indicator	**Means of Verification**	**Progress to date/Baseline**	
BCC coverage	NAC Performance Monitoring Report	<u>Coverage 2007</u> IDU: 147% FSW: 167 % Waria: 111% MSM: 108% Client of FSW: 241%	
STI coverage	WHO 2006 Report NAC Performance Monitoring Report	<u>2006</u> FSW: 12.7% Waria: 12.3% MSM: 0.0% CSW Client: 0.5% Periodic Presumptive Treatment (PPT) begun at 4 STI priority intervention sites, with total coverage of FSW and Waria at 4,709 (65.8%)	<u>Coverage 2007</u> FSW : 69 % Waria : 41 % MSM : 70% Clients of FSW : 63%

Objective 4: Access and quality of care, treatment and support for PLWHA improved with a focus on increasing VCT, treatment for OI and community-based care and support.			
Indicator	**Means of Verification**	**Progress to date/Baseline**	
VCT targets	WHO 2006 Report NAC Performance Monitoring Report	2006 IDU: 1.3% FSW: 0.8% Waria: 2.8% MSM: 0.0% CSW Client: 0.1% Tanah Papua: 0.1%	Coverage 2007 IDU : 26 % FSW : 99 % Waria : 50 % MSM : 54 % CSW Client : 111 % Warga binaan : 363%
OI targets	WHO 2007 Report FHI Quarter 4 Report	2006 OI prophylaxis completed 1,536 TB Patients received VCT Services	2007 OI prophylaxis completed 3984 TB Patients received VCT Services
ARV targets	WHO 2006 Report	2006 13,551 patients in HIV care followed, with 8951 (66%) eligible for ARV treatment and 6,877 (76.8%) receiving ARV treatment. Actively on treatment : 3.905 (56.8%) Treatment interrupted : 130 (1.9%) Lost to follow up : 786 (11.4%) Deaths : 1.508 (21.9%)	2007 24.086 patients in HIV care followed, with 14.945 (62%) eligible for ARV treatment and 11.424 (76 %) receiving ARV treatment. Actively on treatment : 6.632 (58%) Treatment interrupted : 320 (3%) Lost to follow up : 1.209 (11%) Deaths : 2.595 (23%)

Progress Report on Objective 5

Capacity to prioritize and allocate resources for HIV/AIDS strengthened through operationalization of the '3 ones' framework at national, province and district levels.

The NAC Secretariat: Implementing the 'Three Ones' Principle

National AIDS Commission Secretariat has achieved high level capacity to strengthen national and sub-national levels of HIV prevention and control by providing leadership, coordination and management of the national HIV response. This has included (2) strengthening a broad-based, multi-sectoral AIDS coordinating authority; (2)developing one agreed AIDS Action framework that provides the basis for coordinating the work of all partners; and (3) developing one country-level monitoring and evaluation system. The National AIDS Commission is providing the leadership and coordination necessary for implementing partners at decentralized levels. In its most recent audit of the NAC Secretariat, the BPKP (*Badan Pemeriksaan Keuangan dan Perbankan* – Government Audit Agency) the NAC Secretariat was rated as "Unqualified Low-Risk".

(from left to right) Dr. Nafsiah Mboi, Secretary and Member of NAC, H.E. Aburizal Bakrie, Coordinating Minister for People's Welfare, H.E. Dr. Dr. Siti Fadilah Supari, Minister of Health at the National Planning and Budgeting Workshop held in Bappenas, 12 March 2008

Objective 5: Capacity to prioritize and allocate resources for HIV/AIDS strengthened through operationalisation of the "Three Ones" framework at national, provincial and district levels.			
Indicator	**Means of Verification**	**Progress to date/Baseline**	
Policy and legislative framework for HIV/AIDS updated	Implementing partner quarterly progress reports Second generation surveillance Programme	NATIONAL COMPOSITE POLICY INDEX (UNGASS report) 2003: 65%	NATIONAL COMPOSITE POLICY INDEX (UNGASS report) 2005: 75% Note: for 2007, different scoring system

Objective 5: Capacity to prioritize and allocate resources for HIV/AIDS strengthened through operationalisation of the "Three Ones" framework at national, provincial and district levels.		
Indicator	**Means of Verification**	**Progress to date/Baseline**
NAC Secretariat at national level fully operational by end of year 2 and funding of operations taken over by GoI by end of year 3	evaluation reports Protocols Financial reports UNGASS report, 2005	Presidential Decree 75/2006 established new structure for NAC with direct report line to the President New Secretary of NAC Secretariat appointed Training for Program Officer and Administration Officer from 23 Provinces
NAC coordinating mechanisms expanded to include civil society		Civil Society is included in the NAC structure (Presidential decree no.75 2006)
NAC Secretariats at decentralised levels operational		15% all District AIDS Commission have strategic plans; 61% of 105 Priority DACs have strategic plans; 16% all DAC have work plans 66% of 105 Priority DACs have work plans 18% all districts have local government budget 77% of 105 Priority DACs have local government budget 76% priority districts submitted reports regularly to NAC 91% districts have legal paper to establish District Health Office

Narrative report of activities per IPF Implementing Partner

National AIDS Commission

NAC Strengthening - operationalisation of the "Three Ones" framework at national, provincial and district levels.	Implementing Partner	NAC Secretariat
	Implementing Period	2005-2008
	IPF Grant Amount in USD	7 907 060
	Outputs covered	5 and others

The National AIDS Commission (NAC) was established by the Presidential Decree No. 36/1994, to prevent and manage all activities about the response to AIDS. NAC received funds from IPF of approximately US$ 7, 900, 000 from 2005-2008.

Funds for strengthening the management of the national response were also contributed from the Ministry of Health and Coordinating Ministry of Social Welfare National State Budget Allocation (APBN), Global Fund for AIDS TB Malaria (GFATM), and also the Gates Foundation. The main programs financed by the IPF were to establish and strengthening the AIDS Commission at Province and District/City Level.

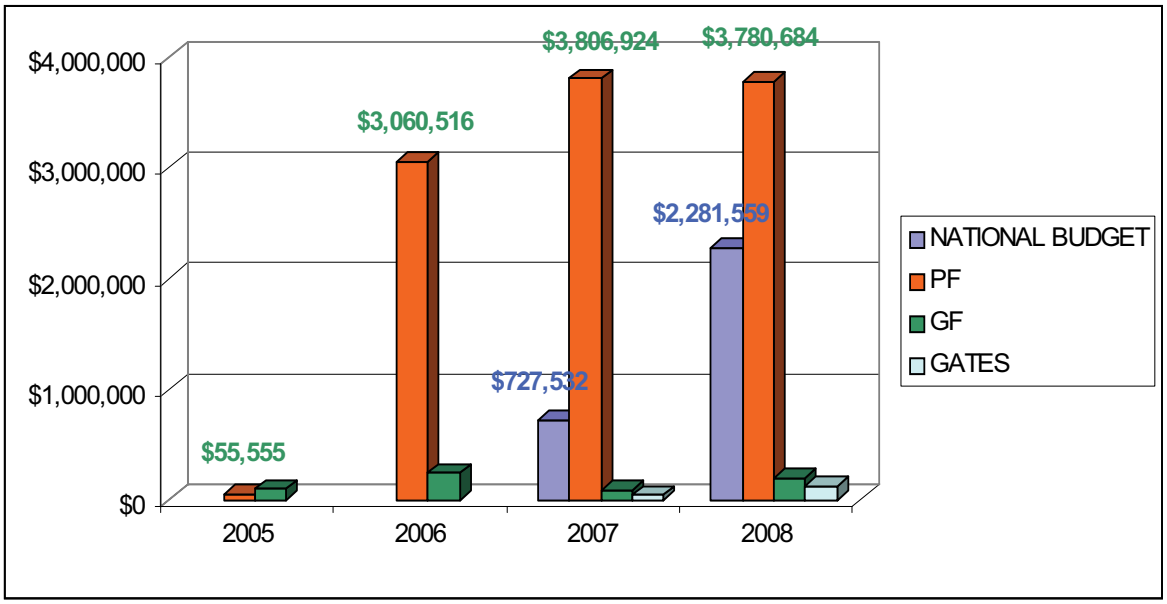


Figure 1: IPF has been the primary source of funds for NAC strengthening although Government of Indonesia funding has been increasing

Results up to November 2007 at the Province Level were;

- 7 provinces have Local Regulations (PERDA) all provinces have Governor Decree for establishing Provincial AIDS Commission
- 19 provinces and have Strategic Plans
- 14 from have Work Plan.
- 22 provinces and have local budgets allocated for HIV and AIDS

Up to September 2007, the indicators of AIDS Commission strengthening at the District/City Level were increased (in comparison to the baseline data as of December 2006) :

- From 55 to 95 Governor Decree for Established AIDS Commission;
- From 23 to 65 District/City have Strategic Plan;
- From 5 to 69 have Work Plan;
- From 9 to 28 have HIV Local Regulation;
- 20% of the District/City implemented 8 comprehensive program services;
- From 37 to 81 District/City have APBD (Local Source Budget);
- 86 District/City have sent data

Publications

- Publication and implementation of the National AIDS Strategy 2007-2010 and the first National Action Plan 2007 – 2010
- Booklet of The Regulation of the President of Republic of Indonesia number 75 year 2006 on the National AIDS Commission
- Booklet of The Republic of Indonesia Coordinating Minister for People's Welfare Regulation No 02 Year 2007 about AIDS prevention through harm reduction program among IDUs
- Booklet of Minister of Internal Affairs Regulation No 20 Year 2007 about Sub National AIDS Commission
- National Report on Estimates Of Adults Vulnerable to HIV Infection in Indonesia, 2006
- KPA News

Policies

Issuance of significant policies to accelerate the national response, include:

- National Policy on AIDS Prevention for IDUs
- National Guideline for the Establishment of Sub-National AIDS Commission
- Guideline for the management of Regional Finances

Activities related to leading the national response include:

- Special Cabinet meeting to discuss HIV/AIDS, chaired by the President of Indonesia, 19 July 2007.
- "Partnership for AIDS" meeting with potential donors.
- Supporting the Third AIDS National Congress
- Facilitating regular Executive Team meeting
- Facilitating National Inter-Faith Discussion
- Facilitating Second PLHIV National Congress
- Facilitating Coordination Meeting National-Provincial AIDS Commission (2007 and 2008)
- Strengthening the Secretariat Sub-national AIDS Commission through financial and technical support
- Supporting provinces (3) and (14) municipalities to lead the comprehensive HIV and AIDS service delivery

- Supporting the preparation work in National Congress on Harm Reduction in June 2008 and ICAAP IX 2009

Challenges:

1. Resource gap to reach all provinces and all districts with priority actions.
2. Support for capacity building of human resources at local level needs period of time. The three years support provided proved to be effective, but still insufficient to ensure sustainable and strong AIDS response.

Family Health International

Family Health International	Implementing Partners	57 Local NGOs; 36 community health centre; 2 hospitals; 20 prisons; and several units of the Indonesian uniformed services
	Implementing Period	Oct 05 to Sep 08
	Grant Amount in USD	19 448 806
	Objectives covered	1, 2, 3, 4 and 5

The IPF permitted FHI, which also received funds from USAID and GFATM, to move into new priority program areas and significantly increase the number of implementing partners, both government and NGO, it was able to support, thus making an important contribution to scaling up national HIV/AIDS program efforts. FHI supported a comprehensive response to HIV/AIDS in Indonesia focusing on both most-at-risk-groups and the general population of Tanah Papua, with emphasis on development of a "Continuum of Prevention to Care" (CoPC) for all priority populations. The use of IPF, USAID and GFATM funds in an integrated manner made it possible for FHI to build upon and scale up initiatives started during the previous phase of the Aksi Stop AIDS (ASA) Program, as well as collaborate with other partners to initiate new programs and program approaches as was deemed necessary and appropriate in light of the HIV/AIDS situation in Indonesia. A primary thrust of FHI's work was to both strengthen and facilitate collaboration between community-based NGOs and government health facilities to jointly address the needs of those most in need of HIV/AIDS-related services. FHI also significantly ramped up attention to and efforts to build capacity in HIV prevention in prisons and in the uniformed services.

Objective 1
Individual risk of sexual transmission of HIV reduced

Efforts under this objective focused on the development and implementation of a range of innovative programs and program approaches to address sexual transmission of HIV among most-at-risk-groups (sex workers and their clients, men who have sex with men (MSM), injecting drug users, prison inmates, members of the

uniformed services), as well as in the general population of Tanah Papua. The strategy for female sex workers focused on expanding coverage of community-based outreach in priority provinces with accurate information on HIV risk and protective behaviors; behavior change communications; advocacy, policy development, and network building to create local enabling environments for HIV prevention and behavior change; facilitation of reliable access to condoms; periodic presumptive treatment of STIs and routine STI screening and treatment; and promotion of VCT and CST services and linkage with other services. The strategy for reaching clients and potential clients of female sex workers focused on reaching a higher proportion of such men in workplaces and via periodic group "events", while the strategy for MSM focused on reaching men through multiple channels, including the internet and social and sexual networks.

Progress of Activities and Major Achievements:

Promoting behaviour change activities among MSM and transvestites

- A total of 112,510 Female Sex Workers have been reached through the ASA Program to date, representing 92.1% of the estimated population in the eight target provinces. A total of 1,290,313 High Risk Men have also been reached, or 73.2% of the total population. Activities for both groups have included outreach at hotspots and workplaces, HIV/AIDS information dissemination, individual and group risk assessments, and referral to appropriate STI and VCT services, as well as comprehensive structural interventions in collaboration with local stakeholders in selected sites.
- A total of 79,376 MSM or 16% of the estimated population have been reached by the program to date through activities specifically designed to appeal to and compel gay men and transvestites to adopt safer sexual practices and access health services, including innovative approaches using the internet, SMS gateways, and telephone hotlines.
- A total of 65 local NGOs were funded to manage behavior change activities for FSW, high risk men, and MSM across the eight target provinces.
- Over 83,802 FSW, 4,381 high risk men and 8,959 MSM have received STI diagnosis and treatment by the 53 FHI-supported clinics to date.
- A total of 670 members of the uniformed services have been trained to be peer leaders and educators, and over 29,000 members of the uniformed services have been reached with HIV/AIDS-related information and behavior change communications.
- Formal linkages and referral networks were established between community-based NGOs and government community health centers (Puskesmas) for STI screening and treatment, condom distribution, VCT and CST in a new CoPC service model.

Major Support Activities have included:

- Comprehensive training in behavior change theory and practice for all staff of all local NGO partners is well underway and will be completed by May 2008. This training , which will be completed by May 2008, consisted of two staged modules with practical mentoring in between, and intensive training of provincial training teams to support this extensive program.
- Development of a database system so each implementing partner can analyze their own data for quality and quantity improvement.
- Assistance to TNI (Preventive and Curative Section in Health Department of TNI Headquarters; Army, Navy and Air Force Headquarters; and Health Department of Ministry of Defense) in strengthening the HIV/AIDS program, including development and updating of strategy on prevention, VCT and CST within the concept of CoPC in an armed forces setting; developing policies, action plans, program and human resource capacity building, strengthening health service system. Work included modifying the design of peer leader program to increase involvement of commanders as role models, development of peer leader training modules and pocket book for peer leaders, training of peer leaders, and mentoring and monitoring of PL activities.
- Assistance to MOJHR, in collaboration with IHPCP and KPA, on the development of a national HIV/AIDS strategy and long term plan for prisons.
- With MoJHR, development of a BCC program for inmates, which was mainstreamed into the routine program for inmates. Work included the development of BCC training modules and a pocket book for prison staff , and BCC training for prison staff. FHI also facilitated NGO access to inmates to work on harm reduction among IDU and peer education to reduce risk of sexual transmission. NGO work was also linked to VCT provided by NGOs.
- Assistance to MoJHR to develop a simple recording and reporting system for the HIV program and trained relevant prison staff in its use.
- Facilitated networking of prisons with Puskesmas, Dinkes, hospitals, NGOs and PLWHA support groups to strengthen HIV/AIDS programs and services within prisons, as well as to refer inmates for continued support and services after release from prison.
- Training/education of 9,604 pimps of female sex workers.
- Targeted media campaigns for high risk men and discreet MSM designed by a professional advertising agency. The campaigns are currently being expanded across all target provinces.
- Major expansion of workplace programs within targeted companies where significant numbers of high risk men are employed such as the transportation, extraction and plantation sectors.
- Major contributor to development of comprehensive STI control package, including development of national STI control strategy, action plan, condom promotion, STI screening and PPT, SOPs, QA/QI system, and human resource capacity building.
- Partnered with Depkes and WHO in pilot test of PPT of sex workers in four sites where FHI was working with local NGOs and Puskesmas. Participated in

the development a training module for and training of Puskesmas staff and peer educators, as well as M&E of pilot test. Based on pilot results, FHI expanded the strategy to increase emphasis on condom use to three more pilot sites (Riau Islands, Central Java and East Java).

- Helped strengthen VCT program at national level (updated VCT guidelines, developed national rapid test guidelines, refresher training of master trainers, reviewed and updated training modules) and provincial (ToT), district and service provider levels (trainings, mentoring, monthly meetings), and developed SOP and QA/QI systems.
- Helped strengthen CST program at national level (training for ARV hospitals, conceptualizing decentralisation of CST to Puskesmas, adaptation of IMAI materials, IMAI training).
- Strengthened CST service in hospitals and referral networks and started up CST in Puskesmas (10 districts in Tanah Papua),
- Developed SOP for HIV/AIDS clinical management within each department in Soetomo and Hasan Sadikin Hospitals.

Implementation Challenges:

- Discreet MSM remain extremely difficult to identify and reach.
- Capacity of local NGOs to motivate real behavior change within each target group still needs to be strengthened.
- Expansion of outreach activities beyond easy to reach target population remains a challenge.
- Appropriate drugs for STI treatment are not yet widely used although they are recommended in the recent update of the official STI treatment protocol by the MOH.
- Need to strengthen enabling environment in communities concerning HIV prevention among FSWs and their clients, as well as in the uniformed services and in prisons
- Need to strengthen peer leaders in TNI and BCC for prisoners

Objective 2
Individual risk of HIV transmission among injecting drug users and sexual transmission to their partners reduced

IPF funding permitted FHI to extend the range of interventions for IDU it could support beyond what was possible with other sources of funding – specifically, to include needle and syringe exchange and bleach decontamination of needles. FHI's efforts focused on IDUs in community settings and in prisons. In community settings, the strategy recognized that because IDUs are heavily stigmatized and criminalized, NGOs tend to be more trusted, giving them an advantage in gaining access to the IDU community. The strategy for IDU and their partners focused on expanding coverage of community-based outreach in priority provinces with accurate information on HIV risk and protective behaviors; behavior change communications; development of support groups; advocacy, policy development, and network building to create enabling local environments for HIV prevention and behavior

change; facilitation of reliable access to clean needles and syringes and bleach; referral to methadone maintenance therapy (MMT); and promotion of and linkage with VCT, CST, case management and linkage with other basic health services provided at Puskesmas, including TB and family planning. The strategy in prisons focused on the use of NGOs to provide services that the corrections system was reluctant or unable to provide. FHI-supported NGOs worked with inmates to provide BCC, access to condoms and bleach, and facilitation of access to VCT and CST on-site and through referral networks with local service providers. An important focus was on increasing inmate HIV/AIDS awareness and knowledge via outreach and educational services provided by prison staff and inmate peer educators.

Progress of Activities and Major Achievements

- A total of 48,715 IDU or 40.4% of the estimated population have been reached by program activities to date, including outreach, needle exchange, and referral to STI, VCT and Methadone services specifically designed to service IDU needs.
- A total of 4,490 sexual partners of IDU have also been reached, mainly through VCT counseling and other health services.
- A total of 24 local NGOs are being funded to provide comprehensive activities for IDU.
- Increased access to NSP, MMT and Basic Health Care for IDUs by strengthening linkages and networks between NGOs and Puskesmas and building capacity of Puskesmas to address IDUs health problems.
- FHI-supported NGOs have played key roles in the roll out of MMT in Indonesia via referral of IDU to clinic-based service providers and facilitation of community-based adherence support to MMT clients.
- 1,133,966 clean needles and syringes distributed.
- 15,408 IDU referred for MMT.
- Prison HIV/AIDS Strategy and Policies, Prison HIV/AIDS BCC program, Prison VCT and CST program and SOPs developed and published.
- Prison health service strengthening action plan developed

Major Support Activities have included:

- A comprehensive training program for all IDU NGO staff across the target provinces was completed in early 2008. This training included discussion of various health services needed and available for IDUs, and how to create demand for services.
- Advocacy at national, provincial and local levels for policies that would permit effective HIV/AIDS interventions to be implemented, including NEP and MMT
- Worked with local health service providers to adapt their services to the particular needs of IDU continues, including PMTCT services for female IDU and sexual partners.
- Addiction counseling training provided to NGO implementing partners.
- 2,472 prison staff trained in BCC.

- Contributed to advocacy and preparation for the MMT program, including training.
- Made a major contribution to increasing the number and capacity of case managers, who play an essential role in assisting IDUs in implementing risk reduction strategies and accessing various health services, including MMT and CST.
- Addressed needs for other services such as addiction counseling, symptomatic treatment for withdrawal syndrome, blood vein care, care and treatment of abscesses and other infections, and contraception.

Implementation Challenges:

- Capacity of local NGOs needs to be continually developed to address the unique needs of this target group.
- Government health services, including Methadone treatment centers remain less than user friendly and often very difficult to access.
- Support and understanding from local authorities, including the police force, is often lacking and inhibits stronger outreach efforts by program partners.
- Need to strengthen sexual risk reduction among IDUs.
- Need to continue support to prison system in strengthening and improving quality of their institutional response and services.

Objective 3

Awareness of general population, particularly young people, increased of their vulnerability to HIV/AIDS infection and discriminatory behaviors towards PLWHA

The community mobilization work of FHI-supported implementing partners partially funded by IPF has been a crucial first step to raising wider understanding across Tanah Papua of the presence of HIV and AIDS in the community and the need for an integrated and comprehensive response. Working with a wide range of male and female religious, tribal, and community leaders in 14 districts of Papua and Papua Barat, basic information about HIV and AIDS, its transmission, and alternatives to avoid infection, and the need for a community response has reached over 800,000 people through March 2008. It is noteworthy that in a number of locations this work was jointly funded with the local district AIDS Commission. In other cases the AIDS Commission became directly involved organizing training in community mobilization for their own staff and allocating funds to facilitate wider community training particularly helping to reach out to sub districts otherwise ignorant of information about HIV and AIDS.

Progress of Activities and Major Achievements:

- Outreach to the general population in Tanah Papua has reached 807,468 individuals to date or 57.0% of the population between 14 and 49 years of age. Of these, 370,390 were youth under the age of 25.
- A substantial number of the 19 priority districts targeted by FHI have demonstrated initiative in the fight against HIV/AIDS either by requesting

assistance, funding initiatives of their own, or co-funding joint activities with FHI.

- Active collaboration with a variety of churches, community groups, and schools continued to expand with ASA providing technical assistance to these organizations to incorporate HIV/AID messages into their routine program activities.
- The response of some churches has been remarkable. One church, GPI Papua, has revised its curriculum in seminaries to include more information on reproductive health and HIV and AIDS; arranged basic HIV and AIDS training for all their ordained ministers in Tanah Papua; carried out multiple rounds of pastoral counseling for teams in several areas; and assembled information to support ministers in preparing HIV and AIDS-related sermons.
- An increasing number of churches and community groups are funding their own HIV and AIDS-related activities, requesting only media and technical support from FHI.

Major Support Activities have included:

- Development of Papua specific IEC material including posters, fliers, brochures and other print was completed in late 2007 and has proved extremely successful in supporting efforts to expand coverage by all groups.
- FHI facilitators and FHI partners (PCI) carried out Stepping Stones training related to a range of HIV and AIDS-related issues, reaching participants from seven districts, who are now integrating Stepping Stones material in activities within their respective communities.
- FHI partners (those funded by IPF and others) are working with young Papuan street sex workers.

Implementation Challenges

- Geographic factors, as well as low levels of education and limited capacity of local partner organizations continue to challenge the program.
- While the dedication of outreach workers is impressive, effectiveness in promoting safe behavior is limited. Understanding of how to influence the behavior of this special and important community is still limited.

Objective 4

Access and quality of care, treatment, and support for people living with HIV/AIDS improved with a focus on increasing VCT, treatment for OI and community based care and support

At outset of the IPF, VCT, ART and other CST services had just started to be offered in Indonesia. With partial support from the IPF, FHI worked with Depkes (P2M and Yanmed) and others (IHPCP, WHO, Dinkes, teaching hospitals, army hospitals) to scale up services, strengthen health systems, and improve service quality. FHI also contributed to advocacy to make VCT and CST services available at the Puskesmas level, where they are more accessible to the primary target audiences for many IPF-supported activities. FHI's focus for activities contributing to this objective focused on (1) building networks of hospitals and Puskesmas with upward, downward and

horizontal referral mechanisms to maximize access to the full range of essential HIV-AIDS-related and basic health services for priority populations, (2) strengthening the health systems, including ensuring quality service provision, human resource development, and strengthening information and related management systems, and (3) linking facility-based services with community-based outreach to facilitate both service access for marginalized populations and community support for behavior change and adherence to treatment (e.g., ART, TB and MMT). In many cases, these strategies and approaches were implemented through the development of "service models" in selected locations in FHI's eight priority provinces. Examples of such service models include health system strengthening in 10 districts in Tanah Papua, development of Continuum of Prevention to Care (CoPC) networks in Surabaya and Malang (East Java), and Puskesmas offering comprehensive services to certain high-risk groups (e.g., Puskesmas Gambir in Central Jakarta, which offers a full package of services to IDU and their partners).

Progress of Activities and Major Achievements:

- Over 19,668 FSW, 5,596 high risk men, 6,815 MSM, 6,489 IDU, and 3,391 Papuans have received VCT services at the 66 ASA supported sights to date.
- Over 1,314 FSW, 284 high risk men, 839 MSM, and 2,981 IDU are currently receiving HIV case management assistance from ASA supported sites.
- Over 660 MOH and NGO clinical staff have been trained in HV/AIDS clinical management; 691 have been trained in STI clinical management; 460 people have been trained as HIV counselors; and 591trained as case managers during the program to date.
- Over 828 Doctors and Nurses trained in IMAI chronic and acute care
- IMAI country adaptation and participation in national training efforts.
- IMAI adaptation for prison and TNI.
- VCT and CST SOPs for TNI and prisons.
- Mentoring tools for prison clinical service providers.
- Access to VCT has been provided in 33 prisons, access to STI management services in 10 prisons, and to CST services in 26 prisons. A total of 24,172 prisoners have been reached via outreach by NGO implementing partners.

Major Support Activities have included:

- Provided training, technical assistance and mentoring for all major components of national HIV/AIDS strategy, including SOP development and M&E and QA/QI systems development for STI, VCT, laboratory for STI and HIV, and CM:
- Worked with the national VCT team to update training modules and monitoring implementation quality of counselors. Trained many more counselors as more sites were opened with GF and APBN-APBD support.
- Facilitated local counselor fora (Bandung, DKI, Medan, Surabaya, Malang, Semarang, Jayapura, Sorong, and Merauke) to promote quality improvement.
- Worked with Ditlabkes to set standards for HIV rapid test and develop national guidelines,
- Supported EQAS for Puskesmas-based STI and VCT services in 8 provinces

- Participated on national team to train doctors, nurses and case managers from ARV hospitals, as well as on national monitoring and mentoring team.
- Provided international mentors to RS Soetomo, RS Hasan Sadikin, RSPAD Gatot Soebroto, RS Dok II, RS Selebe Solu Hospitals.
- Supported study tour on clinical management in Bangkok.
- Supported RS Soetomo and Hasan Sadikin Hospitals in the development of SOP for management of HIV patients in various hospital department and in building learning and referral networks with district hospitals. To date, RSHS has provided technical assistance and/or mentoring to 16 district hospital in West Java, and Soetomo to 2 district hospitals in Surabaya.
- In collaboration with MOH, WHO and RS Soetomo Hospital, adapted IMAI guidelines to the Indonesian context and supported pilot of CST in Puskesmas using IMAI approach.
- Introduced Positive Prevention for PLWHA as an essential component of case management services.
- Provided leadership in development of Home and Community-Based Care for PLWHA to supplement existing case management approach.
- Strengthened GIPA through the work with PLWHA networks.
- Major efforts to strengthen the health services have begun, especially in Tanah Papua, as well as efforts to establish the “continuum of care” in pilot sites to ensure that all Papuans have access to quality services.
- As part of health system strengthening (HSS)in Papua, FHI, with Ditlabkes MOH, provided TA to BLK Jayapura to develop HIV Rapid Test QA/QI system and established external quality assessment scheme for Papua and West Papua provinces.
- In support of HSS in Papua, prepared four provincial trainer teams: VCT, case managers, doctors, and nurses, as well as a mentor team, to strengthen hospitals and Puskesmas throughout Papua Province, with an initial focus on 10 districts.
- Regular visits by mentors from Jakarta to 10 district hospitals. Two international mentors have also been deployed to 2 hospitals.
- The 10 priority district hospitals in Papua and West Papua have been linked with one or more Puskesmas in their area, with a total of 27 Puskesmas being linked to date. Technical assistance and mentoring are provided to all facilities in the networks.

Implementation Challenges:

- Capacity within the health system remains limited.
- Many public sector health services remain dependent upon external funding

Objective 5
Capacity to prioritize and allocate resources for HIV/AIDS strengthened through operationalization of the '3 ones' framework at national, province and district levels

FHI assisted the National AIDS Commission (NAC) in its efforts to build capacity among provincial and district KPAs in several ways: (1) through participation in regional training activities, (2) through TA to individual district AIDS Commissions on development of strategic and workplans, and (3) by promoting regular communication/meetings and information sharing by FHI's NGO implementing partners.

FHI assisted the NAC in developing capacity of provincial and district AIDS Commissions through skills-building of staff and assistance in developing strategic plans and workplans. FHI also provided financial and technical support to numerous provincial and district NAC coordination and technical meetings and required all NGO implementing partners it supports to both attend regular district coordination meetings and provide the district NACs with program monitoring data and progress reports. FHI also supported the NAC in the development of its M&E system and four provincial NACs with the enhancement of provincial M&E systems.

Progress of Activities and Major Achievements:

- To date, 67 out of the 78 target districts have developed an annual workplan for a comprehensive response to HIV/AIDS in their respective areas.
- Sixty five out of 79 districts, and all eight target provinces have organized routine coordination meetings for all stakeholders (including FHI-funded NGOs) during this reporting period.

Major Support Activities have included:

- FHI has continued to collaborate with the NAC to develop the capacity of local AIDS Commissions, as well as provide technical assistance on program management directly to provincial and district AIDS Commissions as requested.
- FHI works with NAC and Depkes re: HMIS
- FHI works with Dinkes Papua re: HMIS

Implementation Challenges:

- Capacity of provincial and district level AIDS Commissions remains relatively weak, with limited resources and limited, though increasing, understanding of the epidemic

DKT

DKT International	Implementing Partner	DKT
	Implementing Period	November 2006 – October 2007
	IPF Grant Amount in USD	999 900

- Developed and aired 2 advertisements that focus on increasing the sense of personal risk among those who engage in high-risk behavior. Advertisements were aired 671 times over a 6 month period, resulting in more than 67 million people viewing it.

- Produced 5 Public Service Announcements (PSA's) featuring well-known personalities with high media value. These PSAs aired nationwide during a 3 month period, with 88% of the general population aged over 18 viewing the ad a minimum of 7 times (AC Nielsen).

- An addition 5 PSAs were produced and targeted to youth (see Youth Campaign).

- DKT launched a radio campaign covering 47 radio stations nationwide. Each radio station hosted a talk show or related program once or twice a week over a period of 1-3 months. Topics covered a wide range of issues including safe sex, HIV/AIDS, stigma and discrimination, myths and misconceptions, relationship issues, and more.

- To respond to the widely held belief that antibiotics can prevent HIV/AIDS and STIs, DKT produced a 30 second PSA.

TV talk show on HIV and AIDS issues with Nidji band, Pierre (DKT) and Dr. Nafsiah Mboi

- DKT developed a multi-faceted campaign over an 8 month period ending in June, reaching an estimated 30 million young people. To successfully launch this campaign, DKT partnered with the youth media station, MTV, using a diverse set of media executions and on the ground events.

- Behavior change is never easy to measure. However, one key indicator in affecting behavior change is increases in condom use. DKT sold more than 80 million condoms during the lifetime of DKT's Partnership Fund grant (November 2006 – October 2007).

- As a result of these campaigns, condom use increased overall, as measured by growth in the condom market of approximately 40% from November 2006 – August 2007.

Condom Marketing poster by DKT in Indonesia

Indonesian HIV Prevention and Care Programme (IHPCP)

IHPCP	Implementing Partner	GRM
	Implementing Period	2006 – 2008
	Grant Amount in USD	8, 058, 985
	Percentage of total funding	100%
	Outputs covered	3

IHPCP's approach to implementation has supported continued scale up and consolidation of programming initiated using AusAID funds and scaled up using IPF funds. In terms of overall achievement and progress, a whole range of programming was matured and consolidated, based on an integrated use of AusAID and IPF funds including:

- the communications program for general population in Papua
- the scale up of harm reduction services through the public health system (puskesmas) in West Java and DKI Jakarta
- the media relations program that focused on youth as well as other populations and specific advocacy issues with an objective of contributing to reduction of stigma and discrimination
- peer support for people with HIV through the national program of Spiritia.

Overall, the scale-up activities undertaken using IPF funds through IHPCP have made a significant contribution to the response to HIV and AIDS in Indonesia. A flexible design and management system has resulted in the ability to respond to the evolving nature of the epidemic. A major achievement has been the increasing commitment at a provincial and district government level to take on funding commitments as IHPCP has come to an end. In terms of national budgeting structures, until recently KPAP budgets have not been allowed. IHPCP advocacy has contributed to this change.

IHPCP management has been a strong advocate for a single national approach, working together with GOI partners to resolve structural variations between the KPA

and the Indonesian Ministry of Health (DepKes). Financial constraints have limited the response, though a major success has been the ability to target effective support, in particular to address the injecting drug related epidemic. This has resulted, amongst other things, in policies supporting methadone treatment in prisons and comprehensive harm reduction and anti-retroviral (ARV) treatment programs for drug users within the public health system.

IPF funding, successfully integrated into IHPCP planning over the past two years, has resulted in increased mass-media capacity to understand and bring the public spotlight on to the epidemic.
IHPCP has been able to develop national level expertise in counselling and has supported the ability of national referral hospitals and community health centres to provide comprehensive care, support and treatment to people living with HIV.

Summary of Challenges/Weaknesses

The overall impact of IHPCP has been limited by funding constraints as well as difficulties of integrating certain activities into a national health system that lacks strong coordination and is poorly resourced. Whilst the KPA is presently thriving under strong leadership, this has not always been the case and previous KPA leadership has impacted the ability of IHPCP to deliver to maximum effect.

Objective 1: Individual risk of sexual transmission of HIV reduced

Summary of Major Achievements

Activities under this component have focused on the development of a range of innovative tools and programs to address the sexual transmission of HIV. Papua and West Papua have particularly benefited from this component, where recent inputs have resulted in the development of a comprehensive communications strategy for the two provinces. In addition, comprehensive workplace strategies and initiatives to reach men who visit sex workers have been developed in the context of addressing male sexuality and sexual health needs.

- Previously, no government official would ever talk about condom promotion or drug use on TV; now they do.
- The Sexual Health Approach has been included in capacity building training for NGOs who are well trained and skilled in this area. Local authorities (sub-district, local government health clinics (puskesmas), community, religious leaders) are involved and very supportive. Sexual health activities are also being integrated into harm reduction activities with NGO partners and puskesmas.
- Greater participation of sex workers in the program has been evident leading to an increased uptake of VCT and identification of people living with HIV.
- Activities supported by IHPCP have integrated within existing community structures such as the Kader Desa Peduli AIDS (KDPA), a traditional community structure used for prevention with sexual health promotion strategy. This has included the development of traditional performance (Ngelawang Genjek).

- Sexual health promotion has been successfully established in seven Districts in Papua, church leaders and districts liaison officers are the most effective communicators with regard to local culture and communications.
- Collaboration has developed between NGOs and the tourism sector (Dinas Pariwisata) and owners of entertainment establishments in implementing activities related to sex work by promoting and supporting change in behaviour including sexual health and safer sex through condom use and the development of a supportive policy environment.

Specific activities have included:

- In partnership with DKT, the development, broadcasting and evaluation of a TV commercial to sensitise the population to condoms as a positive tool for saving Papua and Papuan identity.
- Development, recording, and broadcasting several dramas for radio using Papuan voices and local dialects. Content covers HIV and sexual health related issues.
- Dubbing with Papuan-Indonesian voices of Melanesian films about HIV and Sexual Health (from Vanuatu and PNG).
- Distribution of these films and radio drama to NGOs, KPAs, and churches.
- Development, printing, and distribution of pamphlets with basic HIV information (two versions). One for Indigenous Papuans and another for other Indonesians.
- Capitalising on the popularity of the Persipura football team. Using the team's photo for billboards and posters promoting condoms and responsible sexual behaviour. Implementation of the Persipura team as sexual health mentors / ambassadors for the associated under 18 football teams. Additional skill development and information provision for the team's senior players and retired players who are interested. Then supporting them to deliver sexual health discussion forums with the young players in the associated teams in Jayapura using edutainment.
- Persipura Condom posters distributed and placed on the backs of taxis serving Jayapura / Sentani / Abepura.
- Supporting NGOs to improve the quality of their health promotion activities with communication and facilitation skills training by a specialist communications NGO (Studio Dria Media from Bandung).
- Developing a sexual health and relationships course for Christian ministers of religion, and building the capacity of a church based NGO to deliver the material to pastors and priests. A CD of the material has been provided to other NGO and individuals in Papua and Papua Barat.
- Workshops were also held with similar material specifically for Muslim leaders and university students.
- A Harm Reduction workshop for Alcohol was conducted with government department senior staff (Dept Social Services, Health, Police etc) to try and kick start some leadership on addressing the many issues of alcohol use. A rapid assessment was then conducted to explore the extent of the issues in Jayapura.

- Femidom Acceptability Trial, demonstrating that the female condom is an acceptable and viable alternative for both Indigenous Papuan and the Indonesian migrants who live in Papua. The female condom should be made available to complement the male condom. FHI and DKT are following this up.
- Workplace HIV and sexual health awareness courses with the private sector (PT IndoPearl, Freeport, and BP). Using edutainment and interactive discussions.
- Provincial AIDS Commission hosted NGO Forum.
- Provincial AIDS Commission with the Department of Religion hosted 'Forum Agama'.
- Intensive Harm Reduction and Sexual Health Course for YPPM in preparation for the opening of the new Drug Users prison in Sentani (IDU, and other drug offenders will be transferred to Papua from other parts of Eastern Indonesia).
- HIV and Sexual Health Counselling course for YPPM, including pre-HIV test discussion update. YPPM are currently delivering pre-HIV test counselling in the prison setting, but would benefit from an up-skilling in this area.

Progress against Indicators

Interventions in Papua:

- 20,000 persons reached through direct contact programs
- One million people reached through mass communication programs

Key Implementation Challenges

- Condom supply in most locations is unreliable, but especially in Papua
- Involvement of local community support to increase quality and quantity in prevention amongst sex worker clients.
- Increasing resources for support to develop comprehensive STI services and availability of appropriate medicines for vulnerable populations.
- NGO's Outreach worker technical skills could still be improved. Outreach workers need refresher course after two years in the field.

Objective 2: Individual risk of HIV transmission among injecting drug users and sexual transmission to their partners reduced

Summary of Major Achievements

Activities under this component have focused on the development of a broad range of activities aimed at reducing the vulnerability of injecting drug users and their partners to HIV infection and in particular developing a comprehensive approach that can improve coverage and encourage multi-sectoral cooperation and coordination including improved access to care, support and treatment (CST), in key provinces. Support for the expansion of methadone and access to sterile injecting equipment for injecting drug users under the guidance of the KPA, MOH and the National Narcotics Control Board (BNN) has also been a key contribution of the project as has addressing the danger of HIV transmission in prisons and strengthening the capacity of National Department of Justice and Human Rights (DepHukHam) to develop policies and programs in this regard.

- Harm reduction activities have progressed extraordinarily with IHPCP being a major support to Indonesian advocates, giving the issue a high profile. This has led to a rapid expansion in the quality and extent of harm reduction activities at community and institutional level.
- Late in the project there has been an integration of harm reduction activities with sexual health for injecting drug users and their partners.
- The Prisons program was one of the most significant breakthroughs supported by IHPCP. In the region, Indonesia is seen as the most advanced in this respect.
- The harm reduction program has seen:
    - Increased numbers of participants
    - Improved partner capacity
    - Good approach to police and other government sectors
    - The introduction of services delivered through the public health system.
    - NGOs building community support, more volunteers
    - Successful implementation of the methadone maintenance program
    - Well delivered activities inside prison and the development of a network for continued support upon release

<u>Specific activities have included:</u>

- A consolidation of the provincial scale-up projects in harm reduction (HR) in Jakarta DKI and West Java (WJ). This process has involved a major commitment from Dinas Kesehatan, which has already expanded the HR program independently in West Java. Additional expansion is also planned in DKI and South Sulawesi using local government funding.
- The prisons program continues to expand with Cipinang Narkotika Prison beginning Methadone maintenance therapy (MMT) in late 2006. Over 100 prisoners are enrolled on the program with 60 dosing on daily basis. This is the second Prison HR Programs supported by IHPCP utilising the model of comprehensive integration of prevention. Ministry of Health (Depkes) plans to support the introduction of MMT into another 12 prisons across Indonesia during 2008.
- MMT clinics supported by the project are performing strongly and currently service over 1000 clients daily. The project is also supporting the supply of methadone until the KPA is able the fully support the program financially with partnership funding. Further expansion of the program is imminent, GOI plans to introduce MMT to 9 PKM supported by IHPCP for HR (5 in DKI, 3 in WJ and 2 in South Sulawesi).
- A national evaluation of MMT is currently been undertaken with financial and personnel support from IHPCP. The evaluation team is visiting all major clinics to assess the quality and progress of the national program before the next phase of expansion.
- Rapid Testing and Counselling Research to increase VCT access for current IDUs has collected data from 175 of the targeted 200 IDUs. Results will be published in a report later this year.

- Female Drug User Research held trainings in “basic gender perspective” with the aim of improving knowledge and skills of participants who then performed a needs assessment in 8 provinces to complete this qualitative study. Findings are being used to inform the delivery of HR activities to meet the special needs of female IDU who generally have less access to HR services.
- HR Activism: NGO roles for directors and program managers. This workshop recommended that qualitative indicators be developed for use by NGOs to report the progress of advocacy on their HR activities.
- A series of data sharing workshops with USAID-ASA project were undertaken to increase coverage of activities through cooperation across both projects in shared provinces. Program data comparison is being undertaken using standard indicators to determine most effective approaches to HR.
- A study tour to China was undertaken to observe scale up of methadone services.

Progress against Indicators

- Harm reduction services established in 74 puskesmas and 11 NGOs with support of IHPCP.
- MMT established in nine puskesmas, three hospitals and a prison with IHPCP funding (MMT receives indirect project support in an additional two prisons, two hospitals, two puskesmas).
- In the last 12 months around 7,000 participants regularly attended NSP supported by IHPCP and collected over 55,000 needle syringes each month.
- Over 1500 injecting drug users collect methadone each day from health services across Indonesia.
- IHPCP supports NGOs to carry out HIV education and prevention programs in 16 prisons.

Key Implementation Challenges

- Ensuring quality of implementation as program scales up
- Establishing standard SOPs amongst all stakeholders involved in HR programming
- Continuing to find ways to scale up more and more quickly
- Program sustainability is a major issue
- The Provincial Health Departments (DinKes) will need continuing support to further strengthen community health centre services
- Despite inputs, NGOs still do not have good sustainability strategies
- Capacity building trainings
    - Stand alone events do not work
    - Use research-based approach/log frame
- Training to improve providers’ technical skills
- Dedicated research activities
- Combining harm reduction and CST
    - Both use public health approach

- Range of activities different in program goals

Objective 3: Awareness of general population, particularly young people, increased of their vulnerability to HIV/AIDS infection and discriminatory behaviours towards PLWHA

Summary of Major Achievements

- The media program was a positive addition resulting in a network of 94 radio stations (12 government-owned, 32 private, 50 community stations); six TV stations; 23 newspapers & magazines; eight journalist's fora; nine KPA media working groups (six provincial, three district); and over 600 individual journalists.
- Increase of media coverage on HIV/AIDS has helped to create an enabling environment for HIV interventions (including condom promotion and harm reduction activities) as well as decreasing stigma amongst the public.

Specific activities have included:

- Regular media relations activities include supporting the provincial KPAs and other partners to work with the media focussing on key advocacy issues through the following activities:
  - Regular meetings of the KPA media/communications working group
  - Regular media gatherings and press conferences
  - Regular press releases sent to the media
  - A series of skills-building workshops on effective media advocacy
  - Continuation of provincial media campaigns with local themes in five project provinces:
    - Bali: *Stop AIDS Tepati Janji* (Stop AIDS. Keep the Promise)
    - DKI: Jakarta: *Kita Bisa* (We Can Do It)
    - Papua:*Mari Kitorang Bertanggung-Jawab* (Let's Take Responsibility)
    - South Sulawesi*: Cegah AIDS! janganki tunggu besok, sekarangmo* (Prevent AIDS. Dont Wait for Tomorrow. Do it Now)
    - West Java*: Stop AIDS, Euy* (Come On, Stop AIDS)

  All campaign programs were reviewed by the provincial KPA media working groups, particularly in Bali, South Sulawesi and West Java, where they have regular campaign monitoring meetings.
- *Info AIDS* newsletter for journalists
- IHPCP provided technical assistance at the Third HIV/AIDS National Conference through the following activities:
  - Managing the conference media centre
  - Facilitating a pre-conference workshop for journalists (attended by 78 journalists)
  - Organising daily afternoon press gatherings

  - Facilitating the committee conference and other partners in submitting press releases on various issues

- Technical assistance has been provided to 27 district & municipal KPAs, through a series of skills-building workshops and technical meetings. The district KPAs include the following:
  - DKI Jakarta (6) : East, West, North, South, & Central Jakarta, and Kepulauan Seribu
  - NTT (3) : Belu, Kupang, Sikka
  - Papua (1) : Mimika
  - South Sulawesi (1): Pare-Pare
  - West Java : 17 districts/cities
- HIV/AIDS workshops were held for district journalists from Papua Barat districts, Manokwari, and Pare-Pare district, Pare-Pare
- Community radio workshops were held for community radio managers from 50 community radios in West Java, Gambung and 31 community radios in South Sulawesi, Makassar
- The West Java MRO was instrumental in establishing partnerships with 50 local community radios to develop a HIV/AIDS campaign at the village level in 14 cities/districts, namely the cities of Bandung, Cirebon and Bogor and the districts of Bandung, Banjar, Ciamis, Cianjur, Garut, Indramayu, Majalengka, Purwakarta, Subang, Sumedang, and Tasikmalaya. Most of the target audience are farmer communities and the messages are broadcasted using local languages, radio drama, puppet shows. The program was often times complemented by off-air activities, which include participatory dance performances, puppet shows and dialogues with experts.
- Radio media campaigns: IHPCP continued to support weekly/biweekly talk shows developed in collaboration with radio stations in Bali (8 stations: *Bali FM, Ccassanova, Super Radio, Duta FM, BCFM, Gema Merdeka, FBI & 911 Suara Janger*), DKI Jakarta (11 stations: *Bahana FM, Bens, Comsopolitan, Hard Rock, I-Radio, Pesona FM, Radio One, Suara Metro, U FM, SP FM & Trax FM*), Papua (2 stations: *RRI & Art FM*) and South Sulawesi (5 stations: *RRI, Mercurius FM, Prmabors FM, Gamasi & SP FM*).
- In Papua the condom PSA was aired 16,080 times in a period of 6 months at 16 radio stations, i.e. Radio Bumi Mimika (Timika), Radio ART FM, Radio Aruana (Manokwari), Radio El Marko (Sorong), Radio Fajar Kasih (Serui), Radio FRITTA (Merauke), Radio Perkasa (Biak), RRI Biak, RRI Fakfak, RRI Jayapura, RRI Manokwari, RRI Merauke, RRI Nabire, RRI Serui, RRI Sorong, and RRI Wamena
- In Bali, there were 6 radio stations (i.e. Cassanova, Super Radi, Bali FM, Duta FM BCFM and Suara Janger) which provided free air time for the campaigns since March 2007, totalling a number of 24 talk shows. Each of these stations have different target audiences and thus increasing the range of target populations of these messages. Resource persons for the talk shows included experts from hospital/clinics/puskesmas and local non-governmental organisations, mostly those who have attended the IHPCP-supported media training programs.

- Television media campaign: The media campaigns continued through Bali-TV, Makassar-TV, TVRI Makassar, and Q-TV (Jakarta) through a series of talk shows and PSAs.
- Media field trip: Three media field trips in Bandung, Denpasar and Jakarta were organised by the MROs to support the harm reduction program, by inviting journalists to visit methadone therapy clinics in each city. The field trip was planned to increase favorable coverage on harm reduction programs with the coming International Day Against Drugs (26 June)
- Newspaper campaigns: The KPAs in Bali and DKI Jakarta continue to collaborate with local newspaper and magazines to included articles on HIV/AIDS, while in Papua and West Java PSAs were place in the local media.
- A compilation of newspaper and magazine articles for the LENTERA campaign in Bali was published in June 2007 and was launched by the KPA in July 2007.
- HIV/AIDS training sessions for celebrities (*Aku Ingin Terlibat* – I Want to Be Involved) took place for Miss Papua finalists in Papua in June 2007. This training program package for public figures included sessions on how to address HIV/AIDS issues to the general public and how to deal with the media.
- Press conferences, media gatherings and press releases: The provincial AIDS commissions organised regular press conferences and media gatherings and developed regular press releases which in turn increase the number of coverage on HIV/AIDS in the mass media.

Progress against Indicators

- 94 journalists trained in HIV/AIDS
- 115 partner agencies trained in media relations
- 35 KPA media working groups (six provincial and 29 district-level) trained in media relations strategies.
- Eight journalist forums established with a network of over 600 journalists
- 1,861 newspaper/magazine articles generated
- 995 radio talk shows generated
- 83 TV shows generated
- 545 newspaper public service announcements printed

Key Implementation Challenges

- Maintaining a sharp focus and momentum in the media program over a sustained period.
- Media programs are still in their early days and need to move from ceremonial news coverage to information; from information to advocacy; and from figures and statistics to ‘compassionate news coverage’ and human interest.
- Integrating news and integrating Information, Education and Communication (IEC) materials with the national/ provincial campaign themes.

Objective 4: Access and quality of care, treatment, and support for people living with HIV/AIDS improved with a focus on increasing VCT, treatment for OI and community based care and support

Summary of Major Achievements

Activities under this component have focused on care, support and treatment of those affected by HIV, in particular training for a range of health care workers, development of VCT services, support and monitoring for the government's participation in the World Health Organisation's (WHO) "3 x 5" program and peer support for people living with AIDS. It has also assisted two key referral hospitals and more than fifteen community health centres to improve the quality of the services they provide to people with HIV including promoting a continuum of care between the hospital, community and home based care situations.

- The ability of IHPCP to integrate its different components was a major strength overall but particularly in the area of CST where effective advocacy, good media support and the integration of CST with harm reduction activities and networks in particular led to an increased impact of CST.
- At a national level IHPCP supported the expansion of anti-retroviral therapy (ART) referral hospital and VCT services
- IHPCP supported the development of key referral hospitals over a two year intensive period. This has resulted in 11 hospitals having good CST services
- IHPCP has developed a model of working with CST at puskesmas that has been rolled out in Papua
- Direct services for CST have been instigated in selected Prisons (YPI, RSCM RS Dharmais)

Specific activities have included:

- At the National level in collaboration with Depkes, GFATM, WHO, FHI, and BI, IHPCP has supported several national CST and VCT activities to:
  - support the CST training for HCWs from twenty four newly appointed ART referral hospitals.
  - revise the ARV guidelines
  - develop the National Integrated Management Adolescent Illness (IMAI) handbook.
  - support the VCT monitoring and evaluation at ART referral hospitals.
  - revise the national VCT module trainings.
  - develop National VCT guideline for military personnel and Indonesian migrant worker.
- IHPCP has collaborated around training and capacity building where possible, with positive outputs including the strengthening of:
  - coordination and communication across directorates of DepKes
  - the overall policy and program planning for VCT, CST services and methadone program for PLHA

  - the capacity of DepKes and selected DinKes to oversight and support these services
  - the capacity of specific hospitals and community health centres and the HCWs
  - the reporting system, in particular reports to the Depkes about the gaps between planning and implementation in the fields
- IHPCP supported the national CST training program to increase the number of hospitals providing ART and to improve the capacity and quality of the appointed ART referral hospitals to deliver comprehensive CST services. MOH has conducted trainings for 153 hospitals to date and 75 of these hospitals have been officially appointed as ART referral hospitals by the Minister of Health with a goal of expanding to 440 hospitals in Indonesia, with each district having at least one ART referral hospital. In this June, IHPCP has provided support CST training for the 24 newly appointed ART hospitals. To date IHPCP has provided technical support to 23 hospitals (most of them are ART referral hospitals).
- In collaboration with WHO and FHI, IHPCP supported the Depkes program for CST for PLHA in puskesmas. There are more than 7,000 puskesmas in Indonesia. Unfortunately there is no data yet available at national level that could describe the actual number of puskesmas that have been trained and run or are involved in the CST program for PLHA. To date IHPCP has supported 50 Puskesmas in 6 provinces plus Yogyakarta. The aim has been to provide a basic CST training which include CST Basic/IMAI, VCT, and laboratory diagnostic for HIV testing, ARV follow up and OI. Objectives for the CST program in selected puskesmas includes; a) improvement of their knowledge, b) development of referral systems and networks for better access to VCT, CST and prevention programs such as HR/STI, c) availability of VCT services, d) capacity to support ART follow up and care/treatment for opportunistic infections, and d) capacity to deliver ART. In general, progress in these puskesmas is limited.
- To accelerate the progress of CST services in puskesmas, IHPCP in collaboration with Dinkes and other stakeholders has continued to provide clinical mentoring activities for puskesmas staff, so that they can have a better understanding of a) comprehensive and integrated CST and prevention programs, b) better quality of HIV/AIDS clinical management in practice, and c) the importance of system and institutional strengthening.
- Besides efforts to support the national CST and prevention scaling up program, IHPCP has given attention to the quality of comprehensive CST services/program, in particular on clinical care. Field experience has shown that ongoing support is required by the trainees to run a good and comprehensive CST program/services in their institution, district and province.
- As part of the support to improve the quality of clinical care and in collaboration with local experts from various institutions, IHPCP has provided intensive clinical assistance and financial support to 7 hospitals and 27 puskesmas including; a) supporting their ongoing in-service trainings, b) providing intensive clinical mentoring, and c) sending their HCWs to do internship in RSPI, RSCM, RS Dharmais and RS Soetomo.

Progress against Indicators

- ART referral set up in 130 hospitals (IHPCP supported a part of this national program)
- 300 VCT service sites established, with monitoring and mentoring support (IHPCP supported a part of this national program)
- 2,000 VCT counsellors trained (IHPCP supported a part of this national program)
- 19 hospitals have had CST services established, 11 of these with good CST services
- 81 puskesmas have had CST services established, 11 of these with good CST services
- Numbers of people living with HIV reached: 8,539

Key Implementation Challenges

- continuing absence of strong coordination mechanism and leadership for all inputs around expanding and strengthening CST
- IHPCP has produce good models but has not yet adequately answered the gap on coverage
- Puskesmas need referral ART hospitals and they are not available in all areas
- The complexity of dealing with CST remains an ongoing challenge for technical capacity and resources of the GOI health system
- Infrastructure and the health system in general is already quite a challenge

Objective 5: Capacity to prioritize and allocate resources for HIV/AIDS strengthened through operationalisation of the '3 ones' framework at national, province and district levels

Summary of Major Achievements

Activities undertaken using IPF funds have led to the strengthening of the KPA at national level and selected provinces in human resource development, infrastructure, planning and operational systems. This has included addressing elements of surveillance systems including strengthening second generation surveillance and the piloting of Voluntary Counselling and Testing (VCT) linked surveillance. This has also added significantly to the capacity development of civil society partners to deliver, manage and monitor high quality HIV prevention, care and support initiatives. Specifically:

- KPAP strengthening resulted in provincial/district regulations *(perda)* (varied across provinces) and increased local budget.
- Increased involvement of previously ignored sectors: tourism, ports, labour, transport.
- Good advocacy process to legislators and Bappeda for support with *perda* and local budget, though local budget still generally below what is required.
- KPA strengthening, whilst varying across provinces, has resulted in a number of *perda* relating to HIV. Increasingly KPAPs have taken greater ownership over

IHPCP funded activities, introducing their own budgets and initiating their own activities and requesting support from IHPCP. The response to the epidemic has increased in a majority of provinces and districts, particularly in the areas of addressing sex work, drug related harm and strengthening of health systems. In addition 40% of provinces and districts have shown an increase in the number of member agencies while only 10% have decreased and 60% have substantially increased regular activities and programs in support of the KPAP (see table 2 above).

- The KPA at the provincial level has developed a great sense of ownership over their activities.
- There has been an increase in the number and type of organisations becoming involved in HIV initiatives. NGOs who have received training through IHPCP have remarked on their increased capacity to manage projects from both a technical as well as a financial and administrative perspective.
- The design and implementation of the 'Mini-BSS' added significantly to the ability of partners to assess the impact of their own initiatives. In addition, it was cheap and easily implemented.
- Capacity development has led to a paradigm shift in many local organisations resulting in a change in leadership style; change in some financial accountability and the ability to manage according to donor requirements.
- IHPCP has a comprehensive package for training as well as a high degree of acceptance by NGO partners leading to greater sustainability of training.
- Many NGO partners have developed effective management and accountability structures and systems.

<u>Specific activities have included:</u>

- Significant technical and financial support was provided to District KPA development through work with the Provincial KPA Assistance Teams, including technical support to basic and advanced Assistance Team training workshops funded by the National KPA. IHPCP supported the Provincial KPA Assistance Teams to train KPA Core Teams in priority districts and cities, to assist districts develop work plans and district regulations and work with local parliamentarians regarding local regulations and budget support for HIV programs.
- Technical and financial support was provided to Provincial KPA Working Groups that work towards sustainable, local multi-sectoral responses.
- IHPCP worked with IFPPD at the National Parliament (DPR RI) to support the amendment procedure for the national narcotics laws. The Special Committee established by the President to review the proposed amendments continued to meet with panels of experts put together and supported by IHPCP. Expert panel's topics included the possibility of combining the two existing laws into one new law, classification of different types of narcotics if the law is combined, mandates and responsibilities of all sectors covered under the amendments. In addition, IHPCP supported a round table of political party faction leaders and several experts for an extended discussion and exchange of opinions.

- Training and support was provided to increase the capacity of partners to use data for planning and decision-making through provincial workshops on NGO "Mini-BSS" behavioural surveys of outreach program participants (part of internal monitoring and evaluation). Mini-BSS is a process IHPCP developed so that partners running outreach programs can conduct a short survey based on national BSS questionnaires every 6-9 months to track behaviour change amongst their program participants and compare the data with the national BSS data gathered every two years, currently from 13 provinces. Several key behavioural indicators were taken from the National Board of Statistics' Behavioural Sentinel Surveillance questionnaire for potential clients of sex workers ("mobile men with money"), IDUs, female sex workers and waria sex workers. No demographic, knowledge or attitude questions were included. Respondents filled out the Mini-BSS questionnaire themselves; there were no identifying codes and the process guaranteed anonymity (the BPS questionnaires are filled in by an interviewer). The second round of Mini-BSS was completed in the last reporting period, using the automatic tally sheet for the first time. Results indicate overall that respondents are reporting increasing levels of behaviour change compared to the 2005 BSS and 2006 Mini-BSS. Significant results include:
    - Condoms are increasingly easily available in virtually all areas where the NGOs working on HIV sexual transmission are located which reflects the success of the condom social marketing training with DKT
    - Increasing numbers of sex workers and their clients report using condoms at last sex, and always using condoms (the exception being direct sex workers in Bali). In the relatively newer programs in Belu, figures have more than doubled amongst clients and tripled amongst sex workers
    - High numbers of respondents with STI symptoms report seeking appropriate medical treatment (over 70% of clients of sex workers, and almost all over 80% of sex workers, with lower figures in some cases for indirect sex workers);
    - Very high numbers of IDUs report not sharing needles, generally increasing to over 90% with a few exceptions
    - Increasing numbers of IDUs are using condoms with commercial sex workers, in some cases double the percentages reported in the previous Mini-BSS; in Jakarta use of commercial sex workers has decreased and condom use has remained approximately the same
    - Increasing number of IDUs are reporting accessing syringes through Puskesmas Trends in behaviour change from groups working with transgender sex workers are less striking.
        - BSS in several provinces
        - Support to Depkes for the implementation of the trial and then possible expansion of a passive surveillance system using VCT sites
- IPHCP worked with the National KPA Secretariat on a number of policy and program issues, including participation in several National KPA working groups, collaborating on finalising the National Action Plan 2007-2010, and technical

support for activities funded by the National KPA/Partnership Fund including the 100 Kabupaten/Kota program.

Progress against Indicators

A wide variety of improvements in capacity were achieved. Institutional strengthening and capacity-building outcomes are contained in the IHPCP report titled *"Results of the Institutional Strengthening Program"* and the table showing *"Status of Provincial KPA 2007".*

Key Implementation Challenges

- Adjusting role and approaches to take account of the rapid strengthening of capacity of the new KPA Secretariat
- A remaining challenge for the KPA is to produce a standardised national M&E framework.
- Still need full-time relatively senior or mature professional technical staff in KPAPs, as well as administrative/junior staff.
- District-level data needs to be used to advocate for bigger budgets. There is varied district capacity for this.
- Tim Asistensi has a strategic role and needs ongoing support to "scale up" their activities.
- Additional strategic sectors need higher level of involvement in the future at provincial and district levels.
- Individual government bureaucracies can still be obstacles.
- Institutionalisation of a learning culture within NGOs is a big challenge.
- NGOs are at different stages of development which means that generic capacity building approaches have limited impact, therefore requiring much more time and investment.

ADDITIONAL ACTIVITIES THAT CROSS ALL OBJECTIVES

Over the past two and a quarter years, a series of institutional strengthening activities were held covering national level partners and partners in all six provinces where IHPCP was implemented including:

- Organisational self assessment and planning for follow up institutional strengthening responses with partners;
- Leadership training for senior management staff of partner agencies;
- Supervisory skill training for senior and middle level managers for partners:
- Support for partners to self manage financial audits;
- Fund-raising training for partners; and
- Ongoing mentoring support for institutional strengthening program.

"The IPF funds gave the IHPCP team the opportunity to scale up a number of harm reduction initiatives in West Java and DKI Jakarta, in particular the NSP programs through the West Java and DKI Jakarta DinKes. It also gave us the opportunity to scale up communication activities in Papua, to reach a much wider audience with a range of mediums including radio, drama, TV, comics, brochures, billboards and through sport. We are very grateful for this support."
IHPCP Team

UN Agencies

WHO

WHO	Implementing Partners	MoH, Provincial, District and City Health Offices, KPA, FHI, IHPCP, PMI, Bureau of Statistics, national NGO
	Implementing Period	February 2006 to 31 March 2008
	Grant Amount	1,595,560 USD
	Outputs covered	1,2,4,5

Overview

Funds provided to WHO were spent almost entirely on capacity building, development of policies, guidelines, tools, materials and procurement of drugs. New approaches then were piloted using IPF funds. This became possible, as the necessary technical staff were mostly funded through the Intensified Support and Assistance Collaboration (ISAC) and the 3by5 initiative with CIDA support to HQ for Indonesia.

Objective 1

WHO priorities have included a revised, comprehensive national STI strategy, development of national STI surveillance and support towards the revision of National STI treatment guidelines. WHO also supported the MoH to develop a core intervention package to reduce STI among sex workers by promoting a package of services including: information; education and behavior change communication targeting sex work settings; advocacy, enhanced condom promotion; improved STI

treatment and detection; and treatment of asymptomatic cases through regular screening and periodic presumptive treatment. The implementation at four sites covering more than 7500 sex workers was jointly supported by FHI, IHPCP and WHO with subsequent conduct of integrated biological and behaviors surveillance (IBBS) to evaluate impact of the intervention New, effective STI drugs, were procured by WHO.

Objective 2

WHO focused activities on procurement of supplies for methadone maintenance treatment (MMT) and capacity building for MMT programs with development of national Methadone treatment guidelines, procurement systems for methadone through Specialist Services of MoH, educational materials, training materials, training of trainers and supervisory visits. The majority of WHO activities were implemented in 2006.

Objective 4

WHO supported the upscaling of HIV treatment services with special emphasis on rolling out care, support and treatment services to health center level. WHO has worked with national partners to adopt and adapt an approach suitable to the Indonesian context that ensures provision of acute and chronic care as a comprehensive continuum from the community level to the provincial level. The "Integrated Management of Adult and Adolescent Illnesses" (IMAI) materials are tailored to implement comprehensive community care at community and district levels and comprise not only treatment, but also voluntary, counseling and testing, adherence support, general psychosocial and nutritional support and involve PLHIV as experts. As a prerequisite of comprehensive care, voluntary counseling and testing is now being provided at some health centers and IMAI sites serve as models for further rapid scale-up. IMAI trainings and materials also cover all common illnesses presenting at health center level; thus aim at strengthen overall health care delivery. In the future, an integrated module on prevention and care for IDUs will be made available.

WHO reports particular success stories in HIV care activities demonstrated in health centers with repetitive refresher activities and mentoring support, with good examples in Papua (Jayapura District and City, and Merauke). WHO has also been working to strengthen the technical capacity and improved quality and safety of, and access to, appropriate blood safety mechanisms, diagnostic support and laboratory services for PLHIV and populations with HIV-related infections, again with much emphasis on Papua.

Objective 5

With support of WHO the MoH has established a national ART monitoring system, which provides monthly data on people accessing HIV services, those started and sustained on ART, morbidity and mortality, and treatments provided. In addition, regular monitoring of the HIV program was established complemented by a systemic external review of the health sector response to HIV; the first of its kind in Indonesia. Results and process have been documented and published.

Second generation surveillance could be considerably strengthened and expanded further, now also including HIV Drug Resistance Threshold Surveillance, Integrated Behaviour and Biological Surveillance (IBBS), Passive Surveillance and plans for STI surveillance. The first DR Threshold Survey in South-East Asia was implemented indicating limited transmission of transmitted drug resistance. The first IBBS surveys conducted in five provinces as joint efforts of MoH, National Bureau of Statistics and with joint support from FHI, IHPCP and WHO provided valuable results for adaptation of prevention interventions to increase their effectiveness.

HIV and AIDS Workplace Education Program in collaboration with the Indonesian Business Coalition for AIDS

International Labour Organization (ILO)

1. HIV/AIDS Workplace Education Program 2. HIV/AIDS Prevention for Indonesian Migrant Workers 3. Improving Access to Entrepreneurship and Business Management for People Living with HIV and AIDS	Implementing Partner	ILO
	Implementing Period	2006 - 2007
	Grant Amount in USD	680,000 for 1 & 2 361,455 for 3
	Percentage of total funding for project/initiative	54%
	Outputs covered	3 and 4

HIV/AIDS Workplace Education Program and
HIV/AIDS Prevention for Indonesian Migrant Workers

The Indonesian Partnership Fund contribution to HIV/AIDS in the World of Work was implemented in 7 provinces, which were selected on the basis of consultations with

ILO stakeholders and reflect areas of greatest need. The 7 provinces are: Batam, South Sumatera, West Kalimantan, East Java, South Sulawesi, North Sulawesi, and Papua.

In addition to addressing workers in the formal economy, the ILO HIV/AIDS programme acknowledges the many millions of working poor who rely on informal sector employment. One informal sector which was addressed under the Partnership Fund Contribution to HIV/AIDS in the World of Work is Indonesian migrant workers.

The Partnership Fund Contribution to HIV/AIDS in the World of Work has two distinct yet complementary strategies. It works at the national level with governments, employers' and workers' organizations to ensure that the country's legal and policy frame work is conducive to workplace prevention of HIV/AIDS and the protection of worker's rights. At the same time the project works directly with management, labour and other partners to formulate policy and launch effective programmes in the workplace. In this way the project aims to:

- Reduce employment-related discrimination against persons living with HIV/AIDS;
- Reduce risk behaviours among workers;
- Facilitate access to treatment, care and support;
- Maintain employment of workers living with HIV/AIDS.

Key areas of action:

Mobilizing support

When the ILO HIV/AIDS program starts up in a new area it is crucial to get tripartite (government, employers' and workers) leaders on board. The first step is to organize sensitization workshops on the impact of HIV/AIDS and the world of work with each group of the tripartite constituents. As key leaders become committed and involved, the program goes on to strengthen the capacity of each of the tripartite constituents through a range of activities that meet their specific needs.

In total, the project has trained 369 provincial counterparts – senior officials from the labour office, leaders of employers' and workers organization, labour and factory inspectors, and labour court judges.

Sensitization workshops on HIV/AIDS vulnerability of migrant workers was also conducted for 25 National and 260 Provincial Authority Agency for Protection and Placement of Indonesian Migrant Workers (BNP2TKI and BP3TKI), 390 private recruitment agencies and 325 NGOs/CBOs working with migrant workers.

Developing the policy framework

Using the ILO Code of Practice, tripartite constituents work to make sure laws, regulations and policies address HIV/AIDS workplace issues in an appropriate way.

A Tripartite Commitment on HIV/AIDS in the World of Work was signed at the national level on February 25, 2003, the project facilitated provincial commitments

in Batam, East Java, South Sulawesi and North Sulawesi. The commitment highlighted the importance of private sector to collaborate with workers in preventing the spread of HIV/AIDS in the workplace. This was to be done by implementing the ILO Code of Practice on HIV/AIDS and the World of Work, as well as to prioritize workplace prevention programmes by encouraging the involvement of trade unions.

To address migrant workers vulnerabilities towards HIV, the issue of mandatory medical testing which widely includes HIV is a policy issue which the Government of Indonesia (Ministry of Health and the National Authority Agency for Protection and Placement of Indonesian Migrant Workers (BNP2TKI)) tackled during the project. Even though Ministry of Health and BNP2TKI does not, in any way, support mandatory HIV testing of migrant workers, the reality is that there is currently no political will to abolish testing requirements, which widely includes HIV. Therefore the Ministry and BNP2TKI established a joint protocol for a more humane manner of conducting tests among migrant workers: a 'migrant-friendly' medical testing that assures protection of the rights of migrant workers and ensure that their health and well-being is safeguarded.

Making it happen in the workplace

Mobilizing the private sector

Under the project, the Indonesia Employers' Association (APINDO) has developed a series of tools to advocate HIV prevention programs among its members. The first is a cost-benefit analysis comparing the advantages of HIV interventions against the disadvantages of taking no action. This has become a powerful method of persuasion as it promotes HIV workplace programs in terms that businesses accept.

The association has also developed a set of guidelines to help employers implement HIV programs in the workplace. The material is organized to fit into the remit of a specific department which then knows its role in the HIV workplace program. For instance, during recruitment and selection there should be no HIV screening for candidates; departments covering compensation and benefits need to consider reasonable accommodation to provide treatment and care to HIV positive employees; training and development sections should ensure continuous education about HIV prevention and behaviour change, while industrial relations' departments focus on social dialogue for a workplace policy.

By the end of the project, APINDO has mobilized 77 members to implement HIV prevention program to 45,537 workers.

The role of workers' organizations

As those most directly affected, workers and their organizations are among the best able to respond effectively. Trade unions are able to mobilize extensive networks of members, negotiate workplace agreement, make use of experience in education and training and build on their influence in the community and with government.

Three Confederations of Trade Unions - Serikat Buruh Sejahtera Indonesia (SBSI), Serikat Pekerja Seluruh Indonesia (SPSI) and Serikat Pekerja Indonesia (SPI) provided great support to the project in advocating HIV prevention programs in the frame of promoting workers right to health and advocating for non-discrimination through the frame of right to employment. The project carried out a series of training sessions related to HIV for the unions' member organizations, establishing 27 master trainers at the national level and 30 provincial trainers each for the 8 provinces. During the project implementation the 30 provincial trainers conducted education session to 7,200 workers in the 8 provinces.

Workers organization master trainers conducted training for enterprise negotiators to negotiate HIV education and non-discrimination clauses within the labour agreements. In collaboration with APINDO, enterprise negotiators were able to secure HIV education and non-discrimination clauses in 15 collective labour agreements in APINDO member companies in East Java and South Sulawesi.

Reducing Indonesian migrants workers vulnerabilities to HIV

In Indonesia, the Ministry of Manpower and Transmigration has become involved in the protection of thousands of migrant workers who leave the country in search of employment in Asia, the Pacific and the Middle East. The vast majority are women in search of domestic work, who have come from the informal sector and are leaving in the hope of improving their lives. Sadly, they often return worse off than when they started. With few legal rights, often low levels of education and cut off from home, they are vulnerable to bad treatment and at high risk of contracting HIV.

In response to this growing problem, the National Authority Agency for Protection and Placement of Indonesian Migrant Workers (BNP2TKI) put in place within its pre-departure training, information on HIV transmission. However, instructors responsible to provide the information has limited understanding on relations between migration and HIV and has never received proper training on HIV prevention and transmission.

To improve the delivery of HIV prevention information to migrant workers BNP2TKI, Association of Private Recruitment Agency (APJATI) and Migrant Workers Union (SBMI) conducted trainings on reducing HIV vulnerability of Indonesian migrant workers for pre-departure instructors, dormitory head, training center instructors and NGO field workers. Sixteen pre-departure centers, 82 private recruitment agencies and 47 NGOs/CBOs took part in the training.

During the project period 51 pre-departure instructors, 99 training center instructors, 65 dormitory heads and 281 NGO facilitators were trained to facilitate information on HIV and provide skills to migrant workers to reduce their vulnerability to HIV during the pre-departure stage.

Since February 2007, 51 BP3TKI pre-departure instructors have provided HIV pre-departure sessions to 7,650 migrant workers. And the 99 instructors and 65 dormitory heads from 80 recruitment agencies has provided HIV education to 12,000 migrant workers each month since 2007 through classroom interaction and using the participatory tool – My Journey with the Magic Key and the movie Safe Migration Save Lives.

Improving Access to Entrepreneurship and Business Management for People Living with HIV and AIDS

The SYB PLWHA Project was formally signed in September 2006 after the MOU signed between ILO and UNDP. Prior to it however a number of preliminary activities were carried out.

Outcome 1

Capacity Building for Partner Organizations targeting people living HIV/AIDS

Two training of trainers and 2 refresher courses had been completed in January 2007. These training and refresher courses were delivered by Ms. Mafelile Saidi, an international ILO-SIYB Master Trainer with 15 years of experience in the field of enterprise development particularly targeting PLWHA in Africa. The international trainer was assisted by an ILO in-house expert on enterprise development and a national consultant.

The three made up a team which guided and coached the trainers on how to improve their training management, facilitation skills, and business knowledge. At the end, trainers were given performance rating and recommendations for further improvement. After the training, the trainees were to conduct SYB training as a service to the Partner Organizations.

A mailing list was established by the project to ensure that best practices and challenges found are shared between the trainers. This mailing list also provides its members with updates on new publications, ILO tools and website reference in the field of enterprise development.

A linkage with initiatives from other agencies such as IFC (International Finance Cooperation)-IBL (Indonesia Business Links) through their business plan competition is being developed. The IBL team has conducted preliminary assessment of trainees' business plans in Jakarta, Yogyakarta and Bandung.

The project also developed a database management system, which was distributed and installed at the office of the Partner Organization. This database serves as a tool to keep record of trainer performance and number of clients who start or improve their business.

The project upgraded the skills of the participating SYB trainers. In July 2007, eight SYB Trainers were invited to participate in 4 days training on GET Ahead (Gender and Entrepreneurship Together). The GET Ahead is aimed at improving the facilitation skills of trainers using Experiential Learning Cycle methodology (ELC). The

introduction of this approach was given only to those trainers who had initial good performance. It is also part of the technical support provided by the ILO.

The trainers had to under a performance assessment. The ILO has issued certification to 11 SYB trainers which valid for two years while the remaining trainers need to improve on the certain areas such as their facilitation skills and business management knowledge to be able to receive the competency certification Certified SYB trainer is registered in ILO Resource Platform and become the member of ILO SIYB worldwide. The subscription of resource platform will also allow them to access best practice, report and other new development of ILO Enterprise Development.

Outcome 2
Improve access to entrepreneurship and business management of PLWHA

2.1 Monitoring of Start Your Business Training of Entrepreneurs

Forty-seven training of entrepreneurs were delivered by 30 SYB trainers from 15 Partner Organizations in 11 provinces. A total of 589 men and 204 women were trained in how to develop business plans. Fifty percent of the total potential entrepreneurs are HIV/AIDS and 7% of the total participants didn't complete the training programme due to illness that needed hospital care and home rest. Potential entrepreneurs went through 6-days training to learn how to develop a business plan.

2.2 After Training Support for Potential Entrepreneurs

A total of 163 business plans developed by participants were submitted to UNDP for funding assessment. 10 entrepreneurs with HIV+ from the first round have been provided with start up capital by UNDP by June 2007.

The impact assessment suggested that 53% of the interviewed SYB participants had adequately completed their Business Plans, according to verifications by the interviewers. 33% of SYB participants submitted their Business Plan for external finance, out of which 35% got their applications approved. Most respondents mentioned that lack of capital de-motivated people who could have otherwise completed their business plans as they knew businesses would not start anyway. The most common reason for not presenting the Business Plan to a finance institution is the lack of capital. The second reason is the lack of technical skills.

2.3 Quality Business Plans completed by PLWHA

The findings suggest that the SYB training has enabled many people to gain knowledge on basic business management and starting a business. A total of 43.5% people are running business after completing a six-day training programme. Further, 40% of the respondents had income generating activities before the training and managed to retain them. Out of the 53.5% who did not own a business before the training, 40% had jobs and while 35% stated did not have capital and the remaining 25% felt not comfortable with their current technical skills on their business ideas. From the total respondents only 66% of them completed business plans.

2.4 Business plans submitted for funding with the UNDP Microfinance scheme and other financial institutions

A total of 33% have submitted the business plans for possible funding with various programmes such as UNDP, Youth Entrepreneurship Business Plan Competition and Microfinance institutions. SYB Trainers preferred to market the graduates to the business plans competition since they did not feel comfortable to contact formal financial institutions. Further, 35% of those who have already submitted their plans had their loans approved. A total of 12% of those who had not submitted their business plans mentioned that they already had their own personal funding for starting their business while 85% of the respondents stated that SYB training helped them to start and manage their business.

2.5 Preliminary impact assessment undertaken

A survey was carried out to assess the impact from the pilot project that specifically targeted PLWHA. The findings from this report study will feed into future programmes and policy in the country. The survey was conducted through interviews using standard questionnaires with a sample size that included a total of 115 out of 555 people trained from 9 regions. The respondents in the sampling consist of 43% women and 57% men.

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United Nations Population Fund (UNFPA)

Ensuring the HIV/AIDS Rights of Young People and Empowering them to be able to Prevent HIV/AIDS Problems	Implementing Partner	UNFPA
	Implementing Period	2005-2007
	Grant Amount	USD 1,399,999
	Outputs covered	1 and 3

There are three main activities conducted by UNFPA through IPF Fund in 2005-2007 i.e. (1) rapid needs assessment, 2) outreach programme, and (3) advocacy. The rapid needs assessment (RNA) that was done in eight provinces was able to gather information on HIV/AIDS's knowledge, attitude and practice of vulnerable young people. The result of this RNA is used as the baseline data to

ensure that intervention programmes are responding to the real needs of young people. Based on this RNA, the outreach and advocacy programmes then developed.

The outreach programme was mainly done by NGOs**.** Twelve of the 24 UNFPA supported NGOs have implemented outreach activities among vulnerable young people, including those in prisons. In addition, the NGOs also provide public campaigns on HIV/AIDS to general young people, especially to school and out-of-school children. Due to the discontinuation of the IPF, the number of NGOs has been reduced significantly at the end of 2007 from 24 to 8. Since 2008, the outreach programme is merely funded and continued by UNFPA core budget.

Advocacy activities to parliamentarians and religious leaders are organized by UNFPA in collaboration with the National Family Planning Coordinating Board (BKKBN) and Indonesian Forum of Parliamentarians on Population and Development (IFPPD). Through share with UNFPA core budget, the advocacy programme is able to establish some local regulations on HIV/AIDS such as those in Palembang and NTT province. In addition, advocacy to religious leaders was also able to establish a decision of Muslim leaders (halaqah of alim ulama) on reproductive health and HIV/AIDS. Several other IEC materials on religious perspective of reproductive health and HIV/AIDS were also endorsed.

United Nations Development Programme (UNDP)

UNDP	Implementing Partner(s)	UNDP
	Implementing Period	2005-2008
	IPF Grant Amount	USD 1,551,194
	Outputs covered	4 & 5

Objective 4: Access and quality of care, treatment, and support for people living with HIV/AIDS improved with a focus on increasing VCT, treatment for OI and community based care and support

- **Improve access to entrepreneurship and business start up training for PLHIV** (Start Your Business Programme) , in-collaboration with the ILO . Through this programme, 793 PLHIV and affected people were trained in training of entrepreneur organized by ILO. They also produce business plans to be submitted to microfinance schemes. Through a selection mechanism process, UNDP selected 10 business plans submitted from six (6) provinces (Riau Islands, South Sumatera, DKI Jakarta, DI Yogyakarta, Maluku and West Kalimantan). Indeed, the risk for individual business is higher compared to business organized by an organization. If the business person's health condition is decreasing or he/she moves to other city, the business will stop. While for communal business, if one person is not well, there are other group members who will take care of the business. The capacity of local organization that conducting monitoring and coaching for the business person is also crucial to ensure the sustainability of the business.

- **Support participation in international conference/meeting** of four (4) civil society representatives (PLHIV support groups from 3 cities) in the 8th ICAAP in Colombo, Sri Lanka (August 2007) to share and gain experiences from other participants in the Asia and Pacific region. By participating in an international level conference they learned about the stigma and discrimination faced by PLHIVs in other countries and how they empower themselves to fight for their rights. The drive to speed-up their movement in protecting their rights by establishing a national network was also strengthened during the international conference. Many of the Indonesian participants to the Colombo's ICAAP will also be participating as organizing committee and use their experiences in Colombo to organize the 9th ICAAP in Bali, Indonesia in 2009.

- **Support PLHIV in establishment of national PLHIV network** by facilitating meetings as part of the designing process June and December 2007 with outputs: draft organizational statute, socialization plan of the network, guidelines for socialization process, 2008's work plan, steering & organizing committee structure to organize the national congress on the 7-11 July 2008. 150 PLHIVs from across the country are expected to participate in the National Congress which will produce the organization structure and strategic 2008-2009 work plan. The vision and mission of this national network is to enable the PLHIVs to organize themselves, learn about their rights, and strengthen their capacity in advocating for and protecting their rights.

Candle light Memorial in memory of people who have passed away because of AIDS

Objective 5: Capacity to prioritize and allocate resources for HIV/AIDS strengthened through operationalization of the '3 ones' framework at national, province and district levels

- **Management & technical support to the National AIDS Commission** to increase accountability of the HIV programme, incl. training for AIDS Commission staff at national, provinces and district/city level in administration and financial management. In 2007, UNDP has provided technical support in four (4) regional workshops organized by the National AIDS Commission with participants from 23 provinces and 105 cities/districts AIDS Commission (August-September 2007). In 2008, UNDP will continue its support to the NAC in providing technical assistance in building the management capacity of 32 provinces and 150 districts/cities. The audit report conducted by BPKP (State Auditor Agency) shown that NAC's financial management capacity is strengthened and classified as unqualified with low-risk.

- **Acceleration Programme in the 14 cities** is aimed to comply with AIDS prevention and control programme gaps in 14 cities of 100 priority districts nominated by the government in 2006. They are Dumai, Pekanbaru, Palembang, Pangkal Pinang, Bandar Lampung, Jogyakarta, Mataram, Ambon, Manado, Bitung, Pontianak, Singkawang, Samarinda and Balikpapan, subsided across 10 provinces and reported to be having the similar HIV epidemic with the other priority districts.

  The major stakeholders of the programme are City AIDS Commissions with its related technical operational units from the 14 appointed cities, National AIDS Commission (NAC) Secretariat, Ministry of Health (MoH), UNDP and ILO.

  The implementation strategies are: (i) improving City AIDS Commission capacity in conducting AIDS prevention programmes; (ii) improving technical operational units such as Community Health Centre and private clinics capacity in providing STI, VCT and HR; and (iii) empowering MARP and PLHIV.

  Most of local government in the appointed cities provides supporting fund for Acceleration Programme implementation which comprises the proportion of 7 % – 22 % from the total fund required. While, financial support allocated by IPFHA for each city is between 350 million – 680 million rupiah.

  160 technical staff consists of physicians, paramedics, laboratory staff, counselors and outreach workers from 14 cities obtain programme implementation trainings according to their profession and duties in the Acceleration Programme. A Project Implementing Manager and a Financial Officer from each city were recruited and trained to support the programme implementation management in the city level.

  In general, then 14 Cities Acceleration Programme is well planned and contributes significant influence toward the target accomplishment of AIDS prevention programme in the 14 cities, though not all planned targets are achieved. The average accomplishment rate of behavioral change intervention in the 14 cities is between 29% (on High Risk Man) to 67% (on Injecting Drug User) of the set target. The average accomplishment rate of STI programme is between 0% (on Injecting Drug User) – 65% (on High Risk Man), while of VCT programme is between 20% (on IDUs) – over 100% (on High Risk Man).

- **Mainstream the HIV into National and Sub-national Development Plan** by supporting the National AIDS Commission and BAPPENAS in organizing the National Workshop of Planning and Budgeting for HIV and AIDS Programme (March 2008). Five ministries (Coordinating Ministry of People Welfare, State Ministry / BAPPENAS, Ministry of Finance, Ministry of Home Affairs and Ministry of Health) and the National AIDS Commission Secretariat provided guidelines for the participants from the 33 provinces (Secretaries of Provincial AIDS Commissions, Heads of BAPPEDAs and Chairpersons of Commission E DPRD) to ensure the availability of local resources for the HIV prevention and intervention programme. This national workshop will be followed up by number of training at the sub-national level for more technical assistance in developing the plan and budget for provincial/district AIDS response.

United Nations Children's Fund(UNICEF)

UNICEF	Implementing Partners	Government of Indonesia line ministries, local NGOs and UN agencies. In particular Ministry of National Education (MoNE), Ministry of Health (MoH), Ministry of Social Affairs(MoSA), Ministry of Religious Affairs (MoRA), Ministry of Women Empowerment (MoWE), National Planning Development Agency (BAPPENAS) and National Family Planning Coordinating Board (BKKBN). The NGOs partners consist of Permata Hati Kita Foundation (Yakita), Indonesian Forum Parliamentarians for Population and Development (IFPPD), Mitra Indonesia Foundation (YMI), Pelita Ilmu Foundation (YPI), Centre for Indonesian Medical Students Activities-CIMSA, Cinta Anak Bangsa Foundation-YCAB, Spiritia Foundation, Indonesia Planned Parenthood Association (PKBI), Aisiyah, Fattayat Nahdatul Ulama (NU) and Indonesian Council of Ulama (MUI).
	Implementing Period	2006-2008
	Grant Amount	$1 699 999
	Outputs covered	Similar to the IPF outputs

HIV prevention for young people, prevention of mother-to-child transmission and care and support for HIV infected and affected children and families.

The programme has five main component objectives. Of the five objectives UNICEF contributes to component objectives 2, 4 and 5 as presented below.

***Component 1*:** To strengthen the capacity of National AIDS Commission (NAC), it's provincial and district secretariats and NGOs for strategic planning, coordination and policy development.

***Component 2*:** To assist relevant GOI line ministries, civil society and private sector partners to reduce the risk of sexually transmitted HIV among identified population groups.

Outcomes: UNICEF has contributed to HIV prevention for young people targets in and out-of-school youth through life skills education and peer education

1) Technical assistance to Ministry of National Education (MoNE) through training of 125 teachers as trainer of trainers -TOTs on Life Skills Education (LSE) for HIV/AIDS prevention and care

2) Advocacy for children and HIV/AIDS with 30 parliamentarians in 15 districts of Central Java, East Java and South Sulawesi provinces through collaboration with Indonesia Forum of Parliamentarians on Population and Development – IFPPD. This has enabled active participation on debates on children and HIV/AIDS by 19 Head District Health Officers, 19 Head District Educational Officers, 19 counselling teachers, 84 chairpersons of student bodies from junior and senior secondary schools, 28 local NGOs, 42 representative from youth association and 90 youths in and out of schools from 15 districts.

3) Procurement of Information Education and Communication (IEC) materials for the Global Campaign on Children and HIV/AIDS. The campaign materials include 3,000 T-shirts, 3,000 key rings, 1,000 baseball caps, 2,000 wrist bands, 3,000 logo badges and 2,000 lanyards. The materials will be used for provincial and national children's forum on the Global campaign "Unite for Children-Unite against HIV/AIDS.

4) Technical assistance for training of 39 provincial facilitators for LSE and Peer Education on HIV/AIDS prevention and care.

5) In response to the expansion the programme in 8 new provinces UNICEF in collaboration with MoNE is supporting the revision of existing module to update its content in line with the current HIV/AIDS situation.

The Ministry of Education conducted for a 4 day workshop from 3-6 July 2006 for facilitators from the 8 provinces of West Java, Central Java, South Sulawesi, and West Sulawesi, NTT, Maluku and Nanggroe Aceh Darussalam. Facilitators from Papua and East Java joint the workshop as resource persons to share their experiences in implementing life skills education and peer education in their provinces. The workshop developed modules for life skills education and peer education, and action plan for implementation of training of trainers at province level as its key outputs.

As follow up on national workshop for revision of the existing modules, training on HIV/AIDS prevention, and implementation of the training of trainers programme will be conducted in 7 provinces of West Java, Central Java, South Sulawesi, West Sulawesi, NTT, Maluku and Nanggroe Aceh Darussalam. The training is scheduled to be conducted in the beginning of August 2006.

Technical assistance by the Ministry of Education to support provincial and district level implementation of training of trainers will continue according to the proposed action plan developed by the provincial education departments.

***Component 3*:** To assist relevant GOI, civil society and private sector partners to reduce the risk of HIV transmission through injecting drug use using a public health approach.

Component 4: To assist relevant GOI, civil society and private sector partners to improve the quality and utilisation of care, support, and treatment for People Living with HIV/AIDS (PLHIV) and vulnerable population groups.

Outcomes: To empower peer support group for People Living With HIV and AIDS on communication and advocacy skills to local government and related stakeholders in their respective areas.

6) As part of its contribution to promotion of greater involvement of people living with HIV/AIDS (GIPA) UNICEF will Spiritia Foundation to develop capacity for peer support group for PLHIV. Spiritia continued advocacy training on the use of video "With Hope and Help" packages. The trained peer support groups rolled down the advocacy in their respective areas in 15 cities to the relevant stakeholders to reduce the stigma and discrimination for PLHIV, programming and services.

Component 5: To ensure efficient and effective management of the Project to achieve planned outcomes.

Outcomes: UNICEF made the following contributions towards the realisation of this component objective.

7) Equipped 11 field level national professionals from West Java, East Java, Maluku, Sulsel, Central Java and NTT provinces with information and skills about HIV/AIDS prevention and care with particular focus on 4 GoI-UNICEF priority areas on HIV/AIDS. The 4 days training event focused on primary prevention of HIV among young people; prevention of mother-to-child transmission of HIV; prevention of paediatric AIDS and protection, care and support for children orphaned and made vulnerable by HIV/AIDS. Life Skills Education and Peer Education strategies for the prevention of HIV/AIDS; Global Campaign on HIV/AIDS and review of 2006 GoI-UNICEF Annual Work Plan were covered during this training. The 11 national professionals are expected to provide leadership in advocacy, programme implementation, supervision and monitoring at provincial and district levels.

8) Supported participation of 2 Government staff and one journalist in the "Scaling Up the Response-East Asia and Pacific Regional Consultation on Children and HIV/AIDS" in Hanoi, Viet Nam, 22-24 March 2006. The development of post-Hanoi country plan to implement the "Hanoi call to action" is underway under the leadership of Bappenas.

9) Provided technical assistance for the launch of "Unite for Children-Unite against HIV/AIDS" campaign in West Java, Central Java and East Java provinces. The provinces are in the process of conducting province-wide campaigns involving

children from a cross-section of Indonesian society. This will be realised through 1 day advocacy meeting to articulate issues on HIV/AIDS as they affect children and adolescents. These events are expected to culminate into a national forum which will provide opportunity to develop a national plan of action on the campaign in June 2006.

10) The Partnership Fund contribution has also enabled technical assistance to Islamic Leadership Initiative school-based activities in pesantren and madrasahs in 6 districts in East Java province. In particular full time national professional is working with MoNE, MoRA and Provincial AIDS and Drug Commission to facilitate programme implementation.

11) Technical assistance was provided to Ministry of Health. UNICEF provided training resources from the Thailand (Dr Orratai Rhucharoenpornpanich from Bangkok Metropolitan Administration, AIDS Control Division and Dr Wiwat Peerapatanapokin from East-West Center/Thai Red Cross Collaboration on HIV Modeling, Analysis and Policy, Bangkok) to assist the Ministry of Health in developing estimates of HIV prevalence among children below 1 year; children below 5 years and among pregnant women. This assistance will enable inclusion of children in the national estimation thereby enabling future planning and policy development benefiting children. The experts also reviewed existing adult estimation on HIV among IDUs using different methodologies by GoI counterparts.

12) Provided technical assistance to Ministry of Health (MoH) and Country Coordination Mechanism (CCM) secretariat for the revision of 5th Round GFATM proposal on PMTCT to incorporate recommendations of Team Review Team in readiness for re-submission in the 6th Round later this year.

13) Provided technical assistance to provincial and district health offices (PHO and DHO) to support the implementation of PMTCT programme in Medan city in North Sumatra province. The PMTCT programme has been developed in health and community based settings. The programme has been integrated into the existing ANC/MCH, ARV referral hospitals of Adam Malik, Haji, Pirngadi, Bhayangkara and four primary health centers (PHC) of Tuntungan, Belawan, Medan Polonia and Petisah. The assistances covered the management, planning, implementation, supervisoon and monitoring of the implementation of the PMTCT.

Other highlights and cross-cutting issues pertinent to the results.

Effective response to HIV/AIDS calls for gender sensitive and human rights approach to interventions address general public, young people, PLWHA among others. The implementation of the above activities took these factors into consideration. In particular the design of school-based and peer education modules, representations at various consultative and training events and advocacy for GIPA were done from gender and human rights perspective.

UNAIDS Secretariat

UNAIDS	Implementing Partner	**UNAIDS Secretariat**
	Implementing Period	**Feb 2006 – Nov 2007**
	Grant Amount in USD	**USD 885,200.00**
	Outputs covered	**Mostly IPF Output 5, but with some support to other outputs**

The UNAIDS Country Office Indonesia received a total of US $ 885,200 from the IPF from February 2006-November 2007. These funds were largely used to support IPF Output 5, "Output 5: Capacity to prioritize and allocate resources for HIV/AIDS strengthened through operationalization of the "Three Ones" framework at national, provincial and district levels." However, support was also provided to the other outputs through the advocacy, publications, data analysis and other work.

These activities included

1. **Supporting the KPA to plan and implement the "Three Ones" principles in Indonesia**, including Support NAC to maintain coordination mechanism (e.g. partnership forum) for national response, and Support NAC to incorporate the three ones principles in the acceleration of response in 100 priority districts and cities.

2. **Promoting the collection and use of data for advocacy and programmes**, including best practice documentation, development of technical guidelines, and translation and publication of materials in Indonesian for National and District level AIDS Commissions to scale-up response. Activities included production of guidelines, key materials and reference documents including documentation of best practices; Translation of existing materials from global references on HIV/AIDS; and Establishment and maintenance of an information resource centre for the Secretariat of the National AIDS Commission

3. **UNGASS high level annual review of Declaration of Commitment;** including support to the preparation of the 2006 Indonesian UNGASS Report, and facilitating the development of Development Assistance Data Base on HIV

4. **Increase involvement of government sectors and the business sector in HIV programmes, including efforts to reach those with high risk behavior.** Activities included Creating and maintaining business-to-business advocacy campaign on HIV/AIDS, Assist Gappensi (Association of Construction Companies) on HIV awareness workshops (Aceh), and Mapping exercise to identify private sector involvement in providing HIV/AIDS support services and work

5. **Management of the UNAIDS support to the NAC, and the national HIV/AIDS response,** including staff and consultant support, coordination of the UN system support, and technical assistance

Collective challenges and recommendations

Challenges

While the IPF has clearly had a considerable impact on the scale and management of the response, inevitably there were challenges involved in launching, managing and adapting the Fund as conceived on paper to the complex multi-faceted and multi-level reality of Indonesia. Many of these challenges reflected the conditions that had to be taken into account during the Fund's initial design and early implementation phases, including nascent systems and institutions, and the need for a very rapid scale up of interventions and coverage. Some of the challenges commonly faced amongst partners involved in the national response include;

- Continued difficulties in reaching target groups such as discreet MSM
- Capacity of CSO and PLHIV to be engagement in all levels of the national response
- Difficulties in needs and impact of interventions due to lack of up to date quality data

Challenges faced specifically by those involved in the IPF include;

- Need for greater involvement of CSO and PLHIV
- Need for better management and oversight on the part of the PSG
- Need to strengthen governance of the IPF
- Lack of clear, IPF specific outcomes, indicators and means of verification
- Lack of IPF specific M&E framework

Recommendations for IPF 2008 -2015

Recommendations for consideration during the development of the next stage of the IPF from 2008 – 2015 include the following;

- Introduce a new approach to governance and oversight mechanisms in line with the Government of Indonesia's new policies on aid effectiveness and the management of multi-donor facilities.
- Define responsibility and mechanisms for IPF fund allocation and project approval.
- Further clarify IPF reporting lines and mechanisms to ensure the highest standards of accountability in the management of the funds entrusted by donors to the IPF.
- Further strengthen monitoring and evaluation, with the aim of ensuring timely, supportive and effective monitoring to assure the quality of outcomes and the achievement of the objectives of the Fund.
- Strengthen the involvement of national civil society organisations (CSOs) and PLHIV through greater representation on the IPF Committees, and greater participation during the grants approval process.

The intent is that, learning from the experience of the Partnership Fund 2005-2008 and a review of the status of the HIV epidemic in Indonesia today, the redesigned IPF will, under the leadership of the National AIDS Commission, constitute a robust mechanism to mobilize and channel funds in support of Indonesia's response to HIV and AIDS in a flexible, effective and accountable manner.

Save the next generation through HIV prevention

"The IPF 2005 – 2008 has been absolutely crucial for scaling up the national response to HIV and AIDS. It is also an excellent practical example of implementation of the Paris Declaration and the 'Three Ones' principles. The IPF has created a strong mutli-stakeholder partnership for moving forward"

Dr. Nafsiah Mboi, MPH National AIDS Commission Secretary

Annex 1 – Financial Report

The Indonesian Partnership Fund for HIV/AIDS
Progress Financial Status as of 31 March 2008 by IP

Implementing Partners	2005-2008	2005-20078		Disbursement				Encumbrance for Implementation in 2008
	Total Budget	Disbursement as of 31 Mar 08	% utilization	2005	2006	2007	2008 (per March 08)	
	a	b = (d+e+f+g)	c=(b/a)	d	e	f	g	h = (a-b)
NAC	7,907,060	5,496,216	70%	43,857	2,160,615	2,596,979	694,765	2,242,557
FHI	19,448,977	15,762,271	81%	4,000,000	3,829,501	6,851,633	1,081,137	3,686,706
IHPCP	8,079,690	8,054,829	100%	2,000,000	3,519,860	2,534,969	-	24,861
UN Agencies	7,811,770	7,301,489	93%	1,662,678	4,856,591	537,123	245,098	458,393
NGO - DKT	999,900	999,900	100%	-	125,817	874,083	-	-
Sub total programme funds	44,247,397	37,614,705	85%	7,706,534	14,492,384	13,394,787	2,021,000	6,412,517
Sub total administrative funds	2,833,582	3,006,210	106%	897,136	187,538	1,148,338	773,198	47,678
TOTAL	**47,080,979**	**40,620,915**	**86%**	**8,603,670**	**14,679,922**	**14,543,125**	**2,794,197**	**6,460,195**