



Custom analysis extract of:

UNGASS - National Composite Policy Index (NCPI) 2007

**Asia and Pacific**

**Indonesia**

**COUNTRY:**

Indonesia

**Name of the National AIDS Committee Officer in charge:**

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**Date of submission:**

1/31/2008

:	Organisation	Coordinating Minister for People's Welfare
:	Name/Position	Emil Agustiono
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Health Center for Indonesian Forces
:	Name/Position	Sugiyono
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Center for Health Research Univ of Indonesia
:	Name/Position	Ede Surya Darmawan

:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Social Affairs
:	Name/Position	Enang Rochjana
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Correctional Directorate of Ministry of Justice and Human Rights
:	Name/Position	Harto
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	National Family Planning Coordinating Board
:	Name/Position	Dja'far
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Manpower and Transmigration
:	Name/Position	Bing Wantoro
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	WHO/CDC MoH
:	Name/Position	Erfandi
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Manpower and Transmigration
:	Name/Position	Erwin A. Ichsan
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of National Education
:	Name/Position	Purnomo Ananto
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	National AIDS Commission
:	Name/Position	Kemal Siregar
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	National AIDS Commission

:	Name/Position	Suriadi Gunawan
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	National AIDS Commission
:	Name/Position	Roberta Taher
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	National AIDS Commission/UNAIDS
:	Name/Position	Lely Wahyuniar
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	National AIDS Commission
:	Name/Position	Yanti Susanti
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	ILO
:	Name/Position	Early Dewi
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Indonesia Family Planning Association
:	Name/Position	Edi Sugiharto
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Forum LSM Peduli AIDS Jabodetabek
:	Name/Position	Imam Mulyadi
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Indonesia HIV/AIDS Prevention and Care Project
:	Name/Position	Steve Leenhouts
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Indonesian Red Cross
:	Name/Position	Dewi Rahmadania
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	STIGMA Foundation
:	Name/Position	Budi R.

:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	IPPNI
:	Name/Position	Sekar Wulan Sari
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	UNGASS Community
:	Name/Position	Belinda
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Hotline Surabaya Foundation
:	Name/Position	Esthi Susanti H.
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	UNGASS Community
:	Name/Position	Rico Gustav
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	UNAIDS
:	Name/Position	Lely Wahyuniar
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Duta Remaja
:	Name/Position	Loveria Sekarrini
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Indonesian Red Cross
:	Name/Position	Kristianti P.
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	UNICEF
:	Name/Position	Remy Rohadian
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	FHI
:	Name/Position	Sulami

:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
Position:		Deputy for Program Development
Position:	Full time/Part time	Full time
Position:	Since when?	February 2007
Position:		Monitoring and Evaluation Coordinator
Position:	Full time/Part time	Full time
Position:	Since when?	December 2006
Position:		Data Management Assistant 1 for internal/secretariat monitoring and evaluation
Position:	Full time/Part time	Full time
Position:	Since when?	October 2006
Position:		Data Management Assistant 2 and 3 for national program monitoring and evaluation
Position:	Full time/Part time	Full time
Position:	Since when?	August 2006; April 2007
Position:		Coordinator for Reporting;Coord for Data and Info Center; Admin staff
Position:	Full time/Part time	Full time
Position:	Since when?	February 2007; July 2007 and Februray 2007

**1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?**

Yes

**IF YES, period covered:**

2007-2010

**1.1 How long has the country had a multisectoral strategy/action framework?**

5

**1.2 Which sectors are included in the multisectoral strategy/action framework with a specific HIV budget for their activities?**

Health:	<b>Strategy/Action framework</b>	Yes
Health:	<b>Earmarked budget</b>	Yes
Education:	<b>Strategy/Action framework</b>	Yes
Education:	<b>Earmarked budget</b>	Yes
Labour:	<b>Strategy/Action framework</b>	Yes
Labour:	<b>Earmarked budget</b>	Yes
Transportation:	<b>Strategy/Action framework</b>	Yes
Transportation:	<b>Earmarked budget</b>	Yes
Military/Police:	<b>Strategy/Action framework</b>	Yes
Military/Police:	<b>Earmarked budget</b>	Yes
Women:	<b>Strategy/Action framework</b>	Yes
Women:	<b>Earmarked budget</b>	Yes
Young people:	<b>Strategy/Action framework</b>	Yes
Young people:	<b>Earmarked budget</b>	Yes
Other*::	<b>Strategy/Action framework</b>	Yes
Other*::	<b>Earmarked budget</b>	Yes

**1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?**

a. Women and girls:	Yes
b. Young women/young men:	Yes
c. Specific vulnerable sub-populations<font size=0.2>[3]</font>:	Yes
d. Orphans and other vulnerable children:	No
e. Workplace:	Yes
f. Schools:	Yes
g. Prisons:	Yes
h. HIV, AIDS and poverty:	Yes
i. Human rights protection:	Yes
j. Involvement of people living with HIV:	Yes
k. Addressing stigma and discrimination:	Yes
l. Gender empowerment and/or gender equality:	Yes

**1.4 Were target populations identified through a process of a needs assessment or needs analysis?**

Yes

**IF YES, when was this needs assessment /analysis conducted? Year:**

2006

**IF NO, how were target populations identified?**

Additional information: The assessment also conducted in 2004 and 2002

**1.5 What are the target populations in the country?**

Most at risk populations: IDUs, FSW, Waria (transgender), Man Sex with Man, Clients of Sex Workers, Prisoners, General Populations age 15 years old above in Papua Land (Tanah Papua).

**1.6 Does the multisectoral strategy/action framework include an operational plan?**

Yes

**1.7 Does the multisectoral strategy/action framework or operational plan include:**

- |  |     |
|--|-----|
| a. Formal programme goals? :                         | Yes |
| b. Clear targets and/or milestones? :                | Yes |
| c. Detailed budget of costs per programmatic area? : | Yes |
| d. Indications of funding sources?:                  | Yes |
| e. Monitoring and Evaluation framework? :            | Yes |

**1.8 Has the country ensured “full involvement and participation” of civil society<font size=0.4>[4]</font> in the development of the multisectoral strategy/action framework?**

Active involvement

**IF active involvement, briefly explain how this was done:**

Explicitly, role of civil society has been explained in the National Strategy, Presidential Decree (civil society is part of the NAC structure, and as the members of the Executive Board) and Decree of the Ministry of Internal Affairs.

**1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?**

Yes

**1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?**

Yes, all partners

**2. Has the country integrated HIV and AIDS into its general development plans such as:**

- a) National Development Plans,**
- b) Common Country Assessments/United Nations Development Assistance Framework,**
- c) Poverty Reduction Strategy Papers,**
- d) Sector Wide Approach?**

Yes

**2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?**

- a) National Development Plans:
- b) Common Country Assessments/United Nations Development Assistance Framework:
- c) Poverty Reduction Strategy Papers:
- d) Sector Wide Approach:
- e) Other::

**2.2 IF YES, which policy areas below are included in these development plans?**

HIV Prevention:	<b>Development Plans</b>	a) / b) / c) / d) / e)
Treatment for opportunistic infections:	<b>Development Plans</b>	a) / e)
Antiretroviral therapy:	<b>Development Plans</b>	e)
Care and support (including social security or other schemes):	<b>Development Plans</b>	a) / e)
AIDS impact alleviation:	<b>Development Plans</b>	a) / c) / e)
Reduction of <b>gender</b> inequalities as they relate to HIV prevention/treatment, care and/or support:	<b>Development Plans</b>	a) / e)
Reduction of <b>income</b> inequalities as they relate to HIV prevention/ treatment, care and /or support:	<b>Development Plans</b>	a) / e)
Reduction of stigma and discrimination:	<b>Development Plans</b>	a)
Women's economic empowerment (e.g. access to credit, access to land, training):	<b>Development Plans</b>	a)

**3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?**

No

**4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?**

Yes

**4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?**

Behavioural change communication:	Yes
Condom provision :	Yes
HIV testing and counselling(*):	Yes
STI services :	Yes
Treatment:	Yes
Care and support :	Yes

**(\*If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken? <br>**

**Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:**

For the Indonesian Armed Forces: VCT is a mandatory assignment when the member would like to go or be back from the area where he or she should be posted (including the country out of Indonesia). For those who are known to be HIV positive then he or she should not be posted out of the country but will be assigned to do other works that require minimum physical requirements and there must be an effort to reduce HIV transmission.

**5. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes

**5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?**

Yes

**5.2 Have the estimates of the size of the main target population sub-groups been updated?**

Yes

**5.3 Are there reliable estimates and projected future needs of the number of adults and children requiring antiretroviral therapy?**

Estimates and projected needs

**5.4 Is HIV and AIDS programme coverage being monitored?**

Yes

**(a) IF YES, is coverage monitored by sex (male, female)?**

Yes

**(b) IF YES, is coverage monitored by population sub-groups?**

Yes

**IF YES, which population sub-groups?**

IDU, FSW, Transgender, MSM, Clients of sex workers, Prisoner, general population age 15 years old above in Tanah Papua (Papua Land)

**(c) IF YES, is coverage monitored by geographical area?**

Yes

**IF YES, at which levels (provincial, district, other)?**

At district level

**5.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?**

Yes

**Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?**

2007: 7

2005: 6

**Comments on progress made in strategy planning efforts since 2005:**

In 2005, participants answering the questionnaires were different therefore re assessment of the questionnaires occurred.

Indonesia has revised the National Strategy 2003-2007 into the National Strategy 2007-2010 completed with the costed-National Action Plan.

**1. Do high officials speak publicly and favourably about AIDS efforts in major domestic fora at least twice a year?**

President/Head of government : Yes

Other high officials : Yes

Other officials in regions and/or districts : Yes

**2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?**

Yes

**2.1 IF YES, when was it created? Year:**

1994

**2.2 IF YES, who is the Chair?**

Name: Ir. Aburizal Bakrie

Title/Function: Coordinating Minister for People's Welfare

### 2.3 IF YES, does it:

have terms of reference? :	Yes
have active Government leadership and participation? :	Yes
have a defined membership?:	Yes
include civil society representatives? (*):	Yes
include people living with HIV?:	Yes
include the private sector?:	Yes
have an action plan?:	Yes
have a functional Secretariat? :	Yes
meet at least quarterly?:	Yes
review actions on policy decisions regularly?:	No
actively promote policy decisions?:	Yes
provide opportunity for civil society to influence decision-making?:	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:	Yes

### (\* If it does include civil society representatives, what percentage?

20%

### 3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/ programmes?

Yes

### 3.1 IF YES, does it include?

Terms of reference :	Yes
Defined membership :	Yes
Action plan :	Yes
Functional Secretariat :	Yes
Regular meetings (*):	Yes

### (\*If it does include regular meetings, what is the frequency of the meetings:

once every 3 months

### IF YES, What are the main achievements?

PLHIV is now able to access ARV was one of major achievements of civil society's advocating the government. Another achievements are harm reduction program and peer-support group.

**IF YES, What are the main challenges for the work of this body?**

Civil Society has various background and they still need to improve internal coordination. Need more efforts to reach broader MSM and build coordination at national level.

**4. What percentage of the national HIV and AIDS budget was spent on activities implemented by civil society in the past year?**

10%

**5. What kind of support does the NAC (or equivalent) provide to implementing partners of the national programme, particularly to civil society organizations?**

Information on priority needs and services :	Yes
Technical guidance/materials:	Yes
Drugs/supplies procurement and distribution :	Yes
Coordination with other implementing partners :	Yes
Capacity-building :	Yes

**6. Has the country reviewed national policies and legislation to determine which, if any, are inconsistent with the National AIDS Control policies?**

Yes

**6.1 IF YES, were policies and legislation amended to be consistent with the National AIDS Control policies?**

Yes

**6.2 IF YES, which policies and legislation were amended and when?**

:	<b>Policy/Law</b>	Regulation no. 22/97 about drugs, defines an IDU is a criminal who should be arrested and put in jail
:	<b>Year</b>	2005
:	<b>Policy/Law</b>	The Regulation no 22/97 is now being amended by the Indonesia Forum Parleментарian for Population Development. The NAC supports this process

**Overall, how would you rate the political support for the HIV and AIDS programmes in 2007 and in 2005?**

2007:	7
2005:	6

**Comments on progress made in political support since 2005:**

Indonesia has revised the National AIDS Strategy 2003-2007 into the National Strategy 2007-2010 completed with the costed National Action Plan.

**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?**

Yes

**1.1 IF YES, what key messages are explicitly promoted?**

Be sexually abstinent:

Delay sexual debut:

Be faithful:

Reduce the number of sexual partners:

Use condoms consistently:

Engage in safe(r) sex:

Avoid commercial sex:

Abstain from injecting drugs:

Use clean needles and syringes:

Fight against violence against women:

Greater acceptance and involvement of people living with HIV:

Greater involvement of men in reproductive health programmes:

**1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?**

Yes

**2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?**

Yes

**2.1 Is HIV education part of the curriculum in**

primary schools? : No

secondary schools? : Yes

teacher training? : Yes

**2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?**

Yes

**2.3 Does the country have an HIV education strategy for out-of-school young people?**

Yes

**3. Does the country have a policy or strategy to promote information, education and communication (IEC) and other preventive health interventions for vulnerable sub-populations?**

Yes

**3.1 IF YES, which sub-populations and what elements of HIV prevention do the policy/strategy address?**

Targeted information on risk reduction and HIV education:	IDU
Targeted information on risk reduction and HIV education:	MSM
Targeted information on risk reduction and HIV education:	Sex workers
Targeted information on risk reduction and HIV education:	Clients of sex workers
Targeted information on risk reduction and HIV education:	Prison inmates
Targeted information on risk reduction and HIV education:	Other sub-populations (*)
Stigma & discrimination reduction:	IDU
Stigma & discrimination reduction:	MSM
Stigma & discrimination reduction:	Sex workers
Stigma & discrimination reduction:	Clients of sex workers
Stigma & discrimination reduction:	Prison inmates
Condom promotion:	IDU
Condom promotion:	MSM
Condom promotion:	Sex workers
Condom promotion:	Clients of sex workers
Condom promotion:	Prison inmates
HIV testing & counselling:	IDU
HIV testing & counselling:	MSM
HIV testing & counselling:	Sex workers
HIV testing & counselling:	Clients of sex workers
HIV testing & counselling:	Prison inmates
Reproductive health, including STI prevention & treatment:	IDU
Reproductive health, including STI prevention & treatment:	MSM
Reproductive health, including STI prevention & treatment:	Sex workers
Reproductive health, including STI prevention & treatment:	Clients of sex workers
Reproductive health, including STI prevention & treatment:	Prison inmates
Vulnerability reduction (e.g. income generation):	Sex workers
Drug substitution therapy:	IDU
Needle & syringe exchange:	IDU

**(\*)If Other sub-populations, indicate which sub-populations**

Workers.

**Overall, how would you rate policy efforts in support of HIV prevention in 2007 and in 2005?**

2007: 7

2005: 6

**Comments on progress made in policy efforts in support of HIV prevention since 2005:**

Respondents in 2005 was different with respondents in 2007 therefore re assessment occurred. Prevention program for IDUs has reached significant achievement by the issue of regulation of the Coordinating Minister for People's Welfare no 2 year 2007 about the national policy on the AIDS response on the harm reduction program. The regulation explained that IDUs are victims and should be in rehabilitation center and not to be considered as criminal.

The prevention program for FSW in sex transaction places had obstacles from people in the local regulation to close the sex transaction sites.

**4. Has the country identified the districts (or equivalent geographical/ decentralized level) in need of HIV prevention programmes?**

Yes

**IF NO, how are HIV prevention programmes being scaled-up?:**

- the selection of the 100 priority districts out of 430 districts in Indonesia
- strengthen the local AIDS Commission by providing technical assistance and limited operational cost
- train/set up the Assistance team, to help the district team to provide comprehensive services (VCT, BCI and CST)
- provide services covering 80% of most-at-risk populations

**IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts\* in need?**

Blood safety:	<b>The activity is available in</b>	<b>all</b> districts* in need
Universal precautions in health care settings:	<b>The activity is available in</b>	<b>most</b> districts* in need
Prevention of mother-to-child transmission of HIV:	<b>The activity is available in</b>	<b>some</b> districts* in need
IEC on risk reduction:	<b>The activity is available in</b>	<b>most</b> districts* in need
IEC on stigma and discrimination reduction:	<b>The activity is available in</b>	<b>most</b> districts* in need
Condom promotion:	<b>The activity is available in</b>	<b>most</b> districts* in need
HIV testing & counselling:	<b>The activity is available in</b>	<b>some</b> districts* in need
Harm reduction for injecting drug users:	<b>The activity is available in</b>	<b>some</b> districts* in need
Risk reduction for men who have sex with men:	<b>The activity is available in</b>	<b>some</b> districts* in need
Risk reduction for sex workers:	<b>The activity is available in</b>	<b>most</b> districts* in need
Programmes for other vulnerable subpopulations:	<b>The activity is available in</b>	<b>some</b> districts* in need
Reproductive health services including STI prevention & treatment:	<b>The activity is available in</b>	<b>some</b> districts* in need
School-based AIDS education for young people:	<b>The activity is available in</b>	<b>most</b> districts* in need
Programmes for out-of-school young people:	<b>The activity is available in</b>	<b>some</b> districts* in need
HIV prevention in the workplace:	<b>The activity is available in</b>	<b>some</b> districts* in need

**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?**

2007:	7
2005:	6
2007:	6
2005:	5

**Comments on progress made in the implementation of HIV prevention programmes since 2005:**

The Harm Reduction Program mainly for the provision of sterile needle and syringe program and methadone maintenance therapy have been incorporated into health service program.

PMTCT has been started in some hospitals. The policy for PMTCT is now being composed.

Femidom or female condom is now being introduced

AIDS response in the workplace through AIDS prevention program has been expanded.

**1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).**

Yes

## 1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?

Yes

## 2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

### IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts\* in need?

Antiretroviral therapy:	<b>The service is available in</b>	<b>most</b> districts* in need
Nutritional care:	<b>The service is available in</b>	<b>some</b> districts* in need
Paediatric AIDS treatment:	<b>The service is available in</b>	<b>some</b> districts* in need
Sexually transmitted infection management:	<b>The service is available in</b>	<b>most</b> districts* in need
Psychosocial support for people living with HIV and their families:	<b>The service is available in</b>	<b>some</b> districts* in need
Home-based care:	<b>The service is available in</b>	<b>some</b> districts* in need
Palliative care and treatment of common HIV-related infections:	<b>The service is available in</b>	<b>some</b> districts* in need
HIV testing and counselling for TB patients:	<b>The service is available in</b>	<b>most</b> districts* in need
TB screening for HIV-infected people:	<b>The service is available in</b>	<b>some</b> districts* in need
TB preventive therapy for HIV-infected people:	<b>The service is available in</b>	<b>some</b> districts* in need
TB infection control in HIV treatment and care facilities:	<b>The service is available in</b>	<b>some</b> districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	<b>The service is available in</b>	<b>some</b> districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	<b>The service is available in</b>	<b>some</b> districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	<b>The service is available in</b>	<b>some</b> districts* in need
HIV care and support in the workplace (including alternative working arrangements):	<b>The service is available in</b>	<b>some</b> districts* in need
Antiretroviral therapy:	<b>The service is available in</b>	<b>most</b> districts* in need
Nutritional care:	<b>The service is available in</b>	<b>some</b> districts* in need
Paediatric AIDS treatment:	<b>The service is available in</b>	<b>some</b> districts* in need
Sexually transmitted infection management:	<b>The service is available in</b>	<b>most</b> districts* in need
Psychosocial support for people living with HIV and their families:	<b>The service is available in</b>	<b>some</b> districts* in need
Home-based care:	<b>The service is available in</b>	<b>some</b> districts* in need
Palliative care and treatment of common HIV-related infections:	<b>The service is available in</b>	<b>some</b> districts* in need

HIV testing and counselling for TB patients:	<b>The service is available in</b>	<b>some</b> districts* in need
TB screening for HIV-infected people:	<b>The service is available in</b>	<b>some</b> districts* in need
TB preventive therapy for HIV-infected people:	<b>The service is available in</b>	<b>some</b> districts* in need
TB infection control in HIV treatment and care facilities:	<b>The service is available in</b>	<b>some</b> districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	<b>The service is available in</b>	<b>some</b> districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	<b>The service is available in</b>	<b>some</b> districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	<b>The service is available in</b>	<b>some</b> districts* in need
HIV care and support in the workplace (including alternative working arrangements):	<b>The service is available in</b>	<b>some</b> districts* in need
Other services::	<b>The service is available in</b>	<b>some</b> districts* in need
Other services::	<b>The service is available in</b>	<b>some</b> districts* in need
Other services::	<b>The service is available in</b>	<b>some</b> districts* in need

**3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?**

Yes

**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral drugs, condoms, and substitution drugs?**

Yes

**4.1 IF YES, for which commodities?:**

Methadon, ART and condom

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?**

2007:	3
2005:	2

**Comments on progress made since 2005:**

Although Indonesia do not have the policy or strategy for HIV and AIDS related needs for orphans and vulnerable children but there are some NGOs have been started to work on this issue.

**5. Does the country have a policy or strategy to address the additional HIV- or AIDS-related needs of orphans and other vulnerable children (OVC)?**

No

**Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?**

2007: 3

2005: 2

**Comments on progress made in efforts to meet the needs of OVC since 2005:**

Although Indonesia do not have the policy or strategy for HIV and AIDS related needs for orphans and vulnerable children but there are some NGOs have been started to work on this issue.

**1. Does the country have one national Monitoring and Evaluation (M&E) plan?**

Yes

**IF YES, Years covered:**

2005

**1.1. IF YES, was the M&E plan endorsed by key partners in M&E?**

Yes

**1.2. IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?**

Yes

**1.3. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?**

Yes, most partners

**2. Does the Monitoring and Evaluation plan include?**

a data collection and analysis strategy : Yes

behavioural surveillance : Yes

HIV surveillance : Yes

a well-defined standardized set of indicators : Yes

guidelines on tools for data collection : Yes

a strategy for assessing quality and accuracy of data : No

a data dissemination and use strategy : Yes

**3. Is there a budget for the M&E plan?**

Yes

**3.1 IF YES, has funding been secured?**

Yes

**4. Is there a functional M&E Unit or Department?**

Yes

**4.1 IF YES, is the M&E Unit/Department based**

in the NAC (or equivalent)? : Yes

in the Ministry of Health? : Yes

**4.2 IF YES, how many and what type of permanent and temporary professional staff are working in the M&E Unit/Department? <br><br>**

**Number of permanent staff:**

5

**4.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit/Department for review and consideration in the country's national reports?**

Yes

**IF YES, does this mechanism work? What are the major challenges?**

The M&E mechanism has been implemented for certain period of time. the main obstacle is in developing data collection system from district level to national level, in terms of data quality, human resources, coordination with related sectors and under reporting issues.

**4.4 IF YES, to what degree do UN, bi-laterals, and other institutions share their M&E results?**

4

**5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

Yes, meets regularly

**IF YES, Date last meeting:**

4 September 2007

**5.1 Does it include representation from civil society, including people living with HIV?**

Yes

**IF YES, describe the role of civil society representatives and people living with HIV in the working group**

The working group has include civil society but not yet PLHIV.

The civil society give input for national and local money system improvement and encourages NGOs to report their activities to AIDS Commission

**6. Does the M&E Unit/Department manage a central national database?**

Yes

**6.1 IF YES, what type is it?**

Country Response Information System

**6.2 IF YES, does it include information about the content, target populations and geographical coverage of programmatic activities, as well as their implementing organizations?**

Yes

**6.3 Is there a functional Health Information System (HIS)?**

National level : Yes

**6.4 Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?**

Yes

**7. To what extent are M&E data used in planning and implementation?**

3

**What are examples of data use?**

At the national level, various data from many resources were used for planning using the Asian Epidemic Model and Resource Needs Model. The results were in the National Action Plan.

**What are the main challenges to data use?**

Human resources capacity to analyze and use data for planning and advocacy needs to be improved. Data collection tool is quite complex and it cannot be used for entering incomplete data and finally it cannot be used for planning purpose.

**8. In the last year, was training in M&E conducted**

At national level? : Yes

At national level? : IF YES, Number of individuals trained: 31

At sub-national level? : Yes

At sub-national level? : IF YES, Number of individuals trained: 32

Including civil society? : Yes

Including civil society? : IF YES, Number of individuals trained: 20

**Overall, how would you rate the M&E efforts of the AIDS programme in 2007 and in 2005?**

2007: 8

2005: 7

## **Comments on progress made in M&E since 2005:**

Training in M&E are listed as follow:

1. International HIV/AIDS Monitoring and Evaluation Training Course, Bali, September 2006. 31 participants attended the training.
2. Country Response Information System Training of Trainers, Jakarta, March 2006. Attended by 4 participants.
3. Development Assistance Database (DAD) for HIV and AIDS, Jakarta, December 2006. Attended by all staff of Information and M&E Division.
4. Resource Needs Model Training, Jakarta, December 2006. 32 representatives attended the training.
5. Monev training for district/city PO and AO of local AIDS Commission. March up to May 2006.

In 2005, the National Monitoring and Evaluation Guideline has been developed, but it is not yet explaining clear targets because there is not yet National Action Plan. In 2007, the guideline is scheduled to be revised and adjusted with the national targets to reach universal access.

The Integrated Bio Behavioral Survey (IBBS) was conducted in 2006 in Papua land.

IBBS for most-at-risk population is being conducted in 7 provinces.

The Monitoring and Evaluation Working Group has been revitalized and functioning.

The monitoring and evaluation of activities from sectors as member of NAC has been started.

**1. Does the country have laws and regulations that protect people living with HIV against discrimination? (such as general non-discrimination provisions or provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)**

No

**1.1 IF YES, specify:**

Regulations about Human Rights is available but it is not explicitly stating HIV and AIDS issue and its implementation should be improved. Discrimination and stigmatization are still a major problem. Therefore, the figure from civil society and government need to take action to explain about this issue completely and correctly. Discrimination at health facility is reduced gradually.

**2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?**

No

**IF YES, Briefly explain what mechanisms are in place to ensure these laws are implemented:**

The policy is not gender sensitive and there are many obstacles in its implementation, such as inexistence of reproductive health service for women living with HIV.

**IF YES, Describe any systems of redress put in place to ensure the laws are having their desired effect:**

In terms of drugs use, there are 2 regulations, those are Regulation no 22 in 1997 about Narcotics and Presidential Instruction no 3 in 2002 about the Response to Narcotics, Psychotropics, Precursor and other Addictive Substance and Its Distribution that really block the prevention and control on HIV and AIDS. This condition has made government officer break the Human rights rule in dealing with the drugs users. But the government is trying to handle the situation by developing the National Strategy on the Response to HIV and AIDS 2007-2010 and the Coordinating Minister for People's Welfare issued a Decree called PERMENKO KESRA no 2 year 2007 about the National Strategy on the Response to HIV and AIDS through Harm Reduction Program.

Policy and program for youth is still discriminative and fragmented in some departments (Departments of Education, State Minister of Youth and Sports Affairs and Ministry of Health). Issue about youth sexuality is not yet exposed clearly and there is no youth-specific health service although many youths are now practicing risky behavior.

Moral approach to deal with prostitution suggests to close the prostitution sites. This action causes loss of opportunity to provide response to treat Sexually Transmitted Infection, HIV and AIDS.

**3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?**

Yes

**3.1 IF YES, for which sub-populations?**

Women :	Yes
Young people :	Yes
IDU:	Yes
MSM:	Yes
Sex Workers:	Yes
Prison inmates :	Yes
Migrants/mobile populations :	Yes

**IF YES, briefly describe the content of these laws, regulations or policies and how they pose barriers:**

In article 6 line 5 within PERMENKO KESRA no 02/PER/MENKO/KESRA/I/2007 about the National Policy on HIV Response and Community Empowerment stated that "...The Indonesian Police/National Narcotics Board (NNB) is protected by law to conduct the activities within health services for IDUs and IDUs can be referred to health service....". This service cannot be provided because it is contradictive to other similar regulation with higher level named Regulation no 22 in 1997 about Narcotics which basically put drugs users as criminal. Therefore, it is hard for police and the NNB function their tasks as stated in Ministerial Decree (PERMENKO KESRA) because it has lower level of regulation.

**4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?**

Yes

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV and/or most-at-risk populations?**

No

**IF YES, briefly describe this mechanism**

Note: almost all NGOs having outreach program and they try to encounter the problems with their own way and some of them record and document the discrimination experience by PLHIV. But officially, the government do not record, document and discuss discrimination cases specifically.

**6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?**

Yes

**IF YES, describe some examples**

Civil society only involve in the implementation level. At decision making level, civil society is often invited as policy making team but more often their inputs are not well accommodated.

Civil society is often to be the program implementer and invited as participants to agree the policy draft that has been drafted by the government. Some group of people act as the representative of the civil society but there is no system for democracy to deliver the results of the meeting to its group, therefore, civil sociey representation is very small known.

Experience from DKI Jakarta area and other places is that the local government has been very actively working with civil society in the stage of drafting, agree on the draft and program implementation.

**7. Does the country have a policy of free services for the following:**

- HIV prevention services : Yes
- Anti-retroviral treatment : Yes
- HIV-related care and support interventions : Yes

**IF YES, given resource constraints, briefly describe what steps are in place to implement these policies:**

The policy is being implemented and funded much from the international partners mainly for HIV prevention

**8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?**

Yes

**9. Does the country have a policy to ensure equal access for most-at-risk populations to prevention, treatment, care and support?**

Yes

**9.1 Are there differences in approaches for different most-at-risk populations?**

Yes

**IF YES, briefly explain the differences:**

Peer education approach applies for transgender (waria), FSW, gay, and IDUs. Indirect approach applies for clients of sex workers for example through HIV prevention program in the workplace, this program has the aim to reach workers that might be clients of sex workers. For prisoners, the system and the policy to response to HIV and AIDS in prison is being developed.

**10. Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?**

Yes

**11. Does the country have a policy to ensure that AIDS research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?**

Yes

**11.1 IF YES, does the ethical review committee include representatives of civil society and people living with HIV?**

Yes

**IF YES, describe the effectiveness of this review committee**

To review committee is so called the Ethic Committee and have non scientists to be the member of the committee but PLHIV is not considered as the member.

Ministry of Health develops national ethics for research and together with the Central Bureau of Statistics conduct the survey and research.

**12. Does the country have the following human rights monitoring and enforcement mechanisms?**

- Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: Yes

- Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment: No

- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: No

**13. Have members of the judiciary (including labour courts/employment tribunals) been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?**

No

**14. Are the following legal support services available in the country?**

Legal aid systems for HIV and AIDS casework:	No
Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:	No
Programmes to educate, raise awareness among people living with HIV concerning their rights:	Yes

**15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?**

Yes

**IF YES, what types of programmes?**

Media :	Yes
School education :	Yes
Personalities regularly speaking out :	Yes

**Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?**

2007:	5
2005:	4

**Comments on progress made in promoting and protecting human rights in relation to HIV and AIDS since 2005:**

Respondents answering the questionnaire in 2005 and 2007 were different, therefore, re assessment occurred. The recent respondents assess the progress based on:

- Existence of PLHIV and most at risk populations (lesbian, gay, bisexual and transgender) in the National Human Rights Committee.
- PLHIV as staff of local AIDS Commission
- Existence of PERMENKO KESRA no 02/PER/MENKO/KESRA/I/2007 about National Policy to Response to HIV and AIDS through Harm Reduction of the use of Narcotics, Psychotropics and Injectable Drugs.

**Overall, how would you rate the effort to enforce the existing policies, laws and regulations in relation to human rights and HIV and AIDS in 2007 and in 2005?**

2007:	6
2005:	5

**Comments on progress made in enforcing existing policies, laws and regulations in relation to human rights and HIV and AIDS since 2005:**

Respondents answering questionnaire in 2005 and 2007 were different, therefore, re assessment occurred. Implementation of law regarding drugs is on the ground but it is still have public health implementation perspective and this implies to the emerge of HIV/AIDS-related problems. For example, PLHIV in jail is hardly access ARV or continue their treatment.

**1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national policy formulation?**

4

**2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on AIDS or for the current activity plan (e.g. attending planning meetings and reviewing drafts)**

2

**3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included**

a. in both the National Strategic plans and national reports?: 4

b. in the national budget?: 1

**4. Has the country included civil society in a National Review of the National Strategic Plan?**

No

**5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?**

2

**List the types of organizations representing civil society in HIV and AIDS efforts:**

PLHIV support group and NGOs, academics, professional organization (Indonesian Doctors Association, and Indonesian Public Health Expert Association), faith based organization and journalists.

**6. To what extent is civil society able to access**

a. adequate financial support to implement its HIV activities?: 1

b. adequate technical support to implement its HIV activities?: 2

**Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?**

2007: 7

2005: 5

**Comments on progress made in increasing civil society participation since 2005:**

Respondents answering questionnaire in 2005 and 2007 were different, therefore, re assessment occurred. There is a 2 point increase for 2007 rate. Acceleration Program and Program Scaling Up have made significant and positive improvement.

**1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?**

Yes

**IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts in need?**

Blood safety:	<b>The service is available in</b>	<b>most</b> districts* in need
Universal precautions in health care settings:	<b>The service is available in</b>	<b>some</b> districts* in need
Prevention of mother-to-child transmission of HIV:	<b>The service is available in</b>	<b>some</b> districts* in need
IEC on risk reduction:	<b>The service is available in</b>	<b>most</b> districts* in need
IEC on stigma and discrimination reduction:	<b>The service is available in</b>	<b>some</b> districts* in need
Condom promotion:	<b>The service is available in</b>	<b>most</b> districts* in need
HIV testing & counselling:	<b>The service is available in</b>	<b>some</b> districts* in need
Harm reduction for injecting drug users:	<b>The service is available in</b>	<b>some</b> districts* in need
Risk reduction for men who have sex with men:	<b>The service is available in</b>	<b>most</b> districts* in need
Risk reduction for sex workers:	<b>The service is available in</b>	<b>most</b> districts* in need
Programmes for other vulnerable sub-populations:	<b>The service is available in</b>	<b>some</b> districts* in need
Reproductive health services including STI prevention & treatment:	<b>The service is available in</b>	<b>some</b> districts* in need
School-based AIDS education for young people:	<b>The service is available in</b>	<b>some</b> districts* in need
Programmes for out-of-school young people:	<b>The service is available in</b>	<b>some</b> districts* in need
HIV prevention in the workplace:	<b>The service is available in</b>	<b>some</b> districts* in need
Other programmes::	<b>The service is available in</b>	<b>some</b> districts* in need
Other programmes::	<b>The service is available in</b>	<b>some</b> districts* in need
Other programmes::	<b>The service is available in</b>	<b>some</b> districts* in need

**1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?**

Yes

**IF NO, how are HIV and AIDS treatment, care and support services being scaled-up?:**

In the beginning there were 25 Referral hospitals then added up to 100 hospitals and now it is all 153 hospitals. All district/cities are expected to be able to access this hospital.

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?**

2007:	6
2005:	5

## Comments on progress made in the implementation of HIV treatment, care and support services since 2005:

Respondents answering questionnaire in 2005 and 2007 were different, re assessment occurred.

There is significant attention related to IO, TB, pediatric care. The problem occur to health insurance for poor people called ASKESKIN. HIV positive poor will face problems if they want to use ASKESKIN. HIV positive poor will face problems if they want to use ASKESKIN.

### 2. What percentage of the following HIV programmes or services is estimated to be provided by civil society?

Prevention for youth :	<25%
Prevention for IDU :	<25%
Prevention for MSM :	<25%
Prevention for sex workers :	25-50%
Counselling and Testing :	<25%
Clinical services (OI/ART)* :	<25%
Home-based care :	<25%
Programmes for OVC** :	<25%

### 3. Does the country have a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)?

N/A

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