

Indonesia Report NCPI

NCPI Header

is indicator/topic relevant?: Yes

is data available?: Yes

Data measurement tool / source: NCPI

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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::

Data measurement tool / source: GARPR

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Describe the process used for NCPI data gathering and validation: To filling out the form NCPI, participants were divided into two groups, Government (Part A) and Non-Government (Part B). Each group was guided by two facilitators who were members of the group. Each group was subdivided, into group A and into 2 sub-groups and group B as only one group. The choice of sub-groups was based on the members expertise and interest. In sub-groups, each question was discussed. Once discussions were completed, the sub-group results were discussed in a large group, and the group agreed on a final position.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: Discussions were open within each sub-group member to give their opinion. If no agreement was reached within sub-groups, these differences were noted.

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like): Some data and information still requires confirmation, for example data on orphans. But in general, the participants agreed with the final outcome of the meeting.

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	Respondents to Part A
NAC	Dheny Fidiyahfika	A1,A2,A3
Ministry of Transportation	Jalaluddin	A1,A2,A3
Indonesian National Police	Hj. Saminen, SH	A1,A2,A3
Ministry of Woman Empowerment and Child Protection	Skriptandoho	A1,A2,A3
Ministry of Woman Empowerment and Child Protection	Najib	A1,A2,A3
NAC	Setyo W	A1,A2,A3
Ministry of Woman Empowerment and Child Protection	Wiwik Kristiyanti	A1,A2,A3
Ministry of Woman Empowerment and Child Protection	Dessy Oktaria	A1,A2,A3
Ministry of Social Affairs	Dian Setiawan	A1,A2,A3
Ministry of Communication and Information	Tahsinul Manaf	A1,A2,A3
Ministry of Communication and Information	Aditya R	A4,A5
Ministry of Health	Fatcha Nuradiyah	A4,A5
NAC	Suriadi Gunawan	A4,A5
NAC	Yayu Mukaromah	A4,A5
National Drugs Institution	Amrita Dwi	A4,A5
UNAIDS	Lely Wahyuniar	A6
Ministry of Health	Victoria Indrawati	A6
NAC	Nenden Siti Aminah	A6
NAC	Rudi Hartono	A6
Ministry of Health	Awil Muliadi W.	A6
Ministry of Woman Empowerment and Child Protection	Anisah	A6

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	Respondents to Part B
FHI 360	Yunita Wahyuningrum	B1,B2,B3,B4,B5
FHI 360	Fiferi Murni	B1,B2,B3,B4,B5
UNESCO	Grace Halim	B1,B2,B3,B4,B5
Independent Youth Alliance	Prameswari Puspa Dewi	B1,B2,B3,B4,B5
Independent Youth Alliance	Faiqoh	B1,B2,B3,B4,B5
IAC	Aditya Wardhana	B1,B2,B3,B4,B5
GWL-INA	Harry Prabowo	B1,B2,B3,B4,B5
UNODC	Ade Aulia	B1,B2,B3,B4,B5
NAC	Irawati	B1,B2,B3,B4,B5

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is the period covered: Most recent is 2010 - 2014

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: • 2010 - 2014 = Strategies and action plans are combined in one document, the SRAN or NASAP (National Strategy and Action Plan) for HIV and AIDS in Indonesia. • 2007 - 2010 = Strategies and action plans separately in 2 (two) documents, the Strategic Plan for HIV/AIDS in Indonesia and the National Action Plan for HIV/AIDS in Indonesia. • 2003 - 2007 Strategic Plan = HIV/AIDS in Indonesia. • 2000 - 2003 = No policy as the Coordinating Ministry of People's Welfare was disbanded. • 1994 - 1999 = Strategic Plan for HIV/AIDS in Indonesia.

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: Ministry of People's Welfare and Indonesia National AIDS Commission

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

Education:

Included in Strategy: Yes

Earmarked Budget: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: Yes

Earmarked Budget: Yes

Military/Police:

Included in Strategy: Yes

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: Yes

Earmarked Budget: Yes

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other: Communication and Information

Included in Strategy: No

Earmarked Budget: No

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: Yes

Elderly persons: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: Yes

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?:

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]: High Risk Men

: Yes

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: Yes

1.6. Does the multisectoral strategy include an operational plan?: Yes

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: Yes

b) Clear targets or milestones?: Yes

c) Detailed costs for each programmatic area?: Yes

d) An indication of funding sources to support programme implementation?: Yes

e) **A monitoring and evaluation framework?**: Yes

1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?: Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: For the preparation of the NASAP 2010 – 2014, civil society representatives were involved from the design stage to the finalization of the document. Therefore the needs of civil society are reflected in the programs set forth in the NASAP.

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?: Yes

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?: Yes, all partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: Yes

Sector-wide approach: Yes

Other [write in]: health sector operational plan, local plans

: Yes

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: Yes

HIV impact alleviation (including palliative care for adults and children): Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support: Yes

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: Yes

Reduction of stigma and discrimination: Yes

Treatment, care, and support (including social protection or other schemes): Yes

Women's economic empowerment (e.g. access to credit, access to land, training): Yes

Other [write in]:

: No

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: Yes

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?: 4

4. Does the country have a plan to strengthen health systems?: Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children: For the strengthening of health system we conducted: 1. Implementation of the National Health Insurance scheme (BPJS Kesehatan) which began at the beginning of 2014. The scheme covers treatment (OI and STI) for HIV patients. 2. Developing the NSP involving stakeholders (government, civil society and international partners) 3. Developing the National M&E Plan

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

b) HIV Counselling & Testing and Tuberculosis: Many

c) HIV Counselling & Testing and general outpatient care: Few

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: None

e) ART and Tuberculosis: Many

f) ART and general outpatient care: Few

g) ART and chronic Non-Communicable Diseases: None

h) PMTCT with Antenatal Care/Maternal & Child Health: Many

i) Other comments on HIV integration :

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?: 7

Since 2011, what have been key achievements in this area: 1. Ministry of Home Affairs Instruction no.444.24/2259/SJ 2013: Institutional Strengthening and Community Empowerment on the AIDS Response at Provincial and District Level. 2. Ministry of Health Decree no.51/2013: Prevention of Mother-to-Child HIV Transmission. Increased allocation of domestic funds (state budget and regional budgets) 3. Ministry of Health Decree no.21/2013: AIDS Response 4. Other related policies (129 policies as of 2013)

What challenges remain in this area: 1. Domestic funding for AIDS is not adequate, especially at the district level. 2. Monitoring of policy implementation.

A.II Political support and leadership

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: 1. On World AIDS Day 2011, the Vice President officially launched the event and gave a speech in Jakarta. 2. The Minister of Manpower and Transmigration became the chief of the World AIDS Day 2011 committee. 3. The Minister of Women's Empowerment and Child Protection became the chief of the World AIDS Day 2012 committee. 4. Coordinating Minister of People's Welfare

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?: Yes

IF NO, briefly explain why not and how HIV programmes are being managed::

2.1. IF YES, does the national multisectoral HIV coordination body:

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: Dr.HR. Agung Laksono/Chief of NAC

Have a defined membership?: Yes

IF YES, how many members?: 39 members

Include civil society representatives?: Yes

IF YES, how many?: 8 (PKNI, OPSI, GWL INA, IPPI, IAKMI, Spiritia, PMI and IDI)

Include people living with HIV?: Yes

IF YES, how many?: 2 (IPPI and Spiritia), plus the organization PKNI, OPSI, GWL-INA, which the member of these organization are included PLHIV

Include the private sector?: Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: Yes

3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?: Yes

IF YES, briefly describe the main achievements:: 1. Coordination meeting of the Cabinet/Ministers, led by the Coordinating Minister for People's Welfare 2. A meeting on the Implementation Team occurred every three months 3. There are regular reporting mechanisms for each sector covering the program and related activities on AIDS prevention. 4. National AIDS Conference is every 4 years

What challenges remain in this area: Financial support from the state budget is still low (43%). The officials representing each sector at coordination meetings often change, affecting the continuity of the program of the Ministry/Agency.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?: 14

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: Yes

Technical guidance: Yes

Other [write in]: Funding Support

: Yes

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?: Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: Yes

IF YES, name and describe how the policies / laws were amended: Law no 22/1997 converted into Law No.35/2009 on Narcotics Minister of Health Decree No 416/Menkes/Per/II/2011 converted into Minister of Health Decree No 29/2012 on Health Service Fees for Askes members

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?: 8

Since 2011, what have been key achievements in this area:: 1. Commitment Letter of 5 Ministries on the Comprehensive Knowledge on HIV among 15-24 year-olds. 2. Ministry of Home Affairs Instruction no.444.24/2259/SJ 2013: Institution Strengthening and Community Empowerment on AIDS Response at Provincial and District Levels 3. VCT @work by Ministry of Manpower and Transmigration 4. Policy letter of Ministry of Public Works NO13/se/m/2012 and Decree No 3/2013 on AIDS Response in Construction Sites

What challenges remain in this area:: Monitoring national policy implementation at provincial/district level.

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: Yes

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: 1. Law no. 7/1984 on the Ratification of CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women) 2. Law no. 39/1999 on Human Rights; 3. Law no. 5/1998 on the Ratification of the Convention against Torture and Degrading Treatment or Punishment that is Cruel, Inhumane or Degrading (CAT); 4. Circular Letter of the Supreme Court No 3/2011 concerning the Placement of Victims of Substance Abuse in Rehabilitation Institutions; 5. MoU Between Ministry of Law and Human Right, The Supreme Court, The Attorney General, Indonesian Police, National Drugs Institutions, Ministry of Health, Ministry of Social Affair watched by vice president, on 11 March 2014, mentioned that mprisonment is only imposed for drug manufacturers and dealers 6. Regulation on Gender Responsive Budget Planning, presidential decree No. 9/2000, Government regulation No. 8/2008 7. Child Protection Act No. 23/2002 8. Elimination of Domestic Violence Act No. 23/2004 9. Law no 21/2007 on Eradication of Criminal Acts of Human Trafficking.

Briefly explain what mechanisms are in place to ensure these laws are implemented:: 1. Establishment of The National Human Rights Commission as a watchdog of human rights implementation in Indonesia; 2. Establishment of the Ad Hoc Court as judicial bodies against human rights violations; 3. Establishment of the National Commission for Child Protection; 4. Establishment of the National Commission on Violence Against Women, National Commission for the Elderly, etc.;

Briefly comment on the degree to which they are currently implemented: Mechanism is already running and still in the process of optimization.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?: Yes

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: No

Prison inmates: No

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: Yes

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies:: Law No. 44/2008 about social welfare, article 4 paragraph 1, mentioned that homosexual as a deviate sexual intercourse. And sub national regulation mentioned that brothel area as an immoral deeds

Briefly comment on how they pose barriers:: • Law and regulation which contain stigma mentioned above, can cause negative perception for the stakeholders related to planning and budgeting, this is the cause no support of domestic funding for HIV program. • Discrimination can also affect the provision of service for HIV treatment at the health service

A.IV Prevention

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

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes

Engage in safe(r) sex: Yes

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: Yes

Know your HIV status: Yes

Males to get circumcised under medical supervision: Yes

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: Yes

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]: Information about access to services and protection against women and children, pornography (Ministry of Women Empowerment and Child Protection). Pornography, trafficking, drugs and HIV (Ministry of Information and Communication). Pre/Post-test Counselling in VCT and increasing access to ARV through rehabilitation in cooperation with Addiction Reduction Hospital (National Drugs Institution)

: Yes

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 to promote life-skills based HIV education for young people?: Yes

2.1. Is HIV education part of the curriculum in:

Primary schools?: Yes

Secondary schools?: Yes

Teacher training?: Yes

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: 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 and other preventive health interventions for key or other vulnerable sub-populations?: Yes

Briefly describe the content of this policy or strategy: Indonesia has completed the mapping of sub-populations and promotes information, education, communication and health interventions for the sub-populations has also been completed. There are a few provinces with integrated basic information on HIV/AIDS in the curriculum, including boarding schools, such as Papua and East Java. There is a national strategic plan and IEC strategy for the young high-risk population. The IEC strategy includes testimonies, social media, etc.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

People who inject drugs: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Men who have sex with men: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Customers of sex workers: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education

Prison inmates: Condom promotion, Drug substitution therapy, HIV testing and counseling, Needle & syringe exchange, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

Other populations [write in]: High Risk Man, Young people

: Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Targeted information on risk reduction and HIV education

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?: 7

Since 2011, what have been key achievements in this area: 1. NASAP 2010 - 2014 2. Establishment of working groups at NAC and other sectors, such as working groups for Research, Young People, Gender, Papua and M&E 3. Agreement between 5 Ministries on Comprehensive Knowledge of Young People aged 15 - 24 years 4. ARV for Prevention strategy (Strategic Use of ARV - SUFA) 5. Continuum of Care

What challenges remain in this area: 1. Implementation of condoms as prevention 2. Cross-sectoral coordination 3. Optimization of report and documentation use 4. Commitment of national and sub-national stakeholders 5. Limited domestic funding allocation 6. Implementation of the 5 Ministries agreement 7. Limited information dissemination on HIV counselling and testing

4. Has the country identified specific needs for HIV prevention programmes?: No

IF YES, how were these specific needs determined?: There is the National Strategic Plan and IEC for high risk young people. Indonesia has conducted KIE of HIV in the sub populations which have been mapped. IEC strategy implement through testimonials, social media etc. Cooperate with the working group to identify the needs of the program and arrange specific plans, for example in the workplace working group.

IF YES, what are these specific needs? : Giving IEC to: 1. Young people, to increase basic knowledge about HIV 2. Workers at ports, terminals, truck stops, airports and centres of industry 3. Prison inmates 4. Vulnerable groups such as street children, beggars and the homeless

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Strongly agree

Condom promotion: Disagree

Economic support e.g. cash transfers: Agree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Disagree

HIV prevention in the workplace: Agree

HIV testing and counseling: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Disagree

Reproductive health services including sexually transmitted infections prevention and treatment: Disagree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Disagree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Agree

Treatment as prevention: Disagree

Universal precautions in health care settings: Strongly agree

Other [write in]:

:

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 7

A.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

If YES, Briefly identify the elements and what has been prioritized: 1. Ministry of Health decree on free ARV 2. Integration of HIV prevention, treatment, care and support 3. Strategic use of ARV (SUFA) 4. Expansion of HIV counselling and

testing

Briefly identify how HIV treatment, care and support services are being scaled-up?: 1. Referral Hospitals for PLWH: 380 Hospitals 2. Satellite of Health Center and Hospital increase: 114 3. VCT clinics: 899 (including in prisons) 4. SOP for comprehensive and integrative services

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Strongly agree

ART for TB patients: Strongly agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Disagree

Economic support: Agree

Family based care and support: Disagree

HIV care and support in the workplace (including alternative working arrangements): Disagree

HIV testing and counselling for people with TB: Strongly agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Disagree

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Palliative care for children and adults Palliative care for children and adults: Agree

Post-delivery ART provision to women: Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Agree

Post-exposure prophylaxis for occupational exposures to HIV: Strongly agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Disagree

TB infection control in HIV treatment and care facilities: Strongly agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Strongly agree

Other [write in]: Diagnosis and treatment of pregnant women

: Agree

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?: Yes

Please clarify which social and economic support is provided: 1. Empowerment of PLWH through development of productive economic activity? 2. Social assistance through aid to PLWH for basic needs fulfillment 3. Shelter for PLWH in Sukabumi

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: Yes

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

IF YES, for which commodities?: 1. ARV 2. Condoms 3. Treatment for OI and STI 4. Methadone

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 7

Since 2011, what have been key achievements in this area?: 1. Free ARV 2. Supply and distribution of condoms 3. Drugs are always available (Obat-obatan selalu tersedia) 4. Target for Counselling and testing for over 15 years of age is 600,000; achievement is 1,025,000 5. ARV distribution system using Inventory Order Management System

What challenges remain in this area?: 1. Donor dependency. Ratio of domestic to donor funding is 2:3 2. Stigma and discrimination 3. Variation in adherence levels; in the first year it is 95% but in the following year decreases to 60-70%

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: Yes

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?: 6

Since 2011, what have been key achievements in this area?: Ministry of Social Welfare provides support for economic needs and impact mitigation for children and families living with HIV and AIDS

What challenges remain in this area?: 1. Variation in geographical and social conditions 2. Variation in Government policy due to decentralized authority

A.VI Monitoring and evaluation

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?: Yes

Briefly describe any challenges in development or implementation:: • Integration of the M&E plan has taken place, although it is still limited to 4 primary partners on HIV/AIDS (Ministry of Health, NAC, NU, IPPA). Integration is still needed with other partners, including Government ministries and national and international NGOs as well as local government. For example, the directorat general of prison already has systematic reporting of prison activity on HIV program but is not fully integrated in national data system • Refinement of HIV/AIDS information system still needed • Data flow: data is not routinely reported from the region to the center due to decentralization • Human resources, finance and facilities are limited both in

quantity and quality. For example, from the result of ME Assessment, mentioned that M&E staff at the national level is limited in receiving training and do not fully meet the capacity building needs of the staff members. Furthermore, there is no mechanism to evaluate staff capacity or performance, making it even more difficult to assess capacity building needs • Cross-sectoral coordination at the regional level on M&E is still weak • M&E guidelines have not been updated in accordance with the requirements and latest developments

1.1. IF YES, years covered: 2010-2014

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

Briefly describe what the issues are:: Harmonization of recording and reporting was completed including indicators that still has problems in the implementation of such differences on understanding of existing indicators or variables. For Example, indicator of coverage, NAC uses number of KAP that receive KIE for the coverage, while PKBI/NU uses the number of KAP comprehensive package as coverage (include referral to the health services)

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: Yes

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): Yes

Guidelines on tools for data collection: Yes

3. Is there a budget for implementation of the M&E plan?: Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?: 5

4. Is there a functional national M&E Unit?: Yes

Briefly describe any obstacles:: Limited resources (human resources, financial resources and support facilities) for managing national monitoring and evaluation activities to improve the quality of implementation of the national M&E system.

4.1. Where is the national M&E Unit based?

In the Ministry of Health?: Yes

In the National HIV Commission (or equivalent)?: Yes

Elsewhere?: Yes

If elsewhere, please specify: other Main Partners (NU (faith based organization) and Indonesia Planned Parenthood Association

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Assistant Deputy for M&E (NAC)	Full-time	2013
M&E Coordinators (4 persons) (NAC)	Full-time	2006 -2013
M&E Staf (6 persons) (MoH)	Full-time	2005-2013
AIDS Surveillance Officer (MOH)	Full-time	2012
M&E Coordinator (MoH)	Full-time	2005
Assistant of M&E Coordinator (MoH)	Full-time	2007
Head of M&E Section	Full-time	2002
Technical Staff of M&E (5 persons) (MoH)	Full-time	2002

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
-------------------------------------	------------------------	-------------

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: Yes

Briefly describe the data-sharing mechanisms:: Implementing partner districts/cities submit reports periodically (once a month) to the district/city AIDS Commission, where they are compiled and sent to the Provincial AIDS Commission then sent to National AIDS Commission. All reports are reviewed and incorporated into national reports. The Ministry of Health receives reports from the periodic health services every month through the HIV/AIDS Information System (SIHA) application and manually written reports (Hardcopy). These are compiled every three months at the national level and made into quarterly progress reports on HIV/AIDS cases. Each national partner integrate reports periodically through online systems which have been developed (dashboard of 4 main partners)

What are the major challenges in this area:: • Reports have yet to be completed (there are provinces that do not report; some provinces report regularly but do not fill in the complete data) • Frequent changes of recording and reporting officer, lack of budgetary support to carry out monitoring and evaluation activities • Lack of commitment of the staff in some services

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: Yes

6. Is there a central national database with HIV- related data?: Yes

IF YES, briefly describe the national database and who manages it.: The HIV/AIDS Information System (SIHA) is the national database since December 2012 (www.siha.depkes.go.id). It is managed by the AIDS Sub-Directorate of the Ministry of Health and the Media Centre. With GF support through NAC, SIHA has integrated the databases of 4 main partners, namely the Ministry of Health, NAC, IPPA and NU (<http://siha.depkes.go.id/integrasi>). The national database is limited only on data coverage of key partners. Improvements are still needed to ensure that all the important data of all partners can be included in the national database (eg: data from prison, ministry of transportation, Indonesian Army, police, etc). Each partner also maintains a database related to the program they are doing.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?: Yes, all of the above

IF YES, but only some of the above, which aspects does it include?:

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?: District, provincial and national level

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current and Future Needs

7.2. Is HIV programme coverage being monitored?: Yes

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

(b) IF YES, is coverage monitored by population groups?: Yes

IF YES, for which population groups?: Sex workers, MSM, Transgender, IDU

Briefly explain how this information is used:: • Development of a national strategy for HIV & AIDS prevention • Development of sector policies on HIV & AIDS prevention • Advocacy on the prevention of HIV & AIDS • Global reporting • Resource mobilization • Planning academic or operational research

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?: Provincial and district

Briefly explain how this information is used:: Programme planning and correction, reporting, data input for HIV modelling, advocacy input.

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: Yes

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]:: • Development of the national strategy for HIV & AIDS prevention • Development of policy on HIV & AIDS prevention • Advocacy on the HIV & AIDS prevention program • National and global reporting • Resource mobilization • Planning of academic and operational research

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:: - Data from all sources (program reporting, surveillance, research) are used for the development of the HIV & AIDS control strategy and increasing funding allocations. - Data on HIV & AIDS cases published by the MoH every quarter provide information about the HIV & AIDS epidemic at province and district level. Challenges: - Improvement in data quality. - Data use for policy decision making is still limited in some provinces and districts.

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

At national level?: Yes

IF YES, what was the number trained:: • TOT of M&E (MoH), 7-12 Oktober 2013, 33 participants • NASA training (HCPI and NAC), 23-26 April 2013, 29 participants • Training on Direct Estimation (HCPI), 31 October - 1 November 2013, 23 participants •

Training on Rapid Surveys of IDU, FSW and MSM (NAC), 27 – 31 October 2013, 48 participants • Training on Sero Survey (MoH), 27 – 31 October 2013 • TOT Sentinel surveillance 26 Nov -1 Desember 2013:27 participants

At subnational level?: No

IF YES, what was the number trained:

At service delivery level including civil society?: No

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: Yes

IF YES, describe what types of activities: Workshops, seminars, national congress and national meetings.

11. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 8

Since 2011, what have been key achievements in this area:: • Implementation of HIV AIDS Information System (SIHA) • Development of integrated database of main implementing partners (MoH, NAC, IPPA, NU) • Mapping of Key Affected Populations at district level 2012 • IBBS 2013 • Rapid Survey 2012, 2013 • Mid-Term Review of NASAP 2010-2014 • NASA 2011-2012 • Sero-Surveillance 2013 • Data Cohort Analysis of ART 2012, 2013 • Mathematic Modelling of HIV program • Investment Case Analysis • M&E Assessment 2013 • Revision of guidelines and technical guides on M&E: - M&E guidelines - Mapping guidelines - Technical Guide for sentinel surveillance • HIV Drug Resistance - Monitoring survey - Threshold survey - Early warning indicator

What challenges remain in this area:: • Harmonization/synchronizing of the indicators from each implementing partner • Low commitment on submitting reports • Measuring the direct impact of program intervention

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 3

Comments and examples:: Note: Civil society is defined as: individuals, organizations/groups of individuals, that are part of the government (not civil servants or not working for the government). 1) Representatives from the MARP communities are involved in meetings, whether strategic, consultative or technical. An exemplary involvement is how civil society assisted the MoH with ARV logistics to improve their response to complaints of stock out or other problems related to the logistics of ARV at the subnational/community levels. Coordination between MoH and NAC is improving. But the coordination with other NAC members/other ministries is still a challenge. 2) Despite a greater role at the national level and at subnational level, there is still a lack of greater involvement from the community. They are limited to only technical consultation, while strategic policy discussions does not involve local representatives from the community.

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts): 3

Comments and examples:: The National Strategy and Action Plan 2010-2014 and the current Mid-Term Review involved representatives from all MARP networks. Most discussions concerning policies and programmes do involve communities, but those at a more detailed level on budgeting usually do not involve communities.

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 4

b. The national HIV budget?: 2

c. The national HIV reports?: 3

Comments and examples: 1) National strategic plans involve civil society 2) Budgeting from foreign aid mostly has involvement from the civil society (e.g. IPF, GF) but this is not the case for domestic budgeting 3) Most NGOs report to their donors, and do not always report to local/government agencies. This does not allow for improvement of current programmes, therefore maintain “business as usual” and the possibility of programme duplication among international agencies. There is a need for a transparent report-dissemination process. Examples of such processes are the GF or IPF with meetings attended by the stakeholders from government and non-government. Other donor reporting systems are still segregated and need to be coordinated in a transparent manner.

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 1

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 1

c. Participate in using data for decision-making?: 1

Comments and examples: 1) Despite involvement in M&E working groups, problems in the field have yet to be addressed. 2) Most members of MARP groups still lack ability to use primary data for their programmes and rely on international donors or other national agencies for assistance to analyse data. 3) Findings from fieldwork are not utilized as feedback for the improvement of current programmatic approaches. One clear example of this is the IDU situation in Indonesia. Field reports show that there are no longer many active IDUs yet NGOs are still pushed to find new IDUs as they are forced to meet targets set at the beginning of a project. 4) There is also no clarity on which data to use, estimation, mapping or rapid surveys. 5) A positive point is that NGOs are using more evidence-based data in their proposals, reports and advocacy briefs.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 4

Comments and examples: 1) Diversity is well represented from MARPs (all are represented except for positive people due to internal issues; there is still a network of positive support groups) and faith organizations (NU as PR-GF, or subnational level, in Papua the Church has been actively involved in AIDS programmes) 2) Some faith-based groups, such as NU as PR, do not utilize their social capital, its network of local organization; e.g. NU’s large network of religious organizations making it the largest moslem entity in Indonesia is underused in the context of the AIDS response. The program is implemented by a small group of people within the organization.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:

a. Adequate financial support to implement its HIV activities?: 2

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

Comments and examples: 1. Due to the global financial crisis we see less project funds available for NGOs. 2. More local NGOs are forced to close down due to a lack of financial support. 3. There is also a tendency from donors to overwork (underpay) NGOs in order to reach certain targets. There is a need to distinguish between activism and professionalism. NGOs activism should not be exploited for reaching project targets.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for key-populations:

People living with HIV: >75%

Men who have sex with men: >75%

People who inject drugs: 51-75%

Sex workers: >75%

Transgender people: >75%

Palliative care : <25%

Testing and Counselling: 25-50%

Know your Rights/ Legal services: 51-75%

Reduction of Stigma and Discrimination: >75%

Clinical services (ART/OI): <25%

Home-based care: 25-50%

Programmes for OVC: <25%

8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2013?: 5

Since 2011, what have been key achievements in this area:: 1. Increasing participation of MARPs networks in GF meetings: TWG, CCM 2. Increasing participation in consultative meetings by government, INGOs

What challenges remain in this area:: 1. Reduced resources for enabling participation of communities 2. Mechanisms for the representation of civil society might still be questionable: why a certain NGO is involved, why the other is not.

B.II Political support and leadership

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:: National Strategy and Action Plan, Mid Term Review facilitated by NAC, meetings with MoH, GF: CCM, TWG

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: No

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: No

Transgender people: No

Women and girls: Yes

Young women/young men: No

Other specific vulnerable subpopulations [write in]::

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:: Term Law No.39/1999 on Human Rights:
this law guarantees basic human rights for Indonesian people

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: A national commission for human rights has been established, with certain procedures for submitting complaints when one's human rights has been violated. A number of legal aid services are available to facilitate the legal procedures if needed.

Briefly comment on the degree to which they are currently implemented: 1. For most minority groups, the process is long and does not always have positive results. 2. For HIV-related groups, there are no major cases as precedents, as most are not accessing this service. 3. Discrimination in the workplace is still prevalent and information dissemination and knowledge are lacking among stakeholders.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?: Yes

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: Yes

Other specific vulnerable populations [write in]:

: No

Briefly describe the content of these laws, regulations or policies:: 1. Sex work: The Indonesian Criminal Code criminalizes the facilitation of acts of obscenity by others as a livelihood, trading in women, vagrancy, and living on the earnings of a female sex worker. At the sub-national, level a range of local laws, regional regulations and by-laws may be applied to sex workers and the sex industry. Sex workers bordered by public order police (Satpol PP) to attend 'social rehabilitation' centres. 2. People who use drugs:Indonesia has two laws which regulate matters on narcotics and psychotropic substances: Law number 35 of 2009 regarding Narcotics and Law number 5 of 1997 regarding Psychotropic Substances. Despite the 2009Narcotics Law introducing a new objective that guarantees the provision of medical and social rehabilitation for people who use drugs, it also retains the criminalization of drug use. Both the Narcotics Law and Psychotropic Substances Law contain severe penalties for drug offenses. 3. Men who have sex with men:Several local level regulations linked to sex work specifically mention and thus prohibit homosexual acts and sodomy. In addition, Law number 44 of 2008 regarding Pornography provides a broad definition of pornography which prohibits people to "produce, make, multiply, copy, disseminate, broadcast, import, export, offer, sale, rent,or provide pornography which explicitly contains sexual intercourse including abnormal intercourse." Abnormal intercourse is specifically defined with reference to lesbian and homosexual intercourse.

Briefly comment on how they pose barriers:: There is no adequate and comprehensive national HIV law which specifically or explicitly protects people living with HIV from discrimination (for example, in health care settings, or education). The lack of adequate laws providing human rights protection for people living with HIV/AIDS may hinder HIV responses in Indonesia.Laws, policies, and practices that criminalize consensual sex between adult men and/or punish homosexual identity bring more harm than good for HIV responses. Like sex workers, transgender people and MSM often face harassment, arbitrary arrest and detention, and police violence. All of this contributes to increased marginalization and already entrenched stigmatization, increased exposure to HIV and disproportionately rare use of HIV prevention, treatment, care and support programs. Even when there is no explicit reference to sodomy or homosexual acts/identity, the authorities may inflict abuse under the aegis of 'public morality' or 'public decency'. When transgender people and MSM are subject to repressive actions from the authorities, it will discourage them from accessing HIV programs. This is worsened when health providers are reluctant to offer services as they worry that they will be charged with abetting a crime. Rather than punishing consenting adults involved in same-sex activities, the Government should offer such people access to effective HIV health services.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?: Yes

Briefly describe the content of the policy, law or regulation and the populations included.: Indonesia enacted the Law on Elimination of Domestic Violence in 2004 (Law number 23 of 2004). This Law grounds the elimination of domestic violence on a principle of "gender justice and equality," and one of the objectives of the Law is "to prevent all forms of violence in household." Article 5 of the Law prohibits domestic violence in the form of physical, mental, sexual violence, and abandonment. Although the Law provides legal grounds for women who are victims of domestic violence, the patriarchal culture in most of Indonesian society holds women back from reporting. Society tends to demand that women keep silent if they become victims of domestic violence. However, the emphasis is on married couples, while there is no specific law on violence against women in general. In these cases, criminal laws on physical violence, or human rights laws are used. Protection for children is legally for those under the age of 18. This still leaves young people above 18vulnerableand unprotected against violence.

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

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:: Yes, in the National Strategy and Action plan of the AIDS Response, National Strategy for Women, Young People and Children, Example of noted in the document: program implementation exemplifies an awareness of and compliance with both the spirit and letter of the law thus promoting justice based on principles of human rights while respecting norms and values of the community. but enforcement cannot be said to be optimal.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: No

IF YES, briefly describe this mechanism::

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle “yes” or “no” as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: Yes

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: No

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: Yes

If applicable, which populations have been identified as priority, and for which services?: Indonesia’s social protection system (JKN), which was launched in 2014, basically provides universal healthcare, yet there are some issues that affect MARPs and PLHIV: 1. JKN does not insure drug users/drug and alcohol-dependent people; 2. Issues with identity for waria/transgender (waria are identified as men, and their appearance is sometimes different from that on their ID card; 3. JKN only covers OIs while AIDS-specific drugs are still provided under MoH programmatic funds, therefore sustainability is not ensured.

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?: Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?: No

IF YES, Briefly describe the content of this policy/strategy and the populations included::

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?: No

IF YES, briefly explain the different types of approaches to ensure equal access for different populations::

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: Yes

IF YES, briefly describe the content of the policy or law:: 1) The Ministry of Manpower and Transmigration Decree No.68/2004 and the DG for Workforce Monitoring and Education in the Workplace No.20/PPK/2005 ensure that there is no mandatory testing for migrant workers (exceptions can be found in military settings). 2) There is a setback for foreign teachers in Indonesia, with a ruling that they have to be drug free and HIV free (PERMENDIKNAS No.66/2009)

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

a. 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

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

IF YES on any of the above questions, describe some examples:: There are national commissions for Human Rights and Women and Children's Protection. These have considered and worked together with HIV-related stakeholders and communities. The Ombudsman has not!

11. In the last 2 years, have there been the following training and/or capacity-building activities:

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: Yes

b. Programmes for members of the judiciary and law enforcement⁴⁶ on HIV and human rights issues that may come up in the context of their work?: Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework: No

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?: Yes

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: Yes

Other [write in]::

: No

14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 3

Since 2011, what have been key achievements in this area:: 1) MoH series of Ministerial Decrees in 2012-2013 that increase access to free treatment 2) MoH Decrees to integrate HIV into the national health system 3) MoH Decrees to integrate HIV into the social protection scheme 4) National Commission on Human Rights’ effort mostly concentrated on LGBT issues; yet other MARPs affected by HIV are not facilitated by the Commission

What challenges remain in this area:: The current National Social Protection scheme for health (JKN) is impairing access to treatment for drug users. It is impairing because basically it does not mention any excluded groups but does clearly says that JKN doesn’t support treatment related to self-inflicted diseases, drugs and alcohol. This impairs the rights of PWID to social health protection

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 2

Since 2011, what have been key achievements in this area:: There is no change because there has been no significant policy reform enabling greater human rights protection and access to public services for PLHIV and MARPs.

What challenges remain in this area:: Lack of motivation by the Government to enforce human rights protection for MARPs, including monitoring and R/R of violations

B.IV Prevention

1. Has the country identified the specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: There various methods to analyze the needs: SCP (Behavioral Rapid Survey), IBBS, NGOs or community or sub national level mapping, Investment Case analysis

IF YES, what are these specific needs? : 1) SUFA – strategic use of ARV, increasing access to ARV/CST for prevention 2) CoC system, integrating HIV programme into the national health system to increase access for MARPs (bring access closer to those in need)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to...:

Blood safety: Disagree

Condom promotion: Agree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Disagree

HIV prevention in the workplace: Disagree

HIV testing and counseling: Agree

IEC on risk reduction: Disagree

IEC on stigma and discrimination reduction: Disagree

Prevention of mother-to-child transmission of HIV: Disagree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Disagree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Disagree

Risk reduction for sex workers: Disagree

School-based HIV education for young people: Disagree

Universal precautions in health care settings: Agree

Other [write in]:

: N/A

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 6

Since 2011, what have been key achievements in this area:: 1) PMTS (Prevention of sexual transmission program): STI module, Stigma and discrimination module 2) Youth: national strategy for young people 3) Access to CST is increasing especially through the Social Protection Scheme (JKN)

What challenges remain in this area:: 1) Harm Reduction: advocacy for law enforcement forces, involvement of the police force so far has been through the medical sector (Pusdokes) but not Law Enforcement (Bareskrim) 2) The closing down of brothels across the country 3) Promotion of condoms for young people has been challenging (need to analyze policies inhibiting these efforts) – population laws do not provide access to contraception (condoms) for unmarried couples 4) Social protection (JKN) and how it impairs access for drug users. Impairs (as noted above)

B.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

IF YES, Briefly identify the elements and what has been prioritized:: The prioritized elements include: early testing and initiation; psychosocial support; integration of OI treatment through the social protection scheme; scaling up has been a priority through LKB (CoC, or continuum of care) and SUFA (Strategic Use of ARV)

Briefly identify how HIV treatment, care and support services are being scaled-up?: 1. Access to ART has increased, bringing access closer to communities through the CoC approach (LKB) and SUFA by MoH. 2. Social protection scheme covers some components of PLHIV treatment needs (as advised by Health Ministerial Regulation (Permenkes) No.21/2013.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to...:

Antiretroviral therapy: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Agree

Early infant diagnosis: Disagree

HIV care and support in the workplace (including alternative working arrangements): Disagree

HIV testing and counselling for people with TB: Disagree

HIV treatment services in the workplace or treatment referral systems through the workplace: Disagree

Nutritional care: Disagree

Paediatric AIDS treatment: Disagree

Post-delivery ART provision to women: Disagree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Strongly disagree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Disagree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Agree

Other [write in]:

: N/A

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 6

Since 2011, what have been key achievements in this area: With the legal support of the Health Ministerial Regulation (Permenkes) No.21/2013, the national insurance scheme covers some elements of HIV-related treatment.

What challenges remain in this area: Access for drug users through the national insurance scheme is impaired as mentioned above

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:

Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 3

Since 2011, what have been key achievements in this area:: Definition of HIV treatment is related to mitigation, including OVCs. The Ministry of Social Affairs provides support for children affected by HIV, in particular at sub national levels where the AIDS epidemic is prevalent, for example in Papua, yet these programmes are mostly either sporadic and/or case-based.

What challenges remain in this area:: Support is not building sustainable systems; for example, when donors leave PLHIV who receive psychosocial support are left unattended. This is despite efforts by the Government to increase access to CST services through CoC (project approaches are more charity than programmatic)