Indonesia Report NCPI

NCPI Header

COUNTRY

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Describe the process used for NCPI data gathering and validation:
In filling out the form NCPI, participants are divided into two groups, Government (Part A) and Non-Government (Part B). Each group is guided by two facilitators who come from members of the group. Further, each group is subdivided, the group A into 5 sub-group and group B into two sub-groups. Choice of sub-groups based on their specialization. In sub-groups discussed each question one by one. Once completed, the sub-group discussions are then discussed in a large group, and the group agreed on a final decision.
Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:
Discussions have been running in the open situation, each sub-group member can give his opinion without pressure. In the discussion did not occur a sharp difference of opinion, only a perceived difference in interpretation of questions, but if no agreement was reached, will be noted in the answer. In general, in the end, the participants will still appreciate the joint decision.
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 about 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	A.I	A.II	A.III	A.IV	A.V	A.VI
Ministry of Health	Trijoko Yudopuspito	No	No	No	Yes	Yes	No
National Population and Family Planning Board	Djafar	No	No	No	Yes	Yes	No
Ministry of Religion Affairs	Hamim	No	No	No	Yes	Yes	No
Ministry of Social Affairs	Enang Rochana	No	No	No	Yes	Yes	No
Ministry of Law and Human Rights	Emi	No	No	No	Yes	Yes	No
National Development Planning Board	Nurul	Yes	No	No	No	No	No
Ministry of Law and Human Rights	Diah Ayu NH	Yes	No	No	No	No	No
National AIDS Commission	Suriadi GUnawan	Yes	No	No	No	No	No
Indonesia Armed Forces	Ghufron Solihin	No	Yes	Yes	No	No	No
Ministry of Youth and Sports	Abdul Rafur	No	Yes	Yes	No	No	No
Ministry of Women’s Empowerment and Child Protection	Dessy Oktarina	No	Yes	Yes	No	No	No
Minstry of Foreign Affairs	Risha Julian	No	Yes	Yes	No	No	No
Ministry of Law and Human Rights	Tholib	No	Yes	Yes	No	No	No
Ministry of Home Affairs	Sri Wahyuni	No	No	No	No	No	Yes
Ministry of Home Affairs	Herman	No	No	No	No	No	Yes

Ministry of Man Power and Transmigration	Muzakir	No	No	No	No	No	Yes
Ministry of Defense	Adi Priyono	No	No	No	No	No	Yes
National AIDS COmmission	Yant Susanti	No	No	No	No	No	Yes
-	-	No	No	No	No	No	No

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Indonesia Association of Positive HIV Women	Cia Wibisono	Yes	No	Yes	No	No
Indonesia Association of Drug User Victims	Meike Teja	Yes	No	Yes	No	No
Indonesia Association of Sex Workers	Aldo	Yes	No	Yes	No	No
Indonesia Association 0f Gay, Transgender and MSM	Tono Permana	Yes	No	Yes	No	No
Indonesia Family Planning Association	Nanang Munajat	Yes	No	Yes	No	No
Nahdatul Ulama (Indonesia Islamic Organization)	Helwiyah Umiyati	Yes	No	Yes	No	No
UNESCO	Ahmed Afzal	Yes	No	Yes	No	No
UNODC	Ade Aulia	Yes	No	Yes	No	No
Scaling Up Most at Risk Population (FHI)	Nasrun Hadi	Yes	No	Yes	No	No
ILO	Risya Kori	Yes	No	Yes	No	No
Pelita Ilmu Foundation	Husein Habsyi	No	Yes	No	Yes	Yes
Kesuma Buana Foundation	Siti Hidayati	No	Yes	No	Yes	Yes
Indonesia Red Cross	Eka Wulan	No	Yes	No	Yes	Yes
Indonesia Business Coalition on AIDS	Yuli W	No	Yes	No	Yes	Yes
Indonesia Addiction Counselor Association	Erry	No	Yes	No	Yes	Yes
Indonesia Behavior Changes Practitioner Association	Puji Suryantini	No	Yes	No	Yes	Yes
UNAIDS	Lely Wahyuniar	No	Yes	No	Yes	Yes
UNFPA	Deni AF	No	Yes	No	Yes	Yes

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?
(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):
Yes
IF YES, what was the period covered:
2007
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 with the title SRAN (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 Minister Coordination of Peoples Welfare was disbanded •1994 - 1999 = Strategic Plan for HIV / AIDS in Indonesia

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:
Indonesian National AIDS Commission

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

SECTORS

Included in Strategy	Earmarked Budget
Yes	Yes
Yes	Yes

Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes

Other [write in]:
Law and Human Rights
IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specifc activities?:
-

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

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
Sex workers:
Yes
Transgendered people:
Yes
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations:
Yes
Prisons:
Yes
Schools:
Yes
Workplace:
Yes
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:
No

IF NO, explain how key populations were identifed?:
-
1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:
1. Injecting drug users 2. Sex worker 3. Sex Workers clients 4. Transgender/waria 5. MSM 6. Prisoners 7. Youth 8. PLWHA
1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. 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

1.7

1.7. 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:
In preparation SRAN 2010 - 2014 civil society representatives involved from the design up to the finalization of the document. So that the various needs of civil society is reflected in the programs set SRAN.

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

1.9

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

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:
Yes

2.1. IF YES, is support for HIV integrated in the following specifc development plans?

Common Country Assessment/UN Development Assistance Framework:
Yes

National Development Plan:
Yes

Poverty Reduction Strategy:
Yes

Sector-wide approach:
Yes

Other [write in]:
-

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

HIV impact alleviation:
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 security or other schemes):
Yes

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

Other[write in below]:
-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:
No

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

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:
Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:
Yes

5.2. 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

5.3. Is HIV programme coverage being monitored?:
Yes

5.3

(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?:
1. Injecting drug users 2. Sex worker 3. Sex Workers clients/High risk man 4. Transgender 5. MSM 6. Prisoners 7. PLWHA
Briefly explain how this information is used:
For program planning and resources mobilization
(c) Is coverage monitored by geographical area:
Yes
IF YES, at which geographical levels (provincial, district, other)?:
National, provincial and district level
Briefly explain how this information is used:
For program planning and resources mobilization

5.4. Has the country developed 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:
The MoH has approved over 270 hospitals and 80 satellite (smaller and private hospital) to provide ART. The Staff in the hospitals have been trained to promote ART. ARV is provide free of charge.
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 the HIV programmes in 2011?:
7
Since 2009, what have been key achievements in this area:
1. The existence of a national strategy that involves multi-sector coordination by Bappenas 2. Expansion of the scope and coverage, particularly IDUs, prisoners, MSM and High Risk Youth Man 3. Increased allocation of domestic funds (state budget and regional budgets) 4. Increasing the number of district /municipal bylaw and allocated funds for HIV-AIDS programs
What challenges remain in this area:
Domestic funding for HIV- AIDS prevention program in the District / City is still an adequate

A - II. POLITICAL SUPPORT AND LEADERSHIP

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

A. Government ministers:
Yes
B. Other high offcials at sub-national level:
Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):
Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:
On World AIDS Day 2011, Vice President officially opened and gave a speech in Jakarta, capital city of Indonesia
2. Does the country have an offcially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:
Yes

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?:
Mr. HR. Agung Laksono, MD- Ministry Coordinator of Peoples Welfare

Have a defined membership?:
Yes
IF YES, how many members?:
32, consist of Minister and Head of Government Body, Key Population national network and private sector
Include civil society representatives?:
No
Include people living with HIV?:
Yes
IF YES, how many?:
2 national networks of people living with HIV and AIDS
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 interaction 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/Minister led by Coordinating Minister of People's Welfare 2. Every three months a meeting of the Implementation Team 3. There are regular reporting mechanisms for each sector, which contains the program and related activities on AIDS prevention. 4. National AIDS Conference every 4 years
What challenges remain in this area:
Financial support from the state budget is still low. In addition, in coordination meetings, officials representing each sector often change affecting the continuity of the program of the Ministry/Agency. Lack of socialization on important issues related to HIV / AIDS.
4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:
-

5.

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 below]:
-

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:
Eg Law. 22/1997 about narcotics converted into Law No.35/2009 on Narcotics
Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:
1. Law no. 22/1997 does not include rehabilitation for drug addicts, while the Law. 35/2009 have included an obligation for the rehabilitation of drug addicts. 2. The issuance of Circular Letter Supreme Court No. 3/2011 on Narcotics Abuse Victims Placement in Rehabilitation Institute; 3. Reviewing local regulations that are incompatible with national policy.
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 2011?:
7
Since 2009, what have been key achievements in this area:
1. Policy formulation ministerial decree, Commander of the Armed forces, and other regulations that support the HIV / AIDS program. 2. Increased proportion of domestic resources for the national budget on HIV / AIDS (40% compared to the international financial support).
What challenges remain in this area:
1. There are still policy makers (Minister-level officials) who do not understand HIV / AIDS in a comprehensively, for example, still considers the HIV / AIDS is the responsibility of the Ministry of Health. 2. The lack of information for religious leaders and

community members so there is no good understanding of the impact of HIV AIDS resulting in stigma in the community

A - III. HUMAN RIGHTS

1.1

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:
Yes
People who inject drugs:
Yes
Prison inmates:
Yes
Sex workers:
No
Transgendered people:
No
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations [write in]:
-

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 (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 is cruel, inhuman or degrading (CAT); 4. Circular Letter Supreme Court. No 3/2011 concerning the placement of victims of substance abuse in the Rehabilitation Institute; 5. Regulation of Gender Responsive Budget Planning 6. Child Protection Act No. 23/2002 7. Elimination of Domestic Violence Act No. 23/2004
Briefly explain what mechanisms are in place to ensure these laws are implemented:
1. Establishment of 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 Indonesian Child Protection Commission 4. Establishment of the National Commission for 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 other vulnerable subpopulations?:
Yes

IF YES, for which subpopulations?

People living with HIV:
-
Men who have sex with men:
Yes
Migrants/mobile populations:
-
Orphans and other vulnerable children:
-
People with disabilities:
-
People who inject drugs :
Yes
Prison inmates:
-
Sex workers:
Yes
Transgendered people:

Yes
Women and girls:
-
Young women/young men:
-
Other specific vulnerable subpopulations [write in below]:
-

Briefly describe the content of these laws, regulations or policies:
For example, local bylaws forbid that localization of prostitution, which would complicate efforts to control the spread of HIV / AIDS (not in line with national policy). Bylaw in Aceh province which probed homosexuality, police which still criminalize drugs user in certain areas. Certain districs/municipal bylaws forbid prostitution.
Briefly comment on how they pose barriers:
Socialization to harmonize local legislation with the legislation / national policy, for example, through the Ministry of the Interior (close to the regional government to repeal laws that are not aligned) and the Regional AIDS Commission.

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?

Abstain from injecting drugs:
Yes
Avoid commercial sex:
Yes
Avoid inter-generational sex:
Yes
Be faithful:
Yes
Be sexually abstinent:
Yes
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 below]:
-

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?:
No
Secondary schools?:
No
Teacher training?:
Yes

2.2. Does the strategy include age-appropriate, 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 mapped vulnerable sub-populations and has conducted educational and promotional information and health interventions. Related to the curriculum in schools including boarding schools, there are some provinces that already includes the basic information of HIV in the education curriculum, such as Papua, East Java and Bali.

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

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	No	-
Yes	No	No	No	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	Yes	Yes	Yes	Yes	-
Yes	No	Yes	No	Yes	-

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 2011?:
7
Since 2009, what have been key achievements in this area:
In the prevention program: 1. AIDS National Strategic Action Plan 2010-2014 2. National AIDS Commission and government sectors have establish Working Groups
What challenges remain in this area:
1. Condom use program still not accepted in the community 2. Still a lack of coordination of various sectors 3. Reporting and the documentation is still not optimal 4. Low levels of support from policy makers at the central and local levels. 5. Most of the sector still facing difficulties to allocate budgets for HIV/AIDS in state as well as regional budgets.
4. Has the country identifed specifc needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
Providing IEC to the following groups: 1. Youth group. 2. Workers at the seaport, bus terminals, truck stops, airports, industrial centers 3. Prison inmates 4. Vulnerable groups, such as street children, vagrants and beggars, etc.

4.1. To what extent has HIV prevention been implemented?

Blood safety:
Strongly Agree
Condom promotion:
Disagree
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:
Disagree
IEC on risk reduction:
Disagree
IEC on stigma and discrimination reduction:
Disagree

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:
Agree
Risk reduction for sex workers:
Agree
School-based HIV education for young people:
Strongly Agree
Universal precautions in health care settings:
-
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 2011?:
6

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. ARV drugs provide free of charge (MoH) 2. Integrated prevention, treatment, care and support of HIV
Briefly identify how HIV treatment, care and support services are being scaled-up?:
1. 278 PLWHA referral hospital for ART 2. Satellite health centers and hospitals increased 87 unit 3. 342 Test and counseling Clinic (including prisons) 4. The existence of a comprehensive and integrated service SOP

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

Antiretroviral therapy:
Strongly Agree
ART for TB patients:
Strongly 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:
Strongly Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Agree
Nutritional care:
Strongly Agree
Paediatric AIDS treatment:
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:
Strongly 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:
Strongly Agree

TB screening for people living with HIV:
Strongly Agree
Treatment of common HIV-related infections:
Strongly Agree
Other [write in]:
-

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. Economic empowerment of PLWHA through Productive Enterprises 2. Social assistance for the fulfillment of basic needs of PLWHA
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. ART 2. Condoms 3. STI and opportunistic infection drugs 4. Oral substitution (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 2011?:
7
Since 2009, what have been key achievements in this area:
1. ARVs are free 2. Condoms are available and distributed 3. The drugs are always available 4. ARV recipients more than the target set in 2011 (target 45% achievement of 87%) 5. Counseling and testing target Above 15 years 800.000, 600 000 achievement
What challenges remain in this area:
1. More sources of funding from domestic sources the present proportion of government to foreign funding is 1: 2 2. The persistence of stigma and discrimination 3. ARV adherence levels vary, approximately 60% - 70%
6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:
Yes
IF YES, is there an operational definition for orphans and vulnerable children in the country?:
Yes
IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:
Yes
IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:
Yes
IF YES, what percentage of orphans and vulnerable children is being reached? :
-
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 2011?:
6
Since 2009, what have been key achievements in this area:
The existence of a program of economic support and mitigation of ministry of social affairs for children with hiv and AIDS and family
What challenges remain in this area:
1. PLWHA referral hospital 100% target but only 20% achieved 2. Geographical natural and social conditions are not the same in all provinces 3. Government policy on health is not the same as in all provinces/district part of 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:
Not all partners have M&E system or plan due to different policy on M&E issues among them. In addition, infrastructures to support M&E related activities still need improvement.
1.1 IF YES, years covered:
2010
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:

Some of partners haven't had M&E unit, M&E system and plan, therefore, integration of their M&E activities into national M&E plan has not yet been done, including indicators harmonization

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:
Yes
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? :
10%
4. Is there a functional national M&E Unit?:
Yes
Briefly describe any obstacles:
Limitation in resources (human, financial and supportive facilities) for national M&E related activities management in order to improve quality of implementation of 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 [write in]?:
-

Permanent Staff [Add as many as needed]

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

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	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 partners at district level submit their report regularly (once a month) to District AIDS Commission then it will be compiled and sent to National AIDS Commission. National implementing partners submit their report regularly (quarterly) to National AIDS Commission using standardized format All reports are reviewed and the highlights are shared in the national report.
What are the major challenges in this area:
Some partners are not yet committed to share the reports regularly because they do not have M&E officer, no budget to conduct M&E activities, and no M&E system yet.
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.:
National database being managed is limited to data on program coverage performed by key stakeholders. This needs improvement to ensure all important data can be recorded into national database. Database is managed by national M&E staff. Each partner also manage their database related to implementation of their program.
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

6.2. Is there a functional Health Information System?

At national level:
Yes
At subnational level:
Yes
IF YES, at what level(s)?:
-

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

8. 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]:
-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:
Quarterly report on HIV & AIDS published by the Ministry of Health shows epidemic situation in all regions. This epidemic data is used for developing prevention strategy either for that specific region or national policy makers. One of the examples is epidemic data for AIDS budget improvement. Challenges: AIDS program sometimes not included in list of program priorities in a region therefore it will take some time for the region to decide to increase budget allocation for AIDS.

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

At national level?:
Yes
IF YES, what was the number trained:
Training on National AIDS Spending Assessment, 34 Participants
At subnational level?:
Yes
IF YES, what was the number trained:
-
At service delivery level including civil society?:
Yes
IF YES, how many?:
-

9.1. Were other M&E capacity-building activities conducted` other than training?:
Yes
IF YES, describe what types of activities:
Workshops, seminar, congress and national meeting on AIDS
10. 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 2011?:
7
Since 2009, what have been key achievements in this area:
• Development of online reporting and recording system applied by 33 provinces. • Mapping on MARP at district/city level. • Integrated Bio Behavioral Survey 2009 and 2011 • Rapid Behavioral Survey for FSW and IDUs in 2009 and 2010 • Annual Epidemiology Surveillance • National AIDS Spending Assessment 2009-2010
What challenges remain in this area:
• Harmonization of program indicators among program implementers • Commitment for sharing report regularly.

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?:
2
Comments and examples:
Civil society (CS) is defined as: KAP/MARP, women, youth, faith-based organizations. The emphasis is still on KAPs. CS' contribution in terms of its relation to the NAC has been great as at all levels of decision-making at the NAC, CS were consulted. But on a greater level, the AIDS response in general, the contribution of CS has been limited. This is clear as there are still in place regulations, laws and rules that are violating human rights, in particular those of marginalized groups (ie.MSM, IDUs, PLWHIV, etc) either at national or local levels. Meanwhile, at national level, the role of CS has been limited to the NAC,while other sectors rarely involve KAP groups in decision making meetings.
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)?:
2
Comments and examples:
The involvement of civil society can be described as follows, according to the stages of planning: - During the formulation of the National AIDS Strategy, civil society had full involvement and consultation. - In terms of implementation of programs, the role of civil society is increasing. - But in terms of budgeting, particularly at the national level, the system doesn't provide a forum for civil society to be involved in the decision making process of national budgeting. On the other hand, at local level, we are seeing civil society groups in some districts involved in the formulation of the AIDS budget.

3.

a. The national HIV strategy?:
4
b. The national HIV budget?:
2
c. The national HIV reports?:
4
Comments and examples:
NGOs are providing services, mostly using international funds/aids. These are included in the National Strategy (please refer to No.2, and the budgeting (please refer to No.2). In terms of reports, NGOs have been reporting to International AID or to national NGOs. While at regional level, they report to local KPA which in turn reports to NAC

4.

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? :
-
c. Participate in using data for decision-making?:
2
Comments and examples:
• Civil society is encouraged to use data/evidence/scientific analysis. Some examples: oGWL used data while formulating the GWL National AIDS Strategy and Action Plan oJOTHI too has been using data and actively doing research oIPPI also had limited usage of data. • Civil society is not accustomed to using data for decision making, as they are lacking the appropriate capacities. More technical assistance is needed to increase capacitiesof: data collection, data analysis and data usage among civil society groups. • Data from MOH needs to be made public. Raw data is part of the public domain!

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:
3
Comments and examples:
Compared to prior periods, the role of civil society is increasing but greater efforts and emphasis to push for an active involvement. Capacity building is needed here.

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?:
3
b. Adequate technical support to implement its HIV activities?:
3
Comments and examples:
• There is transparancy in terms funds usage through the CCM forum for GFATM funded projects. All PRs which are the MOH, KPAN, PKBI and NU are open transparant. • Proposals that were submited by civil society for funding usually gets heavy revisions and cuts of proposed budgets • If civil society is lacking initiatives to access HIV activities is more due to lack of information, capacity.

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

People living with HIV:
>75%
Men who have sex with men:
>75%
People who inject drugs:
51-75%
Sex workers:
>75%
Transgendered people:
>75%
Testing and Counselling:
<25%
Reduction of Stigma and Discrimination:
>75%
Clinical services (ART/OI)*:
<25%
Home-based care:
>75%
Programmes for OVC:**
51-75%

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 2011?:
5
Since 2009, what have been key achievements in this area:
• Efforts to increase the involvement of civil society is not accompanied by increase of capacity neither at national nor local levels. There is no meaningful involvement which provides access and control – the government is expected to increase the meaning of civil society's participation. • E.g. the lack of civil society participation is clear with the lack of legality of KAP. Although there are improvements for drug users with the acknolwedgment as victims (korban) but for KPA related to sexual transmission, legality still remains a struggle.
What challenges remain in this area:
• KAP particularly related to sexual transmission: sex workers, waria, etc are still not acknowledged by the government (exclusion by the state) • E.g: brothels are being closed down. Minister of Social Affairs has made statements naming prostition as societal diseases (penyakit masyarakat) • Erroreous perspective is still rampant: stigma and discrimination instead of empowerment

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:
• In terms of involvement, still many aspects of support for civil society has not been facilitated • Greater involvement in terms of program design particularly supported by GFATM from planning to implementation through the CCM forum • Involvement at the national level has been optimal but lacking at local/regional level (positive condition has been reported in few provinces only) • The proportion of CSO and KAP representativeness is not sufficient in these forums: CCM, IMS etc. • PLHIV 's involvement is still just as mere staff, but not as decision makers, not in decision making positions

B - III. HUMAN RIGHTS

1.1.

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
Transgendered people:
No
Women and girls:
Yes
Young women/young men:
No
Other specific vulnerable subpopulations [write in]:
-

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:
• Review laws and regulations that discriminate KAP: Laws on human rights, health, domestic violence, etc.
Briefly explain what mechanisms are in place to ensure that these laws are implemented:
• The role of civil society in terms of control and monitoring of law enforcement has been minimum, due to lack of capacity. • Parliamentarians (DPR, DPD) do not represent neither do they articulate the problems of civil society especially KAPs
Briefly comment on the degree to which they are currently implemented:
• Because issues related to KAP are being judged as moralistic, enforcement of laws protecting this group has been lacking and for some groups non-existent: cases related to children, women, sex workers and Gay Transgender and MSM.
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?

People living with HIV:
Yes
Men who have sex with men:
Yes
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
No
People with disabilities:
No
People who inject drugs:
Yes
Prison inmates:
No
Sex workers:
Yes
Transgendered people:
Yes
Women and girls:
Yes
Young women/young men:
No
Other specific vulnerable subpopulations [write in]:
-

Briefly describe the content of these laws, regulations or policies:
• Local rules and regulations (PERDA) that criminalize PLWHIV (Jatim, Bali), Pornographic laws, Laws concerning migrant workers and the Narcotics Law (contains many contradictions)
Briefly comment on how they pose barriers:
• Each laws must be reviewed, article by article; • Harmonizing laws, Amendments of laws that are criminalizing • Advocacy to change laws and regulations that are inhibiting AIDS programs
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:
• Women the Domestic law No: 23/2004 • Sexual harassment towards men, transgender
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:
• The 2010-2014 National AIDS Strategy and Action Plan, one of the principles of good response to AIDS includes : “law

enforcement" : to embody rule of law that is fair for all parties, without exception/discrimination, upholding human rights and local values.

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly describe this mechanism:

• Documentation is done by civil society, e.g. human rights violation on drug users, and positive people is available. But none on sex workers. • NAC has no system to document these violation, while such mechanism should be made available, a system that still protects the identity of victims • Another partner to involve is the National Human Rights Commission which has the authority to investigate violations reported. • in the workplace, despite regulations protecting workers but none have the courage to report violations by the industry/company fearing being exposed.

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
-	-	Yes

If applicable, which populations have been identified as priority, and for which services?:

• All service are free including HIV testing Harm Reduction Needle syringes, except for administrative fees • There are no standard administrative fees, it varies among hospitals (private hospitals) • Follow up treatments are not free • TB treatments are free, but test related and needed are not free • There are no priorities set

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?:

Yes

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

There are no differences, there is equal access.

8.1

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?:

Yes

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

Refer to SRAN 2010-2014

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

No

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:

No

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:

• National commission for the protection of women and children • But none at other commissions such as: Human rights, Ombudsman

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 enforcement 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]:
Implementation has been ineffective. Sporadically cases of discrimination are still being reported

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 2011?:
3
Since 2009, what have been key achievements in this area:
Amendment to the Narcotics Law, regulatory improvement in terms of harm reduction
What challenges remain in this area:
• Sex workers needing protection, facing closing down of brothels • Inconsistency in laws and regulations • Dependence on political situation, individual leadership (saving face values)
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 2011?:
2
Since 2009, what have been key achievements in this area:
There are no significant improvement or obstacles
What challenges remain in this area:
• Contradictory laws and regulations • Law enforcer • Formal government documents such as planning documents (RENSTRA) are not being implemented appropriately

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
• NAC has done initial assessments to map out the AIDS epidemic based on transmission risks and patterns, focusing on prevention efforts • NAC also mapped out resources available • The involvement of other ministerial sectors should be improved/increased Some sectors are being involved including migrant workers (BNP2TKI), construction (PU), education ministry for youth, Women and children, social affairs for positive children • PMI (Indonesian red cross): blood safety, peer education for youth • IBCA : AIDS in the workplace • ILO: expanding prevention to migrant workers in particular high risk men • IKAI: prevention among housewives and children • UNFPA: access for youth to reproductive health

1.1 To what extent has HIV prevention been implemented?

Blood safety:
Agree
Condom promotion:
Disagree
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:
Agree
Risk reduction for intimate partners of key populations:
Disagree
Risk reduction for men who have sex with men:
Agree
Risk reduction for sex workers:
Disagree
School-based HIV education for young people:
Disagree
Universal precautions in health care settings:
Agree
Other [write in]:
-

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 2011?:
6
Since 2009, what have been key achievements in this area:
• PMTS or Prevention of sexual transmission has started • A special strategy for high risk men and MSM has been completed • There are preventive strategies for migrant workers but not all are being appropriately implemented • Program for youth, in particular through peer educators • Increasing coverage across all provinces • More companies (IBCA) are showing attention and implementing AIDS in the workplace programs
What challenges remain in this area:
• Condom promotion is still problematic: in brothels, nightclubs, use of condoms is still low. Some of the obstacles are perceptions and advocacy by religious leaders. Young people, unmarried adults are having difficulties accessing condoms • Local regulations based on moralistic values, closing down of brothels • Lack of networks, united efforts to mobilize resources • Sustainability of programs

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:
Yes
IF YES, Briefly identify the elements and what has been prioritized:
- ARV treatment: government covers ARV costs of 60% - There are 175 referral hospitals providing ARV
Briefly identify how HIV treatment, care and support services are being scaled-up?:
• PMTCT services • CD4 needs to be increased • Services should be made more accessible in particular at district/municipal levels

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

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):
Disagree

Post-exposure prophylaxis for occupational exposures to HIV:
Agree
Psychosocial support for people living with HIV and their families:
Agree
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]:
-

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 2011?:
7
Since 2009, what have been key achievements in this area:
Services is increasing, more spread out to the county / city, and more accessible,
What challenges remain in this area:
TB / HIV needs to be improved
2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other 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 to meet the HIV-related needs of orphans and other vulnerable children in 2011?":
2
Since 2009, what have been key achievements in this area:
• Ministry of social affairs has carried programs at provincial levels in particular for PLWHIV. • NGOs efforts
What challenges remain in this area:
• Migrant workers have no access to support and ARV treatment yet • OVC and mitigation are still dependent on NGOs, no national program has been made available, not yet a priority. • Increasing number of cases, no permanent monitoring system has been set

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