

Survey Response Details

Response Information

Started: 3/26/2010 12:31:57 AM
Completed: 3/31/2010 5:02:41 AM
Last Edited: 4/22/2010 11:56:15 PM
Total Time: 5.04:30:44.0560000

User Information

Username: ce_ID
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Response Details

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1) Country

Indonesia (0)

2) Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

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7) Date of submission:

Please enter in DD/MM/YYYY format

31/03/2010

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8) Describe the process used for NCPI data gathering and validation:

The NCPI data gathering was conducted through serial of consultation meetings with all stakeholders (government and civil society). All participants shared their opinion on recent situation regarding the national HIV and AIDS response using the NCPI questionnaire, led by the National AIDS Commission. In the last meeting with stakeholders, all answers were validated and cleared.

Similar to the previous rounds of NCPI, different participants from previous rounds were invited to the meeting. Therefore it is difficult to develop a trend analysis of the NCPI results. During the consultation meeting with Monitoring and Evaluation Working Group in January 2010, it was agreed that the results of NCPI evaluation are independent or not related to the previous ones. In addition to that, the NCPI result is influenced by the national issues that were raised during the discussions, for example issues on HIV policy implementation.

9) Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

Disagreements happened to some questions in the questionnaire, the meeting coordinator (NAC) tried to accommodate these different opinions but then finally one agreed result or answer should be determined. Sometimes some participants do not know the recent response the country has been done, this became a chance for those who know better the situation to tell others who do not know yet. Although the questionnaires seem to be formulated in a clear and uncomplicated manner, differing perceptions and interpretations on the questions occurred during the discussions. There were times when participants debated over points of wording in the questionnaires. Clear facilitator guidelines would be helpful in order to focus the discussion and minimize bias.

10)

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

Concerns shown up: 1. Different participants attending the session of NCPI consultation meetings. 2. Different interpretation to some questions in the questionnaire. 3. A need for guideline for completing the questionnaire.

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11)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Ministry of Religious affair	Hamim	A.I, A.II

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Ministry of Religious affair	Hamim	A.I, A.II
Respondent 3	Ministry of Tourism	Yabez Tasih	A. I, A. II
Respondent 4	Ministry of Health	Rita Djupuri	A.I, A.II, A.III, A.IV
Respondent 5	Ministry of Sport and Youth Affairs	Purwanto	A. I, A. II
Respondent 6	Indonesian Police	dr. Harianto	A.III, A.IV, A.V
Respondent	Ministry of Research and		

Respondent 7	Ministry of Research and Technology	Fitri Yunita	A. III, A. IV, A. V
Respondent 8	Ministry of Defence	Cholid AR	A. III, A. IV, A. V
Respondent 9	Ministry of Law and Human Right	Enjang Sudarya	A. I, A. II
Respondent 10	Family Planning Coordination Board	Suminto	A. I, A. II
Respondent 11	Ministry of People's Welfare	Silvanie Tompodung	A. I, A. II
Respondent 12	Central Health for Indonesia Armed Forces	Ghufron Sholihin	A. III, A. IV, A. V
Respondent 13	Ministry of Social Welfare	Desmawati Dahlan	A. I, A. II
Respondent 14	Directorate General of Detention Centre	A Zaenal Fikri	A. III, A. IV, A. V
Respondent 15	National AIDS Commission (NAC)	Dr. Kemal Siregar	A. I, A. II, A. III, A. IV, A. V
Respondent 16	National AIDS Commission (NAC)	Dr. Suriadi	A. I, A. II, A. III, A. IV, A. V
Respondent 17	National AIDS Commission (NAC)	Ali Zazri	A. I, A. II, A. III, A. IV, A. V
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

13)

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

Organization		Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	UNGASS Forum Indonesia	Aditya Wardhana	B. I, B. II, B. III, B. IV

14)

Organization		Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent		Bobert	

Respondent 2	Jayapura Support Group	Robert Sihombing	B.I, B.II
Respondent 3	Yayasan Gaya Nusantara	Ko Budiyanto	B. I, B. II
Respondent 4	Hotline Surabaya	Esthi susanti	B.I, B.II
Respondent 5	Solidaritas Perempuan	Thaufik Zulbahary	B. I, B. II
Respondent 6	lkon Bali	I G N Wahyunda	B.I, B.II
Respondent 7	JOTHI	Abdullah Denovan	B. I, B. II
Respondent 8	IPPI	Chyntia	B.I, B.II
Respondent 9	LP3Y	Slamet Riyadi	B. I, B. II
Respondent 10	Yayasan Kusuma Buana	Adi Sasongko	B.I, B.II
Respondent 11	FHI	Cipta Sari P.	B. III, B. IV
Respondent 12	STIGMA	M.sugi	B.I, B.II, B.III, B.IV
Respondent 13	UNGASS Forum	Belinda	B. I, B. II, B. III, B. IV
Respondent 14	FHI	Kiki Syafitri	B.I, B.II
Respondent 15	JOTHI NAD	M.Rizal	B. I, B. II
Respondent 16	AIDS Research Centre Atmajaya	Octavery Kamil	B.I, B.II
Respondent 17	Yayasan Gerbang	Andika	B. III, B. IV
Respondent 18	YPI	Husein Habsyi	B.III, B.IV
Respondent 19	GWL INA	Harry P	B. III, B. IV
Respondent 20	OPSI	Aldo	B.III, B.IV
Respondent 21	Y.Tegak Tegar	Sika	B. III, B. IV
Respondent 22	Y.Laras Kalimantan Timur	Suhendro Sugiharto	B.III, B.IV
Respondent 23	Y.Kipas Bengkulu	Merly Yuanda	B. III, B. IV
Respondent 24	Kios Informasi Atmajaya	Arman Arya	B.III, B.IV
Respondent 25	Yayasan Rempah	Hidayatul Fitri	B. III, B. IV

15) If the number of respondents to Part B is more than 25, please enter the rest of respondents for Part B in below box.

PKBI DKI Heri Susanto JANGKAR Irawan Afrianto Tegak Tegar Adhi FHI Rizky I Shafitri They queried on B.I and B.II Our Voice Hartoyo : queried on B.I to B.IV

16)

Part A, Section 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 (0)

Page 7

17)

1.1 How long has the country had a multisectoral strategy?

Number of Years

15

18)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	Yes	Yes
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*		

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19)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes

f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	No
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

20)

1.4 Were target populations identified through a needs assessment?

Yes (0)

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21)

Part A, Section I: STRATEGIC PLAN**Question 1.4 (continued)****IF YES, when was this needs assessment conducted?**

Please enter the year in yyyy format

2007

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22)

Part A, Section I: STRATEGIC PLAN**1.5 What are the identified target populations for HIV programmes in the country?**

Injecting Drugs Users, Sex Workers, Clients of Sex Workers, transgenders, prisoners, people living with HIV

23)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

24)

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? | Yes |
| e. A monitoring and evaluation framework? | Yes |

25)

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

Active involvement (0)

Page 12

26)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)

IF active involvement, briefly explain how this was organised:

The National AIDS Commission and its Executive Team has representatives from civil society/networks of key populations. Technical working groups established by NAC, including the Team to prepare the National Strategy & Action Plan for 2010-2014 also have representatives of civil society. Civil society is also represented in the CCM for the Global Fund and be Principal Recipients of GF funds. The NAC actively supports the establishment and operation of networks of key populations, e.g. in providing office space and sponsoring their national consultations.

27)

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

Yes (0)

28)

1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

Yes, some partners (0)

Page 14

29)

Part A, Section I: STRATEGIC PLAN

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 (0)

Page 15

30)

Part A, Section I: STRATEGIC PLAN**2.1 IF YES, in which specific development plan(s) is support for HIV integrated?**

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes
e. Other: Please specify	

31)

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

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
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
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Other: Please specify	

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32)

Part A, Section I: STRATEGIC PLAN**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?**

No (0)

Page 17

33)

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 (0)

Page 18

34)

Part A, Section I: STRATEGIC PLAN

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

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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35)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)

If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

In principle, VCT is provided for uniformed services. Mandatory testing is practiced for screening military recruits (volunteers) and for pre and post deployment (e.g. military operations or international peace keeping operations)

36)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

Page 20

37)

Part A, Section I: STRATEGIC PLAN

5.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	No
e. Sex Workers	No
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes

Other: Please specify

38)

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

For non-discrimination of women there is Law No.7/1984 against all discrimination of women and Government Regulation No.9/1999 on gender mainstreaming. There is also Law No21/2007 against human trafficking. A National Commission for the Protection of Women has also been established. Indonesia has also Law No.39/1999 on Basic Human Rights and established a National Commission on Human Rights

39)

Briefly comment on the degree to which these laws are currently implemented:

These laws are being gradually implemented. Socialization and coordination among the implementers/stakeholders like the police, military, law enforcement agencies and local governments still has to be improved

Page 21

40)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

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41)

Part A, Section I: STRATEGIC PLAN

6.1 IF YES, for which subpopulations?

a. Women	No
b. Young people	No
c. Injecting drug users	Yes
d. Men who have sex with men	No
e. Sex Workers	Yes
f. Prison inmates	No
g. Migrants/mobile populations	No

Other: Please specify

42)

IF YES, briefly describe the content of these laws, regulations or policies:

The Law on Narcotics still prohibits all forms of narcotics use and require all addicts/users to

undergo rehabilitation. Several Local Government Bylaws prohibits prostitution/commercial sex and require the closure of red light areas (localization).

43)

Briefly comment on how they pose barriers:

The Law on Narcotics does not support harm reduction services such as needle/syringe exchange. Special arrangements and negotiations with the local police are needed to enable needle/syringe exchange services to be provided. The local government bylaws closing prostitution complexes resulted in the spread of street prostitution and make it difficult for local health departments to provide services for sexually transmitted disease control/condom promotion

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44)

Part A, Section I: STRATEGIC PLAN**7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes (0)

Page 24

45)

Part A, Section I: STRATEGIC PLAN**7.1 Have the national strategy and national HIV budget been revised accordingly?**

Yes (0)

46)

7.2 Have the estimates of the size of the main target populations been updated?

Yes (0)

Page 25

47)

Part A, Section I: STRATEGIC PLAN**7.3 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 (0)

48)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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49)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

50)

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

Yes (0)

Page 27

51)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (b) (continued)****IF YES, for which population groups?**

Key populations like IDUs, sex workers, transgenders, clients of sex workers

52)

Briefly explain how this information is used:

This is used for evaluation and planning of programmes

Page 2853) **Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

Page 29

54)

Part A, Section I: STRATEGIC PLAN**Question 7.4 (c) (continued)****IF YES, at which geographical levels (provincial, district, other)?**

Province/district/city

55)

Briefly explain how this information is used:

Evaluation and planning of programmes

56)

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

Yes (0)

Page 30

57)

Part A, Section I: STRATEGIC PLAN**Question 7.5 (continued)**

Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

8 (8)

58)

Since 2007, what have been key achievements in this area:

Coverage of HR services (methadone substitution and needled/syringe exchange) has increased
Participation of sectors (outside health) has increased
The national budget (central and local government) devoted to AIDS has increased
Participation of civil society/key populations has increased
Monitoring & evaluations
Surveillance have improved

59)

What are remaining challenges in this area:

Better control HIV transmission through commercial sex and among MSM
The resistance against condom use has to be overcome
The Narcotics Law and other legislation/local bylaws which present obstacles to HIV prevention have to be amended
Stigma and discrimination remain a challenge
Health system should be further strengthened
Community knowledge and awareness on AIDS need to be improved

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60)

Part A, Section II: POLITICAL SUPPORT

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

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

61)

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

Yes (0)

Page 32

62)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1987

63)

2.2 IF YES, who is the Chair?

Name	Dr Agung Leksono
Position/title	Coordinating Minister for People's Welfare

64)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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65)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

35

66)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

5

67)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

4

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68)

Part A, Section II: POLITICAL SUPPORT

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 (0)

Page 35

69)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)

IF YES, briefly describe the main achievements:

Representatives of civil society and the private sector played active roles in ExecutiveTeam of NAC. A Business AIDS Coalition and Networks of Key populations (drug users, sex workers, PLHIV, gays & transgenders) have been formed.

70)

Briefly describe the main challenges:

Government officials (members of NAC and its Executive Team) have limited time, but need to give more time and attention to HIV/AIDS. The private sector and civil society networks still need strengthening and expand their memberships.

71)

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

Please enter the rounded percentage (0-100)

10

72)

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

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Please specify	

73)

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

Yes (0)

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74)

Part A, Section II: POLITICAL SUPPORT

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

Yes (0)

Page 37

75)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

IF YES, name and describe how the policies / laws were amended:

Laws are made by Parliament. The NAC attended a hearing with Parliament and lobbied members of Parliament when the new Law on Narcotics was being prepared. The Law still prohibits the use of narcotics, but allows drug users to stay out of jail if they report to a health facility and undergo rehabilitation. The use of methadone as substitution is allowed by the law. Regulation No. 2/2007 of the Coordinating Minister for People's Welfare/Chair of the NAC on the National Strategy of HIV/AIDS Control through Harm Reduction of the Use of Narcotics, Psychotropics and Addictive Substances is used as a basis for providing HT services to IDUs. Negotiations and agreements with local police are needed to ensure collaboration and support from the local police. Local government bylaws (issued by local parliaments) which are based on Syaria (Islamic law) are being studied by the Ministry of Interior/Ministry of Law & Human Rights and will be amended if found to contradict the Constitution.

76)

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

The Law on Narcotics still does not completely support harm reduction. Several local government bylaws on the closure of commercial sex localization areas interfere with efforts to control sexually transmitted diseases and condom promotion

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77)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)

Overall, how would you rate the political support for the HIV programmes in 2009?

7 (7)

78)

Since 2007, what have been key achievements in this area:

1. The establishment of the National Planning Forum for HIV/AIDS by the National Planning Board.
2. Several local governments have issued bylaws on HIV/AIDS prevention & control
3. Regulation No.2/2007 of the Coordinating Minister for People's Welfare on Harm Reduction
4. Regulation No. 20/2007 of the Minister of Home Affairs on the Formation of Local AIDS Commissions and the Empowerment of Communities for HIV Prevention and Control
5. Speech of the President at the Opening of ICAAP9 in Bali on August 2009

79)

What are remaining challenges in this area:

The challenge is to put the good policies into practice by strengthening the capacity of AIDS Commissions at national, provincial and district/city levels and the community/civil society.

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80)

Part A, Section III: PREVENTION

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

Yes (0)

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81)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- h. Abstain from injecting drugs (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- m. Males to get circumcised under medical supervision (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

82)

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

Yes (0)

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83)

Part A, Section III: PREVENTION

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

Yes (0)

84)

2.1 Is HIV education part of the curriculum in:

primary schools? No
 secondary schools? Yes
 teacher training? Yes

85)

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

Yes (0)

86)

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

Yes (0)

87)

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?

Yes (0)

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88)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Vulnerability reduction (e.g. income generation)	Men having sex with men, Sex workers
Drug substitution therapy	Injecting drug user, Prison inmates
Needle & syringe exchange	Injecting drug user

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89)

Part A, III. PREVENTION**Question 3.1 (continued)****Overall, how would you rate the policy efforts in support of HIV prevention in 2009?**

8 (8)

90)

Since 2007, what have been key achievements in this area:

1. The establishment of the National Planning Forum for HIV/AIDS by the National Planning Board.
2. Several local governments have issued bylaws on HIV/AIDS prevention & control
3. Regulation No.2/2007 of the Coordinating Minister for People's Welfare on Harm Reduction
4. Regulation No. 20/2007 of the Minister of Home Affairs on the Formation of Local AIDS Commissions and the Empowerment of Communities for HIV Prevention and Control
5. Speech of the President at the Opening of ICAAP9 in Bali on August 2009

91)

What are remaining challenges in this area:

To put the policies and guidelines into practice still requires a lot of efforts: socialization of the policies, better coordination, formulation of, operational & technical guidelines.

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92)

Part A, III. PREVENTION**4. Has the country identified specific needs for HIV prevention programmes?**

Yes (0)

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93)

Part A, III. PREVENTION**Question 4 (continued)****IF YES, how were these specific needs determined?**

Specific needs are determined after a careful analysis of existing data / situational analysis, policy analysis and cost analysis.

94)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Don't agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Don't agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
- HIV Prevention in National Army - HIV Prevention in Police Republic of Indonesia	

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95)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

7 (7)

96)

Since 2007, what have been key achievements in this area:

Increased coverage of HR for IDUs. Increased coverage of services for female sex workers.

97)

What are remaining challenges in this area:

The limited coverage of PMTCT and services for MSM.

Page 48

98)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 49

99)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**1.1 IF YES, does it address barriers for women?**

Yes (0)

100)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

101)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 50

102)

Part A, Section IV: TREATMENT, CARE AND SUPPORT**Question 2 (continued)****IF YES, how were these determined?**

Based on the standards of care/recommendations of of the Technical Working Group on CST.

103)

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

The majority of people in need
have access

HIV treatment, care and support service

Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Don't agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree

Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

Page 51

104)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

105)

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

Yes (0)

Page 52

106)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)

IF YES, for which commodities?:

ARV, condoms and substitution drugs.

Page 53

107)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

7 (7)

108)

Since 2007, what have been key achievements in this area:

The increase in hospitals and health centres capable of providing VCT, CST, ART.

109)

What are remaining challenges in this area:

-Limitation in the coverage of health insurance for the poor. -Improvement of logistic management of ARV.

Page 54

110)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 55

111)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes (0)

112)

5.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

113)

5.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

No (0)

Page 56

114)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

4 (4)

115)

Since 2007, what have been key achievements in this area:

-The existence of a National Strategy for Children and Youth -Mitigation of the impact of HIV/AIDS on OVC has been included in the National Strategic Action Plan 2010-2014

116)

What are remaining challenges in this area:

To collect better data on OVC.

Page 57

117)

Part A, Section V: MONITORING AND EVALUATION**1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

Yes (0)

Page 58

118)

1.1 IF YES, years covered:**Please enter the start year in yyyy format below**

2005

119)

1.1 IF YES, years covered:**Please enter the end year in yyyy format below**

2009

120)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

121)

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

Yes (0)

122)

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

Yes, most partners (0)

Page 60

123)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

Page 61

124)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)

If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

125)

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

Yes (0)

Page 62

126)

Part A, Section V: MONITORING AND EVALUATION

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

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

10

127)

3.2 IF YES, has full funding been secured?

Yes (0)

128)

3.3 IF YES, are M&E expenditures being monitored?

Yes (0)

Page 64

129)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

Page 65

130)

Part A, Section V: MONITORING AND EVALUATION**Question 4 (continued)**

IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

Once a year. It involves data management, capacity building, reporting mechanisms and the national strategy.

131)

5. Is there a functional national M&E Unit?

Yes (0)

Page 66

132)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)? Yes
in the Ministry of Health?
other sectors

133) Number of permanent staff:

Please enter an integer greater than or equal to 0

6

134) Number of temporary staff:

Please enter an integer greater than or equal to 0

0

Page 67

135)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)

Please describe the details of all the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Coordinator	Full time	2006
Permanent staff 2	M&E Coordinator Assistant 1	Full time	2006
Permanent staff 3	M&E Coordinator Assistant 2	Full time	2007
Permanent staff 4	M&E Coordinator Assistant 3	Full time	2008
Permanent staff 5	M&E Coordinator Assistant 4	Full time	2008
Permanent staff 6	M&E Coordinator Assistant 5	Full time	2009
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

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136)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

Page 69

137)

Part A, Section V: MONITORING AND EVALUATION

Question 5.3 (continued)

IF YES, briefly describe the data-sharing mechanisms:

District/city AIDS Commissions report monthly to Provincial AIDS Commissions (with a copy to NAC). Sectoral M&E units send quarterly reports to NAC. NAC Secretary reports quarterly to Coordinating Minister for People's Welfare/Chair of NAC (copies to all members of NAC). Chair of NAC reports semi-annually to the President (copies to all members of NAC). Routine M&E Working group is also scheduled minimum of 4 times a year. This becomes mechanism of data sharing and discussion on M&E related issues.

138)

What are the major challenges?

Limited capacity of M&E staff at provincial/district/city levels. Limited utilization of data for improvement of programmes at local level. Limited capacity to provide feedback.

Page 70

139)

Part A, Section V: MONITORING AND EVALUATION

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

Yes, meets regularly (0)

140)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

141) Part A, Section V: MONITORING AND EVALUATION

Question 6.1 (continued)

IF YES, briefly describe who the representatives from civil society are and what their role is:

Representatives from civil society come from the Indonesian Family Planning Association, The Indonesian Red Cross, Spiritia Foundation and Pelita Ilmu Foundation.

142)

7. Is there a central national database with HIV- related data?

Yes (0)

Page 72

143)

Part A, Section V: MONITORING AND EVALUATION

7.1 IF YES , briefly describe the national database and who manages it:

The national data base include the profiles of sectoral AIDS working groups, provincial/district/city AIDS commissions, data from periodic reports from provincial/district/city AIDS commissions. It is managed by the M&E Unit of the NAC Secretariat.

144)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, all of the above (0)

Page 73

145)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

146) Part A, Section V: MONITORING AND EVALUATION

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

Provincial/district/city levels.

147)

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

Yes (0)

148)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

149)

Provide a specific example:

The coverage data of the different programmes for key populations have been used to formulate targets in the National Strategy & Action Plan 2010-2014 and modelling of the epidemic.

150)

What are the main challenges, if any?

To improve surveillance and reporting system.

Page 75151) **Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

3 (3)

152)

Provide a specific example:

The data on coverage have been used to formulate targets of the National Strategic Action Plan 2010-2014 and calculate the cost to reach the targets.

153)

What are the main challenges, if any?

To collect more reliable data for costing.

Page 76

154)

Part A, Section V: MONITORING AND EVALUATION**9.3 To what extent are M&E data used for programme improvement?:**

3 (3)

155)

Provide a specific example:

Sharing the data with implementers, including data on the quality of programmes.

156)

What are the main challenges, if any?

The measurement of effectiveness and quality of programmes have to be improved.

Page 77157) **Part A, Section V: MONITORING AND EVALUATION****10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, at all levels (0)

Page 78

158)

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

At national level?	Yes
At subnational level?	Yes
At service delivery level including civil society?	Yes

Page 79159) **Part A, Section V: MONITORING AND EVALUATION****Question 10.1 (continued)****Please enter the number of people trained at national level.**

Please enter an integer greater than 0

125

160) **Please enter the number of people trained at subnational level.**

Please enter an integer greater than 0

390

161) **Please enter the number of people trained at service delivery level including civil society.**

Please enter an integer greater than 0

45

Page 80

162)

Part A, Section V: MONITORING AND EVALUATION**10.2 Were other M&E capacity-building activities conducted other than training?**

Yes (0)

Page 81163) **Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****IF YES, describe what types of activities:**

supervision and mentoring.

Page 82**164) Part A, Section V: MONITORING AND EVALUATION****Question 10.2 (continued)****Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

8 (8)

165)**Since 2007, what have been key achievements in this area:**

-Ability to measure coverage and effectiveness of programmes -The data have been utilized for planning and programme improvement -The data have been used for advocacy to stakeholders: sectors, local governments and parliaments

166)**What are remaining challenges in this area:**

To have better data on effectiveness and impacts of programmes through better second generation surveillance.

Page 83**167)****Part B, Section I: HUMAN RIGHTS**

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

No (0)

Page 84**168)**

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85**169)****Part B, Section I. HUMAN RIGHTS**

2.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	No
f. prison inmates	Yes
g. Migrants/mobile populations	No
Children Protection	Yes

170)

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

The above answer is based on discussion. Representative from civil society thought that there will be some policies that they do not know or do not understand the content. It shows importance of disseminating policies published by government. Regular Report from the government once every four years on the implementation status of item A through Ministry of Women Empowerment.

171)

Briefly describe the content of these laws:

Domestic Violation Law. - Narcotics Law. Note: Answer was given by asking some participants without explaining the last in detail

172)

Briefly comment on the degree to which they are currently implemented:

Narcotics Law No 22/1997 and then revised into Law No 35 / 2009 has provided explanation related to rehabilitation service for drugs users and narcotics addict. Until now, implementation of the law is not smooth due to the absence of Ministry Regulation as technical guideline.

Page 86

173)

Part B, Section I. HUMAN RIGHTS**3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?**

Yes (0)

Page 87

174)

Part B, Section I. HUMAN RIGHTS

3.1 IF YES, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

175)

IF YES, briefly describe the content of these laws, regulations or policies:

-Injecting drugs users: the new Narcotics Law is still a threat especially about the obligation to report. This implies to families providing support on HIV and AIDS prevention and control. -MSM: article 4 para 1, "uncommon intercourse is homosexual and lesbi" Law No 44 year 2009 about Pornography. The article states that homosexual intercourse is something uncommon and breaking the rule. This implies to prevention effort. -People disseminating the information will be treated as people breaking the Pornography Law. This implies information dissemination for women, youth, MSM, sex workers (Article 1 Para 1). -Youth: a regulation states that sex education is only for those who are married. -Prisoners: difficulty in accessing condom and sterile needle and syringe for prisoners in prison.

176)

Briefly comment on how they pose barriers:

Civil society request for cancellation of implementation of local regulation on prostitution but the final decision will be made by the Supreme Court. . There will be material testing to other law products for the cancellation of the regulations Note: Comprehensive and thorough review is necessary to be done to existing laws and regulations. The need is at national level (nationally bind Law or Regulation) and local regulation as well. Some reviews have been made but not in the context of synchronizing the Law with specific regulation, or regulation at local level.

Page 88

177) **Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

Page 89

178)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)

IF YES, briefly describe how human rights are mentioned in this HIV policy or

strategy:

The National Strategy 2007 – 2010 has not explicitly mentioned human rights protection for key populations and stakeholders taking participation in the AIDS Prevention and Control Program.
 Note: The National Strategy 2010-2014 draft accommodates this.

179)

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

No (0)

Page 90

180)

6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

Page 91

181)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)

IF YES, describe some examples:

Civil society is invited to take participation but only for formal purpose. More involvement is still far behind compare to what civil society is expecting. Meaningful involvement is only at the last stage of policy development process, just asking for approval to the document drafted by the government. In the future, NAC is expected to develop a mechanism for more meaningful involvement of civil society in terms of policy development and they also have chance to share their aspirations more significant.

182)

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

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

Page 92

183)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

1. Methadone is available but sometimes they have to pay for several related services. Needle and syringe for HR program is available for free. Condom stock is limited. In some places, people sell condom in order to make them more independent (item A). 2. ARV service facility provides free ARV. But it charges administration fee, and doctor fee. In several places and at certain time, ARV is not available. 3. Care and support intervention related to HIV is not provided for free, except in Papua. Support is still limited through community health insurance (jamkesmas), and local health insurance (jamkesda) and not accessible to all key populations. Service treatment is different when a patient uses his or her own money. Note: Outreach as one of HIV prevention activities is still fully funded by donor. Needle and condom are distributed for free. ARV drugs is available for free. But for other supportive examinations, people should pay (example: doctor consultation fee, CD4 test fee, lab fee: SGOT, SGPT, etc). Other HIV treatment fee is not free. Health insurance is only for few people. This facility is accessible when there is support from AIDS NGO staff to help.

184)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

No (0)

Page 93

185)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

No (0)

Page 95

186)

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

Yes (0)

187)

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

Yes (0)

Page 96

188)

Part B, Section I. HUMAN RIGHTS**11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?**

No (0)

189)

IF YES, describe the approach and effectiveness of this review committee:

Note: Policy does not state clearly the standard for AIDS research protocol. But it considers covering AIDS research. Ethical commission is identified from existing MOH regulation. In the implementation, no specific research that has undergone ethical review if it is related to PLHIV with all confidential issues around. Note: Policy no 11 is not yet available for AIDS research protocol. MOH has protocol for research will be conducted within MOH environment.

Page 97

190)

– 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 (0)

191)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

No (0)

192)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

No (0)

Page 99

193)

Part B, Section I. HUMAN RIGHTS**13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?**

No (0)

194)

– **Legal aid systems for HIV casework**

Yes (0)

195)

– **Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV**

No (0)

196)

– **Programmes to educate, raise awareness among people living with HIV concerning their rights**

No (0)

197)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

Page 100

198)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

IF YES, what types of programmes?

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Other: please specify	

Page 101

199)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

4 (4)

200)

Since 2007, what have been key achievements in this area:

-HIV and AIDS Prevention and Control National Strategy 2007-2010 -Ministry of Home Affairs Regulation No 20 year 2007 -Law No 11 year 2009 on Social Welfare Insurance (clearly mention PLHIV) -Regulation of Coordinating Ministry of People's Welfare Permenkokesra on Harm Reduction -National Strategy for Children and Youth -National Strategy for Women

201)

What are remaining challenges in this area:

-Some policies are formalized (strongly believed it will be able to support national response on HIV and AIDS prevention) but it has not been understood well by those who need it. For example, Permenkokesra on Harm Reduction (2006), Minister of Health Decree on HR (2006) were not understood and supported by police and several local institutions response the same. -The policy seems not to be used for sectoral plan development. -Existing national policies do not have strong support from key sectors (example: Police, local government in response to HR program or National Strategy) therefore policy implementation is still weak.

Page 102

202)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)

Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

3 (3)

203)

Since 2007, what have been key achievements in this area:

In the last 2 years NAC has been actively approaching other sectors or institutions such as Indonesian Police or POLRI and Ministry of Law and Human Rights.

204)

What are remaining challenges in this area:

Policies supporting national HIV and AIDS program has not yet socialized well either for related government institutions or civil society. No mechanism exist on how to disseminate and ensure every body is implementing it. For example: those who should support the implementation of HR program in the field do not know or understand the program, MoH decree on HR implementation is not well understood by different institutions at national or local level.

Page 103

205)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

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

4 (4)

206)

Comments and examples:

Intensive involvement of civil society is happened recently, specifically involvement of representatives from key population in NAC working groups. In the future, civil society involvement is earlier in the process of developing policy. There should be enough time to ask their meaningful involvement, with systematic and well planned and supported by the government. There is also the need for maintaining and optimizing their role as well as capacity building.

Page 104

207)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent 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)?

1 (1)

208)

Comments and examples:

In budgeting the program, very limited involvement of civil society. Only ceremonial things they are invited, for example during policy socialization.

Page 105

209)

a. the national AIDS strategy?

3 (3)

210)

b. the national AIDS budget?

0

211)

c. national AIDS reports?

4 (4)

212)

Comments and examples:

National Strategy shown great need of fund for prevention but until now the fund for this is coming from donor (example: outreach and personal buddies). When a donor funded project stop, NGOs do not get support on how to continue their contribution to the country since no fund allocated for them and or a mechanism developed for them to be able to access government fund. Activities executed by civil society are only counted for national reports. Most of coverage data (outreach

data) are from their work.

Page 106

213)

a. developing the national M&E plan?

1 (1)

214)

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

2 (2)

215)

c. M&E efforts at local level?

1 (1)

216)

Comments and examples:

Civil society involvement in M&E related activities is improved for the last 2 years although it is still symbolic. Its involvement will be more significant if they have opportunity to improve their capacity in M&E. Hopefully, they are able to give meaningful contribution in the future.

Page 107**217) Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

3 (3)

218)

Comments and examples:

Representatives from the national network of key populations at National AIDS Commission. In Indonesia, there are several key population networks (sex worker, women, gay, transgender, MSM, drugs users) and PLHIV network. Currently looks like a distinction between key population network and NGO. This situation will lead to weaken the current response. NGO representatives as main contributor in prevention activities should receive full support so that their inputs and concerns are fully considered. In order to maintain program coverage and quality it is important to sponsor NGO involvement in program being implemented

Page 108

219)

a. adequate financial support to implement its HIV activities?

3 (3)

220)

b. adequate technical support to implement its HIV activities?

3 (3)

221)

Comments and examples:

In equal access, unclear structure of support for organizations and key population network. For activities funded by donor, civil society has access to it. It should be inserted in the national strategy on estimating program sustainability that have already started by the NGOs. Mainly for funding support issues. Whenever there is no plan for sustainability so resources that have already invested will not be useful anymore and will become waste

Page 109**222) Part B, Section II. CIVIL SOCIETY PARTICIPATION****7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?**

Prevention for youth	<25%
Prevention for most-at-risk-populations	
- Injecting drug users	>75%
- Men who have sex with men	>75%
- Sex workers	51-75%
Testing and Counselling	25-50%
Reduction of Stigma and Discrimination	25-50%
Clinical services (ART/OI) *	<25%
Home-based care	<25%
Programmes for OVC* *	<25%

Page 110

223)

Part B, Section II. CIVIL SOCIETY PARTICIPATION**Question 7 (continued)****Overall, how would you rate the efforts to increase civil society participation in 2009?**

5 (5)

224)

Since 2007, what have been key achievements in this area:

The intention for taking civil society to be actively involved in the national response is by creating

the key populations networks, it was all led by NAC. Many of the networks become member of the NAC working groups (such as Research Working Group, HR Working Group, Sexual Transmission Working Group, Prison Working Group, PMTCT Working Group, etc.). Other type of involvement that is considered as NAC success is the establishment of UNGASS Forum Indonesia. The new forum is coordinating all inputs from all civil society in the process of UNGASS report development, under NAC coordination.

225)

What are remaining challenges in this area:

-Participants felt that government is still reluctant to ask more involvement of the civil society. -Civil society capacity in field experience and technical horizon become the biggest challenge. They need full back up from the government to optimize their role and contribution.

Page 111

226)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

227)

Part B, Section III: PREVENTION

Question 1 (continued)

IF YES, how were these specific needs determined?

-Indonesia has National Action Plan, it covers all national players in HIV and AIDS response. The government institutions are mentioned to have role but there is no target stipulated for each sector, therefore, it is difficult to measure progress of response from each of them. This situation does not happen to targets of key population to be reached or received interventions. -Civil society has been asked to et involve in the process of identification of needs and targets. But it was only few people from civil society and no socialization to community regarding the whole process. This resulted in limited participation of them. In the future, there will be more transparent procedure. Beginning from initial phase of the process, then socialization to mass community, and collection of feedback adequately. Final decision should be known by public and let the public give their own assessment to this. -Prevention policy seems protect only few people and it has not been socialized well. It requires commitment of decision makers and other parties to ensure all policy elements are available and support prevention activities and well function

228)

1.1 To what extent has HIV prevention been implemented?

The majority of people in need
have access

HIV prevention component

Blood safety

Agree

Universal precautions in health care settings	Don't agree
Prevention of mother-to-child transmission of HIV IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Don't agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree
School-based HIV education for young people	Don't agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Prison	Agree

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229)

Part B, Section III: PREVENTION**Question 1.1 (continued)**

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

5 (5)

230)

Since 2007, what have been key achievements in this area:

-Blood safety, there are more blood transfusion unit or UTD performing blood screening. But it has big concern on the quality and its routine implementation, need to consider logistic issues (example shortage in reagent for blood testing). -Most of people understand Universal Precaution but still weak in the implementation. -PMTCT, since 2007 there was an effort to expand the program. but until now very few centers providing PMTCT service. Interpretation, needs, and PMTCT strategy only known by very few people from civil society to be promoted to PLHIV. -IEC materials have reached wider scope, however its quality is still need to be improved. The current materials only cover regions with outreach program. -There seems an increase of civil society institution taking active role in prevention program within sexual transmission subject, particularly targeted toward MSM. Meanwhile, prevention program with FSW as targeted population has improved its treatment quality and prevention effort. It has implemented in several regions. -There has been various programs regarding condom promotion which mainly organized and conducted by NGO. Leadership from government component is required to provide real support toward whatsoever effort in inciting greater effect. Government with its greater authority is expected to follow up any knowledge gained from program implementation to subsequently achieve greater result. -Harm Reduction Program shows highest accomplishment through IBBS and intervention program in the last 2 years. Planned scaling up program is fulfilled by the hard work of the civil society institution through outreach program. However, a challenge has emerged regarding the program continuity since foreign funding support to one of the program is soon to be over. -In the last few years, the number of methadone maintenance therapy sites has been rapidly increased, including the development of several service points within prison and detention center. A resolution toward better methadone service quality is of the utmost important. Subsequent methadone related service shall acquire serious attention to improve the effectiveness of the given therapy (e.g.: need of quality HIV related service, addiction counseling service, life skill training etc.) -

Prevention effort toward general population is reported to have been initiated. One of them is the school-based program. It has to be made sure that prevention effort in forms of education toward general population must cover the most of youth population.

231)

What are remaining challenges in this area:

-It is important to ensure that Harm Reduction program plans and continuity shall be wisely maintained to preserve the current outreach and quality without which will decrease. Two major policies (KepMenkes and Permenko) must be socialized across the regions to be well implemented by HR worker. Protection and security guarantee for service provider and user shall be put at first priority. Drug treatment component must be developed concerning the limited type and number of service. -For sexual transmission prevention, the greatest challenge is creating conducive climate to promote condom use. Government institution component is expected to take charge in overcoming such technical challenges. For instance in how to make 100% commitment of condom use in certain location, it will need support and direction from local government, Province/Regency/City AIDS Commission, Tourism Office, Social Office, Health Office and Police department. -In the meantime, program implementation can only be carried out across targeted program areas of the foreign support funding. Outside which, it seems that we cannot do anything about it though in fact, there are many exclusive areas with high risk status. Therefore, it is expected that a specific strategy will be produced to accommodate this particular situation. -In terms of policy, there are two great challenges incessantly impeding the sake of the programs: First, commitment at national level has not been followed up by the perpetrator at local level. This is proven by many local statutes that are in fact contradictory against national commitment. Second, commitment drawn by National AIDS Commission as coordinative institution is not followed by similar commitment from the technical units. -Currently, Indonesia receives fund and this increases allocation of fund for AIDS programs. However, it is incomprehensible whether or not the fund usage has met its priority point. For instance: whether or not prevention component actually receives bigger allocation in regards to the field requirements. Transparency toward AIDS program funding is hence highly required. By the increase of the fund absorbed in the AIDS program, the accountability of the fund usage and program maintenance becomes the main importance for civil society to pay attention to as one of society control mechanism. -In regards to the program sustainability, a careful overview is imperative to figure out what commitment will the local government be performed in preserving the existing programs.

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232)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

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233)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)

IF YES, how were these specific needs determined?

Care, Support and Treatment needs were identified. CST service is easier to observe but more technical issues involved. The weakness found on CST service is more to technical issues. In terms of prevention, the weaknesses are in fundamental issues such as policy and its implementation.

234)

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

The majority of people in need have access	
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Don't agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Don't agree
TB screening for HIV-infected people	Don't agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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235)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

6 (6)

236)

Since 2007, what have been key achievements in this area:

Growing number of referral hospitals for providing CST service throughout Indonesia, including VCT and referral hospital for ARV. In addition, it is known that there is an improved commitment from local stakeholders by provision of funding support originated from local budget in some

districts/cities for buying ARV.

237)

What are remaining challenges in this area:

More VCT sites, more trained counselors, and VCT mobile service is initiated. Result shown that there is an improved number of participants attending VCT service. One concern is about quality of counseling, for effective practice there should be adequate coordination between VCT service providers and civil society organizations for outreach activity. Continuous ARV provision is still a big challenge. Monitoring of quality of ARV distribution and service has become a challenge too. There were some expired ARVs found to be distributed to patients. In the future, there is a reliable and transparent mechanism so that civil society could help monitoring the running of it.

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238)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

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239)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

No (0)

240)

2.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

No (0)

241)

2.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

No (0)

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242)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

1 (1)

243)

Since 2007, what have been key achievements in this area:

Ministry of Social Affairs has social impact mitigation program by distributing nutrition packages and financial support for orphans, program coverage is very limited.

244)

What are remaining challenges in this area:

Strong stigma and discrimination have made parents having HIV positive child (ren) feel shame accessing this support. Until now, mechanism for reporting child (ren) living with HIV and benefit of reporting is unclear. Further notes, it is possible to collect data on children living with HIV and how their condition are by collaborating with civil society and coordinated and led by government institution. Program recipients have to know benefits of taking this program. There is a need for evaluation on activities conducted at first stage. Program effectiveness is also important in order to find solutions to problems being faced.