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HIV/AIDS Prevention Project (HAPP)

COMPLETION REPORT

July 1997 - Sept. 30, 2000

Final Report

Family Health International
Jakarta, Indonesia

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HAPP COMPLETION REPORT
July 1997 – September 30, 2000

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I. EXECUTIVE SUMMARY

The HIV/AIDS Prevention Project Completion Report provides a summary of the activities conducted by Family Health International (FHI) under the HIV/AIDS Prevention Project (HAPP) during the period of the performance-based contract from 1 September 1997 to 30 September 2000. During that period, FHI worked in parallel with the Government of Indonesia and many implementing partners, which included thirty-five Indonesian non-governmental organizations (NGOs), six International Private Voluntary Organizations (PVOs), two universities, the Komisi Penanggulangan AIDS (KPA - National AIDS Commission) and the three Komisi Penanggulangan AIDS Daerah (KPAD Provincial AIDS Commission). In addition, HAPP collaborated with the US Center for Disease Control, US Naval Medical Research Unit 2, Jakarta (US NAMRU); and other national and international organizations.

The HIV/AIDS Prevention Project was a bilateral partnership between the Government of Indonesia (GOI) and the US Agency for International Development (USAID), being authorized by the Government through Project Implementation Letters (PILs), by Family Health International and by a Participating Agencies Service Agreement (PASA) with the United States Center for Disease Control, Atlanta.

HAPP consisted of two main phases reflecting the two contractual mechanisms used by USAID. Phase I was from 1996 to 1997 and was part of USAID's worldwide initiative, AIDSCAP, which was implemented by FHI. Phase II, from 1997 to 2000, was a performance-based contract directly between FHI and USAID Jakarta.

The overall goal of HAPP was to reduce the rate of HIV transmission in order to promote the general health and economic well being of people in Indonesia. The project's purpose was work in collaboration with the Government of Indonesia to develop and implement programs aimed at preventing HIV and other STDs based upon the documented effectiveness of interventions and to encourage and support the development and implementation of related policies supporting HIV and STD control. HAPP was implemented during a period of major economic, political and social changes within Indonesia. At the beginning of HAPP, Indonesia was considered a low prevalence country in relation to HIV/AIDS. However, evidence was beginning to accumulate by the end of the project that suggested that Indonesia had transitioned from a low prevalence country to one with a concentrated epidemic among a limited number of vulnerable populations in diverse geographic settings.

HAPP activities took place primarily in three provinces that served as demonstration sites, selected by USAID and the Ministry of Health (MOH): North Jakarta; Surabaya, East Java; and Manado/Bitung, North Sulawesi. HAPP's project office was located within the Ministry of Health (MOH) in Jakarta and its provincial branch offices were in the Ministry of Health (MOH) offices in Surabaya and Manado, facilitating a strong HAPP-GOI partnership.

The main activities carried out during the project included information, education and communication for Behavior Change, Condom Social Marketing, Sexually Transmitted Disease (STD) Management and Control; and Policy Support and Dissemination. An important focus of HAPP was to encourage collaboration with the national and provincial government offices and capacity building with partners. HAPP interventions concentrated on targeted populations known to have behavior that put them at greater risk of HIV infection, such as sex workers, *warias*, and their male clients.

Accomplishments

HAPP accomplished a number of activities associated with technical and non-technically related outcomes that improved the overall capacity to make informed decisions about current and future HIV/AIDS and STD programming in Indonesia. Some of the specific accomplishments, both at the national level and provincial levels within the HAPP demonstration sites, can be summarized as:

- HAPP generated reliable and valid epidemiological data that was used to develop a national consensus on the epidemiology of HIV/AIDS. These data were foundational to long-range planning, designing, targeting, prioritizing and evaluating Indonesian HIV/AIDS prevention interventions.
- HAPP partners created innovative Information / Education / Communication materials to enhance behavior change communication for HIV/AIDS prevention strategies and accomplished outreach education to a large number of individuals at risk of infection.
- HAPP partners were successful in condom social marketing and in facilitating the formation of a Consortium of Concerned Condom Manufacturers (CCCM) through a partnership approach, evidenced by the successful marketing of condoms in non-traditional outlets.
- The Ministry of Health, HAPP, and the US Center for Disease Control, Atlanta effectively implemented the use of standard guidelines for the diagnosis and treatment of sexually transmitted diseases and there was evidence of improved capacity of health care providers in STD case management.
- HAPP partners completed many capacity building activities with NGOs, in cooperation with the Provincial AIDS Commissions (KPADs), and supported policy development at the national and provincial levels working through the National AIDS Commission (KPA) and KPADs.
- HAPP collaboration with a number of key partners assisted in the rapid assessment of populations whose vulnerability to HIV infection was emerging including injecting drug users.

Lessons Learned

Overall the HAPP Completion Report provides a range of lessons learned in relation to program development, implementation, and evaluation. The following highlights some lessons learned in relation to key program areas:

Policy Support

- Advocacy of the provincial parliaments was provided through open communication, access to information and briefings to government, religious / political leaders, and other policy makers to support the political will to ensure budget allocation for HIV/AIDS prevention activities through local provincial governments.

Epidemiological Surveillance

- Although HAPP provided critical national and provincial level data for monitoring behavioral trends and decision making, local qualitative data collection and assessments related to program development should be used to strengthen local programs in the future.

Technical Assessment

- Technical assessments of risks relating to vulnerable populations, specifically *waria* (transvestites), men who have sex with men (MSM), and injecting drug users; provided valuable information in relation to the changing dynamics of the HIV epidemic in Indonesia.

Condom Social Marketing

- The use of a consignment mechanism for condom sales improved retailers' attitudes towards condoms, by reducing concerns about investment for excess stock, and was frequently mentioned during a survey of 475 retail outlets in the three HAPP demonstration sites.

Sexually Transmitted Disease Counseling

- Trained counselors are better able to discuss issues related to sexuality, safe sex practices, condom use and negotiation, and to help overcome communication barriers related to partner notification since counselors have fewer time constraints than clinicians serving sex workers at STD clinics. Using trained counselors helped to overcome communication barriers that may be related to gender issues between male clinicians and female patients who sought treatment for STDs.
- Successful referral systems occurred when project outreach workers/ peer educators worked closely with STD clinic personnel in identifying potential patients and assisting them in getting access to the clinic. Clients were more willing to utilize STD services when they were briefed on what to expect during an STD examination.

Sexually Transmitted Disease Management and Control

- HAPP-supported technical assistance emphasized that STD/HIV/AIDS prevention services need to remain accessible and of high quality in Indonesia.
- There was evidence in Manado that efforts to refer or bring in sex workers to a designated clinic was less effective than providing mobile services which brought health care workers to the sex workers in their workplace, increasing sex worker participation. The provision of mobile diagnostic service needs to be further evaluated for future HIV/AIDS initiatives.
- There were consistent problems of antibiotic self medication for STDs among sex workers and their male clients coupled with STD clinics lacking appropriate medications. Assisting STD treatment facilities to maintain adequate supplies in drugs is essential.
- The use of syndromic management alone among women had very limited benefits due to the asymptomatic nature of many STDs in women. Laboratory screening, when available, provided more systematic information for identification and treatment of STDs among women.

Planning and Coordination

- The provincial/district level GOI partners and religious leaders should be included as collaborative partners from the early planning stages to make it easier to introduce new programs at the local level.
- Participatory planning proved to be a key element leading to the successful cooperation and collaboration between the Government of Indonesia and HAPP partners.

Capacity Building

- Capacity building to enable increasing organizational independence must be balanced by ensuring that independently led activities adhere to sound epidemiological priorities and 'best practices' guidelines.

Partnerships and Collaboration

- Clear understanding of the mechanisms for collaboration and clear expectations of roles and responsibilities of partners are necessary to provide an appropriate framework for program success and harmony among stakeholders.

Recommendations

The Completion Report details a number of recommendations for future programming by the Government of Indonesia and future HIV/AIDS prevention partners in relation to individual program areas and within the overall framework of implementing HIV/AIDS and STD programs. The following highlights some key overall recommendations:

- Limited resources for HIV/AIDS in Indonesia need to be clearly prioritized towards attaining the greatest impact on an expanding epidemic within a diverse range of vulnerable populations across the country. Therefore, prioritized resources need to not only be geographically and programmatically focused, but also be critically balanced between capacity building efforts and the implementation of interventions.
- Future programming should strengthen Provincial AIDS Commissions (KPADs), and potentially district level commissions, with respect to initiating and implementing their own activities and in collaboration with NGOs, since the Government of Indonesia will continue to play a critical leadership role with a particular need at the local decentralized level.
- Due to the importance of the role of the Government of Indonesia, future programming should consider establishing proactive policy development to promote HIV/AIDS prevention strategies and progressively expand research and development programs on HIV/AIDS awareness.
- The KPAD Program Advisor (PA) was perceived by all the KPAD in the three sites to be a staff of HAPP and, therefore, did not integrate completely with the KPAD in the respective provinces, especially in Surabaya and Jakarta. To integrate the roles of the KPAD PA (and secretary) better with the KPAD, the recruitment process could be done in greater consultation with the KPAD and the two could be either a part of KPAD or hired as KPAD consultants.
- To sustain the efficiency and effectiveness of the KPADs, it is important to provide technical and informational support to members of the provincial parliament and officials from the different sectors to ensure their support for budget allocation for HIV prevention activities, both through the KPAD and through the different sectors. A multi-sectoral approach is very important and should be continued.
- HAPP used an integrated, participatory approach with the government of Indonesia and NGO partners in provision of technical assistance, implementing capacity building, and facilitating policy implementation that should be extended in the future. In meeting the demands conferred on the HAP Project, a participatory style of management provided the opportunity to view issues from different points of view and facilitated creative problem-solving. This required high levels of facilitating skills on part of supervisors/managers to maintain objectivity, manage expectations, deal with potential conflicts, and ensure effectiveness given the available timeframe.
- Local initiatives will be the basis for sustainable and appropriate responses to the changing epidemic in Indonesia. Therefore, future efforts to enhance capacity building for NGOs could be provided to improve the local effectiveness of programs, to enhance the collaboration with government and donor organizations, and optimize the capability and efficient use of human resources.
- The NGO Forum needs further institutional strengthening in terms of: (a) members' ability to work as a team; (b) legalization of its role; (c) its function and structure as a proper organization with a clear vision and mission as well as accountability and transparent management and financial systems; and (d) technical and managerial skills including ability to generate income. Priorities should be addressed based on the severity and urgency of these issues. When it is viable, activities should include a systematic framework to measure and evaluate capacity development.
- The foundation for collaboration and partnership between the NGO Forums and the KPADs has been built through membership of the NGOs in the Core Group and Working Groups of the KPADs and joint activities between the two parties. However, their ability to work as a team needs to be further strengthened by providing an opportunity for the exchange of information through briefings, frequent dialogue, and discussion. An appropriate mechanism to promote equal partnership between them such as an equal representation of NGOs in the KPADs at the decision-making level of the KPADs might also be considered.

- Epidemiological surveillance related to HIV/AIDS produces knowledge about the advancement of an epidemic and the performance of prevention programs combined with the impact of other factors, such as the economic crisis. A carefully phased approach within 'priority provinces', based upon epidemiological criteria and provincial capacity, would be the most appropriate strategy for programming with limited resources.
- Future programming in Indonesia will need to tailor responses to the changing local epidemiological dynamics in different regions of the country. Therefore, maintaining a flexible approach to program management will provide the ability to adapt and respond quickly to this important challenge.
- Due to the complexities in diagnosis and treatment of STDs, future programming should consider improving laboratory facilities and logistical support, such as specimen transportation costs, for screening and testing for STDs and HIV.

In August, 1999, USAID signed a Strategic Objective Grant Agreement (SOAG) with GOI protecting the health of the most vulnerable women and children. One component of the SOAG is STD/HIV/AIDS prevention, which primarily focuses on reducing the transmission of STDs and HIV by increasing prevention interventions to promote risk reduction behavior and increase the utilization of STD/HIV/AIDS services among high-risk individuals in Indonesia. Through a competitive bidding process, the government of Indonesia, Ministry of Health and United States Agency for International Development selected Family Health International to continue to work collaboratively with GOI on a new HIV/AIDS program called AKSI Stop AIDS (ASA) implemented under the USAID SOAG through July, 2003. The ASA program will have continuity with HAPP by maintaining linkages with the GOI, local NGOs, other international donors, including UNAIDS / WHO, STD/HIV technical and data resources for SOAG partners. There are five key results in relation to attaining the goal of the ASA program; (1) increasing risk reduction behavior and practices among high-risk individuals, (2) strengthening the quality, accessibility, and utilization of HIV and std prevention services, (3) enhancing the capacity and quality of government of Indonesian STD/HIV surveillance systems, (4) strengthening the capacity for local organizations to plan, finance, manage, and coordinate STD/HIV responses, and (5) increasing the potential of leveraging of non-program financial resources for programmatic interventions. The lessons learned and recommendations of the HAPP will be used as a development tool for the ASA Program.

II. INTRODUCTION

The HIV/AIDS Prevention Project (HAPP) was a bilateral partnership between the Government of Indonesia (GOI) and the US Agency for International Development (USAID), being authorized by the Government through several Project Implementation Letters (PILs). HAPP was implemented by Family Health International under the terms of a performance-based contract and by the United States Center for Disease Control, Atlanta, through a Participating Agencies Service Agreement (PASA).

As part of Family Health International's implementation of HAPP, this Completion Report for HAPP (1996 - 2000) has been prepared, as stipulated by the project contract. The Completion Report covers both technical and non-technical achievements. The technical standards measure progress against the Contract Performance Objectives and the Sub results, and the non-technical standards measure HAPP's internal management systems. The evaluation will focus on the lessons learned from the entire process of HAPP's implementation, and will incorporate the perspectives of the different stakeholders, including the Government of Indonesia, Ministry of Health, USAID, FHI, and the various target audiences and beneficiaries.

The purpose of the Completion Report is to provide an overview of the HAPP scope of work, including discussion of collaborative relationship between Family Health International (FHI), the Government of Indonesia (GOI) Project Implementation Letter (PIL), and US Agency for International Development (USAID), and implementing agency partners. HAPP was an integrated project comprised of four primary technical components. In the implementation of the project, activities and interventions developed as a part of these four components were combined to interact and support each other. These four technical components included:

- Policy support and dissemination to enable decision makers to adapt and implement effective HIV/AIDS prevention policies at the local, provincial, and national levels based on the GOI National AIDS Strategy and GOI Five Year Plan of Action;
- Information, education, and communication (IEC) related to behavior change to increase public awareness of transmission and prevention of HIV/AIDS and motivate people to reduce high risk behaviors
- Improved management and control of HIV and other sexually transmitted diseases to improve access to appropriate, quality diagnostic and treatment services.
- Expanded access and promotion of condoms to prevent the transmission of HIV/STDs among persons at increased risk of infection, through collaboration with the private sector.

HAPP consisted of two main phases reflecting the two contractual mechanisms used by USAID. Phase I, from 1996 to 1997, was part of USAID's worldwide AIDSCAP initiative which was implemented by FHI. Phase II, from 1997 to 2000, was a performance-based contract directly between FHI and USAID Jakarta.

The overall goal of HAPP was to reduce the rate of HIV transmission in order to promote the general health and economic well being of the people of Indonesia. The project's purpose was work in collaboration with the GOI to develop and implement programs aimed at preventing HIV and other STDs based upon the documented effectiveness of interventions and to encourage and support the development and implementation of related policies supporting HIV and STD control.

HAPP partners and stakeholders, in addition to USAID, FHI, and GOI, included the US Center for Disease Control, the US Naval Medical Research Unit (US NAMRU-2), local NGO implementing agencies (IAs); international private voluntary organizations (PVOs); religious-based organizations;

universities; various private sector businesses; research agencies and facilitators; and the beneficiaries and communities in which they live.

To support these four main activities, HAPP conducted a number of activities at the national level including facilitating policy dialogues, organizing a mass media campaign, sponsoring participation in international and national conferences, seminars and study tours and co-hosting national seminars with the GOI and other donors. Activities targeted high-risk behavior groups including female sex workers and male transvestites (*waria*) and male client groups, such as sailors and truck drivers.

III. COUNTRY CONTEXT

Social-Political Situation

Indonesia is the fourth most populous nation in the world with a population of over 200 million. It is bordered by Malaysia, Singapore, the Philippines, Papua New Guinea and Australia. Indonesia is an archipelago of more than 14,000 islands, stretching over 3,200 miles and three time zones. Sixty percent of the population resides on the island of Java, one of the most densely populated islands on Earth. Almost one-third of the total population are urban dwellers.

During the five years of HAPP, many changes occurred in Indonesia. The HAPP contract period was marked by political unrest and rapid societal changes in Indonesia. The political and economic crisis, or *krismon*, affected on all aspects of the project, including fluctuations in the rupiah that required periodic adjustments of implementing agency contract budgets, as well as partial re-alignment of Government of Indonesia activities to meet emerging social safety net needs. In Indonesia and throughout Asia, the economic crisis encouraged impoverished women to enter the commercial sex industry, contributing to the spread of sexually transmitted diseases and HIV/AIDS.

The economic crisis began in Indonesia in July 1997 and was characterized by the substantial depreciation of the rupiah, high inflation and an extreme fluctuation of exchange rates. There were three different Presidents between July 1997 and the end of HAPP. Rioting and massive social upheavals in certain parts of the country, including Timor and Maluku, have heightened tension and instability nationwide. Unemployment and poverty rates increased sharply because of financial problems in the private sector, while incomes, purchasing power and public sector revenue declined severely.

To prevent the potential acceleration of transmission of STDs/HIV linked to economic crisis, some of HAPP activities were refocused to better respond to *krismon*. Three examples include the HAPP-supported procurement of additional medical supplies, increased support for social marketing of locally manufactured condoms, and conducting monitoring surveys to expedite the collection and analysis of surveillance data to provide feedback for planning in the three HAPP demonstration sites. HAPP staff and their partners reacted to meet the changing needs, since the economic crisis increased the need for HIV/AIDS interventions.

Other significant social changes included a new freedom of the press, permitting people to discuss taboo subjects. The reverse side of this coin has been pressure from some community factions to close down brothel and entertainment complexes employing sex workers. In some HAPP demonstration areas, sex worker populations have migrated to new locations as plans to close down such complexes were announced. In addition, the economic hardship resulting from the closure of many factories and businesses contributed to the entrance of numerous newcomers to the sex industry.

The Indonesian economic crisis led to significant changes in USAID's development response in Indonesia. The initial approach involved the identification of 'Social Safety Net' responses by all USAID contractors. As a consequence, HAPP noted the following:

- In the context of an emergency situation, time and efforts invested by HAPP staff in assessing and documenting possible social safety net applications within the Project components were intensive.
- Depletion of public sector revenue undermined the Government's ability to meet the people's needs during the crisis and to sustain components of the Project that the GOI had planned to assume.
- The crisis underscored the need for HIV/AIDS prevention intervention in light of an increase in the number of migrant FSWs in the HAPP demonstration sites due to sociopolitical unrest in

other parts of Indonesia. However, an analysis of four cycles of behavior surveillance survey (BSS) data from 1996 to 1999 from a sample of approximately 1000 FSWs, suggested that the economic crisis in Indonesia had no major effect on the volume of commercial sex transactions in Indonesia.

HIV and Other Sexually Transmitted Diseases in Indonesia

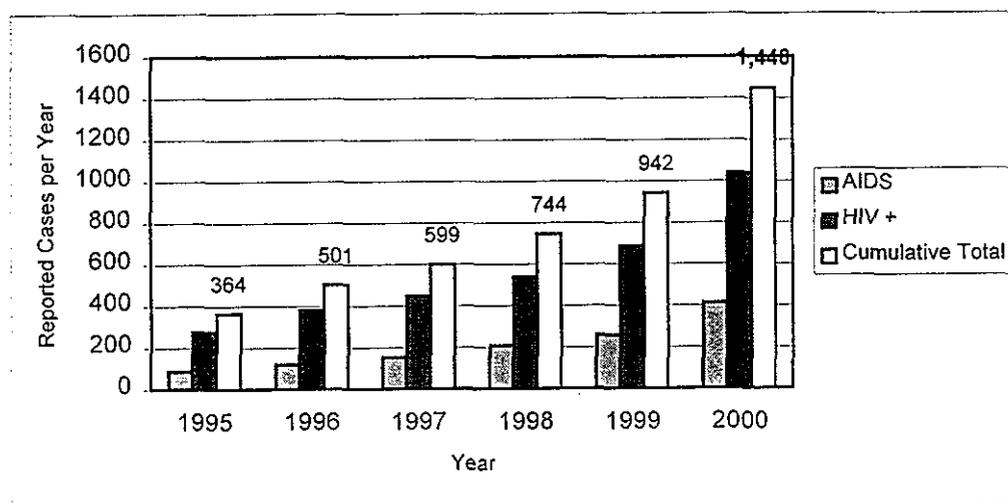
The first case of Acquired Immune Deficiency Syndrome in Indonesia was reported in 1987. The incidence of HIV/AIDS in Indonesia has remained low and Indonesia is classified as a low HIV prevalence country. However, the numbers of HIV positive individuals and persons with symptomatic AIDS infection have steadily increased since 1995 (Table III.1.). AIDS case reports and HIV sero-prevalence data indicate that the spread of HIV in Indonesia is following a slow epidemiological pattern observed in the Philippines and Sri Lanka, rather than the explosive epidemics in Thailand, India, or Cambodia. A cumulative total of 1,448 HIV-positive individuals (1,037 HIV+ and 411 with symptomatic AIDS) had been reported to the Ministry of Health (DepKes PPM & PLP), as of September 2000 (Figure II.1).

Table III. 1. Cumulative Total Reported AIDS and HIV + Cases, Indonesia

Year	Symptomatic AIDS Cases	HIV + Cases	TOTAL
1991	24	23	47
1992	34	41	75
1993	51	137	188
1994	67	208	275
1995	87	277	364
1996	119	382	501
1997	152	447	599
1998	207	537	744
1999	255	687	942
2000	411	1,037	1,448

Source : DepKes PPM & PLP, DepKes RI (September 2000)

Fig. III. 1 HIV / AIDS Cases in Indonesia, 1995 - 2000



Source : DepKes PPM & PLP, DepKes RI (September 2000)

Several factors contribute to the spread of HIV in Indonesia. An extensive sex industry reaches rural as well as urban areas in the nation. There is high degree of mobility among female sex workers (FSWs) throughout the archipelago. In addition, FSWs cater to men in the land and sea transportation sectors, and migrant laborers in construction and mining, increasing the potential geographical spread of HIV infection.

An analysis of surveillance data by Dr. Budi Utomo and Dr. Nick Dharmaputra, University of Indonesia Center for Health Research (UI-CHR); in association with John Moran, US CDC/PASA Technical Advisor, and Stephen Mills, FHI - Bangkok; revealed that the economic crisis may have been associated with an small increase in the number of women entering sex work. However, the overall increase in the supply of commercial sex was countered by the decreased demand for commercial sex, due to reduced purchasing power of potential customers who may have been unemployed. Overall, the analysis suggested that the economic crisis in Indonesia had no major effect on the volume of commercial sex transactions in Indonesia, based on the behavior surveillance survey (BSS) data from 1996 to 1999 among a sample of more than 1000 FSWs.

HIV surveillance data documented seroprevalence information from blood donors and FSWs. HIV prevalence among blood donors is considered low - less than one percent (1999-2000 ~0.7%), based on results from regional screening of blood donors by MOH. Sex workers vulnerability to HIV infection is high, due to commercial sex work activities. Sexually transmitted diseases (STDs) are known to enhance HIV transmission and have been sited as a marker for risk of HIV infection. There is a relatively high rate of STDs among FSWs in Indonesia, although HIV prevalence remains low (less than 5%).

A HAPP-supported Indonesian Epidemiology Network (JEN) survey examined 634 brothel-based sex workers in Jakarta, Manado and Surabaya for evidence of HIV infection. The sex workers were interviewed and urine samples screened for STDs. The 1998 examination of urine samples revealed that the prevalence of STDs, either gonorrhea, chlamydia, or both; was 61% in Surabaya, 40% in Jakarta, and 33% in Manado. Compared to the 1996 assessment data, there was a 10% increase in the number of FSWs with any STD (Chlamydia or gonorrhea) between 1996 and 2000. (JEN Report, January 2001). The bi-annual JEN survey found that percentage of FSWs with STD infections had increased from 40% in 1998 to 52% in Jakarta; in Manado/Bitung there was an increase from 33% in 1998 to 34% in 2000, and in Surabaya there was a *decrease* from 61% in 1998 to 31 % in 2000 (Table III.2.).

Table III. 2. STD Prevalence among FSWs in Jakarta, Surabaya, Manado by year

Location	Any Gonorrhea or Chlamydia Infection		
	1996	1998	2000
Jakarta	23.0 %	40.2 %	52.3 %
Surabaya	37.0 %	60.5 %	31.3 %
Manado/Bitung	27.7 %	32.9 %	34.3 %
TOTAL	28.6 %	44.1 %	39.2 %

Source: Indonesian Epidemiology Network (JEN) Survey (January, 2001)

The HAPP-supported improvements in STD service delivery in Putat Jaya Clinic, a community health clinic serving sex workers residing in 40 or more neighboring brothels of Surabaya's Dolly Jarak red light district. Surveillance data from specimens collected from sex workers attending the clinic revealed 32% with gonorrhea and 22% with chlamydia infections. (US CDC/PASA Report to USAID, September 2000).

STD/HIV/AIDS surveillance data have shown that high rates of STDs among FSWs are not reflected in high rates among women in the general population. There is no evidence that clients of FSWs serve as an efficient "bridge" for STDs to spread to the general population. The general population, including sexually active heterosexual adults not reporting contact with commercial sex workers has shown relatively low rates of most bacterial STDs. One study of 450 women attending the Pinaesaan family planning clinic in Manado (1999) found evidence of gonorrhoea among 5% and chlamydia among 10% of the women. (US CDC/PASA Report to USAID, September 2000). There are many factors that may contribute to this phenomenon. From anecdotal information shared with outreach workers, it is known that FSWs in Indonesia tend to have relatively few clients per unit time, typically seeing fewer than two clients per night. It has been estimated that an infected FSW might contact and potential infect 3-7 men during one week, based on information of sexual contact with only 1 or 2 clients per day. It has also been theorized that clients of FSW may be men who do not frequently have sex with non-FSW partners, so HIV infection has not been spread as readily into the general population.

One sub-population which has attracted increasing attention is injecting drug users (IDU). The proportion of IDU becoming HIV positive (seroconverting) increased from an estimated 5% to 12% between 1998 and 2000. Recent studies indicate that HIV prevalence among IDU in Jakarta may as high as 20%-33%. (Dr. Irwanto, January 2001). The IDU population was not specifically targeted during HAPP, but this population will be addressed in the future.

International Response to AIDS in Indonesia

Since 1993, HIV/AIDS in Indonesia has received growing attention from the Government of Indonesia and the international donor community. The GOI started mobilizing donor assistance to meet the emerging threat of HIV in the early 1990s. This assistance has included multilateral, bilateral and private voluntary organizations providing assistance to the GOI as well as professional and non-government organizations in HIV/AIDS control efforts. Assistance ranged from short-term technical assistance to direct program funding. Some of the additional international donors supporting STD/HIV/AIDS prevention activities in Indonesia are listed below.

<i>Agency</i>	<i>Activities</i>	<i>Location</i>
Australian Agency for International Development (AusAID)	HIV/AIDS prevention and care, STD management, and social research support	Bali, Nusa Tenggara Timur, and South Sulawesi
US Naval Medical Research Unit -2	STD/HIV Epidemiology, early warning surveillance	Bali, Batam
European Union (EU)	STD/HIV/AIDS	Jakarta, Surabaya, Bandung, Kupang, Nusa Tenggara Timur
German Development Bank (Kreditanstalt für Wiederaufbau) KfW - GTZ	Condom social marketing through DKT International	Jakarta, Surabaya, Denpasar
Joint United Nations Program on HIV/AIDS (UNAIDS)	Active donor supporting collaborative partnerships programming	Jakarta, Surabaya, Manado, Irian Jaya
The Ford Foundation	HIV / AIDS prevention	Jakarta, Irian Jaya

<i>Agency</i>	<i>Activities</i>	<i>Location</i>
The World Bank	Cooperatively supported HIV / AIDS prevention	Indonesia
United Nations Children's Fund (UNICEF)	HIV / AIDS prevention	
United Nations Development Program (UNDP)	Planning, management, capacity building	Nusa Tenggara Timur
United Nations Population Fund (UNFPA)	HIV/AIDS prevention	East Java, KalBar, Yogyakarta, Irian Jaya
World Health Organization (WHO)	Collaborative partnerships / technical advisor	Indonesia

HAPP coordinated and or collaborated on activities (both formally and informally) with many of the above donors. Some international donors have collaborated in activity design in an effort to minimize duplication. USAID-supported HAPP and AusAID's HIV/AIDS and STD Prevention and Care Project were effective collaborators with cooperative strategic planning and sharing lessons learned. Donor collaboration will need to be continued by the new bilateral HIV/AIDS prevention program.

National Response to AIDS in Indonesia

The GOI initiated its first response to the impending threat of HIV/AIDS in 1986, when it established a Working Group on AIDS. The first case of AIDS was identified in Indonesia in 1987. In 1988, HIV/AIDS prevention and control activities were integrated into the National STD Control Program. The following year, the National AIDS Commission, in collaboration with the Indonesian Center for Disease Control, established a Short-term National Plan. The GOI established an inter-sectoral National AIDS Prevention and Control Commission in 1994. In that same year, the first legislation on AIDS: Presidential Decree No. 36 regarding the National AIDS Commission became the foundation for the National Strategy for AIDS Prevention and Control. The Coordinating Minister for People's Welfare is also the Chairman of the Indonesian National AIDS Commission (KPA). As indicated by the National AIDS strategy, the local HIV/AIDS Commissions (KPADs) coordinate the HIV/AIDS campaign.

GOI Managed PILs and Policy Support

The Indonesian response to HIV/AIDS is embodied in the National AIDS strategy, which emphasizes strategic partnership between all involved sectors: Government, the community, non-government agencies and those most at risk of infection. HAPP, as a project within the Ministry of Health, was a part of the Indonesian response to the emerging HIV threat in the midst of the huge social, economic and political changes.

HAPP was initiated in 1996/1997 when USAID earmarked funds for the Project. HAPP was a \$28 million (USD), five-year effort, jointly funded by USAID (\$21 million USD) and the Government of Indonesia. The GOI counterpart budget covered approximately \$7 million USD (25%) of the budget. The funds were allocated for in-country training, workshops, development of a standard operating procedure (SOP) for STD examinations, sponsored an STD prevalence study among women, and monitoring and evaluation of the three HAPP sites.

USAID grant funds were channeled through Family Health International to coordinate HAPP intervention activities and provide technical assistance and training. To provide short and long-term technical assistance with STD management and control, USAID sponsored a Participating Agencies Service Agreement with CDC. USAID also provided direct funding to the Ministry of Health through Project Implementation Letters.

During the five years of HAPP, many activities were sponsored through the Project Implementation Letters (PILs), which broadly encompassed training of trainers, workshops, dissemination of information about HIV/AIDS, annual evaluation, surveillance, and study tours which were implemented in Jakarta, Surabaya, and Manado/Bitung. PIL supported activities included Training of Trainers (TOT) for STD management, diagnosis of STD based on syndromic approach, counseling training for field health workers, and the establishment of Universal Precautions (UP) guidelines and training in hospitals. PIL sponsored activities also included pre-testing surveillance training for HIV / STDs, training for Peer Educators, condom social marketing, sponsoring hotlines, creation of IEC materials, strengthening NGO coordination, and study tours for policy makers to Merauke, Jayapura, Riau, and Batam.

Overview of HAPP Strategy

Family Health International prepared the HAPP strategic plan focusing on the "core groups" or target populations considered the most at risk for HIV infection. HAPP HIV/AIDS prevention interventions, organizational management capacity, and capacity building strategies with KPADs, NGO, PVO partners were continuously monitored and evaluated. The HIV/ AIDS prevention interventions included the behavioral change communication outreach and STD prevention activities in Jakarta, Surabaya, and Manado/Bitung.

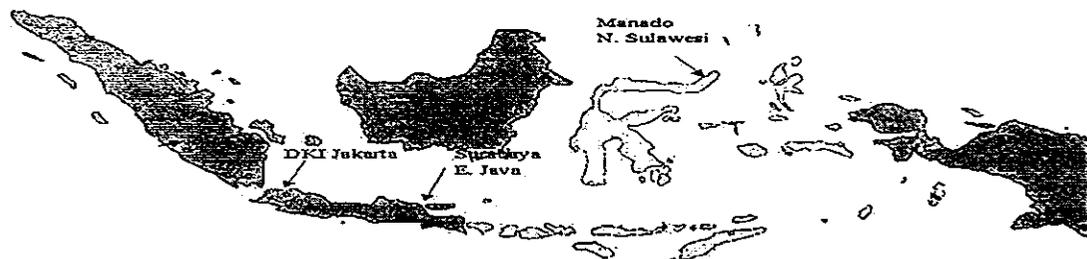
The HAPP focused on service delivery, both in regard to services and information, education, and communication / behavior change communication (IEC/BCC) as a unified and complementary strategy for HIV/AIDS prevention. IEC/BSS primarily concentrated efforts on activities related to community/client-centered behavioral change, which was a natural adjunct to service delivery since information and services for STDs and HIV/AIDS, condom promotion/ use were essential components integrated together.

The framework for monitoring and evaluating (M&E) the HIV/AIDS interventions and programs contained four phases. Phase 1 M&E included the exploratory collection of qualitative and quantitative data and needs assessment. Phase 2 M&E included monitoring the implementation phase, including monitoring inputs, activities, output and quality with coverage and facility surveys. In addition, Phase 2 included evaluating process data technical and non-technical performance standards. Phase 3 M&E focuses on monitoring outcomes with behavioral and STD surveillance. Phase 4 M&E looks at long-term effects to evaluate intervention and program impact with annual HIV surveillance.

HAPP / FHI Geographic Focus

The project geographic focus was on three GOI and HAPP-assisted demonstration areas in North Jakarta; Surabaya, East Java; and Manado / Bitung, North Sulawesi (Map III.1.).

Map III. 1. Indonesian HAPP Demonstration Sites Jakarta, Surabaya, and Manado



Jakarta

Jakarta is the capital city of Indonesia with an estimated 10 million people within a large urban area consisting of five regions, 43 districts, and 265 kelurahan (urban villages). Jakarta serves as one of the largest regional trading ports in Southeast Asia. Culturally, the ethnic make-up includes representatives of Sundanese, Javanese, Minang, Betawi, ethnic Chinese, and different Batak groups. There are also ethnic Arabs, south Asians, and a large expatriate community of many nationalities. Although predominately Muslim, all religious groups are represented in Jakarta. Jakarta's Muslims are known to be more conservative than Surabaya's moderate traditionalist. In Jakarta there is a large sex industry with free-lance, as well as informally and formally organized female, male, and *waria* sex workers. North Jakarta is the harbor area and the location of a legal area of prostitution (Kramat Tunggak) that was in operation between 1970 and 1999. In Jakarta, the sentinel sites for behavioral surveillance studies (BSS) included Kramat Tunggak, Mangga Besar, Rawa Bebek, and Bandengan (Map III. 2). It was estimated that there are more than 2,000 FSWs in the eight kelurahans included in the sentinel sites.

In Jakarta, HAPP-sponsored activities included outreach activities within locations where commercial sex transactions occur, such as lokalisasi / bars / discos by implementing NGOs, STD surveillance, and STD management control activities through STD clinics. HAPP IA activities in Jakarta included: Bangun Mitra Sejati (BMS) who conducted a needs assessment among migrant married male workers in North Jakarta, TFGI for social marketing of condoms, Ikatan Dokter Indonesia/ IDI provided a TOT for STD counselors, IAKMI provided STD services and outreach to waria, YKB and YIK strengthened peer lead FSW outreach activities, Atma Jaya assisted in developing capacity for monitoring and evaluation among HAPP partners, and Project Concern International (PCI) assisted in capacity building related to drug use and HIV/AIDS harm reduction. Further details about NGO activities are located in the discussion of *NGO Partners* in section X. Partner Collaboration.

Surabaya

Surabaya is a large coastal city with an estimated population of 2.7 million located in East Java. The port city is made up of five regions, 15 districts, and 93 kelurahans. The following map corresponds to some of the HAPP and BSS sentinel sites in Surabaya (Map III. 3). The city's cultural groups include Balinese, Bugis-Makassar, Manadonese, Moluccan, as well as ethnic Arab (Hadrami) and ethnic

Chinese, both local and from Chinese communities from Kalimantan and eastern Indonesia. Due to its proximity to Madura Island, many Madurese live in Surabaya. The expatriate community is smaller than Jakarta, but include predominately groups from Japan, Korea, and Taiwan. Surabaya is considered traditionalist among the predominant Muslims (*santri*). Other religious groups include Buddhists, Chinese religions, and different Christian groups.

There are three prostitution lokalisasi in Surabaya hosting more than 2,500 FSWs. The *waria* culture has deep roots in the performing arts and male-bonding throughout East Java. The regional and city atmosphere is tolerant of male sex workers, *warias*, and gay-identified men. In Surabaya, the BSS sentinel sites included Dolly/Parak, Klakah Rejo (Putat Jaya), Moro Seneng, Tanjung Perak and Darmo Park.

In Surabaya, HAPP-sponsored activities included outreach activities within locations where commercial sex transactions occur, such as lokalisasi /bars /discos by implementing NGOs, STD surveillance, and STD management control activities through STD clinics, such as Putat Jaya STD Clinic. Other IA activities in Surabaya included: STD Clinic services and outreach to male and female high risk groups in the port area by Yayasan Prospektif; Initiatives Inc. recommended the establishment of universal precautions practices following completion of a baseline study at the Putat Jaya Clinic and the refining of UP guidelines; Perkumpulan Keluarga Berencana Indonesia completed outreach activities implemented through a network of private practicing midwives and *jamu* venders; and Yayasan Abdi Asih strengthened peer-led outreach activities with FSW, brothel owners and pimps. Further details about NGO activities are located in the discussion of *NGO Partners* in section X . Partner Collaboration.

In Surabaya, comprehensive STD Case management for female sex workers was trialed in Putat Jaya Clinic, a community based *puskesmas*. This activity was carried out via technical assistance from CDC Atlanta. For additional information of this activity see the section under CDC/PASA.

Manado / Bitung

The island of Sulawesi, formerly known as Celebes, is located north east of Java and is composed of four large peninsula divided into four culturally-distinct provinces including North, Central, South, and Southwest Sulawesi. Manado is the provincial capital and chief port city of North Sulawesi. The predominant cultural group is Minahasa Christians with a progressive, westernized society. Manado is home to 362,500 residents, with five districts, 21 villages and 44 kelurahan. Bitung, a harbor area 57 kilometers from Manado, has a population of 106,400 with three districts and 44 kelurahan.

HAPP-sponsored activities in Manado / Bitung included outreach activities within locations where commercial sex transactions occur, such as bars /discos by implementing NGOs - Ypeka and YBLK, STD surveillance, and STD management control activities, such as using mobile health units to screen FSWs in their workplace. Other IA activities in Manado included: Ikatan Dokter Indonesia training of STD counselors from Manado, Lentera provided a "Condom Use Negotiation Skills Training of Trainers" (TOT) workshop, Project Concern International (PCI) provided assistance and recommendations for sustainability activities, and YMM provided outreach and referral services to sexually active youth. Further details about NGO activities are located in the discussion of *NGO Partners* in section X . Partner Collaboration.

Although there are no lokalisasi in Manado/Bitung, the commercial sex industry caters to both the shipping and the growing tourism sectors. The following map corresponds to some of the HAPP and BSS sentinel sites in Manado (Map III. 4.). In Jakarta and Surabaya, sex workers aggressively ply their trade and negotiate payment openly. In contrast, the community of male sex workers, men who have sex with men, and pimps are more discreet in Manado. In Manado, the BSS sentinel sites included Tuminting, Paal, Malalayang, Ternate Baru, Stadion Klabat, Taman Kesatuan Bangsa, Boulevard/Sam Ratulangi, Bitung's Plaza/Pelabuhan, and Taman Parkir.

Target Population

Surveillance of sexually transmitted infections (STDs), including HIV/AIDS, focused on individuals with high-risk behaviors. HAPP worked in parallel with the GOI to collect information bi-annually on the epidemiology of STDs (JEN Survey 1996, 1998, 2000) as well as annual societal and behavioral surveys. Behavioral data collected from the behavioral surveillance survey (BSS 1996-2000) to identify high-risk groups and design prevention interventions was linked to other surveillance data.

Findings from the first through the fifth waves of the HAPP BSS, conducted yearly in 1996, 1997, 1998, 1999, and 2000 are summarized in a series of tables and figures in the Technical Standards Summary. The HIV/AIDS Prevention Project identified three main target populations classified as high-risk of contacting HIV infection, including sex workers, male transportation workers, and men who have sex with men (MSM), as follows:

Sex Workers

Male and female sex workers are known to have the highest rate of HIV infection in most countries, worldwide. Male sex workers sell their services to bisexual and gay men in all three HAPP demonstration sites. Female sex workers (FSW) were grouped as *lokalisasi*, if they were brothel-based, or *non-lokalisasi*, if they were freelance and street SWs.

Male Transportation Workers

Men who are employed in the transportation industry, including sailors, seaport laborers, truck drivers, and driver assistants, were considered at high-risk of contacting HIV infection since they are absent from their families and were more likely to have sex with FSWs. These four groups of male workers were targeted for HAPP prevention interventions.

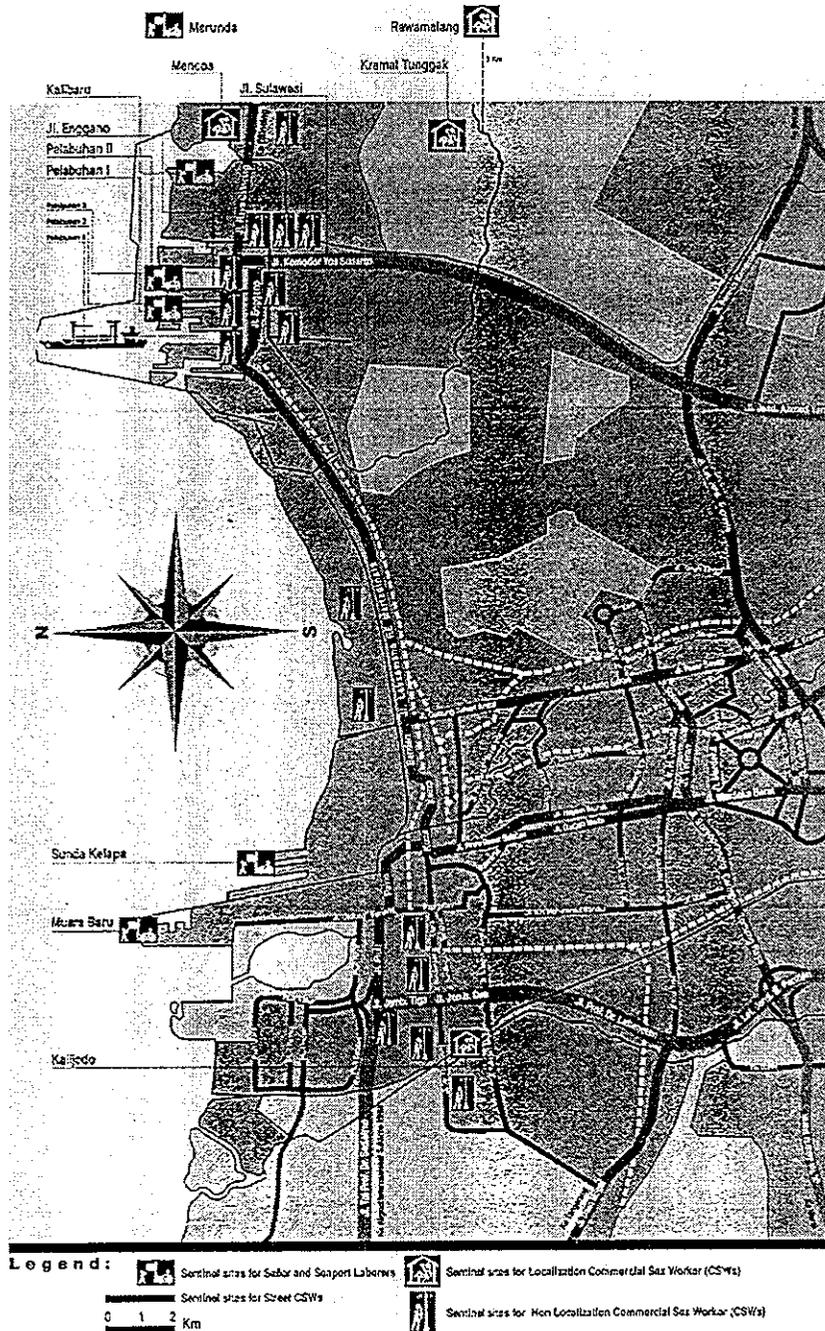
MSM

Men who have sex with men, including *warias*, were also classified as a high-risk target population. This includes gay-identified men and *warias*, who are also called *banci*, or *bencong*. *Waria* are biological males who form a third gender identity, since they combine feminine and masculine gender characteristics.

Map III. 2. BSS Sentinel Sites

HAPP Demonstration Site, North Jakarta, Indonesia

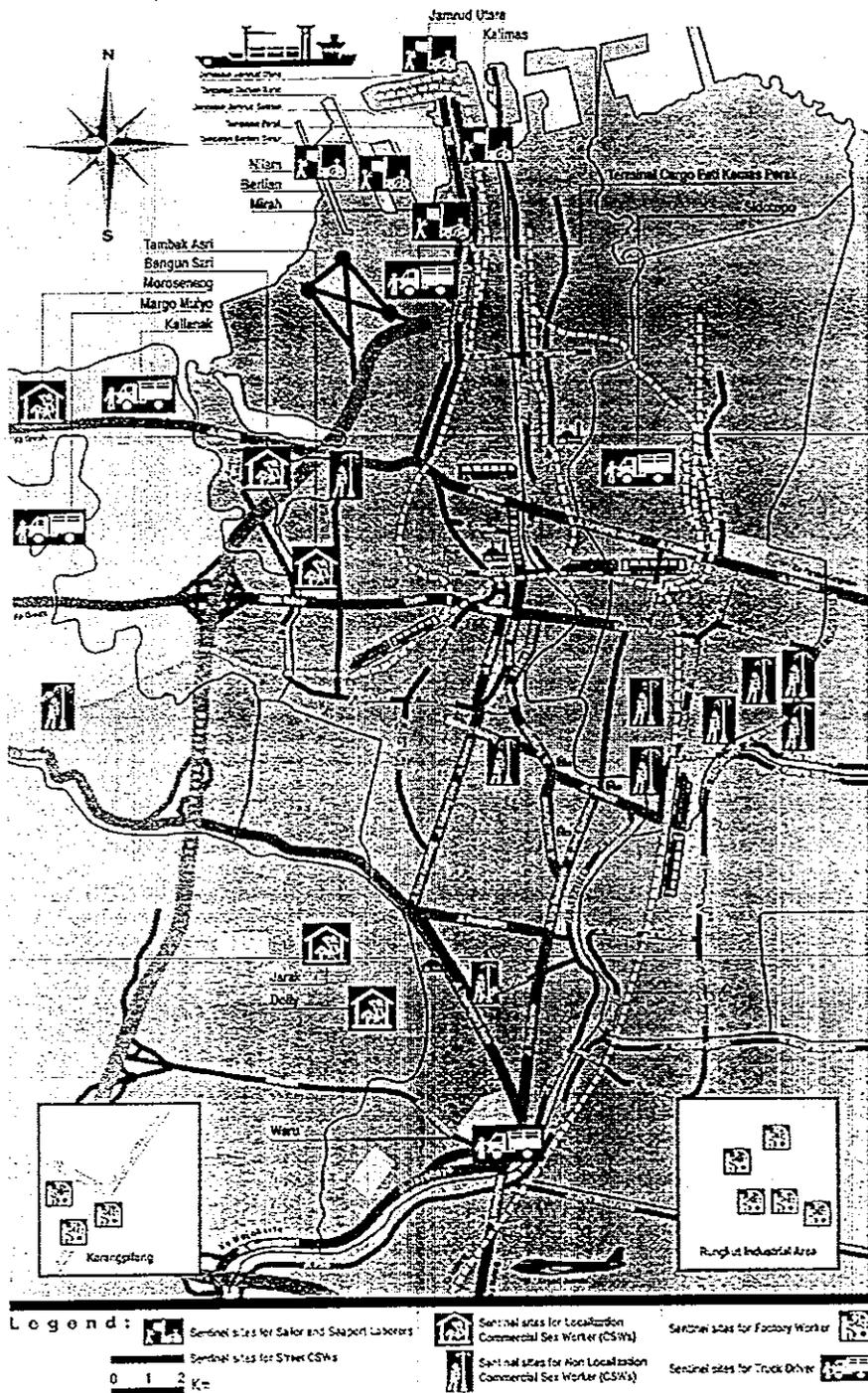
Location of the BSS Sentinel Sites, North Jakarta, 1996



Map III. 3. BSS Sentinel Sites

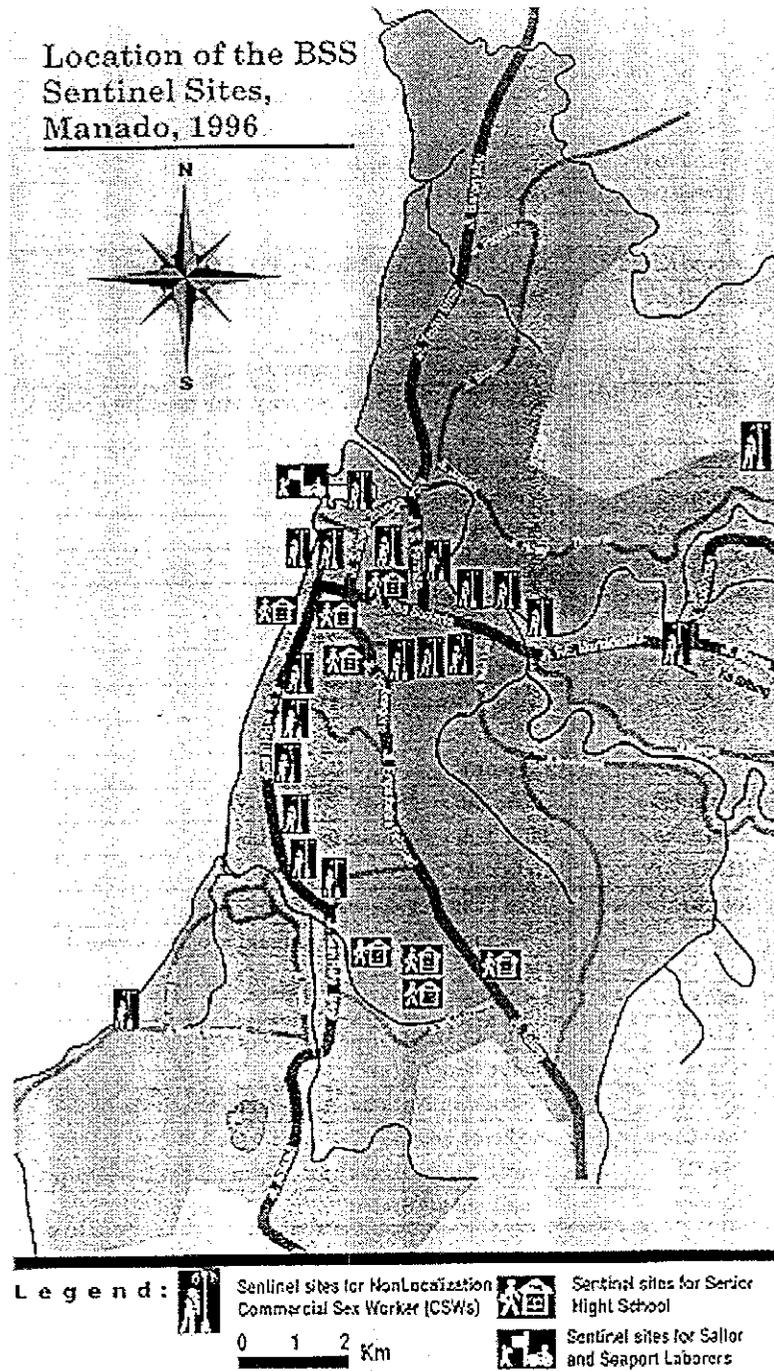
HAPP Demonstration Site, Surabaya, East Java

Location of the BSS Sentinel Sites, Surabaya, 1996



Map III. 4. BSS Sentinel Sites

HAPP Demonstration Site, Manado/Bitung, North Sulawesi



IV. HAPP PROJECT BENEFICIARIES

All target groups gained information about STD/HIV/AIDS from HAPP-supported outreach workers, mass media, and extension work provided by the government agencies. These groups included FSWs, sailors, sexually-active youths, women attending family planning clinics, workers in fish canneries, massage parlors, traditional fishermen, *waria*/gay men, truck drivers and dock workers. Discussion and interpersonal communication with outreach workers, gave these groups opportunities for two-way communication to clarify misconceptions and uncertainties, as well as to discuss personal and sensitive matters.

Good relationships between outreach workers and beneficiaries, which was established through regular communication, led to openness to discuss concerns with regard to HIV/AIDS and sexual health on the part of the beneficiaries. An example was that the open communication led to opportunities to practice condom negotiation skills, which, in turn, encouraged FSWs to discuss STD/HIV/AIDS issues with clients and to use condoms with them. Some beneficiaries also reported increased awareness about their high-risk behaviors (FSWs and *warias*) and some behavior changes such as the willingness to buy condoms themselves if they run out. Other beneficiaries claimed increased empathy with people with HIV and felt assured that they would still be accepted even if they were infected with HIV (gay men).

Overall, all groups of beneficiaries stated that involvement with HAPP-funded NGO programs enhanced their self-esteem, pride and self-worth because they were treated with respect, were made to feel useful and fully part of the Project, which they did not receive from the general community. One example was that NGOs gave them the opportunity to become peer educators and resource persons at seminars or training, permitting them to build networks with people from diverse backgrounds. Discussion of the beneficiaries that were more difficult to contact follows:

Street FSWs were reluctant to admit their profession because they were worried their families would find out about their involvement in sex work. They could not be fully involved in various peer education activities such as attending meetings, serving as resource persons, carrying condoms and taking IEC materials home.

Some groups of people with high-risk behaviors felt uncomfortable about using public health services, but reported satisfaction with health services provided by NGOs, such as the clinic for *waria* in Jakarta. Favorable features of this type of clinic reported by the beneficiaries were that they: (a) were friendly and non-judgmental; (b) were affordable (free examination and treatment); (c) were accessible; and (d) provided credible or good quality of services (including counseling). Their positive experience with the clinic encouraged them to bring their friends to have STD check-ups.

Some owners of commercial sex establishment explained that the involvement of FSWs in HAPP was beneficial for their business as they gained the reputation of providing 'clean' services for which clients were willing to pay more.

V. ACCOMPLISHMENTS

The main activities carried out during HAPP included Behavior Change Communications (BCC), Condom Social Marketing, Sexually Transmitted Disease (STD) Treatment and Policy Support. An important focus of HAPP was to encourage collaboration with the national and provincial government offices and to carry out capacity building with partners. The HAPP interventions concentrated on target populations knowing the behavior that put them at greater risk of HIV infection, such as sex workers, *warias*, and their male clients. HAPP accomplished the programmatic goals through partnerships with implementing agencies, which were primarily community-based non-governmental agencies (NGOs). Further details of partners' accomplishments are included in the 'Subproject Highlights' in the Attachment Section.

Information / Education / Communication for Behavior Change

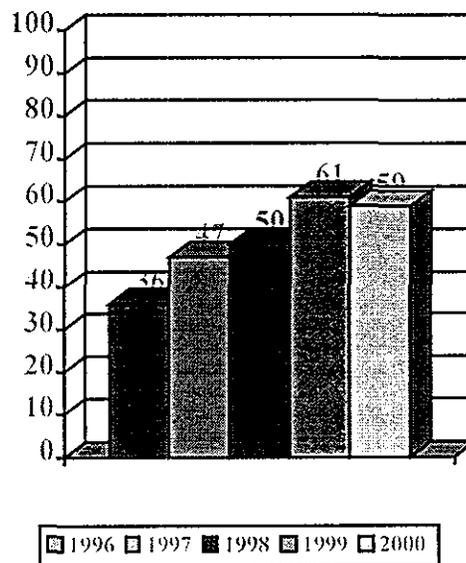
HAPP resources focused on information, education, communication, and behavior change communication (IEC/BCC) through HAPP-GOI-USAID collaborative partnerships. HAPP IEC/BCC two-pronged strategy promoted community/ client-oriented behavioral change, which was recognized as a natural adjunct to promoting health service for STDs and condom use promotion. More than 230,00 copies IEC materials were produced. HAPP-supported NGOs implemented training modules and workshops, training approximately 400 trainers (TOT) and more than 1,000 peer educators (PE s). Outreach activities involved contacting more than 27,000 high-risk individuals within the three demonstration. (For further details related to the quantities of IEC materials created and distributed, number of workshops and participants trained, see Attachments : Subproject Highlights)

Condom Social Marketing

The Futures Group International (TFGI) developed a strategy to utilize commercial resources for social marketing of condoms. The condom social marketing had four objectives; including (1) evaluation of the extent of condom availability in the outlets, (2) survey of brands stocked and the most "saleable" (popular) brands of condoms, (3) examine sources of supply of condoms to the outlets, (4) document the trends of condom sales of condoms, including Durex, Simplex, Artika brands, at the three demonstration sites.

Condom sales and market penetration was evaluated by completing a survey of 1,900 condom retailers in Jakarta (220 out of 818 retailers), Surabaya (150 out of 536 retailers) , and Manado/Bitung (125 out of 545 retailers). Annual results showed a steady increase in condom sales and the number of retailers selling condoms, including non-traditional outlets.

Figure V. 1. Condom Sales in Red Light Areas in Jakarta (~59% Market Penetration in 2000)



Source: A C Neilson Report, 2000

The Futures Group International (TFGI) reported an increased *demand* for condoms and improved *access* to affordable condoms. Public relations campaigns were initiated, through a Consortium of Concerned Condom Manufacturers (CCCM), promoted the use of condoms, and condom messages for the mass media were developed. Links were established with condom companies to promote condom use, increase availability in designated intervention areas, and develop promotional materials for use at or near point of use in the target areas. Outreach activities included recruitment of peer condom promoters (PCPs), condom placement and condom skills training. Regular retail audits and store checks indicated increasing numbers of outlets selling condoms in Jakarta and Surabaya. Condoms are now widely available in all HAPP demonstration areas and the overall market is showing slow growth. A Consortium of Concerned Condom Marketing Manufacturers was formed, comprising two local condom manufacturers and one multinational manufacturer. The Consortium was assisted to invest heavily in advertising and promotion as well as sponsoring "entertainment-educational" events to promote awareness of HIV/AIDS and condom use. For further details about TFGI condom social marketing activities, see the discussion of Contract Performance Objective 1 and the Attachments sections.

Collaboration at National and Provincial Levels

HAPP was a catalyst for action within the National AIDS Commission (KPA) and the provincial AIDS Commissions (KPADs) and strengthened relationships with the GOI and KPADs. HAPP provided expertise in epidemiology and STD surveillance, coordinated by Dr. John Moran, US CDC/ PASA Technical Advisor, demonstrated a commitment to improving project management and coordination. HAPP complemented information and service delivery with supporting elements in the areas of policy, technical assistance, new or continuing education, training, administration, management, capacity building, biomedical / applied research, strengthening of surveillance systems, monitoring, and evaluation. (see 'KPAD Achievements' next within the Accomplishments Section and 'Subproject Highlights' in the Attachments Section for further details about implementing agency achievements).

KPAD Achievements

In each of the three HAPP areas, the Provincial AIDS Commissions (KPAD) were given support and encouraged to promote a greater interagency and community involvement in HIV/AIDS prevention, education and control activities. HAPP strengthened the role and functioning of the KPAD by assisting the establishment of a working secretariat, hiring full-time staff and enabling coordination between the KPAD and the HAPP implementing agencies and partners. The KPAD were directly involved in capacity building activities, including the International Development Framework (IDF) leadership and institutional development training, the 100 percent condom promotion workshops, study tours, both national and international, and the establishment of the KPAD Program Advisor (PA) and secretariat. The KPAD played an extremely important role as a facilitator and coordinator between the different sectors and levels of the government, the NGOs, HAPP and other donors to successfully integrate and implement STD/HIV/AIDS activities. This role needs to be consistently strengthened to make the KPAD more effective, involved and sustainable in the future. Increasing the frequency and quality of relevant capacity building activities is a means of achieving this. The financial feasibility of different capacity building activities require a careful assessment.

KPAD saw their role as a facilitator for NGOs in activity implementation, working towards strengthening their role as a coordinating body between themselves, NGOs and donors. KPAD felt that the activities of the health sector had increased in frequency over time, as well as increased integration and quality. It was reported that HAPP activities between KPAD and the NGOs were well coordinated. The head of the NGO Forum was a member of the KPAD Core Team and this went a long way in improving communication and trust. HAPP involvement with KPAD led to the Governor and the other sectors becoming more aware and more involved in HIV prevention activities. This led to an increase in the budget allocations from the Governor's office and an increase

in activities with participation at the district levels. It was recommended that restructuring of the KPAD would be another means to greater operational involvement with ongoing projects. This would involve KPAD establishing a steering committee, with advisory capacity. At the operational level the steering committee, representing different government sectors and the NGOs, would be involved at the implementation level.

The role and function of the KPAD must be understood in light of: its role as the coordinator of HIV/AIDS prevention in the provinces; the advocacy capacity of KPAD members to higher level decision-makers (the Government, ministries) as well as advocacy within the multi-sectoral agency to create an enabling/supportive environment for HIV/AIDS prevention, encompassing the allocation of a sufficient budget; and the commitment of the members of the KPADs. To sustain the efficiency and effectiveness of the KPADs, it is important to provide advocacy to members of the provincial parliaments and to officials from the different sectors to ensure their support for budget allocation for HIV prevention activities, both through the KPADs and through the different sectors. A multi-sectoral approach is very important and must be continued. Lessons learned including the following:

- Study tours were seen as the most popular capacity building activity among the KPAD members, but the impact was different across sites. For example, because certain members of the KPAD in Manado were decision-makers, after their participation in the study tours, they had the capacity to and were very enthusiastic about their increased participation and involvement in HIV/AIDS prevention activities (World AIDS Day).
- HAPP attempted to promote the adoption of a multi-sectoral approach within the KPADs, by developing various schemes designed to ensure the participation of representatives from the different sectors of the Government and from the NGOs into KPAD activities. Adoption of a multi-sectoral approach within the KPADs in the three sites varied, with some KPADs involving sectors other than the health sector as the focal point of HIV/AIDS prevention activities and sharing information about each sector's activities to avoid duplication.
- The technical and managerial capacities of the NGOs and the KPADs at the district and lower levels were reported to be inadequate in anticipation of the decentralization of GOI. These inadequacies included effectively implementing programs, collecting data, reporting and disseminating STD survey data, which are supposed to be used for decision-making and planning for programs based on local needs.
- Raising awareness of the importance of HIV/AIDS prevention and the first-hand observation of success stories of HIV/AIDS prevention programs/activities, are needed to strengthen the commitment of the KPADs. In addition, it is equally necessary to strengthen their advocacy capacity through the provision of training about advocacy tools/strategies.
- It is important for the KPADs to consistently involve the NGO representative in all relevant meetings and decisions. Other factors contributing to sustainability, as expressed by members of the KPADs, were their continued commitment, the political will of policy makers, in particular of the Governor, and, of course, continued funding through different sources. As in the case of any other organization, the KPADs would also require diverse and ongoing funding, including funds raised by them directly, to keep them sustainable and effective.

Sexually Transmitted Disease Management and Control

The HAPP established a foundation for future prevention strategies by reporting the changing patterns of HIV transmission and completing an assessment of HIV risk among injecting drug users (IDU) in collaboration with UNAIDS, AUSAID, PATH and WHO. HAPP staff also completed a situational assessment of men who have sex with men (MSM), examining concepts of sexuality and gender-identity among high-risk men including *waria* and gay-identified individuals. HAPP

implemented three STD clinic models, including PKBI Jawa Timur (Jakarta), Putat Jaya Clinic (Surabaya), and Pinaesaan Clinic (Manado).

During the first project phase, 'women at risk' were targeted because it was assumed that many women were at risk of HIV/AIDS and STDs through their husbands' sexual activities outside marriage. These model clinics (Putat Jaya Clinic, PKBI Jawa Timur and Pinaesaan Clinic) were designed to reach women using reproductive health services. A combination of syndromic management and simple laboratory tests were used. As a result, some innovative activities were developed. Through PKBI East Java, traditional medicine (jamu) vendors were recruited to provide education and referrals to the family planning clinics, and local midwives, resulting in increased referrals for STD examination and counseling.

In addition, clinics were established specifically for beneficiary groups, including sex workers, truck drivers and sailors in Manado and Surabaya and for *waria* in Jakarta and Surabaya. These clinics, set up within either an existing NGO or government clinic, proved to be the most successful in implementing the clinical STD treatment guidelines. Beneficiaries liked these clinics because they were affordable and accessible, because they provided quality services and because the staff were friendly and nonjudgmental. Some participants had such good experiences that they began to bring their friends to have STD check-ups. For example, at the *waria* clinic, CDC and FHI made free drugs and transportation available to introduce the clinic to *waria*, with the expectation that they would pay for subsequent visits. Clients were recruited to be Peer Educators. Outreach Workers went on to provide educational sessions at the clinic to train Peer Educators. The clinic became so popular that male sex workers and gay men also began using the services. STD prevalence data from these clinics has provided valuable new information on STD rates in these targeted high-risk groups.

Among the many varied HAPP activities, the universal precautions (UP) /infection prevention (IP) guidelines for community health centers (Puskesmas) should be highlighted. UP guidelines were strengthened and standardized through a process involving the East Java Department of Health and initiative of the United States PVO, contracted by HAPP to manage the UP activities. Current UP practices were assessed through a baseline study at the Putat Jaya Clinic. A set of UP/IP guidelines and training modules developed specifically for the Puskesmas setting. This was followed by training to effect behavior change among health care workers at the Putat Jaya Clinic, which provides STD management, diagnosis and care to nearly two thousand sex workers in two brothel areas of Surabaya. Trainers and training modules would also be developed so that behavioral-oriented UP training could be duplicated with health care personnel in other parts of East Java. A number of trainers were then selected from the local government health offices and trained to implement the curriculum. Significant improvements in compliance with UP standards were noted after completion of the training.

A continuing challenge with these interventions is the fact that many SWs and clients continue to treat themselves with antibiotics and regard antibiotics as a substitute for condoms. Self-treatment with often-times ineffective medications that only temporarily relieve symptoms cause the health seeking behavior and participation at the STD clinics to continue to be low among SWs.

Another ongoing challenge was upgrading health facilities and keeping adequate supplies of recommended medications for STD treatment. To deal with this, HAPP facilitated the upgrading of twenty (20) clinics and negotiated for medicines between the truck drivers and port workers' clinic and the local government. (For further details related to the number of health facilities upgraded and training workshops, see discussion of Contract Performance Objective 3(c) and Attachments : Subproject Highlights)

Behavioral Surveillance Survey

Behavioral surveillance surveys (BSS) formed an important component of an integrated surveillance system for monitoring HIV infections as recommended by UNAIDS and WHO. The BSS is a monitoring and evaluation tool designed to track trends in risk behavior, HIV/AIDS-related knowledge, and attitudes in sub-populations, such as female sex workers, injection drug users, migrant men, and youth who are at increased risk of HIV infection.

The purpose of the BSS is to provide a means of measuring behavioral data trends overtime. Based on standard surveillance methods, BSS consists of repeated cross-sectional surveys conducted systematically to monitor changes in HIV/STD risk behaviors. A key benefit of the BSS methodology is its standardized approach to questionnaire development, sampling frame construction, and survey implementation and analysis. BSS findings serve many purposes, including providing indicators of behavior trends, helping highlight persistent problem areas, identifying appropriate intervention priority populations, identifying specific behaviors in need of change, functioning as a policy and advocacy tool, and supplying comparative data concerning behavioral risks. The outcomes of the BSS can not be tied to any one intervention or program, but rather measure trends in relation to behaviors that are effected by many local and national program efforts and influences.

Highlights of the BSS 2000 results include the completion of the annual BSS 2000 preliminary report indicating that condoms use among FSWs has declined slightly since 1999, 48% to 41%; reported condom use among clients increased from 16% in 1999 to 22% in 2000; fewer FSW sought medical treatment for symptomatic STDs, decreasing from 70% in 1998 to 63% in 2000; and there was a decline in the number high-risk males who correctly could name at least two acceptable ways of protecting themselves from HIV infections, from 93% in 1999 to 88% in 2000. For further details related to BSS 2000 results, see the discussion of Contract Performance Objectives 1, 2, 3, and 4.

HIV/AIDS Sero Prevalence Survey

During the five years of HAPP, the Indonesian HIV /AIDS serological and behavioral surveillance surveys contacted 1,000 - 1,500 FSWs, and 1,200 - 1,600 high-risk transportation workers, annually. The details of the survey results are published and disseminated by the implementing agencies, Jaringan Epidemiology Nasional (JEN - National Epidemiology Network) and Center for Health Research, University of Indonesia. Results were utilized by a World Bank national consensus workshop and review.

JEN Survey Assessment

The National Epidemiology Network (Jaringan Epidemiology Nasional/JEN) conducted three assessments of STD Prevalence (1996, 1998, 2000) and four assessments of STD Case Management under the HAPP/FHI project between 1996 and 2000.

Measurement of STD prevalence and case management within the target population was designed to assess the impact of HAPP activities promoting STD services in the three demonstration sites. The aim of the JEN studies was to provide data reflecting STD prevalence among selected sex workers and on the quality of STD case management in selected health facilities in North Jakarta, Surabaya and Manado.

JEN case management assessment methods included two phases. First, a "Survey of Health Care Facilities" was completed to assess the number of STD clients served and the obstacles encountered in using the syndromic approach. Secondly, observation of health care providers (HCPs) to assess the quality of care in treating STD patients during HCP-patient contact in clinics. The target group consisted of health facilities, health care providers and STD patients.

The JEN 4th STD Case Management Assessment interviews of health care providers and observations of HCPs continued to show improvement in the quality of STD Case Management overall, with the prevention indicators (PI 6) related to the correct diagnosis and treatment of STDs increasing from 8.1% in the first assessment in 1996 to 47.1% by the fourth in 2000. The individual scores for Jakarta and Surabaya, however, declined. A decline in the number individuals treated at STD clinics having an STD correctly diagnosed and treated is an important concern to be addressed in the future. More than 90% of patients were interviewed about their symptoms, sexual contacts, and duration of symptoms were examined according to WHO standards, while only 53% were treated according to MOH standards. One possible reason for the decline may be associated with a shortage of medications at STD clinics.

Prevention indicators (PI 7) related to STD counseling, increased from 24.3% in the first assessment in 1996 to 61.4% in the fourth assessment in 2000. Seventy percent of patients were advised to bring their partners for treatment, with the same percentage receiving advice to use condoms. As discussed in more detail related to Contract Performance Objective 5 (CPO 5), there are important cultural issues that create communication barriers in Indonesia relate to avoidance of HIV through the protective use of condoms during sexual contact. The JEN 2000 Survey primarily sampled women (54 out of 71 clients interviewed). Results from the JEN survey related to the number of clinic patients receiving STD counseling may reflect a communication barrier that exist between male clinicians and female patients in general and between male clinicians and FSWs in particular. However, the reasons for the observed decline have not been determined, and will need to be further analyzed in the future.

HAPP-supported the JEN prevalence study of STD among FSWs in Jakarta, Surabaya and Manado. The objective of the study was to interview and to collect interview data on characteristics of FSWs and to assess the prevalence of STDs among those FSWs using Ligase Chain Reaction testing method to examine urine for STD infection. FSWs were examined from the Kramat Tunggak lokalisasi in Jakarta, the Dupak lokalisasi in Surabaya, and among FSWs from Manado and Bitung. The laboratory examination, using LCR methods, produced the following results: 24.6% had gonorrhea and 38.3% Chlamydia and 39.2% had either/or both gonorrhea and Chlamydia (Table V.1). The prevalence of these STDs was higher in Jakarta (52.3%) than in the other two cities (Surabaya 31% and Manado 34%).

Table V.1. Prevalence of STDs among FSWs

	Jakarta		Surabaya		Manado		Total	
	n=203	%	n= 200	%	n=204	%	N=607	%
Total specimens	195		198		198		591	
For Gonorrhea	199		198		200		597	
For Chlamydia	195		198		198		591	
Prevalence of STDs								
Gonorrhea positive	58	29.7	50	25.2	39	19.6	147	24.8
Chlamydia positive	79	39.6	44	22.2	46	23	169	28.3
Gonorrhea or Chlamydia or both	102	52.3	62	31.3	68	34.3	232	39.2

Source : JEN 2000 STD Management Survey (January 2001)

VI. TECHNICAL PERFORMANCE STANDARDS

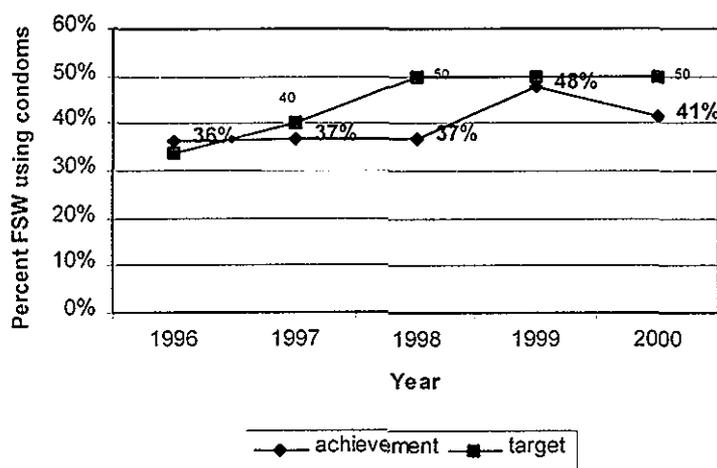
Contract Performance Objective 1 (CPO 1)

Contract Performance Objective 1 To increase the percentage of FSWs' reported use of condoms to 50%

The project performance standard for Contract Performance Objective 1 (CPO 1), the use of condoms by FSWs and clients for 2000, is 50%. From a combined sample of the five sex worker sub-samples in the Behavioral Surveillance Survey completed by the Center for Health Research, University of Indonesia, (Jakarta *lokalisasi* and non-*lokalisasi*-based, Surabaya *lokalisasi* and non-*lokalisasi*-based, and Manado non-*lokalisasi*-based), a significant increase in reported condom use at last sexual contact was seen in 1999, after three years of no change in reported condom use among FSWs, 1996-1998. The percentage of FSW reporting use of condoms in 2000 showed a significant decline, decreased from 48% in 1999 to 41% in 2000 among the women interviewed with the BSS, as discussed in detail below.

Comparisons were made between BSS survey years, using a chi-square analysis method. The overall mean rate of condom use increased significantly¹ from 37% in 1998 to 48% in 1999 (Figure VI. 1.), almost reaching the benchmark of fifty percent. This increase was related to an increase in reported condom use by *lokalisasi*-based sex workers in Jakarta (from 36% in 1998 to 67% in 1999), but increases were reported in each of the five surveyed populations. However, there was a significant² decline in reported condom use by FSW in 2000, with reported condom use at last sexual contact decreasing from 48% in 1999 to 41% in 2000. Similarly, in all four male population groups surveyed (Jakarta, Surabaya, and Manado seaport workers and Surabaya truckers), there was an increase in reported condom use during the last sexual encounter with a sex worker. After three years of slightly declining condom use, reported condom use among men increased from 10% in 1998 to 17% in 1999, with further increases in condom use reported 22% in 2000 (Fig. VI. 2.).

Fig.VI.1. Reported Use of Condoms by FSWs

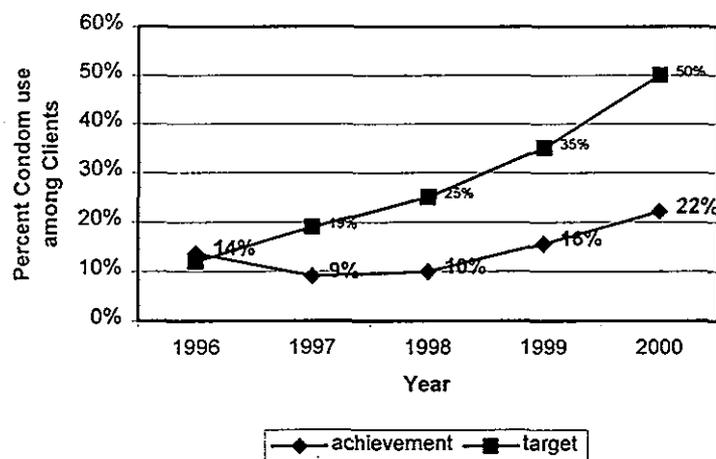


Sources : BSS 2000, CHR-UI

¹ Average (or mean) rate of condom use change between 1998 and 1999 ($\chi^2 = 25.43, df = 1, p\text{-value} = 0.001$)

² Average (or mean) rate of condom use change between 1999 and 2000 ($\chi^2 = 10.70, df = 1, p\text{-value} = 0.001$).

Fig.VI.2. Reported Use of Condoms by Clients



Source : BSS 2000, CHR-UI

Sub Result 1(a) *To provide at least 52,000 repeat outreach contacts to FSWs*

The benchmark for Sub Result 1(a) is to complete as least 52,000 repeated outreach contacts (ROC) among female sex workers in the three-year period between 1998 and 2000. The achievement for Sub Result 1(a) was 30,559 ROC which represents the cumulative total for FY 1998 through FY 2000 (Table VI.1.). Six FHI-supported NGO implementing agencies conducted outreach programs among FSWs during the period October 1997 - June 2000, allowing for the attainment of almost 60% of the target number of ROCs through long-term sub-projects. FHI also supported 24 NGOs, responsible for initiating primary contacts through networking with FSWs, through a Rapid Response Fund (RRF) mechanism.

The HAPP-partner NGO, IAKMI, is included in this sub result even though their target population was *waria*. *Waria* are transvestite male sex workers and their clients are men who have behavior similar to clients of FSWs. Outreach activities of IAKMI with *waria* increased in FY 2000 as the number of repeated contacts increased through the IAKMI clinic or outreach activities.

Table VI. 1. Sub Result 1(a) Benchmark Tracking by Subproject, 1997-2000
Provide at least 52,000 Repeat Outreach Contacts to FSWs

Parent FCO	IA	1998	1999	2000	Total
88120	YAA	1,142	5,021	1,987	8,150
88160	YPKA	3,607	2,939	2,112	8,658
88170	YPros	651	418	214	1,283
88180	YIK	540	1,884	393	2,817
88190	IAKMI	783	771	2,725	4,279
88260	YKB	0	3,286	2,086	5,372
Progress		6,723	14,319	9,517	30,559
Target (including 1997 = 8,000)		20,000	12,000	12,000	52,000
% achievement		34%	119%	79%	59%

1997 Target = 8,000

The lower overall percentage of FSW contacts in 2000 may be related to transition from brothel to street-based sex work. Some brothel *lokalisasi* (Kramat Tunggak) closed or greatly curtailed sex worker activity at the beginning of the economic crisis. At that time, sex workers were less likely to travel to central brothel areas, possibly working the streets closer to home, making it more difficult to contact groups of FSWs. The decrease in ROCs was most evident in Surabaya, reported by YAA in Jakarta, as reported by YIK and YKB, where IAs experienced a 40% to 80% decrease in the number of FSW contacts between 1999 and 2000 (Table VI.1.).

To improve the repeat outreach contacts to FSW, new outreach strategies were developed. Some of the IAs needed to re-map their populations as FSW, who previously worked in *lokalisasi*, were affiliating with bars, restaurants and food stalls (*warungs*). Meeting with sex worker organizations was successful to maintain contact with the target population, such as work with Bandungwangi. Finally, some IAs have increased the number of outreach worker staff to reach more of the target population.

Sub Result 1(b) To provide at least 28,000 repeat outreach contacts to male clients of FSWs to promote condom use

The benchmark for Sub Result 1(b) was to provide at least 28,000 repeat outreach contacts to male clients and promote condom use among FSW clients. The HAPP achievement exceeded the minimum standard for the Sub Result 1(b) benchmark by completing 33,483 ROC in the three year period between FY 1998 and 2000 (Table VI.2). The overall attainment of 120% of the targeted goal during a three-year period was accomplished by six NGOs that conducted outreach programs among clients of FSWs implementing agencies, supported by FHI in long-term sub-projects. FHI also supported 24 NGOs to initiate primary contacts among client target populations through a Rapid Response Fund (RRF) mechanism.

Table VI. 2. Sub Result 1(b) Benchmark Tracking by Subproject, 1997-2000
Provide at least 28,000 repeat outreach contacts to male clients to
promote condom use

Parent FCO	IA	1998	1999	2000	Total
88120	YAA	301	477	863	1,641
88140	YMM	1,787	3,802	4,218	9,807
88160	YPKA	1,343	1,209	2,299	4,851
88170	YPros	2,015	5,012	1,811	8,838
88180	YIK	518	1,486	762	2,766
88200	PKBI	439	2,176	1,280	3,895
	Klp. Gading	1,227	0	0	1,227
	MND HAPP	361	17	0	378
	SBY HAPP	80	0	0	80
Progress		8,071	14,179	11,233	33,483
Target (including 1997 = 4,000)		10,000	6,000	6,000	26,000
% achievement		81%	236%	187%	129%

1997 Target = 4,000

Overall, HAPP was relatively successful in attaining the targeted goals for sub results 1 (a) and (b). Contacts with high-risk male client groups proved much easier than initiating primary and network contacts with female sex workers for outreach staff. Successful completion of ROCs could partially be attributed to effective implementation of the HAPP integrated peer education approach and

adherence to recommended guidelines for monitoring outreach activities by the NGO implementing agencies.

Sub Result 1(c) Seventy percent (70%) of outlets in the HAPP demonstration areas will carry HAPP-supported commercial condom brands by the EOP

Sub result 1(c) was for seventy percent (70%) of condom outlets in all three demonstration sites to carry HAPP-supported commercial condom brands by the end of the project. The *unweighted* aggregate condom distribution penetration for condoms reached 65% by the end of FY2000. The attainment of market penetration³ of 65% was 5% less than the targeted 70%. FY 2000 condom outlet store check results indicated an increase in condom availability, when compared to FY1999, with a 65% aggregate penetration in the three demonstration areas (Table VI.3). The following table indicates the yearly achievements for distribution penetration among a representative sample of condom outlets, comprised of pharmacies, drug stores, kiosks, *warung* (small shops), bars, discos, and *wisma* ((brothels) in the HAPP demonstration sites.

Table VI. 3. Distribution Penetration* for Condoms in Red Light Areas

	1996	1997	1998	1999	2000
Jakarta	36%	47%	50%	61%	59%
Surabaya	37%	67%	75%	82%	83%
Manado	-	-	13%	46%	53%
Aggregate*	37%	57%	46%	63%	65%

Source : The Futures Group International FY 2000 Report

** Unweighted average penetration*

Condom outlet store penetration decreased in Jakarta between 1999 and 2000, possibly due to the closure of the Jakarta Kramat Tunggak red light area in late 1999 and consequent loss of outlets. Penetration showed little change between 1999 and 2000 in Surabaya, possibly due to reaching a "saturation point" in terms of outlet penetration potential. Manado condom outlet store penetration showed significant gains by the end of FY 2000.

In the past, condom distribution was essentially limited to traditional outlets (pharmacies and drug stores). More recently, condoms have become widely available at kiosks, *warung*, bars, discos and *wisma* in red light areas. The success of coverage expansion was attributable to special sales task force field work by the HAPP-supported Consortium (see TFGI in Attachments). It has to be noted that condom distribution patterns in non-traditional outlets were fluid, fluctuating with movement of FSWs within red light areas. There was concern that the closure of the Kramat Tunggak *lokalisasi* in Jakarta would be the start of a trend where community pressure was placed on long-standing red light areas, forcing the relocation of a sex industry. The red light district had remained constant, with a continuing condom demand, in years prior to 1999.

Condom brand availability changed between 1997 and 2000, during the four year HAPP. Young-Young and Dua Lima, which used to be the best-distributed brands, have diminished in recent years. In the 2000 store check, retailers disclosed that the best-selling brand is Sutra, followed by Durex. The reports confirm that Sutra and Durex are now the most widely distributed condom brands. The most

³ When the market penetrations for each community are adjusted to reflect relative proportion of stores in each city, since Jakarta has 50% more retail outlets than Surabaya or Manado / Bitung, the overall, weighted market penetration for 2000 was 67%, based on a survey of retail outlets in Jakarta (200 out of a potential of 818 retailers), Surabaya (150 out of a potential of 536 retailers), and Manado (125 out of a potential of 545 retailers). In this case, the attainment of market penetration of 67% was achieved by the end of the project, or just 3% less than the targeted 70%.

popular pack size is the pack of 3's; however, many outlets, particularly kiosks, stock packs of 12 so that they can sell single units, usually at a significantly higher mark-up. The surveyed retail outlets obtain their stock and replenishment from two sources: the salesman and the wholesaler. The role of the salesman is particularly important in the creation and maintenance of non-traditional outlets. Free condoms distributed by government agencies in Jakarta and Surabaya - pink-colored "HIV/AIDS" government-issue condoms were available in four to seven percent of condom outlets surveyed, selling at around Rp. 500 per piece. In contrast, the least expensive brand, Sutra, sells for Rp. 1,000 to 3,000 in warung /kiosks and commercial sex establishments. The FUTURES Group, International, reported that consumer price sensitivity showed that the acceptable price for three condoms was between Rp. 1,500 and Rp. 6,250.

TFGI reported that achieving and maintaining condom coverage in 65% of all outlets was a commendable achievement. The TFGI 2000 report suggested that the 65% penetration mark may be approaching the saturation point because condom sales cannot be as great as sales volumes of fast-moving consumer goods, such as cigarettes, snacks and beverages. Traditional outlets, such as pharmacies, *toko obat*, and supermarkets; are the most important outlets for condoms and account for the greatest condom sales volume. DKT reported that over 90 percent of Sutra sales are generated through traditional outlets. TFGI warned that the non-traditional condom outlets were likely to have a high "drop-out" rate, especially among *warung*, *toko obat*, kiosks and night establishments. Dropouts among condom outlets occurred for a variety of reasons, such as slow commodity movement, insistence on credit sales, failure to make good on a consignment, or lack of consumer awareness that condoms are available at the outlet. Demand generation activities, therefore, become more important in maintaining non-traditional outlets for condoms.

Based on the condom outlet store survey, TFGI reported that condom availability was excellent in the HAPP demonstration areas, particularly in *lokalisasi* areas. The "lack of availability of condoms" did not represent a significant barrier to condom use in HAPP demonstration areas for the duration of the program. The recently concluded digitized mapping exercise verifies the broad extent of condom availability, particularly in proximity to commercial sex establishments. Additional details of the TFGI condom outlet survey are included in Attachments.

Sub Result 1(d) Sales of HAPP-supported commercial condom brands in HAPP demonstration areas will increase to 85,000 gross by the EOP

The sub result 1 (d) was to attain the sales of HAPP-supported commercial condom brands to increase to 85,000 gross by the end of the project (EOP) in the HAPP demonstration areas of Jakarta, Surabaya, and Manado. The estimated gross condom sales in the three demonstration sites achieved 66% of the target by increasing sales to more than 56,000 gross (8,108,928 units) by the end of HAPP.

The project-supported Consortium of Concerned Condom Manufacturers (CCCM) achieved combined condom sales of 50,572 gross (7,282,368 units) in the HAPP demonstration areas in 1999, a 10% increase from the previous year. Nationwide, the Consortium achieved sales of 76,128 gross (10,962,432 units) in 1999 (Table VI.4.). During the first half of 2000, sales in HAPP demonstration areas totaled 28,156 gross (4,054,464 units), a 14 % increase from 1999. In 1999, the Indonesian national total was 42,757 gross (6,157,008 units), 17% higher than the Consortium manufacturers' total over the same period last year. The overall condom market is showing very encouraging growth. According to AC Nielsen, as of May 2000 the total cumulative retail volume for condoms increased 15 percent over the previous 12-month period.

Table VI. 4. Consortium+ Condom Sales, Indonesia FY 1998-2000

	1998	1999	2000
<i>Estimated</i> Condom Sales (gross)	46,096	50,000	57,385*
<i>Target</i>	<i>72,000</i>	<i>80,000</i>	<i>85,000</i>
Total Annual Condom Units	11,062,000	12,781,000	13,933,000
Annual Percent Change	-	10 % increase	14 % increase

*Source : The Futures Group International and AC Nielsen Report, October 2000
+ Consortium of Concerned Condom Marketing Manufacturers supported by TFGI
* estimated based gross condom sales reported Jan-June, 2000*

Sub Result 1(e) Increase to 50% for commercial sector condom promotion/marketing activities by the end of the project

Sub result 1(e) was to increase the commercial sector condom promotion and condom marketing activities by 50% by the end of HAPP. TFGI provided \$325,328 over a two-year period (mid-1998 to mid-2000) in direct marketing support for the CCCM Manufacturers made up of two local condom manufacturers and one multinational. CCCM contributed non-subsidized packaged condoms and met their own personnel, overhead, and operating costs.

The Consortium manufacturers also contributed considerable human sales resources through their distributors - APL (LIG), PT. Wigo-Hoslab (PT. Vonix Latexindo) and DBM (RNI). The three distributors' sales personnel number in the hundreds (LIG's distributor APL, for example, has a total nationwide sales force of 500). Importantly, the Consortium members plan to sustain the task forces for development of non-traditional outlets in red light areas in Jakarta, Surabaya and Manado/Bitung following the completion of HAPP funding at the end of FY2000. LIG expanded the task force concept to other important markets in Indonesia, in a bid to expand its distribution and sales rapidly. The sustainability of the task force intervention provides a clear demonstration that the HAPP-sponsored condom social marketing (CSM) ideas are compatible with sustainable private sector investment.

Managers of the Consortium manufacturers also invested time in attending project-related management meetings and going on field trips to the HAPP demonstration areas. These managers have been very "hands on" in managing program activities and in overseeing the selling, merchandising and promotional activity of their field task forces. They have also proactively collaborated with NGO partners. Promotional tasks are assigned for each of the three Consortium manufacturers, including LIG, Vonix, and RNI. The purpose of the task force was to expand condom distribution to non-traditional outlets. Each task force was assigned to the three HAPP demonstration sites (Table VI.5.).

Table VI. 5. Condom Social Marketing Task Force

Consortium	Number of Task Force Members*			
	Jakarta	Surabaya	Manado/Bitung	TOTAL
LIG (Durex)	5	4	2	11
PT Vonix (Simplex)	6	5	2	13
RNI (Artika)	6	5	2	13
TOTAL	17	14	6	37

* includes Task Force leaders

LIG participated in the second phase TV public service advertising (PSA) campaign in a cost-sharing arrangement. In this case, the generic 15-second condom PSA (branded with Durex) was "twinned" (piggybacked) with a 15-second Durex condom advertisement. FUTURES and LIG shared the cost of the 30-second TV advertising slots, which was cheaper than purchasing separate 15-second spots. Hence, the back-to-back PSA and condom commercial was cost-efficient for both HAPP and LIG; moreover, the PSA and the Durex commercial were mutually reinforcing in terms of condom message. Consortium manufacturers, particularly LIG/Durex, have sponsored a number of educational events in Jakarta, Surabaya and Manado that have generated awareness of the risk of HIV/AIDS and promoted condom use.

The Consortium manufacturers' sponsorship of these events facilitated linkages with NGOs, university students, community groups and the media, which generated press coverage. The Consortium members have indicated they will continue to sponsor NGO-managed events, provided the NGOs offer value in promoting their condom brands. During the project period (November 1998 to June 2000), the Consortium members sponsored 127 events.

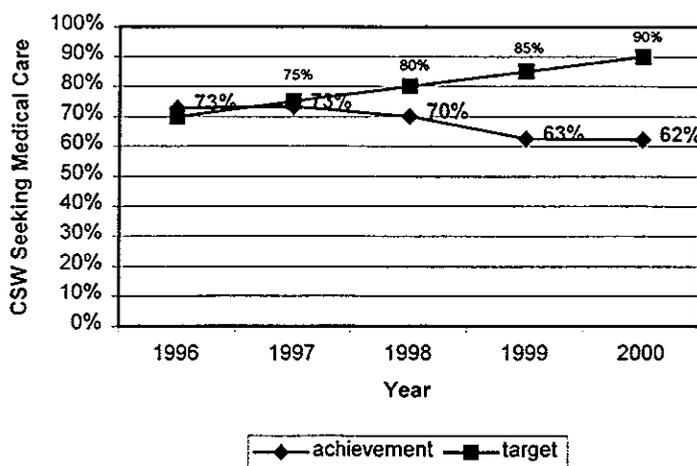
Contract Performance Objective 2 (CPO 2)

Contract Performance Objective 2 To increase the percentage of FSWs who sought medical care for last STD symptoms/disease in the past year to 90%

As illustrated in the figure below, the percentage of FSWs who reported having experienced an STD in the past year who sought medical care, decreased again in 1999 compared with the previous year (Fig. VI. 3.). There was significant[†] decrease in the percent of FSW seeking medical care for STD symptoms from 73% in 1996 to 62.6% in 1999, with a leveling off at 62% in 2000.

[†] (chi2=12.21, df=1, p=0.001)

Fig VI.3. Percentage of FSWs who Sought Medical Care for STD Symptoms in the Past Year



Source : BSS 2000, CHR-UI

The benchmark for 1999 was 85%, indicating a shortfall of over 10 percent. The benchmark for 2000 was 90%, so the shortfall was 28%. The proportion of FSWs who reported experiencing an STD symptom in the past year remained fairly stable at 38.8% in 1999, compared with 42.0%, 42.3%, and 36.5% in 1996, 1997, and 1998, respectively. However, the proportion of FSW seeking medical care during HAPP has declined since the establishment of HAPP-supported clinics in the three demonstration areas.

The decline in 1999, with no change in 2000, reflects large decreases in the numbers of FSWs who sought medical care in Jakarta (both among *lokalisasi*-based and non-*lokalisasi*-based FSWs) and among *lokalisasi*-based FSWs in Surabaya. These decreases were not outweighed by increases among Manado FSWs and non-*lokalisasi*-based FSWs in Surabaya. The reasons for this variation have not been determined.

It is important to keep in mind that, based on what we know about the epidemiology of STDs among Indonesian FSWs and the medical care available to them:

- many of the women who reported having experienced an STD symptom in the past year probably did not have an STD at the time they experienced the symptom
- many of the approximately 60% of FSWs who reported no STD symptoms in the past year, were in fact infected with an STD during the year
- it is not clear that women who seek "medical" care for their STD symptoms are cured more quickly or more efficiently than those who self-treat.

Given the three considerations, we cannot assume that the fact that only 62.6% of FSWs with STD symptoms in the past year sought medical treatment has had any adverse effect on the prevalence of STDs among FSWs or the rate at which they transmit STDs to their clients.

Sub Result 2(a) To provide STD referral information to at least 5,100 FSWs

The benchmark for Sub Result 2(a) is 5,100. The achievement for Sub result 2(a) was 5,855 (Table VI.6.), exceeding the benchmark. This achievement was a result of the contribution from the HAPP-supported NGO implementing agencies through long-term sub-projects aimed at conducting outreach programs between October 1997 and June 2000.

Table VI.6. Sub Result 2(a) Benchmark Tracking by Subproject, 1997-2000
Provide STD referral information to at least 5,100 FSWs

Parent FCO	IA	1998	1999	2000	Total
88120	YAA	61	29	6	96
88140	YMM	35	61	38	134
88150	YBHK	274	708	832	1,814
88160	YPKA	12	66	6	84
88170	Ypros	379	538	415	1,332
88180	YIK	0	0	0	0
88190	IAKMI	217	546	483	1,246
88200	PKBI	153	248	723	1,124
88260	YKB	0	25	0	25
Total by Quarter		1,131	2,221	2,503	5,855
Target (including 1997 =300)		1,800	1,500	1,500	5,100
% target		63%	148%	167%	115%

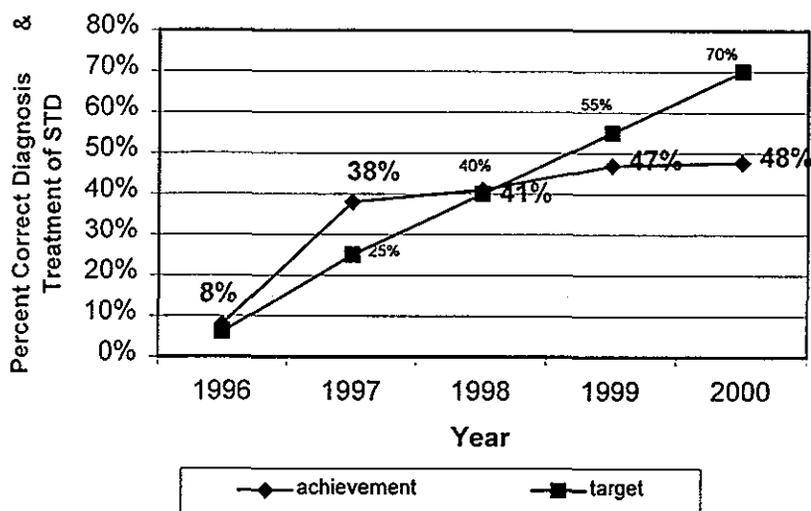
1997 Target = 300

Contract Performance Objective 3 (CPO 3)

Contract Performance Objective 3 To increase the proportion of those at risk of STDs who were served at HAPP participating clinics according to standard STD diagnosis and treatment protocols to 70 % in 2000

As shown in the figure below, overall compliance with PI 6 reached 47 % in 1999, exceeding compliance in 1998, but fell just short of the 1999 benchmark (55%). The current level of STD patients correctly diagnosed and treated was 48% in 2000, 22% below the targeted benchmark (Fig. VI. 4.). Initially, there was a large increase in the proportion of high-risk individuals diagnosed and treated with the standard, syndromic procedure during the first year of HAPP implementation and training. Between 1997 (38%) and the end of the project in 2000 (48%) there was a 26% improvement (or 10% difference) in the percentage of correctly diagnoses and treated patients, although the difference did not reach statistical significance ($p>0.1$). (JEN 2000 STD Management Survey).

Fig. VI. 4. Percentage of People at High Risk Correctly Diagnosed and Treated for STDs



Source: JEN 2000 STD Case Management

In Jakarta and Surabaya, compliance reached 23.8% and 37.5% respectively, between 1999 and 2000 respectively. In Manado/Bitung, compliance increased over the same period, reaching 76.9%.

The reason that overall compliance increased, even as compliance fell in both Jakarta and Surabaya, is that observations made in Manado/Bitung, where compliance is high (76.9%), made the overall compliance 47.8% of the entire sample in 2000. (The "Notes on Measurement" previously provided by Dr. John Moran are attached to this report as they remain relevant to the analysis of these data).

Sub Result 3(a) To train health providers and equip at least 55 health facilities to provide STD services to male and female sex workers

The benchmark for sub result 3(a) was to provide training for health providers (Table VI. 7. & 8.). The training was a PIL supported activity, carried out by the CDC/PASA, as follows:

Table VI. 7. Summary of HAPP Training

Type of Training	Number of Health Provider & Closed Community Training	
	1995-2000	1999-2000
STD Case Management	1,216	120
Surveillance on STD/HIV/AIDS	452	206
Peer Education on STD/HIV/AIDS	1,344	800
STD Counseling	819	173
STD Regular Examination of FSW	333	141
Universal Precaution	710	710
TOTAL	4,874	2,150

Table VI. 8. Summary of HAPP - Supported STD Clinics

Type of Health Facility	Number of Health Facilities Supported	
	1995-2000	
Hospital	6	
Health Center	4	
Clinic	7	
Provincial Health Laboratory	2	
National Institute of Research & Development	1	
District Health Office (Merauke)	1	
<i>Yayasan Sehati</i> (Bali)	1	
TOTAL	22	

Sub Result 3(b) To upgrade at least 5 public hospitals, 25 primary health centers, and 25 private facilities to enable them to provide STD services

The benchmark for sub result 3(b) related to upgrading STD services, with a targeted goal of upgrading 55 facilities. A total of 22 (40%) facilities were equipped, as upgrades were completed in less than half of the targeted clinics and health facilities. Health facilities that were upgraded included private clinics, hospitals, two government health laboratories and the National Center for Health Research and Development. Support ranged from the purchase of laboratory equipment, the establishment of protocols for physical examination and testing of laboratory specimens, training in STD syndromic diagnosis, the treatment and training in universal precautions, and technical assistance around issues of clinical examination and counseling. Syndromic management of STDs refers to clinicians and skilled health workers identifying an STD by the presence of delineated symptoms and offering standard treatment. An inventory report of supplies and equipment provided to STD clinics is on file with the FHI/Indonesia office. Experience in HAPP to date indicates that the process of locating appropriate clinics and hospitals to support takes considerable time. Few facilities see more than a handful of STD patients each month. Therefore, the number of facilities equipped is realistic, given the actual conditions in the field. Particular mention should be made of the Putat Jaya clinic, Surabaya, which was equipped and received a significant volume of integrated technical assistance to implement a piloted comprehensive urban STD clinic for female sex workers. This clinic demonstrated a model for surveillance of and clinical intervention to sex workers in Surabaya. Ongoing support to this clinic is recommended. For a summary of the gonorrhea susceptibility study among FSWs attending the Putat Jaya Clinic, see Contract Performance Objective 6 under Biological Data.

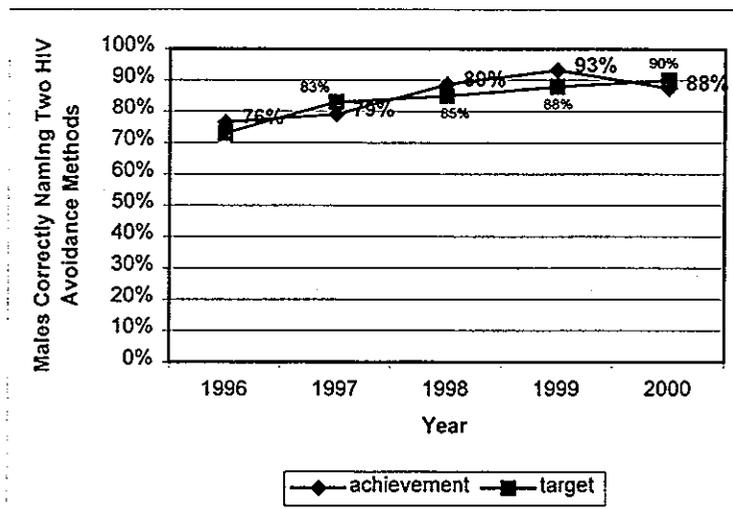
Contract Performance Objective 4 (CPO 4)

Contract Performance Objective 4 To increase to 90% those at risk who are exposed to information, education, and communication campaigns, and are able to correctly identify two ways to prevent HIV/AIDS

There has been a consistent increase in knowledge of HIV prevention practices among high-risk males and sex workers since 1996, which has continued through 1999 (Figure VI.5. & 6.), exceeding the benchmark for that year. However, the BSS 2000 results fell short of the benchmark as indicated by a decline in the percentage of high-risk males (88%) and FSWs (83%) who could correctly name two acceptable ways to avoid HIV contact. For all three target groups, including FSWs, high risk males, and non-FSW females, the increase during the last year was due primarily to a big increase among non-*lokalisasi*-based FSWs in Surabaya and an increase among *lokalisasi*-based FSWs in Jakarta. A decrease in knowledge was measured among *lokalisasi*-based FSWs in Surabaya. The

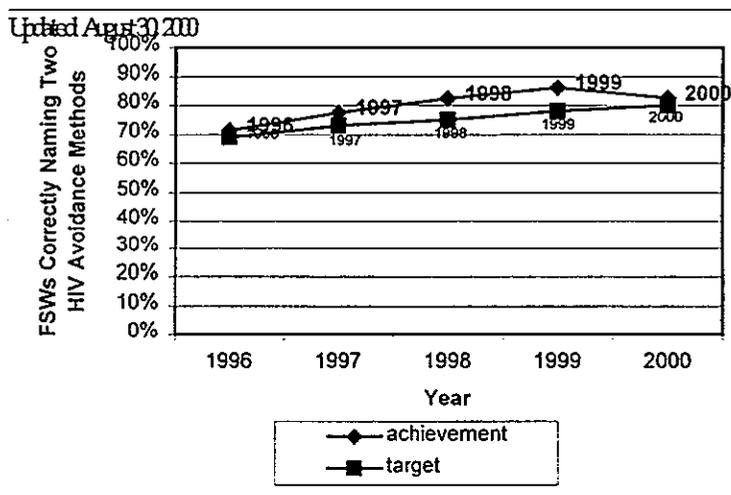
change in percentage from the baseline year, 1996, to 2000 showed a significant⁵ improvement in HIV/AIDS knowledge during HAPP for high-risk men and FSWs.

Figure VI. 5. Percent of High-Risk Male* Respondents who correctly named at least two acceptable ways of protecting themselves from HIV infection



* includes truck drivers, driver assistant, sailors, seaport laborers
 Source : BSS 2000, Table A.M.K.3, pg. TM 3

Fig. VI. 6. Percent of FSW Respondents who correctly named at least two acceptable ways of protecting themselves from HIV infection



Source : BSS 2000, Table A.C.K.4, pg. TC 4

⁵ The change in percentage from the baseline year, 1996, to 2000 showed a significant improvement in HIV/AIDS knowledge during the HAP Project for high-risk men ($\chi^2=59.52, df=1, p=0.0001$) and FSWs ($\chi^2=43.10, df=1, p=0.0001$).

The Non-FSW group, consisting of female students in Jakarta and Surabaya, were surveyed in 1997 and 1999. The percentage of this group that correctly named at least two acceptable ways of protecting themselves from HIV infection increased from 84% in 1997 to 90% in 1999. The non-FSW women were not surveyed in the BSS 2000 (Table VI.9).

Table VI. 9. Percent of Target Groups Who Can Correctly Name at Least Two Acceptable Ways of Protecting Themselves from HIV Infection

	1996	1997	1998	1999	2000
FSW	74%	77%	82%	86%	83%
High risk males	76%	79%	89%	93%	88%
Non-FSW females	79%	84%	89%	90.1%	n/a

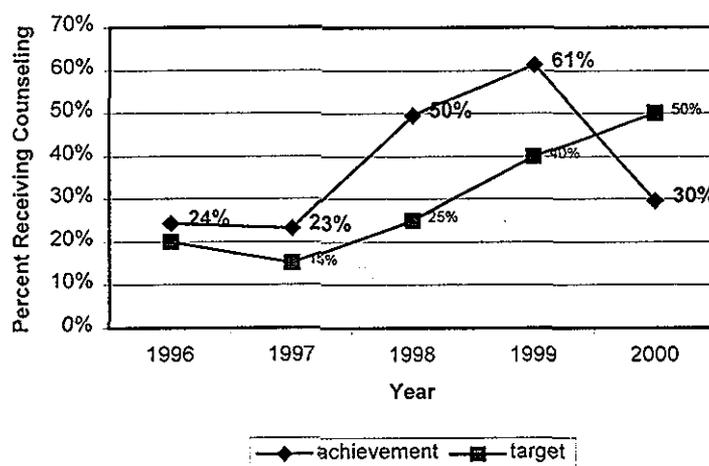
Source : BSS 2000, CHR-UI

Contract Performance Objective 5 (CPO 5)

Contract Performance Objective 5 To increase the proportion of those at risk receiving STD counseling to 50% in 2000

As shown in the figure below, overall compliance with PI 7* in 1999 exceeded compliance in 1998, reaching 61.4%, surpassing the 1999 benchmark of 40%. The JEN 2000 Survey revealed a dramatic drop in the proportion of those at risk receiving STD counseling to 30% in 2000 (Figure VI.7).

Fig. VI.7. Percentage of People at High Risk Receiving STD Counseling

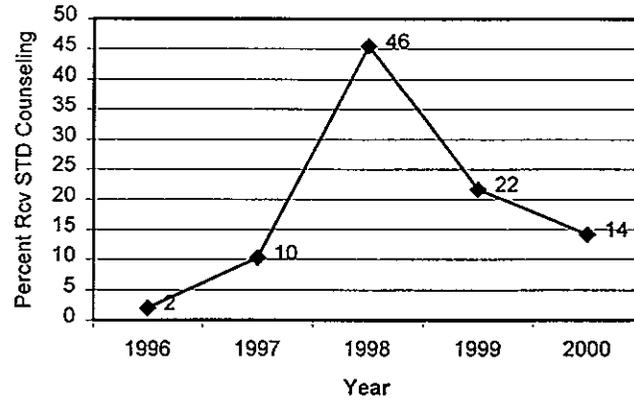


Source : JEN 2000 STD Case Management

In Jakarta and Surabaya, compliance fell to 21.7%, and 5.6%, respectively, whereas in Manado/Bitung, compliance increased, reaching 78.6%. (See "Notes on Measurement" in Attachments Section).

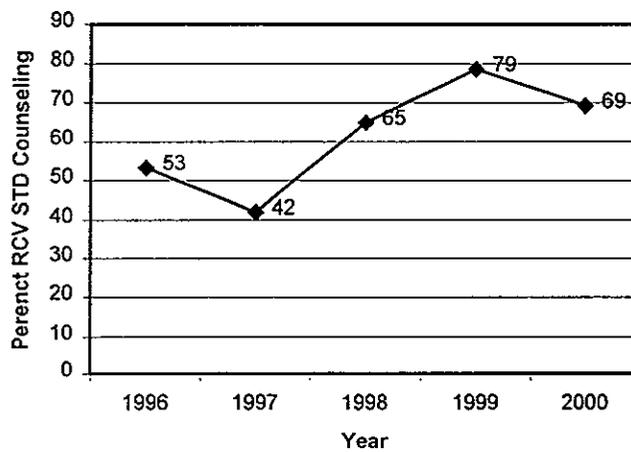
* PI 7 – Prevention Indicator 7 refers to giving advice for partner notification and condom use

Fig. VI. 8. STD Counseling in Jakarta



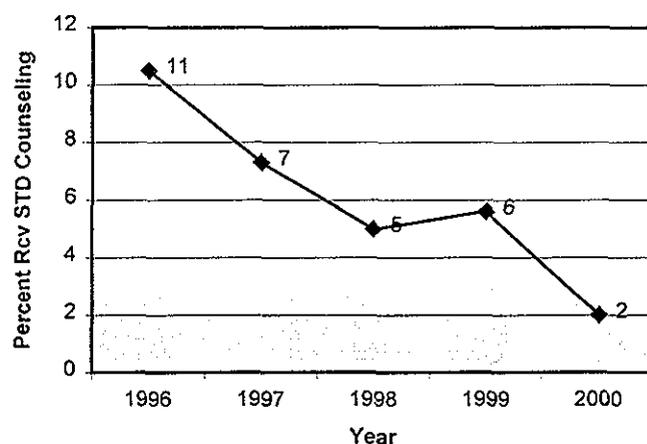
Source : JEN 2000 STD Case Management

Fig. VI. 9. STD Counseling in Manado/Bitung



Source : JEN 2000 STD Case Management

Fig. VI.10. STD Counseling in Surabaya



Source: JEN 2000 STD Case Management

The JEN Survey data related to the percentage of patients, who were primarily women (54 of the 71, or 89%, patients interviewed were women), reflects the communication barriers that exist between male clinicians and female patients in general and between clinicians and FSWs in particular (Table VI. 10.). The low percentage of counseling services given can also be a reflection of the difficulty in maintaining new behaviors (counseling) among health care providers who see counseling as an activity that takes additional time in reinforcing particular health messages. A recommendation for future interventions for strengthening the counseling component in STD services is to build capacity among health care personnel (other than only the treating physician) as STD counselors. In addition to STD counselor training, counselors need support and supervision to maintain this behavior in their daily practice.

Table VI. 10. STD Case Management with Patients in Jakarta, Surabaya, Manado by Gender

	Females (n=54)	Males (n=17)
STD correctly diagnosed	43%	100%
Treatment according MOH standards	50%	100%
Received STD counseling	26%	35%
Advice about condom use	48%	41%

Source: JEN 2000 Survey (17 January 2001)

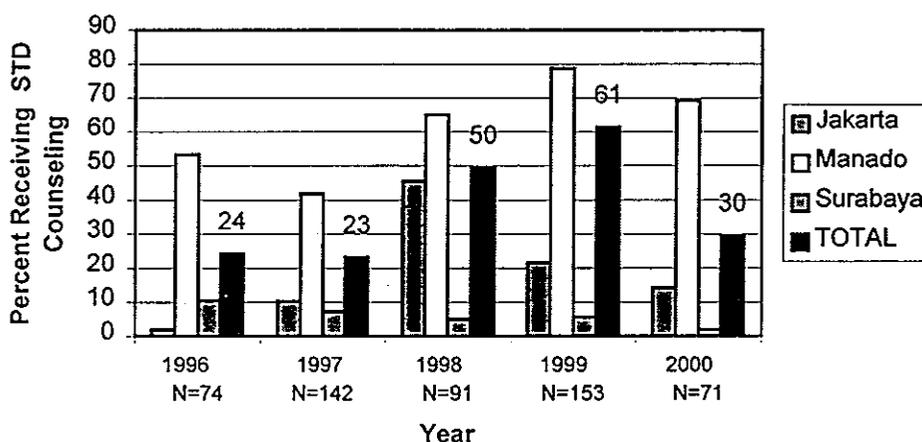
STD Counseling to persons with high risk behaviors was also provided by HAPP implementing partners in conjunction with STD examination. Counseling services in these settings were often provided by a designated counselor, outreach worker, or health care worker other than the examining physician. Patients counseled in this table represent FSW, family planning patients, and males with high risk behaviors. The total number of STD patients counseled per NGO initiative are presented below (Table VI.11.).

Table VI. 11. Number of STD Patients Receiving STD Counseling by the End of the HAPP (September 2000)

Name of NGO	Site	Number of Clients Who Received Counseling
IAKMI	Jakarta	1,918
PKBI	Surabaya	2,448
YPROS	Surabaya	1,460
Putat Jaya	Surabaya	610
YBLK	Manado	1,358
<i>TOTAL</i>		<i>7,794</i>

Source : FHI, Jakarta Year End NGO Performance Report

Fig. VI. 11. High-Risk Individuals Who Received STD Counseling among People Sought Medical Care for STDs



Source : JEN 2000 STD Case Management

Contract Performance Objective 6 (CPO 6)

Contract Performance Objective 6 To decrease the rate of STD prevalence among FSWs to 30% by September 2000

Contract Performance Objective 6 (CPO 6) related the changes in the prevalence of STDs is a performance standard that is evaluated every two years. The National Epidemiology Network (Jaringan Epidemiology Nasional/JEN) conducted three assessments of STD Prevalence (1996, 1998, 2000) in the three HAPP demonstration sites. The CPO result showed an overall increase in the STD rate between 1996 (29%) and 1998 (44%). The prevalence study revealed evidence of decreasing of STD prevalence among FSWs in the three cities in the FY2000 assessment compared to the FY 1998 (Table VI.12.) This result was largely due to the decrease of prevalence in Surabaya while in other cities especially Jakarta there is increasing prevalence of STD

Table VI. 12. STD Prevalence among FSWs by cities and year of assessment

City	Any STD Infection*		
	1996	1998	2000
Jakarta	23.0	40.2	52.3
Surabaya	37.0	60.5	31.3
Manado/ Bitung	27.7	32.9	34.3
TOTAL	28.6	44.1	39.2

Source: JEN 2000 STD Management Survey
* Gonorrhoea or Chlamydia or both infection types

A STD prevalence study was also completed among *waria* to determine the prevalences of gonorrhoea, chlamydia, and syphilis in *warias* in Jakarta, Indonesia. The study was a CDC/PASA project completed by Riduan Joesoef, Mamoto Gultom, Inong, John Moran, and Caroline Ryan. The purpose of the study was to describe risk-factors for STDs and demographic differences in STD prevalences among *warias*. The study recruited *warias* who resided in North Jakarta. They were invited for STD screening and treatment at the IAKMI clinic from August - December 1999. The STD testing included screening for rectal and pharyngeal infection with Chlamydia trachomatis and Neisseria gonorrhoeae (detected by GenProbe PACE II) and syphilis serologic reactivity (detected by serum RPR and Treponemal specific test). A high prevalence of syphilis was found among the 296 *warias* who participated in the study. Gonorrhoea infections were higher than chlamydia infections. Rectal infections were more frequent than pharyngeal infections. Reported condom use was low. Younger *waria* had higher rates of STDs than older *waria*.

Two gonorrhoea susceptibility studies sponsored by HAPP, were conducted in collaboration with US Naval Medical Research Unit-2, Jakarta, (US NAMRU-2) and CDC/PASA. These studies in Surabaya (Putat Jaya Clinic) and Manado addressed gonorrhoea drug resistance and recommendations for more effective treatment. The objectives of the studies were to (1) identify informal and formal female sex workers and invite them to participate in the Gonorrhoea Susceptibility Study, (2) determine the prevalence of gonorrhoea and chlamydia in female sex workers, and (3) provide STD/HIV prevention education and condom use promotion. Manado was chosen as a site for the drug-resistance study, since it is close to the Philippines where gonorrhoea resistant to ciprofloxacin (drug of choice for gonorrhoea in Indonesia) has emerged. The confirmation tests for gonorrhoea isolates and susceptibility are still pending.

In Surabaya, the prevalence of gonorrhoea and chlamydial infection was studied among FSWs attending the Putat Jaya Clinic, and broken down by sector of brothel location in the Putat Jaya neighborhood. Results revealed that 115 (33%) FSWs had gonorrhoea and 78 (22%) had chlamydia infections among the 352 FSWs tested (Table VI.13.).

Table VI. 13. Percentage FSW with STD Infections - Putat Jaya Clinic, Surabaya

Sector	Number Sampled	Gonorrhoea	Chlamydia
III	71	38 %	19 %
VI	54	44 %	39 %
X	79	23 %	13 %
XI	104	33 %	21 %
XII	44	30 %	27 %
TOTAL	352	33 % (115/352)	22% (78/352)

In Manado/Bitung, a total of 474 female sex workers participated in this study. Preliminary analysis of the results of GenProbe testing showed a 19.0% prevalence of gonorrhea, a 13.1% prevalence of chlamydia, and a 6.1% prevalence of dual infections. It was found that the prevalence rates of gonorrhea and chlamydia were lowest among sex workers who sought STD treatment at public clinics. The gonorrhea rate was the highest among sex workers who obtained treatment from drug vendor/pharmacy and the chlamydia rate was the highest among sex workers who sought STD treatment at private providers.

Contract Performance Objective 7 (CPO 7)

Contract Performance Objective 7a To conduct a national conference and three study tours for 30 Indonesian policy makers.

These benchmarks were achieved by March 2000. FHI implemented eleven study tours in total exceeding the target by seven. To summarize, HAPP organized 2 international study tours for 40 people from East Java and North Sulawesi to Thailand and Malaysia. An international study tour for women leaders was carried out in February 2000 to Nepal. FHI also organized two follow-up domestic tours for the Jakarta and Surabaya provinces. Additional study tours to Manado, Surabaya, Central and West Java were made. For more specific information regarding the study tours, refer to 'FHI-USAID Contract Deliverables' in the Attachments Section.

The impact of the study tours was noticeable in that participants consistently used their experiences to educate and persuade others in organizing quick and focused responses to the AIDS epidemic in their respective communities. Cross border alliances were formed. Networks for information exchange were established. Policy makers with no previous experience or knowledge of the impact of AIDS on communities were able to see at first hand how communities used both government and non government partnerships to combat the problem. For an additional discussion of CPO 7 in 'Evidence of Capacity Building'.

Evidence of Capacity Building

Capacity building in HAPP was defined in the HAPP Evaluation Framework as the *enhancement of abilities that are at least one step removed from the end "beneficiary"*, that is, the person who will benefit from the HIV/AIDS prevention activities provided through HAPP. Capacity building included a range of activities that contributed to the development of technical and management skills among those involved in implementing activities under HAPP.

Those benefiting from HAPP capacity building activities included HAPP staff, KPAD, local government, NGO staff, staff in government clinical and laboratory facilities and members of the private sector. Capacity building activities continued throughout the life of the Project and attempted to respond to developing needs as identified by partners and by HAPP. Capacity building was multi-layered, with HAPP providing support to agencies which in turn provided capacity building support to their own audiences. As much as possible, capacity building activities were implemented through partnerships and 'with' and not 'to' participants so as to strengthen 'fit' and potential for uptake by participants. (HAPP Option Period Proposal Document, September 1999.)

KPAD Strengthening

The Provincial AIDS Commissions were provided capacity development in many ways. The most visible was the staffing of a functioning KPAD secretariat in the three HAPP sites. The secretariat was provided with two full-time staff and office equipment, which became the basis from which the KPAD could develop a secretariat in each province. Each of the three HAPP-supported KPAD were

assessed twice using the IDF Assessment tool, demonstrating marked improvement in development over a brief period of 10-11 months. They were also provided with a Leadership Training Course based on the results of the IDF assessment.

KPAD members were given opportunities for both international and domestic study tours. The exposure from the study tours was very effective in mobilizing key officials in the organization of community wide STD/HIV interventions. KPAD North Sulawesi was especially successful in generating private sector participation and financial support in HIV/AIDS prevention activities. Details of the 'KPAD Activities' are included in the Attachments Section of this report.

IEC and Behavior Change Communication Strengthening

The Information Education Communication and Behavior Change Communication (IEC/BCC) component of the HAPP has been integral to all field activities (including the CSM activities). HAPP partners and implementing agencies received direct technical assistance via the HAPP staff (Jakarta and Provincial) as well as being recipients of a host of training programs, study tours, and workshops provided by HAPP partners. (Refer to the Capacity Building section of Lessons Learned Report).

Some of the more recent BCC activities are described below. Each stands out as an example of building capacity among NGO staff and organizations.

Peer Educator/Field Worker BCC Training Modules

A collection of training modules (specifically designed for facilitating behavior change with the target audience) was developed in the first phase of HAPP. (See Lessons Learned Report). Feedback received after use in the field was that the training modules on behavior change communication needed to be simplified. Several local consultants were engaged to improve the training curriculum in order to facilitate its use in at community level. This curriculum will be used in the new project as basic training for new IAs in several new locations. This is an effort to move one step ahead in building capacity in implementing communication interventions with the goal of achieving a behavior change objective.

Peer Educator Lessons Learned Workshop with Lentera

An intensive literature review as well as consultation with different national and international resources prior to the workshop provided technical and practical direction for the workshop. The workshop successfully documented best practices in the area of peer education and outreach and the results have been finalized and drafted into a booklet for dissemination in the new project.

IEC and Behavior Change Communication Material

HAPP has produced IEC/BCC materials targeting different target audiences based on the stages of behavior change. (See Attachments Section) These materials were developed to support, rather than replace, interpersonal communication techniques. Some of the materials, developed by IAs as a follow-on to the BCC material development training conducted in 1999, are evidence of community-based capacity already developing in the area of IEC development.

Role Model Story Text

Role model stories are behavior change communication techniques developed by the United States CDC Community Demonstration Project. The technique is effective for use with a variety of audiences, including sex workers, IDUs, and at-risk adolescents. Use and development of the stories is guided by a systematic framework based on behavior change theories and models. The HAPP BCC Advisor has been trained in this technique and in turn has worked with peer educators, namely *waria* in Jakarta, in adapting this methodology for use in Indonesia. This new capacity in such a behavior-focused dynamic intervention is a welcome change for the static IEC products that focus on providing information or giving generic "safer sex" instructions.

Contract Performance Objective 7b *The organizations receiving HAPP Capacity Building Support will show an increment of 0.5 in those areas as measured by the Institutional Development Framework (IDF).*

In 1999, FHI developed a capacity building indicator to improve the reporting of progress among HAPP participating organizations. The first use of this indicator was in 1999 as part of the Annual Self Assessment Report. The indicator came from use of the Institutional Development Framework (IDF), a tool developed by Management Systems International. The IDF was recommended to HAPP by the Natural Resources Program Indonesia after it had been used successfully by that project and a number of environmental NGOs. After HAPP's experience with the IDF in 1999 and 2000, the indicator was refined as above.

Throughout the life of the project, more than 50 organizations were reached with capacity building activities. Thirteen organizations (nine IAs, three KPAD, and HAPP Jakarta) were assessed by Business Dynamics using the IDF. Development scores were determined through a process of consensus for time periods representing the HAPP start-up period (1997), 1999, and 2000. FHI is only reporting on those indicators related to capacity building activities which were provided under the HAPP umbrella. On a scale of 0-4, organizations with scores of 2.5 and above are considered well-developed in the particular indicator category, with a score of 4.0 reflecting the highest level of sustainability.

The following series of tables (Tables VI.14 A, B, C) show the number of NGOs and KPAD with a total average IDF score for the organization of 2.5 or above. HAPP exceeded all targeted objectives specified by the International Development Framework assessment criteria related to (1) planning, (2) monitoring and evaluation, (3) staff skills and development, (4) participatory management, and (5) mission and vision with NGOs, KPADs and within HAPP. The target was achieved if the average increase in IDF score since 1997 was greater than 0.5 (or 50%). HAPP met targeted IDF criteria for financial management capacity building with KPADs and within HAPP. There was one shortfall related to financial management with NGOs where HAPP did not meet IDF criteria (Table VI. 14.A). In addition, the average increase in scores for specific categories is noted (Tables VI. 14.B & C).

Table VI. 14. A. Institutional Capacity among NGOs

Type of Organization	Planning	Monitoring and evaluation	Staff Skills and Development	Financial management	Participatory management	Mission and vision
NGOs with IDF scores of 2.5 or more (2000) Total = 9	9 100%	7 77%	5 55%	7 77%	7 77%	9 100%
Average increase since 1997	.90	.78	.84	.39*	.75	.77

*Source: Institutional Development Framework (IDF) Evaluation
+ target not attained within financial management capacity building among NGOs*

Table VI. 14. B. Institutional Capacity among KPADs

Type of Organization	Planning	Monitoring and evaluation	Staff Skills and Development	Financial management	Participatory management	Mission and vision
KPAD with IDF scores 2.5 or more (2000) Total = 3	3 100%	None over 2.5 0%	1 out of 3 33%	1 out of 3 33%	2 out of 3 66%	2 out of 3 66%
Average increase since 1997	.99	.83	1.0	1.08	.75	1.14

Source: Institutional Development Framework (IDF) Evaluation

Table VI. 14. C. Institutional Capacity within HAPP Jakarta

Type of Organization	Planning	Monitoring and evaluation	Staff Skills and Development	Financial management	Participatory management	Mission and vision
HAPP Jakarta IDF						
1997 score	1.00	1.00	1.56	1.30	1.00	0
1999 score	3.10	3.20	2.50	3.25	2.90	2.40
2000 score	3.31	3.58	3.06	3.13	3.19	3.50
Increase since 1997	2.31	2.58	1.50	1.83	2.19	3.50

Source: Institutional Development Framework (IDF) Evaluation

The profile gained through the IDF gives a numeric picture of the stage of each organization. There is a trend across the organizations for increased capacity (≤ 0.5) in planning, monitoring and evaluation, staff skills and development, participatory management, and the crystallization of a shared mission and vision. On the average, financial management among NGOs did not improve by the designated increment of 0.5. This was not the case for KPAD and HAPP Jakarta, with average increments of 1.08 and 1.83 respectively. The HAPP Jakarta profile shows incremental improvements in all areas given its indicators beginning in 1997, and also shows the intensive capacity building that has taken place since the beginning of the project. (See the attachment for full listing of composite IDF scores for all 13 organizations over the period of 1997 - 2000)

The use of quantitative indicators for measuring progress in capacity building was extremely helpful in demonstrating and documenting trends for a particular organization. Particularly when this

information was depicted in bar graphs, people could visual their organization's progress. As important as the results, the IDF process facilitated understanding of the many facets of what makes an organization function. Action plans were direct results of the IDF process. The IDF assessment process will be recommended for the new FHI project on the basis of it's value as a management tool and the positive feedback from the KPAD and NGOs.

Partners' Contributions to Capacity Building

Partners' contributions to Capacity Building across the Project were many, with specific organizations taking responsibility for specific capacity building activities. More complete information regarding each agency that participated can be found in the Subproject Highlights in the Attachments Section.

Atma Jaya University

Atma Jaya, a Jakarta-based university, assisted in building the capacity of HAPP IAs through multiple workshops and direct TA in the area of monitoring and evaluation. Follow-up TA was provided to each implementing agency in order to customize the technical assistance given and to evaluate progress. Implementing agencies demonstrated increased capacity in documenting project accomplishments and analyzing results as seen in quarterly and final reports.

Business Dynamics

Business Dynamics, private sector consulting firm, showed that implemented the IDF for FHI and 13 HAPP organizations was successful in 1999. Business Dynamics re-assessed these same HAPP supported organizations in 2000. For more details as to the results of these assessments see the beginning of this section. Based on the findings of the IDF, leadership styles of management teams across the project were not very participatory in management style, leading to decreased morale and high staff turnover. Three-day leadership training programs were implemented with both NGOs and KPAD in the three HAPP sites and Business Dynamics conducted follow-up assessments with individuals attending the leadership training in order to measure progress.

DKT

DKT began operations in Indonesia in 1996 and has provided technical assistance to government and non-government organizations in HIV/AIDS prevention education, condom quality assurance, developed training materials, and provided technical group workshops. The purpose of the DKT portion of the HAPP was to increase the quality and quantity of appropriate IEC materials that are reaching the target population. This was achieved by first assessing the IEC materials needed by HAPP Implementing Agencies (IAs). Following the assessment, DKT Indonesia selected IEC materials for reproduction and disseminate to target audiences in the HAPP work sites (North Jakarta, Surabaya, Manado). The intention was to build upon materials previously developed and pre-tested by DKT Indonesia.

Lentera

Lentera, a Yogyakarta reproductive health NGO, provided two key training programs for NGO staff and peer educators from the three provinces. The first of these was a "Condom Use Negotiation Skills Training of Trainers" (TOT) workshop, which was followed by a series of "Echo Training" sessions by participants in their prospective locations. This effort at building capacity in condom negotiation empowered sex worker and *waria* peer educators in support of their peer activities.

The second workshop provided by Lentera brought together field staff from HAPP IAs for a training program which sharpened hands-on field management skills, such as monitoring, documentation, and supervision of field staff. The workshop enabled field staff to be more conscious of how their interventions can be catalysts for behavior change.

PACT

PACT, a non-profit organization established to strengthen the capacity of local NGOs, provided technical assistance related to organizational and program sustainability. It was instrumental in facilitating the Organizational Capacity Assessment (OCA) with 14 organizations in Jakarta, Surabaya, and Manado. Nine of these organizations underwent reassessment using the OCA in June 2000. Similar to the scoring method used in the IDF, progress over time can be documented and measured using a numerical score. The OCA has a scale of 0-100, with 100 being a perfect score. On the average, total organizational capacity increased by an increment of 4.3 (73.2 to 77.5) In the organizations evaluated with the OCA, areas with generally lower scores were financial management, program planning, and program and organizational sustainability.

It had been hoped that the OCA assessments could be quantified and incorporated with the IDF, resulting in quantitative data from approximately 50 organizations. This did not prove feasible due to the different philosophical basis of the OCA used by PACT.

Results from both the IDF and OCA with local organizations highlighted the weaknesses in financial management systems. This will need to be addressed in future capacity building activities in the new FHI managed STD/HIV/AIDS Prevention and Support Project.

PCI

The contribution to building capacity across the project by Project Concern International was in the form of a series of workshops in the three HAPP sites on topics such as proposal writing, developing and maintaining financial systems and procedures and revolving funds. Although technical assistance was provided by PCI in the area of improving financial management, this TA occurred late in the project and the improvement was not yet evident as assessed by the IDF.

CDC/PASA

PASA between the United States CDC and USAID funded in-country technical support by a medical epidemiologist and short-term technical assistance from Atlanta as part of HAPP. This technical assistance was complemented by FHI management role and, in particular, the appointment of an Assistant to the STD Advisor. The following activities were accomplished and relate specifically to capacity building at many levels:

CDC through assistance from the HAPP STD advisor assisted the MOH in the development of guidelines for syndromic management of STDs which were published in 1997. These guidelines were translated into *bahasa* Indonesia and printed using PIL funds. CDC technical advisors assisted with the initial STD syndromic management training courses for approximately 25 health care personnel in Manado and Surabaya in 1997. CDC also worked with national and provincial reference laboratories, and other donors (Aus-AID, NAMRU) on procedures and standards for diagnostic testing.

STD prevalence surveys were conducted among *waria* in Jakarta, family planning patients in Manado, and sex workers in the three HAPP sites. The prevalence studies with sex workers were carried out through a contract with the Atma Jaya Catholic University. Antimicrobial susceptibility studies were supported which enabled identification of GC drug resistance and recommendation for more effective treatment. Gonococcal susceptibility studies were performed in Surabaya and Manado. CDC provided the oversight, including development of the protocols and logistical support for these studies.

CDC introduced the use of GenProbe to key national and regional laboratories which allowed for the accurate diagnosis of chlamydia and, thereby documenting prevention levels among selected high risk groups and other populations. A laboratory at a national center, LITBANKES, was upgraded to support epidemiological and clinical research on STDs and HIV/AIDS and piloted the use of GenProbe as a tool for testing gonorrhea and chlamydial infections. Balai Laboratori Kesehatan in Surabaya and Manado were improved to be able to use GenProbe for prevalence surveys and disc

diffusion techniques for gonorrhea susceptibility testing. CDC provided training in lab techniques to public and private sector HAPP clinical partners through support from CDC Atlanta.

Different clinic models were tested during HAPP. Well-established NGO clinics (Putat Jaya Clinic, Pinaesaan Family Planning Clinic in Manado and PKBI in Surabaya, Yayasan Kusuma Buana in Jakarta) providing health services to family planning populations integrated STD care into their services using a combination of "syndromic management" and simple laboratory tests. This was more appropriate during the first phase of HAPP, which included "women at risk" as a target population. Selection of this population was based on the assumption that many women were at risk of HIV and STDs through their husband's sexual activities outside of marriage. Clinics providing STD services to targeted populations also received support from CDC through training and improved clinic facilities. Through the CDC PASA, the following community health services were significantly improved to support STD screening and treatment to persons at risk: Yayasan Prospektif STD Clinic (for truck drivers, sailors, and seaport workers) Putat Jaya Model STD Clinic, Surabaya (for female sex workers); and IAKMI Clinic (for *waria*), Jakarta.

At the Putat Jaya Model STD Clinic, HAPP sponsored intensive condom promotion, health education, and STD screening, management and control in October 1999. HAPP-supported activities included the provision of effective, sensitive screening for gonorrhea and chlamydia infections and the institution of STD counseling by a trained counselor, since clinicians examining patients at STD clinics often have very limited time with each individual patient. Enhanced screening for STDs provided evidence of the effectiveness of these interventions. The objectives of these enhanced STD prevention activities included gaining the confidence of FSWs to promote increased clinic utilization, increase FSW receptiveness to condom promotion and health education, and to heighten awareness of STDs among FSWs.

The PASA agreement with CDC allowed HAPP to be augmented by high quality STD research, prevalence screenings using state-of-the-art diagnostic tools, and STD management training. Information gained from the research activities contributed to more accurate STD treatment among the patients who provided specimens for testing. The support given to community-based clinics was well received and the clinic personnel and management are committed to continuing to following the protocols developed.

Additional 2000 Behavioral Surveillance Survey Data Collection

The complete BSS data for 2000 were included in the November Annual Data report from the Center for Health Research, University of Indonesia. Prior to that, FHI provided 2000 data resulting from BSS with IDU and *waria* from February 2000. Preparation collection of these data began in August 1999 but the sensitivities of locating sentinel sites combined with prolonged political unrest made data collection impossible until February 2000.

Injecting Drug Use

These data on IDU behavior, the first such data collected among male and female intervenous drug users in Indonesia, indicate that there is high-risk behavior among this group. This is especially true among males, many of whom practice high-risk behaviors such as needle sharing and unsanitary reuse being quite alarming.

Indicators of STD/HIV/AIDS Risk Behavior among Injecting Drug Users (IDUs), Jakarta 2000

	Male	Female	TOTAL
<i>Indicator</i>	<i>n = 73</i>	<i>n=10</i>	N = 83
% of respondents who could cite at least two means of preventing HIV/AIDS	86.8	88.1	86.9
% of respondents who had ever shared needles and syringes	55.5	35.7	53.4
% of respondents who always clean shared needles and syringes before use	67.8	66.7	67.7
% of respondents who had ever shared vials, containers, swabs, filters/water medium when using needles, syringes in the past month	83.2	64.3	81.3
% of respondents who had ever heard about a needle exchange program	4.9	4.8	4.9
% of respondents who had had sex with a non-regular partner in the past year	58.7	64.0	59.6
% of respondents who reported having sex with CSW partners in the past year	36.4	8.0	31.5
% of respondents who always use a condom when having sex	8.8	10.0	9.1

More than half of all respondents reported having shared needles and syringes with other people. The number of these other people can vary between 1 to as many as 18 in the past year. This behavior is further aggravated by the unsanitary behavior relating to the use of shared needles and syringes, as the majority of IDUs tend to clean used needles and syringes with plain water in shared or used containers. This means that, although respondents' knowledge of HIV/AIDS is very good, their knowledge and awareness of harm reduction in injecting drug usage are still low. Moreover, the general public's attitude to drug users in general and IDUs have not helped to alleviate the situation of a growing number young people engaging in covert use of recreational and dangerous drugs. Nevertheless, from the point of view of the majority of IDUs, there is willingness to participate in some sort of legal needle exchange program if it were to exist in their vicinity.

There are at least three major programmatic issues to be addressed for IDUs in the short term: whether to include this group in future BSS surveys, the need for mass IEC activities, and the need for pilot interventions on clean needle exchange programs. Given the growing number of reported IDU cases, the inclusion of this group in future BSS surveys should to be considered since this also means investment in capacity building to enable relevant government institutions and/or NGOs to implement the BSS. Given the low level of awareness regarding injected drugs, and drug abuse in general, there is also a need to invest in the provision of services for injecting drug users and in mass IEC activities similar to those conducted in relation to HIV/AIDS, targeting specific groups of high school students, university students, and the general public. The BSS data, the already high rate of reported IDUs in most areas of Jakarta and the potential acceptance of specific programs by IDUs all signal a need to begin investing in pilot intervention on clean needle exchange programs both to control the potential HIV/AIDS epidemic and to increase public awareness of the need for such programs.

*Waria*Indicators of STD/HIV/AIDS Risk Behavior among *Waria*, Jakarta 2000

Indicator	total
Number of all respondents	202
% of respondents who could cite at least two means of preventing HIV/AIDS	95.6
% of respondents who reported performing commercial sex in the past month	82.7
% of respondents who reported using a condom in the last paid anal sex	59.9
% of respondents who reported using a condom in the last unpaid anal sex	24.2
% who always used a condom during paid anal sex in the past month	27.5
% who always used a condom during unpaid anal sex in the past month	20.9
% seeking use of a condom during unpaid anal sex in the past month	57.1

The number of *waria* who have ever heard about HIV/AIDS is already high. This indicates that IEC campaigns regarding STD and HIV/AIDS have been successful among this group and should be sustained. However, the impact of such campaigns is not necessarily reflected in decreased levels of high-risk sexual behavior.

Although all *waria* know about condoms, the number of *waria* who reported always using a condom when having sex with their clients or boyfriends remained low in the past year. The targeted groups should therefore not be limited to the *waria* but should be extended to their clients and other partners. Everyone involved in high-risk sex should be aware of the benefits of condom use and should be encouraged to use them in order to prevent and control the spread of STDs and HIV/AIDS. *Waria* should be given further training (peer to peer or individually) to develop skills to negotiate condom use with their clients.

The income received by *waria* in Jakarta is, in general, low (around Rp. 30,000 per customer) and competition among new *waria* arriving in established areas and non-*lokalisasi* sites is increasing. Given the fact that many *waria* also take care of other family members, the ability of many *waria* to cover their cost of living has declined since the onset of the economic crisis as their social and economic burdens increase. In turn, this may perpetuate their work in commercial sex as well as their risky sexual behavior in order to accommodate more clients.

Although the proportion of *waria* in Jakarta who reported experiencing STDs in the past year is relatively low (between 1% and 5%), this is based mostly on self-diagnosis and symptoms may, in any case, be under-reported. Most of those who experienced STD symptoms in the past year opted to treat themselves rather than seek medical care. This suggests that more needs to be known about *waria* self-treatment practices and that awareness and knowledge among *waria* about types of STDs and their symptoms needs to be increased. This may be through integrated public health-STD services targeting the *waria* population, specific IEC interventions, closer and more accessible clinical services, and additional community/individual counseling.

Summary of Rapid Assessment and Response Related to IDU Populations

In 1999 and early 2000, HAPP collaborated with the GOI and other international donors to carry out an eight-city Rapid Assessment and Response (RAR) study including the three HAPP demonstration sites. The study focused on substance abuse, especially injecting drug use, as it related to HIV/AIDS transmission. More detailed information about the RAR among intravenous drug users is included at the end of the report (For further details, see Attachment section "Rapid Situation Assessment: Injecting Drug Use In Jakarta, Surabaya and Manado").

In 1999, a more systematic effort was desired to encompass the needs and problems of two special groups at risk for HIV/AIDS – "men who have sex with men" (for brevity the term MEN is used), and injecting drug users (IDU). Rapid Assessment and Response (RAR) teams were formed, with local consultants in the fields of mental health and anthropology becoming the team leaders. Capacity was developed among these teams as they trained colleagues from the three HAPP sites to interview respondents and gather data from secondary sources. RAR teams were developed to sharpen the presentations of their findings, which were presented at provincial and national levels.

Purpose of the RAR survey:

- To assess the roles of institutions concerned with substance disorder
- To assess the nature of and problems concerning substance abuse
- To know more about the characteristics of substance user behavior with a focus on the risks of HIV transmission, as well as the spread of Hepatitis B virus, since both are transmitted through contact with blood.

- To make recommendations for future programs and research concerning drug use and HIV and hepatitis transmission.

Resulting recommendations for action needed from institutions concerned with HIV/AIDS included recommendations for a review of the awareness of these institutions of drug users as a potential source for the spread of the HIV and hepatitis viruses. It became clear that the HIV/AIDS virus issue was not central to treatment programs, rehabilitation or even strategic plans related to drug abuse. A focused programmatic response is needed among IDUs.

One result of the RAR among IDUs was the creation of an informal consortium of organizations committed to addressing the problem of the transmission of HIV among IDUs in a collaborative fashion. Findings showed high-risk behavior (such as needle-sharing and use of non-sterile equipment, at all sites; with little appreciation for the risks being taken. (see Attachments section for detailed findings, 'Summary of RAR Findings')

The successful working relationship of the RAR teams has led to the establishment of strong research teams in 10 provincial areas of Indonesia who have specific skills in rapid assessment methodologies. This development of capacity has already been influential in setting the pace for the STD/HIV/AIDS Prevention and Support Program. A summary of the RAR is also included in the discussion of technical assessments, lessons learned, with a summary of the RAR findings in the Attachments Section of this report.

Dissemination Activities

This section related to dissemination activities serves to underscore the importance of allocating time and budget for dissemination activities. This is regarded as a high priority for the next project.

HAPP results were disseminated through deliberate strategies targeting stakeholder groups to whom the information was provided. The range of strategies utilized included formal and informal settings. As much as possible, information was provided in Bahasa Indonesia. The tables below list some of the dissemination activities completed during HAPP. For complete details and dates of dissemination activities, see 'FHI-USAID Contract Deliverables' in the Attachments section.

<i>HAPP Results</i>	<i>Stakeholders</i>	<i>Dissemination Strategies</i>
Behavioral Surveillance Survey (BSS)	GOI, PVOs, NGOs, USAID, other institutions	Formal and informal presentations, panel discussions, publications.
BSS	Sex workers - N. Jakarta	In collaboration with Komseni and Bandungwangi, a booklet of key BSS results was developed. Sex worker peer educators were trained in ways to disseminate this information in line with their outreach activities.
JEN Study on STD Prevalence and Quality of STD Case Management Services	GOI, PVOs, NGOs, USAID, other institutions	Formal and informal presentations, panel discussions, publications.
HAPP Condom Social Marketing Program	GOI, PVOs, NGOs, USAID, other institutions	Lessons Learned Workshop presented by The Futures Group

MEN Situational Assessment	Selected representatives of GOI, PVOs, NGOs, USAID, other institutions	One-day dissemination workshop in three HAPP provincial sites.
IDU Situational Assessment	Selected representatives of GOI, PVOs, NGOs, USAID, other institutions	One-day dissemination workshop in three HAPP provincial sites.
IDU Rapid Assessment and Response	Selected representatives of GOI, PVOs, NGOs, USAID, other institutions	Provincial and National presentations of IDU RAR findings.
HAPP Internal Evaluation Results	GOI, PVOs, NGOs, USAID, other institutions, end beneficiaries	HAPP Lessons Learned National Workshop, dissemination of the Lessons Learned book, publications, and reports.
HAPP Internal Evaluation Results	End beneficiaries (Sex workers, Port Workers, <i>Waria</i>)	Street Parties in three provincial sites. Distribution of specially designed products for the targeted populations with information on results.

VII. CHALLENGES

Throughout the five-year Government of Indonesia HAPP, there were many opportunities to see positive changes associated with successes of HAPP and challenges associated with implementing the Project with far-reaching goals and objectives. HAPP documented changing patterns of HIV transmission in collaboration with United Nations Program on HIV/AIDS (UNAIDS), Australian Agency for International Development (AUSAID), United States Center for Disease Control / Participating Agencies Service Agreement (US CDC/PASA), United States Agency for International Development / Government of Indonesia Program (USAID/GOI) for Appropriate Technology in Health (PATH) and the World Health Organization (WHO). Project staff had opportunities to design project activities, focusing on serving the target beneficiaries, and disseminate project research. Some of the challenges HAPP partners faced are listed to serve as the foundation for future successes.

Government of Indonesia National Strategy for HIV/AIDS was linked through HAPP partnerships to NGO implementing agencies. Challenges of these HAPP partnerships reported by government institutions included:

- Local government and religious figures were reluctant to participate in socialization activities
- Funding additional resources and alternative funding sources for programs was very difficult.
- The closure of the Kramat Tunggak *lokalisasi* and the resulting dispersal of the sex workers made it difficult to maintain contact with them through outreach
- The East Java KPAD has been unable to create a conducive climate for NGOs to do their work in the field.
- The port authorities needed to be better uniformed about the role of the KPADs and NGOs, to facilitate inter-agency coordination

There were many challenges reported by non-government organizations that indicated that mechanisms for interaction between NGO's and various levels of government bureaucracy were needed and it was necessary to establish informal technical assistance by experienced staff. Highlighted are comments that illustrate the complexities of multi-sectoral partnerships and the GOI.

- Lack of a systematic and progressive client recording system in outreach programs
- Mismatch in the proportion of management and outreach workers in IAs; such as too few field workers and PEs to be able to disseminate information to the SWs and pimps
- Substantial drop value of Indonesian currency (rupiah), coupled with rising costs of air travel and other expenses, forced a revision of the budgets.
- High mobility of the PEs, necessitating frequent training of new PEs to replace them.
- Outreach program did not extend to bar/brothel managers, they do not have the same perception of the risks of STDs and HIV/AIDS as the sex workers.
- Top-down management, rather than participatory style management, often used by IAs
- Project monitoring and evaluation was not perceived as important or relevant.

HAPP was a comprehensive, long-term HIV prevention project. Development of projects of this scale uniformly face many challenges related to implementation, monitoring, and evaluation in the field. The lack of funding for supervisory personnel to maintain cooperative coordination between the three demonstration sites may have prevented some of the following problems reported from field sites.

- Mass demonstrations demanding the closure of the *lokalisasi*, as well as threats of violence and raids, caused the cancellation of several of planned activities.
- Pimps and SW PEs found it difficult to conveying information to their peers, despite having a good grasp of the STD, HIV/AIDS and condom materials.
- The frequent movement of SWs from one brothel to another or to another area meant that the data collected by field workers quickly goes out of date,
- Drug use among PEs is widespread, forcing them to reduce their outreach activities.

- *Waria* drop-in center in East Jakarta was not strategically located, resulting in lower attendance than expected.
- Some clinicians lacked confidence in using the syndromic approach for STD examinations.
- Transportation workers (including *buloks*) were frequently reluctant to surrender any data about themselves as they were technically illegal residents in the area, suspicious particularly of PEs, since PEs were frequently suspected of seeking data (for negative purposes)
- Embarrassment over their identity prevents many *waria*, sex workers and massage parlor workers from getting proper examinations and treatment for STDs.

VIII. LESSONS LEARNED

1. Information / Education / Communication for Behavior Change

BCC materials were developed locally using the regional dialect or language and involving the beneficiaries in order to be effective in decreasing high-risk practices. These materials focussed on key problems rather than trying merely to increase behavioral knowledge or awareness. Overall, BCC interventions were effective in reaching high-risk audiences in their own communities and were well received. All groups of beneficiaries stated that involvement with HAPP-funded NGO programs enhanced their self-esteem and pride because they were treated with respect and were made to feel useful and fully part of the Project. This was especially true for Peer Educators, who were responsible for discussion HIV/AIDS prevention and condom use with community contacts. Initially, Peer Educators are trained by outreach workers who offer 'peer educator' training. Some owners of commercial sex establishments explained that the involvement of SWs in HAPP was beneficial for their business as they gained the reputation of providing 'clean' services and their clients were willing to pay more.

BCC Outreach Lessons Learned

- Peer Educator volunteers hired as Outreach Workers have a good understanding of their audience and this tends to increase the credibility of their organizations among the beneficiaries.
- Outreach Workers supervising peer educators have to ensure that the peer education is effective and need to have the capacity to monitor Peer Educator activities and to gather feedback from the target audiences.
- Outreach Workers supervising peer educators can help to minimize the costs and maximize the longevity of peer education by anticipating and planning for a high turnover of Peer Educators.

BCC Peer Education Lessons Learned

- Capacity building for Peer Educators leads to their empowerment and decreased dependency on the facilitating NGO. The increase in self-confidence and skills allows some to find other employment and also contributes to SWs' ability to negotiate for safer sex.
- Independent self-help groups made up of beneficiaries can expand the reach among the beneficiary populations and increase the sustainability of activities.
- Peer Educators influence behavior change among peer beneficiaries when they can show real care and concern and are easily accessible.

BCC Materials Lessons Learned

Training NGOs about how to produce targeted materials early in a project leads to effective design and makes the materials more useful.

Ongoing training about the appropriate and efficient dissemination of BCC materials is crucial for effective interventions.

2. Technical Assessments

A number of situational assessments were conducted during the life of the Project. Family Health International (FHI) in cooperation with the HIV/AIDS Prevention Project and the Ministry of Health's Directorate General of Communicable Disease Control (P2M) and Environmental Health (PLP), conducted a rapid assessment and response (RAR) in Jakarta, Surabaya and Manado among high-risk groups. HAPP conducted an IDU Rapid Assessment Response (RAR) in partnership with WHO, AusAID, UNAIDS, Ford Foundation, PATH and Atma Jaya to assess the needs and risks of drug users in eight provinces and to develop plans for an appropriate response. A second RAR was conducted to assess the need for a response to Men who Have Sex with Men (MSM) in the three HAPP-supported provinces.

These RARs were carried out by local teams recruited in each area under the technical direction of international and Indonesian experts. The KPA and KPAD in each province facilitated essential government support and coordination. An emphasis on local level ownership and dissemination led to the data resulting from the assessments being used in planning by these KPADs.

The MSM RAR indicated that the construction of gender and sexuality is complex and that an understanding of these issues is important in designing effective field interventions. The term 'MSM' was found to be too narrow conceptually and was replaced with the preferred term '*lelaki*'.

Technical Assessment Lessons Learned

- Informal and consistent donor coordination around activities such as RAR is highly productive
- Allowance has to be made for start-up time for team building and for field orientation.
- Hiring a local team directly can be more effective than working through an NGO or PVO Implementing Agency as the implementation can be carefully monitored and technical support can be provided flexibly to meet needs.

Rapid Assessment and Response Lessons Learned / Recommendations

- There is a need for in-depth information and training for health professionals and workers about substance-related disorders
- Laboratory facilities are needed for local drug use screening to ensure access for the detecting of HIV/AIDS/hepatitis in every region/location.

3. Condom Social Marketing and Mass Media

TFGI implemented an extensive communications program in collaboration with private partners, including communications service firms and condom manufacturers and with NGO Implementing Agencies. This program was designed to increase condom use among SWs and their clients and to increase sales of commercial condom brands.

The program included a PSA (public service advertising) campaign promoting condoms on television and the radio and in printed publications and on printed materials posted in the red-light areas. Red-light areas were also targeted during the condom promotion, *KondoMania*, while condom distribution and promotion in these areas was expanded through the establishment of special Task Forces. The Durex, Simplex and Artika commercial condom brands were provided with a marketing support program and TFGI also assisted with media advocacy and publicity by organizing promotional events, training journalists and carrying out other brand promotional activities.

Condom Social Marketing Lessons Learned

- Effective campaigns are sensitive to religious and cultural issues and also target the myths and stigma attached to condoms.
- The use of a consignment mechanism for condom sales improved retailers' attitudes towards condoms, by reducing concerns about investment for excess stock, and was frequently mentioned during a survey of 475 retail outlets in the three HAPP demonstration sites.
- The most effective and efficient way to reach clients is through mass media campaigns rather than community events.

Collaboration with Public Relations Agencies Lessons Learned

- PR agencies can track articles in the mass media, facilitate the publication of project-related news and strengthen coordination and relationships with journalists and opinion leaders.
- Media personnel who are deeply concerned about HIV/AIDS generate effective on-going coverage of HIV/AIDS-related issues.
- Training and regular dialogue with journalists provides education and sensitizes them to the human rights aspects of HIV infection and those living with HIV and AIDS.

4. Sexually Transmitted Disease (STD) Control and Management

Dr. John Moran, the CDC STD Advisor, led the STD Technical Unit that provided technical guidance and capacity building for STD services, including implementation of the Syndromic Management Guidelines. These guidelines were used to train the CDC (MOH) training team and the lead trainers from the Community Health Center (*Puskesmas*), Medical Care Hospital (*Rumah Sakit*) and Laboratory divisions. Those individuals were then responsible for training staff under their programs.

The STD activities documented STD prevalence among the groups targeted by HAPP every two years and with annual data collection based on WHO Performance Indicators of the qualities of STD care provision and counseling provided. GenProbe technology was introduced to improve laboratory quality and this allowed for the accurate diagnosis of Chlamydia and Gonorrhea. Most importantly, it enabled the GOI to document more accurately the prevalence of these diseases, particularly among high-risk groups. As a result of the Project, there are now GenProbe machines in the National Institute of Research in Health (NIRH) and the provincial Government laboratory in Surabaya. The GOI and HAPP, with support from CDC, conducted training and supervision in essential laboratory techniques for public and private sector HAPP clinical partners.

HAPP provided funding and technical support for two gonorrhea susceptibility study (anti-microbial) in Surabaya and Manado, which were conducted in collaboration with US Naval Medical Research Unit-2, Jakarta, (US NAMRU-2) and CDC/PASA. Details of these studies are shared in the discussion of contract performance objectives (CPO 6 : Biological Data).

Sexually Transmitted Disease Control and Management Lessons Learned

- The clinics most able to attract high-risk populations are those specifically established to meet the needs of these populations.
- There is a need for the establishment of high quality HIV testing services for referrals.
- Syndromic management remains a useful approach for the diagnosis and treatment of STDs in men; however, it is not as useful for screening, diagnosing and treating women since women are often asymptomatic. If syndromic management is used, the notification and referral of female partners is important.
- When Outreach Workers, Peer Educators and clinic service providers' work together closely to facilitate appropriate referrals, referral rates increase. Providing 'tours' and IEC about what clients can expect at the STD clinic, encourages greater client participation.
- Providing a counselor in a clinic allows for intensive behavioral counseling and leaves more time for the visiting doctor to examine and treat patients.
- Trained counselors are more likely to be able to discuss issues of sexuality and safe sex practices, condom use and negotiation, and partner notification to help overcome communication barriers faced by male clinicians examining and counseling with female patients.

Gonorrhea Susceptibility Study Lessons Learned / Recommendations

- Because the high rate of gonorrhea infection and the vicinity of Manado/Bitung to the Philippine (ciprofloxacin resistant country) periodic surveillance of antimicrobial susceptibility for gonorrhea infection should be an essential part of STD/HIV prevention. In addition, a program on condom promotion (especially on consistent and appropriate use of condom) should be vigorously implemented.
- There was evidence in Manado that efforts to refer or bring in sex workers to a designated clinic was less effective than providing mobile services which brought health care workers to the sex workers in their workplace, increasing sex worker participation. The provision of mobile diagnostic service needs to be further evaluated for future HIV/AIDS initiatives.
- Some sex workers are embarrassed to be examined by health workers, especially on the first visit. Repeat visits from the health team contributed to sex workers building trust with the health

service and ultimately agreeing to be examined. Personal discussions with sex workers around safer sexual practices also foster trust in health service and increases participation.

- STD services provided in the workplace are more utilized when key persons (bar and hotel owners, security, and neighborhood leaders) promoted and encouraged the use of such services.
- YBHK learned that getting sex workers to participate in STD examination and treatment was largely dependent upon the provisions of transportation and medications. Sustainability of these services to these populations may be difficult if funding for these items is eliminated.

5. STD Surveillance

STD prevalence screening was carried out in the three sites utilizing data gathered at the STD clinics. FHI and CDC conducted capacity building with partners by focusing on methods for identifying the target group to be sampled, appropriate sampling procedures, analysis and interpretation and the implementing systems for reporting from district to province to national level.

One recommendation that arose during the evaluation was that STD surveillance and BSS should be linked so that correlations are understood, for example, between high rates of condom use and low rates of STD.

Management of sexually transmitted diseases and reproductive tract infections (STD/RTI) for women was integrated into community health centers (Puskesmas) where services in the public clinics used syndromic management and attempted to reach women who were already using the public services. One Government clinic (Putat Jaya Clinic), located next to a brothel area in Surabaya, received high levels of support, including staff, equipment and training from FHI and CDC. Due to the location of the clinic, they saw more high-risk women but, in general, high-risk women do not use public clinics. The beneficiaries perceived the costs of visits and medications at public clinics as high, while the services were regarded as being of inferior quality. There were also perceived social or personal costs such as embarrassment and judgmental staff. Some clinics were too far away or their opening hours were not convenient. Syndromic management did not prove an effective method for identifying or treating STD in women because women are often asymptomatic. The other problem faced was the decreased availability of appropriate STD drugs in the health centers because of the economic crisis.

A further finding was that planning should include sufficient time and expertise for writing up and disseminating the results for all partners and beneficiaries in appropriate formats. Project partners, in turn, need to be able to understand the data and apply it in their programs.

6. Behavioral Surveillance System

FHI introduced the Behavioral Surveillance Survey (BSS) to complement its assistance to the MOH's serological surveillance through the enhancement of the capacity of STD laboratories. As mentioned in the Accomplishments section, the first wave of the BSS was commissioned by FHI in 1996 and was carried out by the University of Indonesia in the three project sites and involved SWs (both those in brothels and those on the streets), seaport laborers, factory workers and youth. The survey was repeated in 1997, 1998, 1999, and 2000. The BSS provided valuable data about behavioral trends in the target populations over that period of time.

Many informants, including the GOI, suggested during the final evaluation that the BSS results may be the greatest contribution of HAPP and that there should be a stronger emphasis on disseminating the results. In order to enable optimum use of the BSS at local level, some stakeholders suggest it be shortened or modified.

Working with Partners Lessons Learned

- The most successful partnerships result from partners who take a high level of responsibility for their activities; share information and consult with partners and stakeholders.
- A carefully phased approach with sites, which are prioritized, based upon epidemiological criteria and provincial capacity is more effective than a 'jump start' approach for a new project.
- Employment of a Program Officer with responsibility for KPAD activities improves partnership processes between FHI and the KPADs.

Planning and Coordination Lessons Learned

- The Provincial/District level GOI partners should be involved early on in planning.
- Strong cross donor planning and coordination is essential to maximize the impact of donor funds and avoid duplication. For example, one AusAID's IASTP and HAPP/USAID are providing training and support in North Sulawesi.
- Involving religious leaders from the early stage makes it easier to introduce new programs into their ongoing ones.

7. Program Management

FHI focussed on building local skills and then distributed the funding for projects. NGOs interested in working with HAPP in the three sites were required to attend a series of workshops that focused on proposal development including the development of a logframe, a work-plan and a budget. At this point, the mechanisms and urgency of funding came to compete with the need to develop solid projects and proposals.

The 'Jump Start' method used by HAPP was stressful and often confusing, but the Phase II method was more time-consuming. The HAPP staff, NGO implementing agencies, and PVO partners all said that they faced delays in sub agreement development and funding due to the complexity of the contracting mechanisms. The solution may be to simplify of FHI's contractual procedures.

Program Management Lessons Learned

- Given their flexibility and the dynamic socio-political environment in Indonesia, Rapid Response Funds (RRFs) were a useful program funding mechanism.
- Gradual phasing in of implementing partners is more likely to lead to high-quality proposals and good management than a rapid jump start.

8. Capacity Building

Due to the fact that the HIV epidemic in Indonesia was in its early stages when the Project began, the majority of NGO Implementing Agencies involved in HAPP were newly established and had limited experience in meeting USAID requirements and in Behavior Change Communication. The forthcoming decentralization of Government highlights the significance of technical and managerial capacities of the KPADs and NGO Implementing Agencies at district as well as the provincial levels.

Capacity Building Lessons Learned

- Capacity building increased organizational independence must be balanced by ensuring that activities adhere to sound epidemiological priorities and best practices guidelines.
- Each capacity building partner can identify potential 'local' resources when working out of Jakarta and include representatives as 'interns' in capacity building activities to increase local resources over time.
- It is essential that HAPP financial, program and technical staff be provided with training in assisting others to design projects and to develop proposals and budgets.

9. Policy Support

Policy Support was an essentially low-profile approach in areas of particular relevance to the Indonesian National AIDS Program priorities. HAPP focussed on improving the strategic planning methodologies in the three demonstration areas (Jakarta, Surabaya and Manado) and at the national level. There was an emphasis on the development of a framework for conducting policy assessments, education and support to policy makers and the facilitation of a policy environment conducive to the implementation of effective HIV/AIDS prevention efforts.

It was important to provide opportunities for KPA (national) and KPAD (provincial) members to increase their awareness and understanding of HIV/AIDS issues and to promote their interaction with each other. The University of Indonesia conducted a policy assessment in 1996 - all subsequent policy-related activities were implemented with high levels of consultation with both the KPA and the developing KPADs.

FHI designed an innovative "umbrella proposal" framework to support the KPAD and to mobilize the KPAD Secretariat in a flexible and sustainable manner to avoid the need for a sub agreement with the KPAD at a time when their future needs were not yet clear. The "umbrella proposal" consisted of funding for activities considered necessary to empower the Secretariat to become fully functional, technically and managerially. This included regular planning and coordination meetings, study tours and policy development meetings.

Policy Support Lessons Learned

- The provision of advocacy to members of the provincial parliaments, to religious and political leaders and to other policy makers enlists support and creates the political will to ensure budget allocation for HIV/AIDS prevention activities.
- Donor support to KPADs should be long-term because of the time needed for sustainable organizational change.
- Simultaneous donor support to both the KPAD and the NGO Forum in any region is the most effective way to build equal partnership and regular dialog between these players.

10. HAPP Management and Staff

The HAPP team included personnel from the Government of Indonesia, Family Health International and the CDC / PASA. The Project Office was located in Jakarta, with two provincial branch offices, one in Manado and one in Surabaya. Staff were responsible for a variety of technical, programmatic and financial aspects of the Project. These included liaising with and reporting to donors and partners, subcontracting with other organizations to carry out interventions and other activities and monitoring and evaluation.

The key to success was the flexibility and creativity of the HAPP staff and the participatory style of management. Staff members valued the office-wide retreats, training and problem-solving meetings as useful for building a good understanding of the overall HAPP mission, strengthening communication, team-building, sharing experiences among staff, effective planning and advancing personal professional growth.

HAPP Management Lessons Learned

- A participatory style of management provides opportunities to see issues from different points of view and facilitates creative problem solving. It also requires competent facilitating skills on the part of the supervisor/manager to maintain objectivity, to manage expectations and to deal with potential conflicts.
- Identifying and understanding the regulations of key stakeholders and partners early in a project helps to develop consistent management practices.

- Regular review of bureaucratic procedures, delegation of authority, administrative systems, staff capacity and the utilization of time and cost-saving measures improve and streamline management systems.

IX. REVIEW OF PERFORMANCE BASED CONTRACT

The Government of Indonesia and the US Government agreed to develop and implement the HIV/AIDS Prevention Project in 1995. The bilateral agreement was implemented through three mechanisms, including a Project Implementation Letter, Partnership and Services Agreement with CDC, and contracts with Family Health International for AIDSCAP (1995-1997) and a Performance Based Contract (1997-2000). FHI was awarded a Performance Based Contract (PBC) to facilitate program development related to HIV/AIDS Prevention. A PBC focuses on achievement of measurable, quantifiable performance standard on an annual basis.

As a part of the Completion Report, Family Health International is called upon to review the performance-based contract and list all the products delivered during the contract period. In the 1999 External Evaluation of HAPP, it was noted that the mechanism of the performance-based contract could usefully have been changed to a stand-alone cooperative agreement. Alternatively, the HIV/AIDS activities could have been carried out under a new strategic objective agreement (SOAG). The nature, complexity, process orientation, and restrictions of the performance based contract limited the ability, immediacy, and flexibility required to respond quickly and pursue important HIV/AIDS related issues within Indonesia.

Initially, HAPP followed the worldwide AIDSCAP model in working with a number of NGO implementing agencies. As the prime cooperating agency, FHI/HAPP was ultimately responsible to USAID for the quality of the FHI-funded program components. This was a cause of dissatisfaction among some PVO Implementing Agencies, which would have preferred a stronger decision-making role in HAPP management. Despite many attempts to address this by holding more frequent consultations with the technical partners, it was not possible to meet this expectation.

The Indonesian economic crisis led to significant changes to HAPP in Indonesia. Initially, there was an identification of 'Social Safety Net' responses by all USAID contractors, including FHI. The inflexible nature of the Performance-Based Contract prevented changes to the existing contract which demanded consistency over time in the technical approach. The inflexibility of the HAPP PBC posed a number of difficulties:

The inflexibility of the PBC posed challenges to integrate social safety net concerns into HAPP. Such flexible funding mechanisms as RRF evidently allowed urgent response to the pressing and evolving needs of the community at large during the crisis.

The economic crisis increased demands for HIV/AIDS prevention intervention because of anticipated growing numbers of people were expected to engage in high-risk behavior on account of a severe decline in their purchasing power and a decline in the Government's ability to address public needs due to the depletion of public sector revenue.

The economic crisis presented challenges to all aspects of HAPP: the reformulation of subprojects to integrate the social safety net responses, management and implementation (e.g. budgeting, scheduling and the on-time implementation of activities, reaching target audiences). Additional workloads to the normal workloads fell on the staff's shoulders as they attempted to respond to the varied challenges.

The economic crisis impeded implementation of the Project and ultimately, the attainment of some of the contract performance objectives (CPO). Results of the crisis were: (a) a decrease in the number of clients of FSWs which further lowered the bargaining power of FSWs to negotiate condom use; (b) an increase in the mobility of FSWs and *waria*, caused by open hostility of the community against them in the era of 'reform' and/or a decline in the number of clients; (c) the disruption of outreach workers' activities because of public events (e.g. general election and presidential campaigns, riots); and (d) the relocation of some condom outlets, because of riots. Solutions adopted by IAs included: (a) re-directing their activities to different red light districts; (b) identifying new geographic areas where

FSW activities occurred or expanding geographic target areas; and (c) recruiting additional outreach workers. However, even with collaboration with the FSW association, the IA faced substantial constraints in re-mapping the situation after the commercial sex establishments closed and the sex workers re-entered the community with changed identities (false identities).

Numerous economic/financial consequences and sociopolitical ramifications of the crisis overwhelmed people, attracting their attention to issues related to their most basic needs (e.g. food supply, sense of safety and security) and encouraging them to place these issues as a priority. Concerns about HIV/AIDS became less important to community members struggling to survive.

The volatile economic and sociopolitical climate also affected management of the Project, especially in terms of the timing and scheduling of activities and the Project work plan. Consequently, HAPP had to accommodate changes in deadlines and reorient the work plan. Inflation and the fluctuation of exchange rates led to the readjustment of the approved budget of IAs and difficulties in the budget preparation of most PVOs and NGOs and ultimately, delays in proposal development. The crisis necessitated the 50% increment of all IA budgets, following USAID FSN salary level increased and the provision of cost of living allowances (COLA).

Creating a technical and management 'marriage' among the many institutional and individual stakeholders involved in the Project was challenging. HAPP instituted a partnership between the GOI, USAID, FHI (ARO and HQ), local Agencies or NGO Implementing Agencies, universities, professional organizations and PVOs. FHI had to invest considerable time to meet the bureaucratic and consultative requirements of all parties involved.

Each of the partners had their own evolving needs, perceptions, and priorities. These inherent differences at times produced friction or conflict within the project. In Indonesian culture, conflict and debate are usually avoided in the interests of communal harmony. It took time to merge the conflict resolution styles of the Indonesian and expatriate staff, however, this process led to the staff becoming more adept at facilitating and negotiating win-win solutions at a range of levels. The contract deliverables are listed in Tables XI.1-6, with an additional table of references, reports, and studies related to HIV/AIDS in Indonesia (Table IX.7).

Table IX. 1. HAPP Reports and Plans

DELIVERABLE	DATE REQUIRED	DATE SUBMITTED	DATE APPROVED
A. Reports and Plans			
National AIDS Commission Report	November 30, 1997	Nov 30, 1997	NA
National AIDS Commission Report	November 30, 1998	Dec 8, 1998	NA
Training Plan	Nov. 30, 1997	Oct 23, 1997 Jan 16, 1998	Jan. 1998
Data Collection Report	1). Nov. 15, 1997 2). Nov. 15, 1998 3) Nov. 15, 1999	Nov 14, 1998 Nov 23, 1998 Nov 12, 1999	NA
Procurement Plan	Within 90 days or Nov. 30, 1997	Dec. 1, 1996 Jan. 16, 1997	Jan. 1998
HAPP Annual Workplan	Within 90 days or Nov. 30, 1997 Within 90 days or Nov. 30, 1998	Oct. 23, 1997 Sep 23, 1998	May 28, 1998 Oct 28, 1998
Annual Contract Performance Plan	Within 90 days or Nov. 30, 1997	Oct 23, 1997 Nov 14, 1998 Nov 14, 1999	May 28, 1998
Performance Monitoring Report	Feb. 1, 1998 May 1, 1998 Aug. 1, 1998 Nov. 1, 1998 Feb. 1, 1999 May 3, 1999 Aug 1, 1999 Nov ,1 1999 Feb 1, 2000 May 1, 2000 July 31, 2000	Feb. 6, 1998 Jun, 1, 1998 July 31, 1998 Nov. 1, 1998 Feb 1, 1999 May 3, 1999 Jul 31, 1999 Oct 29, 1999 Jan. 30, 2000 Apr. 28, 2000 August 3, 2000	No approval required
Financial Report	Feb. 1, 1998 May 1, 1998 Aug. 1, 1998 Nov. 1, 1998 Feb 1, 1999 May 3, 1999 Aug 1, 1999 Nov 1, 1999 Feb 1, 2000 May 1, 2000 July 31, 2000	Feb. 6, 1998 Jun, 1, 1998 July 31, 1998 Nov. 1, 1998 Feb 1, 1999 May 3, 1999 Jul 31, 1999 Oct 29, 1999 Jan. 30, 2000 Apr. 29, 2000 Aug. 3, 2000	No approval required
Management Plan	Within 45 days of contract start, October 15, 1997	Oct. 15, 1997 Jan.16, 1998	Jan. 1998
Contractor Evaluation Plan	90 days prior to 1 st anniversary of contract, May 31, 1998	June 1, 1998	June 1998
Contract Performance Monitoring System	Nov. 30, 1997	Dec. 3, 1997	Dec. 1997
Annual Data Report	Nov. 15, 1998	Nov.23, 1998	
Self Assessment Report	Nov. 15, 1999	Dec. 16, 1998 Dec 1, 1999	
Budget Plan for Transition Period : May - Sep 2000	5 May 1999		
HAPP Completion Report	30 September 2000	29 Sept. 2000	15 Feb. 2001

Table IX. 2. Other HAPP Deliverables

DELIVERABLES	STATUS
1. National Conference	
Organize six annual national meetings	1. NGO conference convened by KPA 2. Min. of Education World AIDS Days 1997 3. 3 KPAD World AIDS Day
Seven policy study tours for 20 policy makers	1997: N. Sulawesi, December 12, 1997 - 12 people E. Java, Dec 15-19 1997 - 11 people. 1998: Jakarta, Nov 1998 - 10 people 1999: Jakarta, domestic 10-13 Feb 1999 - 12 people Man-Sby, 20-28 Feb 1999 - 21 people Surabaya domestic, 28 Jun-3 Jul 99 - 15 people Man-Sby, 1-9 Aug 1999 - 24 people 2000: Women's Tour 1999, Feb 2000 Manado KPAD domestic study tour to Batam & Jakarta, 4 - 9 June 2000 - 9 people Surabaya, domestic study tour to Medan, 24-28 April, 2000 - 11 people, and Bali, 23 - 27 July, 2000 - 16 people. Jakarta domestic study tour to Samarinda - 7 people, & Makassar - 8 people
2. Training	
1087 people trained by PACD 50% of training candidates are women	421 individuals participated in training, including 148 women (35%) - a shortfall for training objective of 50% women participants.
3. PVO/NGO Sub award Program	
Minimum of 2.7 million Benchmarks of expenditures: 1997: \$400,000 (amended to 1998) 1998: \$1,500,000 + \$400,000 Projection in 1999 US\$ 2,934,570	Allocation October 1998: US\$ 2,734,507 Benchmarks of expenditures: 1997: N/A

Table IX. 3. Category I BCC Material: Pre-Contemplation to Contemplation

No	Title	Type	Target Group
1	I'm the King of the Road	Sticker	Truck drivers
2	<i>So kita ini depe Tonaas Jalang (We're the Kings of the Road)</i>	Sticker	Truck drivers - Manado
3	3 Safe Signs to Avoid AIDS	Sticker	All target groups
4	Sweet Messages to the Rhythm of Dangdut	Audio cassette	SWs, <i>waria</i> & clients
5	Always Use a Condom	Playing cards	SWs, <i>waria</i> & clients
6	Key chain for <i>waria</i>	Key chain	<i>Waria</i>
7	<i>Jengong Lepong Nek, a Condom is a True Friend</i>	Wallet for <i>waria</i>	<i>Waria</i>
8	Why Should Women Know About Reproductive Tract Infections?	Brochure	SWs
9	For Men Only: Understanding STDs	Brochure	Clients

10	The Dangers of Sexually Transmitted Diseases	Brochure	Clients
11	AIDS - HIV - STD?	Brochure	All target groups
12	17 Reasons to Use a Condom	Brochure	Clients
13	Watch Out for STDs	Booklet	SWs & clients
14	The Ins and Outs of HIV/AIDS/STDs	Booklet	All target groups
15	Pssst...! I've got an important message for you! My name is CONDOM	Brochure	All target groups
16	All About HIV & AIDS	Booklet	All target groups
17	Posters	Poster	All target groups
18	Outreach Workers	Jackets & waistcoats	Waria

Table IX. 4. Category II BCC Material: Contemplation to Preparation

No	Title	Type	Target Group
1	Superwomen	Comic	SWs
2	Lisa	Comic	SWs
3	Lisa - in Manadonese	Comic	SWs - Manado
4	King of the Road	Comic	Truck drivers
5	King of the Road - in Manadonese	Comic	Truck drivers - Manado
6	Seamen - in Manadonese	Comic	Ship crews - Manado
7	Video cassette & manual	Tools for PEs or POs to explain and discuss HIV/AIDS issues with the target groups through interactive media	Youth with high-risk behavior
8	Audio cassette & manual	Tools for PEs or POs to explain and discuss HIV/AIDS issues with the target groups through interactive media	Youth with high-risk behavior

Table IX. 5. Category III BCC Material: Preparation to Action

No	Title	Type	Target Group
1	Dildo	Condom use demonstration model	Peer Educators & Outreach Workers
2	Belly bag - English version (1 set)	Guidance and discussion tools for outreach	Peer Educators & Outreach Workers
3	Belly bag - Indonesia version (1 set)	Guidance and discussion tools for outreach	Peer Educators & Outreach Workers
4	Tear-off counseling check list	Reminders of important items for counselors and clients in STD counseling sessions	Counselors
5	HIV/AIDS, STDs and You	Flipchart	Peer Educators, Outreach Workers & Counselors
6	Detty's Story	Success Story	Peer Volunteers

Table IX. 6. Supporting Materials For Policy Makers,
Program Planners & Practitioners

No	Title	Type
1	Developing Effective Communication Programs	Booklet
2	Universal Precautions Training Curriculum for Primary Health Care Centers	Guideline book
3	<i>Pedoman Pelaksanaan Universal Precautions di Puskesmas</i>	Book of Guidelines
4	Universal Precaution Guidelines for Primary Health Care Centers in Indonesia	Book of Guidelines
5	<i>Penilaian Eksternal tentang HIV/AIDS, Indonesia, Nopember 1999</i>	Book
6	External HIV/AIDS Assessment, Indonesia, November, 1999	Book
7	Baseline STD/HIV Risk Behavioral Surveillance Survey 1996	Book

Table IX. 7. HAPP-Initiated HIV/AIDS Study Reports

IMPLEMENTING AGENCY	REPORT TITLE
1. Center for Health, University of Indonesia	Behavior Surveillance Survey Summary (Jan 2001)
2. Jaringan Epidemiology Nasional	5 th STD Case Management Assessment (Jan 2001)

X. NON TECHNICAL PERFORMANCE STANDARDS

The report against the non-technical performance standards is largely based on the IDF as this provides the most objective measurement of achievement.

Planning and Management

From 14-17 August 2000, Business Dynamics facilitated the second round of the Institutional Development Assessment for HAPP Jakarta staff. This consensus-seeking process was done with 19 staff members, most of whom had participated in the 1999 assessment. Numerical scores were generated representing baseline data from three time periods: 1997 (beginning of HAPP Phase II), 1999, and 2000. (See Section 5 for more information on the IDF assessment tool. Graphs depicting the results of the HAPP IDF assessment are also located in the Attachments Section.)

Comments from the facilitators included the following: *"The participants were remarkably assertive and analytical in scoring each of the components. They were much clearer and more critical in evaluating the organization compared to last year, as indicated by their ability to express their opinions and concerns clearly and strongly. Everyone worked together responsibly to give the scores as accurately as possible, and sometimes consensus was reached only after long and vigorous debate."* (Business Dynamics)

As measured by the International Development Framework, the ability of HAPP central staff to use planning effectively improved threefold during the life of the project. (A baseline score of 1.0 in 1997 increased to 3.31 in 2000). Characteristics of this score include:

Strategic plan development and annual plans, based on the mission statement, continue as operative instruments with regular review of long-term plans.

Stakeholders and staff contribute to planning decisions together with the country director.

Annual and strategic plans are comprehensive and specific enough to permit accurate budgeting but flexible enough to be modified as warranted.

Work plans are viewed by management and operations staff as useful tools and are modified as required.

Management systems (including personnel, filing, administrative, and computer systems) was given a score of 2.7 in 1999 and improved to 3.19 in 2000. Characteristics of this score include:

- Formal personnel systems are institutionalized and understood by employees, and redress can be pursued.
- Files (paper and electronic) are comprehensive, systematic, and accessible.
- An administrative manual is in place, although not updated or used as the main arbiter of procedures.
- An efficient computer networking system has been established with standardized word processing software which allows for easy sharing of data and simultaneous communication. Anti-virus screens keep data safe with the support of a competent back-up system. The hardware facilities are well maintained and updated as needed.

The IDF score for financial management (the use of a budget as a management tool, financial reporting, cash controls, and audits) decreased from 3.25 in 1999 to 3.13 in 2000. These scores still reflect a sustainable level of development with the following characteristics:

Budgets are integral parts of project management and are adjusted as project implementation warrants:

- Financial reports are clear and complete, even as the portfolio becomes more complex.
- There are good cash controls for payables and receivables and established budget procedures.
- External audits are performed with regular and appropriate frequency.

The HAPP finance unit faced the challenge of utilizing the MTX computerized accounting system to generate reports for internal use. With an increasingly large financial workload, monthly MTX reports are sent to FHI/HQ which required each FCO number to be broken down into percentages across the CLINS.

Organizational Structure and Lines of Communication

Participatory management, scored by the IDF in 1999 as 2.9, improved to 3.19 in 2000. Much of this was related to the leadership style practiced by the HAPP country director. This participatory style involved delegation of work and incorporating staff input into the decision making process. There were regular weekly staff meetings to share information and acquire input from staff. Staff also felt that they were empowered and challenged during the project implementation and as a result they know much more about the performance expected from each of them. It is likely that this participatory leadership style has played a significant role in the HAPP's development over the last year.

The IDF process highlighted a growing concern with regard to internal and external communication flow. The IDF communication flow score actually decreased from 3.75 in 1999 to 2.75 in 2000. Junior staff, in particular, identified difficulties in being sandwiched between the public (members of implementing agencies, beneficiary groups, and stakeholders) and the project senior management. Steps were taken to improve communication for all parties. Junior staff designed their own communications training program which was facilitated by a trainer from a Jakarta business school (IPMI). In addition, staff identified specific action plans to be taken in the start of the new project to achieve the following objective:

To formulate a scheme for communication in order to:

- Share information, give input and feedback between junior and senior staff
- Make decisions and coordinate programs with the senior level staff
- Find solutions to internal and external problems.

Human Resource Management

Staff development was a deliberate management focus during the length of the project. As new staff were added, orientation training was provided in-house for both Jakarta and provincial-based staff. Key senior staff were provided training internationally as appropriate.

All HAPP staff participated in developing their personal performance objectives. This was done using the assessment tool used in the probationary assessment and annual assessment. Supervisors were responsible for assist staff in identifying activities to meet their educational needs.

Staff development activities were both formal and informal. The use of staff retreats was a productive way to facilitate effective planning and, at the same time, increase participation through team building exercises. The HAPP retreats: Puncak (1997), Daichi Hotel (1997), Tanjung Lesung (1999), Mambruk (2000), marked important periods in the development of HAPP. One of the serendipitous developments later in the project was the identification of in-house expertise to facilitate among themselves the cross-sharing of knowledge in the form of Friday morning in-service education and discussions. Below are some examples of HAPP staff training across the project (Table X.1).

Table X. 1. HAPP Staff Training / Education 1998 - 2000

Topic	Facilitator	Participants	Dates
FHI Financial Orientation	FHI Finance Unit Bangkok	Edward Hutapea	1998
FHI Financial Orientation (MTX)	FHI Finance Unit Nairobi	Edward Hutapea	April 1998
80 Hour Individual Learning Program-English Language skill strengthening	British Council ALTE	HAPP staff in Jakarta, Surabaya, and Manado	1998-1999
Reproductive Health Communication for Youth	Johns Hopkins University, Baltimore, MD	Dian Rosdiana	September 1999
Spokesperson Training	Komseni Public Relations Training	Dian Rosdiana, Wilson Sitorus, Mamoto Gultom, A. Kamboji	Feb.-June 2000
BSS Discussions	John Moran HAPP/CDC STD Advisor	HAPP technical and program staff, Komseni	14 April 2000 28 April 2000 12 May 2000
RTIs/STDs and their Comparative Epidemiology	John Moran HAPP/CDC STD Advisor	HAPP technical and senior program staff P2M/GOI staff	5 May 2000
Basic STD/HIV/AIDS	Mamoto Gultom Asst. STD Advisor	Non Technical HAPP staff/HAPP GOI staff	19 May 2000
Gender Issues	Ciptasari P./ Yanti G.	HAPP staff	02 June 2000
Communication Training	IPMI	HAPP Jr. Staff	04 August 2000 24 August 2000

Staff skills and staff development as assessed by the IDF improved from 2.5 in 1999 to 3.03 in 2000. This score represents the following:

- Staff roles and responsibility were clear and flexible. The work of the organization is completed professionally.
- Staff were recognized for their excellence and provide expertise and assistance to outside organizations.
- Professional development was considered part of job performance.
- Staff participated in objective-setting and know what was expected of them. Skills development was included in the performance appraisal.

XI. PARTNER COLLABORATION

The HAPP office in Jakarta was made up of staff from the GOI, CDC/PASA and FHI and was led by the MOH. Technical assistance was centralized in Jakarta to ensure the standardization of the quality of monitoring and technical assistance. This was markedly different from AusAID's HIV and STD Prevention and Care Project, which placed most support at provincial level.

United States Agency for International Development

USAID has provided assistance in Indonesia, focusing on facilitating the development and initial implementation of policies supporting HIV/AIDS prevention and control. USAID provided most of the funding for HAPP through FHI, and was responsible for monitoring all aspects of HAPP implemented by the MOH, FHI and CDC/PASA. USAID continues to support effective programming which reduce HIV and STD transmission by facilitating behavior change among high-risk individuals, including condom use and supporting NGO institutional development and the implementation of outreach activities.

Government of Indonesia

The Project Director was the Director General of CDC at the Ministry of Health. The Project Manager, representing the Project Director, was sited at the Project Office with responsibility for oversight of HAPP on his behalf.

The KPADs (*Provincial AIDS Commissions*) are the Indonesian Government agencies that lead and coordinate provincial HIV/AIDS prevention activities. KPADs consist of representatives from the provincial sectoral offices of the GOI. The members advocate to higher level decision-makers to create an enabling and supportive environment for HIV/AIDS prevention, including the allocation of funding. An FHI-hired Program Advisor (PA) and Executive Secretary assisted each KPAD. The maximum impact of this additional capacity was evident where the PAs were able to capitalize on their position as FHI staff to facilitate, guide and vitalize KPAD activities.

The KPADs' resources and coordination role were adversely affected by repeated restructuring and political uncertainty resulting from the changes in government during HAPP, while the economic crisis caused constraints on the public budget.

Family Health International

Family Health International (FHI) established a Project Office and two branch offices in Manado and Surabaya in close coordination with MOH. The FHI team worked closely with the HAPP partners to implement and monitor the progress of the Project in order to meet FHI's contractual requirements with USAID and to implement HAPP activities, as much as possible, within the framework of the Indonesian National AIDS Strategy.

Family Health International HIV/AIDS Prevention Project worked in collaboration with thirty-five partners as implementing agencies. NGOs (Non-Government Organizations) were the Implementing Agencies in the front line of HIV/AIDS prevention among the beneficiaries or those at highest risk of infection. They also carried out advocacy and informational activities among many important stakeholder groups, including Local Government, business managers and authorities. The HAPP supported team included the following international and Indonesian organizations:

United States CDC and US NAMRU

US Center for Disease Control, Atlanta and the US Naval Medical Research Unit - 2, Jakarta provided invaluable technical assistance and completed laboratory testing, including screening and confirmation of STD anti-microbial testing.

NGO Partners

The NGO Implementing Agencies organized themselves into NGO Forums to develop a more strategic approach in their roles as provincial NGOs to network and to share information about possible sources of funding. The forums increased the overall capacity of the member NGOs and decreased dependence on donors. The head of each NGO Forum represented it at the KPAD, leading to sustainability and increased communication and trust. The NGO Forums and the KPADs realized a number of joint activities such as World AIDS Day and *Malam Renungan* AIDS (Candlelight Memorial Service). Indonesian and International PVOs (Private Voluntary Organizations) were identified as 'partners' on the HAPP project document to provide research and capacity building support, by technical contribution as collaborative partners. During the two phases of HAPP, PVO partners provided technical assistance to the NGO projects and assisted with project design through collaborative planning and strategy meetings between HAPP, the NGO Implementing Agencies and the other PVOs (Table XI. 1. - "Partner Matrix of Primary Collaborative Responsibility"). For further details related to the quantities of IEC materials created and distributed, number of workshops and participants trained, see 'Highlights' in the Attachment section.

Bangun Mitra Sejati (BMS) conducted a needs assessment among migrant married Indonesians working and living apart from their families in North Jakarta, followed in 1999 by a series of interventions based on the findings.

The Centre for Development and Population Activities (CEDPA) developed training modules to address the cultural, gender and interpersonal barriers to adopting HIV/AIDS/STD risk reduction behaviors.

DKT Indonesia (DKT International) was charged to developed and revised IEC materials and 230,000 copies were produced and distributed. IAs were given a total of 12 training sessions in inventory control, dissemination, tracking and evaluation of materials.

The Futures Group International (TFGI) developed BCC strategies and public relations campaigns to seek advocacy for condoms and initiated the formation of a Consortium of Concerned Condom Marketing Manufacturers.

Ikatan Ahli Kesehatan Masyarakat Indonesia (IAKMI) the Indonesian Association of Public Health Experts) conducted a peer education project, established a Drop-in Center for waria was established, providing comprehensive STD services. IAKMI trained 15 *waria* group leaders as peer educators as well as retraining 17 established peer educators.

Ikatan Dokter Indonesia/ IDI (Indonesian Medical Association) implemented an STD/HIV public awareness and prevention mass media campaign in North Jakarta and Manado; 18 people were trained as counselor trainers, 3 more than planned, with an additional 7 trainers in Jakarta from the TOT trial. They in turn trained 156 counselors, broken down as follows: 66 from Jakarta, 60 from Surabaya and 30 from Manado.

The Indonesian Council of Islamic Religious Leaders (Majelis Ulama Indonesia/MUI), a federation of several Moslem organizations in Indonesia, developed a Plan of Action, the objectives of which were: to implement a religious approach for the prevention and control of HIV/AIDS, to strengthen cooperation and to establish an information network among Moslem leaders in the ASEAN region in combating HIV/AIDS.

Initiatives Incorporated designed handbooks to assist NGOs and governments in integrating reproductive health into existing programs, strengthen existing, and establishing new universal precautions (UP)/infection prevention (IP) guidelines for *Puskesmas* (community health centers). Current UP practices were assessed through a baseline study at the Putat Jaya Clinic.

Lentera, an STD/AIDS Prevention Project of the Indonesia Planned Parenthood Association (IPPA), Yogyakarta Chapter, developed a "Condom Use Negotiation Skills Training of Trainers" (TOT) workshop. This was followed up by Condom Negotiation Skills echo training, which took place in seven (7) HAPP IAs in Jakarta, Surabaya and Manado. In addition, Lentera-Sahaja PKBI (Indonesian Planned Parenthood Association - IPPA) offered a 5-day workshop on Peer Education and drafted a booklet containing the lessons learned.

Perkumpulan Keluarga Berencana (PKBI - East Java branch Indonesia) completed outreach activities implemented through 20 midwives in private practice (BPS), and 60 *jamu* sellers contacted 3,212 people, STD counseling was provided at health centers and the PKBI clinic for 673 clients, and by the BPS for 1,775 clients. Both the BPS and the *jamu* sellers were given training to ensure that quality was maintained in counseling and dissemination of information.

Private Agencies Collaborating Together (PACT) completed a TOT workshop held for HAPP implementing agencies (IAs) to prepare them for work as mentors for safety-net NGOs and as co-facilitators for STD/HIV/AIDS training. 31 people were trained as mentors and a mentoring manual was compiled.

Project Concern International (PCI) assisted in the development of recommendations and strategies for 6 main areas: Drug Use and HIV/AIDS; Harm Reduction; Prevention as an Integral Part of Intervention; Communication, Information and Education; Therapy and Rehabilitation; and Policy and Research. PCI delivered financial sustainability workshops in Jakarta for 29 participants and 15 observers from IPVOs, donors and other NGOs; and in Surabaya for 18 participants from Surabaya and 15 participants from Manado.

The Center for Societal Development Studies of Atma Jaya Catholic University, Jakarta (CSDS/Atma Jaya) provided technical assistance and training in project monitoring and evaluation for the 10 HAPP IAs

Yayasan Abdi Asih (YAA) trained 250 pimps/brothel managers in STD, HIV/AIDS and condom use issues and was active in peer-led outreach to FSWs.

Yayasan Bahagia Harapan Kita (YBHK) offered training to 26 medical practitioners, paramedics and lab technicians from Manado and Bitung who took part in the gonorrhea susceptibility study, STD lab tests were performed on a total of 1,358 samples given by sex workers from Manado and Bitung, airport taxi drivers, ships' crew members, harbor laborers, participants in the family planning program and other women considered to be at high risk.

Yayasan Investasi Kemanusiaan (YIK) completed outreach activities among SWs and youth; two PE organizations were formed and 9 one-day seminars on HIV/AIDS were held for the various groups with IEC materials in the form of flags, kites, stickers, T-shirts.

Yayasan Mitra Masyarakat (YMM) trained 55 young people as peer educators with 4,247 people contacted in outreach activities; YMM produced a book on youth reproductive health, AIDS stickers and STD leaflets.

Yayasan Pelita Kasih Abadi (YPeka) initiated outreach activities on the HIV/AIDS prevention among SWs and fish canning company workers in Bitung, peer educators were trained, a Drop-in Center was to be established, and an STD referral system was developed.

Yayasan Prospectiv (YPROS) completed 9,750 outreach contacts (exceeding the target) organized street theater events on various HIV/AIDS and STDs topics, trained 200 peer educators were trained, and established a mobile unit was intended to be used for STD examination.

YKB established a peer education project for STD/HIV/AIDS prevention and condom promotion among sex workers in the Kramat Tunggak *lokalisasi* in North Jakarta, home to approximately 2,000 sex workers (SW).

Table XI. 1. Partner Matrix of Primary Collaborative Responsibility*

NGO Name	Independent Research Center	Training of Trainers	Outreach	STD Counseling	STD Treatment Clinic	IEC
Bangun Mitra Sejati (BMS)			√			
Center for Disease Control, Atlanta	√				√	
Centre for Development and Population Activities (CEDPA)	√					√
DKT Indonesia (DKT International)						√
Ikatan Ahli Kesehatan Masyarakat Indonesia (IAKMI)			√		√	
Ikatan Dokter Indonesia/ IDI (Indonesian Medical Association)		√		√		
Indonesian Council of Islamic Religious Leaders (Majelis Ulama Indonesia/MUI)		√				
Initiatives Inc.		√				√
Lentera & Lentera-Sahaja PKBI an STD/AIDS Prevention Project of the Indonesia Planned Parenthood Association (IPPA)		√	√			√
Private Agencies Collaborating Together (PACT)		√				√
Project Concern International (PCI)		√				√
The Center for Societal Development Studies of Atma Jaya Catholic University, Jakarta (CSDS/Atma Jaya)	√	√				
Perkumpulan Keluarga Berencana Indonesia (PKBI-East Java branch)		√		√	√	
The Futures Group International (IFGI)			√			√
US Naval Medical Research Unit - 2, Jakarta	√					
Yayasan Abdi Asih (YAA)			√			√
Yayasan Bahagia Harapan Kita (YBHK)		√		√	√	
Yayasan Investasi Kemanusiaan (YIK)			√			√
Yayasan Mitra Masyarakat (YMM)			√			√
Yayasan Pelita Kasih Abadi (YPeka)			√			√
Yayasan Prospectiv (YPROS)			√	√	√	√
YKB			√			√

* Most NGOs have other capabilities in addition to primary role in HAPP

XII. CONCLUSION and RECOMMENDATIONS

Conclusion

HAPP was a complex partnership between government, private sector, non-profit, and international stakeholders that undertook a comprehensive range of HIV prevention activities in three Indonesian provinces. HAPP was an intensive project that promoted behavior change, policy reform, improved STD diagnostic and treatment services, and increased access to protective devices for those at greatest risk of infection.

HAPP had many evident strengths and weaknesses that are summarized in this report. Future activities and projects related to HIV/AIDS will benefit from the HAPP 'Lessons Learned'. HAPP established the foundation in North Jakarta, Surabaya and Manado/Bitung for sustainable programs that formed an integral part of the Indonesian National AIDS program.

Development projects of this scale are substantial investments and through careful attention to both qualitative and quantitative aspects, we will gain the understanding that will enable us to improve future planning and programs. One of the greatest strengths of HAPP was that it provided reliable and valid epidemiological and behavioral data to efficiently design, target, prioritize and evaluate HIV/AIDS prevention programs. On-going research, prevention, and clinic activities for HAPP target populations in Jakarta and Surabaya previously supported by USAID through local NGOs under HAPP were continued through a "bridge" period until the end of FY 2000. Keeping in mind all the above issues and concerns, the following recommendations are offered.

Recommendations

The Government of Indonesia will continue to play a key role in issues related to HIV/AIDS, since policies related to HIV/AIDS form the foundation of prevention intervention strategies. These policies were appraised by examining the *structure, process, and outcomes* of the programs implemented as a consequence of these governmental policies for this review of HAPP. A presentation of series of recommendations for future HIV/AIDS projects follows, based on the HAPP experience.

The first set of recommendations summarizes the processes related to the overall framework within HAPP as they impacted the implementation of the HIV/AIDS and STD program. The framework for evaluating the structure included the impact of policies both on the availability, organization, and financing of GOI initiated programs, taking into consideration the characteristics of the population at risk. Examining processes of governmental policies related to HIV/AIDS included the evaluation of the mechanisms of facilitating implementation of programs through multiple partnerships.

Participatory Management Approach

The HAPP used an integrated, participatory approach with the government of Indonesia and NGO partners in provision of technical assistance, implementing capacity building, and facilitating policy implementation that should be extended in the future. In meeting the demands conferred on the HAPP, a participatory style of management provided the opportunity to view issues from different points of view and facilitated creative problem-solving. This required high levels of facilitating skills on part of supervisors/managers to maintain objectivity, manage expectations, deal with potential conflicts, and ensure effectiveness given the available timeframe. Close collaboration and understanding among stakeholders regarding their different needs and priorities were necessary to

decrease tension. FHI developed mechanisms for managing anticipated conflicts with the wide range of collaborative partners, one of which was to involve stakeholders, including GOI, NGO partners, the early planning phases.

Management style

- In the future, there should be multiple start-up activities to manage expectations and to negotiate mutually acceptable processes for information sharing and consultation, and greater authority and appropriate coordination capacity and supervision should be provided for field offices

Intra-Office Communication

- To improve the communication within the different provincial and central layers of the project and between the project and the GOI, clear lines of communication with appropriate roles and responsibilities should be established early in the new project.

Capacity Building of HAPP Staff and Partners

- Prior to project implementation, it is recommended that GOI and FHI provide systematic orientations in the form of briefings to staff from MOH, KPADs and NGO partners on project critical regulations and requirements, to ensure consistent interpretation of project guidelines. Refresher orientation is also essential to ensure that both existing staff and the new staff are able to achieve the standard performance.

Team Building and Teamwork

Office-wide retreats/training/problem-solving meetings will prove useful by the staff members in terms of building good understanding about the overall HAPP mission, strengthening communication, team building, effective planning and advancing personal professional growth. These office-wide training/meetings should be organized on a regular basis with clear professional and organizational objectives to encourage wide participation.

Working with Partners

- In the future, appropriate amount of time should be spent for planning and preparation of workshops, such as the "Jump-Start" Proposal Development Workshop, and for orientation of workshop facilitators. FHI/HQ and the ARO should be involved early in the process to provide guidance on the overall procedures.

Working with NGOs

- Capacity building should be provided to HAPP staff and NGOs in designing project proposals, as it relates to sub agreement development, in order to speed up the proposal development process. This should include training that provides simulations to help build decision-making and problem-solving skills needed for project design and proposal writing.

Provincial AIDS Commissions

Future programming should strengthen provincial aids commissions (KPADs), and potentially district level commissions, with respect to initiating and implementing their own activities and in collaboration with NGOs. To sustain the efficiency and effectiveness of the KPADs, it is important to support the open exchange of information through briefings and discussion forums among members of the provincial parliament and officials from the different sectors. The KPAD played an extremely important role as a facilitator and coordinator between the different sectors and levels of the

government, the NGOs, HAPP and other donors to successfully integrate and implement STD/HIV/AIDS activities.

KPADs Role

- The KPAD role needs to be consistently strengthened to make the KPAD more effective, involved and sustainable in the future. This can be achieved by increasing the frequency and quality of relevant capacity building activities.
- A multi-sectoral approach helps ensure government, from different sectors, support for budget allocation for HIV prevention activities through the KPAD and should be continued, promoting long-term donor support to provincial AIDS Commissions to allow time for sustainable organizational change.

Decentralization

- To assure sustainability and to move towards decentralization, it would be necessary to increase autonomy and authority of both the KPADs and the NGOs at the district and sub-district level. To do this, the implementation of a variety of capacity building activities is required.

Capacity Building and Support

- The KPAD Program Advisor (PA) was perceived by all the KPADs in the three sites to be a staff of HAPP and, therefore, did not integrate completely with the KPAD in the respective provinces. To integrate the roles of the KPAD PA (and secretary) better with the KPAD, the recruitment process should be done with inputs from the KPAD. Alternative choices could be suggested during group decision-making discussion to contract the PA and secretary as consultants or assign them to be an integral part of KPAD.

Establishing Political Incentives

- Due to the importance of the role of the Government of Indonesia, future programming should consider establishing proactive policy development to promote HIV/AIDS prevention strategies and progressively expand research and development programs on HIV/AIDS awareness.

Finance

- Flexibility and creativity in project management and implementation should be maintained and/or enhanced in order to overcome the problems. When bottlenecks in processing of the financial matters occur, a comprehensive review of the process, followed by concerted efforts to rectify the deficiencies, are required to achieve efficient programming.

Funding Mechanisms

- The provincial/district level GOI partners need to be involved early in the planning. Subsequently, the annual work plan for the new project will need to include provincial/district level assessments, planning and approvals.
- International consultants involved in subproject development at the provincial level should be selected based on knowledge of Indonesian language or accompanied by a good translator who knows the project goals and strategies well.

Sustainability

- The KPAD Core Team could continue support for the Program Advisor and the secretariat through alternative sources of funding.
- KPADs at the district level need to be more involved in STD/HIV/AIDS prevention activities. To achieve this, there needs to be a greater level of integration between KPADs and NGOs at the district and sub-district levels.
- KPAD HIV prevention programs at the provincial levels should be linked with those at the district levels to help make them more comprehensive and effective.

Enhance Capacity Building

Local initiatives will be the basis for sustainable and appropriate responses to the changing epidemic in Indonesia. Therefore, future efforts to enhance capacity building for NGOs could be provided to improve the local effectiveness of programs, to enhance the collaboration with government and donor organizations, and optimize the capability and efficient use of human resources.

NGO Orientation

- The management skills and appropriate training/orientation/briefing of the NGO staff need to be enhanced in order to understand each team member's role and responsibilities and to communicate/coordinate effectively among staff about routine HAPP activities.

Staffing

- Staff orientation programs should include the project goal and strategy, technical issues and administrative issues. Team leaders should be appointed prior to project implementation, to give sufficient time to orient themselves.
- It is crucial to conduct staffing reviews to identify the needs for both short-term and more permanent staff during the life of the project, since demands for staffing change over time in response to changing demands on the office.

Capacity building for NGOs

- Development of self-managing NGO forums can increase overall NGO capacity, decrease their dependence on donors, and expand involvement and resources for HIV/STD prevention and support.

NGO Forum

- The NGO Forum needs further institutional strengthening in terms of: (a) members' ability to work as a team; (b) legalization of its role; (c) its function and structure as a proper organization with a clear vision and mission as well as accountability and transparent management and financial systems; and (d) technical and managerial skills including ability to generate income.

Information / Education / Communication

- Behavior change messages need to be targeted to the specific audience to achieve appropriate outcomes. Ongoing capacity building is needed to enhance NGOs' ability to conceptualize, plan, and implement behavior change communication activities with specific behavior change objectives.

- Developing new models to address behavior change beyond stages of awareness and knowledge will require adequate human resources to ensure program monitoring and evaluation while interventions are being adapted and trial-tested.

Peer Education

- Support to capacity building activities for peer educators can lead to decreased dependency on the NGO outreach workers. Some PEs whose self-confidence increased and skills improved could find some other employment. They were also able to negotiate for safer sex.
- Independent self-help groups should be encouraged because they would help expand the reach for beneficiary populations and have high potential for contributing to the sustainability of the activities.

Outreach

- Outreach workers with diverse ethnic/cultural backgrounds may not be able to communicate effectively about sexual issues in any given project area. Hiring people similar to the beneficiary groups to function as outreach workers would be more effective.

Condom Social Marketing and Negotiation

In the context of STD/HIV/AIDS prevention among people with high-risk behaviors, the formation of Special Task Forces were used to bridge the gap between suppliers and retail outlets as well as to create non-traditional outlets for condoms can be effective. The following recommendations will facilitate collaboration in the future.

Condom Social Marketing

- Partnership between private sector and NGOs as well as between private companies can be fostered through well-planned activities.
- A consignment mechanism should facilitate the development of positive attitudes among retailers towards condoms, especially for non-traditional outlets.

Collaboration with Public Relations in Promoting Condom Use

- PR agencies are useful in facilitating the publication of project-related news. However, generating ongoing coverage of HIV/AIDS-related issues requires staff with high-level writing and technical skills with a good background knowledge about HIV/AIDS.
- Condom campaigns must address public health issues while remaining sensitive to religious and cultural issues. In a situation where condom promotion is controversial, people with high-risk behaviors should be targeted.

Islamic Religious Leaders and Religious-bases organizations

- The Islamic religious leaders of Indonesia are not only well respected in their communities but are also deeply involved in several community development activities. To make the HIV/AIDS prevention campaign in the country successful, religious leaders must be involved and empowered with appropriate information, tools and methods to, in turn, empower the community.
- The problem of HIV/AIDS was recognized and accepted by the Moslem religious community early. The challenge now is to ensure that the momentum in their involvement and cooperation

is kept at a peak to ensure the involvement of the country's population and, thus, the ongoing success of the Indonesia National AIDS Strategy.

The second set of recommendations summarizes HAPP programming outcomes. The outcome data specifically focuses on behavioral surveillance, serological surveillance, and the STD clinics. Both short-term and long-term impacts of policies are related to outcomes were gauged by examining program efficiency, effectiveness, and changes within the targeted population. These recommendations should be integrated into future programming in Indonesia. HAPP-supported epidemiological research provided knowledge about the performance of the prevention activities.

Seroprevalence and Behavioral Surveillance

A discussion of HIV seroprevalence, STD surveillance, behavioral surveillance, and STD management and control follow. The behavioral surveillance survey results may be considered the largest contribution of HAPP. BSS data has been foundational to national HIV/AIDS strategic planning. The utilization of the BSS data at a local level to refine program strategies, however, has been minimal. Capacity building activities should begin to focus on making the BSS more accessible for decision-makers, with training on how to use the data. A shortened version of the BSS for collecting and analyzing local data is recommended for the new project.

Serological Surveillance

- A recently conducted review of the national response to HIV/AIDS, including a serosurveillance system, revealed that the surveillance guidelines nationally need to be strengthened and clarified regarding the type of target group to be sampled, the appropriate sampling procedures and the lines of reporting from district to province to the national level.
- Adequate funds are necessary to ensure basic surveillance with a minimum coverage of sex workers and blood donors. Surveillance should cover additional high-risk groups, especially with transvestites and injecting drug users. In addition, the implementation of linked serological surveillance with behavioral surveillance should be considered.

Behavioral Surveillance

- The new HIV/AIDS project should consider local implementation of the BSS in their provinces to allow for the collection of quantitative data by local universities and NGOs.
- Systematic collection of qualitative evaluation information and lessons learned should be used to complement the BSS survey, which may contribute to the development of better management strategies and improve program implementation.

Dissemination and Use of Findings for Decision Makers

- To ensure the "usability" of the findings by provincial and district level government and NGOs, the reports must be developed according to each audience's needs and capacity. There needs to be links between the seroprevalence and behavioral surveillance implemented at a provincial level with governmental and non-governmental involvement.

STD Management and Control

- There were problems in the quality of STD data collection and analysis and the inability to diagnose specific STDs through the syndromic approach used. The STD data management and reporting needs improving.
- The syndromic management approach worldwide has proven to be *limited* for accurate case identification and management, due to the frequent lack of STD symptoms among women and the lack of syndrome specificity. It is recommended that use of syndromic management among women cannot be expected to have a significant impact on STD prevalence, therefore, laboratory confirmatory testing should be supported among women seeking treatment for STDs.
- Adherence to universal precautions needs to be carefully monitored.
- Changing care-seeking behavior is a slow process. The majority of SWs still resort to self-treatment with antibiotics even though there was increased self-awareness of signs and symptoms of STDs.
- Anti-microbial susceptibility studies provide important information and should be periodically repeated.

In August, 1999, USAID signed a four component Strategic Objective Grant Agreement (SOAG) with GOI. One component of the SOAG is the STD/HIV/AIDS prevention services, which primarily focuses on reducing the transmission of STDs and HIV by introducing prevention interventions to promote behavior modification and increase the utilization of STD/HIV/AIDS services among high-risk individuals in Indonesia. Through a competitive bidding process, the government of Indonesia, Ministry of Health and United States Agency for International Development selected Family Health International to continue to work collaboratively with GOI on a new HIV/AIDS project called AKSI Stop AIDS (ASA) implemented under the USAID SOAG through July, 2003. The ASA project will have continuity with HAPP by maintaining linkages with the GOI, local NGOs, other international donors, including UNAIDS / WHO, STD/HIV technical and data resources for SOAG partners. There are five key results in relation to attaining the goal of the ASA program, including (1) increasing risk reduction behavior and practices among high-risk individuals, (2) strengthening the quality, accessibility, and utilization of HIV and std prevention services, (3) enhancing the capacity and quality of government of Indonesian STD/HIV surveillance systems, (4) strengthening the capacity for local organizations to plan, finance, manage, and coordinate STD/HIV responses, and (5) increasing the potential of leveraging of non-program financial resources for programmatic interventions. The lessons learned and recommendations of the HAPP will be used as a development tool for the ASA Program.

GLOSSARY OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Control and Prevention Project
APL	LIG condom manufacturer
ARC	Atma Jaya Research Center
ASA	Aksi Stop AIDS - new MOH-FHI HIV/AIDS Prevention Program
Atma Jaya	Atma Jaya University
AusAID	Australian Agency for International Development
Bandungwangi	self-organized network of sex workers, non-profit family health care established by YKB
BCC	Behavior Change Communication
BMS	Bangun Mitra Sejati
BSS	Behavior Surveillance Survey
CCCM	Consortium of Concerned Condom Manufacturers
CD	Country Director
CDC	Center for Disease Control (Atlanta)
CEDPA	Centre for Development and Population Activities
chi2	Chi-Square Statistical Analysis
CHR -UI	Center for Health Research , University of Indonesia
CHR-UI	Center for Health Research - University of Indonesia
COTR	Contract Office Technical Representative (Country Director)
CPO	Contract Performance Objective
CSDS	Center for Societal Development Studies of Atma Jaya Catholic University, Jakarta
CSE	Commercial Sex Establishment
CSM	Condom Social Marketing
DepKes	Government of Indonesia, Ministry of Health . . .
DepKes PPM	Government of Indonesia, Ministry of Health . . .
df	Degrees of freedom for statistical test
DKI	Daerah Khusus Ibu Kota (Capital City Administrative District of Jakarta)
DKT	Indonesia is part of DKT International
EOP	End of Project
FCO	Final Cost Objective
FHI	Family Health International
FSW	Female Sex Worker
FUTURES	The Futures Group International (TFGI)
GOI	Government of Indonesia
HAPP	HIV/AIDS Prevention Project
HCP	Health Care Provider
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
IA	Implementing Agency
IAKMI	Ikatan Ahli Kesehatan Masyarakat Indonesia - Association of Public Health Experts
IDF	Institutional Development Framework
IDI	Ikatan Dokter Indonesia
IDU	Injecting Drug User
IEC	Information, Education and Communication
IP	Infection Prevention
IPOOS	Ikatan Persaudaraan Orang-Orang Sehati, A Jakarta Gay Organization
IPPA	Indonesia Planned Parenthood Association

Jabotabek	Greater Jakarta (Jakarta, Bogor, Tangerang, Bekasi)
JEN	Jaringan Epidemiology Nasional (Indonesian Epidemiology Network)
Kanwil	Provincial Office of a Government Ministry
kelurahan	urban village or neighborhood
KPA	Komisi Penanggulangan AIDS (National AIDS Commission)
KPAD	Komisi Penanggulangan AIDS Daerah (Provincial AIDS Commission)
krismon	Crisis monetary or economic crisis
Lentera	STD/ AIDS Prevention Project
LITBANGKES	Health Research and Development Office, Government of Indonesia, Ministry of Health
LOI	Letter of Intent
lokalisasi	brothel area
MOH	Ministry of Health
MSI	Management Systems International
MSM	Men who have sex with men
MTX	Accounting software for office use
NAMRU	Navy Medical Research Unit (US)
NAZA	Narcotics, Alcohol and Addictive Substances
NGO	Non-Government Organization
OCA	Organizational Capacity Assessment
OR	Outreach
OW	Outreach Worker
P2M & PLP	Pemberantasan Penyakit Menular (Communicable Disease Control and Environmental Health, Ministry of Health, Republic of Indonesia (RI)
PACT	Private Agencies Collaborating Together
PASA	Participating Agencies Service Agreement
PCI	Project Concern International
PE	Peer Educator
PI	Performance Indicator
PI 6	Performance Indicator referring to correct diagnosis and treatment of STD patients
PI 7	Performance Indicator referring to giving advise on partner notification and condom use to STD patients
PIL	Project Implementation Plan
PKBI	Lentera-Sahaja (Indonesian Planned Parenthood Subgroup)MUI Indonesian Council of Islamic Religious Leaders (Majelis Ulama Indonesia)
PKBI	East Java branch of Perkumpulan Keluarga Berencana Indonesia
PKM	Pusat Kesehatan Masyarakat (Center for Public Health Education)
PKPM	Atma Jaya
PSA	Public Service Advertising
Puskesmas	Primary health center
p-value	Indicator of significance for statistical tests
PVO	Private Volunteer Organization
RAR	Rapid Assessment and Response
RI	Republic of Indonesia
ROC	Repeated Outreach Contacts
RRF	Rapid Response Funds
RSCM	Cipto Mangunkusumo Hospital
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SW	Sex Worker
TA	Technical Assistance
TFGI	The Futures Group
TKBM	Tenaga Kerja Bongkar Muat (harbor labor)
toko obat	small drug shops
TOR	Terms of Reference

TOT	Training of Trainers
UP	Universal Precautions
USAID	United States Agency for International Development
waria	Wanita Pria (transvestite or transsexual)
warungs	small shops or food stalls on street
WHO	World Health Organization
wisma	brothels
YAA	Yayasan Abdi Asih
YBHK	Yayasan Bahagia Harapan Kita
YIK	Yayasan Investasi Kemanusiaan
YKB	YKB
YMM	Yayasan Mitra Masyarakat
YPROS	Yayasan Prospectiv
YYPKA	Ypeka Yayasan Pelita Kasih Abadi

THE FUTURES GROUP INTERNATIONAL

Condom promotion social marketing program was first introduced by The Futures Group International through the USAID funded SOMARC (Social Marketing for Change) project in 1992 in Surabaya. The pilot project then became an important component in the three HAPP demonstration sites, including Jakarta, Surabaya and Manado/Bitung. The objective of the survey was to track changes in stocking, brand availability, and sales of condoms in the condom outlets within the HAPP intervention areas.

More specifically, the objectives included an analysis of :

- Extent of condom availability in the outlets,
- Brands stocked,
- Most "saleable" brand, i.e., the best seller,
- Sources of supply of condoms to the outlets,
- Trend of condom brands

Condom distribution at retail outlets in the vicinity of the red light districts have increased penetration levels in the past 4 years, 1997-2000, as follows:

- In Jakarta from 36% to 59%
- In Surabaya from 37% to 83%
- In Manado (first surveyed in 1998) from 12% to 53%

Historically, condom distribution was more limited to the traditional outlets (pharmacies and drug stores), in more recent years condoms became available at kiosks, small shops (warungs) and in bar/disco/wisma. This is attributed to the allocation of special salesmen, the establishment of a Task Force, and encouragement to smaller outlets not conventionally covered by the wholesalers. The success of the Task Force is particularly apparent in Manado, which in 1998 only saw condom distribution in the pharmacies and drug stores.

Brand availability has changed in the past 4 years. Young-Young and Dua Lima used to be the best distributed brands, however, market volumes of these brands has diminished in recent years. Sutra and Durex are now the most widely distributed brands. The distribution data correspond well with sales data tracked through the Retail Audit data and with reported ex-factory sales.

Retailers disclosed that the best selling brand was Sutra, followed by Durex. In terms of distribution at small retail outlets and the best selling brands, the market is dominated by three brands: Sutra, Durex, and Simplex. Each having around 77%, 55%, and 29% penetration levels. Other brands are available only in less than 10% of the outlets. Sutra is stronger in all outlet types: the shop/warung, kiosk, pharmacy, bar/disco. Durex is stronger in the bar/dico, and Simplex in the pharmacy.

In Jakarta and Surabaya, we have been noticing the availability of the unbranded condom, the pink colored single sachet, that is supposed to be given away for free by the CDC Health Ministry and/or the Family Planning Board. They are available in 4% to 7% of the outlets surveyed, and selling at around Rp. 500 per piece.

The most popular pack size is the pack of 3's. However, most outlets sell the pack of 12s that they can also tear apart and sell in single units if the customer so desires. The retail outlets obtain their stock and replenishment from two sources: the Salesmen and the Wholesaler. In Surabaya, where the

commercial sex establishments are clustered, the role of the salesman is much more important than in other cities 84% of the outlets are serviced by salesmen. Salesmen from Sutra and Durex are reported to be the most active in canvassing. The average retail price varies broadly from one outlet type to another. Sutra and Artika are the lowest priced, selling at Rp. 500 - Rp. 1,200 per piece, while Durex is the highest priced selling, between Rp. 2,250 to Rp. 4,800 per piece. Outlets that do not sell condoms think that the profit is too small and the demand is too low.

YEAR 2000 SURVEY

A total of 475 condom outlets were surveyed in 2000, including :

- 200 selected outlets in Jakarta are spread out 67 in Kramat Tunggak 96 in Mangga Besar, 23 in Rawa Bebek, and 14 in Bandengan
- 150 selected outlets in Surabaya comprised are 81 in Dolly/Jarak, 20 in Bangun Rejo, 20 in Moro Seneng, 13 in Tanjung Perak and 16 in Darmo Park.
- 125 in Manado are spread out 7 in Tuminting, 12 in Paal 2, 13 in Malalayang, 2 in Ternate Baru, 14 in Stadion Klabat, 21 in Taman Kesatuan Bangsa, 37 in Boulevard/Sam Ratulangi. Additionally, we added 9 outlets in Bitung's Plaza/Pelabuhan, and 10 in Taman Parkir.

TREND DATA 1996 - 2000

Condom Market Penetration in Jakarta Red Light Areas

- An important development took place at the end of 1999, the official closing of the infamous "localization" Kramat Tunggak in North Jakarta.
- Clandestine operation, particularly outside the complex, is reported to be on going, hence we cannot drop Kramat Tunggak from our sampling frame.
- The official closing has resulted in a drop in condom penetration in the area and subsequently affect the entire score for Jakarta.

Condom Market Penetration in Surabaya Red Light Areas

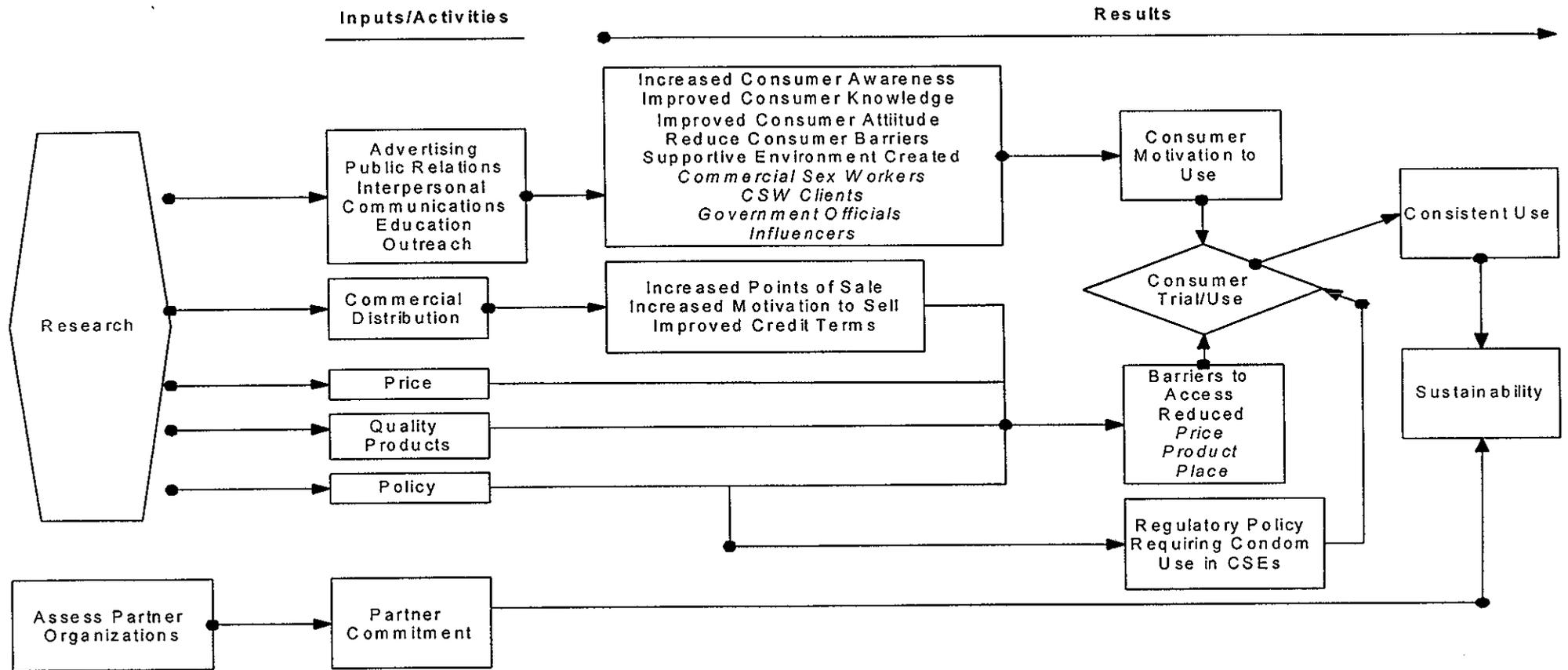
- Distribution drive in Surabaya had started earlier than in the other two cities when the USAID funded SOMARC project initiated a pilot project in 1995.
- As HAPP carried forward since 1996, the outlet penetration has continued to increase – now reaching 83% high. The red light areas in Surabaya are more clustered relative to other such areas in the two other cities.

Condom Market Penetration in Manado Red Light Areas

- The distribution drive in Manado did not start until late 1997 and no data on outlet penetration is available until then. In 1998 only 13% of the outlets surveyed carried condoms. This year it has gone up to 53%. This is an encouraging progress particularly when we look into the types of outlets, beyond the traditional type, that have been penetrated.

The Futures Group International

BEHAVIOR CHANGE MODEL FOR CONDOM USE



Updated: August 30, 2000

FHI-USAID Contract Deliverables
 Project Period: September 1, 1997 - September 30, 2000

Table 1.
 Reports and Plans

DELIVERABLE	DATE REQUIRED	DATE SUBMITTED	DATE APPROVED
A. Reports and Plans			
National AIDS Commission Report	November 30, 1997	Nov 30, 1997	NA
National AIDS Commission Report	November 30, 1998	Dec 8, 1998	NA
Training Plan	Nov. 30, 1997	Oct 23, 1997 Jan 16, 1998	Jan. 1998
Data Collection Report	1). Nov. 15, 1997 2). Nov. 15, 1998 3) Nov. 15, 1999	Nov 14, 1998 Nov 23, 1998 Nov 12, 1999	NA
Procurement Plan	Within 90 days or Nov. 30, 1997	Dec. 1, 1996 Jan. 16, 1997	Jan. 1998
HAPP Annual Workplan	Within 90 days or Nov. 30, 1997 Within 90 days or Nov. 30, 1998	Oct. 23, 1997 Sep 23, 1998	May 28, 1998 Oct 28, 1998
Annual Contract Performance Plan	Within 90 days or Nov. 30, 1997	Oct 23, 1997 Nov 14, 1998 Nov 14, 1999	May 28, 1998
Performance Monitoring Report	Feb. 1, 1998 May 1, 1998 Aug. 1, 1998 Nov. 1, 1998 Feb. 1, 1999 May 3, 1999 Aug 1, 1999 Nov ,1 1999 Feb 1, 2000 May 1, 2000 July 31, 2000	Feb. 6, 1998 Jun, 1, 1998 July 31, 1998 Nov. 1, 1998 Feb 1, 1999 May 3, 1999 Jul 31, 1999 Oct 29, 1999 Jan. 30, 2000 Apr. 28, 2000 August 3, 2000	No approval required
Financial Report	Feb. 1, 1998 May 1, 1998 Aug. 1, 1998 Nov. 1, 1998 Feb 1, 1999 May 3, 1999 Aug 1, 1999 Nov 1, 1999 Feb 1, 2000 May 1, 2000 July 31, 2000	Feb. 6, 1998 Jun, 1, 1998 July 31, 1998 Nov. 1, 1998 Feb 1, 1999 May 3, 1999 Jul 31, 1999 Oct 29, 1999 Jan. 30, 2000 Apr. 29, 2000 Aug. 3, 2000	No approval required

Management Plan	Within 45 days of contract start, October 15, 1997	Oct. 15, 1997 Jan.16, 1998	Jan. 1998
Contractor Evaluation Plan	90 days prior to 1 st anniversary of contract, May 31, 1998	June 1, 1998	June 1998
Contract Performance Monitoring System	Nov. 30, 1997	Dec. 3, 1997	Dec. 1997
Annual Data Report Self Assessment Report	Nov. 15, 1998 Nov. 15, 1999	Nov.23, 1998 Dec. 16, 1998 Dec 1, 1999	
Budget Plan for Transition Period : May - Sep 2000	5 May 1999		
HAPP Completion Report	30 September 2000	29 September 2000	15 Feb. 2001

Table 2.
Other HAPP Program Deliverables

DELIVERABLES	STATUS
1. National Conference	
Organize six annual national meetings	1. NGO conference convened by KPA 2. Min. of Education World AIDS Days 1997 3. 3 KPAD World AIDS Day
Seven policy study tours for 20 policy makers	1997: N. Sulawesi, December 12, 1997 - 12 people 1998: E. Java, Dec 15-19 1997 - 11 people. 1999: Jakarta, Nov 1998 - 10 people Jakarta, domestic 10-13 Feb 1999 -12 people Man-Sby, 20-28 Feb 1999 - 21 people 2000: Surabaya domestic, 28 Jun-3 Jul 99 - 15 people Man-Sby, 1-9 Aug 1999 - 24 people Women's Tour 1999, Feb 2000 Manado KPAD domestic study tour to Batam & Jakarta, 4 - 9 June 2000 - 9 people Surabaya, domestic study tour to Medan, 24-28 April, 2000 - 11 people, and Bali, 23 - 27 July, 2000 - 16 people. Jakarta domestic study tour to Samarinda - 7 people, & Makassar - 8 people

IDU Rapid Assessment Program

Family Health International

Date: 20 December 1999

FHI required the services of the three staff to implement the Rapid Assessment Program in Jakarta, Surabaya, Manado and Yogyakarta over a three month period from mid January - April 2000. The following are the requirements related to each of the consultants that implemented the Rapid Assessment Program :

Social Science Field staff

Required Criteria:

- Minimum S1 in sociology or anthropology
- Currently affiliated with a university in the selected cities
- Extensive experience conducting qualitative research, preferably focusing on health issues
- Familiarity with principles of quantitative research
- Ability to work on an interdisciplinary team
- Ability to work collaboratively without extensive supervision
- Working knowledge of HIV/AIDS/STDs and related issues
- Ability to conduct preliminary analysis of data
- Ability to prepare high quality written reports (in Indonesian) in accordance with strict deadlines

Desirable:

- Working knowledge of drug-related issues
- Ability to understand and speak English

Tasks:

1. Attend a five day training course on field methods and IDU study protocol in Jakarta
2. Identify key contact people in the field (government, non-government, community) and identify respondents with their assistance
3. Conduct interviews and group discussions using approved instruments
4. Write up notes of interviews and discussions following agreed-upon formats and procedures
5. Meet with other city team members according to agreed schedule
6. Prepare reports for the Atma Jaya coordinating team following an approved format.

GOI Field staff

Required Criteria:

- Minimum S1 in social sciences
- Currently or previously working in close coordination with government in the selected cities
- Demonstrated understanding of qualitative research principles and methodologies
- Ability to work on an interdisciplinary team
- Ability to work collaboratively without extensive supervision
- Demonstrated commitment to HIV/AIDS/STD programs/policies and other related issues

Desirable:

- Working knowledge of drug-related issues
- Ability to understand and speak English

Tasks:

1. Attend a five day training course on field methods and IDU study protocol in Jakarta
2. Identify key contact people in the field (government, non-government, community) and identify respondents with their assistance
3. Conduct interviews and group discussions using approved instruments
4. Write up notes of interviews and discussions following agreed formats and procedures
5. Meet with other city team members according to agreed schedule
6. Prepare reports for the Atma Jaya coordinating team following an approved format

NGO Field staff

Required Criteria:

- Outreach experience, knowledge about drug-related issues if not experience
- Experience of preparing written field reports
- Currently or previously working in close coordination with NGO in the selected cities
- Ability to work on an interdisciplinary team
- Ability to work collaboratively without extensive supervision
- Demonstrated commitment to HIV/AIDS/STD programs/policies and other related issues

Tasks:

1. Attend a five day training course on field methods and IDU study protocol in Jakarta
2. Identify key contact people in the field (non-government, community) and identify respondents with their assistance
3. Conduct interviews and group discussions using approved instruments
4. Write up notes of interviews and discussions following agreed formats and procedures
5. Meet with other city team members according to agreed schedule
6. Prepare reports for the Atma Jaya coordinating team following an approved format

RAPID SITUATION ASSESSMENT: INJECTING DRUG USE IN JAKARTA, SURABAYA AND MANADO

FAMILY HEALTH INTERNATIONAL

July 1 - September 30, 1999

1.0 INTRODUCTION

Substance abuse, which includes smoking, drug abuse and alcohol, is becoming one of the main concerns in our society, especially in Jakarta. There, as in other big cities in Indonesia, the problem seems to be increasing rapidly, not only in terms of the number of cases but also in terms of the damage it causes. This sort of abuse has far-reaching impacts, such as increased health costs, lowered productivity of the addicted individual, higher crime rates and premature deaths. An additional problem is the increased risk factor for HIV/AIDS and hepatitis virus transmission. All these problems demand serious and appropriate approaches by all related parties, whether government, private or social institutions, or even individuals (family, other concerned people, etc).

Family Health International (FHI), through its HIV/AIDS Prevention Project (HAPP) with funds from USAID, and in cooperation with the Ministry of Health's Directorate General of Communicable Disease Control (P2M) and Environmental Health (PLP), saw the need for a rapid situation assessment in Jakarta, Surabaya and Manado (current HAPP demonstration sites) dealing with matters of substance abuse, especially injecting drug use, which are related to HIV/AIDS and hepatitis transmission. Therefore, this assessment focuses on the substance abuse situation viewed from the institution's angle.

Aims of the survey:

- To assess the role of the institution concerned with substance disorder
- To know more about the institution's program
- To assess the nature of and problems concerning substance abuse
- To know more about the characteristics of substance user behavior with a focus on the risks of HIV and hepatitis transmission
- To make recommendations for future programs and research concerning drug use and HIV and hepatitis transmission.

2.0 PROFILE OF INSTITUTIONS

2.1 *Type of institutions participating in the situation assessment:*

Government: RSKO, BAKOLAK, INPRES VI/71, Pamardisiwi, RSJ Manado, RSUP Manado, Polda Sulut, Bappenkar Jatim, RSUD Soetomo, RSJ Menur (9)

Non-government: Taubatannasuha, Bersama, Yayasan Mitra Masyarakat Manado, Kedhaton Parahita Jakarta, Gerbang Aksa Jakarta, Yayasan Arek Lintang Surabaya, Yayasan Abdi Asih Surabaya, Klinik Dharma Mulya Surabaya, Inabah VII Suryalaya, Yayasan Titian Respati (10).

2.2 Types of services

Detoxification: RSKO, RSJ Manado, RSUP Manado, Bappenkar Jatim, RSUD Soetomo, RSJ Menur, Klinik Dharma Mulya (7)

Rehabilitation: Pamardisiwi, Taubatannasuha, Inabah VII Suryalaya, Titihan Respati, Kedhaton Parahita (5)

Detoxification + Rehabilitation: Gerbang Aksa (1)

"Think tank" on strategies for substance abuse related problems: Bakolak Inpres VI/71, Bersama, Polda, RSKO (4)

Social empowerment: Yayasan Mitra Masyarakat, Yayasan Arek Lintang, Yayasan Abdi Asih, Bersama (3)

2.3 Staff Profile

Governmental organization dealing with medical matters and related professionals (psychiatrists, general practitioners, psychologists, social workers, nurses): RSKO, RSJ Manado, RSUP Manado, Bappenkar, RSUP Soetomo, RSJ Menur.

Governmental organization consisting of TNI/Polri (Indonesian Armed Forces/Police) staff: Bakolak Inpres 6/71, Pamardisiwi

Non-governmental organization dealing with medical matters and related professionals (psychiatrists, general practitioners, psychologists, social workers, nurses): Kedhaton Parahita, Klinik Dharma Mulya

Non-governmental organization using religious approaches, whether or not the staff are certified counselors (such as Kyai, pastors, priests, nuns) Taubatannasuha, Inabah VII Suryalayua, Gerbang Aksa

Most of the volunteers are from these NGOs: Yayasan Mitra Masyarakat, Yayasan Arek Lintang, Yayasan Abdi Asih Bersama, Titihan Respati

2.4 Programs

RSKO, RSJ Manado, RSJ Menur: Detoxification, Psychotherapy, Relaxation & Music Therapy, Psycho-social Evaluation

RSUP Manado, Bappenkar Jatim, RSUD Soetomo, Klinik Dharma Mulya: Detoxification, Psychotherapy, Psychological Evaluation

Pamardiswi: teaching disciplined behavior in everyday life through rehabilitation for 6 months, counseling, vocational therapy, psychological evaluation

Taubatannasuha, Inabah VII Suryalaya: Medical evaluation (if needed), daily spiritual activities such as: zikir, sholat, religious studies, night cleansing (especially Inabah).

Kedhaton Parahita, Gerbang Aksa: Detoxification, Spiritual rehabilitation, Art and Music Therapy, Sport, Psychotherapy

Yayasan Mitra Masyarakat, Yayasan Arek Lintang, Yayasan Abdi Asih: Safe sex training, education on children's rights, training of trainers.

All together: building a communication forum between NGOs who are concerned with matters of substance abuse and juvenile delinquency, either through seminars or training of trainers.

2.5 Vision and Mission

Those whose vision and mission focuses on substance abuse: RSKO, Pamardisiwi, Gerbang Aksa, Kedhaton parahita, Taubatannasuha, Inabah VII Suryalaya, Bappendkar Jatim, Bersama

Those with a general vision and mission concerning mental health: RSJ Manado, RSJ Menur, Klinik Dharma Mulya, RSUP Manado (Psychiatry unit) RSUD Dr. Soetomo (Psychiatry unit)

Those whose vision and mission is to increase the public's knowledge and awareness of matters concerning law and health: Yayasan Mitra Masyarakat, Yayasan Arek Lintang, Yayasan Abdi Asih.

2.6 Action needed from institutions concerned with HIV/AIDS

A review of the entire assessment gave the impression that the actual awareness of these institutions of drug addicts as a potential source for the spread of the HIV and hepatitis viruses, varied widely: starting from those who consider it a small matter, to those who overreact by rejecting all HIV/AIDS victims under treatment. The conclusion we can draw from this is that in general, the virus issue IS NOT YET A CENTRAL ISSUE of treatment programs, rehabilitation or even strategic plans related to drug abuse.

Stated below are permitted actions, i.e. those that have been or are being taken by the related institutions to anticipate the HIV/AIDS problem:

Blood testing, as a condition of entry to rehabilitation (this action is not to reject the patient but is merely a precaution), pre and post test counseling: Khedaton Parahita, Titihan Respati.

Methodology used	Organization/Person Involved
1. Stratified random sampling	Sites: Jakarta: RSKO, Bersama, Bakolak Inpres VI/71, Taubatannsuha, Gerbang Aksa, Kedhaton Parahita, Pamardisiwi, Inabah VII Suryalaya, Titian Respati (9). Surabaya: RSUD Dr. Soetomo (Psychiatry), Pavilion Bappenkar East Java, RSJ Manur, Clinic Dharma Mulya, Yayasan Arek Lintang, Yayasan Abdi Asih (6) Manado: RSJ Manado, RSUP Malalyang (Psychiatry), North Police Regional, Yayasan Mitra Masyarakat (4)
Data Collection: Inventory Interview Focus group discussion	Staff of organization above Clients: Jakarta: Surabaya: 3 Manado: 21
Data analysis: Percentage Content analysis	Isrizal Riza S. Pramudyo Darno

Blood testing as one of the conditions of entry to rehabilitation (if the result is positive the patient cannot be accepted in rehabilitation but is recommended for purely medical treatment): Gerbang Aksa

Pre and post test counseling for medical patients with indications: RSKO, RSUP Manado, RSJ Manado, RSUD Dr. Soetomo, RSJ Menur, Dharma Mulya Clinic, Bappenkar Jatim.

Blood testing, if there is an aid program: Pamardisiwi

There is no action regarding HIV/AIDS or hepatitis yet: Taubatannsuha, Inabah VII Suryalaya.

3.0 PROFILE OF CLIENTS

Source.

Institutions : RSKO, RSJ Manado, RSUP Malalyang, RSUD Dr. Soetomo Surabaya, Pav. Bappenkar Surabaya

Clients: RSKP, Pamardisiwi, Mitra Masyarakat Foundation, Abdi Asih Foundation.

3.1 Most popular kinds of drugs used recently:

Sites	TYPE OF DRUG			
	1 st	2 nd	3 rd	4 th
JAKARTA	Heroin (Putau)	Metamphetamine (Shabu)	Ecstasy	Cannabis
MANADO	Alcohol	Benzodiazepin, Cannabis	Ecstasy Shabu	Heroin (Putau)
SURABAYA	Shabu Ecstasy	Heroin (Putau)	Benzodiazepin Cannabis	Alcohol

Table 3.1

3.2 Drug taking behavior:

Sites	DRUG-TAKING METHOD		
	1 st	2 nd	3 rd
JAKARTA	IDU	Oral	Inhalant
MANADO	Oral	Oral	IDU
SURABAYA	Oral	Inhalant	IDU

3.3 Drug-taking history (this data is obtained mostly by interview, focus group discussion and client questionnaires):

In most cases, they have been using drugs since junior high school. They typically begin with "low" risk drugs (in their perception, these are Benzodiazepine, Alcohol and Cannabis). Those who take heroin mostly begin taking it orally (by drag) and later, if they become hard core addicts, they change their drug-taking behavior, becoming IDUs because this is the fastest way to get "high" and is more economical.

For Jakarta: Shabu and Cannabis are used if heroin is difficult to get on the market, or if the user wants to overcome the withdrawal syndrome caused by heroin and is reluctant to seek medical treatment.

For Manado and North Sulawesi in general: alcohol is still the most widespread (according to the Central Bureau of Statistics, this region is the highest for alcohol consumption) and the type of alcohol consumed is the traditional distilled liquor known by the Tikus brand (it costs only a few hundred rupiah and the alcohol content can be as high as 40%). IDU cases are still rare (found mainly in private psychiatric practices) and are usually Manado youths who have lived in Jakarta or have been to Jakarta and started to use heroin there. Besides alcohol, other substances frequently used in Manado are drugs such as Benzodiazepine, major tranquilizers, and even anti-Parkinsons drugs (mixed together or even drunk with alcohol).

For Surabaya and East Java in general; according to some users, Surabaya youths prefer to use Shabu to Heroin because it is not so addictive. According to a psychiatrist, Shabu is preferred because it can increase sexual desire and ability. However, no information is available on user community with IDU model, because could not succeed in interviewing any medical patients of heroin (the patients were not willing). However, heroin is consumed not only by school and university students but also by street children (especially girls) and a number of sex workers.

4.0 STRATEGY FOR THE FUTURE (from questions on expectations for the future):

Youth (obtained from the clients mentioned above):

- Dissemination of knowledge about substance-related disorders, in more depth
- More widespread dissemination of knowledge about HIV/AIDS and hepatitis transmission.
- Screening through blood testing to discover, as early as possible, the possibility of HIV and hepatitis transmission.

Institutions (conclusions obtained from the staff of the institutions)

- Dissemination of knowledge about substance-related disorders for professionals and others.
- Procurement of laboratory facilities for drug use screening and HIV/AIDS/Hepatitis detection and testing in every region/location, to ensure easy access.
- To improve the awareness and consistency of action of law enforcement agencies in enforcing the law with regard to drug supply.
- To have a clear government policy on drug supply, imposed in a distinct and rigorous manner
- To establish clear coordination in the handling of the problem.

5.0 CONCLUSION:

5.1 Challenges reported by Government Institutions:

The interest and dedication of many staff is limited to routine engagement

- Finding funds for programs/overheads is very difficult. There are even instances of routine funding being cut completely since 1997, whereas the NAZA problem is increasing.
- Uneven knowledge among the staff regarding the substance abuse issue.

5.2 Challenges reported by Non-Government Institutions:

- Lack of facilities for screening and testing for drug use and the HIV/AIDS and hepatitis virus.
- Lack of a systematic and progressive client recording system. The institutions are, for the time being, concerned with treatment and rehabilitation services. There is no regular record-keeping yet
- Limited knowledge of Substance Abuse and HIV/AIDS issues among health personnel
- Lack of awareness of the need for cooperation in handling the matter, which is reflected, for instance, in slow and uneven dissemination of information. In some institutions give an impression of concern if their services are to be assessed.

5.3 Recommendations for National Level:

- To strengthen the political will of the government in handling substance-related disorders through appropriate and detailed implementing provisions and regulations for law enforcers, users and suppliers.
- A consistent and integrated approach among related sectors in implementing policy, provisions and regulations
- To strengthen inter-sectoral coordination and cooperation
- To make an assessment of the regional situation on the issue of substance abuse, especially with IDU, to obtain similar perceptions among sectors and donors.
- To provide laboratory facilities and overheads for screening and testing for substances used, HIV/AIDS and hepatitis.

- To conduct communication, information and education on the issue of substance-related disorders for all related parties, from professionals to the general public
- To establish a monitoring and evaluation center to decide standards for the assessment, recording and reporting of substance-related disorders.

5.4 Recommendations for Institutional Level:

- To optimize the capability and efficient use of human resources through education for sustainability and the right and broad of task placement.
- Periodic and broad dissemination of institutions' program information to reach every layer of society
- To improve awareness of the need for broad cooperation among all related parties
- To progressively expand research and development programs on substance-related disorders.

Jakarta, end of September 1999

Isrizal
Riza Saravita Pramudyo
Consultants, Family Health International

SUMMARY OF RAR FINDINGS

JAKARTA

CHARACTERISTICS OF DRUG USERS

Sex

The majority of informants for this assessment were male (88.29). It is interesting that while 11.9% of female users were encountered on the street, only 8.16% were found in detox and caring institutions.

Age

The majority of informants were below 24 years old (68%). Of the total number of informants, 50% were aged 20-24 years old. Both street- and institutional-based recruits show a similar percentage. It is worth noting, however, that at least one fifth were under 19 years old and that the assessment also found children under 12 years old, both institutionalized and on the street.

Education

College students are over-represented in Jakarta (approx. 40%), followed by Senior Secondary School Students (approx. 35%), and Junior Secondary School students (approx. 13%).

Marital status

The majority of informants were single/unmarried (91%).

Source of income

Over 50% of the street-based informants were dependents, receiving income from their parents. Over 80% of informants from institutions were dependents. Over 36% of our informants on the street were able to fulfill their own needs. Most female informants acknowledged that their income came from parents as well as partners. Some of them were involved in commercial sex. A small number of informants (approx. 4%) earned their income from selling drugs.

Sexual activity

Most informants who were institutionalized (80%) admitted that they have had sexual intercourse. At least 20% of the street based informants have similar experience. As far as IDUs are concerned, most institutionalized informants had their sexual intercourse with a stable partner (over 51%), while only 37% of street based informants did. Incidence of having commercial sex or unstable partner was rather high.

DRUG USE HISTORY

Age of onset and drugs of use

Over 55% of the informants used drugs before the age of 15 years old. Thirty percent of them used drugs before the age of 13. The majority, however, used drugs from 12-15 years old (over 60%).

Alcohol and Cannabis were the drugs of use before moving on to amphetamine (MDMA and shabu) or even putaw (heroin). Over 62% use more than one kind of drug and over 30% use more than 4 kinds of drug (putaw, shabu, ecstasy, cannabis, alcohol). Those who adhere to the use of one drug (12%) usually use heroin (putaw). Although heroin ranks second on the street, it was the most commonly used drug by institutionalized informants.

Interviews also revealed that the most commonly mentioned reason for using shabu was for sexual vitality and to overcome the withdrawal syndrome from heroin use.

Methods of use

Over 50% of informants, both street based (48% = 95 of 206) and institutionalized (65% = 32 of 49), acknowledged injecting as the mode of drug administration. Over 90% of ID users injected putaw and irrespective of socio-economic background, sharing needles is a common practice. Half of the informants admitted that they injected at least once or more a day. Most informants shared needles with 3-4 other users, although the team found incidence of needle sharing among 8 users. Other methods of use are sniffing (using a bong for shabu), smoking (cannabis) and oral (psychotropic pills). Injecting drug users also take psychotropic pills via intravenous injection.

Period of drug use before starting to inject

A quarter of the informants acknowledged using drugs for 1-2 years prior to injecting. Most informants used drugs for over 2 years before injecting (average 3-4 years). Some people (approx. 8%) however, had used drugs for less than 1 year before injecting.

KNOWLEDGE OF HIV/AIDS TRANSMISSION

When the team asked IDU informants about their knowledge of HIV/AIDS infection and ways to prevent infection, it was found that most informants (over 75%) knew that sharing needles increases the risk of HIV/AIDS infection. They also realized that the HIV virus is transmitted through unprotected sexual intercourse. One fifth of the informants, however, did not bother to consider protecting themselves either by using condoms or reducing the number and frequency of needle sharing. In fact, only 25 - 33% of all injecting informants tried to reduce injecting and needle sharing. Many of our informants (over 70%) believed that there was only a very slim possibility of them being infected with HIV.

Needle Cleaning

Most IDUs clean their needles with AQUA water (Inst: 84%; SB: 66.3%). Only a very small number of informants sanitized their needles by way of boiling water and alcohol.

CAPACITY TO RESPOND

OD cases

The team found that in 1998 there were only 62 overdose cases that were sent to hospitals. The number has increased to 203 (almost 400%) in 1999 which consists of 166 cases of opiate overdose (putaw) and 37 of amphetamine. Eleven of them died at RSCM.

Drug availability

Drugs are easily available in all parts of the metropolitan area of Jakarta and the adjacent cities of Bogor, Tangerang and Bekasi. In some instances, members of the law enforcement agencies were involved as protectors and dealers.

Detox facilities

Over 80% of the street-based informants have never used medical or professional facilities to help them cope with their problems. Some 40% of the informants did not think that they needed any kind of help. Many of them reasoned that they were not seeking help to keep their parents out of their problems. In Jakarta, there are only very few recognized detox centers - at least 2 government hospitals, a number of private hospitals, and more than 10 facilities established by religious groups, private and community organizations.

Existing perceptions of Harm Reduction

The concept of harm reduction, despite being a common practice in the medical profession, was not generally understood by many related professions. Needle exchange programs were viewed with varying degrees of enthusiasm by different groups of people. The medical profession and the police were not enthusiastic about the idea of harm reduction, specifically needle exchange and maintenance programs. The doctors said that such programs could not motivate users to change and the police felt that we were not ready! NGO activists were very enthusiastic about a needle exchange and maintenance program due to its problem focused nature and the magnitude of the problem.

Role of family and religion

The role of family and religion were stressed by informants. Better communication and care as well as religious education were some of the most frequently mentioned suggestions.

Policy Reform

Most informants agree that there is a need for policy reform in Indonesia. The law should have more specific provisions which will enable law enforcers to enforce the law assertively and effectively. On the other hands, informants would also like to see the law motivate drug users to seek help immediately and not to hide their problems as a result of the criminalization approach being applied to all users.

SURABAYA

SITUATION

From recent medical records from 7 hospitals, the team found 85 IDUs which comprised 25% to 71% of patients admitted to the hospital due to drug problems.

A total of 81 IDUs were interviewed for the present assessment.

Accessibility of drugs

Drugs are easy to obtain in Surabaya. They come in many different forms at a range of prices. The quality of the drugs is uncertain.

CHARACTERISTICS OF DRUG USERS

Predominantly males (74 = 89%) - females (9 = 11%).

Mostly dependent on parents (67%)

Young (37% aged 19 - 23 years old) - High School/College students accounted for 59%; of these, 36% were college students.

IDUs from the gay, street children, and business communities were represented.

DRUG USE PATTERNS

Mostly used different types of drugs (polydrug use).

Main injected drug is putaw, but could be anything to overcome craving.

Sharing needles is quite common (2-8 partners).

Most users had used different drugs before injecting putaw.

Bleaching was unknown. Aqua, alcohol, or ordinary water are used for needle cleaning.

OTHER RISKY BEHAVIOR

The majority of informants have had sexual intercourse (76%).
Over half of them had multiple sexual partners (54%).
When experiencing withdrawal, they would use anything to inject.

CAPACITY TO RESPOND TO THE PROBLEMS

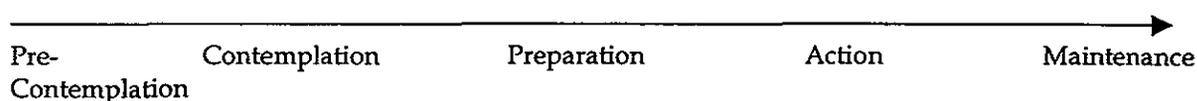
The community usually has a very negative perception of drug users.

A total of 9 (private) and 2 public hospitals admitted drug-using patients for detoxification and complications. Three rehabilitation centers have been established in the past few years by concerned citizens. A number of self-help groups were set up by parents of drug-using adolescents. The government has set up a joint team consisting of representatives from different groups of people in the community to respond to the problem. Some government institutions, especially in the education, social welfare, and health sectors, have been actively providing information to the community.

BEHAVIOR CHANGE COMMUNICATION

Over the life of the project, HAPP produced several Behavior Change Communication (BCC) materials. Some of these materials were used only as tools to help peer educators, counselors and outreach workers to communicate key messages, rather than being subjects in themselves. These BCC materials were produced in keeping with the behavior change continuum, which grew out of a number of scientific disciplines such as psychology, sociology and anthropology.

Behavior Change Continuum



BCC materials can generally be grouped into three categories based on the expected behavior change. The first category consists of BCC materials which are aimed at bringing the target group from the Pre-Contemplation to the Contemplation stage. The objective is to give true and accurate information about STD and HIV/AIDS prevention (table 1).

The second category is BCC materials which are intended to motivate the target group so that they start to become aware of the risks they face (self-assessment). At this point the target group is expected to progress from Contemplation to Preparation (table 2).

At the third stage, the aim is to bring them from Preparation to Action, while preparing for advancement to the Maintenance stage (table 3). The role of the field workers at this point is they key to the whole process, giving intensive guidance so that the target group eventually reaches the Maintenance stage.

Of the three categories of BCC materials, the first is dominant due to high demand. However, the project has made efforts to socialize the second and third categories in line with the increasingly urgent need to achieve a significant change in behavior among the target audience.

For program planners, practitioners, policy makers and academics, a number of related materials have been published for the development of HIV/AIDS prevention programs.

Several of these materials have already been widely distributed to target groups, NGOs (both those under the HAPP project and those funded by other donors), donor agencies, consultants, policy makers, practitioners, academia and even providers, who are spread throughout a number of provinces in Indonesia. In addition, some of HAPP's BCC materials have been used as examples in other countries (i.e. Vietnam, and East Timor after its separation from Indonesia). The following tables detail BCC materials developed by HAPP.

Table 1. Category I BCC Material: Pre-Contemplation to Contemplation

No	Title	Type	Target Group
1	I'm the King of the Road	Sticker	Truck drivers
2	<i>So kita ini depe Tonaas Jalang</i> (We're the Kings of the Road)	Sticker	Truck drivers - Manado
3	3 Safe Signs to Avoid AIDS	Sticker	All target groups
4	Sweet Messages to the Rhythm of Dangdut	Audio cassette	SWs, <i>waria</i> & clients
5	Always Use a Condom	Playing cards	SWs, <i>waria</i> & clients
6	Key chain for <i>waria</i>	Key chain	<i>Waria</i>
7	<i>Jengong Lepong Nek</i> , a Condom is a True Friend	Wallet for <i>waria</i>	<i>Waria</i>
8	Why Should Women Know About Reproductive Tract Infections?	Brochure	SWs
9	For Men Only: Understanding STDs	Brochure	Clients
10	The Dangers of Sexually Transmitted Diseases	Brochure	Clients
11	AIDS - HIV - STD?	Brochure	All target groups
12	17 Reasons to Use a Condom	Brochure	Clients
13	Watch Out for STDs	Booklet	SWs & clients
14	The Ins and Outs of HIV/AIDS/STDs	Booklet	All target groups
15	Pssst...! I've got an important message for you! My name is CONDOM	Brochure	All target groups
16	All About HIV & AIDS	Booklet	All target groups
17	Posters	Poster	All target groups
18	Outreach Workers	Jackets & waistcoats	<i>Waria</i>

Table 2. Category II BCC Material: Contemplation to Preparation

No	Title	Type	Target Group
1	Superwomen	Comic	SWs
2	Lisa	Comic	SWs
3	Lisa - in Manadonese	Comic	SWs - Manado
4	King of the Road	Comic	Truck drivers
5	King of the Road - in Manadonese	Comic	Truck drivers - Manado
6	Seamen - in Manadonese	Comic	Ship crews - Manado
7	Video cassette & manual	Tools for PEs or POs to explain and discuss HIV/AIDS issues with the target groups through interactive media	Youth with high-risk behavior
8	Audio cassette & manual	Tools for PEs or POs to explain and discuss HIV/AIDS issues with the target groups through interactive media	Youth with high-risk behavior

Table 3. Category III BCC Material: Preparation to Action

No	Title	Type	Target Group
1	Dildo	Condom use demonstration model	Peer Educators & Outreach Workers
2	Belly bag - English version (1 set)	Guidance and discussion tools for outreach	Peer Educators & Outreach Workers
3	Belly bag - Indonesia version (1 set)	Guidance and discussion tools for outreach	Peer Educators & Outreach Workers
4	Tear-off counseling check list	Reminders of important items for counselors and clients in STD counseling sessions	Counselors
5	HIV/AIDS, STDs and You	Flipchart	Peer Educators, Outreach Workers & Counselors
6	Detty's Story	Success Story	Peer Volunteers

Table 4. Supporting materials for policy makers, program planners & practitioners

No	Title	Type
1	Developing Effective Communication Programs	Booklet
2	Universal Precautions Training Curriculum for Primary Health Care Centers	Guideline book
3	<i>Pedoman Pelaksanaan Universal Precautions di Puskesmas</i>	Book of Guidelines
4	Universal Precaution Guidelines for Primary Health Care Centers in Indonesia	Book of Guidelines
5	<i>Penilaian Eksternal tentang HIV/AIDS, Indonesia, Nopember 1999</i>	Book
6	External HIV/AIDS Assessment, Indonesia, November, 1999	Book
7	Baseline STD/HIV Risk Behavioral Surveillance Survey 1996	Book

KOMISI PENANGGULANGAN AIDS DAERAH (KPAD)

KPAD ACTIVITIES

The following tables list activities coordinated by HAPP supported KPAD:

KPAD DKI Jakarta

Activities	Date
KPAD/DKI Jakarta Coordination Meeting	
AIDS Consultation Meeting	
KPAD/DKI Jakarta Study Tour to Thailand	
Core Team Establishment & 5 Year Planning Meeting	20 Nov-11 Dec 1998
KPAD/DKI Jakarta - World AIDS Day 98 activities	1 December 1998
KPAD/DKI Jakarta, Depag - Comm. Leader Meeting	15-16 February 1999
KPAD/DKI Jakarta Working Group Planning Meeting	
KPAD/DKI Workshop on Tourism Industry Owners	30-31 March 1999
DepHub Workshop on HIV/AIDS Prevention	7 - 9 April 1999
Workshop for Kanwil Deppen	29-30 June 1999
Meeting on Formulating the HIV/AIDS Prevention Follow Up Strategy among students	July 1999
IEC workshop on HIV/AIDS for family planning recipients	August 1999
Final Meeting on Drafting Five Year Planning	
AIDS Day '99 Talkshow	September 1999
Coordination Meeting KPAD-NGO DKI Jakarta	December 1999
	February 2000

KPAD East Java

Activities	Date
World AIDS Day 97 East Java Province	December 1997
Study Tour to Jakarta & Batam	15-19 Dec 1997
Coordination Meeting	
Workshop on Community Involvement	
KPAD Workshop: Technical working group planning	
KPAD Planning Plenary Meeting	
World AIDS Day 98	December 1998
Coordination Meeting Dati I & II	February 1998
Regency Supervision in East Java	March 1998
Preparation of HIV/AIDS Reference Book	June 1999
Workshop on Implementation of 100% Condom Use Policy	18-19 June 1999
Study Tour to Thailand	
World AIDS Day 99	August 1999
Plenary Meeting	December 1999
Supervision/Coordination KPAD East Java to Dati I-II.	24 November 2000
	16-18 May 2000

KPAD North Sulawesi

Activities	Date
World AIDS Day 97 - North Sulawesi Province	December 1997
KPAD North Sulawesi Study Tour to Surabaya & Denpasar	
KPAD North Sulawesi	
KPAD Proposal Development Workshop	October 1998
NGOs Coordination Meeting	
KPAD -NGO Coordination Meeting	
World AIDS Day 98 - North Sulawesi Province	November 1998
Mid Review-KPAD North Sulawesi Province	
Condom Use Workshop	March 1999
Tripartit Workshop Manado-Bitung	June 1999
Coordinating Meeting, KPAD-NGOs	June 1999
Workshop on Community Involvement	22 July 1999
KPAD Dati I Technical Working Group Meeting	August 1999
World Aids Day '99	August 1999
	December 1999

NOTES ON THE MEASUREMENTS

The unit of observation is a patient-provider interaction where the patient is an STD patient or a sex worker presenting for routine examination and the provider is a staff member at a hospital, clinic or private provider's office in North Jakarta, Surabaya, or Manado/Bitung. Because STD patients make up a relatively small proportion of patients in most hospitals and clinics, waiting in a hospital or clinic to observe an STD patient-provider interaction is time consuming and it would be prohibitively expensive to obtain an unbiased sample of interactions. Therefore, rather than obtaining an unbiased sample, we use a convenience sample. This sample varies from year to year. The variability in the sampling can affect the numbers reported as "overall" results for PI 6 and PI 7. For example, in 1998 the number of observations in Jakarta comprised 27.5% of the total but in 1999 observations in Jakarta comprised only 15.0% of the total. At the same time, the proportion of observations in Manado/Bitung increased from 43.7% in 1997 to 73.2% in 1999. The table below shows how the numbers of providers and numbers of interactions observed each year has varied by city.

	1996		1997		1998		1999	
	providers	inter- actions	providers	inter- actions	providers	inter- actions	Providers	Inter- actions
Jakarta	8	25	13	39	4	11	8	23
Surabaya	9	19	7	41	5	20	4	18
Manado/Bitung	12	30	12	62	21	60	23	112
TOTAL	29	74	32	142	30	91	23	112

One way to deal with variability introduced by differences in the proportion of the sample drawn by each city is to normalize when calculating the overall totals. This does not have a large effect on the overall figures in most years as can be seen in the table below. If equal weight were given to the samples from each city in 1998, for example, the overall compliance with PI 6 would be 38.2% which is not very different from the 40.6% reported using an unadjusted summary total. In 1999, however, the differences between the adjusted and unadjusted figures are larger than in other years. For example, for compliance with PI 7 in 1999, the unadjusted figure is 61.4% whereas the adjusted figure is 35.3%.

PI 6	1996	1997	1998	1999
"unweighted" (weighted by sample size)	8.1%	38.7%	40.7%	47.0%
average (equal weight given to each city)	8.6%	36.3%	38.2%	28.4%
PI 7	1996	1997	1998	1999
"unweighted" (weighted by sample size)	24.3%	23.2%	53.8%	61.4%
average (equal weight give to each city)	21.3%	19.8%	45.2%	35.3%

An argument against normalizing to give equal weight to each city sample is the fact that this does not adjust for other differences in the sample which may be even more important, such as the relative contribution to patient-provider interactions in STD clinics, private practices, or dedicated clinics that serve only sex workers.

It is important to remember that both the CPOs (3 & 5) and the PIs (6 & 7) are imperfect measures of the quality of care. The measurements described here must be considered only as rough guides to the quality of care actually being delivered to STD patients in the HAPP target areas. The reasons that the quality of care cannot be accurately measured are two-fold: (1) no perfect instrument exists or is even feasible, and (2) obtaining a truly representative sample is prohibitively expensive.

HAPP RRF Progress Report September 1997 - September 2000

No	Organization	Project Title	Objectives	Target Audience	Budget		Present Status
					Rp.	US \$	
1	YIK Jakarta	Intervention to SWs and Clients in North Jakarta 21 September 1997	To support YIK's operational expenses for one month.	SWs and Clients in North Jakarta	2,410,000	965	Project Completed. This was an unusual grant to a small NGO for operational costs for one month.
2	Perinasia Jakarta	6 th National Congress of Perinatology 22 Sept - 22 Nov 1999	To conduct two special sessions on STD and risk reduction of perinatal transmission of HIV/AIDS, which took place in Manado.	500 participants at the Congress	25,125,000	6,000	Project completed. Costs covered the transportation of Dr. Supon Koetsawang, resource person, from Thailand, and other workshop and IEC materials.
3	Youth Community of Kelapa Gading Jakarta	One day Seminar on AIDS 5 July 1998	To improve knowledge and awareness among youth in North Jakarta.	150 youth in North Jakarta	2,650,000	193	Project completed. About 1,225 people in Kelapa Gading were actively involved in the one day-seminar on HIV/AIDS
4	YMI Jakarta	Five Weekends: Counseling for HIV/AIDS 24 Oct - 21 Nov 1998	To train counselors to operate the hotline service To improve the HIV/AIDS counseling service for people in and outside Jakarta.	30 YMI volunteers	11,350,000	1,419	Project completed. From the 30 selected volunteers, 23 passed the training as hotline counselors and now operate the HIV/AIDS information and counseling hotline service.

No	Organization	Project Title	Objectives	Target Audience	Budget		Present Status
					Rp.	US \$	
5	MUI Jakarta	ASEAN Regional Workshop for Islamic Leaders 1 Nov 1998	To hold a workshop to get policy support on HIV/AIDS prevention, with matching funds from UNAIDS.	50 ASEAN Islamic Leaders	88,206,500	9,864	Project completed. The workshop was attended by 30 people from six ASEAN countries. It was a significant meeting as seen by the Declaration ratified by all participants, which is a valuable advocacy tool.
6	JEN Jakarta	Satellite Meeting Denpasar, Bali 27 - 28 Nov 1998	To review health and behavior among adolescents in Indonesia To review adolescent-related policies and programs To formulate recommendations for research and training.		53,109,700	8,310	Project completed. The budget covered the costs of participation by policy makers from the HAPP sites as well as printing costs for 1000 copies of the Epidemiology Journal, which is distributed nationwide to health providers, governmental and private health institutions, researchers, policy makers, KPA/KPAD, PVOs/IPVOs and individuals concerned with HIV/AIDS.
7	GKN-MAN Jakarta-Indonesia	1999 Candlelight in Indonesia 10 May -10 Jul 1999	To build cooperative networking among organizations (private and governmental) including NGOs and individuals, to address the challenge of AIDS in Indonesia To mobilize concern for HIV/AIDS through the Indonesia Candlelight Memorial.	130 NGOs in 69 cities	29,215,000	3,692	Project completed. 131 NGOs from 69 cities participated in the Candlelight Memorial. 155 participants and donors were each sent two packets of IEC materials.

HAPP Completion Report - Attachment

No	Organization	Project Title	Objectives	Target Audience	Budget		Present Status
					Rp.	US \$	
8	LKKNU Manado	Develop STD and HIV/AIDS prevention handbook for LKKNU field workers Mar 8 - Jun 30, 1999	To develop an HIV/AIDS prevention policy for implementation within NU To develop a handbook on STD-HIV/AIDS prevention for field workers To gain policy support from North Sulawesi NU leaders regarding the STD/HIV/AIDS prevention handbook and its implementation in the field.	LKKNU Leaders and Decision Makers LKKNU field workers Young People under LKKNU 1000 copies of Handbook	38,932,500	4,424	Project completed. The HIV/AIDS prevention policy has been legitimized and implemented within NU. 1000 handbooks on STD-HIV/AIDS prevention have been printed and distributed for field workers. Policy support has been given by the North Sulawesi NU leaders
9	YK. GMIM Manado	Pastoral counseling training on STD and HIV/AIDS Mar 8 - May 19, 1999	To develop a counseling module for GMIM (a Protestant group) To hold two counseling training workshops for 30 pastors as counselors for STD and HIV/AIDS patients, their families and the community.	30 pastors in Manado, Bitung and Tomohon	31,246,900	3,551	Project completed. 30 pastors working in Budi Mulia Bitung Hospital, Pancaran Kasih GMIM Hospital, Malalayang Hospital, Bethesda GMIM Hospital, and Gunung Muria Hospital, were trained as counselors for STD and HIV/AIDS patients, their families and the community.
10	Nahdatul Aisyiyah (NA) Manado	Develop discussion guide on reproductive health, STD and	To develop a discussion handbook for mothers and their	Girls and their mothers in NA 700 copies of discussion	19,966,000	2,269	Project completed. 700 copies of the guidebook were printed and are being socialized among girls and their mothers in NA.

No	Organization	Project Title	Objectives	Target Audience	Budget		Present Status
					Rp.	US \$	
		HIV/AIDS, family planning and gender issues. Mar 8-Jun 30, 1999	adolescent children on reproductive health, STD/HIV/AIDS, family planning and gender issues. To increase female adolescent knowledge of reproductive health, STD/HIV/AIDS, family planning and gender	guide			
11	Zero Population Growth Manado	Traditional street drama performances about STD and HIV/AIDS for truckers Mar 25 - Jun 21, 1999	To conduct an STD and HIV/AIDS prevention program (condom use and promotion of safe sex behavior) for truck drivers in Manado-Bitung through street theatre.	250 truck drivers in Manado and Bitung	21,136,750	2,402	Project completed. Memorandum of understanding with 8 transportation companies and one <i>warung</i> (traditional street shop) agreed. 5 scripts were performed 16 times with a quiz in every performance, with three questions and three prizes in each quiz to "test" the audiences' awareness of STD/HIV/-AIDS in their own community.
12	Lembaga Hidup Sehat Manado	Drama performances about HIV/AIDS prevention for seamen in PT. Perikani Mar 1 - Jun 30, 1999	To conduct an STD and HIV/AIDS prevention program (condom use and promotion of safe sex behavior) for 120 seamen in PT Perikani Bitung through information and skills dissemination through drama	120 seamen from PT Perikani in Bitung	24,482,000	2,782	Project completed. An HIV/AIDS orientation activity for the PT Perikani Management Level produced a Memorandum of Understanding with LHS. 3 drama scripts were performed 10 times for 120 seamen in PT Perikani Bitung. 10 boxes of condoms were placed in their boats.

No	Organization	Project Title	Objectives	Target Audience	Budget		Present Status
					Rp.	US \$	
			performances.				
13	Unio Karitas Manado	Develop a Discussion Guide on HIV/AIDS and Reproductive Health for Youth and their Mothers Apr 12-Jul 10, 1999	To increase mothers', girls' and boys' knowledge of reproductive health, including HIV/AIDS.	Catholic Mothers and their adolescent children 350 copies of discussion guide	33,147,000	3,767	Project completed. 350 copies of the discussion guide were printed and socialized to Catholic mothers and their adolescent children.
14	Yayasan Rosalina Manado	Peer Educator Training among <i>waria</i> in Manado and Bitung	Increase knowledge of STD-HIV/AIDS among <i>waria</i> in Manado Bitung.	<i>Waria</i> community in Manado	18,892,250	2,699	Project completed. This activity commenced but was cancelled once it was clear that the "Men" assessment was a direct duplication. The preliminary planning by the IA was nevertheless a useful contribution.
15	Latanza Surabaya	Training on STD/ HIV/AIDS for Massage Parlor Workers in the Sawahan Subdistrict of Surabaya. Mar - Jun 1999	To train 100 masseurs about STD/HIV/AIDS and condom use, and follow up with peer education activities.	Massage parlor workers in Darmo Park I and II	15,633,500	1,777	Project completed. 100 masseurs from 6 massage parlors and salons were trained through the peer educator training. 500 IEC items in the form of posters and brochures were distributed.
16	Yayasan Kemanusiaan Surabaya	Training for gay peer educators in Surabaya Mar - May 1999	To train 30 peer educators among male sex workers in the gay community on STD - HIV AIDS, condom use and safer sex.	Gay men in Surabaya	9,130,500	1,037	Project completed. 30 peer educators from the gay community were trained in 2 training sessions. Discussion meetings were conducted by peers after training as a reflection on their experiences of disseminating STD/HIV/AIDS information and distributing condoms.
17	Pandawa Lima Surabaya	Outreach to gay community and	To train 30 peer educators among	Gay community and <i>waria</i> in	20,757,000	2,359	Project completed. 100 gays and <i>waria</i> in Lido and Joyoboyo bus station

No	Organization	Project Title	Objectives	Target Audience	Budget		Present Status
					Rp.	US \$	
		<i>waria</i> 26 April - 30 June 1999	the gay community and <i>waria</i> about STD/HIV/AIDS and condom use To introduce safer sex to the gay community and <i>waria</i> in Lido and the Joyoboyo Terminal	Lido discotheque and the Joyoboyo Terminal			were given basic knowledge training. 20 peer educators were selected from the training and have been doing peer educator activities.
18	Widya Dharma Surabaya	Reproductive health education program June - August 1999	To improve knowledge and awareness about high-risk behavior through training and providing IEC materials to factory laborers.	Factory laborers in Rungkut Mananggal and Waru Gunung districts.	17,764,500	2,250	Project completed. 27 information disseminators were trained and have disseminated information to the 185 factory laborers on 5 occasions. IEC materials in the form of leaflets and posters have also been distributed.
19	Puspita Surabaya	Training Module for Employees and Managers June 1999 - April 2000	To develop a training module to decrease high-risk behavior for employees and managers in companies in Surabaya, starting with the hotel industry.	Employees and Managers in Sura-baya	8,014,500	1,028	Project completed. Training module was trialed to get input for its revision. The report is in progress.
20	Yayasan Walsama Surabaya	Peer Educator training for street children September 1999 - November 1999	To implement peer educator training and discussion forum to reach street children.	Street children	23,210,750	3,571	Project completed. Peer educator training and a discussion forum to reach street children was implemented; there were 40 participants.
21	IPOOS Jakarta	Peer Educator training for IPOOS entertainers	To provide STD/HIV/AIDS info for IPOOS entertainers and to	Night club clientele esp. gay, male SWs	23,695,500	3,116	Project completed. 20 IPOOS entertainers were trained and STD/HIV/AIDS information was disseminated.

No	Organization	Project Title	Objectives	Target Audience	Budget		Present Status
					Rp.	US \$	
		October 1999 – December 1999	develop peer educators.				
22	LPMI Jakarta	Peer educator training for North Jakarta Seamen. October 1999 – February 2000	To carry out peer educator training for seamen.	Seamen in North Jakarta	14,688,750	4,898	Project completed. 40 peer educators were trained and disseminating information to other seamen. LPMI still monitors PE activities by coordination with the Seamen's Association at regular meetings.

Notes:

Some RRFNGOs needed time extensions to complete their activities.

HAPP Contract Performance Objectives and Sub-Results
Updated 18 April 2000

CONTRACT PERFORMANCE OBJECTIVES	SUB-RESULTS	BENCHMARKS		PERFORMANCE STANDARDS				DATA SOURCES	
Result Package Indicator No: 1: Adoption of risk reduction strategies (condom use and health seeking behavior)									
No.1: Increase percentage of sex workers' (SWs) reported use of condoms to 50%				Year	Target		Actual		
					a ¹	b ²	A	b	
				1996(B)	36		36	14	
				1997	40	19	37	11	
				1998	50	25	36	10	
1999	50	35	46.4	15.6					
2000(T)	50	50	41	22					
	No.1.a. Provide at least 52,000 repeat outreach contacts ³ to SWs	1997: 8,000 1998: 20,000 1999: 12,000 2000: 12,000	1997 : 0 10/98 : 6,723 9/99 : 14,319 2000 : 10,265					BSS/UI	
	No.1.b. Provide at least 26,000 repeat outreach contacts to male clients of SWs promoting condom use	1997: 4,000 1998: 10,000 1999: 6,000 2000: 6,000	1997 : 0 10/98 : 8,071 9/99 : 14,179 2000 : 11,233					HAPP/IA	
	No.1.c 70% outlets carrying HAPP-supported commercial condom brands in HAPP demonstration areas by the EOP.	1997: 40% 1998: 60% 1999: 60% 2000: 70%	1997: 57% 1998: 46% 10/99: 63% 2000 : 65%					TFG	

¹ high-risk females

² high-risk males

³ Repeat outreach contacts are interactions with target audience members during which a relationship is established which allows for dissemination of health-related info, including info on STD/HIV-AIDS (Both individual and group contacts are included).

HAPP Completion Report - Attachment

CONTRACT PERFORMANCE OBJECTIVES	SUB-RESULTS	BENCHMARKS		PERFORMANCE STANDARDS			DATA SOURCES
	No.1.d. Sales of HAPP-supported condom brands increased to 85,000 gross in HAPP demonstration areas by the EOP.	1997: 57,000 1998: 72,000 1999: 80,000 2000: 85,000	1997: 0 1998: 46,096 1999: 50,000 2000: 57,385				TFG
	No. 1.e. Increase commercial sector condom consortium members' investment in condom promotion/marketing activities to 50% by EOP	1997: 0% 1998: 25% 1999: 45% 2000: 50%	1999: 314%				
No.2: Increase percentage of SWs who have sought medical care for last STD symptoms/diseases in the past year to 90%.				Year	Target	Actual	BSS/UI
				1996		72.9 %	
				1997	75%	73.3 %	
				1998	80%	70.2 %	
				1999	85%	63.0 %	
				2000	90%	62.0 %	
	No.2.a.: Provide STD referral information to at least 5100 SWs	1997: 300 1998: 1800 1999: 1500 2000: 1500	1997: 0 1998: 2,022 1999: 2,221 2000: 2,053				HAPP/IA
Result Package Indicator No: 2 : People at high risk diagnosed and treated in STD clinics.							
No.3: Increase the proportion of those at risk of STDs who are served at HAPP participating clinics according to standard STD diagnosis and treatment protocols to ratio of 70%				Year	Target	Actual	JEN - PI 6
				1997	25%	38 %	
				1998	40%	41 %	
				1999	55%	47 %	
				2000	70%	48%	

CONTRACT PERFORMANCE OBJECTIVES	SUB-RESULTS	BENCHMARKS		PERFORMANCE STANDARDS			DATA SOURCES				
	No.3.a.: Train health providers and equip at least 55 health facilities to provide STD services to male and female SWs	1997: 15 1998: 30 1999: 45 2000: 55	1997: 90 health care providers, 45 clinicians and lab personnel trained in 1998-2000: training covered by PIL				HAPP				
	No.3.b.: Upgrade at least 5 public hospitals, 25 primary health centers, and 25 private facilities to provides STD services	1997: (2,8,5) 1998: (3,13,15) 1999: (5, 20,20) 2000: (5,25,25)	(8, 4, 6) (2,2)				HAPP				
Result Package Indicator No: 3 : Knowledge of prevention practices											
No.4: Increase to 90% those at risk who are exposed to information, education and communication campaigns and able to correctly identify two ways to prevent HIV/AIDS				Year	Planned			Actual			BSS - SRI
					c ⁴	d ⁵	e ⁶	c	d	e	
				1996				71	76	79	
				1997	73	83	83	77	79	84	
				1998	75	85	85	82	89 ⁷	89 ⁸	
				1999	78	88	88	85.6	93.2	90.1	
2000(T)	80	90	90	83	88	n/a					
Result Package Indicator No: 4 : People receiving STD/AIDS counseling											

⁴ female SW

⁵ high-risk males

⁶ non-SW females

⁷ Based on S/SL (sailors/seaport laborers) and TD/A (Truck Drivers/Driver Assistants). If MFW (Male Factory Workers) and MST (male senior high school students) are included, percentage in 1998 is 89

⁸ Based on FFW (Female Factory Workers) and FST (Female senior high school students)

CONTRACT PERFORMANCE OBJECTIVES	SUB-RESULTS	BENCHMARKS				PERFORMANCE STANDARDS						DATA SOURCES	
		Year		Target		Actual							
No.5: Increase proportion of those at risk receiving STD/AIDS counseling to 50%						1996				24.3 %		JEN-PI 7	
						1997	15%			23.2 %			
						1998	25%			49.5 %			
						1999	40%			61.4 %			
						2000	50%			30.0 %			
Strategic Objective Indicator : STD prevalence rate													
No.6: A decrease of STD prevalence rate among SWs to 30% by September 2000						1998	30%			44.1%		JEN	
						2000	20%			39.2%			
Strategic Objective Indicator : The institutions involved in HAPP capacity building will show increments of at least one point as measured by the Institutional Development Framework (IDF) or move from below 2.5 to above 2.5 the IDF													
No 7 : 12 of 13 organizations (NGOs and KPAD) receiving capacity building support will show increment in capacity in the relevant area.	Type of Organization	Planning		Monitoring and Evaluation		Staff Development		Financial Management		Participatory Organization		Mission and Vision	
		1999	2000	1999	2000	1999	2000	1999	2000	1999	2000	1999	2000
	NGOs above 2.5 (N=9)	5	9	3	7	1	5	4	7	NA	7	NA	9
	Average increase since 1997	0.4	.90	0.4	.78	0.4	.84	0.2	.39	NA	.75	NA	.77
	KPAD above 2.5 (N=3)	2	3	NA	none	1	1	NA	1	none	2	2	2
	Average increase since 1997	0.3	.99		.83	0.6	1		1.08	0.4	.75	0.5	1.14
	HAPP	3.10	3.31	3.20	3.58	2.50	3.06	3.25	3.13	2.9	3.19	2.4	3.5
HAPP average since 1997		2.31		2.58		1.50		1.83		2.19		3.50	

Note: The four most relevant indicators are cited for each organization. The choice varied across the NGOs and KPAD.

CONTRACT PERFORMANCE OBJECTIVES	SUB-RESULTS	BENCHMARKS		PERFORMANCE STANDARDS		DATA SOURCES
	Organize six annual (in 1997, 1998, 1999) national conferences for national leaders such as World AIDS Day Workshops and Annual National AIDS Seminars in collaboration with the GOI and other donor agencies during the base period of the contract			1997: 2 1998: 3 1999: 1	1997: NGO conference convened by KPA Min. of Education World AIDS Day 1998: 3 KPAD World AIDS Day Dec.1, 1998 Meeting	HAPP
	Conduct seven policy study tours for a minimum of 70 Indonesian policy makers			1997: 2 tours for 20 people 1998: 2 tours for 20 people 1999: 3 tours for 30 people	1997: 2 tours for 23 people 1998: 1 international tour for 10 people (Thailand) 1999 1 domestic tour for 10 people. 1999: 1 International Study tour to Bangkok for 21 people Domestic study tour for 12 people Domestic study tour for 15 people International Study Tour to Bangkok for 24 people 2000 International Study tour to Nepal for 15 people	HAPP

Sub Project Highlights - NGO Activities

JARINGAN EPIDEMIOLOGY NATIONAL

JEN: FCO # 88110, # 88380, # 88300, # 88490

Project Budgets: \$41,091; \$10,528; \$26,631; \$15,795

Institutional Background

The National Epidemiology Network (Jaringan Epidemiology Nasional/JEN) is a non-profit organization, comprising a network of 18 health research units nationwide. Most of its members are affiliated with local universities. The network's mission is to improve community health status in Indonesia through activities implemented by its members. JEN conducted two assessments of STD Prevalence and four assessments of STD Case Management under the HAPP/FHI project between 1996 and 1999.

Subproject Purpose and Objectives

In order to measure the impact of HAPP activities in the three demonstration areas, it was deemed essential to assess the changes, if any, in STD prevalence and case management within the target population. The aim of these subprojects was therefore to provide data reflecting STD prevalence among selected sex workers and on the quality of STD Case management in selected health facilities in North Jakarta, Surabaya and Manado.

For the case management assessments, the methods were twofold: one, a Survey of Health Care Facilities to assess the number of STD clients served and the obstacles encountered in using the syndromic approach; and two, observation of HCPs to assess the quality of care in treating STD patients during HCP-patient contact in clinics. The target group consisted of health facilities, health care providers and STD patients.

Accomplishments and Outcomes

1st STD Prevalence Assessment and STD Case Management Assessment

A baseline assessment was made in Jakarta, Surabaya, and Manado.

2nd STD Prevalence Assessment

- The number of sex workers infected with STDs (either gonorrhoea or chlamydia or both) was much higher in Surabaya (60.5%) than in either Jakarta (40.2%) or Manado (32.8%)
- Comparison with the baseline assessment indicated that the prevalence of STDs among sex workers in Surabaya had increased by 23%, in Jakarta by 16% and in Manado by 5%.
- Although 89% percent of those with symptoms reported receiving treatment, respondents tended to treat themselves rather than seek help from health facilities.

3rd STD Case Management Assessment

- Interviews with health care providers and observations of patient-HCP interactions showed an improvement in both PI 6 and PI 7 scores. The data indicated, however, that improvements were still needed both in the quality of interviewing and genital examinations, and in compliance with MOH standard treatment practice.

4th STD Case Management Assessment

- Interviews with health care providers and observations of HCPs continued to show an improvement in the quality of STD Case Management overall, with the PI 6 score rising from

8.1% in the first assessment to 47.1% by the fourth. The individual scores for Jakarta and Surabaya, however, declined. While more than 90% of patients were interviewed about their symptoms, sexual contacts and duration of symptoms, and were examined according to WHO standards, only 53% were treated according to MOH standards.

- PI 7 scores, meanwhile, increased from 24.3% in the first assessment to 61.4% in the fourth. Seventy percent of patients were advised to bring their partners for treatment, with the same percentage receiving advice to use condoms.

Recommendations

- Assessment of STD Case management practices is recommended in order to monitor quality assurance and as an indicator of health care practitioners ability to apply new skills from training programs.

For more information see related sections in the HAPP Completion Report.

PKPM ATMA JAYA

PKPM Atma Jaya # 88270 and # 88460

Project Budget: \$3,784; \$63,984

Institutional Background

The Center for Societal Development Studies of Atma Jaya Catholic University, Jakarta (CSDS/Atma Jaya) was established in 1972 (as Atma Jaya Research Center or ARC) to assist the Government of Indonesia through action oriented research and training on development issues especially targeted at underprivileged populations in urban settings. STD/HIV/AIDS has been a major focus area for PKPM since 1992. In 1996-97, CSDS undertook a qualitative participatory evaluation of HAPP's local implementing agencies, while in 1998 it assessed the monitoring and evaluation skills of 10 implementing agencies.

Subproject Purpose and Objectives

The purpose of the first of these two subprojects was to identify the needs of 10 HAPP implementing agencies (IAs) in the monitoring and evaluation of technical skills in HIV/AIDS and STD prevention programs, as well as other areas of institutional capacity building. A second objective was to identify the most effective ways to meet these needs within the project period, including materials, tools, technical assistance, training and information documentation/reporting/evaluation forms and procedures as needed.

The second project, meanwhile, was intended to provide coordinated and tailored technical assistance and training in project monitoring and evaluation for the 10 IAs to address the weaknesses revealed in the Needs Assessment for Capacity Building. This was to be achieved through participatory workshops in the three HAPP regions to develop technical assistance action plans for each IA.

Accomplishments and Outcomes

- An assessment of the programs implemented by nine HAPP IAs revealed that: monitoring and evaluation generally focused on quantitative data and narrative description of activities;
- assessment of the efficacy of the processes involved was perceived as being less important;
- large quantities of data were collected from the field but there was little capacity either for classification or deep analysis, implying missed opportunities to use such data in the implementation of subsequent activities.

Based on this, Atma Jaya recommended further technical assistance in qualitative approaches to monitoring and evaluation, identification of relevant indicator data, data analysis skills and communication skills. These needs were addressed through the subsequent project:

- Three regional workshops were held, in which individual technical assistance plans for monitoring and evaluation were drawn up for each participating IA. Manuals were then compiled for each IA containing goals, objectives, indicators and leading questions for monitoring and evaluation;
- Internal review meetings were held with IA to discuss the implementation of the monitoring and evaluation activities, followed by further monitoring and assessment of each IA's capacity to analyze the data gathered during monitoring and evaluation;
- Five-day workshops were held on data analysis and report writing.

Constraints

- While the regional workshops were intended to improve the skills of IA staff at all levels, in practice there was a mismatch in the proportion of management and outreach workers. In addition, due to high staff turnover, the respective IAs did not second the same participants to each workshop;

- Staff tended to focus on the activities rather than their objectives;
- Technical assistance only began when the IAs were almost at the end of their project life, so project monitoring and evaluation was not perceived as important or relevant.

Lesson Learned:

- Technical assistance in relation to monitoring and evaluation should be given before the NGO implements the program.

CENTER FOR HEALTH RESEARCH OF THE UNIVERSITY OF INDONESIA

CHR-UI # 88130; # 88310; # 88470

Project Budget: 132,946; \$60,399; \$84,193

Institutional Background

The Center for Health Research of the University of Indonesia (CHR-UI) has a long institutional history of carrying out epidemiological and social-scientific research on a wide variety of health-related issues. CHR-UI implemented Phases I - IV of the Behavioral Surveillance Survey (BSS-I) in Jakarta, Surabaya and Manado, as part of the HAPP project during the 1996 - 2000 period.

Subproject Purpose and Objectives

The purpose of the project was to provide repeated measures of behavioral indicators for observing trends of STD-high risk behavior among particular population groups in three major seaport cities, namely North Jakarta, Surabaya, and Manado/Bitung. These measurements are indicators of changes in behavior over time and indicate the need for additional behavior change efforts by HAPP/FHI and others - including the GOI - with the target populations. It was realized from the outset that these analyses would not be able to isolate the effects of HAPP/FHI specific interventions, given that target populations are also open to other interventions.

Accomplishments and Outcomes

By the end of the project, four waves of BSS had been conducted in the HAPP demonstration areas, all employing the same methodology. The survey populations addressed were selected to represent four major target groups: (1) sex workers, (2) clients of sex workers, (3) women in the general population, and (4) youth. During the latter stage of BSS-4, two new target groups were added for Jakarta: intravenous drug users and *waria*, as well as a new location for female sex workers, in Palembang. The survey questionnaires and manuals that were produced for BSS-1 were adjusted for use in the subsequent BSS. The following were among the items to be addressed: knowledge of HIV/AIDS and HIV/AIDS prevention; sexual behavior and condom use and treatment-seeking behavior for STDs, as well as their underlying perceptions and beliefs regarding these practices. 3,800 individual respondents were surveyed in each BSS.

Comparison of the data from the BSS between 1996 and 1999 revealed that there had been little change in the overall pattern of responses. Although a high percentage of those surveyed had heard of HIV/AIDS, knowledge about its transmission and prevention was inadequate, particularly among female sex workers and students. Knowledge about HIV/AIDS has increased significantly among adult males, but this is not reflected in any change in behavior. In fact, across all groups, there has been no real decline in high-risk behavior and condom use remains relatively low. There was also a generally low level of knowledge about STDs, and the majority of those who had experienced symptoms or been infected had opted for self-treatment rather than seeking treatment at a health center.

Although the third round of the BSS was expected to reveal increasing numbers of SWs as a result of the economic crisis, there was no conclusive evidence of this. However, the number of younger/less experienced SWs seemed to be higher than prior to the onset of the crisis.

One of the largest areas of concern would seem to be IDUs, included in the survey for the first time in 1999. In spite of displaying a good knowledge of HIV/AIDS, they have many misconceptions about the risks of drug use and the practices they engage in (such as needle-sharing).

Lessons Learned:

- Five years of consistent data gathering of behavior factors has been invaluable for guiding project priorities.
- More knowledge transfer of BSS methodology should be given to local institutions in order to sustain these studies.
- Greater efforts in dissemination of BSS results would increase the utility of result studies.

BANGUN MITRA SEJATI

BMS # 88330; # 88320

Project Budget: \$5,036; \$19,098

Institutional Background

Bangun Mitra Sejati (BMS) is a non-profit organization specializing in community development, particularly in social change related problems in marginal and poor communities. Established in September 1995, BMS has worked in the area of STD and HIV/AIDS with various governmental and non-governmental institutions since 1997. In late 1998, funded by USAID through the HAPP project, BMS conducted a needs assessment among migrant married male workers in North Jakarta, followed in 1999 by a series of interventions based on the findings.

Subproject Purpose and Objectives

The purpose of the first project was to conduct a needs assessment of migrant married male workers (*buloks*) in North Jakarta - that is, married men whose employment in Jakarta requires them to be separated from their families. Such men may be at risk of HIV infection from casual sex with persons other than their spouses. In addition, their spouses and children are placed at risk of infection from this behavior.

The aim of the needs assessment was to understand the behaviors, practices, attitudes and beliefs of this population in order to be able to identify possible strategies and interventions for HIV/AIDS prevention and control.

Based on the outcomes of the needs assessment, the second project was aimed at reducing the STD and HIV/AIDS risk among *buloks* and Adult Young Men (AYM) in North Jakarta by improving their knowledge and promoting safer sexual behavior using the Peer Education approach. As the target group were living in local communities together with other local residents, rather than forming an exclusive group, it was intended that the STD and HIV/AIDS prevention program would be integrated into the whole community to get their support. An important component was to be the establishment of AIDS Concern Groups in 3 neighborhoods which would continue information dissemination at community level after the completion of the project.

Accomplishments and Outcomes

Using participatory self-survey techniques, 213 *buloks* were assessed in 3 different neighborhoods in North Jakarta. The results indicated that most were between 21 and 40 years old and married. Although the majority (83%) claimed to have sexual relations only with their wives, a significant number also had girlfriends or used the services of sex workers. Furthermore, knowledge of HIV/AIDS and the use of condoms among the group as a whole was very low.

The second project recorded a number of accomplishments:

- HIV/AIDS information was passed on to a total of 1,936 *buloks* and 1,798 AYM, exceeding the target. AIDS groups were successfully established in 3 neighborhoods, all recognized by the respective local government apparatus;
- Pre-program socialization produced satisfying results: local officials not only informed local residents of the HIV/AIDS outreach program but also proposed staff to be trained as Peer Educators, offered venues for monthly meetings and provided other facilities;
- Peer Educator Training was held in the 3 neighborhoods for a total of 75 participants; 60 of these became active PEs;
- The AIDS Commemoration Night was attended by 125 people including the PEs, other *buloks* and AYM and the AIDS Groups, and resulted in an increased commitment to disseminating information;

By the end of the project, BMS noted:

1. Greater knowledge of HIV/AIDS among the target group;
2. Better knowledge about how to prevent HIV/AIDS and STDs by using condoms;
3. An increased awareness of the need for medical check-ups.

Constraints

- At the needs assessment stage, *buloks* were frequently reluctant to surrender any data about themselves as they were technically illegal residents in the area. This suspicion, particularly of PEs, continued into the second phase.
- There was some unwillingness to answer sensitive questions regarding their sexual behavior but this was overcome by repeated visits and assurances that the data would be kept confidential.
- Local and national events (city anniversary celebrations, the general election) made demands on the local government, delaying pre-program socialization;
- Some local and religious figures were reluctant to participate in socialization;
- Invitations to any public gatherings had to be issued by the local authorities;
- PEs were frequently suspected of seeking data (for supposedly negative purposes);
- The general level of education among PEs was low and they frequently encountered communication difficulties when working with their peers.

Lessons Learned:

- Many migrant men away from their wives and families have high risk behavior and targeting these groups of men for HIV/AIDS interventions is important.

IKATAN DOKTER INDONESIA

IDI # 88350

Project Budget: \$38,264

Institutional Background

Ikatan Dokter Indonesia/IDI (the Indonesian Medical Association) is a non-profit, professional organization for Indonesian physicians. Ever since the first case of AIDS was discovered in Indonesia, IDI has been active in HIV/AIDS prevention and control activities, both in medical treatment and information dissemination. IDI has been involved in increasing the role of medical doctors in STI/HIV counseling and public health education through its collaboration with USAID and AIDSCOM. During the first phase of the USAID funded HIV/AIDS Prevention Project (HAPP), IDI implemented an STI/HIV public awareness and prevention mass media campaign in North Jakarta and Manado.

Subproject Purpose and Objectives

The purpose of the project was to decrease the risk of STI and HIV/AIDS transmission by promoting proper health seeking behavior, safer sexual behavior, and partner notification among STI patients, their partners, and "at risk" patients through proper counseling services by trained health professionals (medical doctors, midwives, and nurses) in the three project areas of HAPP. This was to be achieved by training health care professionals in counseling for STI and HIV/AIDS patients and encouraging them to integrate counseling skills in the treatment for their patients at risk of STI and HIV/AIDS. Training modules and a handbook of counseling guidelines were to be produced for this purpose.

Accomplishments and Outcomes

- A design team was established and produced a training module and a counseling guidelines handbook. These have since been used by other organizations and agencies in the health sector.
- A total of 18 people were trained as counselor trainers, 3 more than planned, with an additional 7 trainers in Jakarta from the TOT trial. They in turn trained 156 counselors, broken down as follows: 66 from Jakarta, 60 from Surabaya and 30 from Manado.
- An evaluation of changes in behavior by trained health care professionals and counselors, and by patients/clients after counseling, was carried out by JEN but the analysis is not yet available.

Constraints

- Because there is very little experience of or expertise in STI counseling in Indonesia, the design team was forced to involve many more people than planned, resulting in a lengthy materials production process which delayed other activities;
- Lack of funding for coordination/supervision between the 3 sites led to some miscommunication;
- The strengthening of the rupiah against the dollar meant a substantial drop in funding in rupiah terms, which, together with rising costs of air travel and other expenses, forced a revision of the budget. This caused a delay in the implementation of certain activities.

Lessons Learned

- The training of counselors is best accomplished when appropriate trainers are selected and when follow-up and supervision are designed as part of the training activity.

LENTERA

Lentera # 88420

Project Budget: \$20,332

Institutional Background

Lentera is an STD/AIDS Prevention Project of the Indonesia Planned Parenthood Association (IPPA), Yogyakarta Chapter. The project was established in 1993 by several IPPA volunteers who were increasingly concerned about the lack of information and services for STDs and HIV/AIDS in Yogyakarta. Lentera's mission is to educate and empower young people to protect themselves from STDs and HIV infection, to give clear and complete information on sexual health to support young people in clarifying their values about sexual behavior, and to train them on the negotiation skills needed for safer sex. The project also provides STD treatment for *waria*, female sex workers and street youth.

Subproject Purpose and Objectives

The purpose of this project was to provide a basic understanding of training skills, and to improve facilitator skills in condom negotiation training. To meet this end, a "Condom Use Negotiation Skills Training of Trainers" (TOT) workshop was to be held for field workers and representatives from the target groups of a number of HAPP implementing agencies (IAs). A series of training modules were also to be produced for the TOT and for subsequent "Echo Training".

Accomplishments and Outcomes

Twenty participants attended the TOT workshop in Yogyakarta. This was followed up by Condom Negotiation Skills echo training that took place in 7 HAPP implementing agencies in Jakarta, Surabaya and Manado during September and October 1999. The TOT participants showed great potential as facilitators and peer educators.

Constraints

- Because this project was initiated from Jakarta rather than by the implementing agencies themselves, there was a risk that results would not be integrated at the implementing agency level.

Lessons Learned

- Focusing on the skill development of outreach workers is essential for achieving greater behavior change among targeted communities.

YAYASAN ABDI ASIH

YAA # 88120

Project Budget: \$55,010

Institutional Background

Yayasan Abdi Asih (YAA) has extensive experience of working to improve the welfare and health status of female sex workers in Surabaya. YAA worked on outreach programs to SWs and clients in Surabaya during HAPP's first phase with funding from USAID. In collaboration with the Futures Group, YAA developed strategies to improve condom use as a means of reducing the spread of STDs and HIV/AIDS among SWs.

Subproject Purpose and Objectives

The purpose of the project was to decrease the risk of STD and HIV/AIDS transmission among sex workers in the Dolly and Jarak *lokalisasi* in Surabaya, as well as the general population, by improving knowledge and promoting safer sexual behavior. The target group included commercial sex establishment (CSE) owners/managers, pimps, and SWs. By involving CSE managers and pimps and promoting positive attitudes about safer sexual behavior, YAA anticipated that they would be better equipped to support the condom use negotiation efforts of SWs and to promote condom use among clients.

Accomplishments and Outcomes

- 250 pimps/brothel managers trained in STD, HIV/AIDS and condom use issues. Several of these went on to be selected as PEs.
- 158 referrals were made.
- There is an increased awareness of reproductive health issues among the target group; they are more willing to undergo health checks and help their colleagues with referrals. However, in certain districts, knowledge of HIV/AIDS and STD issues is still very low due to the lack of support from the local authorities for outreach activities.
- Towards the end of the project, though, Field Workers were able to initiate outreach activities similar to those in other districts.

Constraints

- There were too few Field Workers and PEs to be able to disseminate information evenly to the 1,450 SWs and 250 pimps in the area.
- Some pimps and SWs, despite having a good grasp of the STD, HIV/AIDS and condom materials, still found difficulties conveying this to their peers.
- The frequent movement of SWs from one brothel to another or to another area meant that the data collected by Field Workers quickly goes out of date, making it difficult to make an accurate assessment of behavior change within the target group. It also necessitated frequent searches for replacement PEs.
- Most clients had little knowledge or understanding of STDs or HIV/AIDS.
- The majority of the SWs and PEs do not have condom negotiation skills. If clients did not want to use them, condoms were usually not used because of the SWs' urgent need to earn a living, or because, in some cases, SWs who refused clients were penalized by their pimps.
- Drug use is already widespread in the Dolly and Jarak *lokalisasi*, especially among SWs. A number of PEs have also become involved, forcing them to reduce their outreach activities.

Recommendations

- STD and HIV/AIDS education should be extended to the clients and regular boyfriends of the SWs.
- To alleviate boredom, the target group and SWs occasionally need diversions that are not specifically related to STDs and HIV/AIDS, such as religious activities.
- PEs should be given further training, particularly in presenting to their peers. They would also benefit from the opportunity to observe other projects.
- Condom promotion activities should be continued, not least because these involve members of the wider community and not just the target group.

Lessons Learned

- The interdependence between the communities around the *lokalisasi* and the target groups within has promoted mutual assistance in solving problems, particularly relating to the closure of the *lokalisasi*.
- It is generally easier to reach clients through the SWs.

YAYASAN MITRA MASYARAKAT

YMM # 88140

Project Budget: \$51,557

Institutional Background

Yayasan Mitra Masyarakat (YMM) is a non-profit organization with a mission to "improve the community's role in community development". YMM has assisted in a rapid assessment of high risk behavior in the Manado area and developed programs in HIV and AIDS/STD prevention through outreach activities targeting adolescents.

Subproject Purpose and Objectives

The aim of this project was to decrease the risk of sexual transmission of STD/HIV among youth at risk in Manado by developing skills and knowledge and promoting safer sexual behavior. The target group comprised 3,200 young people in 4 areas of Manado. Program design centered on the need to integrate 'reproductive health' information into activities which would appeal to youth.

YMM planned to supplement the peer educators from Phase I by recruiting and training additional young people from the target groups at each site. A referral system for suspected STD cases was maintained and monitored.

Accomplishments and Outcomes

- Fifty-five young people were selected and trained as peer educators; 30 of these were still active by the end of the project. In total, 4,247 people (103% of the target) were reached through camping and other outreach activities.
- YMM produced a book on youth reproductive health, AIDS stickers and STD leaflets, several hundred copies of which were distributed to the target groups. Several thousand other IEC materials in the form of booklets, leaflets, posters, stickers etc. were also distributed.

Recommendations and Lessons Learned

- Peer educators, due to lack of recompense or support, were burdened by the continuous activities and felt no commitment to the project; this led to a significant number of them dropping out. Therefore, more attention should be given to selection, monitoring, coordination and support to reduce this.
- Only 70 people were referred for STD treatment during the entire project period. Clients felt they had to wait too long for referrals to be accepted; moreover, they only received one dose of medicine. It is recommended the referral process be made more efficient and feed-back be given to treating health care providers.
- Camping proved to be a highly effective method of outreach. It is recommended that camping be incorporated in activities with youth.

YAYASAN PELITA KASIH ABADI

YPeka # 88160

Project Budget: \$50, 228

Institutional Background

Yayasan Pelita Kasih Abadi (YPeka) is a non profit organization established in 1995. Their objectives are (1) to improve the community's welfare in a broad sense without bias of race, nationality, language or religion; and 2) to improve the community's efforts and participation in solving problems relating to environment, health, justice, and welfare. In response to the STD/HIV/AIDS cases in Manado, YPeka began its activities on the HIV/AIDS prevention through outreach programs to SWs in Manado and Bitung as well as factory workers in Bitung under the first phase of HAPP.

Subproject Purpose and Objectives

The purpose of this project was to reduce the risk of STDs and HIV/AIDS among sex workers and clients in Manado and Bitung and among fish canning company workers in Bitung. The project design included outreach for SWs but not through peer education as this had proved unsatisfactory under the previous project. Peer education among factory workers, however, had proved successful and this activity was to be continued. The male "client" group was to be reached through the dissemination of information on entertainment and clinic sites, as well as through Immigration offices (in appropriate languages). A Drop-in Center was to be established to increase opportunities for the target audience and outreach workers to meet. In addition, an STD referral system was to be developed.

Accomplishments and Outcomes

- By the end of the project, 858 sex workers had been contacted through outreach activities. In addition, educational leaflets, posters, stickers, T-shirts etc. had been distributed to this group. Meanwhile, peer educators had reached 2,895 canning factory workers, distributed leaflets, hats, stickers and posters and given out several hundred condoms. In both groups, the number of contacts exceeded the targets.
- A drop-in center was established in Bitung, close to the area where sex workers live and work, functioning as an information and activity center for both outreach workers and sex workers.
- Outreach workers managed to promote the growth of more condom outlets in sex worker locations. Condoms are becoming more accepted.
- Using the mass media proved to be an effective way of desensitizing the condom issue. Short messages broadcast on local radio and placed in local newspapers, as well as participation in radio talk shows, all helped to create a conducive environment for the promotion of condom use and safer sexual behavior.
- The referral system did not prove to be successful; SWs who had been given referral cards were reluctant to go to the clinics. Conducting STD examinations on-site or at the drop-in center was more effective, but did not promote the desired behavior, i.e. making regular visits to a health center.

Lessons Learned

- In both target groups, explaining the risks of STDs and HIV to management, i.e. bar, disco and brothel owners or factory managers, at the start of the program was the key to gaining their support. It was important to present this to them in terms of the potential impact on their business.

YAYASAN INVESTASI KEMANUSIAAN

YIK # 88180

Project Budget: \$49,753

Institutional Background

Yayasan Investasi Kemanusiaan (YIK) is a non-profit organization assisting the government in improving the social welfare of workers, particularly women, in Jakarta. YIK's target groups have included female workers, sex workers, garbage sorters, and fishermen. YIK has extensive experience in outreach to disadvantaged communities in the urban area.

Subproject Purpose and Objectives

The primary purpose of the project was to decrease the risk of STD & HIV/AIDS transmission by increasing knowledge and information, as well as promoting proper health seeking behavior and condom use among high risk groups, including SWs and their clients (fishermen, seamen, and youth) and community women, in the Cilincing and Rawa Bebek areas of North Jakarta. This was achieved through the provision of STD and HIV/AIDS information and prevention education through outreach workers, peer education and the training of community volunteers; by promoting condom use among sex workers and client populations, with negotiation skills for sex workers; and STD counseling and referrals of SWs and other community members at risk. By the end of the project, a YIK project center and two floating satellite posts were established.

Accomplishments and Outcomes

- Outreach targets were exceeded.
- Two PE organizations were formed for two of the target groups (SWs and youth), and 9 one-day seminars on HIV/AIDS were held for the various groups.
- YIK also produced several attractive IEC materials in the form of flags, kites, stickers, T-shirts and so on.
- The floating satellite posts proved to be an effective meeting place for fishermen. Information about HIV/AIDS was generally received very enthusiastically by all groups.

Constraints

- Mass demonstrations demanding the closure of the *lokalisasi*, as well as threats of violence and raids, caused the cancellation of several of YIK's planned activities.

Lessons Learned

- Outreach with traditional fishermen and youth was successful when the community took ownership in organizing educational activities.

IKATAN AHLI KESEHATAN MASYARAKAT INDONESIA

IAKMI # 88190

Project Budget: \$61,211

Institutional background

IAKMI (Ikatan Ahli Kesehatan Masyarakat Indonesia - the Indonesian Association of Public Health Experts) is a professional, non-profit organization, established in April 1971. The organization has extensive experience in providing training and counseling on health. As of December 1999, IAKMI comprised 1,500 members. IAKMI has been initiating HIV/AIDS prevention activities since 1988 and first supported peer education programs for *waria* in 1990.

Subproject Purpose and Objectives

The project's purpose was to promote safe sex behavior changes among *waria* in Jakarta through providing appropriate and adequate information, condom promotion and skills development and support services. The target population comprised North Jakarta's entire *waria* population, some 500 people. This project was a continuation of the previous peer education project, but was to be carried out more intensively among smaller groups. A Drop-in Center was to be established, providing comprehensive STD services. IAKMI expected to train 15 *waria* group leaders as peer educators as well as retraining 17 established peer educators.

Accomplishments and Outcomes

- Weekly peer group meetings were held at the drop-in center; by the end of the project, 1150 *waria* had attended. Outreach workers/peer educators reported difficulties in expanding participants' knowledge about HIV/AIDS due to their relatively low level of education.
- A total of 20 outreach workers and 17 peer educators were trained over the duration of the project but several of them (almost all the PEs) later dropped out, so that by the end of the project the remaining 13 OWs were doubling as PEs.
- STD services (testing, treatment and counseling) were provided at the drop-in center for 1918 *waria*, with approximately 22% testing positive for STDs. Referrals to the Cipto Mangunkusumo Hospital did not prove effective because of the distance involved. One unanticipated outcome of the provision of STD services was that some gay men also attended the clinic.
- There were indications that condom use among the *waria* remained low because their clients refused to use them.

Constraints

- The project area, located in North Jakarta, did not cover the city's largest concentration of *waria* (in East Jakarta); therefore the drop-in center was not strategically located, resulting in lower attendance than expected.
- The dissemination of information about STDs and HIV/AIDS would have been more successful if the IEC materials had been more interesting and varied.

Lessons Learned

- The Role Model Story Text proved to be a successful methodology for motivating behavior change with this population of *waria*.

PERKUMPULAN KELUARGA BERENCANA INDONESIA

PKBI # 88200

Project Budget: \$60,223

Institutional Background

The East Java branch of Perkumpulan Keluarga Berencana Indonesia (PKBI) is a non-profit organization whose mission is to "provide services to improve the health status of the community" with pre-school children, teenagers and productive-age couples as the main target groups. PKBI started to get involved in HIV/AIDS prevention project activities when STD cases were reported as being on the increase. Since then, PKBI has intensified its STD-related services in Surabaya. In so doing, PKBI has collaborated with various agencies, including the Ministry of Health, the Ministry of Education, the Family Planning Board, Dr. Soetomo Hospital, PCI and the World Bank..

Subproject Purpose and Objectives

The purpose of this project was threefold: (1) to raise knowledge and awareness of STDs and HIV/AIDS; (2) to provide comprehensive STD treatment services to men and women of reproductive age in West Surabaya and to change their care-seeking behavior, including partner notification; and (3) to develop a community-based network of STD/HIV 'communicators' and services through working with *jamu* (herbal drink) vendors, local midwives, and local *puskesmas* (community health centers). The target group consisted of at least 200 couples of reproductive age (17 to 49) in metropolitan Surabaya, particularly West Surabaya.

Accomplishments and Outcomes

- Outreach through 20 midwives in private practice (BPS) and 60 *jamu* sellers proved successful. A symbiotic relationship developed between the *jamu* sellers and the BPS, the *jamu* sellers generating new clients for the BPS and in turn obtaining easy access to information and services from the BPS. For the target group, the *jamu* sellers provided easy access to information and enabled discussion of previously taboo matters concerning reproductive health. In addition, they sold condoms and referred people to the PKBI clinic for STD examinations and treatment. A total of 3,212 people were reached.
- STD counseling was provided at health centers and the PKBI clinic for 673 clients, and by the BPS for 1,775 clients. Both the BPS and the *jamu* sellers were given training to ensure that quality was maintained in counseling and the dissemination of information.

Constraints

- Some BPS lacked confidence in using the syndromic approach for STD examinations and treatment.

Lessons Learned

- *Jamu* vendors were empowered through inclusion in a HIV/AIDS prevention activity. This empowerment led to self organization and the generation of income generating activities.

YAYASAN KUSUMA BUANA

YKB # 88260

Project Budget: \$128,962

Institutional Background

YKB is a non-profit family health care organization with a long history of providing reproductive health services to the greater Jakarta community. YKB was the first non-governmental organization to establish a peer education project for STD/HIV/AIDS prevention and condom promotion among sex workers in the Kramat Tunggak *lokalisasi* in North Jakarta, home to approximately 2,000 sex workers (SW). Outcomes of the project included the establishment of a self-organized network of sex workers (Bandungwangi) who are still active in providing their peers with basic information about STD/HIV and AIDS. During the first phase of HAPP, YKB focused on STD/HIV/AIDS prevention and condom promotion activities continued through the peer education model with SWs in Kramat Tunggak.

Subproject Purpose and Objectives

The purpose of this project was to decrease the risk of STD and HIV/AIDS infection among SWs and their clients in the Kramat Tunggak *lokalisasi* by improving knowledge and promoting sexual behavior change, using a peer education approach among SWs, SW clients, and pimps.

The target groups for this project were SWs in the Kramat Tunggak *lokalisasi* (an eleven-hectare area with 269 *wisma* or brothels, and approximately 258 pimps and 2,000 SWs). Clients were to be targeted indirectly through the SWs.

Through the established 40-member sex worker network of Bandungwangi, and with the assistance of YKB staff, three hundred SW representatives were to be trained as a peer educators in the areas of STDs, HIV/AIDS prevention and condom promotion. Brothel owners and pimps would be targeted through regular outreach and meetings to promote and maintain their support for this activity and other 100% condom use activities of the GOI. In addition, the STD referral and treatment network was to be strengthened.

Accomplishments and Outcomes

- Forty Bandungwangi peer educators were trained as PE trainers, and a further 322 new PEs were trained. Despite the closure of Kramat Tunggak, outreach to sex workers in the area continued, with outreach workers and PEs working together to develop approaches to suit each particular target group.
- Regular cross-sectoral meetings were held with representatives from the health services and the local authorities to foster understanding and support for YKB's activities.
- The Bandungwangi Bulletin was published every 2 months, with the 15th edition issued in June 2000. All stages of production are handled by Bandungwangi members, with some assistance from YKB.

Constraints

- The closure of the Kramat Tunggak *lokalisasi* and the resulting dispersal of the sex workers made it difficult to maintain contact with them through outreach; it also contributed to the problem of high mobility of the PEs, necessitating frequent training of new PEs to replace them.
- The reduction in the number of clients since the onset of the economic crisis has made it more difficult for SWs to refuse clients who do not want to use condoms; accordingly, condom use remains low.
- Because the outreach program does not extend to bar/brothel managers, they do not have the same perception of the risks of STDs and HIV/AIDS as the sex workers. A related problem is that IEC materials are directed specifically at SWs and not at their clients.

Lessons Learned

- The volatility of the sex worker industry was apparent as community pressure closed the brothel area. Outreach activities/strategies need to be ever evolving as those to be reached become for difficult to locate.
- Empowering a community based organization of sex workers was very successful in developing a sustainable force in the community to effect behavior change.

YAYASAN BAHAGIA HARAPAN KITA

YBHK # 88150

Project Budget: \$31,453

Institutional Background

Yayasan Bahagia Harapan Kita (YBHK) is a non-profit organization founded in 1950 with a mission to improve the health status of the community. Its primary purpose is to provide general health and family planning services. The specialized clinic operated by YBHK, known as *Klinik Spesialis Pinaesaan* or Pinaesaan Clinic, has evolved to provide treatment for STDs. As of 1996, the clinic committed itself to improving services in an effort to prevent the spread of STDs and HIV/AIDS. Under the auspices of the first phase of HAPP, YBHK implemented a ten-month pilot project for the Integration of STD Case Management and Family Planning Services in Manado.

Subproject Purpose and Objectives

The purpose of this project was to decrease HIV transmission by increasing condom use among female sex workers and their clients along with promoting early detection and treatment of STDs. The second goal was to be achieved through the provision and expansion of adequate clinical and laboratory examination and treatment as well as STD/HIV counseling. The target group comprised 12 health care professionals and 1,100 STD patients consisting of sex workers in Manado and Bitung, patients referred by STD specialists, and family planning patients at the Pinaesaan Clinic.

One of the core outputs was to be a gonorrhea susceptibility study of 400 specimens, for which 12 midwives, nurses, and laboratory technicians were to be trained in specimen collection and gonorrhea culture.

Accomplishments and Outcomes

- Training was given for 26 medical practitioners, paramedics and lab technicians from Manado and Bitung who took part in the gonorrhea susceptibility study.
- STD lab tests were performed on a total of 1,358 samples given by sex workers from Manado and Bitung, airport taxi drivers, ships' crew members, harbor laborers, participants in the family planning program and other women considered to be at high risk.
- Results indicated that there is still a high rate of gonorrhea infection in the area.

Constraints

- There were many delays and technical changes due to culture failure and testing materials and substances being sent late.
- No budget was allocated for conducting on-site examinations.

Lessons Learned:

- STD laboratory tests for sex workers are more successful if conducted humanely, at the workplace and with the involvement of key people such as hotel/bar managers.

YAYASAN PROSPECTIV

YPROS # 88170

Project Budget: \$63,977

Institutional Background

Yayasan Prospectiv (YPROS), established in April 1993, is a non-profit organization with a mission to "provide a social program for STD/HIV/AIDS prevention among high risk groups and the general population". In collaboration with a number of other organizations, YPROS has implemented a number of projects in this field, including an assessment of high risk groups vulnerable to STD/HIV/AIDS infection, a study of STD prevalence and sexual behavior among SWs, truck drivers, sailors and dock workers, and condom use training.

Subproject Purpose and Objectives

The purpose of this project was to decrease high risk behavior with the potential for transmitting STD and HIV/AIDS among the men and women in the Tanjung Perak Harbor area of Surabaya by providing information on STD and HIV/AIDS and promoting preventive behavior, including condom use, through outreach and peer education activities as well as providing STD treatment based on the syndromic approach with simple laboratory exams. Counseling and referral systems were also to be developed.

By the end of the project, YPROS expected to reach a total of 5,680 sex workers (street workers, massage parlor workers, and *waria*) and clients (sailors, cargo handling workers, truck drivers/driver assistants, and pedicab drivers) through outreach and peer education activities, and to train 1,000 peer educators.

Accomplishments and Outcomes

- A total of 9,750 outreach contacts were made, exceeding the target.
- Street theater events on various HIV/AIDS and STD related themes proved to be a popular and successful means of reaching the target groups, particularly those who are illiterate. Five such events were held.
- Two hundred peer educators were trained. Of these, 30 were selected as core PEs and given further training. PEs played a very important role in disseminating information and referring STD cases to the YPROS clinic.
- A mobile unit was intended to be used for STD examination and counseling but clients preferred to visit the clinic instead. It did prove useful in socializing the program.

Constraints

- The high mobility of drivers and sailors affects the frequency and regularity of their visits to the clinic.
- Embarrassment over their identity prevents many *waria*, sex workers and massage parlor workers from getting proper examinations and treatment for STDs.
- The East Java KPAD has been unable to create a conducive climate for NGOs to do their work in the field. The port authorities are still uniformed about the role of the KPADs and NGOs.
- Technical assistance and training provided by HAPP was frequently ill-timed, i.e. at the end of the project when the potential benefits were reduced and it interfered with YproS activities. In addition, reimbursements were frequently delayed, forcing the postponement of other programs.

Lessons Learned

- A community-based STD clinic should be viewed as "friendly and welcoming" in order to attract and keep clients coming.
- It is possible to have combined educational activities with different target populations; such as with female sex workers and *waria*.

LENTERA SAHAJA - PKBI

Lentera-Sahaja PKBI # 88430

Project Budget: \$10,362

Institutional Background

Lentera-Sahaja PKBI was established in 2000 under the auspices of the Indonesian Planned Parenthood Association (IPPA) as a combined reproductive health agency, committed to giving clear and complete information on sexual health, supporting young people in clarifying their values about sexual behavior and supporting them in the negotiation skills needed for safer sex. Lentera-Sahaja PKBI DIY has extensive experience in working with the government on various anti-AIDS campaigns and peer educator training.

Subproject Purpose and Objectives

The purpose of the project was to provide a basis for the improvement of peer education programs in promoting STD and HIV/AIDS prevention practices through a collaborative analysis of experience-based Lessons Learned.

This was to be achieved by holding a Peer Education: Lessons Learned workshop for selected HAPP implementing agencies, representatives from Aus AID funded NGOs and community/peer-based organizations formed with HAPP support. The workshop was to be structured around the factors that are essential for sustainable peer education programs, including: careful peer selection and planning for turnover, PE training and development, clearly defined responsibilities, support management, monitoring and evaluation of PE activities.

Based on the findings, a set of standards/guidelines was to be produced for NGOs who implement peer education for STD and HIV/AIDS prevention projects.

Accomplishments and Outcomes

- A workshop was held over a period of 5 days. Several aspects of Peer Education were discussed and the workshop culminated in the drafting of a booklet containing the lessons learned, findings and experiences of implementing peer education from all participants.

Recommendations:

- HAPP/FHI/USAID and AUSAID should support the Peer Educator program in all the NGOs involved in this workshop.
- There should be a document which sets out the concept of the Peer Educator for marginal groups program based on the findings of this workshop, which could be used by NGOs in Indonesia to expand their respective PE programs.

Lessons learned

- Involving members of the target groups in the workshop was very beneficial. The workshop was a great opportunity to get valuable input which was used to develop the program concept. Members of target groups can be involved both at the concept and activity development stages, not just in program implementation in the field.

MAJELIS ULAMA INDONESIA

MUI # 88520

Project Budget : \$30,618

Institutional Background

HIV/AIDS continues to be a major concern for most countries in ASEAN. As individuals and communities define interventions to address the spread of the virus through unprotected sex and IDU, the Islamic Community also is defining its unique role in the prevention and control of HIV/AIDS. At the end of 1998, the Indonesian Council of Islamic Religious Leaders (Majelis Ulama Indonesia/MUI), a federation of several Moslem organizations in Indonesia, held the First HIV/AIDS ASEAN Regional Workshop of Islamic Religious Leaders. The outcome was a Plan of Action, the objectives of which were: to implement a religious approach for the prevention and control of HIV/AIDS, to strengthen cooperation and to establish an information network among Moslem leaders in the ASEAN region in combating HIV/AIDS.

Subproject Purpose and Objectives

The objectives of the Second HIV/AIDS ASEAN Regional Workshop of Islamic Religious Leaders were as follows:

- To share challenges and lessons learned in implementing the Plan of Action from the First Workshop.
- To formulate an Islamic religious approach in combating drug abuse and preventing HIV infection among injecting drug users.

Accomplishment and Outcomes

- The workshop was held in July 2000 in Jakarta for approximately 65 participants, consisting of representatives from ASEAN member countries and Indonesian Ulemas.
- The workshop brought together influential religious leaders to discuss current issues related to HIV/AIDS with special emphasis on IDU
- A declaration was drafted at the conclusion of the workshop calling for increased advocacy and public awareness of HIV/AIDS prevention activities.
- A Programme of Action was drafted and Islamic Leader representatives from seven countries gave their support.

Recommendations

- The use of Islamic Leaders in advocating for public health issues related to HIV/AIDS should be supported in future HIV/AIDS interventions in Indonesia.

THE FUTURE GROUP INTERNATIONAL

The Futures Group # 88220; # 88240; #88290
Project Budget: \$48,542; \$44,638; \$2,090,117

Institutional Background

The Futures Group International (TFGI) is a management, marketing and strategic planning organization, committed to promoting sustainable development through technology transfer and appropriate program design. Principal program areas include child survival, family planning, reproductive health, population policy, nutrition, and prevention of HIV/AIDS and sexually transmitted infections (STIs). Founded in 1971, TFGI has worked for more than 600 clients in over 50 developing countries.

Subproject Purpose and Objectives

The purpose of the project was to develop a strategy to utilize private sector and commercial resources through a social marketing approach to increase demand for condoms for STD and HIV/AIDS prevention, and to improve access to high quality, affordable condoms.

The first stage was to be the development of a CSM strategy. This was to be followed by contractual CSM agreements with condom companies and collaboration in the development of BCC strategies and demonstration site plans. CSM program implementation was to be supported by an adequate supply of high quality condoms available to consumers. Public relations campaigns were to be initiated to seek advocacy for condoms, and condom messages for the mass media were to be developed.

Accomplishments and Outcomes

- Links were established with condom companies to promote condom use, increase availability in designated intervention areas, and develop promotional materials for use at or near point of use in the target areas.
- Outreach activities included recruitment of peer condom promoters (PCPs), condom placement and condom skills training.
- In collaboration with other NGOs, orientations and communication interventions were implemented for commercial sex establishment owners, PCPs, sex workers and their clients to increase condom use.
- Regular retail audits and store checks indicated increasing numbers of outlets selling condoms in Jakarta and Surabaya. Condoms are now widely available in all HAPP demonstration areas and the overall market is showing encouraging growth.
- A Consortium of Concerned Condom Marketing Manufacturers was formed, comprising two local condom manufacturers and one multinational manufacturer. The Consortium has invested heavily in advertising and promotion as well as sponsoring "enter-educate" events to promote awareness of HIV/AIDS and condom use.
- Concerted media relations activities resulted in substantial press coverage on condoms and HIV/AIDS, which raised public awareness and has the potential to influence policymakers.
- Condom advertising campaigns were run on TV and radio. It is anticipated that this will help "desensitize" condoms among the public.

Constraints

-
- The condom market in Indonesia was affected by the ongoing economic crisis. This was reflected in slow market growth and consumers switching to less expensive brands.

For more detailed information, see the section on Condom Social Marketing in the main body of this report.

THE CENTER FOR DEVELOPMENT & POPULATION ACTIVITIES

CEDPA # 88250

Project Budget : \$18,432

Institutional Background

Established in 1975, the Centre for Development and Population Activities (CEDPA) is an international private voluntary organization whose mission is to empower women at all levels of society to be full partners in development. CEDPA currently provides training and technical and financial assistance to community-based family planning, reproductive health and adolescent partner projects in several countries.

Subproject Purpose and Objectives

The purpose of this project was to increase awareness and the ability to address gender issues among the HAPP implementing agencies' programs, and to enhance the planning and implementation skills of the KPAD in HAPP demonstration sites.

Accomplishments and Outcomes

- A needs assessment, including focus group discussions with key women leaders, community organizations, religious leaders, and health service providers, among others was produced.
- The CEDPA assessment was instrumental in the design and implementation of the Gender Study Tour to Nepal for key Indonesian women.

Constraints

- Due to administrative changes, CEDPA was not able to continue as a HAPP partner and complete their scope of work.

Recommendations

- Based on previous gender needs assessments, appropriate training modules should be developed to address the cultural, gender and interpersonal barriers to adopting HIV/AIDS/STD risk reduction behaviors.
- Training in gender and advocacy issues related to HIV/AIDS/STDs and in facilitation, counseling, communication and self-risk assessments should be provided for the relevant groups.

PROJECT CONCERN INTERNATIONAL

PCI # 88280, Project Budget : \$8,637
PCI # 88480, Project Budget : \$23,595
PCI # 88450, Project Budget : \$71,751

Institutional Background

Project Concern International (PCI) has been involved in HIV/AIDS-related projects in Indonesia since 1992. In December 1998, PCI held a USAID-funded seminar on drug use, addiction and HIV/AIDS, for selected NGOs. At the seminar, a small working group of concerned individuals was set up to determine further actions. These individuals were joined by others to form an ad hoc group called KerlipNAZA. Based at the PCI office, this group has developed a database for information related to drug use and continues to meet frequently to plan future actions.

Subproject Purpose and Objectives

88280

The aim of this project was to conduct a needs assessment of organizational and administrative management, focussing on monitoring and evaluation, of HAPP and 10 of its implementing agencies (IAs). Capacity building technical assistance plans were then to be proposed and designed for each of the participating IAs.

88480

The objective was to hold a national workshop for some 150 participants to address drug use issues relating to HIV/AIDS infection in Indonesia. The workshop was to be organized by Project Concern International in collaboration with KerlipNAZA.

It was intended that the participants would be drawn from the relevant government departments, both at the central and provincial level; funders; representatives from NGOs and other organizations currently working in these and related fields, particularly HIV/AIDS; religious leaders; healthcare professionals and representatives from hospitals already addressing drug issues; and others directly concerned. The outcomes were to be presented to senior members of the government.

88450

The purpose of this project was to provide capacity building assistance and support to NGOs collaborating with HAPP in order to strengthen their organizational capabilities to manage HIV/AIDS interventions which would contribute to the achievement of the HAPP contract performance objectives.

The first output was to be two workshops/training programs for member organizations of HIV/AIDS NGO Forums to teach them about ways to access funds to continue projects and to identify their needs regarding financial sustainability. PCI then intended to follow this up with technical assistance in financial sustainability to member organizations of HIV/AIDS NGO Forums. Finally, a Resource Center and computerized database was to be established.

Accomplishments and Outcomes

- A needs assessment was produced for each HAPP implementing agency
- Recommendations and strategies were drawn up for 6 main areas: Drug Use and HIV/AIDS; Harm Reduction; Prevention as an Integral Part of Intervention; Communication, Information and Education; Therapy and Rehabilitation; and Policy and Research. Follow-up actions were assigned to various NGOs.
- Financial sustainability workshops were held in Jakarta for 29 participants and a further 15 observers from IPVOs, donors and other NGOs; and in Surabaya for 18 participants from

Surabaya and 15 participants from Manado. Both workshops were well received by participants and observers.

- Follow-up activities included a Financial Systems and Procedures workshop in Jakarta for 31 organizations (HAPP implementing agencies, the HAPP NGO network and the Jakarta AIDS NGO Forum).
- In Surabaya, a workshop on Revolving Funds was held for 21 HAPP IAs and HIV/AIDS Forum members, while in Manado, a Proposal Writing workshop was conducted for 19 HAPP IAs and AIDS Forum members.
- A Financial Sustainability Website was set up provide references, tools and other information on this subject.

Constraints

- Although the Financial Sustainability workshop was intended for top level management, not all organizations were represented by such.

Lessons Learned

- Networking activities (such as experienced through workshops on HIV and Drugs and sustainability issues) among project partners was beneficial for strengthening project wide activities.

PRIVATE AGENCY COLLABORATION TOGETHER

PACT # 88370

Project Budget : \$240,269

Institutional Background

Private Agencies Collaborating Together (PACT) is non-profit organization with established activities in Indonesia since 1977. PACT's mission is to strengthen local NGOs in their capacity to implement projects related to urban environmental and educational issues through the provision of technical assistance in the area of project and financial management, institutional capacity building and sustainability. Since it began operations, PACT/Indonesia has collaborated with, among others, USAID, the Ministry of Health, the Ministry of Education, and the Coordinating Minister for Social Welfare.

Subproject Purpose and Objectives

The purpose of the project was twofold: (1) to increase the availability of appropriate, youth-oriented IEC materials on HIV/AIDS prevention; and (2) to build the capacity of local NGOs to address community HIV prevention issues. The target was to reach 2,000 high-risk youth in the three HAPP sites; it was expected that twenty to twenty-five NGOs would receive program services through the subproject. The IEC materials were to be in the form of audio and video cassette programs with User Manuals and handouts.

Accomplishments and Outcomes

- The project's major success was the promotion of a sustainable model of capacity building support through the mentoring program. This enabled selected HIV/AIDS-oriented NGOs to develop intensive relationships with the safety net NGOs, providing guidance and coaching.
- A TOT workshop was held for HAPP implementing agencies (IAs) to prepare them for work as mentors for safety-net NGOs and as co-facilitators for STD/HIV/AIDS training. 31 people were trained as mentors and a mentoring manual was compiled.
- In each of the 3 project areas, two STD/HIV/AIDS workshops were held for safety-net NGOs and other NGOs. Thirty-four participants from 30 NGOs took part and by the end of the workshops were able to identify the needs of their target groups in STD/HIV/AIDS prevention and make activity plans.
- Youth-oriented IEC packages consisting of video and audio programs, user guides and brochures were developed and distributed to 27 safety-net organizations supported by HAPP.

Recommendations

- On-going orientation about the use of the IEC products produced is recommended. This should include a system for feedback so that refinements to the products can be made.

DKT INTERNATIONAL

DKT # 88410

Project Budget : \$90,869

Institutional Background

DKT Indonesia is part of DKT International which is a non-profit, private voluntary organization headquartered in Washington D.C. DKT began operations in Indonesia in 1996 and has provided technical assistance to government and non-government organizations in the areas of HIV/AIDS prevention education and condom quality assurance.

Subproject Purpose and Objectives

The purpose of the project was to increase the quality and quantity of appropriate IEC materials that are reaching the target population. This was to be achieved by assessing the IEC materials needed by HAPP Implementing Agencies (IAs). After the assessment, DKT Indonesia was to modify selected IEC materials for reproduction and disseminate the modified IEC materials to the target audiences in the selected work sites (North Jakarta, Surabaya, Manado) of the HIV/AIDS Prevention Project (HAPP). The intention was to build upon materials previously developed and pre-tested by DKT Indonesia.

Accomplishments and Outcomes

- Products were developed in three phases: (1) revision and reproduction of materials, (2) training on material dissemination and evaluation and (3) progress evaluation by the IAs. By the end of the project, 22 different pieces of IEC material had been revised and reproduced and 230,000 copies made. IAs were given a total of 12 training sessions in inventory control, dissemination, tracking and evaluation of materials.
- It was apparent that there was a real need for IAs to set up inventory systems, disseminate materials systematically and evaluate both the materials and audience response. The IAs recommended that more materials be produced for low-literacy or non-literate audiences.
- HAPP Jakarta office was able to incorporate many of DKT's suggestions for inventory and cataloguing of IEC products.

Recommendations

- Training programs on IEC development should incorporate instruction on inventorying, cataloguing, and systematic dissemination of IEC products.

INITIATIVES, INC.

Initiatives, Inc. # 88500
Project Budget : \$175,743

Institutional Background

Initiatives Inc. is a small, women-owned, international health organization founded in 1987, with headquarters in Massachusetts, USA. Initiatives Inc.'s areas of focus are reproductive health and HIV/AIDS. The management focus includes institutional support and development, management development, training, human resource management, program design and planning and evaluation. Initiatives is known for the design and development of handbooks to assist NGOs and governments in integrating reproductive health into existing programs.

Subproject Purpose and Objectives

The purpose of the project was to contribute towards more effective prevention and control of the spread of HIV among the Indonesian population by strengthening existing and establishing new universal precautions (UP)/infection prevention (IP) guidelines for *puskesmas* (community health centers). Current UP practices were to be assessed through a baseline study at the Putat Jaya Clinic. A set of UP/IP guidelines and training modules specific to the *puskesmas* setting would then be developed. This was to be followed by training to effect behavior change among health care workers at the Putat Jaya Clinic, which provides STD management, diagnosis and care to nearly two thousand sex workers in two brothel areas of Surabaya. Trainers and training modules would also be developed so that behavioral-oriented UP training could be duplicated with health care personnel in other parts of East Java.

Accomplishments and Outcomes

- The baseline study of current UP practices at the Putat Jaya *puskesmas* and STD clinic revealed not only that existing practices did not conform to UP standards, but that there was a general lack of understanding of the purpose of UP standard compliance.
- Two committees were established to develop, respectively, a set of UP guidelines for Primary Health Centers and a UP training curriculum based on the guidelines.
- A number of trainers were then selected from the local government health offices and trained to implement the curriculum.
- Significant improvements in compliance with UP standards were noted after completion of the training.

Constraints

- Producing the documents in both Indonesian and English created a number of technical problems.

Lessons learned:

- It was vital to conduct a needs assessment of trainees and clinic resources to ensure that the curriculum content was relevant;
- Everyone involved needs to recognize that UP is the responsibility of all staff;
- Training must emphasize the transfer of skills in order to be effective;
- Changing behavior patterns requires that trainees understand the rationale for change;
- Support, monitoring and reinforcement should be built in to the overall program;
- New trainers need to be supervised by more experienced ones.

FHI/HAPP Funded Technical Assistance
Period : 1997 - 2000

No.	Dates	Consultant	Destination	Technical Assistance Given
				FINANCIAL
1	2 - 12 December 1997	Ladda Trongtorsuk	Jakarta	To train new FA staff, review proposals and supervise the new FA in MFR
2	11 - 28 January 1998	Ladda Trongtorsuk	Jakarta	To participate in the MTX accounting system training and to finalize the implementing agencies guidelines.
3	30 July - 6 August 1998	Ladda Trongtorsuk	Jakarta	To lead the financial monitoring component of HAP Internal Review in Jakarta province
4	6 - 11 August 2000	Ladda Trongtorsuk	Jakarta	To assist the financial staff in the preparation for financial close-out, to discuss the severance payment issue with Peter Knox, to work with the financial staff in the pipeline analysis and to discuss the transition period with the potential Admin. and Fin. Officer.
5	25 - 29 September 2000	Ladda Trongtorsuk	Jakarta	To assist in project end financial close-out, to assist in making payments to expedite the financial close-out process, to work with the financial staff in the transition into the new project and to provide an overview of the new project's budget to the admin. and financial staff.
6	26 September - 2 October 2000	Veraanong Na Songkia	Jakarta	To work with HAPP financial staff in year end closing of MTX account, to train additional staff to assist in the MTX accounting system and to work with HAPP financial staff in preparing the accounting format for the new project.
				PROGRAM
7	19 July - 18 August 1998	Kari Hartwig	Jakarta	To assist program staff in improving systems to deal with Implementing Agency contractual matters.
8	26 - 30 July 1998	Karen Smith	Manado/Surabaya	To facilitate logistics in relation to the Internal Review visit.
9	17 - 18 June 1999	Joy Pollock	Denpasar	
	6 June - August 1997 (20 days)	Doreen Biehle	Jakarta	HAPP Workshop Facilitation, Annual Report Writing
	15 August - November 1997 (8 days)	Doreen Biehle	Jakarta	Facilitation of Quarterly Reports
	12 Feb. 1998 - Feb. 1999 (60 days)	Doreen Biehle	Jakarta	ICAAP - KL Abstract Preparations
	29 March - 31 Dec. 1999 (60 days)	Doreen Biehle	Jakarta	ICAAP - KL Presentation Preparations, Management of IDF process

No.	Dates	Consultant	Destination	Technical Assistance Given
10	25 - 31 August 1999	Doreen Biehle	Manado	Consultant for Option Period Workshop
11	11 - 13 October 1999	Doreen Biehle	Surabaya	To prepare abstract presentations for KL Congress
12	6 - 9 September 1999	Doreen Biehle	Surabaya	Option Period Workshop
13	24 August - 3 September 1999	Diena Trigg	Surabaya	IDF Assessment
14	7 - 12 September 1999	Diena Trigg	Manado	IDF Assessment
15	16 - 19 February 2000	Diena Trigg	Surabaya	Training leadership at Manado &
16	16 - 20 April 2000	Diena Trigg	Surabaya	Follow up leadership training program with NGOs Leadership training for KPAD 18-20 April 2000
17	25 - 28 April 2000	Diena Trigg	Manado	Follow up leadership training program with NGOs Leadership training for KPAD 26-28 April, 2000
18	21 - 31 May 2000	Diena Trigg	Surabaya	IDF Round II for NGOs and KPAD Jatim Follow up leadership training for KPAD Jatim
19	12 - 23 June 2000	Diena Trigg	Manado	IDF Assessment Round II for Ias Follow up leadership training for KPAD Sulut
20	14 - 17 August 2000	Dienna Trigg	Cipanas	To facilitate IDF Workshop in Cipanas
21	24 August - 3 September 1999	Andrew Trigg	Surabaya	IDF Program
22	11 - 17 September 1999	Andrew Trigg	Manado	IDF Assessment
23	14 - 17 August 2000	Andrew Trigg	Cipanas	To facilitate IDF Workshop in Cipanas
24	29 August - 3 September 1999	Tiernan Downes	Surabaya	IDF Program
25	7 - 17 September 1999	Tiernan Downes	Manado	IDF Assessment
26	12 - 23 June 2000	Tiernan Downes	Manado	IDF Assessment Round II for Ias Follow up leadership training for KPAD Sulut
27	21 - 31 May 2000	Tiernan Downes	Surabaya	IDF round II for NGOs and KPAD Jatim Follow up leadership training for KPAD Jatim
28	23 - 26 February 2000	Rashmi Rajan	Bali	To attend the AUSAID Lessons Learned Workshop To build collaborative links with the AUSAID project and HAPP evaluation
29	9 - 13 April 2000	Rashmi Rajan	Manado	To conduct field consultations with HAPP partners and data collection for the HAPP evaluation To assist the expatriate team member by facilitating English to Indonesian
30	23 - 27 April 2000	Rashmi Rajan	Surabaya	To conduct field consultations with HAPP partners and data collection for the HAPP evaluation

No.	Dates	Consultant	Destination	Technical Assistance Given
31	13 March - 11 July 2000 (60 days)	Wartini Pramana	Jakarta	To review all project documents as specified by the technical and non technical standards, to develop a framework for analyzing and synthesizing the data, to take responsibility for writing up some sections of the evaluation report in consultation with Country Director, to help write, edit and finalize the IEC development draft curriculum produced by HAPP in simple language so that can be used and operationalised by NGO staff or Program Managers.
32	23 - 27 April 2000	Wartini	Surabaya	To work as a member of the HAPP evaluation team in Surabaya
				To assist expatriate team members by facilitating interpreting
33	15 November 1999 (30 days)	Irwan Ahmet	Jakarta	To assist the HAPP Team in research and design and advise HAPP on reports, documents or other project materials from a visual point of view as per the scope of work.
34	2 August 2000 (15 days)	Irwan Ahmet	Jakarta	To assist the HAPP Team in research and design and advise HAPP on reports, documents or other project materials from a visual point of view as per the scope of work.
35	9 November 1999 (25 days)	Pandu Riono	Jakarta	To translate a paper relating to STD epidemiology in Indonesia, to translate a paper concerning the behavioral risk relating to HIV/AIDS in Indonesia and to coordinate with Dr. Tonny Sadjimin on the translation of the publication of the consensus workshop proceedings.
36	7 December 2000 (60 days)	Annisa Sahid	Jakarta	To carry out consultation with the clients as needed, with follow up and home visits if necessary, to establish a good relationship between SWs/Pimps/Madams and the clinics, and to establish networking between outreach workers/peer educators and condom promotion conducted by local NGOs.
37	15 October 2000 (15 days)	Leny E. Tanod	Jakarta	To assist the HAPP team in major activities such as preparing brochures, documentation of project activities, building a strong public image of the HAPP Project as well as strategic planning to market HAPP activities.
38	22 November 1999 - 15 Jan. 2000	Irwanto	Jakarta	To compile data about risk behavior related to HIV and STD transmission from studies commissioned by FHI in Indonesia as well as other secondary sources, to review and analyse the existing data about risk behaviour in Indonesia across different populations and to produce a working paper.
39	1 Sept. 99 - 19 Feb. 2000 (110 days)	Ingrid Irawati A.	Jakarta	To help the HAPP team to prepare and translate various reports as part of Monitoring and Evaluation activities.
40	1 Sep. 99 - 1 Nov. 1999 (30 days)	Eric Hendra T	Jakarta	To assist the HAPP team to translate various reports as part of program and research activities.

No.	Dates	Consultant	Destination	Technical Assistance Given
41	8 - 19 April 2000	Asha Basnayati	Jakarta and Manado	To participate in the HAPP internal evaluation, particularly in the field consultation with implementing agencies and with end beneficiaries in Manado In addition, HAPP Senior staff arranged a session with her to share lessons learned from the Nepal program such as; Peer education programs Phase-out and phase-in processes; the approach used in the RFP to select new NGOs; and Community assessment in Terai
42	9 - 27 May 2000	Jeanine Buzy	Jakarta	To oversee the evaluation consultation with the Jakarta based NGOs
43	9 - 27 May 2000	Jeanine Buzy	Jakarta	To oversee the evaluation consultation with the Jakarta based NGOs
44	15 May - 23 June 2000	Sri Hardiyanti Gunadi	Jakarta	Facilitate group discussion in Jakarta field consultations especially with end beneficiaries Assistance with other inputs into the evaluation documents.
45	24 June - 27 August 2000	Sri Hardiyanti Gunadi	Jakarta	In consultation with the HAPP Evaluation Team, to integrate and finalize the draft report. In consultation with the HAPP Evaluation Team, to prepare presentation of the findings of the draft report (LL) for presentation to senior HAPP staff
46	28 August - 15 September 2000	Sri Hardiyanti Gunadi	Jakarta	To write, edit and finalize the IEC development training draft curriculum produced by HAPP in simple language and meet, discuss, and gain input from HAPP training consultants for finalization of the curriculum.
47	16 - 29 July 2000	Georgia Babatsikos	Jakarta	To provide technical assistance to the HET, to draw out appropriate content and write the text for materials to be disseminated
48	5 - 11 September 2000	Safiko	Merauke, Sorong	To accompany the FHI assessment team and introduce them to GOI officials and NGOs working in PATH in Merauke, Sorong and Jayapura
49	3 - 15 September 2000	Sri Hardiyanti Gunadi	Jakarta	To work on BCC curriculum module, to help with logistics and implementation of the National HAPP evaluation dissemination workshop
50	11 - 28 January 1998	David Lynn	Jakarta	To install the system and implement training for HAPP Finance staff
51	11 - 28 January 1998	Mark McCullough	Jakarta	To install the system and implement training for HAPP Finance staff
52	12 - 26 January 1998	Bolla Shrestha	Jakarta	To participate in MTX Training
53	10 - 13 December 1997	Stephen Mills	Jakarta	The implications of the Behavioral Surveillance Survey
54	7 - 9 August 2000	Jenny Zebedeus	Manado	To accompany FKPKA in their visit to Kab. Sangir Talaud to motivate KPAD and local NGOs

No.	Dates	Consultant	Destination	Technical Assistance Given
55	1 May - 11 Sept. 2000 (100 days)	Rashmi Rajan	Jakarta	To assist as a team member in the HAPP evaluation program, to carry out evaluation consultations at the 3 sites with FHI consultants and staff and to take responsibility for writing the lessons learned component of the evaluation.
56	18 July - 29 Sept. 2000 (25 days)	Sally Wellesley	Jakarta	To read reports written in Bahasa Indonesia and prepare a brief summary in English, work together with the Program Department in writing and finalizing FHI/Indonesia's quarterly and final reports and assist in formatting documents for user friendliness and good professional appearance.
57	17 July - 27 Sept. 2000 (25 days)	Susan Alexander	Jakarta	To assist the evaluation team in editing English versions of the FHI/Indonesia evaluation report, to assist in editing other miscellaneous English based documents prepared by FHI/Indonesia staff for public consumption and to assist in formatting documents for user friendliness and good professional appearance.
58	14 - 15 August 2000	Jenny Zebedeus		To visit KPAD and local NGOs
59	20 - 23 August 2000	Jenny Zebedeus		To visit KPDA and local NGOs
		G.N. Surya Anaya		
				TECHNICAL
60	29 June - 28 July 1998	Donna Flanagan	Jakarta	To provide BCC experience as needed during the absence of the HAPP BCC Advisor
61	12 - 15 July 1998	Donna Flanagan	Manado	To monitor progress and visit 3 NGOs under HAPP.
62	24 - 29 January 1999	Steve Mills	Jakarta	To assist HAPP with the preparation for the external review of evidence/data for HIV prevention strategies in a low prevalence setting
63	February 3, 1999	Dr. Endang S	Surabaya	* To attend several meetings with various people involved with Putat Jaya Clinic * To visit Putat Jaya Clinic
64	9 - 10 May 1999	Made Setiawan	Jakarta	To present the results of the Geneva Conference to HAPP & USAID
65	9 - 9 August 1999	Dr. Dede Oetomo	Jakarta	To finalize planning with the working group to implement the situational assesment on 'men'
66	9 - 9 August 1999	Pinky Saptandari	Jakarta	To finalize planning with the working group to implement the situational assesment on 'men'
67	9 - 9 August 1999	Jusuf Ernawan	Jakarta	To finalize planning with the working group to implement the situational assesment on 'men'
68	8 - 10 August 1999	Charles Ngangi	Jakarta	To finalize planning with the working group to implement situational assesment on 'men'
69	22 - 23 August 1999	Nancy Jamieson	Yogyakarta	Condom Negotiation Skills Training
70	22 - 24 August 1999	Danny I. Yatim	Yogyakarta	Condom Negotiation Skills Training
71	17 - 21 August 1999	Dr. Isrizal	Manado	To consult relevant organization in Manado as part of the situational assesment of IDU

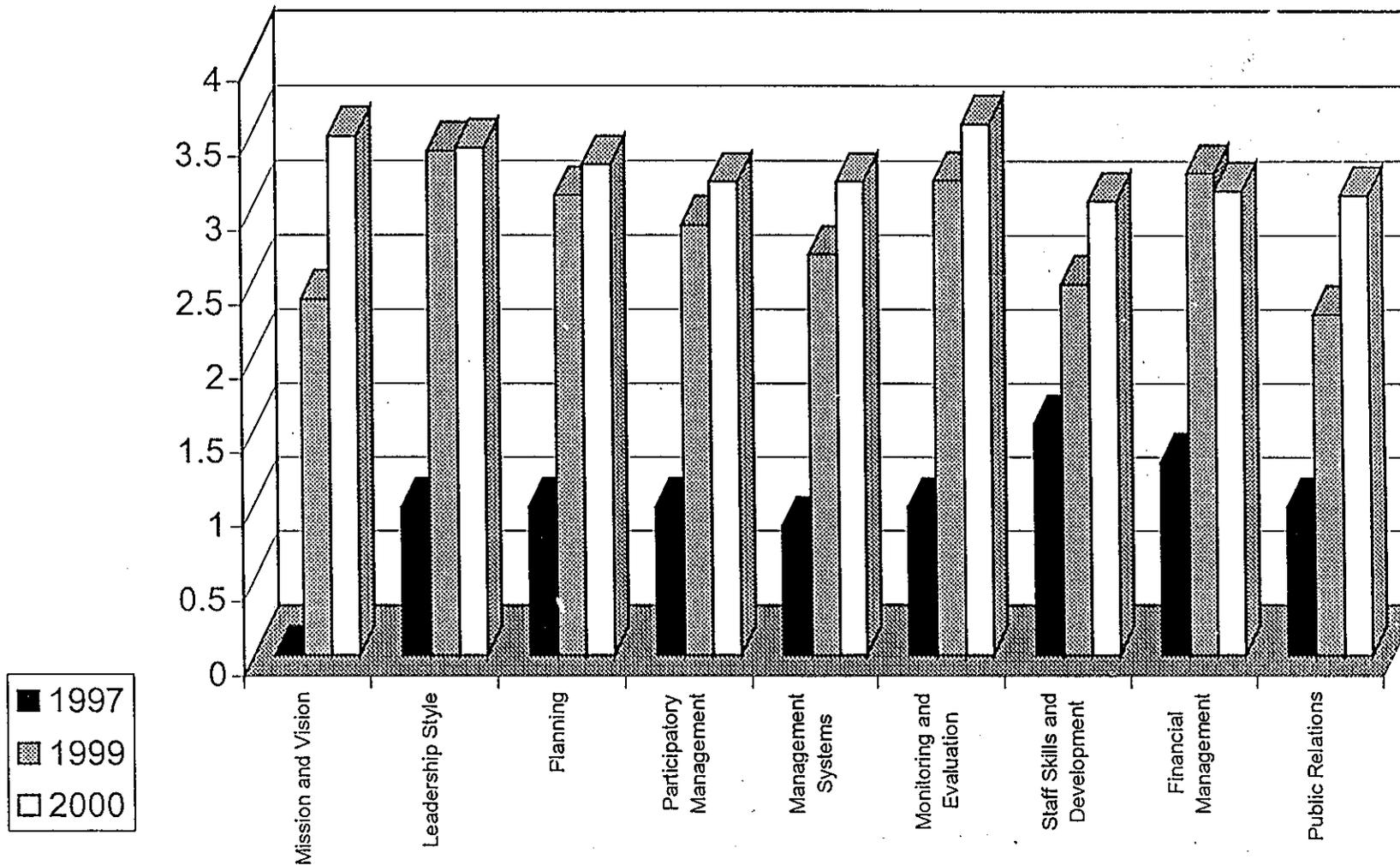
No.	Dates	Consultant	Destination	Technical Assistance Given
72	17 - 21 August 1999	Dra. Riza S. Pramudyo	Manado	To consult relevant organizations in Manado as part of the situational assessment of IDU
73	28 - 29 August 1999	Ms. Riza Pramudyo	Tasikmalaya	To consult relevant organizations in Tasikmalaya as part of the situational assessment of IDU
74	28 - 29 August 1999	Mr. Isrizal	Tasikmalaya	To consult relevant organizations in Tasikmalaya as part of the situational assessment of IDU
75	31 August - 2 September 1999	Isrizal	Surabaya	IDU Assessment
76	31 August - 2 September 1999	Riza P	Surabaya	IDU Assessment
77	14 - 19 September 1999	Dr. Dede Oetomo	Mdo, Jkt and Puncak	To support planning for the Men assessment, to finalize budgets to ensure coordination with Manado HAPP staff to participate in the National IDU Workshop
78	14 - 19 September 1999	Ko Budianto	Manado	To assist Dr. Dede in Men assesment training with the Manado team.
79	3 - 4 October 1999	Dede Oetomo	Jakarta	MSM Coordination meeting
80	14 - 18 December 1999	Steve Mills	Jakarta	To assist senior project staff with planning for the OP activities
				To review BSS IV results with Dr. Budi Utomo
				To facilitate BSS IV report
81	5 - 10 December 1999	Deborah Bickel	Surabaya	To carry out a needs assessment of general infection control procedures.
				To meet with key MOH officials at Provincial and community level for interviews and data collection
82	5 - 10 December 1999	Doreen Biehle	Surabaya	To support Deborah Bickel in data collection activities as part of the Initiatives Needs Assessments for Infection Control Specific to HIV/ AIDS
				To finalize arrangements for support for Puskesmas
83	14 - 15 January 2000	Marcell Latuihamalo	Surabaya	To facilitate "Men" Meeting
84	14 - 15 January 2000	Stephen Sulaeman	Surabaya	To facilitate "Men" Meeting
85	14 - 15 January 2000	Theo Ventje	Surabaya	To facilitate "Men" Meeting
86	14 - 15 January 2000	Charles Ngangi	Surabaya	To attend "Men" Meeting
87	22 - 24 January 2000	Dave Burrows	Jakarta	To put IDU Strategy for FHI Bid
88	24 - 26 January 2000	Dede Oetomo	Jakarta	To participate in discussion of IDU & Men Assessment
				To provide input to FHI about the status of MSM & appropriate intervention
89	29 May - 2 June 2000	Steve Mills	Jakarta	To initiate implementation and transition plans from HAPP to the new project and to assist in BSS analysis/ dissemination planning
90	4 - 15 June 2000	Nancy H. Corby	Jakarta	To provide technical expertise as a designer of role model stories for the HAPP BCC component

No.	Dates	Consultant	Destination	Technical Assistance Given
79	1 - 2 September 1999	Nancy Jamieson	Jakarta	To finalize HAPP capacity building strategy, to carry out a review of the current HAPP BCC strategy, to recommend BCC strategy and intervention for the HAPP Option Period etc.
80	19 January - 19 February 2000	Nancy Jamieson	Jakarta	To assist the HAPP BCC Advisor to review progress and planned BCC activities for the HAPP Option Period
81	4 June - 8 July 2000	Nancy Jamieson	Jakarta	To work with DR & NC to finalize the trial of HAPP role model stories
				To plan for the lessons learned consultations
82	4 June - 8 July 2000	Nancy Jamieson	Jakarta	To work with DR & NC to finalize the trial of HAPP role model story
				To plan for the lessons learned consultations
83	26 - 27 June 2000	Hanun	Surabaya	To assist Dr. Mamoto Gultom (ASTD) to solve the GenProbe problem in BLK Surabaya
84	24 - 30 June 2000	Barbara Franklin	Yogyakarta	To serve as a facilitator and resource person during the PE Workshop in Yogyakarta, especially on how to develop good peer assessment.
85	24 - 30 June 2000	Barbara Franklin	Yogyakarta	To serve as facilitator and resource person during PE Workshop in Yogyakarta especially on how to develop good peer assessment.
86	2 - 6 July 2000	Dave Burrows	Jakarta	To participate in the national IDU RAR meeting by providing technical support to the 8 RAR teams and guide the teams in the most effective means of communication.
87	5 - 12 December 1998	Mark McCullough	Jakarta	To negotiate a new computer support contract and problem solving for computers.
88	12 - 31 October 1998	Stacey Lissit, CEDPA	Jakarta	To hold discussions with HAPP Technical staff re. Sub Agreements.
89	6 - 10 July 1999	Stephen Mills	Jakarta	To carry out a training session on the BSS and assist with planning for BSS IV.
90	1 - 30 July 1999	Joice Djaelani	Jakarta	To assist the HAPP in gaining better understanding of the characteristics of the drug user behavior and the appropriate strategies to be used as well as to make recommendations about future needs in relation to drug use and HIV/AIDS transmission.
91	7 June - 7 August 2000	Marcel Latuihamallo	Jakarta	To develop training modules on IEC materials development through literature study from various available resources; to implement training in the three sites in Jakarta, Surabaya, Manado; to provide reports on the training process focusing on evidence of skills increase among participants and to recommend steps to be taken by HAPP for continued support of BCC skills building.
				CDC/PASA
92	3 - 9 August 1998	Dr. Riduan Joesoef	Manado	Technical support to STD services
93	10 - 14 August 1998	Dr. Riduan Joesoef	Jakarta	Technical support to STD services

No.	Dates	Consultant	Destination	Technical Assistance Given
94	31 Jan - 6 Feb. 1999	Dr. Riduan Joesoef	Surabaya	To investigate Putat Jaya, Ypros and PKBI
95	6 - 10 February 1999	Dr. Riduan Joesoef	Manado	To investigate GO transvestites YBHK
96	23 - 30 January 1999	Dr. Riduan Joesoef	Jakarta	To hire an STD Advisor Assistant
97	10 - 11 February 1999	Dr. Riduan Joesoef	Jakarta	USAID meeting
98	16 - 27 April 2000	Ridwan Joesoef	Surabaya	To conduct training for Putat Jaya staff in relation to establishing a comprehensive STD clinic in Surabaya; STD laboratory training, computer training and data management. To conduct Gen Probe Training for Litbangkes staff and BLK Surabaya
99	05 - 11 October 1998	Dr. Henny Malonda	Manado	To develop the capacity of laboratory staff of BLK Manado and Puskesmas Bitung Field visit for laboratory sampling collection
100	17 - 25 November 1998	Dr. Henny Malonda	Manado	To work with Pinaesaan clinic in specimen collection for female sex workers
101	26 - 30 January 1999	Caroline Ryan	Jakarta	Consultant to Putat Jaya
102	19 - 22 April 2000	Caroline Ryan	Surabaya	To conduct training for Putat Jaya staff in relation to establishing a comprehensive STD clinic in Surabaya; STD laboratory training, computer training and data management. To conduct Gen Probe Training for Litbangkes staff and BLK Surabaya
103	19 - 22 April 2000	Ray Ramson	Surabaya	To conduct training for Putat Jaya staff in relation to establishing a comprehensive STD clinic in Surabaya; STD laboratory training, computer training and data management. To conduct Gen Probe Training for Litbangkes staff and BLK Surabaya
104	16 - 27 April 2000	Joel Lewis	Surabaya	To conduct training for Putat Jaya staff in relation to establishing a comprehensive STD clinic in Surabaya; STD laboratory training, computer training and data management. To conduct Gen Probe Training for Litbangkes staff and BLK Surabaya
				MANAGEMENT/ADMINISTRATION
105	03 - 09 December 1998	Dr. Neil Brenden	Jakarta	To review the SOW for the Internal Management Review outcomes and plan for the External Review Team
106	10 - 13 August 1999	Dr. Neil Brenden	Jakarta	Regular quarterly supervision and planning; Option Period.
107	14 - 18 December 1999	Dr. Neil Brenden	Jakarta	To assist project Senior Staff To meet with USAID, COTR, USAID To carry out regular supervision with CD To review annual project in relation to CSM
108	29 May - 2 June 2000	Dr. Neil Brenden	Jakarta	To initiate implementation and transition plan from HAPP to the new project.

No.	Dates	Consultant	Destination	Technical Assistance Given
109	4 - 8 April 1999	Dr. Neil Brenden	Jakarta	To carry out routine supervision with the CD, to participate in on-going discussion with TFGI regarding the CSM program and to lead HAPP senior staff in review and future planning following the external assessment.
110	28 August - 1 September 2000	Dr. Neil Brenden	Jakarta	To consult with USAID/Indonesia about the start-up of the new cooperative agreement, to consult with HAPP staff regarding personnel issues for the phase-out and the phase-in period, to brief the incoming CD and to assist with the development of the implementation plan.
111	11 - 28 January 1998	Dr. Neil Brenden	Jakarta	To discuss with the Mission re. HAPP and with Mr. William Schellstede re. other regional and IMPACT issues
112	8 - 12 December 1998	Donna Flanagan	Surabaya	To follow up the review of staff position descriptions To assist with finalizing of RRF proposals
113	16 - 17 December 1998	Donna Flanagan	Manado	To follow up the review of staff position descriptions To assist with the finalizing of RRF proposals
114	29 January - 14 February 1999	Lee-Pyne Mercier	Jakarta	To install a contract performance monitoring system in the HAPP Indonesia office and to train staff in its use
115	29 January - 14 February 1999	Lee-Pyne Mercier	Bangkok	To travel to Bangkok to meet ARO senior Staff
116	18 - 28 January 99	William Schellstede	Jakarta	To discuss with the Mission
117	28 - 31 August 2000	Stephen Mills	Jakarta	To review the Behavior Surveillance Survey (BSS IV), to facilitate completion of the BSS IV report and to finalize the content for BSS dissemination including overall formats for different audiences.
118	28 - 31 August 2000	Jeanine Buzy Bardon	Jakarta	To assist in the transition from HAPP to the new project, to assist the country office in developing a planning process for the development of the new project implementation plan and to assist in the planning for the development of the project workplan.
120	26 June 2000 (14 days)	Gede Ngurah Surya	Jakarta	To review learning objectives, keeping in mind steps of behavior change and adult learning methods, to review each of the learning activities through the entire curriculum and identify learning activities, to write all new material in the same format as the original curriculum.
121	26 June 2000 (14 days)	Ida Bagus Sutakertya	Jakarta	To review learning objectives, keeping in mind steps of behavior change and adult learning methods, to review each of the learning activities through the entire curriculum and identify learning activities, to write all new material in the same format as the original curriculum.
122	26 June 2000 (14 days)	Efo Suarmiartha	Jakarta	To review learning objectives, keeping in mind steps of behavior change and adult learning methods, to review each of the learning activities through the entire curriculum and identify learning activities, to write all new material in the same format as the original curriculum.

HAPP Progress Over Three Years



COMPOSITE IDF SCORES FOR 1997, 1999 AND 2000

HAPP PARTNERS	MANAGEMENT STRUCTURE			MISSION AND VISION			AUTONOMY			LEADERSHIP STYLE			PLANNING			PARTICIPATORY MANAGEMENT		
	YEAR	1997	1999	2000	1997	1999	2000	1997	1999	2000	1997	1999	2000	1997	1999	2000	1997	1999
IAKMI	2.25	2.67	3	3	3	3.08	1.83	1.33	2.17	1.5	1.33	1.83	2.94	2.94	2.88	1.95	1.85	2.65
PKBI Jatim	2.17	2.42	3.33	2.92	3	3.17	1.83	2.5	2.5	1.58	1.67	1.67	2.69	2.75	3.19	1.81	1.81	2.25
YAA	1	3.08	3.5	1.25	2.17	3.31	1.42	1.83	2.75	1.08	1.08	3	1	1.81	2.94	1.13	1.38	3.1
YBHK	2.67	3.08	3.58	2.42	2.5	3	2.25	2.25	2.58	2.92	3.08	3	2.13	2.5	2.94	2.35	2.7	2.8
YIK	2	2.33	2.58	2.17	2.25	2.75	1.58	1.58	1.75	1.42	1.33	2.67	1.88	2.13	2.81	1.65	1.65	2.35
YKB	2.58	2.58	2.17	2.83	3.17	3	2.33	2.42	2.75	2.33	2.58	3.08	2.31	2.5	2.5	2.45	2.6	3.05
YMM	1.25	1.67	2.83	1.92	2.58	3.5	0.58	1.67	2.42	1.08	1.83	3.25	1.13	2	3.25	1.3	1.65	3.2
YPEKA	2.17	2.33	2.42	1.83	2.83	3.5	0.83	1.92	2.33	1.75	2.08	2.67	1	1.69	2.63	1.9	2.5	3.15
YPROS	3.25	3.33	2.58	3.67	3.42	3.67	2.17	2.33	2.08	3.17	3.17	1.33	3.06	3.25	3.56	2.85	3	2.8
HAPP Jkt	omit	omit	omit	omit	2.4	3.5	omit	omit	omit	1	3.4	3.42	1	3.1	3.31	1	2.9	3.19
KPAD Jkt	2.92	2.92	3.17	1	1.33	2.38	1.08	1.08	2.25	3.17	3.17	2.42	2.06	2.06	2.56	1.85	2.05	2.6
KPAD Sulut	2.83	3.58	3.58	1.67	2.58	3.06	1.17	2.25	2.42	2.17	3.08	3.25	1.88	2.81	3.06	1.6	2.45	2.85
KPAD Jatim	2.42	2.83	3.5	2.08	2.42	2.75	1.33	2.25	2.42			3	2.75	2.81	2.81	2.1	2.3	2.35

COMPOSITE IDF SCORES FOR 1997, 1999 AND 2000

HAPP PARTNERS	MANAGEMENT SYSTEMS			MONITORING AND EVALUATION			STAFF SKILLS AND DEVELOPMENT			LOCAL REPRESENTATION			FINANCIAL MANAGEMENT			PUBLIC RELATIONS		
	YEAR	1997	1999	2000	1997	1999	2000	1997	1999	2000	1997	1999	2000	1997	1999	2000	1997	1999
IAKMI	1.94	1.5	2.06	3.08	2.5	3.08	1.75	1.44	2.13	2.88	2.88	2.38	2.61	2.43	2.64	2.97	2.56	2.78
PKBI Jatim	1.81	1.88	2.44	1.67	1.75	2.08	1.56	1.69	2.06	1.88	2.63	2.63	2.79	3.14	2.86	2.58	3.31	3.19
YAA	0.69	1.63	2.19	1.33	2.33	3.25	0.75	2	2.81	1.13	2.5	3.5	1.07	2.68	3.06	2.19	2.61	2.97
YBHK	1.75	2	2.31	1.83	2.17	2.42	1.88	2.06	2.44	2.5	3.25	3.5	2.36	2.54	3	2.5	2.75	3.11
YIK	1.5	1.5	2.69	1.92	2.17	3	1.75	2.25	2.44	2.63	2.63	3	1.96	1.71	2.32	1.56	2.14	2.61
YKB	1.25	1.44	1.75	2.75	3	3.08	2.06	2.31	2.5	3	3	3	2.44	2.31	2.21	2.53	2.69	2.78
YMM	1.94	2.06	2.38	1.67	2.42	2.92	1.56	2.25	2.94	3	3	3.25	1.89	1.96	2.75	1.56	2.17	2.97
YPEKA	1.44	1.63	2.44	1.83	2.58	2.83	1.75	2.25	2.88	3.25	3.25	3.38	2.36	2.39	2.75	1.72	2.61	2.92
YPROS	2.63	2.75	2.69	2.75	3.25	3.25	2.25	2.69	2.75	3.5	3.5	3.5	2.82	3.11	2.29	2.56	3.19	3.31
HAPP Jkt	0.87	2.7	3.19	1.1	3.2	3.58	1.56	2.5	3.06	omit	omit	omit	1.3	3.25	3.13	1	2.3	3.1
KPAD Jkt	0.5	1	2.38	0.33	0.83	1.33	1.13	1.38	2.06	1.25	1.38	1.13	1.47	1.59	2.25	0.97	1.61	2.17
KPAD Sulut	0.31	1.38	1.94	1	2	2.33	1.44	2.63	2.94	4	4	4	1.32	2.36	2.78	1.17	2.72	2.94
KPAD Jatim	0.5	1.42	2.13	1	1.83	2	1.56	1.88	2.13	3.5	3.5	2.5	0.79	0.75	1.81	1.97	2.67	2.14

HIV/AIDS PREVENTION PROJECT (HAPP)

Situational Assessment on Gender and Sexual Diversity In Jakarta, Surabaya and Manado, Indonesia

4 November 1999

Interim Report prepared by:

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"It may be that research will indicate that in many countries male-male sexual transmission is indeed an insignificant factor in HIV transmission. However, the decision as to whether or not to undertake AIDS prevention activities for men who have sex with men must be taken on the basis of facts, rather than assumptions. Until proof to the contrary is available, those responsible for the funding and implementation of AIDS prevention campaigns must ensure that men who have sex with men are also targeted. Failure to do so will not only be to the detriment of the individuals whose need for information, resources and support is denied, it will also result in the suffering of society as a whole."

— Peter Piot, Executive Director, UNAIDS
(in Preface to McKenna 1996)

1.0 Background: Low Prevalence, High-Risk Behavior Populations and Invisible Individuals

Considerable and often controversial discussion about the epidemic in Indonesia in 1999 has focused on whether it is low-prevalence or low level. But regardless, the result has been that policy makers and program planners are tending to rethink their approach of the last six years, that targetted female commercial sex workers (CSWs) and their clients and general population uses groups such as women visiting antenatal clinics, transport drivers, factory workers, and young people. This approach is seen to be inefficient and ineffective, as working with such general populations excessive funds and resources with population whose risk of HIV infection is very low.

Two population groups more likely to engage in high risk for HIV infection, are injecting drug users (IDUs) and what is now internationally known as "men who have sex with men" (MSMs). We also suspect that the two groups may overlap.

To date, we only have sporadic, anecdotal evidence as to the extent of high-risk sexual relations between "men" and of how many of them engage in sexual relations with women as well. This broad category of "men" is constructing and being constructed as "real men", "waria (transgender)", male sex worker", "gay-identified men" and "bisexual men". In addition, anecdotal reports from different sites indicate that there are other practices related to the diverse constructions of gender and sexuality that seem to increase the risk. One example is the practice of liquid (industrial?) silicone injection into different parts of the body and the connections with social networks of variously constructed "men" and "women" around them. Drug use is another perhaps to the stage of party drugs such as methamphetamines (ectasy) and amphetamines (as "ice"), but already and increasingly leading to intravenous use of low-grade heroin. There have also been fleeting observations of some of the "men" engaging in an initiator role in sexual practice, gender construction process, silicone injections and drug use for young "men" as well as women.

Under AIDSCOM, the United States The Agency for Educational Development, (USAID) funded a valuable, comprehensive situational assessments by Michael Blowfield in 1991-1992 on the commercial sex industry in Surabaya (1992a) and the shipping industry and seafarers' behavior in Jakarta and Surabaya (1992b). Toward the latter stages of HAPP, and prior to planning NGO interventions for the Option Period, Family Health International (FHI), with USAID funding, commissioned this situational assessment, repeating aspects of the method used by Blowfield, on "men", as there is a need for more and reliable information beyond merely high risk behaviors.

1.1 Aims

This assessment aims to investigate the following issues in the three original HAPP sites, (Jakarta, Surabaya and Manado)

- the diverse gender and sexual constructions of “men” and their partners, their social and cultural contexts, including socio-sexual networks,
- how these impinge on behavior relating to the risk of STD and HIV infection,
- how individuals as well as communities go about ensuring general and sexual health (specifically in connection with STD and HIV infection, but also with more general physical, psychological and social health issues),
- what institutions already provide services to these people or have the potential to do so, and
- what their expectations are in terms of an acceptable, user-friendly intervention program, with the ultimate goal of achieving optimal individual and communal health.

2.0 Theoretical Frame of Reference

In the early history of the HIV/AIDS epidemic in the 1980s, there was realization that the sexual routes of transmission differed in the industrial West (the homosexual route) and parts of the developing world such as sub-Saharan Africa (the heterosexual route). However, the fairly high incidence of HIV infection among (“heterosexual”) men in the developing world, especially in countries where injecting drug use is not common or widespread, poses the serious question of how the men become infected, when—other things being equal, male-to-female transmission is more likely than the other way around.

In the late 1980s a so-called “bisexuality hypothesis” began to circulate among some sexuality researchers and HIV/AIDS workers and activists. It stipulates that the “men” in the epidemiological statistics may also have been insertees in anal sex with other men, obviously in addition to having sex with women (as wives, girlfriends, CSWs, and so on). The fact that AIDS was first discovered among gay men in the West has also led the majority of expatriate and early-day domestic HIV/AIDS workers and activists, many of whom were gay men, to hypothesize the possibility of a homosexual route of transmission as well. However, both these approaches did not go over well with most developing-country governments and, there is reason to believe, with international health establishments like the World Health Organization’s Global Programme on AIDS.

The concerned parties did not give up, however, and so a few anthologies like Tielman et al. (1991) and Aggleton (1996) attempted to continue the work academically, although many of the contributors to the two volumes straddle academia and community-based activism. Also, many local activists and organizations continued work with gay men, transvestites, barboys, male CSWs and their partners, sometimes in the face of ignorance or outright hostility from the national health establishments. Examples of good work in the Asia/Pacific region can be cited from Madras (now Chennai), India, to Suva, Fiji, and from Tokyo, Japan, to Denpasar, Bali,

Indonesia. A good glimpse on the best of these can be had in *AIDS and Men Who Have Sex with Men* (1997).

At various meetings of the Asia/Pacific Council of AIDS Service Organizations (APCASO) network of non-government and community-based organizations and during the International Congresses on AIDS in Asia and the Pacific (ICAAP) and the world AIDS conferences, there was a series of discussions and debates struggling to understand the issues of "alternative or alternate sexuality or sexualities," "men who have sex with men," "transvestites(ing)," and "gay men," all reflecting the problematic of rigid terms derived from modern sciences.

During such meetings there was always some the discomfort with terms such as "gay," "homosexual," "homosexuality," "bisexual" and "bisexuality" because such taxonomies are a far cry from the very complex and nuanced diversity of gender and sexual constructions in our different communities and cultures. The term "alternative sexualities," for instance, was an attempt at capturing them. In the same way, the term "men who have sex with men" attempt to avoid the empirical and political discomfort with the term "gay": many men who have sex with men (in their different guises) do not, in all sincere honesty, identify as "gay." A research or intervention design using the "gay" framework will miss out on all the possible complex gender and sexual constructions. The impatient conclusion of many a modern scientist, including those from Asia/Pacific communities, about "bisexuality" in men who have sex with other men and women in this region, becomes at best redundant and at worst invalid: while behaviorally we can call these men "bisexual," the extent of such behavior is so widespread that it might as well include just about any man in different stages of his life. This fluid construction of sexuality is also pointed out in the fine works of people like Jenkins (1996) and Elliston (1995) in Papua New Guinea, but also those by Dowsett (1996, to mention just one example) on men in Australia. So the industrial world vs. developing world divide on men's sexuality may really be a chimera.

Furthermore, politically it has been no mean feat to get the issues onto the ICAAP agenda: we have moved a long way from being forced to hold an alternative meeting in Nehru Park across the street from the 2nd ICAAP venue in Delhi, India; to being given the only community-suggested session at the 3rd ICAAP in Chiang Mai, Thailand; to being marginalized to a separate venue again due to the high cost of having a satellite meeting recognized by the organizing committee of the 4th ICAAP in Manila, the Philippines, to finally a fairly central place on the agenda of the 5th ICAAP in Kuala Lumpur, Malaysia, with sessions, satellite meetings and community programs focussing on men in all their complexities.

For the Asia/Pacific region, following up on a consultation on HIV/AIDS prevention, care and support programs with MSM in Latin America and the Caribbean ("Regional Consultation" 1997), two separate but linked initiatives took place in early 1999: a regional consultation on policy and programmatic issues for MSM in Singapore involving activists and government health officials in East Asia, Southeast Asia and the South Pacific ("Regional Consultation ..." 1999) and a similar consultation meeting in Calcutta, India ("Male Reproductive and Sexual Health ..." 1999). On research, the Singapore consultation clearly stipulates that those conducting

research on MSM/transgender communities should "address the full diversity of MSM/TG culture/groups" and "serve the community." The Calcutta meeting also strongly and clearly send the message that "appropriate" research on male reproductive and sexual health "not only looks at epidemiological information, but should also explore issues around the social constructions of masculinities and sexual behaviours, the meanings and content that males give to their sexual practices ..." (p. 45).

This assessment builds on the aforementioned processes and work for the three sites. We take the broadest possible theoretical framework to understand the fluidity, complexity and nuances of gender and sexual constructions among "men" there, assuming that anything and everything is possible so that we do not leave any stone unturned in assessing the situation. Note that building on the previously used blurry terms "alternative sexualities" (alternative to what?) and "MSM," the Singapore consultation adds the important category "transvestites" onto "MSM" and the Calcutta meeting prefers the broad category "male reproductive and sexual health." Along such line of thinking, we decide early on in this project to use the essentialist construct "men" and take it further to the different possible social and cultural constructs of masculinity and resistances to it, based on social constructions of the body, gender, sexual and romantic relations, recreational activities and communities, and so on. For the Indonesian context, it builds on the works of Oetomo (1991a, 1991b, 1996, 1998, in press).

3.0 Method

After an initial discussion on the theoretical framework and method used, held in Jakarta on August 9, 1999, involving HAPP personnel, potential technical advisers and research team leaders from the three sites, the three teams were formed in the following manner:

3.1 Surabaya

The Surabaya team is led by two Universitas Airlangga anthropologists, Pinky Saptandari and Yusuf Ernawan, with extensive experience in teaching and researching issues around gender, sexuality and reproductive and sexual health, including issues around STDs and HIV/AIDS. Three field workers or contact persons to the different individuals and communities are identified, activists in the organization, GAYa NUSANTARA, Ruddy Mustapha, Suhartono, and Ko Budijanto, with a track record of interacting and working with such people varying from nine to twenty years. A fourth field worker, Setia Pranata, a staff member at the Institute for Research and Development on Health Provision, a trained anthropologist, engages in researching the component on reproductive and sexual health provision for the intended individuals and communities.

The three field workers sat down with Oetomo and Ernawan some time in August, and after the protocol was finished in late September, were briefly familiarized with it. The relatively long wait was due to the fact that Oetomo and Kambodji planned to draft the protocol as they train the Manado team.

3.2 Manado

The Manado team is led by Charles R. Ngangi, a Ph.D. candidate in the social sciences at Universitas Airlangga who will write his thesis on sexuality of Manado youths, and Theo Ventje, a sociology of law M.A. graduate from the same university. Except for the initial identification of Ngangi, the other members of the team were identified at the training session held by Oetomo and Kambodji, with the help of Budijanto, in Manado, 15–19 September, 1999.

The field workers were selected at the training session, consisting of a young woman who has had extensive interactions with transgenders, and three other male field workers with varying intensity of interactions with transvestites. Given the lack of experienced field workers, we have to rely on their sensitivity to conditions in the field.

Yanti Gunadi of HAPP Manado, who personally knows some gay-identified men in town, assisted in filling in the gaps, especially given the highly closeted nature of Manado's gay population. Oetomo, Kambodji and Budijanto carried out some participant observations while in Manado.

4.0 General Description of the Three Sites

4.1 Surabaya:

This city of ca. 3 million inhabitants is a coastal (*pasisir*, Jv.) Javanese city. Its proximity to the island of Madura and the Madurese-dominated Eastern Salient means that as many as 20% of the inhabitants are ethnic Madurese, and many of the Javanese born and growing up in local communities have different degrees of acculturation with Madurese culture. The city also has a sizeable (10-15%) ethnic Chinese population, both local and hailing from other Chinese communities in Kalimantan and eastern Indonesia, as well as smaller ethnic Arab (Hadrami), Balinese, Bugis-Makassar, Manadonese, Moluccan communities and others from eastern Indonesian islands. Significantly, the expat communities, except for the close-knit Japanese, Korean and Taiwanese communities, are very sparse. Not being a favorite tourist destination, the city lacks an international, cosmopolitan ambience found in Jakarta.

In terms of religious culture of coastal Java and Madura, Surabaya is somewhat of a traditionalist *santri* (devout, practicing Muslim) city. The traditionalist (Nahdlatul Ulama) trait shows itself in moderate, tolerant attitudes towards other groups in society as well as to worldly "vices." On the other hand, many Surabayans belong to the nominal, syncretic non-practicing *abangan* type. The sprinklings of different Christian and Buddhist sects as well as Chinese religions add to the mosaic.

The Muslim nuance of the city deserves our special attention since it impinges on the culture of sexuality amongst the Muslims. Some *santri* men, in their aversion to adulterous relations with women, to mention an instance, would rather "play" (*maen*, Jv.) with transgenders (*wandu*, Jv.) or other men. Male-male and female-female sexual play and bonding are common in Nahdlatul Ulama boarding schools, especially in the hinterland. The syncretic *abangan* inherit the Tantric

culture of the pre-Islamic East Javanese kingdom of Singasari, so it is not an exaggeration when visitors to the city, especially foreigners, are amazed at how sexually charged Surabayan society really is.

Transvestites and homosocial, if not homosexual, culture has deep roots in the performing arts and male-bonding and prowess-pursuit practices of communities throughout East Java Province. One must quickly add, however, that traditional family values are as strong as ever, so that even some transvestites are or at least have been heterosexually married.

As much as before World War II Surabaya was a more cosmopolitan port city, overshadowing Batavia, openly gay-identified culture is but a thin veneer. On the other hand, the aforementioned traits with regard to sexual cultures as well as the regional-city atmosphere mean that men, male sex workers, transvestites and gay-identified men tend to be more open and friendly to outsiders and fairly comfortable with their sexuality. [salon, ngeber, kucing, drivers, ship cooks] We believe it is no coincidence that Indonesia's longest-running drag musical show, the Waria Show at Taman Remaja Surabaya (Surabaya Youth Park), which started in 1978, and longest-running gay magazine, first published in 1987, are both based here.

Finally, Surabaya being a port city, it is to be expected that new phenomena such as liquid silicone injections, recreational drugs (methamphetamines, amphetamines) and, increasingly, low-grade(?) heroin quickly make headway in transvestite, gay men, and sex worker communities.

4.2 *Manado:*

Inhabitants of Manado, proud and devout Christians, nevertheless have the reputation elsewhere in Indonesia of knowing how to enjoy themselves in terms of drinking, drug-taking and sex. It is probably the only city in Indonesia where discotheques and pubs only start pulsing at midnight and people party until 9:00 a.m. on weekdays and until 2:00 p.m. on weekends. Going to church afterwards is just part of a Sunday script, though. [discos, pubs, streets and parks]

Unlike Surabaya, though, discretion is pretty much the norm even among transvestites. One speaks of "closeted transvestites" (*waria tertutup*, Ind.), since they are not so obvious except during fashion shows and transvestites beauty contests. Gay men, while they do exist, are very closeted and many live in fear of being discovered by family or church elders. Male sex workers and their pimps are also discreet, unlike in Surabaya and Jakarta, where they aggressively ply their trade and negotiate payment openly. Men who have sex with other men or transvestites are even more discreet.

4.3 *Jakarta:*

The capital city of Jakarta is so spread out and consists of so many possible venues for sexual encounters that one almost has a hard time starting to even make a list of them all.

Culturally, the ethnic make-up of the city is a miniature of the nation, although Betawi, Sundanese, Javanese, Minang and different Batak groups dominate. The city also has a sizeable ethnic Chinese community, both local and from points west and north (i.e. West Kalimantan).

Ethnolinguistically they are more Chinese-communal oriented than their cousins in East Java. One finds also ethnic Arabs and South Asians, as well as significant expat communities from different nationalities. While in terms of politico-religious culture Jakarta's Muslims have the reputation of being more militant than Surabaya's moderates, it does not mean that all kinds of worldly "vices" do not take place here. One can obviously begin by mentioning the different parks, roundabouts and streets where transvestites (real ones doing sex work or others using such a disguise to pick pockets etc.) hang out to be picked up by men. Many, if not most, hairdressing salons are owned and staffed by transvestites and gay-identified men. Some of these are venues for sexual encounters as well as the provision of body-enhancing liquid silicone injections and different kinds of drugs.

There are both free-lance and informally and formally organized male sex workers. There is a (rather dated) list on the internet ; another list obtained from a Chinese key informant is even more complete, and does not yet include the higher-income, ethnic Chinese men. [moviehouses, swimming pools, malls, saunas, discos, drivers, ship cooks].

4.4 *Body Image and Gender Identity*

Biological males in the three sites construct their body image and gender identity, the two often being interconnected, in a variety of manners. While most of them consider their masculinity and heterosexuality as an unmarked given, others apply tattoos, insert small objects into the head of their penis or have liquid silicone injected into the shaft to make it larger (found in Jakarta and Surabaya). Upper-middle class gay-identified men, especially in Jakarta and to a far lesser extent in Surabaya, go to the gym regularly to exercise with different gadgets or simply do aerobics. For these men, muscles are an asset in the discos and other venues like swimming pools and the gyms themselves. They also tend to appreciate a tanned skin color, whereas among middle and lower-middle class gay men, applying whitening cream is the norm, to look as fair as one can. Among many gay men in the three sites, penis size is of considerable significance, both on their desired partners' body as well as on their own. It is interesting, though, that penis enlargement by liquid silicone injection is only found among heterosexual men.

Male sex workers in Jakarta and Surabaya selling their services to transvestites and gay men construct themselves in the trade, i.e. publicly, as very masculine, but in private many let their hair down and identify themselves as gay with various degrees of transvestiting.

Different modes of transvestiting are found engaged in by a few biological males in the three sites. In Manado, as mentioned earlier with regard to "closeted transvestites," there is a clear division between discreet transvestiting (putting on a very thin layer of make-up, wearing a fairly feminine hair-do or clothes) in daily life and dressing up to the nines (but not camping it up) on the catwalk. This reminds us of data from earlier interviews with older transvestites, who related how in the 1950s and early 1960s they only cross-dressed on stage. In Jakarta and Surabaya, transvestiting is more openly done, in most cases around the clock. Gender reassignment surgery is not desired by a great majority of our respondents, although in Jakarta and Surabaya there are post-operative transsexuals in the communities.

In connection with transvestites, body-image enhancement is carried out by most if not all. The almost obsessive use of cosmetics is common among almost all transgenders (and a considerable

number of gay-identified men). In Jakarta and Surabaya, traditional practices carried out also by ordinary men and women of inserting steel, gold or platinum needles; small metal balls; and diamonds under the skin persist. In both places a very few transvestites still continue the older practice of taking an excessive dose of contraceptive pills to enlarge the breasts and increase their voice pitch. The insertion practice seems to connect with the more recent practice of injecting liquid silicones in different parts of the body (cheeks, nose, chin, lower lip, forehead, breasts, hips, buttocks). While such practice existed for a brief while in Manado, it stopped when the only salon-based transvestites returned to Jakarta. In Surabaya we found also the injection of liquefied placenta, believed to whiten one's skin. The availability of syringes has meant for as yet a very few transvestites and gay men that they start to engage in injecting heroin and dealing in it.

It is significant to note that the general public tends to lump together feminine men (gay-identified or not) and transvestites as *banci/bencong* or, less pejoratively, *waria*.

4.5 *Transvestites, Gay Men, Men, Male Sex Workers, Women and the Ubiquitous Salon*

4.6 *Gender Constructions and Sexual Practices*

4.7 *Health-Seeking Behavior and Available Services*

See attachment on this section by Dr. Kambodji.

4.8 *The Respondents' Expectations*

5.0 Findings and Recommendations

5.1 *Findings*

5.1.1 It is important to keep in mind the possible undecidability, multiplicity and fluidity of identities ([real] men, women, transgender, gay, male sex worker between self-identification), depending on self-identification and identification by others, public and private, as well as within the social contexts of group or vocational membership as well as dyadic sexual and/or romantic relationships.

5.1.2 Enhancement of body features according to communal standards of beauty is the norm among most transvestites and gay-identified men. The application of cosmetics and whitening cream is the norm for these people, except for upper-class gay men in Jakarta and to a far lesser extent in Surabaya, who prefer a tanned look (in combination with machine- or aerobic-constructed muscular bodies). A possible health hazard presents in the practice of liquid silicone injections in different parts of the body (except in Manado) by salon-based or -connected transvestites and gay men, both in the side effects to the skin around the body parts (parts of the face, chest and hips and buttocks in transvestites; and all of the above except for the chest in gay men) and in possible infection due to

unhygienic use of syringes. In Surabaya and Jakarta some “real” men, in addition to tattoos, also have their penis enlarged by liquid silicone injection in the shaft. Salon-going women are often persuaded to have such injections as well. Female sex workers do so around the vagina to make it tighter. In traditional Javanese and Sundanese cultures, inserting needles or diamonds to enhance beauty or prowess is done, and the practice still continues. Traditional Chinese practice of removing or adding moles is closely connected with some transvestites who play the role of fortune tellers. Penis inserts, while not so common any more, are found among some men, at least in Surabaya.

- 5.1.3 The salon and the transvestite or gay men operating it are hubs not only of beauty-enhancing activities, but also of sexuality-related activities. Young men often have their first sexual experience with a transvestite or gay man. Young women may be introduced to older patrons. The salon owners and workers themselves may meet their potential sexual partners there. The salon is also a site where people experiment with new cosmetics and beauty-enhancement techniques. Transvestites are also found on boats and in harbor areas. Some of them are traffickers of women in addition to trading in traditional herbal medicine, batik cloths etc. In Surabaya, some transvestites act as pimps. We are almost tempted to describe the transvestite person as a charismatic figure, in line with her traditional position in ethnic communities across the Indonesian archipelago. It is no surprise then that when recreational drugs such as methamphetamines and amphetamines started becoming popular, one of the sites where people learn to partake of them is the salon. In some salons in Surabaya and Jakarta, heroin has also started appearing.
- 5.1.4 Recreational sites such as discotheques, karaoke lounges, pubs and the like are also meeting places for potential sexual partners. Male sex workers frequent such places to meet clients. Generally speaking, any public place at different times of the day may be sites of potential sexual encounters. Many malls in Jakarta and Surabaya are used that way. Some swimming pools, gyms and hotel saunas may be used similarly. In Jakarta and Surabaya there are gay and transvestite organizations, often making introductions. In Jakarta we find dozens of massage parlors featuring male masseurs, and both in Jakarta and Surabaya freelance masseurs advertise in the personal ads pages of certain newspapers. The internet (chatrooms, e-mail lists, homepages) is also used quite heavily in Jakarta, and increasingly so in Surabaya, for meeting potential partners.
- 5.1.5 Having said all that, the sexual behavior found is actually rather banal, at least at first sight. But what is significant is that many “real” men have sex with transvestite, and this is where private identities appear. The masculine man of the street may be a passive, receptive partner in anal sex with a feminine transvestite, especially when he cannot have an erection (which is the case we find among male sex workers). The masculine-constructed male sex worker, once the clients leave the brothel, will camp it out to the max. In other words, we cannot assume stable masculinity and femininity between public and private contexts. We find the whole gamut of sexual practices: oral, anal, interfemoral, mutual masturbation. Devout Muslims tend to be averse to anal sex, but other than that all the above techniques are used. There seems to be a parallel between

upper-class status and higher education with more versatile experimentation in sexual techniques (bondage, sado-masochism, watersports), but this is very rare.

- 5.1.6 Social features such as age and class often figure strongly in deciding who gets to penetrate whom. In sex work involving male or transvestite sex workers, the client, having the power connected with money, gets to decide whether or not he penetrates. In encounters with transvestites, men with no money must be satisfied with being penetrated.
- 5.1.7 Special mention must be mentioned about "bisexuality." Many of the "ordinary" men have sex with women as well. The male partners of transvestites are often married, and have sex with female sex workers of different varieties. In Surabaya we find the practice of some men coming out of female sex-work brothels stopping at a transvestite beat to have oral sex performed on them in the belief that such practice cleans their penis off of any possible "women's disease" (i.e. STDs). Some transvestites are married and have children. Male sex workers often also have female clients, and when they have money and do not spend it on drugs will spend it on younger freelance female sex workers. Some of them have girlfriends. Finally, quite a few gay men have sex with women because of peer pressure, experimenting in preparation of marriage, and within marriage itself. The fact that heterosexism is so hegemonic means that this is true of the majority of gay men.
- 5.1.8 Safer sex is practiced by better educated gay men in Jakarta and Surabaya. However, no extra strong condoms for anal sex are available, and especially since the economic crisis, the price of K-Y Jelly, the only water-based lubricant available in the market, has become unaffordable to most gay men who used to know them. In Manado, especially, and among the transvestites in Surabaya, safer sex is not practiced universally.
- 5.1.9 The belief that STDs are "women's disease" means that many if not most transvestites do not believe they can contract STDs. Only highly educated gay men have regular STD check-ups, and a small percentage of them have regular HIV-antibody tests. In Jakarta anonymous HIV-antibody tests are available in some NGOs and clinics, but in Surabaya they are only available in commercial labs. In North Jakarta HAPP funds the Indonesian Public Health Association to operate a clinic for transvestites and their partners.
- 5.1.10 Generally speaking, public health messages about STDs and HIV/AIDS do not take the undecidability, multiplicity and fluidity of identities and sexual behaviors into account. Hegemonic heterosexism blinds the public health system from such rich reality.
- 5.1.11 Another special mention needs to be made about the use of different kinds of drugs, ranging from nicotine, cannabis, methamphetamines, amphetamines to heroin. By definition sexual encounters involving transvestites, their male partners, male sex workers, gay men, female sex workers in one or the other combinations, often happen when people are going through a recreational script. In many, if not most, social clusters involving these people in Jakarta, Surabaya and Manado, the use of the different drugs is common. What is significant is that beginners do not really know what they are taking,

hence making it easy for a charismatic figure such the transvestite, in an ambience of desire, to induce them to learn a new thing.

5.2 Recommendations

- 5.2.1 There needs to be a full, holistic understanding of gender and sexual identities of different populations with whom we carry out STDs and HIV/AIDS intervention. We must not assume anything with regard to masculinity, femininity, homosexuality, etc.
- 5.2.2 Such understanding must translate into a nuanced approach to things like IEC materials, user-friendliness of programs and facilities etc.
- 5.2.3 There needs to be a cross-over between programs around IDU and gender and sexuality. IDUs come in different gender and sexual identities as well.
- 5.2.4 Transvestites, salons, recreational sites must be involved, however difficult it will be initially, in interventions, especially since these are figures and venues where many of the risk behavior takes place or begins to unfold.
- 5.2.5 Working with transvestites, male sex workers, and gay men mean also that we are protecting "the general public," i.e. "ordinary" men, women and children.
- 5.2.7 Gay men, male sex workers, and more educated transvestites would like to have ownership of intervention programs. Especially the first two groups cannot accept being mere "target groups" of AIDS service organizations.
- 5.2.8 The need for wide availability of stronger condoms for anal sex and affordable water-based lubricant is urgent. It is no use promoting condom use when the condom used is not good enough and the lubricant is not widely available.

6.0 Endnotes

1. A situational assessment on IDUs has been conducted separately from this one [by whom?]. "Men who have sex with men" is a term that was coined in the face of theoretically problematic as well as politically sensitive considerations with categories such as "gay men" and "bisexual men." We have decided, for reasons which we shall expound more elaborately in a moment, simply to use the essentialist, behaviorist category "men" and then take it further to socially constructed categories of gender, sexual behavior and/or sexual relations.
2. There has been a plethora of literature on the constructionist theoretical framework on gender and sexuality. We use the works of Foucault (1980, 1985 [1984], 1986 [1984]), Weeks (1986), Gagnon and Parker (1995).

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