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IMPLEMENTING 100% CONDOM USE POLICIES IN INDONESIA: A CASE STUDY OF TWO DISTRICTS IN JAKARTA

INTERVIEW TRANSCRIPTS

OCTOBER 2007
This publication was produced for review by the U.S. Agency for International Development (USAID). It was prepared by Kai Spratt, Senior Technical Advisor for HIV/AIDS, Health Policy Initiative, Task Order 1, with data collection assistance from Dr. Izhar Fihir and Dr. Claudia Surjadjaja, Health Policy Initiative-Indonesia.

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The USAID | Health Policy Initiative does not support the legalization of prostitution or sex trafficking. It is, however, committed to supporting effective strategies to prevent the spread of the HIV and other STIs and mitigate their impacts. The sex industry is often one of the primary mechanisms through which HIV spreads in a country. Respecting the dignity and rights of sex workers is essential for developing effective HIV prevention and care programs. The use of the terms "sex work" and "sex worker" in this report does not imply support for prostitution as a legal form of employment; rather they are used as a way to reduce the stigma and discrimination faced by sex workers, who may be vulnerable to exploitation and lack access to health-related and other types of information and services.

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ABBREVIATIONS

ASA	Aksi Stop AIDS Project
CIT	Contextual Interaction Theory
CUP	Condom Use Program
DOH	Department of Health
DOR	Department of Religion
DOT	Department of Tourism
FHI	Family Health International
GF	Global Fund
HAPP	HIV/AIDS Prevention Program
HIV	human immunodeficiency virus
HPI	Health Policy Initiative
IA	implementing agencies
IDU	injecting drug user
KPA	National AIDS Commission
KPAD	Provincial AIDS Commission
MARP	most-at-risk population
MOH	Ministry of Health
MOT	Ministry of Tourism
MSM	men who have sex with men
NAC	National AIDS Commission
NGO	nongovernmental organization
Perda	Peraturan Daerah (local regulation)
PIBA	policy implementation barriers analysis
PLHIV	people living with HIV
RW	Rukun Warga (head of a group of neighborhood associations)
SK	Surat Keputusan (municipal decree)
STI	sexually transmitted infection
USAID	United States Agency for International Development
VCT	voluntary counseling and testing

INTRODUCTION

USAID | Health Policy Initiative (HPI), Task Order 1, with funding from USAID/Indonesia, is collaborating with the Family Health International (FHI) Aksi Stop AIDS (ASA) Project to address some of the policy challenges to a more comprehensive approach to the HIV epidemic. Activities include the following: (1) strengthening the capacity of the National AIDS Commission (KPA) and provincial AIDS commissions (KPADs) to do evidence-based resource allocation; and (2) working in select districts to conduct a policy implementation barriers analyses (PIBA) to address factors hindering HIV-related policy implementation. With reference to the PIBA, HPI staff met with seven of nine ASA regional directors in August 2006 to discuss the most important policy issues they faced in implementing their field-based programs. Five of the seven regional directors stated that prevention, especially the ability to implement the 100% Condom Use Program (100% CUP) endorsed in the Indonesia National HIV/AIDS Strategy, was a key priority because few municipalities were moving forward with local legislation to endorse and operationalize the program. In further discussion with ASA's headquarters staff, Surabaya, East Java, due to its high HIV prevalence, was identified as a target district in which to conduct the PIBA of the 100% CUP. Data for the PIBA were collected in three districts in East Java in January and February 2007.

Several questions are of interest. Given that the Indonesian National HIV/AIDS Strategy has been updated recently and that prevention remains a priority endorsed at the highest levels of national government, why have so few local municipalities, especially in highly affected provinces, taken steps to pass appropriate legislation and develop operational guidelines? Of equal interest, how and why have some districts or municipalities succeeded in getting legislation approved? Which factors influenced the development and implementation of 100% condom-use programs at a local level?

HPI conducted a case study of two municipalities located within the Special Province of Jakarta: West Jakarta, where a municipal decree (*Surat Keputusan,* SK) has been endorsed, and East Jakarta, where an SK has not been endorsed. Studying two contiguous districts provides for more valid comparisons than looking at districts in different provinces or regions, controlling for historical or temporal differences. The limitation of conducting the case study with these two districts is that differences exist in the governance structures of the five districts that make up metro Jakarta. Unlike other provinces of Indonesia, where the districts are the ultimate arbiter of local policies, the policymakers in the districts of Jakarta can write their own SK and other decrees, but these SK/decrees cannot be implemented or funded without approval by the provincial parliament. District policy instruments, such as mayoral decrees and SK, are superseded by provincial parliamentary legislation and governor's decrees. In addition, Jakarta district legislation does not include technical or operational guidelines and sanctions. In terms of supporting the 100% CUP, the SK is more of a symbolic than substantive policy instrument. An additional limitation is that some people may not have been interviewed because they were not available or we were not aware they were key actors in the districts. These limitations notwithstanding, understanding the motivations of local officials and the barriers they overcame to support even symbolic policy might be informative for developing advocacy approaches that motivate other local officials and communities to implement the 100% CUP.

This paper contains the transcripts from the interviews conducted for the case studies, thus providing a more nuanced understanding of the environment within which local actors interpret the program. See "Implementing 100% Condom Use Policies in Indonesia: A Case Study of Two Districts in Jakarta" for the full report.

INTERVIEW TRANSCRIPTS

Extensive notes were taken at each interview and then transcribed. The transcripts were shared with an HPI/Indonesia consultant and staff to get their clarifications or corrections of the content. HPI staff also incorporated into the transcripts additional clarifications provided by the two respondents interviewed a second time. After a final review of the transcripts, the text was coded for consistency with the constructs of the CIT (motivation, information/communication, and power/collaboration), as well as additional themes that arose. The findings below are organized by theme: Clarifications of informants' quotes are written in brackets [].

Interview 1
April 9 2007
West Jakarta
Government staff
Male

The district HIV commission (KPA) was formed in 2002. After that, the 100% CUP was developed. We strove to build up an area as a pilot project. SK was written, implemented in a small area. It was in place 1-2 years with all the challenges and problems we encountered. We had contradictions with other policies. So we developed another SK for this municipality, number 2004/1 (in 2004). Implemented but not satisfactorily; we had clashes with the business sector, disagreements with our colleagues who regulated entertainment sites. Hopefully, we will get support from political leaders. Leaders from Laboratory, Tourism, and Health departments can meet together to try to formulate a way to have our friends from entertainment sites involved. We proposed a method with our peers for approval from the Mayor, hope by end of May we will have approval.

The policy is formulated and we have commitment to support it from the NGOs, government, some business sections involved in HIV prevention.

How was SK 2004/1 written and approved?

We have had a KPA since 2002 but it did not have a follow-up plan. In 2003, we did a pilot project in Mangabisar on our own initiative since West Jakarta reports to the provincial authorities. We tried to develop the SK to have more authority over West Jakarta. We involved the NGOs, police department, NAP. It took us six months to write it and then proposed it to the Mayor. He supported the idea. Public Health Unit, Health Services, local police department, tourism department all involved. Association for businesses was involved.

What are the next steps for getting the SK implemented?
We have to socialize [disseminate information about] the SK to other sectors. We really need provincial-level regulation. Province does not have an SK, they develop a Perda. District governments need a Perda to implement at the district level. We cannot effectively implement on our own without a provincial Perda. Jakarta is a special case in the terms of decentralization: most districts can implement without a provincial Perda, just with their own SK, but the 5 municipalities of Jakarta depend on the provincial policy decree to implement in each district.

What kinds of discussion are ongoing with the provincial government?
Provincial government needs to pass a Perda. We have talked to people there several times. In 2006, Jakarta tried to put together a law but it was not passed by the province. The law is in review now but stuck somehow. We have meeting with the province on April 10 and 11 and will raise the issue again with the province. We need to strengthen the KPAD and provide it its own resources in order to implement the SK.

Why hasn't the Perda been passed by the provincial government?
The province has done some work on this issue, but there is not a serious commitment to it. They are not serious about HIV or the Perda. Provincial KPA has a working group, not a committee at the district level – it should be the other way around. The province is not the implementer of the SK. We asked the province to change this arrangement because we are not seeing local results. The province thinks the districts are not capable yet. But it is not about capability, it is about willingness. In daily activities we try to work with NGOs to implement our activities.

Is there any opposition to the SK?
There are still some people who think that if the SK is issued it will hamper their activities. The Vice-Governor ordered that this be resolved a few months ago after World AIDS Day, but the province has not moved the process forward.

What kind of support do you have within the district?
We have enough support from many sectors; we have seen indications of support. In the pilot project, we had provided STI treatment in puskesmas (health clinics) as well as VCT [voluntary counseling and testing]. To encourage establishment owners to look after sex workers, we offered reduced cost for services. Having an operational plan comes back to the province. They control the budget and they write the operationalization plan. We have barriers with the budget – it comes to the districts from the provincial government. It goes to the KPA, which is multisectoral. The KPA establishes priorities and then discusses the budget with the various sectors, including NGOs.

Have groups like RWs (village/neighborhood block headman) been supportive of the SK?
We still have difficulties with the RWs. We have invited them to meetings. We conveyed the idea that our objective is to save the nation from HIV epidemic and they understood. Some difficulties diminished after we spoke to them. We had difficulties in brothels with the managers and local authorities. If we insist on condom use, we are then recognizing that prostitution exists in these sites and we cannot admit that – prostitution is illegal.

How can the 100% CUP become a reality?
We need to get around owners and pimps by going to sex workers and educating them so they can insist on condom use. But if managers do not support 100% CUP, then condoms do not get used. SK needs to be in place, and then we will have more freedom to implement the policy. We are reluctant, though, to do more without Perda from the province.

Interview #2
April 9 2007
West Jakarta
Government staff
Female

What is your organization's role in implementing the 100% CUP?
We are the leading sector for prevention. Since the KPA was developed, the control of policymaking has been in the hands of the Mayor. Each sector involved in the KPA has roles. Each policy involved other sectors. Health office role is in providing services, doing education, universal precautions, and doing advocacy. We report to the provincial health department on administrative issues and to the Mayor on implementation. We do advocacy by giving talks on HIV to various audiences.

Who supported the development of the SK?
Initially the NGOs, district department of health and Mayor's office, public health administration were the most influential groups. We all agreed to formulate advocacy based on data, and after we received training for using data for advocacy. We did a presentation to the KPA. We presented sero-surveillance data and got a commitment from them. So we designed the SK, did advocacy, and decided to take action. We decided to work at the village level, in a village with many HIV infections. The local people were willing. We got opposition from the departments of tourism, religion, public order, and social welfare. They refused to support it initially. We had different policies than the department of tourism (DOT); they considered that no SK was in effect in this village. The department of religion (DoR) objected, saying this legalizes prostitution. After discussions with the DoR, they decided to close their eyes saying we were moving into a grey area, so they agreed we could do our activities if they were kept in secret. We face Islamic organizations that will push back and fight us. Their influence is strong even at the provincial level. Their mindset is fixed. We have had many meetings with religious leaders, but we need more sophisticated advocacy approaches. Even the Mayor's office cannot write the SK due to the religious groups. We are working at a small, local level so that religious leaders do not know our actions. We have other problems in implementation. The business leaders are not adhering to the SK. We have not determined which agency will provide which sanctions. The DOT has not instructed lower levels to implement the 100% CUP. Instructions have been sent to the entertainment places owners, but they do not carry any sanctions for failing to following the SK. There is local autonomy at provincial level, but they think they do not have authority to impose sanctions. Entertainment sites' licenses are issued at the provincial level, so it is even more difficult [for us to influence them].

Who should sanction entertainment sites if they do not comply with the SK?
The SK requires that businesses promote the 100% CUP as a first step. SK does not contain language that says which department implements or which department sanctions. The Mayor wrote a second SK for West Jakarta, for prevention of STIs. This SK stipulates sanction, so we made efforts to implement it, but did not have the authority – can only be imposed by the provincial government. Next step needed is determining which department is responsible for enforcement of each section of the SK. Many people from many sectors formulated the SK, but some did not understand their role or the authority of the province. The province has formulated a policy on prevention of HIV, but regulation does not stipulate which organization will enforce what. Some parts of the SK are clear, but not on sectoral responsibility. It needs to be clearly mentioned; for example DOT, will do such and such; police will do such and such, etc. Provinces usually write Perda and stipulate which departments will do what in the Perda, but without who is responsible for sanctions and what sanctions will be imposed. It is the normal practice when writing Perdas not to mention who does what.

How does authority get decided then?
We have developed a set of responsibilities for each department. Some parts of Perdas set out who will do what – just does not say which department will enforce sanctions. Each department knows what to do. The departments do planning with the KPA, activities are in the budget, but for implementation of the 100% CUP it is not included. Sentani Commitment is not included. The Perda needs to lay out how the 100% CUP will be implemented.

We need to do advocacy with tourism, police, provincial parliament. We do not want to apply strict sanctions because we would face resistance by religious leaders, but we do want sanctions imposed. So far, the DOT thinks there is no sex work happening in massage parlors, hotels etc. They keep saying sex work is not happening. This is very difficult to change. We all need a similar vision if we are going to control HIV. DOT has some new standards for preventing HIV, so they admit it exists but this is a very small change in their thinking. Their regulations focus on sanitation, what should be available in discos, massage parlors, norms for workers. They know there is prostitution in these places, but law does not allow it. So recognizing that sex work happens legalizes prostitution, in their way of thinking. They get funds from licenses they give to entertainment sites. They fear losing money if 100% CUP is enforced. They have a regulation to prevent HIV, but it does not mention the word "condom."

We tried to meet with the head of DOT to do advocacy, but all we got was documents with the new workplace sanitation rules. We can only come to the DOT head, but need to go to the heads of KPA and the provincial DOT. The governor could tell the DOT what to do [but has not so far].

Interview 3
April 9, 2007
West Jakarta
Government staff
Female

Do not know much about the national program. We have an SK from the Mayor. We collaborate on it with the Health unit and the Labor unit. We have a special program on socialization on HIV in West Jakarta that focuses on how you get HIV, why you get it, etc. Most people in Jakarta do not care about HIV, not much promotion on HIV in Jakarta. Not much information is available. We have gotten just a little training from the KPA, maybe 2 or 3 times. Information is not being disseminated. We have no resources to invite people to our trainings. It is in entertainment places where HIV is transmitted, but HIV is kept like a secret; in our culture people with HIV are considered bad people. Prostitution is not legal, and promoting condoms promotes (or is seen to promote) prostitution. We have talked to hotel management and told them to put condoms in the rooms, and if necessary the customers can contact reception if none are available in the room. We have to keep HIV quiet so our efforts do not blow up. We coordinate with family planning, which is for use of the condom, not for HIV prevention. Jakarta is not known for HIV, not known as high-risk place for HIV. SK from Mayor's office is to work with other departments, such as health, labor, hospital and health services, NGOs, and police. Prostitution is not legal. Commercial sex usually happens at entertainment places like discos, billiard halls, karaoke, and massage parlors. Men meet with sex workers at these places and then go somewhere else to have sex. They go to hotels and inns. We care about sex workers and guests. We have regulation that forbids people for certain ages entering entertainment places; they have to be more than 17 years old.

Regulation to support the 100% CUP
The regulation is not written yet. No decree. There is just talk about it. If we have regulation it means we support prostitution. We used to promote condoms, not just for family planning, but for health. No just for prostitution, but for other illness like hepatitis – we hid condom use under health.

Who is advocating for the 100% CUP?
I do not know.

Who is opposed to the 100% CUP?
Department of Religion. Only religion is opposed. The Religion department is OK with condoms being distributed, but not for prostitution, only for family planning. Not yet talked with them about distributing condoms for general health reasons. They only see condoms as useful for family planning, maybe health department should promote for health. The Department of Religion does not know enough about condoms, does not know, and does not care to know.

KPA held a few meetings to talk to other ministries about HIV. We need money to invite people to meetings, for refreshments. Maybe the KPA does not have enough money to have more meetings. For last two years we have cooperated with NGOs, KOA to do socialization about HIV and prevention in West Jakarta. April 25 we will be having socialization for people working in massage parlors in West Jakarta. Socialization activities will be done with the Department of Health and Department of Tourism from 2-5pm. We will have a tea. We have regulations for entertainment centers; we have to assess environmental conditions (sanitary conditions), teach massage techniques. Such people (in entertainment centers) should be given help to deal with…..Usually sex workers want to use condom; we have to promote them, but the customer does not want to use condoms. Hotels have condoms but no one uses them. We have no plan or policy for implementation.

Who supports the regulation?
We do not know what to do to increase our activities. In cases of AIDS, it doesn't only happen to lower classes, but condoms are hard to access.

Any surveillance at entertainment centers?
They have their own doctors that do check-ups of staff there every 3 months. They give minimum medicines for general health problems, but they have many problems [the people working in entertainment centers]. West Jakarta has special health care center for people with HIV, special clinics for people with HIV. We want to have meetings with doctors who work at the entertainment sites.

Interview 4
April 9, 2007
West Jakarta
NGO staff
Female

Our NGO did not do advocacy in the past. We have a very bureaucratic system in Jakarta, so we only work at provincial level. We work mostly with MARPs (most at-risk populations). We have not done much advocacy with local parliament or with provincial officials. We assist West and East Jakarta KPA to develop workplans and budgets. A basic workplan activity is mapping response of MARPs to programs. We map prevalence, needs, and services. No one person at our NGO is responsible for advocacy. We have so many targets to reach for MARPs, do not have time for advocacy.

Condoms are still stigmatized in Indonesia. It will not be supported if support does not come from Central Office, from the president. In the provincial office, they consider condom is a prostitution method. Difficult to mention condoms in local settings. Local officials know about 100% CUP, but do not want to be open-minded. Not honest with themselves; ignored the fact [that] it is a concentrated epidemic. I am not sure why it is so difficult to implement. There are standards for entertainment centers, which we helped to develop, but we cannot talk about condoms too much in terms of stopping HIV. In fact, there are sex transactions at those places. The government is focusing on environmental health at entertainment centers. Government people do not want to mention HIV in their standards. We facilitated KPA and three related offices – Health, Heath Services and Tourism – to revise standards to insert HIV issues as a health labor/work situation. Our NGO is introducing check-ups for workers four times a year for STIs. When worker goes for STI check-up, get offered VCT. We are working with specific health centers that provide STI and VCT services. We are scaling up with Global Fund money to get to 30 sites. Now we are supporting these services at private clinics, at a public

health clinic "Jalae/AIDS." We cannot get reports from them on use of services because we do not provide funding to them. We can only get reports from two clinics we are funding.

Our NGO works with 60 entertainment sites in West Jakarta and about 20 in East Jakarta. West and Central Jakarta are hubs for entertainment venues. The Department of Tourism monitors the entertainment sites; it also promotes Jakarta as an entertainment destination. The department gets tax revenues from these sites. It monitors standards for the industry – legal, social, labor. The DOT does not do health checks; the district health office does surveillance every year of entertainment sites (anonymous sero-sampling only). The prevalence has increased to 10–15 percent among sex workers in entertainment sites –that is the latest data we have.

We have done advocacy with the Police Department through NGO *X*. KPA also facilitates programs for socialization on HIV in all sectors through meetings, strategic planning, etc. Our own NGOs has 21 partners implementing agencies (IA) to do outreach on HIV. We work with IDU, sex workers, sex worker clients, *waria*, MSM. Our IAs have activities to do socialization programs in all municipal and sub-district levels. Our biggest challenge is getting the provincial Perda that regulates the 100% CUP. It is a challenge as long as the province does not admit existence of HIV and use of condoms. The province runs things at the district level. District level is ahead of provincial level (in thinking about HIV). Local parliament, which is at the provincial level, is hard to affect. One stakeholder that is impossible to work with is PKS a religious party. They are strongly opposed to HIV [prevention]. They are very religious. Also a community-based organization named FPI (Front for Islamic Liberation) is opposed. These two can really shoot down officials at the top level if they talk about HIV.

Interview 5
April 11, 2007
West Jakarta
NGO staff
Male

We have good policies, the problem is implementation. Lack of implementation is due to stigma and discrimination (S & D). There is S & D even among high-level government officials. We attended a meeting with the Vice Mayor who is chief of KPA, and even he expressed S & D against PLHIV. He said, 'Why look after these people?" We helped write the SK for West Jakarta but there was no follow-up.

Tell me a little about your programs.
We have projects promoting HIV in the workplace with the Ministry of Manpower and Industry. People think that HIV [is] only a problem of "bad people." Condom promotion is especially difficult, because it is seen as promoting free sex that is a bad influence for youth. Their attitudes [are] rooted in religious thinking, close-minded thinking.

How do you hold government officials accountable for implementing the SK?
The resistance from policymakers is mostly due to narrow-minded thinking about HIV as only a problem for bad people. Now we are seeing even housewives and young women being infected with HIV by husbands and boyfriends. We do a lot of training, but it does not reach the leaders, so training only given to workers, not their bosses. The leaders in the communities are not being reached. Our first case of HIV in Indonesia was in 1987. We have had 20 years and we did a lot on prevention, but not effectively. Three years ago NGO Y tried to promote condoms on TV in Jakarta using famous singers. A religious group from somewhere in central Java objected and the Ministry of Health stopped the ad immediately. They did not even invite this group to discuss the issue – they just pulled the ad. And this group is not even in Jakarta. Religious leaders are the most important stakeholders.

There is a civil service rule that staff have to be transferred after 2 or 3 years. People are routinely rotated around different ministries.

Is this a policy or a practice?
Actually may not be a policy, but it is a practice. NGO Y spent a lot of money for study tours with government officials, but then these officials are rotated and the investment is lost. All levels of civil servants are rotated in this fashion. Another barrier is that the government has certain structures. For example, the chair of the KPA has to be the Vice Mayor; the Secretary of the KPA has to be from the Social Welfare Department Unit. But these may not be the best people for these jobs. The role is based on position in government, not because the person knows much about or supports AIDS [prevention]. In my opinion, the multisectoral approach is problematic because the management system

of government is to involve everyone in decisionmaking, but there are many who do not have a good understanding of HIV, but all have to make decisions. As a result, many decisions are delayed. Now National AIDS Commission (NAC) is managed by an independent person. Ministers now function only as advisors on the NAC. Daily decisions are in the hands of Ibu Nafsia (chair of NAC). But we cannot avoid the fact that decentralization of all power is to the local government. NAC can make some decisions, but does not have authority to implement. Some provinces have Perda for the 100% CUP, but nothing has changed. No efforts to mobilize resource or to make Perda work. In West Jakarta, the Mayor passed the SK, but it was not supported by provincial parliament. He was reprimanded for acting on his own.

Why is there an SK in West Jakarta but not East Jakarta?
East Jakarta does not have the courage to write the SK. Jakarta is at the provincial level. The districts depend on the provincial government. In other provinces, authority is at the local (*kota*) level. The initiative from West Jakarta became an embarrassment for the provincial government. This makes it difficult to meet with Provincial Health Department – they are dealing with many health crises.

When did your NGO start?
Our first HIV prevention project was in 1993; we started in 1980 as an NGO working on reproductive health. We established clinics for family planning, maternal and child health. We had one clinic near the port and saw some increase in sexually transmitted diseases in North Jakarta.

We were the first HIV project using peer education approach. We helped establish an organization for sex workers. We did advocacy work, invited journalists to report on our work. We organized meetings between local agencies. Social Welfare Department leads localization [*organization of sex workers into brothel complex]*. We promoted condoms. There used to be big brothel complex in North Jakarta, which was closed by the government in 1999 due to pressure from the radical religious groups. Health Office staff did not agree with closing the localization, because it was a site for STI and HIV socialization [*behavior change communication projects]*. So we started to work with entertainment industry like massage parlors, etc. We started to work with the DOT, which gives licenses to these places. We did education among staff at the DOT on HIV – who deny that sex work is going on in massage parlors, karaoke bars, etc. But rotation of staff leads to high turnover, so after working with staff at a ministry and just getting them convinced or with better understanding about HIV, they leave and you have to start all over again. It is personal relationships with people in the ministries that make things work for our NGO.

In the entertainment sites, HIV testing is mandatory. In West Jakarta, the approach is different; there is a cross-sectoral approach and help do surveillance, do education to people giving blood. We had the SK for 3 years and slowly approached heads of departments to get their support. SK was not operationalized with any of our activities. We helped put things in place. It is important to invest time to build relationships. West Jakarta is best district in terms of support from government for HIV. They are very supportive, which is the result of a long-term relationship. Problems with them are in terms of funding, because we cannot show instant results of our efforts. Donors expect overnight results. We need time to make them understand.

When we started our NGO we tried to involve the health centers (*puskesmas*), because we wanted a referral site, but the health clinics were not willing to work with us. We set up a small clinic and had our staff do counseling and testing [for HIV]. Health center gradually increased their support and we got more support from the Ministry of Health. NGO Y set up an STI clinic at the Health Center and we refer people to this health center now. We also do community mobilization. We have dedicated room in the health center for our field staff to do outreach work. The health center does examination, laboratory testing, and we facilitate [the] health center to do mobile services.

Still need capacity building at the health centers. They also need a good outreach system. Not much outreach is going on. We get funds from Global Fund (GF) to strengthen health centers. The problem for them is they do not do good outreach. The health centers are supposed to do outreach, but it does not happen. We had to strengthen outreach skills of staff. The staff at health centers funded by GF are also funded by government. Health centers supported by NGO Y are their own *[outside]* staff. The problem here is sustainability.

In the entertainment sector, establishing a group is needed, but it is difficult in hotels because they will not admit sex work is happening there. It has been easier for us work with karaoke bars. We need more support from the government, but we do not get it. At the district level, we have discussions about the DOT policies. We suggested that they do not change policies but adapt them to include the word "condom," modify their wording. We have good relationships with

the Department of Labor, Tourism, and have a joint agreement to work together. We are trying to get agreement with Department of Manpower.

What are the outcomes of this agreement?
We are trying to promote a model in West Jakarta for other districts, to provincial government. Promoting the value of collaboration. Sometimes there are difficulties when junior staff take leadership and embarrass senior leaders. We can give evidence that it works. We share experience with other districts and facilitate supportive decisionmaking.

One crucial thing: we are successful in West Jakarta because we have long-term dedicated staff, staff that have been with us many years. This helps us move in a consistent way. Problem now is there is a lot of money for HIV. NGO Y is recruiting experienced people from other NGOs, so we and other NGOs are losing capacity. Turnover in staff leads to collapse of the relationships we have taken so long to build with policymakers.

In West Jakarta, if we look at the roles of NGOs, there is strong support for HIV, but in East Jakarta, there is no support from the NGOs. They do not want to do advocacy and invest in communication with government. Advocacy is slow, boring, difficult work that needs constant pushing. In East Jakarta, there are not NGOs with our deep capacity. New NGOs approach government in an immature way. Sustainability in terms of funding is very important. We are health organization, not just HIV organization. We have our own income. Each time there are gaps between donor contracts, work stops in other NGOs, but we can keep going. Many NGOs are totally dependent on HAPP, ASA, GF. It is very important as part of policy to think about resources, the capacity of NGOs. Highly specialized NGOs focusing only on HIV have strengths and weaknesses because of dependency. Sixty percent of our staff has been with us for more than 10 years.

We started an "HIV in the workplace" program in 1997. We got mobile x-ray machines from Japan in 1991, and use them to do health check-ups at factories. We advocated with the Ministry of Manpower to do workplace programs on HIV. In 2003, Ministry of Manpower passed decree that AIDS prevention in workplace is mandatory. We work with the NAC's technical working group on HIV in the workplace. We found that in localizations, most clients were medium- to low-income men, with low level of education. In the entertainment industry, clients are medium- to upper-income brackets, with higher level of education. There are no regular health check-ups in entertainment sites. Sanctions are needed.

Interview 6
April 11, 2007
East Jakarta
Government staff
Male

What do you know about the status of SK in East Jakarta?

I missed the last meeting and do not have an update on the outcome of the meeting. The language in the draft needs to be modified, because the language makes it sound like entertainment site owners are same as pimps. Business people can own various kinds of businesses – recreational parks, karaoke, etc. The language should be modified. The DOT regulates Article 35/Perda 10. Entertainment sites cannot offer sex work; sanctions for this are very high. Tourism industry, like massage parlors, can only hire staff 25 years or older. The draft SK has been disseminated to stakeholders and draft has to be revised. The DOT has taken precautions like having signs up that say "No Prostitution" and which show possible sanctions. Prostitution is illegal so 100% CUP is supporting prostitution.

With support of NGO Z, we developed a proposal for activities and drafted a budget, but our proposal was turned down because budget had already been allocated to other efforts.

In East Jakarta we have several organizations involved with SK. Five organizations, all NGOs, concerned with AIDS worked on the draft. At the moment, the SK is pending approval by Mayor and confirmation by the legal reviewers.

We are assigned to do HIV prevention activities with community participation, so we had some meetings and got feedback from different bodies and did some activities. The department had to undertake activities to decrease HIV transmission. I then got transfer and remained involved [in HIV prevention] even though now I am involved in monitoring of violations in business practices, such as gambling, prostitution, etc. All these violations have various

sanctions. Each weekend [we] go to entertainment places [to do inspection]. In East Jakarta, we have 11 massage parlors licensed by the DOT. Another 50 are doing massage related to "treatment" [*therapeutic massage],* but these are not under our authority. Sometimes this is a problem. We wish we could sit together to monitor everything. Those 50 sites have fewer requirements to get licenses. They seem to provide medical massage, but that is not what is really happening.

Why is there no collaboration with Department of Health?
We tried a few times. According to the rules, they have the right to issue licenses for medical massage. I think we need to talk together. There is a wide perception that all massage business licenses usually [are] issued by DOT, but that is not the case. We do not monitor or supervise those places. We have tried to invite them to meet with us, but they are reluctant. We are confused, too, because they should not be like that. Probably they are afraid we will interfere with their affairs. In relation to each party's affairs, in relation to the DOT, we do not have issues with monitoring. It will depend on socialization. W can provide staff for these kinds of activities. If our budget is not enough then they (other departments) can provide the budget.

It is okay to do joint monitoring. In our field monitoring of massage parlors, it is impossible to do it with other departments, so only DOT can be involved in monitoring massage parlors. DOT has authority over massage parlors, but it would also [be] possible that other departments like Public Security can visit massage parlors, but they would have to contact the DOT to do so. Inspectors need the police to protect them when they visit massage parlors because massage parlors have their own "thugs" there. As they say, "hungry criminals" are more dangerous [this statement not well understood by translator, and informant just kept talking]. We have no problem with these community groups (the thugs); they are useful for control. It used to be that only someone from Jakarta could be in these groups, but these days anyone can join them.

Are these community protection groups supportive of DOT visits to massage parlors?
Yes, especially because we not allowing prostitution or gambling.

What is the process of getting the National 100% CUP translated into an SK for East Jakarta?
Well number one, prostitution is not allowed, so AIDS prevention has to be conducted from the beginning. We monitor sex work, gambling so even without promoting condoms, we are preventing AIDS. There are already sanctions in place. 100% CUP should come from Health Department; they should distribute condoms to sex workers. If we support 100% CUP, we will be supporting prostitution. DOT supports idea of 100% CUP by providing data on massage parlors – addresses, name, etc. But CUP should come from Health Department, since it technically [is] related to that department. We support it. We have supported HIV prevention since the beginning. It is not our role to implement 100% CUP, though we support it. Our budget included activities for HIV prevention, but that was cut out.

In terms of the SK, what is DOT's role?
Department of Tourism is responsible for preventing STI, to educate business owners, help government prevent HIV and AIDS, monitor businesses and possible transmission. Yes, we were involved in writing the SK – these responsibilities were our suggestions. We suggested STIs, socialization, education for business leaders, as well as monitoring on STI education. So monitoring is not only HIV or STI, it should cover wide scope, such as development of other services.

NGOs drafted the SK; each department has been involved. NGOs met to discuss their views. Then met with government; every stakeholder has been included. The KPA of East Jakarta will facilitate further meetings. KPA is waiting for word from higher level on moving forward. It's been a long time [we are waiting for the word from higher up]. There are sanctions mentioned in the document as well. This has been discussed with stakeholders, so should be no problem, but Chapter 4 [of SK document] and some other wording needs to be changed, since it sounds like pimps and business owners are the same. Also it says sex workers should report themselves to the DOT. They should report to Department of Social Affairs. Now [in the draft SK] pimps are required to report sex workers to DOT, but as far as DOT is concerned, sex workers do not exist. SK needs to be reviewed, some minor changes are needed, because once it is passed, it is binding. [In the SK} business owners are supposed to report sex workers in their business sites, but that's like admitting sex work happens.

We educate workers but do not educate sex workers. DOT cannot allow things like this. It has two items close to 'grey area' – massage parlors and medical massage. We monitor the medical massage services.

Why does language in the SK require owners to report the sex workers in their sites?
Fact is workers are not open or honest. They claim to do massage, but also do sex work. It's a fact.

What is the benefit to sex workers of being registered, if what they do is illegal?
A lot of people violate the regulations because of economic problems. Sex work is banned; brothels were closed, so sex work is hidden. Now we see advertisements [for massage parlors] in newspapers that have hidden messages.

When we conduct our monitoring of restaurants, we are doing different kinds of monitoring activities; we are not looking for sex workers. We inform business owners of the license, regulations, etc. There is much more "medical" massage that is uncontrolled, and we make sure that there is no sex work in massage parlors. We check each massage parlor every week.

Interview 7
April 12, 2007
East Jakarta
Government staff
Female

We have been doing HIV prevention activities in this department since 2006. We have done the activities under the KPA. We have our own activities in the department, based on the projects we have. We carved out training, MSM, STI management at health centers, advocacy, socialization for condoms, and involved NGOs in multi-stakeholder meetings and actions. We supported direct condom distribution to MSM, sex workers, and waria. We also receive requests for condoms from waria and from massage parlors. We don't have a written policy on condom use yet. We conducted many workshops, and from it came a commitment from sex workers for "no condom, no sex." We conducted the workshops with NGO X (local sex worker NGO), with waria, NGO Y (MSM NGO), local district police, Office of Tourism, and several massage parlors. On the 2nd of May 2006, the commitment was made.

Why is there yet no 100% CUP policy implementation?
A lot of changes at the KPA at provincial and district level. We conduct meetings, invited multisectoral stakeholders, but they disagreed with having the policy, especially the Departments of Religion and Tourism.

How did you try to convince these departments to endorse the policy?
When we talked to the DOR about massage parlors, they said we cannot accept this policy. From health perspective we can talk about it, we need it for prevention. The Mayor is supportive but cannot act due to religious groups.

Has the idea of condoms as harm reduction ever been discussed with religious leaders?
The DOR only thinks in simple ways – just don't have sex if you want to avoid transmission. From the religious point of view, use of condoms is a moral issue. For condoms, we explained transmission is through sex, and also discussed needle exchange, but they do not think use of condom as a way to reduce harm. Even though we have explained transmission of HIV through A, B, C, they are not willing to accept condoms. They do admit there are massage parlors. We had several meetings with different sector, but they believe massage parlors are not supposed to sell sex. We tried to approach business owners, and they accepted condoms from us. There are two kinds of massage parlors: some get their license from the DOH, some get their license from DOT. The parlors that we can work at are under the DOT. Our collaboration is based on personal relationships with good response. In KPA structure, DOT is one member.

What is the role of your department in the 100% CUP?
Our role is disease prevention measures like treating STIs.

Have the roles of different departments been discussed in terms of operationalizing 100% CUP policy?
There have been routine meetings with different departments. Basic education is supposed to educate students about HIV and prevention. Manpower and Labor meets with businesses to educate about HIV. Most job descriptions involve prevention education, but no description of condom use.

Has an SK for 100% CUP been drafted?
No special SK for 100% condom use, but there is one for prevention and refers to provincial regulation (Provincial Regulation 56/2005) – a regulation from the Governor. The Governor's regulation has legal power and can be enforced. Governors' regulation is below a Perda (in authority).

Would a Perda strengthen implementing the 100% CUP?
In the current situation, there are still arguments between parties about 100% CUP. We need better coordination to implement; if we had a Perda, we would need stronger coordination. We all do not have the same perspective on condoms; some say condom use is promotion of free sex. On the other hand, we met with the Commission A in Parliament and they want to have more promotion of condoms. They said people from this department only reach people in brothels, but we have reached a much larger section of the poor neighborhoods. Legislators would like to see this department reach other target groups in the communities. We are arranging a trip to the communities to see our work, the new hope [is that the] Perda will be written. So far, parliamentarians have misunderstood the reach of our work. We need to be careful, because some people think this promotes free sex. We talk specifically about condom use with high-risk groups, but we also give general information about prevention to the general public. When meeting with certain groups, have to … [interpreter not sure of informant's meaning].

Has the issue of condom use even been raised as a harm-reduction approach?
From discussions with other departments, there are some people with correct understanding, but superiors do not have this perspective.

What kind of advocacy could be tried to change their perspective?
Disrupt the reality in the field. Many see me as someone one who doesn't know anything [based on her gender and that her head is covered], so they don't listen to me. I have data, I have done interviews [with sex workers for her master's degree], and they admitted that high school students and others we regarded as not at risk *are* having sex. And these people have families! Even if the Perda was written, we would still have major problems with perception and denial.

In our work, we have tried to keep our activities with at-risk groups under the wire. We had an advertisement on the television for some time ago on condom use with sex workers, but it was stopped after a short time due to protests by religious groups and other conservative groups. But once we had the ad going, it generated a lot of open debate about the issue. They say, "In Indonesia a program is successful if it is successful in Jakarta." If Jakarta had a Perda, it would work in other places as well. We have other examples of success with other kinds of Perdas. When we talk about Perda, we talk about sanctions, so we must look ahead to anticipate negative side effects of the sanctions. First we need a Governor's decree. We are trying to convince people in parliament to pass a Perda.

What is the process for getting a Perda approved?
It is not drafted yet. Have to start with a department like Health to send a proposal to the Governor. It is reviewed by a legal team and then sent to Parliament. I'm not sure of the process of getting a Perda passed in Parliament [other colleague sitting in on interview also said did not know process].

Why is there an SK for 100% CUP in West Jakarta but not one in East Jakarta?
We need to have some change in perception first. It is not easy for the Mayor to pass if people underneath [within various departments] are still arguing about it. In East Jakarta, we have an SK for KPAD programs, so is indirect support for condoms, use since everyone knows KPAD programs support condom use. One possible difference is that West Jakarta has a lot more entertainment sites; we have very few in East Jakarta.

Interview 8
April 12, 2007
East Jakarta
NGO staff
Male

Tell me a little about your work here.
I've been here only a year, but I've been involved in HIV work since 1998. After West Jakarta, other municipalities should have taken action to do SK as well. The SK is written but not implemented. Jakarta is an autonomous region, so things work a little differently here. An SK is not the most authoritative regulation, unlike in other districts. The province passes the higher level regulations.

Which organizations were involved in developing the SK?
Department of Health, police department, which has a division to coordinate community partnerships ["Binamitra']. Each provincial police department has a Binamitra, as do lower level of the police, to facilitate collaboration between the community, NGOs, and different ministries.

From the NGOs, there was an interest in having programs for sex workers, MSM, and waria.

How is it that the SK has been approved in West Jakarta but not here?
The Chief of the Health Office in West Jakarta has a broad knowledge about HIV. She got support from one other person. They were both quite vocal about this. They took a risk to promote the SK. They each have a wide network with NGOs, MOH, and MOT. One of these people used to serve in the DOR. He was able to convince the religious people to support the SK. He was once a village head/head of a subdistrict, so he has a lot of respect. He linked with NGO *X* NGO to get the SK written. At first, the DoR did not endorse it, but they agreed not to get in the way of the SK. He met with his colleagues in the DOR and said, "We are all living in a world among bad conditions. [This is a local expression a little difficult to directly translate. The translator clarified that it means something like we all do wrong/sinful things.] It's a fact that many government officials are corrupt. We will be accused of supporting sex work, but everything around us is dirty. We should support this SK."

What were the consequences for these two individuals because they were so open about promoting the SK?
They both got promoted. One was promoted to the provincial level. There were no negative consequences. The SK was reviewed by special legal division, and then sent to the Mayor, who passed it. In West Jakarta, the legal staff stay longer in their post compared to some civil servants, so that might have helped get the SK passed. There were some negative responses from municipal offices. For example, when they had to do activities to socialize HIV programs in West Jakarta, there would be negative comments, critical comments about "legalizing sex work," but because the order came from the top, they couldn't really do anything about it.

After the SK was approved, what were the reactions?
More socialization for SK was done; it became an example for other municipalities. In Jakarta at the time, it was the only municipality to pass this kind of SK. Papua and a few others then followed. West Jakarta motivated others to pass an SK. There has been no implementation, though, at the district or provincial level. In the SK there is no sanction for failure to implement – no implementation plan was written with the SK. A small pilot project was done in one area. NGO *Y* working in the pilot area tried to get support from the police to stop doing searches for condoms in massages parlors, but they refused. They said that they have to refer to a higher level law or Perda that applies to their department, and are not bound to apply lower level SK. Coordination in terms of involving other stakeholders was lacking because municipal and provincial level authorities conduct services; provincial policy does not need to coordinate with lower authorities. In the districts of Jakarta, the chief of police reports to the provincial police. The chief has to coordinate with the Mayor, but police is an independent institution.

Interview 9
April 13, 2007
East Jakarta
NGO staff
Female

Tell me a little bit about your NGO.
Our work is focused on youth outreach. We coordinate with government and always work together at the kota [district] level. We have regular meetings every 3 months with the KPAD and other agencies. We also work with other NGOs. Our main partners are Department of Manpower and Labor, Tourism, Public Health – with the subdistrict heads from these departments. We work with the DOR as well, especially in relation to the SK and the subdistrict police level.

Was the Department of Religion supportive of the SK?
During socialization, we invited them for promotion of the draft SK. They had a lot of comments and were strongly against distribution of condoms, because it would be seen as legalizing sex work in East Jakarta. The NGOs always say there is a high level of HIV in East Jakarta, and hope they [DOR] will be opened [to the need for the SK]. In relation to advocacy, we are still doing advocacy to support the SK.

How long has the SK been under review?
It was drafted by the NGOs, submitted to the KPA. The KPA edited it and returned it to us and asked us to disseminate it. We promoted the SK in September 2006. At each KPA meeting we ask, how is it being moved along? It is still in the legal division. There is the issue of sanctions in the SK that need to be resolved.

Who would be influential in getting the SK passed?
KPAD chairman is Vice Mayor and he should do more advocacy to move the SK through the legal review. So far, most NGOs think the KPA is not running well because officials have double duties, [and] so cannot focus on HIV. Basically they all agree with the SK, but find it difficult when there are opposing policies within the government. Many policies in the SK are not in line with other policies. For example, distribution of condoms in sex work establishments: we want to report on it in our work plan, but the DOT is against that. NGOs have responsibility to report activities every 3 months to KPA. Condom promotion is part of our duties. Each NGO doing HIV work must report to KPA. In terms of DOT, they are concerned about entertainment places. When we report, we do not say exactly the number of condoms distributed to which locations, but say how many we gave to sex workers, not naming specific locales. The only problem with DOT is when owners of businesses want to provide condoms, they want a policy backing them. The businesses worry that they will be fined by the DOT for promoting sex work. This is why we are trying to promote the SK.

Has there been any discussion about exercising local discretion and not fining massage parlors if the DOT finds condoms?
During our advocacy with the DOT, we did ask them not to fine based on condoms. They say they will not fine anyone based just on finding condoms. When they find evidence of sex work, then these places must be closed. One of the reasons for the long detail in review of the SK is that the legal division and the DOT have conflict over the policy.

How does the DOT fine businesses based on the assumption of sex work at the entertainment sites?
There is a lot of concern by the owners of these sites that they will be fined based on this assumption. The entertainment sites do not know when the DOT will inspect them; it is not announced beforehand.

What are the differences between East and West Jakarta?
Difference is the KPA. West Jakarta's KPA is so active; they want to cooperate, have great ideas, and are supportive of NGOs and willing to work with us. The West Jakarta KPA is just more active. In East Jakarta, people on the KPA are new. The Chair is not well informed about HIV, not knowledgeable about the KPA. There are no problems for the NGOs; we have a lot of activities. The SK should have been in place a long time ago. The DOT sent a letter about it a long time ago.

The head of the KPA is not new; he is a staff person, the daily manager of KPA. He just transferred to KPA when promotion of the SK started. But there are many new people in the KPA. Previously, NGO XYZ [were] involved in the KPA, but with new structure, some are not involved, not invited to meetings. The new people don't know much about the SK. They say they have not been able to learn much about the SK, though they all came 7 months ago. They haven't been able to learn about the SK because of poor transfer of knowledge from old group to new group. Head of KPA has not encouraged staff to learn about previous work. Also, the staff assigned to the KPA have other duties; they are not focused on the KPA. They prioritize their work in the government over KPA duties. The KPA has a workplan, and they report on it to the provincial KPA. The provincial KPA only provides support for monitoring and evaluation, not much more than that. District KPA is responsible to provincial KPA, but coordination needs to be improved.

Which departments are most and least supportive of 100% CUP in East Jakarta?
Most supportive – Public Health. Least supportive – DOT and DOR.

Interview 10
April 13, 2007
East Jakarta
NGO staff
Female

Tell me a little about your NGO.
We were established in June 1999. All staff are [MARP group]. Since 1999, we have conducted advocacy activities for teenage and adult [MARP] – all women. We do mostly advocacy, but we also do some training on STI and AIDS. We have 3 programs for teenage and children [MARP]. We were part of the NGO team that drafted the SK.

What was the reaction of the various government departments to the SK?
Well, some for, some against. Those who were sent to the meetings didn't have any decisionmaking authority related to the SK. The decisionmakers said they were busy, but I think they don't care about it. Every 6 months we have meetings with government offices to do advocacy, but we are not having much luck with them. We do presentations of the results

of our work and how they can help us. So far, support comes only for the Department of Public Health, not for Department of Tourism.

We try to distribute condoms in hotels. The managers have asked for support from the DOT; without a letter from them allowing condoms in the rooms, they cannot provide condoms. The hotel owners are afraid that the DOT will accuse them of supporting sex work. So far, there are no fines, but the hotels get their license from the DOT. So NGOs visit the hotels to put condoms there. NGOs should get a letter from the DOT, as well, so we can distribute the condoms. When we have gone to the DOT for the letter of support, they have said yes, but it has not yet been issued. Hotels and bars get their licenses from DOT [which] must inspect other sites as well, so check-ups at hotels don't happen very often.

Where would the district DOT get permission to provide the letter of support?
From the DOT at the province level. Our strategy for distributing condoms is to hotels, and to clients as well. We advocate for street sex workers and sex workers in massage parlors as well. We have found that since 1999, clients are more willing to use condoms. The advantage to them is that they will be healthier. Before we have a Perda, sex workers do not have much bargaining power with clients.

How could more condoms get distributed?
Well, monitoring is needed. We need to provide condoms through ATM-like machines in certain locations that are popular with sex workers; this would be convenient for sex workers. Responsibility for placing the ATM is with the government. NGOs should monitor. The government says they support, but implementation has been weak. Though government performance is notoriously weak in all areas, not just condom promotion. We do advocacy with provincial government, but not making much progress. We are part of the NGO Forum of Jakarta. We have been sharply critical of the government, so now they don't have much time for us. But if the government needs us, we have to turn up, for things like providing data, doing reports, attending meetings. We received advocacy training from Jakarta NGO Forum. We have been involved in activities for advocacy. Currently, we are doing education, health referrals, and advocacy with various levels of government, right down to the village level. Right now, we are also doing advocacy on trafficking with RT and RW [traditional head men who have a significant role in how the local neighborhood is run]. We are trying to get children out of sex work. We do advocacy to children who are sent to Jakarta for sex work. We explain to them there are laws against them being sent here. We do training to motivate the children and for seeking practical skills like getting work in beauty parlors, etc. Recently there were 2 kids who were sent to Jakarta and we returned them to their parents.

Are you doing outreach to communities that are sending their children to Jakarta?
No, we are not going directly to the communities. About 50 percent of child sex workers come from one area – Indra Mayu. One NGO has done advocacy in Indra Mayu, doing street theatre/drama. When I was there, I did not see any regret in the eyes of the parents. Parents said, "That's what I sent my kids to Jakarta for [to do sex work]." Sex work is traditional practice in Indra Mayu. In their culture, daughters are property, so they raise their daughters as assets. When children are sent to Jakarta, the parent need letters from subdistrict head official to get permission to send their children. If the official tries to refuse, the parents demand it, saying, "Will you [economically] support our daughters if they don't get sent to Jakarta?" Officials aren't bribed to do this. They feel helpless to stop the parents. It is just their culture to see daughters as assets. Most are tenant farmers and poor. But the main reason is their cultural attitudes.

We don't work with police on this issue. These children are wanted by police (because they are sex workers). NGOs have to act alone. As far as I know, there are no special police units dealing with children in sex work, or who have been trafficked.

We need support. We are all women. We have asked the police that when we are on the street working that they don't arrest us. We have our own T-shirts, so we ask police, if you see this T-shirt please don't arrest us.

Interview 11
April 13 2007
East Jakarta
Government staff
Male

We have good relations with ASA. If they have problems, we are happy to help them. The 100% CUP cannot go directly to the community. Jakarta province and East Jakarta district are ready to help implement the policies. It is important to educate people about HIV, which is in the policy. A Perda is necessary, or an SK or Mayor's instruction.

What is your department's role in HIV prevention?
The head of the People's Welfare Unit coordinates between Health ….and DOR. HIV prevention is under this office. Structurally, provincial level provides instruction to districts and districts adapt policy for district use.

How does your department coordinate with the Provincial KPA?
We get funds from the Province, so not independent from them. We have coordinating meetings. The results of our activities are reported to the provincial AIDS commission. The province supervises the district. HIV prevention is one of the People's Welfare Department's duties, so is our duty to work with KPA, and different departments like Tourism, Social Welfare, Health Office, DOR, legal division. We are all still discussing and lobbying with each other about the SK.

What kinds of issues need the most advocacy?
Legally, there is no prostitution. A permit for massage parlors [is] not to provide sex work. In all societies, the basic principles of religion teach that sex work or sex outside of marriage is not allowed. Foreigners think that we only arrest prostitutes here in Indonesia. But prostitutes are sometimes arrested and taken to rehabilitation centers, given education and skills. Most foreigners have heard only that we arrest sex workers, but don't know about the rehabilitation we do as well.

Would it be acceptable to think of condom use as harm reduction?
Actually, the government has been promoting use of condoms. During training staff we say, according to our religion, you are not supposed to go to sex workers, but if you do go there, use condoms. In entertainment venues, we do promotion of health and mention using condoms. But men refuse to use them. We have to continue to promote them. After attending a conference in Surabaya in February this year (2007), we got a way out by promoting condoms for women. One way out is the female condom. One NGO has tried this kind of condoms in one area and are trying to use in other areas as well. It was explained at the conference that with the female condom, men still have good sensation [during sex].

But wouldn't you still need a Perda to promote condom use, whether it is for men or women?
Yes. But with the female condom, they have control over using it. Still need a Perda. The Perda is needed to protect the Department of Public Health in some way.

What is the current progress of the draft SK?
There has been a transition from one Governor to a new one. The new Governor may be more open to passing a Perda for 100% CUP and be willing to make more effort to implement it. He (new Governor) is quite supportive as is the current Vice-Governor. But it will be up to the provincial executive to propose a Perda to the Parliament.

Follow-up Interview with Informant #1, April 30, 2007, by Dr. Claudia Surjajaya, HPI TO1 Project Coordinator

What made you change your stance? What made you believe that this is for the betterment?
I like to learn new things. I like to read, so I tried to find information about HIV and AIDS. If I didn't know, I asked Dr. M.

Was it only by reading? I am still not clear, I'm amazed about the change; for someone who strongly opposed, then became an advocate in the process ... this is remarkable. Tell me more what made you change your view, and how did you convince others to embrace the idea? How did you make them disassociate condom use from legalizing free sex?
I hold this life philosophy, "*walaupun sebiji terong buatlah untuk suatu kemaslahatan*" – do good deeds for society, although it's only as small as an eggplant – condom use is not the main program; condom is the means. The main program is to

bring awareness to society. And also the fact that KPAD cannot work alone. We need collaboration with other sectors. The head of KPA Province [at] that time was really supportive too.

What do you think is wrong with the program/approach? What kind of support did you receive? Financial? Were these [advocacy activities] budgeted?
I think the approach to this program is wrong. It seems like the program is a "condemnation program," not reach out. It is easy to condemn people, e.g., sex workers are bad people. Our society tends to do that. What we need is to reach the community to see it differently. I paid from my own pocket for those meetings; a lot of people supported me. We collected money to convene discussions/meetings. But it is not much; basically, we just provided lunch or coffee/tea. The room was free. And all of us work in this building anyway. Even the law section in the municipality was involved.

Can you give me an example – how did you approach those people in [the] religious department? Did you receive resistance?
I went to Askesmas (Social Welfare Division – see figure 1), which basically consists of civil societies, e.g., representatives from Forum Kerjasama Umat Beragama (free translation: Forum for Inter-faith Communication). They have representatives from Islam, such as Nahdlatul Ulama (one of Islamic major faith-based organization), Catholic, Christian, Hindu, etc. I talked to them during coffee break, just chit-chat. Or maybe before Jumatan – Friday prayer.

Did they perceive the problem from the same perspective? If not, how did they come up with the same solution – 100% CUP? Did you use the argument of harm reduction?
Not at first. But I used the analogy of landslide. The cause of landslide, natural disaster, is mismanaging the environment. Do we want to wait until HIV and AIDS wipe out our societies? This is the landslide. We don't want that to happen. When I presented this to them, they could not rebut. Then I asked what solution they would offer. They were silent. Then, I emphasized that condom use is one of the feasible alternatives at this moment. This is how we reach "consensus" to move forward.

Could you tell me: who were the actors behind the successful process? Did you have a special team/lobbyist?
We have "Success Team" (Note: Indonesian often use this term during governor/presidential election campaign – those teams consist of people who did the voter survey, etc.) Dr. M was the major actor. She's close to the then-Mayor. Beside her, we also involved people in Municipality, especially those in Askesmas – also lobbied other department, e.g., Tourism.

Did this personal relationship carry the weight/play strategic role? Did Dr. M, you, and the Success Team follow the normal policy process (SK was endorsed from bottom up through chain of authority), or was SK shown for approval directly to the Mayor?
No, we did follow the normal process. The SK was discussed internally at KPAD, and then moved up. We held many meetings, discussing the draft back and forth. Dr. M was involved in this process more than I. She's the technical person and the motor behind the effort.

How did you convince the new Mayor to sign? Did he hold the same view about 100% CUP?
The SK was shown to him only few days after his appointment. It was perfect timing. Maybe he was not fully aware of the consequences. We gave him no time to think.

Was it true that the Mayor was reprimanded after endorsing the SK? I heard that this SK will be revisited? Why? Is it because of this?
No, he's not. It was just informal comment from KPA Province during internal KPA meeting. They feel that we, KPAD, were ahead of them. The usual process should be bottom-up. Perda first, then SK Walikota. Because SK Walikota/municipality level cannot put legal sanction. This is why the SK will be revised. Only the part stating sanction will be removed...

Do you need approval from KPA to do this? Aren't we already decentralized? Thus "daerah" now have more power to decide than the central government?
DKI Jakarta is special area, the capital city. Different than any other kabupaten and kotamadya; we're still very much centralized. We basically cannot have our own autonomy. Jakarta is where the central government [is] located – Daerah Khusus Ibukota (capital city). Central government still has control. Tier one autonomy; other kabupaten/kotamadya are in tier two. Thus, they have more autonomy to decide what they want to do for their area.

That's really a great job then, what West Jakarta did, despite the lack of support from the central. How's the process of the Perda now? Is there still much resentment in the province level? How's KPA province dealing with this?

They are still discussing the draft Perda. Now I receive phone calls from other kabupaten/municipalities asking for the template (copy of SK). Even the draft Perda is copying the SK content. I don't have any objection on this. I am happy to share the template with them. Other municipalities just wait for Perda first before they release SK. This is the normal process. What we did in West Jakarta didn't follow the usual.

Follow-up Interview with Informant #2, May 2, 2007

I heard that you're "the woman behind the gun" – who was leading the rally. Can you tell me how did the process begin? And your involvement during this lengthy process? You may draw it if you wish.
I was the head of … based in West Jakarta Municipality office. During the composing of the yearly strategic planning (Rencana Strategi), I was struck by the fact that West Jakarta had really high STI and HIV/AIDS cases. After seeing the data, we understood that this may be caused by the many entertainment places, e.g., Mangga Besar, Taman Sari, and the surroundings, where many bars, karaokes, discotheques, etc. are located. I then went to do a study tour to Doly and Putat Jaya in Surabaya because I heard that they run an STI clinic to monitor the sex workers, and it's been successful. After I went back, I was determined to open a similar clinic in West Jakarta.

What did you do when you came back to Jakarta? What was your first step to achieve your new idea? What year was this? How did you form your alliances and make them buy-in to your idea?
It was in 2000. [At] that time, the Mayor was Pak S. We met in an event in the bar convened by Dinas Pariwisata (Tourism). He liked the idea; he understood that something needed to be done to curb the spread of the diseases. And since then, he was our major supporter. I kept feeding him with the facts that we have high number of HIV and AIDS cases. We realized that 100% CUP is one of the approaches. He gave me money – 800 millions rupiah – to start with the clinic. At first, we wanted the clinic to be in one of government buildings (there's one that was not in use), but it was too difficult. We need to pull a lot of resources. Thus, I asked if we could renovate the puskesmas and open the STI clinic which is attached to the puskesmas, so that we may have doctors and paramedic from the puskesmas to run the clinic. But I received much resentment from Dinas Kesehatan (Department of Health), both from my bosses and my subordinates.

Before we further discuss about the clinic, could you tell me the endorsement process of SK for Kelurahan Maphar? It was signed before the clinic was formed. Why Kelurahan Maphar, and who helped you [in] drafting the SK?
The population of Kelurahan Maphar is about 2000; it was one of the hotspots. NGO X wanted to open an STI clinic in this neighborhood. He helped me draft the SK. I told him, if we can collaborate, and formed one clinic. So, the SK process for Kelurahan Maphar was signed by the Mayor. Then the rally continued with the effort to open the clinic and make a broader SK for the whole municipality, not only Kelurahan Maphar. During this process, parallel with the effort to open the clinic, NGO X and NGO Y offered tremendous technical support. NGO X was helping us with the draft and NGO Y was supporting us with technical aspect to open the clinic. At that time [Informant #1] [was at the KPAD in] West Jakarta. With this coalition, financial support from the Mayor, advocacy support from KPA, and technical support from NGO X and NGO Y, we managed to open the clinic (Klinik JELITA – the name bears a meaning, see diagram of process above). I suspect that one of the reasons I was assigned to this new position *(Note: informant now is working at the province MOH)* because I pushed too much for the clinic. Until now, the clinic doesn't have permit to run by itself.

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