

Program Aksi Stop AIDS (ASA)

Quarterly Report January – March 2001

EXECUTIVE SUMMARY

During the second quarter of the ASA Program there was a dramatic increase of the tempo of activities, particularly at provincial levels. Program Launching Workshops were held in Surabaya, Irian Jaya and Riau. The workshops resulted in initial partnership commitments and plans of actions for participating provinces. In addition, NGOs including clinics continued their work in Surabaya and Irian Jaya in providing prevention and STI care services for target populations. Based upon the initial letters of intent, eight sub-agreements were awarded to the recipient NGOs in the same provinces.

An initial desk top assessment for the “Healthy Ports and Highways” was completed sites included Riau, Jakarta, Semarang and Surabaya. This desktop assessment was completed as an initial step of information gathering and included secondary data analysis and direct interviews in relation to a wide range relevant STI/HIV/AIDS data. Potential risk environment assessment and potential public and private sector partners. Final reports are being prepared for dissemination.

With the long-term goal of strengthening STI diagnosis and treatment services, UCSF completed an extensive survey of central and provincial laboratories and developed a MOH plan to evaluate HIV tests currently in use in Indonesia. Recommendations were developed to improve volunteer HIV testing, quality control procedures, the development of a three-tiered HIV/STI laboratory testing scheme described and a capacity development program identified. UCSF will follow on with these recommendations in the next quarter.

Finally, a number of regional activities were completed, specifically ASA and GOI staff took part in a regional meeting on Prevention Strategies for Low Prevalence Countries and ASA staff took part in a FHI decentralization orientation in Bangkok.

Priorities for the next quarter will include the completion of the Annual Workplan, continued ASA Program Launching workshops, workshops on the national surveillance system and men’s health. Staff recruitment will continue to be a top priority and the completion of partner agreements.

I. PROGRAM BACKGROUND AND MAJOR FOCI

ASA continues to focus its energies towards achievements in five key “results packages”:

- RP 1: Increased risk reduction behavior and practices among individuals at high risk for HIV and STI
- RP 2: Strengthened quality, accessibility, and utilization of HIV and STI prevention services for individuals at risk
- RP3: Enhanced capacity and quality of Government of Indonesia HIV/STI surveillance systems and their use in key decision-making

- RP4: Strengthened capacity of local organizations to plan, finance, manage, and coordinate HIV/STI responses
- RP5: Increased leveraging of non-project programmatic interventions and financial resources

The technical approaches employed are based on epidemiologic evidence from Indonesia. Activities are concentrated among female sex workers (FSW) and their clients, injecting drug users (IDU), and men who have sex with men (MSM).

Epidemiologic trends

Limited epidemiologic data continue to show expansion in the HIV epidemic in Indonesia. CDC/MOH reported that **33** new cases of AIDS were diagnosed and reported between January and March 2001. For the same period CDC/MOH reported that **219** new HIV cases were identified. Most alarming is that thirty-four percent of the new reported HIV cases are reported to be among injecting drug users (IDU). Riau reported the highest numbers with seventy-nine new HIV cases found. Thirty-four new HIV seropositives were found during surveillance among prisoners in Bali and four cases among incarcerated individuals in Padang, West Sumatra.

DKI Jakarta continues to report the highest number of HIV/AIDS cases, followed by Irian Jaya. Only three of Indonesia's provinces have reported zero infections to date – Bengkulu, Central Sulawesi and Southeast Sulawesi. It must be noted, however, that these figures are incomplete. Testing is not available in many locations and many cases certainly go unreported. Still, the trends demonstrate continuing increases in HIV cases throughout the country.

II. II. MANAGEMENT

The ASA program continued to improve the management of its multifaceted program and wide area of responsibility. Dr. Gunawan Ingkokusumo was contracted as a consultant in Irian Jaya and PATH staff in Jayapura have offered their time to assist in program management in Irian Jaya and assist Dr. Gunawan with his technical responsibilities.

Dr. James Sonnemann, Wilson Sitorus and Juniar Heryoso participated in an FHI decentralization workshop in Bangkok and received training on new sub-agreement contract development. Veranong came to Jakarta to assist in completing Juniar's training in use of the MTX accounting system.

Dian Rosdiana resigned as Program Manager for Behavior Change Communication (BSS) Section and it was decided to delay hiring and replacement until Sapto Adji Darmodjo, the selected marketing candidate, is on board in mid-May and the best fit and need could be established. In the interim, Ciptasari has effectively managed the BCC section.

ASA Program Launching in Surabaya, Riau and Irian Jaya

During this period, ASA organized three “Program Launching” Workshops in Surabaya, Riau and Irian Jaya. The goal of these activities was to establish partnerships, lines of communication and coordination for ASA program implementation. These launches resulted in initial partnership commitments; better understanding of the ASA program by provincial and kabupaten governments and local NGOs; updates on the STI/HIV/AIDS situations and responses in each province; and, an initial plan of action for each participating province.

Research Triangle Institute

Task Order #1

The first task assigned Dr. Widjono Ngoedijo, Local Governance Specialist-RTI to participate and prepare a summary of critical issues in relation to the ASA Program launch in Pekanbaru and continue to identify approaches and plan for the follow on activities. He will also identify detail critical issues such as the status of development in HIV prevention in each area, key and strategic issues in HIV prevention, high priority prevention needs, degree of decentralization policies implemented-democratization and governance. This will be implemented in relation to HIV prevention with opportunities identified and recommended approaches to working with decentralized government and communities. This first task is in progress, and report will be submitted in the next quarter.

Staff orientation and training

During the period and throughout the Quarter, staff from FHI’s Asia Regional Office (ARO) in Bangkok worked closely with ASA staff to effect a smooth transition. A number of visits dedicated to reorienting the Program and its staff appropriately were made from Bangkok. Close support was provided by daily email communication between the offices. Among the activities carried out to orient ASA staff, the following are particularly significant:

1. James C. Sonnemann, Juniar Heryoso and Wilson Sitorus attended the FHI Decentralization meeting in Bangkok. Meeting results were shared to the staff upon their return.
2. James C. Sonnemann and Dr. Haikin attended Manila Meeting on Prevention Strategies for Low Prevalence Countries.
3. Ciptasari Prabawanti and Dr. Gunawan Ingkokusumo attended Manila Conference on Adolescent Reproductive Health. Ciptasari presented research results related to adolescent reproductive health in Indonesia.

Activities carried out during the quarter by Results Package:

Result Package # 1 - Increased risk reduction behavior and practices among individuals at risk for HIV and STIs

Desktop Assessment

The ASA Implementation Plan outlines a “Healthy Ports and Highways” strategy that ties together the activities in areas where potential client groups, including transportation workers, port workers and seafarers, can be reached in conjunction with female and male sex workers. The focus on these individuals stems from the fact that men who work away from home and family are among those most likely to be clients of sex workers. Both the clients and the sex workers, therefore, constitute groups at high risk for sexual transmission of HIV and other STIs. Identification of areas where there are high densities of such populations will permit the Program to focus its resources effectively.

Although interventions in multiple highway and ports sites stretching from Medan to Bali will eventually result in a connected “Healthy Ports and Highways” strategy, the development of each site along the way depends on a careful assessment of that area. Given the limited time and capacity to do a wide and rapid assessment, ASA’s initial focus was on the major port areas that are linked by highways, where it is expected that interventions can be organized in the port, adjacent truck stop areas, and nearby entertainment sites.

Potential participants in eventual interventions are expected to include, in addition to the high-risk individuals, entertainment site managers, hotel operators, and other gatekeepers, including government and local authorities.

Sites for the initial assessment include Riau, Jakarta, Semarang, and Surabaya. Manado and Bitung, while not on the *Jalur Pantura* from Medan to Bali, are a similar port and highway junctions at the northern end of the Trans-Sulawesi Highway. This desktop study was implemented as an initial step of the situation assessment to develop ASA Program strategies. Information gathered included secondary data and direct interviews related to the following issues:

- HIV/AIDS/STI risks/prevalence in the designated area;
- STI care providers/services, both private and government (this includes work-related health facilities along the highway and in the port areas);
- sex worker migration patterns and behavior of IDU and MSM in the designated area,
- behavioral information relating to sexual partners, condom use, STI treatment of male groups (truck drivers, long distance bus drivers, driver helpers, sea-farer/sailors, port workers);
- information on private sector businesses employing the groups listed above and health services they provide;
- relevant government agencies to be involved in areas likely to warrant intervention;
- locations and size of major entertainment sites/brothels – *lokalisasi* /sex industry (male and female);
- major rest stops or other areas where populations can be reached;
- NGOs working with these populations or others in the area who might become involved;
- private sector businesses associated with land and sea transport services that have the potential and/or interest to support ASA activities.

All of the surveys have been completed and final reports and plans for dissemination are being prepared.

Surabaya

1. 1. *Yayasan Abdi Asih - Surabaya*

During this reporting period, YAA organized a meeting with community leaders, Muspika (Camat, Koramil and Polsek), DinKes, and pimps. The meeting gained participant commitment to support YAA activities and resulted in job divisions of each respective institution in supporting YAA activities.

In outreach activities, 491 sex workers and 24 sex worker PEs in Jarak and Dolly, 50 pimps and 7 pimp PEs, 21 bartenders and brothel staff were contacted. A total of 698 IEC materials were distributed along with 559 condoms to sex workers and clients. Pimps involved in dissemination of information on condom use and HIV/AIDS to sex workers and clients was reported to be still low.

YAA referred ten sex workers for STI services at Putat Jaya clinic and private doctors. One case of drug addiction and one sex worker were referred to Bapenapza-kar for further treatment. In this period, YAA worked also with Surabaya Customs Office found one Vietnamese sex worker at Jarak. She was referred to RSU Dr. Sutomo for STI services. YAA also provided pre-counselling services for eight patients at Putat Jaya Clinic and four HIV infected sex workers in Dolly and Jarak received counseling services at YAA office.

In mid-February, in collaboration with Putat Jaya clinic, YAA organized weekly educational session in the clinic. Seventy-five sex workers participated in this session. The sessions discussed about reproductive health, condom negotiation and condom use, STI/HIV/AIDS and vaginal examination protocol. YAA observed that knowledge of STI and reproductive health of participant was still low.

YAA also organized a seven-day outreach training session for their outreach workers. The training consisted of four days in class and three days skills development in the field. YAA assisted in the selection of a candidate for the Millennium Mela Sex Workers Meeting in Calcutta.

YAA also has searched for private companies or persons concerned about sex workers living with AIDS to fund the cost for their care.

Irian Jaya

1. 1. *Yayasan Kesehatan Bethesda - Jayapura (Bethesda)*

As result of the political situation in Nengke village, YKB decided to stop the intervention in that area. This decision was made after a series of discussions with local community leaders, religious leaders and management staff of a wood factory in Nengke.

In February 2001, YKB started to implement the intervention among youth groups in Kabiding village, sub-district of Oksibil, close to RI-PNG border and an area of frequent cross border migration to the Ok Tedi mine area. YKB has selected four of five outreach

staff that will be based in Kabiding village. Each staff will be responsible to one sub-village. A program orientation was provided to the field staff.

YKB has also recruited two outreach staff for intervention among waria in Jayapura. Preparation for training of peer educators is in progress. YKB has also facilitated the Waria Jayapura Forum submission of a Rapid Response Fund request from ASA.

A series of meetings were sponsored between YKB, PSK Uncen, YLKR and Labkesda to discuss support mechanisms for Bethesda Medical Clinic for health services provision to sex workers and waria.

2. 2. *Pusat Study Kependudukan Universitas Cendrawasih (PSK UNCEN)*

During this report period, PSK UNCEN has reached 52 street based sex workers in six areas of Jayapura. PSK UNCEN has also selected 20 PE candidates based on a package of criteria for a peer educator. A preparation for PE training is in progress.

3. 3. *Yayasan Peduli Perempuan dan Anak (YAPEPA)*

YAPEPA, starting February, began development of a comprehensive module for teachers to conduct HIV/AIDS prevention activities to their students. A series of meetings with District Office of Education and Culture, DinKes, religious leaders, Teacher Association (PGRI) and HIV/AIDS activists in Merauke took place.

YAPEPA continued educational sessions to 14 high schools in Merauke Distract. 240 students participated in the sessions.

4. 4. *Yayasan Santo Antonius (YASANTO) – Merauke*

YASANTO continued outreach activities to 44 street based sex workers in four places in Merauke. During the outreach activities, a package of services including reproductive health and STD information, condoms and referral to Puskesmas Merauke was provided. Seventy-two youth from 5 locations have been reached. Outreach activities to entertainment bar staff and brothel based sex workers, new targets group for YASANTO, began with activities to introduce the program and establish a selection of candidates for peer educators. YASANTO also continued coordination with the DinSos, RT leaders (heads of neighborhood), pimps and informal leaders in order to increase their involvement in the project.

Result Package #2 Strengthened quality, accessibility and utilization of HIV and STI prevention services for individual at risk

UCSF Consultation

Dr. Elizabeth Donegan completed an extensive survey of central and provincial laboratories and reviewed a MOH plan to evaluate HIV tests currently in use in Indonesia. The following is a brief summary of her conclusions.

1. A program for alternative (volunteer) HIV testing should be piloted in partnership with private laboratories. Availability of alternative (volunteer) HIV testing will become more important in Indonesia for the following reasons. The number of HIV infected individuals is increasing. HIV education programs are expanding to the point that the risks of acquiring HIV infection are more generally known. Blood bank HIV donor-screening procedures are likely to include more widespread donor notification and counseling programs for positive test results in the future. The absence of readily accessible testing may result in blood donation for the purpose of HIV testing.
2. Quality control procedures for HIV/STD laboratory procedures need to be improved within Indonesia. Key to the sustained success of improved quality control programs will be clearly defined quality monitoring procedures and written standard operating procedures, participation in a quarterly control testing program, referral of samples to reference sites for testing with timely feedback of results. Trained laboratory physicians and quality control supervising laboratory technologists need responsibility for ongoing, on-site procedures and results review.
3. The proposed WHO evaluation would best be modified such that:
 - a) test serum samples (both negative, false positive and positive samples) be collected from a variety of regions and risk groups for HIV within Indonesia rather than only samples from Jakarta blood donors;
 - b) a test panel of samples known to be more difficult be included in the evaluation (i.e. low antibody titer samples, sero-converting samples and samples with absent gp160);
 - c) available Western Blot kits be evaluated;
 - d) an HIV testing scheme using rapid test kits alone without EIA or WB testing be evaluated;
 - e) provision is made for the production of a summary report with findings from the evaluation.
4. A development of a three tiered HIV/STI laboratory testing scheme would seem to best fulfill the dual project aims of providing accurate laboratory results for evaluation of ASA program interventions and improving STI/HIV laboratory testing within Indonesia.
5. It would be advisable to train a minimum of two to four Indonesian physicians in state of the art laboratory policies and procedures for HIV/STD (two in HIV testing and two in STD testing procedures). These physicians would best be trained in the USA for 4-6 weeks under the supervision of trained US personnel.
6. Should the Indonesians wish to fund a national STI/HIV laboratory, the value of maintaining such a laboratory within the public health sector (CDC or PUSLABKES/BLK system) rather than within the research or hospital sector should be considered. Although STI/HIV surveillance activities are important for planning purposes, development of diagnostic services with ongoing testing through clinical activities will add stability and quality to any services developed. If development of a national STI/HIV lab should be a serious consideration, FHI might do well to place the initial Jakarta "first level testing" in the private sector Prodia laboratory. Testing could start with training, first rate HIV antibody testing, GC/CT LCR, quality control,

communication and reporting. This strategy would circumvent “right of first ownership” issues prior to an Indonesian decision as to the purview of the reference laboratory.

THREE-TIERED SCHEME FOR STI/HIV LABORATORIES:

1. 1. LOCATIONS: A three tiered scheme of laboratories is proposed:
 - a. Two central laboratories (Jakarta, Java and Timika, Irian Jaya);
 - b. Three provincial laboratories financed by FHI (Surabaya, Java, Medan, Sumatra and Jayapura, Irian Jaya; the laboratories in Makassar, South Sulawesi and in Denpasar, Bali financed by AusAID would coordinate testing and quality control programs with the FHI provincial system);
 - c. Up to 30 tertiary laboratory sites over three years with 6-7 up and running in the first year of the project, 15-20 in the second year and all 30 functioning by year three.

2. 2. TESTING:

CENTRAL LABS	PROVINCIAL LABS	TERTIARY LABS
“Gold standard” testing:	Second level testing:	Direct exam/rapid tests
1. LCR for GC and CT	GenProbe/Digene GC/CT	
2. GC culture	Focused surveillance testing managed out of the central laboratory (GASPAK susceptibility tests)	
3. 3. Direct smears:		Urethral/cervical methylene blue Vagina wet mount: yeast, trich “clue cell”, KOH ->“amine test”, pH
4. 4. Syphilis: RPR/TPHA	RPR/TPHA	RPR
5. 5. HIV: EIA/WB	EIA/WB	Rapid tests (to be determined)
6. QC monitoring/review 20% of samples to UCSF	QC monitoring/review 20% samples to central lab	QC monitoring/review 20% slides to provincial lab

Jakarta

Ikatan Ahli Kesehatan Masyarakat Indonesia (IAKMI)-Jakarta

During this reporting period, IAKMI continued to organize a series of 4 group discussions for 67 *waria* and their partners or clients with an increase to 90% in knowledge of participants about HIV. In March, IAKMI moved the clinic from Ancol to Jalan Kebon Sirih Timur Dalam no:6. This clinic opens on Tuesday and Thursday. In this period, IAKMI distributed 4,842 condoms, provided health services during 68 visits that identified 11 STD cases.

Starting March 2001, 3 *waria* participated in one week internship in Pokdisus RSCM focused on Hotline management. Now, they are running a Hotline services % 021 390 0659 Monday – Friday, at 02:00 – 06:00 pm.

Surabaya

Putat Jaya Clinic

During this period, collaboration began with Yayasan Abdi Asih to hold weekly educational session for the patients. YAA also brought Dr. Rachmat, Head of Putat Jaya clinic to client and pimps meeting for clinic activities socialization.

Irian Jaya

1. 1. Perkumpulan Keluarga Berencana Indonesia-Irian Jaya (PKBI-Irian) – Jayapura

During period of January to March, PKBI reached 246 sex workers of 24 *wisma* (brothel house) in Tanjung Elmo. A total of 1,542 condoms were distributed to 165 sex workers. PKBI staff reached twenty-eight clients during visits to *wisma* or client visits to clinic. The clients were laborers, truck/bus/taxi driver, ojek driver, and civil servant. Twenty-six articles and one radio session related to HIV/AIDS were noted by PKBI.

PKBI observed that 89% of sex workers in Tanjung Elmo lokalisasi knows of HIV/AIDS, however, 76% of them reported not using the condom in their last sexual intercourse. More than 88% of them have had STD.

“Cendrawasih” PKBI clinic is reported has served 227 patients. Clinic also reported that 61 STD cases were identified. Diagnoses included vaginal itching, candidiasis, trichomonas, and vulvovaginitis. Clinic also provided counseling services to 14 sex workers and clients. PKBI reported that the sex workers and clients, who ever infected with STD, are eager to know about safe sex to avoid STI. Condom negotiation skill is still needed by the sex workers.

PKBI organized a regular meeting with pimps, community leaders, and Puskesmas staff. The meeting resulted in a commitment from the participant to support 100% condom use policy in Tanjung Elmo localization.

2. 2. Yayasan Santo Agustinus (YSA) – Sorong

During this reporting period, YSA continued to reach the sex workers and clients, and bars that those are located in Sorong Timur and Sorong Barat. Twenty-one bars were visited. YSA observed that the major change is that most of the bar owners have already allowed their staff to visit YSA clinic for health services. YSA believed that the level of awareness of the sex workers and bar staff in term of health seeking behavior is increased.

YSA also started to approach *waria* community in Sorong. They are mostly found in several beauty salons that those are located closed with the Malanu brothel complex and bar location.

YSA “Bintang Timur” clinic and laboratory has examined 78 patients. Laboratory examination resulted 51% bacterial vaginosis, 1% positive syphilis, 30 % suspected chlamydia or 73% either chlamydia or GC, 20% trichomonas and 10% candida.

Result Package #3 Enhanced GOI HIV/STI surveillance systems and use in key decision-making

ASA, in collaboration with CDC/MOH organized a series of meeting to discuss the preparation to Surveillance Workshop. The meeting was held on April 17-19, 2001 and will be reported in the next quarter.

Result Package # 4 Strengthened capacity of local organizations to plan, finance, manage and coordinate HIV/STI responses

Two-day program management orientation for six local NGOs in Irian was organized in Jayapura. This event was aimed to improve implementing NGO staff capacity in program management and finance aspects. In addition, the event will avoid language barrier and gain mutual understanding of the execution of the sub-agreements with the implementing NGOs.

Rapid Response Fund

Jakarta

1 One day Seminar on “Peningkatan peran dan tanggung jawab Laki-laki dalam upaya menghambat epidemi HIV/AIDS di Indonesia”

This RRF supported LitBangKes to organize scientific seminar in relation with the year 2000 World AIDS Days. Matching funds from the Population Council supported these activities.

**2. One day Seminar on “ An Introduction of Counselling and HIV Test”
KPAD Jakarta - Yayasan Pelita Ilmu**

This RRF funded YPI to organize a one day seminar relates to the 2000 World AIDS Days Activities

Irian Jaya

1. Timika Community Leaders study tour to Merauke

YASANTO in collaboration with Lembaga Pengembangan Masyarakat Irian organized a study tour to Merauke for 20 community leaders of Timika to learn about HIV/AIDS prevention activities. The Freeport Malaria Control Group participated in funding this activity and will involve these same individuals in community based interventions on return to Timika and will make quantitative and qualitative assessments of the results of the study tour over the year following.

Result Package # 5: Increased leveraging of non-project resources

Jakarta

1. One day Seminar on “Peningkatan peran dan tanggung jawab Laki-laki dalam upaya menghambat epidemi HIV/AIDS di Indonesia”
2. One day Seminar on “ An Introduction of Counselling and HIV Test” KPAD Jakarta - Yayasan Pelita Ilmu

Irian Jaya

1. Timika Community Leaders study tour to Merauke (see above summary).

V. PRIORITIES FOR THE NEXT QUARTER

Priorities for the Next Quarter:

- The Annual Work plan preparation and submission.
- ASA Program launching workshops in provincial level.
- Initial Assessment.
- Workshop for Men Health Sexuality.
- Surveillance Workshop.
- Complete the development of Partners Agreements (PAs) and Task Orders (Toss).
- Continue the staff recruitment process for Marketing Advisor, IDU BCC.
- Establish and refine ASA documentation center and starting to exchange all general information to the related third parties from ASA Program and collect useful information from other parties for ASA Program.
- BSS waria/IDU Jakarta.
- Renovation of additional office space in Jakarta.
- Community Outreach Assessment to Irian.

VI. ATTACHMENTS

Attachment 1	Expense Summary Statement
Attachment 2	List of Travel and Activities
Attachment 3	Summary Cost Sharing