



AKSI STOP AIDS PROGRAM
Cooperative Agreement No. 497-A-00-00-00038-00

Fourteenth Quarterly Report
(January–March 2004)



Submitted: April 30, 2004



*The STI/HIV/AIDS Prevention Support Program
is a USAID- funded program
managed by Family Health International in collaboration with
the Directorate General of Communicable Disease Control and
Environmental Health (P2M & PL),
Ministry of Health, the Republic of Indonesia*

TABLE OF CONTENTS

1.	Introduction	2
2.	Program Implementation and Achievements	2
	RP1: Increased Risk Reduction Behavior and Practices	
	1.1: Female Sex Worker Peer-led Interventions and Client Interventions	3
	1.2: Prevention Marketing	5
	1.3: Strategies Targeting MSM	5
	1.4: Strategies Targeting IDU	6
	1.5: Strategies Targeting People in Prisons	7
	1.6: Greater Involvement of People with AIDS	8
	RP2: Strengthened HIV and STI Services	9
	2.1: Improved STI Diagnosis and Treatment	9
	2.2: VCT, Care and Support	10
	RP3: Enhanced Capacity and Quality of Government of Indonesia HIV/STI Surveillance Systems and Their Use of Epidemiological Data in Key	13
	RP4: Strengthened Capacity of Local Organizations to Plan, Finance, Manage and Coordinate HIV/STI Responses	15
	RP5: Increased Leveraging of Non-Programmatic Interventions and Financial Resources	16
3.	ASA/FHI Management and Staffing	18
4.	Products and Materials Produced This Quarter	21
5.	Major Activities Planned for the Next Quarter	22
	Abbreviations Used in the Report	25
	Attachment 1: Subprojects Completed this Quarter	27
	Attachment 2: Subproject and Achievements to Date	28

1. INTRODUCTION

This quarter, January to March 2004, has seen unprecedented developments by the Government in their response to HIV/AIDS, all of which were strongly supported by the ASA Program.

The signing of the Sentani Declaration on January 19 signaled the government's renewed determination to tackle the impact of HIV/AIDS and prevent its further spread. Signed by several ministers, senior officials, and provincial leaders from six priority, high-prevalence provinces, it represents a major step forward in the government's commitment to promote condom use, harm reduction, provision of care and treatment for people infected with HIV, and breaking down stigma and discrimination against people living with HIV/AIDS.

In line with the recent WHO/UNAIDS '3 x 5' goal of getting 3 million people worldwide on antiretroviral therapy (ART) by the end of 2005, the government has made a commitment to scale up ART in Indonesia, setting a target to have 5,000 people on treatment by the end of this year and 10,000 by the end of 2005. This is an ambitious goal, and a large-scale intensification and coordination of effort is required to prepare for it.

Twenty-five hospitals throughout Indonesia have been identified as ART delivery points, and from each of these there are doctors, nurses, lab technicians and counselors who need to be trained. ASA has already begun integrated training for hospital-based care teams, but mechanisms are still needed to enable the hospitals to work with outreach organizations to ensure that those needing ART are getting it, and even more importantly, that they receive the necessary support and encouragement to adhere to treatment.

While the need to find rapid, quality solutions has prompted a more effective collaboration among the government and donor agencies, including ASA, it will also have an impact on the funds and time available for other important and previously planned activities.

2. PROGRAM IMPLEMENTATION AND ACHIEVEMENT

This section outlines the activities that have been implemented in support of each of the five key result packages (RP) during this quarter.

RP1: Increased Risk Reduction Behavior and Practices

1.1 Female Sex Worker Peer-led Interventions and Client Interventions

As new NGOs—and not just those working with ASA—become involved in HIV/AIDS prevention interventions for commercial sex workers and their clients, there is a continuous need for Basic Outreach Skills Training. This quarter, courses were held in Medan, from February 24 to 28, and Agats, Papua, from Marcy 10 to 15. In Medan, there were 15

participants from 5 NGOs, including two non-ASA organizations. The Papua participants were from a single organization that works with communities and sex workers in the Asmat regional of the province's interior.

Uniformed Services

In September 2003, 24 Army, Navy, Air Force and Police personnel were trained as core trainers for a pilot Peer Leadership Program to promote safer sexual behavior among the Indonesian Armed Forces. Between January and March, using training modules prepared by ASA, MOH, and the Armed Forces KPA, these core trainers trained a total of 214 prospective peer leaders on HIV/AIDS knowledge and peer educator skills. Peer Leader Training for police personnel has been postponed until after the general elections.

Peer Leader Training for the Uniformed Services

Service	Number of PL Trainees	Dates
Marines	54	January 23–26
Army	60	March 16–19
Army	60	March 23–26
Air Force	40	March 8–11

Pre and post test results indicated that the participants' knowledge improved by an average 80%. Based on experience and feedback from the early trainings, additional role play models were added in the later courses. Guidelines were also developed for peer leaders to use in the field, giving tips on how to use flip charts on condom use, STI treatment and self risk assessment.

More IEC materials for use in the field will be provided at a 'graduation ceremony' for the newly trained peer leaders in April. Each month, they will be required to report their activities using a special form to record the number of people reached, the number of condoms distributed and so on. Peer leaders will submit these forms to their respective health units, and they will then be reported back up the hierarchy to the Armed Forces KPA.

The next step in the Armed Forces HIV prevention program will be to work with the training centers of each of the services to develop an academic curriculum for HIV/AIDS prevention. Participation in such courses will be credited towards promotion.

IEC Materials Development

High quality IEC materials are important tools not just for NGOs doing outreach but also for use in STI clinics, workplaces and at public events. As a result, it is important to keep new and existing IAs supplied with relevant, up-to-date booklets, posters and other media. Between January and March, new materials were being developed on STI for patients, on STI management for doctors and medical staff in clinics, and on the transmission and prevention of HIV and other STI for sex workers. Other materials in development include peer leader pins for the Armed Forces, stickers for truck drivers and information booklets on HIV/AIDS for executives. In addition, a number of previously issued materials were reproduced and distributed to NGOs and clinics in the ten provinces.

1.2 Prevention Marketing

In 2002 ASA developed a series of Public Service Announcements (PSAs) that were broadcast on public and private television and radio stations as part of a comprehensive media campaign for HIV awareness and prevention. Following pressure from conservative religious groups, broadcasting was suspended, and in the months since then the PSAs have been considerably reworked. In January 2004, the results were presented to the director of MOH and the chairman of the KPA, as well as to the TV stations contracted to broadcast them. At their suggestion, the messages were given a stronger religious or moral tone by having several religious leaders—both Muslim and non-Muslim—appear. The relaunch of the campaign is scheduled for April, subject to agreement with the TV stations (RCTI, SCTV, Indosiar and TVRI). Two more PSAs that were developed using quotes from a series of talk shows aired towards the end of last year are currently in the production process. Another PSA, produced last year in collaboration with the DPR and featuring one of the deputy speakers of the house together with several PLWHA, was aired 69 times on four TV stations between January and April.

Monthly meetings for journalists organized by Lembaga Pers Dr Soetomo have continued. Themes covered this quarter included the role of religious leaders in HIV/AIDS issues with former Minister of Religious Affairs, Tarmizi Taher, as the guest speaker. At another session, a representative from DKT discussed the role of condom companies in controlling HIV/AIDS in Indonesia. In March a deputy editor of one of the leading national dailies discussed UN Secretary General Kofi Annan's request for a stronger commitment on HIV/AIDS from media 'giants' and what the mass media in Indonesia can do to realize this.

Media coverage on HIV/AIDS based on information released by the various organizations and agencies involved in preventing the spread of the disease has often been confusing and at times contradictory. To manage the dissemination of information more effectively, ASA has joined with UNAIDS, IHPCP, CHR/MBI and the KPA in establishing a media coordination group to coordinate and integrate media activities. Ideally, the first point of reference should be the KPA, which should then be able to refer journalists to other potential resource persons from other organizations. For this, there needs to be a free flow of information between the relevant agencies, as well as a common communication platform to ensure that the 'same language' is being used, while taking into account the different focus of each agency. The initiative should ensure greater accuracy and clarity in the coverage of national prevention efforts, and strengthen the KPA's role as national coordinator of HIV/AIDS prevention activities.

1.3 Strategies Targeting MSM

In Indonesia, waria are one of the most vulnerable population groups with regard to HIV infection: in some provinces, HIV prevalence is estimated at 15% to 22%. Until now, however, attempts to encourage waria to adopt safer sex practices have had limited success. During the BCI strategy review in March 2003, the BCI team tried to determine why, and what sort of interventions could be developed that would not only motivate people to modify their behavior permanently but would also achieve greater coverage.

It is important for people who practice high-risk behaviors to be aware both of the facts about HIV and of the urgency of changing their behavior to protect themselves and others

from being infected. On the other hand, behavior change strategies work best when they are promoting positive, achievable changes in behavior rather than creating fear.

An approach aimed at motivating change by using the positive behaviors of individuals within the target community itself as a model could potentially generate more results. This concept, dubbed positive deviance, was recently introduced to waria organizations in Indonesia through a workshop facilitated by Jerry Sternin of Tufts University. The participants included 11 field workers and project managers from Srikandi, a Jakarta-based waria group, together with representatives from four other waria/MSM organizations in Jakarta, Surabaya and Bandung, and two people from the Jakarta Social Services Department. The workshop, which was held from January 19 to 23, began by asking participants to identify characteristics of 'positive' behavior that could be emulated. To follow up the training, participants will try to identify *mami* (waria leaders) in their own areas who practice positive deviance in some way. Once identified, they will be interviewed to find out why they have adopted this behavior; this information can then be used to modify interventions with others. The Srikandi trainees will do further training within their organization over the next three months, with technical assistance from Randa Wilkinson of Save the Children.

In 2001, a meeting was held in Cisarua, West Java, to discuss male sexual health interventions with a particular focus on men who have sex with men. This quarter, initial preparations began for a possible follow up in the form of a national meeting that would bring together government officials, NGOs and other stakeholders to discuss what has been achieved so far, and obstacles to further progress.

1.4 Strategies Targeting IDU

As the problem of HIV transmission through injection drug use becomes more acute—it was expected to account for more than 80% of all new infections in Indonesia in 2003—advocacy and training on harm reduction for stakeholders at all levels becomes increasingly urgent. The ASA harm reduction team has been working through a number of channels to facilitate this.

Comprehensive guidelines from a credible source on various approaches and techniques for reducing drug-related harm are an important tool, not only for implementation in the field, but also to support advocacy. During January and February, a working group comprising MOH, ASA, WHO and other MOH agencies worked on adapting the WHO guidelines on harm reduction for use in Indonesia. On February 9 they made a presentation to government agencies and NGOs on the group's progress. When complete, this manual will augment the translated and adapted CHR/MBI guidelines which have been in use since 2001.

Advocacy was also featured on the agenda of a harm reduction coordination meeting from January 28 to 30, which was attended by 30 participants. The event was organized by Jangkar, the Indonesian network of NGOs working on harm reduction, with support from ASA's partners AHRN and CHR/MBI, as well as IHPCP and ASA itself. The event included a short workshop on advocacy to decision makers, based on the WHO advocacy training package which has been modified by FHI for use with NGOs.

Local AIDS commissions (KPADs) are becoming more active in advocating and mobilizing support for harm reduction activities. The Jakarta DKI Working Group on Harm Reduction, for example, is making efforts to scale up harm reduction in Jakarta, building on ASA's initiative by recruiting more NGOs and getting the government more involved in the program. In March, the Working Group held a three-day workshop, organized by the Jakarta KPAD with support from ASA and IHPCP. The ASA team facilitated a discussion on different outreach models that could be employed by NGOs working on harm reduction and how services could best be provided for IDUs; most of the available services are still far from being user-friendly for drug users, and the group is trying to sensitize the relevant government agencies to this issue. There were 15 participants from six NGOs, three of which are already working on harm reduction and three that are interested.

In recent years, ASA and its harm reduction partners and IAs have adopted the Indigenous Leader Outreach Model (ILOM) for behavior change interventions among injecting drug users. This approach involves trying to understand the practices and behavioral norms of drug users so that interventions can be appropriately modified to suit conditions in the field. Outreach workers, however, are usually not ethnographers, trained to identify subtle nuances and patterns of behavior that could influence the success or failure of interventions. In order to address this, fifteen participants from ten NGOs were trained in ethnographic techniques on January 26 and 27. It is hoped that this will help outreach workers to ask the right questions and make appropriate observations that will yield more information from target groups and be immediately incorporated into project design

In a number of cities in ASA provinces, there are known to be significant populations of injecting drug users, but there has, as yet, been little intervention activity. Before any NGO-based harm reduction programs can be planned, though, a careful assessment needs to be made of each location to determine whether the basic infrastructure and networks for support services are there—without them, interventions will not be effective. Between March 9 and April 2, a rapid situation assessment was carried out in six cities to evaluate the feasibility of supporting harm reduction activities. A total of six consultants were engaged. Teams of two spent six days in each site, visiting government institutions, clinics, IDUs and organizations working with drug users. The teams assessed the level of support provided through existing HIV prevention or drug-related programs, and how this could be coordinated with harm reduction programs. Results will be reported in early April, and be used to determine how best to expand program coverage.

1.5 Strategies Targeting People in Prisons

Conditions in prisons can be highly conducive for the spread of HIV, especially where there are concentrations of IDUs. Large numbers of people can be infected very rapidly through needle sharing and unsafe sex, and in recent years, a number of prisons in Indonesia have reported an explosion in HIV prevalence among their inmates. In some institutions, more than 50% of some subpopulations of inmates convicted of drug-related offenses are HIV positive. For this reason, MOH and the Ministry of Justice and Human Rights, with support from ASA, IHPCP, CHR/MBI and Yakita, came together in 2003 to establish a framework for HIV prevention and care within the criminal justice system. Key personnel from these organizations, who will be formally established as a Working Group in April 2004, have identified priorities and drafted an MOU between MOH and MOJ&HR that will allow for interventions in prisons and detention centers.

One of the most urgent priorities identified was training for staff. IHPCP, with input from CHR/MBI, developed a training module covering HIV, drug use, first aid and occupational safety. The module was field tested between February 10 and 12 in Denpasar with staff from four prisons in Bali, together with staff from the regional office of MOJ&HR.

Incorporating the lessons learned from the first trial, a further field test was conducted for six staff from Paledang Prison, Bogor, and four staff from each of six other prisons in Jakarta and West Java from March 17 to 19. During both sessions, participants drew up plans of action which will be followed up in each prison over the next few months.

ASA staff are now drafting a final report on the field tests with recommendations, and further adjustments will be made before the final version of the staff training module is presented to the Working Group. Following this, ASA will begin preparation of a training module for inmates, spearheaded by Yakita and CHR/MBI.

1.6 Greater Involvement of People With AIDS

PLWHA group Tegak Tegar grew out of an exhibition of photographs of HIV positive people aimed at giving a human face to HIV/AIDS. The group—whose members were all subjects of the photographs—now stage the exhibition at various events around Indonesia and advocate against the stigma and discrimination that surround HIV/AIDS. This quarter, Tegak Tegar presented the photographs at a Safety, Health and Environment Fair sponsored by the Ministry of Manpower and Transmigration in conjunction with the National Occupational Safety and Health Council. The exhibition, held at Hotel Indonesia from January 12 to 14, attracted substantial interest from senior executives and occupational health and safety managers attending the Fair.

A similar exhibition was held on March 4, as part of an International Women's Day event sponsored by UNAIDS and other UN agencies. Prominent speakers at the event included the State Minister for Women's Empowerment and Erna Witoelar, former Minister for Resettlement and Regional Infrastructure and currently UN Special Envoy for the Millennium Development Goals.

As PLWHA become more empowered to take an active part in HIV/AIDS prevention, in many cases they need to build up certain skills in order to do so effectively. Rumah Cemara, a rehabilitation center for drug users in Bandung, which also serves as a focal point for PWHLA in the area, was the venue for a 5-day course on Peer Communication Skills for the Bandung + Support Group. The course took place between January 14 and 18, with 15 people taking part.

ASA's GIPA consultant presented the PLWHA perspective on care and treatment during orientations to case management that were held for KPAD and NGO personnel in Tanjung Pinang and Batam on February 2 and 3. Sessions were also included in the case management training in Riau between February 9 and 13 (see *VCT, Care and Support* under RP2), and in the peer leader training for the military conducted between January and March (see the section on *Uniformed Services* under RP1).

RP1						
Indicators	Target FY04	QI/FY04	Jan	Feb	Mar	Total FY04 to Date
-Outreach and BCI Contacts*						
-FSW	18,539	9,355	1,735	2,817	3,638	17,545
-IDU	8,000	485	434	587	681	2,187
-MSM	7,463	5,271	1,336	2,399	2,139	11,145
-Clients (including workplace programs)	1,203,000	312,463	62,751	62,178	99,314	536,706
-Referrals to STI Clinics Made						
-FSW	12,400	1,607	965	1,275	1,200	5,047
-IDU	37	168	2	7	5	182
-MSM	1,500	383	382	807	530	2,102
-Clients	6,800	537	437	927	1,143	3,044
-Condoms Distributed	2,500,000	1,250,122	79,568	61,543	61,166	1,452,399
-Safer Sex Packages	80,000	38,676	21,948	17,176	10,135	87,935
-Disinfectant Kits (bleach)	10,000	1,553	616	714	729	3,612
-Media Spots (new)	10	-	-	1	1	2
-Persons Trained in BCC	81	44	-	15	-	59
-Active PE	Target FY04	QI/FY04	Jan	Feb	Mar	Current Number
-FSW	500	215	71	231	288	283
-IDU	400	103	78	92	96	96
-MSM	100	91	95	101	103	103
-Clients	100	45	107	346	432	425
-Active Condom Outlets	340	243	237	258	265	265
Notes:						
* New contacts only						

RP 2: Strengthened HIV and STI Services

2.1: Improved STI Diagnosis and Treatment

A study of STI prevalence among female sex workers was conducted in seven cities between June and November 2003. Over this quarter, the results were reviewed and finalized, with dissemination beginning in April. The survey, which also incorporated a rapid assessment of risk behaviors, will help to build a more complete picture not only of the extent of STI but also of the FSW's potential risk of exposure to HIV.

In order to support the concept of integrated services as well as share ASA's experience with implementation of clinical services, the STI team took part in a three-day meeting (February 24–25 and March 1) to discuss the provision and management of ART in relation to the government's commitment to the WHO/UNAIDS 3 x 5 program. A team consisting

of representatives from ASA, the Medical Care Directorate, the Health Laboratory Directorate, as well as other MOH units, are drafting the protocols. Twenty-five hospitals across the country have been selected as access points for ART. ASA has been involved in the mapping of 11 laboratories in these hospitals and contributed to the preparation of training modules for lab staff.

With MOH and IHPCP, ASA has prepared an integrated training program and guidelines for medical staff and case managers, which will be rolled out as part of the preparations for 3 x 5 (see Clinical Care and Treatment below). As part of the pilot project to trial the guidelines, members of the STI team participated in the training at the Hospital for Infectious Diseases from February 12 to 19. A total of thirty participants from several hospitals in the Jakarta area attended. Participants suggested several ways to improve the course, such as adding a practical element and providing more detailed training materials.

High quality IEC materials are valuable tools for medical staff, both in training and in giving explanations to patients. Several such materials have been developed over the years, but there was a need to determine whether there were any gaps in the provision of such media. ASA invited ten doctors, nurses and paramedics from both ASA and non-ASA STI clinics in Surabaya and Malang to take part in a focus group discussion on IEC for medical staff. Various needs were aired, among them being a flipchart on STI management.

The quality of services provided by the STI clinics supported by ASA is strictly controlled through the monitoring of medical records and specimens submitted by each clinic every quarter. Between January and March, the accuracy of diagnosis was recorded at 95%, while accuracy of treatment was 91%—both showing improvement compared to the previous quarter. The accuracy of methylene blue testing improved to 82% from around 75% in the October–December period.

A pilot project on antimicrobial resistance to gonorrhoea began on March 12 in cooperation with BLK Surabaya. Midwives who will take specimens and lab staff from six STI clinics in East and Central Java were trained on March 23 and 24. Specimens will be sent to BLK Surabaya.

The Prison for Drug Offenders at Cipinang, Jakarta, was assessed for the possibility of setting up an STI program, as well as condom distribution. While the prison already has a clinic, the assessment indicated that it is under-resourced and the staff would require capacity building before a program could be run. In addition, within the prison administration there are varying perceptions on the need for such a program and how it would operate. Further advocacy will be needed before any action can be taken.

2.2 VCT, Care and Support

Following the launch of the National Guidelines on Care, Support and Treatment for PLWHA in December, a briefing was held in Cibogo, West Java, from January 19 to 23, for facilitators who will be training hospital staff and case managers using the new manual. After the briefing, the facilitator team revised and finalized the training modules.

The training consists of three parallel threads for doctors, nurses and case managers, with all three groups coming together for joint sessions to discuss particular cases. One of the aims of the training is to integrate the role of hospital-based case managers—who may be social workers or paramedics, medical records staff, hospital clergy and so on—with that of the medical staff. The first course was held at RSPI in Jakarta (see *Clinical Care and Treatment*, below). Effective case management will be a key factor in identifying people who are eligible for ART under the government’s scaling up initiative.

ASA’s IA, Widuri, facilitated training on case management in Batam from February 3 to 14, for 26 participants. They also advocated to various stakeholders, including the KPAD and local government officials in Batam and Tanjung Pinang.

Ongoing efforts were made to raise awareness about the importance of VCT and the needs of PLWHA with regard to care and support. In February, ASA staff gave a presentation on VCT, Care and Support for KPADs and NGOs in Karimun, Riau, as part of a 3-day orientation activity (February 16–18).

VCT consultant Kathleen Casey attended an ASA/IHPCP coordination meeting on VCT on February 21 and was the lead trainer for the VCT TOT, held in Jakarta from March 8 to 26 for 28 participants. The TOT was aimed at participants from hospitals, NGOs, and MOH, who will become hospital-based trainers. There are now four training teams with eight master trainers, some of whom will be utilized on a government-sponsored six-day counselor training program for 100 staff from the 25 hospitals targeted as ART providers. This will take place from April 19 to 24 in Jakarta, with four parallel groups, and will be supported by ASA and IHPCP.

Kathleen Casey also gave advice on the WHO’s rapid HIV testing protocols, given that there are moves to introduce this on a wide scale in Indonesia, and consulted on the development of national case management guidelines for MOH.

Clinical Care and Treatment

The first course using the revised modules was held at RSPI (the Infectious Diseases Hospital) for 30 participants from five hospitals in Jakarta and Bogor. Following this, courses were held in Sorong and Jayapura, each for teams from ten hospitals. In Papua, the training included field visits: medical staff had the opportunity to do bedside teaching with AIDS patients through the Jayapura Support Group, while case managers made visits to hospitals and support groups.

Care, Support and Treatment Training for Health Providers

Location	Number of Trainees	Dates
Jakarta	30	February 3–6
Jayapura	30	February 16–21
Sorong	33	March 15–20

Under this integrated model, each hospital sends a team of three people, consisting of a doctor, a nurse, and a case manager (who need not necessarily be hospital staff). The training is aimed at strengthening teamwork in hospitals to allow for the provision of higher quality and better-integrated treatment and care for people with AIDS. Given the government's commitment to scaling up ART through the 3 x 5 program, it is vital that the medical services are able to provide strong support for people receiving ART.

The training, which is based on the WHO modules but has been adapted to local conditions, will eventually consist of two parts. The first, which is currently being provided, is the clinical management module, while Part 2 will cover ART, PMTCT, prophylaxis etc. However, until this module is ready, ART is being included in Part One.

A further module, on palliative care, is still at the discussion stage. However, there is already a growing need for it, especially in Papua, where more people have AIDS at an advanced stage, and there is very limited access to ART. Two sites, Jayapura and Merauke, are being prepared to provide palliative care.

Care and treatment for PLWHA is not focused solely on medical care; other possibilities are also being explored. In February, 15 PLWHA took part in a course on complementary care held by Yayasan Taman Sringganis, a Bogor NGO that provides training on the use of alternative methods for disease prevention and treatment. The training covered counseling and support, acupuncture, meditation and various remedies that may be beneficial for people with AIDS. In future such training may also be provided for partners of PLWHA.

RP2						
Indicators	Target FY04	QI/FY04	Jan	Feb	Mar	Total FY04 to Date
~Appearing at clinic						
-FSW	12,400	3,178	1,352	2,049	2,006	8,585
-MSM	750	138	185	184	304	811
-Clients	3,400	826	159	319	479	1,783
~Clinic Personnel Trained	136	19	-	-	-	19
~# of Simple Lab-test Performed						
-FSW	12,400	2,682	1,189	1,986	1,607	7,464
-MSM	750	88	159	149	187	583
-Clients	3,400	557	160	272	541	1,530
~# of VDRL/TPHA Performed						
-FSW	12,400	1,222	424	414	401	2,461
-MSM	750	8	11	22	25	66
-Clients	340	10	4	6	4	24
~STI Screenings Performed						
-FSW	24,800	2,683	1,396	2,050	1,309	7,438
-MSM	750	88	189	162	187	626
	Target FY04	QI/FY04	Jan	Feb	Mar	Current Number
~# of PLWHA Receiving Care and Support Services	300	75	197	229	251	251

RP 3: Enhanced Capacity and Quality of Government of Indonesia HIV/STI Surveillance Systems and Their Use of Epidemiological Data in Key Decision Making

Surveillance

Effective HIV prevention programs depend on knowing who is most at risk of exposure to the virus, and where they are. Although the MOH conducts serosurveillance every year among sex workers, prisoners, IDU and waria in each province, it acknowledges that the figures give neither a complete nor an accurate picture of prevalence. In 2002, the government began to use a system of estimates of populations at risk to get a truer measure of the magnitude of the disease.

Initially used only at central level, the estimation methodologies are now being disseminated to the regions through a series of training workshops on Estimating Populations at Risk and Surveillance Data Management, four of which took place this quarter. Over the next quarter, the training will be provided in Medan, Riau and other provinces. As the data management software is used more intensively and consistently, it is being updated and the bugs are being fixed. A workshop on the National Estimates was held from February 25 to 26, with 25 people taking part.

Estimating Populations at Risk and Surveillance Data Management Training

Province	Number of Trainees	Dates
Jakarta/West Java	60	January 5–9
East Java/Maluku	60	February 9–13
West Kalimantan	60	February 16–21
Bali/NTT	60	February 24–27

Surveillance involves a number of sensitive issues, such as confidentiality and anonymity. Therefore, it is important to have solid standard operating procedures in place. In recent months, MOH and ASA have worked together to devise a set of guidelines to be used in conjunction with the data management software, and these were being finalized over this quarter. The manual and software are designed to help them standardize sampling, data entry and processing and reporting to get a more accurate and coherent picture, for provinces and nationwide, of the status of HIV across the country.

Preparations are underway for the next round of behavior surveillance surveys (BSS) with Central Bureau of Statistics (BPS), which will be carried out in two phases in 2004 and 2005 in ASA's 10 target provinces. The Surveillance team is working with the Harm Reduction team and several NGOs to revise the survey questions for IDU. This survey will undergo its first trial in April. Other population groups to be surveyed are: direct and indirect sex workers, waria, MSM, truckers and other transport workers, seamen and port workers, and students, though not all groups will be surveyed in all locations.

Expanded and Comprehensive Response to HIV/AIDS

KPADs at province and district level are continuing to develop appropriate responses to the epidemic in their respective areas based on the results of the BSS. This quarter, work began with the KPAD in Maluku with a five-day strategic planning workshop (February 3–6). The results, however, were less than satisfactory because the participants had not prepared the necessary data. Learning from this experience, a one-day pre-workshop was held prior to the next workshop in West Java from March 24 to 26. This provided an opportunity for the

KPA to amass the data and undergo a self-evaluation process to assess achievements to date as well as what is needed in terms of capacity building. A similar workshop was also held in South Sumatra, for the Prabumuri district KPAD, from March 16 to 19.

Advocacy

The government renewed its commitment to behavior change for HIV/AIDS prevention and care for HIV positive people in a joint declaration made in Papua on January 19. The Sentani Declaration was signed by the Coordinating Minister for People's Welfare/Chairman of the National AIDS Commission, the Minister of Health, the Minister of Religious Affairs, the Minister of Social Affairs, the Secretary General of the Ministry of Home Affairs, the Secretary General of the Ministry of National Education, the Head of the National Family Planning Committee and representatives of the governors of six priority provinces (Bali, Jakarta, West Java, East Java, Papua and Riau). Papua is one of the highest prevalence provinces in Indonesia, and the officials had traveled there to demonstrate their commitment to HIV/AIDS prevention and care, and direct the mobilization of regional prevention and care issues. They have stated their intention to follow up this initiative with quarterly trips to the priority provinces, and will require those provinces to report on their progress and implementation of HIV/AIDS programs. The National AIDS Commission (KPA) has developed and circulated a series of national indicators in order to prepare the provinces for the first report, due in April. Reporting will be coordinated by the KPA.

With support from ASA, the Indonesian Forum of Parliamentarians on Population and Development (IFPPD) is continuing to mobilize support from the national parliament (the DPR) for legislation that will result in a more enabling environment for HIV/AIDS prevention and care. During the last quarter, several DPR members met local legislators, officials and community leaders in Riau, a province where a high concentration of port activities and extraction industries, together with a flourishing sex industry has contributed to high HIV prevalence, especially among sex workers. At that time, possible actions were discussed, and in February a follow-up visit was made to assess the progress.

To address the lack of readily-packaged, reliable and consistent information on HIV/AIDS in government circles, IFPPD has produced a series of official DPR fact sheets on HIV and sexual transmission, HIV and IDU, and the government's commitment to the UNAIDS/WHO 3 x 5 initiative.

ASA facilitated a meeting between Bill Fry, head of the USAID mission in Indonesia, and Mar'ie Muhammad, former government minister and now a leading AIDS activist, to emphasize the importance of HIV prevention, care, and support activities from a community perspective. Discussions were also held with USAID's Regional Office representative Lois Bradshaw on the provision of support for cross-border and regional leadership issues through ASEAN. This is a concern in several parts of the country: major ports such as Bitung and Sorong have large sex worker populations and an international clientele, while the border between Papua and Papua New Guinea sees a largely unregulated flow of people moving between the two countries, which feeds the sex industry in border towns such as Jayapura and Merauke. It is perhaps most significant in Riau, which receives a huge influx of men arriving every day from Singapore and Malaysia to buy sex. The Indonesian government is about to enter into informal talks with the Singaporean government on this matter.

The HIV situation is more acute in Papua than in any other Indonesian province: the epidemic is already showing signs of spreading into the general population. For this reason, it is a matter of urgency to mobilize communities in preventing the further spread of HIV. Between February 16 and 20, 35 local, religious and tribal leaders took part in a workshop in Mimika. The aim was to develop a common perception on various aspects of HIV/AIDS—including transmission, prevention, and stigma and discrimination—and how it should be tackled. The outcomes included an action plan on providing assistance for PLWHA, and the ‘Mimika Commitment’, which stated that all stakeholders would give more serious attention to HIV/AIDS and encourage local institutions to do the same.

RP3						
<u>Indicators</u>	Target FY04	QI/FY04	Jan	Feb	Mar	Total FY04 to Date
-Press reports on HIV related Issues	500	202	36	28	63	238

RP 4: Strengthened Capacity of Local Organizations to Plan, Finance, Manage and Coordinate HIV/STI Responses

The Expanded and Comprehensive Response (ECR), which will provide a framework for KPAD efforts in the future, was introduced at the ASA Staff Workshop in March. This approach, developed by FHI Headquarters, is being adapted for use in Indonesia in particular to guide KPADs in their response to HIV/AIDS. A reference manual is being developed, which, with appropriate training tools, will be used to strengthen KPAD capacity, give direction and build in sustainability. The planned outcomes include strong local programs and lobbying capacity. Workshops have already been held for provincial KPADs in West Java and Maluku (as part of the strategic planning workshops) and these will continue at province level. Provincial KPADs will then transfer the knowledge and skills to the district level.

Although many IAs are achieving the coverage targets in their subagreements, there is still some concern about the quality of implementation. To address this, a workshop was held for IAs in Riau on February 17, 18 and 19. This resulted in a commitment from the HIV/AIDS NGOs in the region to strive for better quality and to make stronger efforts to engage government and community leaders in doing so.

Training on financial reporting was provided to several implementing agencies in Riau this quarter, including Yayasan Mulia Abadi (January 23); Abdi Nusa (January 23); YBTDB (March 26); and Bentan Serumpun (March 31).

RP4						
<u>Indicators</u>	Target FY04	QI/FY04	Jan	Feb	Mar	Current Number
-# of KPAD with a Strategic Plan						
-Provincial	10	6	9	9	9	9
-District	37	9	15	15	15	15
-# of KPAD Members Trained in Advocacy	94	-	-	-	-	-

~# of KPAD with Written Plans for Advocacy	6	-	-	-	-	-
~# of IAs Completing Annual Financial Review	86	66	-	1	17	83
~# of IAs Submitting Monthly Financial Reports	111	75	77	76	72	72
~# of IAs Submitting Monthly Program Reports	111	72	75	74	70	72
~# of IA Staff Trained in M&E	222	-	-	-	34	34

RP 5: Increased Leveraging of Non-Programmatic Interventions and Financial Resources

Although HIV prevalence among clients of female sex workers (FSW) is estimated to be low (below 1%), by number they constitute by far the largest single ‘high-risk’ population group. Given the fact that less than 10% of the estimated 7–10 million clients in Indonesia use condoms consistently, they are a potentially significant factor in facilitating the spread of HIV into the general population. One channel through which these men can be reached with education and behavior change interventions is the workplace, particularly in the transportation and natural resource procurement sectors, which often coincide with concentrations of commercial sex activity.

NGO Capacity Building

ASA has been working with its IAs Yayasan Kusuma Buana (YKB) and Komite Kemanusiaan Indonesia (KKI) to prepare local NGOs to advocate to private sector management and train company occupational safety and health (OSH) teams to implement workplace prevention programs. Both organizations are regularly kept up to date with knowledge and techniques to make their training of other NGOs more effective. On March 8, 12 staff from KKI took part in a one-day refresher program on care and support together with technical aspects of STI, VCT and case management.

Between March 16 and 18, YKB conducted a TOT for 20 participants from 15 NGOs based in Jakarta and West Java. Other ‘second-tier’ NGOs previously trained by YKB and KKI are also involved in an ongoing program of refresher training and technical assistance. A capacity building program was provided for 15 people from East Java-based IA Yayasan Mulia Abadi (YMA) from February 26 to 28. This was the NGO’s second round of training, while ASA staff made an evaluation visit to PKBI’s South Sumatra branch in Palembang from March 29 to 31.

In January, training was provided for four NGOs that facilitate health and safety programs in Nike footwear manufacturing companies in the Jakarta area under the coordination of Yayasan Perdaki, a Global Alliance partner. Global Alliance is working with Nike to improve life opportunities and workplace conditions for workers in its factories.

Workplace Training and Education

This quarter, YKB trained OSH teams in Krakatau Steel, National Gobel and Gadjah Tunggal, three of Indonesia’s biggest companies. A core team of ten staff from Bank

Tabungan Negara were trained between February 15 and 18 on program implementation and management.

Health fairs are an important medium for raising awareness about HIV/AIDS and an opportunity to tackle the widespread stigma and misconceptions associated with HIV positive people. Fairs were held with ASA assistance in the four Nike-operated factories where the Global Alliance delivery partners are working, and three factories manufacturing Nike clothing. YKB took part in a 'Green Fair' held by the Astra Group.

Advocacy and Policy

Support from senior management for workplace prevention programs is primarily mobilized through executive briefings for individual organizations or groups of companies.

Management commitment is necessary not only to initiate the program but also to ensure that sufficient resources are provided to guarantee sustainability.

In January, KKI held an executive briefing for Pertamina's Directorate of Shipping in Jakarta. This was the second briefing for the state-owned oil and gas company. Another executive briefing was conducted by KKI for the Bukit Asam coalmining company in South Sumatra in February. This event, held in conjunction with the company's health fair, was held in collaboration with the South Sumatra branch of PKBI.

Other briefings were held by KKI for Semen Cibinong, PT Pama Persada Nusantara (mining and earth moving contractors) and the Hilton Hotel. In East Java, YMA joined KKI to present briefings for state-owned forestry company Perhutani at their regional headquarters and for INSA (the Indonesian National Shipowners Association). YMA also briefed Coca Cola and Unilever at their plants in East Java, while PKBI briefed PT Pinago executives and health personnel in South Sumatra.

On February 18 and 19, YMA conducted seminars on HIV prevention and care in the world of work for a group of stakeholders and companies in East Java. The stakeholders attending included KPADs, regional sectoral offices, NGOs and the private sector.

At national level, ASA, in collaboration with UNAIDS and the National Business Alliance (APINDO, KADIN, KPA, UNAIDS, NGOs) held half-day seminars for the construction and transport sectors on February 25 and for the hotel and entertainment sector on March 9. In all, five key sectors will be invited to take part in similar seminars. The seminars are aimed at managers and CEOs and set out to explain the role of the KPA and KPAD in the ASA provinces and how they can collaborate with the private sector on HIV/AIDS prevention in the workplace.

The National Occupational Safety and Health Council organized a three-day seminar and exhibition at Hotel Indonesia, which was attended by OSH managers and human resource managers from all over Indonesia. ASA had the opportunity to introduce the program and make contact with potential clients. PLWHA support group Tegak Tegak also organized a photograph exhibition at the event.

More use is being made of the media to generate awareness about the need for workplace prevention. KKI has twice been invited onto Metro TV's 'Lunch Break' program to discuss some of the issues, while representatives from ASA and ILO took part in a discussion on HIV in the world of work on Smart News radio on March 24.

RP 5						
<u>Indicators</u>	<u>Target FY04</u>	<u>QI/FY04</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Current Number</u>
~# of IAs Trained in Promoting Private Sector Leveraging	60	5	9	9	22	22
~# Private Sector Firms with Workplace Programs	100	71	78	83	91	91

3. FHI/ASA MANAGEMENT AND STAFFING

During this quarter, efforts to strengthen the management of the program continued.

Subproject Development

During this quarter, three new subagreements were executed, two subagreements were completed, and eight subagreements were amended to extend funding for an additional year. This brings the total number of active subagreements to 76. Another 26 subagreement proposals are currently in the final stages of development, and are expected to be executed early in the next quarter. Two Rapid Response Funding proposals were also executed this quarter. Please refer to **Attachment 1 for a list of subprojects completed this quarter** and **Attachment 2 for a comprehensive list of all active subprojects and their achievements to date.**

FHI/ASA Staff Workshop

FHI organized a staff workshop from March 2 to 5 in Jakarta, with a total of 68 staff members attending. Several major topics were discussed. The new reorganization of the country office organizational structure was presented and discussed. This was the first time the provincial staff had had an opportunity to discuss their increased responsibilities, as well as the revised roles and relationships of the Program and Technical Units in Jakarta. The concept of the Expanded and Comprehensive Response to HIV/AIDS developed by FHI Headquarters was also presented, and stimulated extensive discussion on how to adapt and introduce the methodology throughout the ASA target areas. The new and improved ASA monitoring and reporting system was presented as well, including the overall concept, mechanism, revised forms, and checklists. There was also opportunity for a brief update from each of the ASA technical teams. Included in the schedule for the first time this year were presentations by USAID, MOH, KPA, UNAIDS and IHPCP. Although intensive, all participants left the workshop with a much clearer understanding of where the ASA Program is heading, and how all of the differing roles and responsibilities of staff members fit together to facilitate the achievement of these goals.

Monitoring

As in each previous quarter, monitoring trips were made to all ten target provinces during this quarter. These trips continued to focus on assisting KPADs with strategic planning and overseeing the performance of our Implementing Agencies.

Efforts have also continued to improve the quality and documentation of site visits by ASA staff. A simple checklist has been developed for use by the ASA provincial staff when they perform monthly site visits to each Implementing Agency. This checklist focuses on issues such as program implementation, scheduling, confirmation of reporting, and finances. In addition, a series of technical checklists are being developed for use by technical monitors from Jakarta when they perform semi-annual site visits to each IA. These checklists should help to reduce the drudgery of reporting while maintaining a complete record of each visit. A simple review format has also been developed for both the project monitor and the technical monitor to assist them in reviewing and tracking the monthly performance indicators and financial reports produced for each subagreement.

The monitoring of the financial management of all subprojects continued as well. All Implementing Agencies have been able to maintain their excellent record of timely and accurate financial reporting, thanks in a large part to the practical training that the FHI financial staff continues to provide. The Finance Unit staff have also continued their efforts to investigate cases of alleged financial mismanagement, and have either provided additional technical assistance to overcome specific problems or provided the necessary information to senior management to instigate appropriate action.

Staffing

The following changes in staffing occurred this quarter:

- Kindy Marina resigned her position as Senior Program Officer effective February 6, and was replaced by Deden Wibawa on March 1.
- Irine Mayasari also resigned her position as Administrative Assistant in the ASA Surabaya office effective February 29 in order to advance her career in the private sector. A replacement is currently being recruited.
- Hilde Eveline Burhan, the District Officer in Sorong, Papua resigned her position for personal reasons, effective March 31. A replacement is currently being recruited as well.
- Wahyu Rihadi, a former ASA consultant in Central Java, was hired as Chief Representative for Central Java beginning on February 1. Raden Wibowo will continue his work in Central Java as the Program Manager focusing on supporting the Implementing Agencies throughout the province.
- Cherie Mailoa was hired as the ASA Representative for the province of Maluku beginning on March 1.
- To assist with the very large workload in DKI Jakarta, Puji Suryantini was hired as the Program Manager for Jakarta beginning on March 1.
- Rosanti Dewi was also hired on March 1 to provide administrative assistance in the province of West Java.

Consultants

The ASA Program received technical assistance from the following consultants during this quarter:

- Made Efo Suarmiartha and Supriyanto continued their assistance as facilitators during the training of peer educators within the uniformed services in Jakarta, as well as in the Basic Outreach Skills Training in North Sumatra and Papua.
- Mitu M. Prie continued her assistance to ASA prevention marketing activities, especially in the revision of the previous TV spots, in developing materials for the private sector initiatives, and in developing the capacity of the Tegak Tegar group of people living with HIV/AIDS.
- Nur Tjahjo continued his excellent assistance in the design and development of a wide range of IEC materials.
- Dede Oetomo contributed several days of his time to assist in the planning of the proposed seminar on male sexual health, which will be implemented in July 2004.
- Jerry Sternin from Boston University conducted the workshop on positive deviance for selected ASA staff and waria NGOs in Jakarta from January 19 to 23, 2004.
- Hastuti Setyawati continued to assist with confirmatory testing of laboratory samples from partner STI clinics as well as other ASA laboratory activities through February 2004 when she accepted full time employment elsewhere. Beginning March 1, she was replaced by Awalludin, a similarly experienced laboratory technician.
- Ade Chandra continued his work on finalizing training modules on the care, support and treatment of HIV/AIDS for health service providers, and assisted in the pilot training.
- Astrid Wiratna has also continued to assist with the training and mentoring of counselors to provide quality care and support for people living with HIV/AIDS.
- Flora Tanujaya has provided exceptional assistance in finalizing the report of the STI study among female sex workers and continues to assist with the advocacy and program development in Maluku.
- Nafsiah Mboi continued her assistance to the National AIDS Commission, and was especially active in organizing the study tour that resulted in the Sentani Declaration, as well as other advocacy activities.
- Wahyu Rihadi continued his assistance in developing the capacity of the KPADs throughout Central Java until he was hired by FHI as the full-time Chief Representative for Central Java on February 1.

- Cecilia Budiono has continued her assistance in developing the capacity of KPADs in East Java as well as improving the management of the ASA provincial office in Surabaya.
- Izhar Fihir has provided very limited, but excellent assistance as a facilitator for the development of workplace programs in the private sector.
- Stephanie Pirollo also provided assistance in late March 2004 on the finalization of the training modules on workplace facilitation.
- As usual, Sally Wellesley has continued to provide her excellent assistance in the preparation of reports.

Visitors

The ASA Program received the following international visitors this quarter:

- Annie Melcomb from the Center for Harm Reduction, Macfarlane Burnet Institute in Australia assisted in the review and pilot testing of a training module on HIV/AIDS prevention in prisons, first in Bali from February 2 to 12, and again in Paledang Prison in Bogor from March 14 to 20.
- Danielle Alford, also from CHR, Macfarlane Burnet Institute, visited Jakarta from January 27 to February 6 to monitor, guide, and support the development of activities under their Task Order with FHI.
- Philippe Girault from FHI Asian Pacific Division provided assistance on the review of the peer educator training for the uniformed services as well as ASA funded MSM activities from March 14 to 27.

4. PRODUCTS AND MATERIALS PRODUCED THIS QUARTER

The following products were produced this quarter:

- Brochure: '*Info Seputar HIV, AIDS, dan IMS*', an upmarket version of basic information concerning HIV, AIDS, and STI for use during executive briefings with private sector firms.
- Training Module: '*Module Pelatihan Kepemimpinan Sebaya Dilingkungan TNI Dan Polri*' for use during peer educator training in the uniformed services.
- Guidelines Manual: '*Pedoman Di Tempat Kerja*', a complete manual on how to develop private sector workplace programs for HIV/AIDS prevention, from planning through implementation and evaluation.
- TV Spots: The five TV spots produced and aired previously were revised to include a stronger moral message from a variety of religious leaders, and are ready to be re-aired in early April.

5. MAJOR ACTIVITIES PLANNED FOR THE NEXT QUARTER

The major activities planned for the next quarter, April to June 2004, by the ASA Program include:

- Subagreement Development. ASA will finalize and execute an additional 26 subagreements early in the next quarter, which will bring the total of active subagreements to over 100.
- Training in Basic Outreach Skills will be organized for new Implementing Agencies in North Sumatra, West Java, Riau, Papua, Jakarta and East Timor throughout the quarter.
- IEC materials development will continue. Flip charts for STI services and peer leaders will be produced, as well as leaflets on case management, posters and leaflets for use in the uniformed services, and a variety of materials for MSM.
- A follow-up Workshop on Positive Deviance will be organized for selected ASA staff and Yayasan Srikandi to build on the previous workshop facilitated by consultant Jerry Sternin.
- The results of the Safer Sex Package for MSM trial will be analyzed and disseminated, and efforts will be made to convince DKT of the viability of mass marketing the packages.
- The Working Committee for Prison Intervention will be formalized, and a plan of action developed. Work will also begin on developing a training module for HIV/AIDS prevention and harm reduction for prison inmates.
- Training in Indigenous Leader Outreach Management (ILOM) will be organized for the new IDU harm reduction Implementing Agencies in Jakarta in late April, and refresher training for IAs in Medan and Manado in May.
- A National Workshop for Harm Reduction Implementing Agencies will be organized by ASA Partner, the Asian Harm Reduction Network in Jakarta in mid-May.
- A formal graduation ceremony will be organized for the 220 participants of the peer leader training within the uniformed services in Jakarta in April.
- Curriculum and training modules on HIV/AIDS prevention will be developed to be incorporated into the official Indonesian Armed Forces training system.
- Monitoring of peer leaders in the military will be organized throughout Jakarta, including the introduction of a simple reporting system.
- The five TV spots that have been reedited will be aired on national television for three months beginning in April, supported by radio and print messages.

- A new Dangdut Music Program featuring interviews on HIV/AIDS issues will begin broadcasting on TVRI on April 27 and continue every two weeks for a total of 13 episodes.
- Training in communication techniques for PLWHA to increase their confidence in speaking about their illness will be organized in Papua, Jakarta, and Surabaya this quarter.
- A workshop on monitoring STI clinic activities will be organized for MOH-CDC and ASA staff from March 31 to April 2 in Bogor, where ASA's monitoring system will be adapted for use throughout the health service network.
- The results of the RTI Survey for Female Sex Workers will be disseminated in all seven of the associated provinces.
- A training on STI clinical management will be organized in late May for the six new partner clinics joining the ASA network to be held in Bandung.
- Site visits to all partner STI clinics will be made during the next quarter to track implementation and provide all required technical assistance.
- Training in HIV management, including VCT, case management, ARV treatment, and laboratory testing will be organized for the 25 hospitals targeted by the MOH to become HIV/AIDS service centers during late April.
- Validation of the HIV testing capacity of the 25 targeted hospitals will then be carried out in mid-May in collaboration with the Faculty of Health, University of Indonesia and the Provincial Health Laboratory in Surabaya.
- Follow-up visits and technical assistance will be provided to the participants of the previous training on HIV clinical management in Sorong throughout the month of June.
- Refresher training in VCT will be organized in Bandung in late April.
- A rapid assessment and advocacy for VCT will be implemented in Tanjung Bale Karimun, Riau, in mid-May.
- Training in case management for waria will be organized for several health service providers in Jakarta in June.
- The 2004/5 round of the BSS will begin in April, including preparations, training, and data collection in ten target provinces in collaboration with BPS.
- Surveillance Data Management Training and Estimation Workshops on Populations at Risk will continue in North Sumatra, Riau, and Central Java during the next quarter in collaboration with MOH-CDC.

- Technical assistance on the implementation of the Sentani Declaration will be provided to KPADs in Papua, Riau, West Java, East Java, North Sulawesi, and Jakarta.
- Workshops on strategic planning and the expanded comprehensive response to HIV/AIDS will be organized for KPADs in Malang, Bekasi, Karawang, and Maluku this next quarter.
- A special workshop on KPAD development will be organized in collaboration with British Petroleum for eight districts in Papua in late April.

ABBREVIATIONS USED IN THE REPORT

AHRN	Asian Harm Reduction Network
ARO	Asia Regional Office
ASA Program	Aksi Stop AIDS Program
BCC	Behavior Change Communication
BCI	Behavior Change Intervention
BNN	Badan Narkotika Nasional (National Narcotics Agency)
BNP	Badan Narkotika Propinsi (Provincial Narcotics Agency)
BPS	Biro Pusat Statistik (Central Bureau of Statistics)
BSS	Behavior Surveillance Survey
CDC	Center for Communicable Disease Control (P2M)
CHR/MBI	Centre for Harm Reduction, Macfarlane Burnet Institute
CST	Care, Support and Treatment
DKI Jakarta	Daerah Khusus Ibukota Jakarta (the provincial-level administrative unit covering Jakarta)
DPR	Dewan Perwakilan Rakyat (House of Representatives)
FBO	Faith-based Organization
FHI	Family Health International
FSW	Female Sex Worker
GOI	Government of Indonesia
GIPA	Greater Involvement of People with HIV/AIDS
HIV	Human Immunodeficiency Virus
IA	Implementing Agency
IDU	Injecting Drug User/Injection Drug Use
IEC	Information, Education and Communication
IFPPD	Indonesian Forum of Parliamentarians on Population and Development
IHPCP	Indonesia HIV/AIDS Prevention and Care Project Phase 2 (AusAID)
ILO	International Labour Organization of the United Nations
ILOM	Indigenous Leader Outreach Model
KPA	Komisi Penanggulangan AIDS (National AIDS Commission)
KPAD	Komisi Penanggulangan AIDS Daerah (Regional AIDS Commission)
KKI	Komite Kemanusiaan Indonesia
LPDS	Lembaga Pers Dr Soetomo
MOH	Ministry of Health
MOJ&HR	Ministry of Justice and Human Rights
MSM	Men who have Sex with Men
NGO	Non-Governmental Organization
P2M	Dit. Pemberantasan Penyakit Menular (Directorate of Communicable Disease Control)
PKBI	Perkumpulan Keluarga Berencana Indonesia (Indonesian Planned Parenthood Association)
PLWHA	People Living With HIV/AIDS
PSA	Public Service Announcement
RP	Result Package
RRF	Rapid Response Fund
RSPI	Rumah Sakit Penyakit Infeksi, Infectious Diseases Hospital

SA	Subagreement
STI	Sexually Transmissible Infection
TA	technical assistance
TOT	Training of Trainers
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary counseling and testing
waria	Male transvestite/transsexual
WHO	World Health Organization
YKB	Yayasan Kusuma Buana (Jakarta)