



**AKSI STOP AIDS PROGRAM**  
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**Seventeenth Quarterly Report**  
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## 1. INTRODUCTION

The largest single subpopulation at high risk of HIV infection in Indonesia consists of men who buy sex. Though prevalence is relatively low among this group, their sheer number alone poses one of the biggest challenges to tackling the spread of the epidemic: in 2002 the Ministry of Health estimated that there are between 6.9 and 9.6 million clients of sex workers across the country. One strategy ASA has been pursuing to reach this huge and diverse population is by packaging information with popular forms of entertainment. This quarter, for example, has seen prevention messages delivered through *dangdut* concerts and MTV. One of the most interesting initiatives has been the use of wayang puppetry to disseminate HIV/AIDS information, such as the performances in the royal palaces of Solo and Yogyakarta this quarter. Wayang's broad appeal and its flexibility to incorporate social and political commentary offer considerable potential as a vehicle for promoting behavior change and breaking down the stigma surrounding HIV/AIDS.

With their authority over legislation, budgets, and supervision, the country's legislators have a key role to play in managing the response to HIV/AIDS at national and local levels. Parliamentary advocacy group IFPPD has renewed its efforts to raise awareness among incoming members of the House of Representatives, and the KPADs are now beginning to play a more active role in educating and enlisting the support of provincial and district parliaments for HIV/AIDS prevention and care. It will be even more important to ensure that HIV/AIDS stays on national and local agendas over the coming months as attention is understandably diverted to the immediate and long-term needs of the hundreds of thousands of people affected by the recent tsunami. With an estimated 12 to 19 million people at risk of exposure to the virus and millions more whose lives would be severely impacted, HIV/AIDS too has the potential to become a long-lasting human tragedy on a vast scale.

Other major achievements of the ASA Program during this quarter, October to December 2004, explained in detail, follow.

## 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**

One of the key events this quarter was a review of the BCI strategy for FSW and client interventions, which involved the entire technical unit of ASA. Outreach is still the main strategy for reaching all the at-risk populations: female and male sex workers, their clients, gay men, waria and injecting drug users; only the approach for reaching each group differs. The workshop, which was held in Jakarta from October 19 to 22, was aimed at reformulating and streamlining the overall strategy to make it more integrated and effective. Essentially, it was felt that more emphasis needed to be

placed on tackling the HIV epidemic as a whole, rather than simply reaching numerical targets.

The reformulated strategy has yet to be finalized but will likely focus on six areas: gaining access to and the trust of the target population; creating an enabling environment; increasing awareness; offering risk reduction plans and reinforcing behavior change over time through repeated self risk assessment; maintaining safe behavior and providing services; and enhancing the involvement of the target population and building the spirit of volunteerism.

The next steps will be to ensure that IEC materials and prevention marketing are even more closely integrated with BCI activities in order to provide better support, and to consider how BCI can all be more closely aligned with VCT and STI activities. This is a critical issue, given the apparent mismatch between outreach and STI services highlighted in a recent series of workshops for STI clinics (see Section 2.1: Improved STI Diagnosis and Treatment).

The results of the workshop were used as a starting point for the review of MSM strategies in the following month (see Section 1.3: Strategies Targeting MSM).

### *Uniformed Services*

It is now more than a year since the first armed forces and police HIV/AIDS peer leaders were trained. Since that time, a total of more than 300 core trainers and peer leaders in Jakarta and Papua have been trained to disseminate their knowledge of HIV/AIDS and safer sexual behavior to their colleagues. This system could potentially deliver accurate information about HIV and how to avoid it to thousands of servicemen and police working under conditions where they are at high risk of exposure to infection. However, recent monitoring of peer leader activities in Papua and parts of Jakarta indicate that the system is not running optimally. This can be attributed in part to technical problems, such as misunderstandings over who bears the cost of transport for peer leader activities, and the military authorities have promised to deal with this.

ASA is also assisting the uniformed services in developing a mechanism to provide HIV/AIDS education through the regular curriculum at the police and military academies and training centers across the country, which will ensure better and more reliable coverage. The curriculum design team, consisting of personnel from the Defense and Security Ministry's KPA and ASA, finished the draft curriculum for HIV prevention at the end of December and it is scheduled to be finalized in January. Once this is in place, all newly enlisted police, soldiers, and officers and all those going through regular career training will have access to HIV/AIDS prevention education.

Peer leader training will also continue, focusing mainly on areas where the need is most acute: activities are scheduled to begin over the next quarter in Riau, one of the six provinces in the country that have been most severely impacted by HIV/AIDS.

Armed forces and police medical personnel took part in STI clinical management training in Ambon in December. (For more information about the training, see 2.1:

Improved STI Diagnosis and Treatment). This is the first time that medical teams from the security forces have joined such training, but it is expected that more will join future courses in other parts of the country. This is likely to be in locations where, like Ambon, there are trained peer leaders and therefore, presumably, an increased awareness of the need for STI services. The peer leaders working among armed forces personnel based in Ambon were trained under the auspices of UNICEF.

### ***IEC Materials Development***

A calendar containing prevention messages was finalized this quarter and is due to be ready for distribution in January. The calendar is designed for MSM (gay, MSW and waria) and focuses on the use of condoms and lubricants. Also completed by the end of the year were the prevention messages to accompany 10,000 Safer Sex Packages—containing condoms and lubricants—that will be distributed to gay men, MSW and waria early in 2005.

A range of other materials, including postcards, booklets and comics are in development, mostly targeted at MSW, waria, and military personnel.

Quality IEC materials are not just important for the end beneficiaries. Outreach workers and peer leaders also need to have a variety of attractive and easy-to-use tools at their disposal in order to get their message across effectively. One such tool that has proved to be very useful in the field is a flip chart with clear diagrams and targeted text. These are constantly revised and updated: two were being developed over the quarter, one for outreach workers working with FSW and clients, and one for outreach workers working with MSM.

The general lack of accurate and accessible information about various aspects of HIV/AIDS is also felt by people working in the care, support, and treatment sector, and ASA is making efforts to address this: designs are currently being developed for leaflets and booklets aimed at case managers and PLWHA buddies.

## **1.2 Prevention Marketing**

Earlier this year, ASA began a program to use the medium of wayang puppet theater to deliver HIV/AIDS prevention messages. Although the ever increasing availability of Western-influenced entertainment has inevitably led to a decline in popularity of many traditional forms of cultural expression, wayang continues to flourish, and the existence of more than 40 training centers for *dalang* (puppeteers) across Java are proof that it is still attracting a new generation of practitioners.

For the HIV/AIDS project, 20 *dalang* were trained as trainers, and over the past few months they have been training other *dalang* in various parts of Java. The original concept involved inserting HIV/AIDS messages in brief interludes in the main story, which is always based around one of the ancient Indian epics, the Mahabharata or the Ramayana. After a few performances, however, it was decided that a different approach should be tried, and an entirely new story was created, with drug use and HIV/AIDS as the main theme. This way, it was felt, audiences would focus on the

main message and not be distracted by the other story. Some of the younger *dalang* were very receptive to this, but there has been some resistance from others who fear that audiences will not respond to either the new characters or the new story.

The new story was performed at the royal palace in Solo on November 22 and Yogyakarta on December 11. Both shows attracted several thousand people as well as national and international media coverage; senior officials from the Indonesian government and USAID were also in attendance. In Yogyakarta the ‘new’ story was performed in full and a brief pre- and post-performance survey indicated that the performance was well received and the messages had been picked up.

Over the next few months ASA will continue to fund performances in villages and towns, concentrating on high risk areas, for example in the key transit points and ports along Java’s north coast. Efforts will also be made to mobilize funding for performances from other sources.

Wayang is not the only form of live performance being used to spread information about HIV/AIDS. The “Rakyat Merdeka” media group, which publishes several tabloids and magazines, organized a *dangdut* concert on November 21 in the Taman Mini Indonesia Indah Park in the south of Jakarta. This is an extremely popular music form throughout Indonesia, especially among young working class men, so the concert, which featured 12 well-known female *dangdut* singers, provided an excellent opportunity to deliver HIV/AIDS prevention messages between performances. The concert attracted an audience of between 5,000 and 7,000 people, mostly young men. This kind of demographic covers potential clients of FSW—a ‘hidden’ population that is hard to identify and therefore hard to reach through conventional outreach activities.

While one-off live events can have a powerful impact, electronic media offer an opportunity to provide repeated and more in-depth exposure to a range of HIV/AIDS issues. The 68H radio network, which comprises some 70 local radio stations throughout Indonesia, broadcast a series of nine talk shows on various aspects of condom use in HIV/AIDS prevention between October and December. Each show featured a guest speaker, and generated a reasonable audience response; about 12 to 15 callers contacted the stations during each show.

While prevention marketing activities were geared down in many areas over October and November out of respect for the Muslim fasting month, events continued in the more predominantly Christian areas. In Manado, North Sulawesi, for example, a series of condom promotion events were held over this period, including a concert by well-known singer Harry Roesli on November 12. Several PSAs were aired on the local station Pasifik TV as well as on several radio stations in the Manado and Bitung areas, and print ads were featured prominently in the *Manado Pos* daily.

Over the last few months, ASA has been supporting the continuation of broadcasts and publications of the mass media campaign aimed at potential or existing clients of sex workers, and focusing on condom promotion. The latest phase of the condom promotion campaign ran from April until July, and the results of an evaluation are still being analyzed.

Several events were held to coincide with World AIDS Day in December. Two talk shows were produced in collaboration with TVRI and both were broadcast on December 1, one in the morning and one in the evening.

As part of a strategy to reach out to a younger audience with messages about HIV/AIDS and drug use, ASA has been very much involved in the development of MTV's Staying Alive campaign in Indonesia. In the current phase of the campaign, a series of vignettes are being produced for TV, and three have already been broadcast. One of the highlights of this phase was an outdoor concert in Jakarta, featuring several top local performers and a "Pop Idol" winner from the UK, Gareth Gates. The concert was attended by several thousand people, mostly between 15 and 25 years old.

As of early November, MTV has also been running the client centered PSAs developed by ASA. These will receive a total of 400 placements on MTV before June 2005. More exposure will also come over the next six months through a show called MTV Land. Sponsored by ASA, the show will discuss a range of HIV/AIDS issues and themes. Twenty-four programs will be made, but each will be repeated twice, making a total of 72 broadcasts until the completion date in June 2005. Four shows have been aired already.

This emphasis on reaching youth is critical. The HIV epidemic in Indonesia is spreading more rapidly among injecting drug users than any other population group, and behavioral surveillance has shown that young, educated, middle class people—for example, students and their peers—account for a significant proportion of this group. In an effort to address this, the student body of Jakarta's Institute of Social & Political Sciences (IISIP) held an HIV/AIDS poster/print ad design competition, open to both students and the public. After a total of 72 entrants submitted their work to IISIP, the best entries were selected by a group of judges on December 11 and the finalists were announced during a HIV/AIDS panel discussion on December 17, attended by 250 students. The competition winners will announced on January 29 when IISIP holds a one-day workshop on the development of mass communication campaigns for HIV/AIDS.

### **1.3 Strategies Targeting MSM**

Following on from the BCI FSW and clients strategy review in October, a workshop to review the strategies for MSM was held in Puncak from November 30 to December 3. Studies indicate that the current outreach strategy has been reasonably effective for coverage of certain well-defined populations in specific locations, for example waria and massage parlor-based MSW, but is not sufficiently diversified to effectively reach freelance MSW, gay men, and clients in several cities. Weaknesses in the referral system are as apparent among MSM populations as they are among FSW.

It was agreed that interventions need to be more comprehensive, focusing not just on changing from risky to safer sexual behavior but providing stronger encouragement for health seeking behavior as well—for example, through better promotion of HIV/AIDS services such as VCT, STI, and CST. The revised strategy is still being formulated, but efforts are already being made to reorient implementing agencies

towards this broader approach through technical assistance visits and refresher training. Ways to diversify outreach through edutainment, drop-in centers, internet chat rooms and so on, will also be explored.

The staff of a newly contracted NGO in the Riau Islands, Gaya Batam, underwent Basic Outreach Skills Training from December 13 to 17. Gaya Batam is working with the gay population on the island. During the week the outreach workers learned more about how their activities should be directed and implemented, while the coordinators and managers were guided on how to plan, manage and evaluate the program.

#### **1.4 Strategies Targeting IDU**

Experience in various countries around the world clearly demonstrates that harm reduction programs cannot be really effective without the support of the police. The use of illicit drugs is a crime, and it can be difficult for the authorities to grasp that certain harm reduction activities such as needle exchange and drug substitution are not contributing the problem, but helping to alleviate it. For this reason, ASA and other donors have put considerable effort into advocating to senior police and government officials, and this has resulted in support, if somewhat cautious, at top levels. There is, for example, regular coordination between the KPA and the National Narcotics Agency (BNN), the most recent of which was a discussion on the evaluation plan for the proposed Needle Exchange Program on November 23.

This level of coordination and support is not always directly transferred to lower levels, however, and continuous efforts need to be made to work with the police at provincial and district levels, and establish good working relationships between the police and NGOs working with IDUs.

One of the issues that must be resolved is removing the threat of arrest for outreach workers if they are carrying needles. Police in Medan and Semarang have acknowledged some form of identification for outreach workers, but in Jakarta this issue has been pending for several months.

Coordination meetings to work through this issue and others were held in Manado on October 6–7 and in West Java on November 30 (organized in collaboration with IHPCP). Both meetings involved the local NGOs, AHRN, the KPADs, and the police.

The concept of harm reduction and the various approaches involved are still not well understood among all the related sectors—not just the police. Several activities were organized over the quarter to address this. The MOH organized a national workshop on Harm Reduction in the Health Sector from October 18 to 21 for personnel from the health services, including the mental health sector.

Between December 14 and 15 a workshop was held in Bandung for the West Java AIDS NGO Forum to introduce harm reduction. While the Forum comprises some 20 NGOs, very few of them are working with IDUs. Nevertheless, it is important for them to be able to recognize IDUs and make appropriate referrals where necessary.

Activities in some areas are at a more advanced stage. Methadone substitution pilot programs have been implemented over the last year at two sites and are now being expanded to a limited number of other locations, including prisons; a pilot project was officially launched in Bali's Kerobokan prison on December 10. In connection with this, 15 participants from selected hospitals and prisons in Bali and Surabaya were trained in methadone management in Bali between November 29 and December 3. The training was organized by the Directorate General of Medical Care (Yanmed). A similar training was held in Jakarta from December 20 to 24 for personnel from hospitals and prisons in Jakarta and Bandung. One potential constraint on this activity is the lack of a distribution process for methadone.

The BCI Strategy Review Workshop in October highlighted the problem of keeping outreach workers motivated. One way of maintaining interest is providing regular refresher training to reinforce the principles of outreach activities and ensure that people in the field are kept abreast of new developments and approaches. Over the last quarter, refresher training on the Indigenous Leader Outreach Model was provided for four implementing agencies. At each site, the staff were invited to reflect on the intervention concept and what had been achieved so far. Some of the NGOs are expanding their activities into new fields: YMM in Manado, for example, is beginning work in prisons, while Galatea in Medan, which is already providing HIV/AIDS and drug education in prisons, intends to start providing training for prison staff.

#### **ILOM Refresher Training**

<b>Location</b>	<b>Dates</b>
Yayasan Kharisma, Jakarta	October 14–15
Yayasan Mitra Masyarakat, Manado	November 2–4
Yayasan Intan Maharani, Palembang	December 7–9
Yayasan Galatea, Medan	December 20–23

Between October 12 and 15, ASA and BPS trained Yayasan Bahtera in data collection techniques for the upcoming BSS in Bandung. They will be using the coupon system, an RDS method which has yielded good results in Surabaya. Under this system, potential interviewees are recruited by fellow IDUs on a reward-based scheme. The number of contacts quickly cascades and can increase to over 1000 in just six months. This is an effective method of increasing coverage, though for the purposes of the BSS, only 300 people will be interviewed.

An ethnographic study of IDU sexual networks, sponsored by FHI, is currently underway in Medan, Jakarta, Bandung, Surabaya, and Bali. The five interviewers are collecting data over a 3-month period, widening the interview network each month. The study is being carried out in response to the high risk of sexual transmission of HIV among IDUs revealed by the BSS. With a clearer understanding of IDUs sexual networks and behavior, it is expected that interventions in future can be better targeted.

An alarming new development in patterns of drug use in Indonesia is the increasingly widespread use of buprenorphine. A small-scale study in November revealed that it is being distributed and injected in Medan, Palembang and Semarang. All IAs working with IDUs have been alerted to this and asked to monitor the situation. Once more information is available, recommendations will be made for appropriate interventions.

## 1.5 Strategies Targeting People in Prisons

A major step was taken on December 10 when the country's first prison-based methadone pilot program was launched in Kerobokan Prison, Bali with funding from IHPCP. This is expected to pave the way for similar programs elsewhere. The prison working group made a visit to Bali on November 24–26, just prior to the launch, to observe existing methadone services in Sanglah Hospital and discuss the delivery of health services for the prison inmates. These will be provided largely through a network of local NGOs: Kerti Praja for health services, Bali + Support Group for counseling and Yakita Bali for rehabilitation.

Bali, though, is an exception; HIV/AIDS services are relatively well established in the community, health, and prison services, and there is a good level of support from the local authorities. In other provinces the constraints on providing HIV/AIDS services through the prison system are still considerable, although it is an urgent issue, as surveillance data indicate.

Efforts are now being made at both central and regional levels to address this. The Ministry of Law and Human Rights (MOL&HR) in collaboration with ASA and IHPCP and with input from MOH, held a workshop on October 25 and 26 to standardize a set of guidelines on HIV/AIDS for the Prison System. Once these are finalized in February, they will be distributed to all prisons and will offer a clear set of principles for dealing with HIV/AIDS risks and HIV positive inmates in prisons. October 28 saw the initiation of a collaborative effort by the same agencies to develop a national strategic plan for HIV/AIDS in prisons. This is scheduled for completion by the second quarter of 2005; ASA will engage a senior consultant to assist with the planning.

Another important step is to establish good working relationships among all the related agencies—including NGOs—to ensure that a conducive environment can be created in which these guidelines can be implemented. In October, prison working groups were formed in Jakarta and West Java, comprising the provincial KPAD, the regional offices of the MOH and MOL&HR, ASA, IHPCP, and their relevant implementing agencies in the regions concerned. At these initial meetings the main agenda was to determine the structure and responsibilities of the groups, and discuss how best to establish mechanisms for the MOH to provide access to health services, including ARV, for prison inmates.

Strengthening coordination and sharing experiences across regions will also play an important part in the success of this initiative, and this was emphasized during a meeting on November 9 with three ASA IAs, Bahtera, Yakita and Partisan, to discuss strengthening health services for inmates in the Jakarta, Bogor, and Bandung areas. Participants recommended that regular opportunities should be provided for all IAs working with prisons to discuss the most effective mechanisms for networking with the MOH through the KPAD in each province to support the provision of health services.

The problems surrounding the provision of VCT in prison settings were brought up on a visit to provide technical assistance to Yayasan Wahana Bhakti, Semarang, on December 27–28. This NGO has been implementing HIV/AIDS education activities for the inmates of Kedung Pane Prison. Surveillance has revealed HIV prevalence of 11% and there is an urgent need for VCT. However, the inadequate health services at the prison, as well as questions regarding confidentiality, have delayed plans to provide referrals for both VCT and CST. This information was shared with the MOL&HR regional office in Central Java and efforts will be made to get it on to the KPAD's agenda. As in other provinces, most of Central Java's narcotics prisoners are incarcerated in general prisons.

## **1.6 Greater Involvement of People Living With HIV/AIDS**

Creating a space for people living with HIV/AIDS to be more visible is an important step towards dismantling the barriers to participation in life in the community, in the workplace, in the family, and elsewhere. Most of these barriers have their foundations in ignorance. The Jakarta-based Tegak Tegar group, comprised solely of people living with HIV, has demonstrated that by “going public” with their condition they have helped to break down a lot of the stigma associated with the disease. Using as a starting point an exhibition of photographs of HIV positive people from across the archipelago, they have spoken to people in a wide range of social and professional settings about their experience of living with the virus. Most importantly, the public has been able to see how they are not incapacitated by HIV and are as able as any other members of the community to live fulfilling and productive lives, but are often prevented from doing so by discrimination and prejudice. Additional public activities include an exhibition organized by Tegak Tegar and sponsored by ASA and UNAIDS was held from November 6 to 10 at Al Azhar University in connection with Human Rights Day, and participation in the press conferences held to publicize the wayang performances in Solo and Yogyakarta (see Section 1.2: Prevention Marketing).

As ARV becomes more widely available, particularly in relation to the WHO/UNAIDS “3 by 5” initiative, it is increasingly recognized that PLWHA have an important role to play in the effective management of the therapy, especially on adherence and compliance. This takes on even greater significance in a country like Indonesia, where the health system is severely overburdened and underfunded. Indonesia's leading PLWHA support organization, Spiritia, with funding from ASA and other donors organized ARV treatment training for 40 people from support groups in 23 provinces from December 6 to 10. The training focused on adherence and how to provide support for people on ARV. Trainees are expected to disseminate the information to other support groups and carers in their respective areas.

<b>RP1</b>	<b>Target FY05</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Total FY05 To Date</b>
<b><u>Indicators</u></b>					
~Outreach and BCI Contacts					
<i>Newly Contacts</i>					
-FSW	18,750	1,915	963	2,437	5,315
-IDU	6,000	583	482	584	1,649
-Transvestites	1,650	178	161	425	764
-MSM	3,750	343	658	751	1,752
-Prisoners	2,690	226	491	1,024	1,741
-High risk Men	312,000	50,438	22,815	43,732	116,985
-General Population	150,000	9,242	8,567	12,733	30,542
<i>Repeated Contacts</i>					
-FSW	-	7,964	4,589	9,988	22,541
-IDU	-	1,142	1,297	1,510	3,949
-Transvestites	-	728	640	953	2,321
-MSM	-	1,250	1,220	1,691	4,161
-Prisoners	-	195	480	515	1,190
-High risk Men	-	2,427	1,096	1,647	5,170
-General Population	-	11,037	6,328	11,281	28,646
~Referrals to STI Clinics Made					
-FSW	18,750	1,190	902	2,166	4,258
-IDU	150	7	15	54	76
-Transvestites	750	172	77	236	485
-MSM	375	69	8	49	126
-Prisoners	-	-	-	-	-
-High risk Men	5,250	43	184	941	1,168
-General Population	-	43	407	137	587
~Condoms Distributed	1,500,000	300,289	95,831	121,106	517,226
~Disinfectant Kits (bleach)	3,750	755	817	653	2,225
~Media Spots (new)	10	-	2	4	6

	<b>Target FY05</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Current Number</b>
~Active PE					
-FSW	525	132	105	260	260
-IDU	75	62	78	80	56
-Transvestites	38	30	30	30	30
-MSM	38	46	53	54	54
-Prisoners	75	32	56	56	56
-High risk Men	75	7	7	127	98
-General Population	188	88	109	137	137
~Active Condom Outlets	263	295	284	234	234

## **RP 2: Strengthened HIV and STI Services**

### **2.1 Improved STI Diagnosis and Treatment**

#### **STI Management**

The BCI strategy reviews in October and November highlighted the need to strengthen coordination between outreach and clinical services. This, and other issues were also brought up during a series of regional workshops for ASA-supported STI clinics. The workshops, which were also attended by MOH personnel from each of the regions concerned, touched on the achievements, constraints, and the need for follow-up and coordination among all parties.

#### **Sharing Experiences: Regional Workshops for STI Clinics**

<b>Location</b>	<b>Participants</b>	<b>Dates</b>
Jayapura, for clinics in Papua and North Sulawesi	26	October 25–27
Jakarta, for clinics in Java	35 people	November 1–3
Batam, for clinics in Sumatra	32	November 4–6

One of the key constraints is the procurement of medicines, and clinics requested help from MOH in securing supplies of certain drugs that are difficult to access. Another problem is the short supply and high cost of consumables in many areas.

Stronger coordination with outreach is needed not just in the follow-up on referrals, but also to establish conducive conditions in the target environment: for example, sex workers may be aware that they need to be tested regularly for STIs but if pimps or brothel managers do not allow this, the system will not work. This is where clinics and outreach agencies need to coordinate with each other and network with local stakeholders to overcome such constraints.

Over the last few months, serious thought has been put into how the clinics can be made sustainable once donor funding eventually ends. Several months ago a fee-for-

service scheme was introduced into two clinics, one in North Sulawesi and one in Jakarta. Under this system, ASA reimburses the clinics for each patient tested/treated, rather than handing over a fixed sum to cover salaries and operational costs each month. It was felt that this could help the clinics to become more self-supporting by encouraging them to be more proactive in attracting clients and more open to active coordination and cooperation between clinics and outreach NGOs.

The system came under scrutiny during an evaluation meeting organized by ASA on December 10. In the YHBK Clinic (Manado), the trial has had considerable success, almost doubling the clinic's capacity to cover more of the at-risk population. However, more assessment will be needed over the coming months to determine exactly how the system can be improved, and how to stimulate better coordination with outreach. Implementation in PKBI Jakarta and Griya Asis Semarang, which has just begun to work on this system, will be evaluated before the system is tried elsewhere. At this stage it seems clear that while this is the most promising model for future assistance to clinics, all stakeholders—including the outreach agencies—will need to have a clear and shared perception of the fee-for-service system before it is introduced on a wider scale.

Strict measures continue to be taken to maintain standards throughout the network of ASA-supported clinics. Apart from the routine monthly checks of medical records and slides, an external evaluation of diagnosis was carried out through a blind test (10 slides) sent to all 24 clinics. This was a very comprehensive assessment but despite the level of difficulty of the test, only three clinics scored below 80%. Intensive follow-up will be focused on these clinics. With regard to the regular monthly monitoring, accuracy of diagnosis and accuracy of treatment are consistently above 90% overall. The examination of between 1,000 and 1,500 records every month, however, is both time consuming and labor intensive, and a more efficient monitoring system needs to be devised.

Ongoing efforts are also being made to establish and uphold standards in testing laboratories. A national-level meeting was held on October 19–20 to finalize the HIV/AIDS Laboratory Standards. A total of 14 people from the health authorities and two ARV referral hospitals attended the meeting.

STI Clinical Management Training was provided this quarter at the Halong Naval Hospital in Ambon, from December 1 to 8. Joining this course were doctors and paramedics from four *puskesmas* in Ambon, eight doctors from the International Medical Corps, teams from two *puskesmas* in Southeast Maluku, and, for the first time, four medical teams from the security forces: two people each from the Army, the Navy, the Air Force and the Police. This is a critically important area for provision of services. As a result of unrest in recent years, there is still a heavy military presence in Ambon, with many personnel from outside the province. Because Ambon unfortunately lacks the facilities and qualified staff to support lab testing, this training was based on syndromic management of STIs.

A further round of STI clinical management training was organized by the MOH with the technical assistance of ASA's STI team between December 13 and 18, this time for clinics that will be working on GFATM-supported activities. Personnel from the regional health authorities joined the medical teams on the training in Cipayung,

Bogor. A total of 12 *puskesmas*—from Jakarta, Papua, Bali and Riau—were each represented by a team consisting of a doctor, a paramedic, a lab technician and an administrative staffer.

In 2003 ASA and the MOH collaborated on a study of Reproductive Tract Infections (RTI) among female sex workers in Palembang, Medan, Semarang, Banyuwangi, Jayapura, Tanjung Pinang and Manado/Bitung. As well as providing useful mapping input for ASA's clinic network, the study made a valuable contribution to Indonesia's second generation HIV surveillance system. Preparations for the second round of the RTI Study began on December 24. The study will be carried out in the same seven cities with the addition of three more: Surabaya, Bandung and Jakarta. This time, the methods used will include PCR (polymerase chain reaction), which is more sensitive but will require clinic staff to be trained in its use. The ongoing gonorrhea susceptibility study, which began in March 2004, will be conducted at the same time as the RTI study in Batam, Bitung, Jakarta and Jayapura.

## **2.2 VCT, Care and Support**

Following the announcement of the WHO/UNAIDS "3 by 5" initiative in 2003, the Government of Indonesia announced its own target of providing ARV to 5,000 people by the end of 2004 and 10,000 by the end of 2005. Since delivery systems for ARV were almost universally lacking, the MOH asked ASA to assist with the preparation of staff at 25 hospitals designated as ARV delivery points. Teams of doctors, nurses, and case managers underwent the first phase of Care, Support and Treatment training in 2004. Over this quarter, ASA, together with the MOH, began a series of monitoring visits to the hospitals concerned.

Case management monitoring visits were made to hospitals in Batam and Pekanbaru between December 13 and 17, Semarang between December 13 and 15, and Jakarta on December 20 and 21 (see also the section on *Clinical Care and Treatment*). Implementation of the training has been variable; internal referral systems are weak and there is little inter-departmental communication in hospitals. Another constraint is the lack of VCT; since none of the hospitals visited have facilities for in-house testing and counseling, it is likely that many potential clients for ARV remain unidentified. The results of the visits, which will continue over the next quarter, will provide input for the next phase of Care, Support, and Treatment training by the MOH later in the year.

Monitoring standards of treatment and care is a key issue throughout the network of service providers supported by ASA—not just in the ARV hospitals—and ASA has been working with the MOH to develop guidelines on VCT and case management services. The VCT guidelines were finalized at a meeting on November 26. On December 6 and 7 the Minimum Standards were trialed as an external evaluation tool for all ASA-supported VCT sites in Jakarta and as a basis for the review of the ARV referral hospitals later in the month.

ASA is always alert to opportunities to get fresh input on methods and techniques for training and qualitative evaluation, and had the chance to do so on November 9 through a technical exchange meeting with the Johns Hopkins University's STARH

program. Working in the field of reproductive health, STARH has developed generic evaluation tools for clinic organization and infection control practices as well as counseling and educational tools. ASA will evaluate these for possible adaptation and adoption in HIV/AIDS CST services in Indonesia.

### *Clinical Care and Treatment*

A review of the implementation of the clinical training in the 25 ARV hospitals also began this quarter, with visits to Medan, Surabaya, and Palembang in the first and second weeks of December and Jayapura from December 14 to 24. Each hospital has already begun to distribute ARV but, due to the lack of time for sufficient planning and preparation, there are many shortcomings. One problem is that while the ARV drugs are subsidized, in most areas, testing reagents are not; thus prospective ARV recipients have to bear the cost of testing themselves, as well as the cost of consultations and treatment for OIs if necessary, which is beyond the reach of many patients. This situation, together with the inadequate VCT services in many areas (see previous section) has led to an oversupply of ARV in certain sites, notably Jayapura. To even out the distribution, more training will be needed for care, support, and treatment teams in other hospitals where PLWHAs need access to ARV, as in Ambon, for example. Though there is no designated ARV hospital there, a monitoring visit from November 23 to 27 resulted in an agreement from the ARV hospital in Makassar to share its allocation of ARV drugs.

It was clear from the visits that the hospitals are, in most cases, failing to properly implement the CST guidelines provided during the initial training. In particular, the lack of internal communication identified in the case management visits highlights a failure to see HIV/AIDS treatment as a continuum of care. The hospitals need sustained assistance over a period of time to put the guidelines into practice and develop a more coordinated approach to the CST.

Another challenge is the monitoring of HIV/AIDS treatment and care. Medical records in the Indonesian health system were designed to accommodate the needs of acute care rather than the chronic care that HIV/AIDS treatment involves. To address this, it has been proposed that FHI's manual on M&E for ARV should be adapted for use in hospitals in ASA provinces.

In an environment where public awareness of ARV and its effects and availability is still low, alternative "miracle cures" will always attract attention. This was the case with the Buah Merah phenomenon. Buah Merah is a plant endemic to the highlands of Papua that has been used locally for many years to prevent or treat a variety of complaints. Perhaps inevitably, it has recently gained popularity as a supposed cure for HIV/AIDS and towards the end of the year became a focus of intense media interest. To play down these claims, the local health authorities, with the support of ASA, held a seminar in November to clarify the pathogenesis of HIV and explain that, while the plant does warrant further investigation, detailed records and clinical trials are needed before its role in HIV/AIDS treatment can be supported.

<b>RP2</b>					
<b>Indicators</b>	<b>Target FY05</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Total FY04 to Date</b>
~Appearing at clinic					
-FSW	11,250	1,958	1,199	2,319	5,476
-Transvestites	563	151	71	146	368
-MSM	188	32	-	24	56
-Clients	1,875	465	320	617	1,402
~Clinic Personnel Trained	50	-	-	10	10
~# of Simple Lab-test Performed					
-FSW	11,250	1,874	1,195	2,138	5,207
-Transvestites	563	51	26	20	97
-MSM	188	13	-	14	27
-Clients	1,875	409	301	577	1,287
~# of VDRL/TPHA Performed					
-FSW	1,125	291	258	546	1,095
-Transvestites	563	100	54	149	303
-MSM	188	-	135	-	135
-Clients	375	100	180	30	310
~STI Screenings Performed					
-FSW	22,500	1,958	1,199	2,319	5,476
-Transvestites	563	151	71	146	368
-MSM	188	32	-	24	56
~# of people served at VCT sites					
-Counseling	375	101	122	251	474
-Testing	375	99	109	209	417
	<b>Target FY05</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Current Number</b>
~# of PLWHA Receiving Care and Support Services	375	202	60	79	250

### **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**

The Behavior Surveillance Survey is well under way, and to allow the regions concerned to make use of the data as early as possible, the results are being delivered in stages as soon as the analysis of each component has been completed. BSS results were presented on October 28 in Manado and Bitung, and in Semarang. As in previous years, formal reports will be published by BPS once all the data have been analyzed. Meetings were held with BPS on November 2 and December 28 to discuss a revised outline for the 2004-2005 report.

At the same time, local BPS and NGO personnel are being trained for data collection among specific subpopulations. Between October 11 and 13 staff from Yayasan Bahtera, the MOH, UNAIDS and BPS were trained in RDS techniques for the BSS among IDU in Bandung. Data collection, replicating the coupon systems used in Surabaya, began in the second week of November and by the end of the year some 160 IDUs had been surveyed. The target of 400 is expected to be reached early in the new year.

In December, for the first time, the BSS was conducted among a sample of the general population—in this case, civil servants in Papua. The governor of Papua led an orientation session for all heads of government offices in Jayapura on December 9, during which the purpose of the study was explained, and why they were being asked to participate. It was stressed that the results were entirely confidential and would in no way affect their career evaluations. Data were collected over the next week from some 700 respondents through a guided self-assessment questionnaire. As Papua is the province where HIV infections have so far made the greatest inroads among the general population, the results of this survey will give a clearer indication of the risk behaviors and provide valuable input for planning interventions.

A national evaluation of Indonesia's STI and HIV/AIDS prevention program organized by MOH from November 28 to December 1 highlighted, among other matters, the need for a management information system to allow the full range of surveillance data to be readily accessed to facilitate program planning as well as monitoring and evaluation. The meeting, held in Cipayung, Bogor with ASA assistance, was attended by 77 people from health authorities in the country's 32 provinces.

#### **Strategic Planning**

The data from the BSS that is currently being conducted in 13 provinces will form the basis for the strategic plans of the districts and provinces concerned. As noted above, efforts are being made to get the results processed and disseminated as quickly as possible so that maximum benefit can be derived from them. Data are of little use, however, unless the capacity is there to understand and use them effectively. ASA,

therefore, has been working intensively with individual KPADs to improve evidence-based planning. In December, KPAD and health authority personnel from 17 provinces had the chance to standardize their perceptions and approaches during a GFATM-funded workshop on surveillance data analysis and evaluation, organized by the MOH with extensive technical assistance from ASA. The training, held on from December 20 to 22 in Anyer, West Java, was for all provinces where HIV/AIDS activities are supported by ASA, IHPCP, or GFATM.

During the quarter, assistance continued to provincial and district KPADs and the related sectors for the development of workplans. The focus now is on mainstreaming HIV/AIDS into all activities in both the government and non-government domain, including the private sector and religious institutions.

Attention was concentrated on districts that had had little or no previous assistance with strategic planning. In Southeast Maluku, the activity had the full support of the district chief, and all heads of the relevant government authorities attended for the entire three-day session. A senior official has now been assigned to establish a KPAD in the district.

In Ambon Municipality, evidence from the BSS has aroused great concern and the city's mayor took immediate steps to establish a KPAD and draw up a budget that will be proposed to the local legislature. Two members of the legislature also attended the planning workshop.

At the other sites, which had had some previous planning assistance, the visits took the form of an annual program review. Strategic plans were revised using the latest epidemic data, putting more priority on risk populations, and new annual workplans were drawn up.

<b>KPAD</b>	<b>Dates</b>
Southeast Maluku District	November 9–11
Lubuk Linggau District	November 23–24
Sumatra Selatan Province	November 25–26
North Sulawesi Province	November 25–27
Palembang Municipality	November 29–30
Manado Municipality	November 29–December 1
North Sumatra Province	December 6–9
Banyuwangi Municipality	December 14–17

## **Advocacy**

During 2004 there was a considerable increase in donor funding commitments for assistance to Indonesia's HIV/AIDS response: apart from the Government of Indonesia's bid for GFATM funding, DfID (UK) also pledged new support. Nevertheless, given the scale and the scope of the HIV/AIDS problem in Indonesia, all financial resources have to be carefully coordinated and targeted if they are to yield meaningful results. For this reason it was decided that the additional funding should be used to support the scaling up and intensification of existing activities rather than introduce new initiatives.

The DfID funding is to be channeled through the newly established GOI Partnership Fund for HIV Prevention and Care. Coordination will be provided by the National KPA and financial management will be provided by UNDP, with technical direction from UNAIDS and ASA. Much of the last quarter was spent on developing the proposal for this initiative.

The proposal involves an extension of ASA's current program through the KPADs in 22 new districts throughout the ten ASA provinces and four new provinces, as well as a focus on national-level activities to support harm reduction and prevention of sexual transmission of HIV in the prison system, and an expansion of peer support and the introduction of STI management and care, support and treatment in the military. Support is to be provided over a period of three years.

Through close and constant coordination, donors can work towards a synergy of resources and ensure that programs complement each other in a coherent manner. ASA's coordination with IHPCP is a good example, and takes place at both micro levels—as in technical collaboration on the prison intervention programming, for example—and at the macro level: this quarter, ASA was invited to take part in the IHPCP technical advisory meeting. Contact with smaller donors is no less important, and from November 23 to 25 ASA participated in a coordination workshop on a proposed HIV/AIDS program in Indonesia funded by the Dutch organization HIVOS. With limited funding available, the organization is seeking to complement existing USAID and AusAID-funded activities. Scheduled to start in 2005, the program will focus on women's rights and advocacy, particularly for strengthening STI programs.

Relatively few House members retained their seats in Indonesia's 2004 parliamentary elections. For parliamentary advocacy group IFPPD, this means having to make a new start on mobilizing support for HIV/AIDS programs. The group has already begun person-to-person advocacy with the new intake of MPs and discussing possible roles and contributions with the newly formed House Commissions. Essentially the role of parliament in the response to HIV/AIDS is threefold. Firstly, the national and regional parliaments have the legal authority to issue laws and regulations that can further the response: on 100% condom use, ending discrimination in the workplace, and so on. Secondly, they have budgetary authority, at both central and local levels, to approve allocations for HIV/AIDS programs in the related sectors and of, course, the KPADs. Thirdly, they have supervisory authority, and as such can call the executive branch to account for what has and has not been done.

IFPPD is working both at the central level and the regional level, and will go to the six high priority provinces (the Sentani provinces) to advocate to and mobilize support from local legislatures as they did in Riau at the end of 2003. Planning has begun for a one-week exhibition and a one-day seminar to be held at the national parliament in early March. This will be jointly funded by ASA and IHPCP.

Regional parliamentary advocacy was launched with a visit to Banyuwangi, East Java, on December 13. The Chairman of the KPA and one member of the East Java KPAD addressed the almost the entire Legislature (85%) with a situational analysis of HIV/AIDS in the province, a detailed presentation of the epidemiological risk factors and a response analysis. The meeting was followed by a visit to a local brothel complex where the legislators talked to sex workers, pimps, brothel owners, and clinic

staff, getting a first-hand glimpse into the issues and how their influence could be used. The chairperson of the legislature subsequently agreed to support a political and financial commitment to 100% condom use in sex industry and entertainment areas.

Keeping up the pressure on the executive branch is equally important, particularly; at the district level: this is the front line of implementation. The governor of Papua moderated a meeting in Jayapura on October 13 for the heads of all districts in the province where ASA is supporting HIV/AIDS activities. The provincial government has pledged to allocate Rp 500 million for the HIV/AIDS in each district. In addition, district heads were encouraged to seek external sources of funding for their HIV/AIDS programs.

<b>RP3</b>					
<b>Indicators</b>	<b>Target</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Total FY04 to Date</b>
~Press reports on HIV related Issues	180	28	12	60	100

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

##### **Finance**

ASA now has a comprehensive four-step system in place to build financial management capacity among new and existing IAs. The first step is the pre-award assessment of the financial management capacity of a prospective IA. Once the subagreement has been signed, the second step, financial training, begins. This covers standard accounting and bookkeeping polices, spreadsheets, and an introduction to the monthly financial report (MFR).

The third step in the process is the MFR, which is produced every month for the duration of the subagreement, not just for accountability purposes, but also as a budget control and planning tool. The FMR is reviewed during the first half of each month by ASA staff, who immediately follow up with technical assistance or refresher training if any irregularities are found. The final stage in the process is the review checklist, a standard evaluation tool used on field visits to assess compliance with ASA's policies.

The intended output of this capacity building is timely and complete financial reports and no financial irregularities. While this goal has not yet been fully achieved, significant progress has been made. Over the last quarter refresher training was provided for seven IAs in the Merauke area and four IAs in Sorong in October. Despite some disruption of the regular visit schedule in November and December due to the holiday season, any necessary technical assistance was given over the phone and by email.

## **KPA**

The network of AIDS commissions at the central, province and district levels has the potential to be an effective system for coordinating HIV/AIDS prevention and care and facilitating the flow of information from the center to the regions and vice versa. Through a combination of factors, this potential has remained largely unfulfilled, but recently steps have been taken to establish mechanisms for nationwide monitoring and technical assistance. The first phase is to develop a TOT course through which national trainers will train province advisory teams. Despite lengthy preparation and several coordination meetings between the related sectors and the donor institutions involved, progress has been slower than expected and the design of the training modules was postponed until the first quarter of 2005. National level trainers have already been identified and oriented, however.

Over the last few months the KPA, ASA, UNDP, and IHPCP have been working on the development of an M&E system for the national, provincial, and district levels. Monitoring software developed by ASA was distributed to priority provinces and districts and trialed over this quarter. The software is designed to facilitate bottom-up reporting of data and activities, but by making this information available, the system was expected to serve as a useful tool at each level for improving the coverage and quality of activities as well as performing its monitoring function. In practice, however, the system in its current form has proven to be inadequate to meet the information needs of all the institutions involved. Some of the data needed by WHO, for example, are not accommodated. A working group on M&E, led by UNAIDS, has been established to address the various problems. Nevertheless, the system was used with some success in North Sumatra and Riau, and it is hoped that these provinces will serve models once the issues have been resolved and coordination improved.

One of the principal functions—and challenges—for the provincial KPADs is to secure the commitment of the key sectors in the local HIV/AIDS response. KPADs in many regions have not yet reached the stage where they are able to advocate effectively at this level, which is one reason why there is such a need for the development and activation of national and provincial advisory teams (see above). The Papua KPA, however, took the initiative this quarter of holding a two-day workshop for key Manpower Ministry staff from 14 districts across the province. The workshop, which took place from November 30 to December 1, included an introduction to HIV/AIDS and an explanation of workplace prevention programs. ILO representatives made a presentation on the ILO's Code of Practice on HIV/AIDS and the World of Work. Guidelines were given on developing workplans, and the workshop concluded with a series of discussion tasks to be carried out in the respective districts.

KPADs in other provinces are beginning to take a lead in coordinating the activities of district KPADs, and ASA played an active role this quarter in the annual coordination meetings in two provinces: West Java (September 29–October 1) and Central Java (November 21). In West Java the workshop was attended by 25 districts and municipalities and facilitated by representatives from the KPA and provincial KPADs from Sentani Commitment provinces. One of the highlights was a presentation by a person living with HIV/AIDS, who made a powerful case for the need to improve

prevention and care activities in the province. The governor encouraged all district heads across the province to increase budget allocations for HIV/AIDS activities.

One of the outcomes of the workshop in Central Java was the selection of ten districts and municipalities—two of them supported by ASA—to be prioritized for activities and budget support. The KPAD is planning an advocacy campaign for the provincial and district legislative councils.

<b>RP4</b>					
<b>Indicators</b>	<b>Target FY05</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Current Number</b>
~# of KPAD with a Strategic Plan					
-Provincial	10	10	10	10	10
-District	41	23	25	25	25
~# of KPAD Members Trained in expanded comprehensive response	204	50	25	-	75
~# of IAs Completing Annual Financial Review	105	94	94	94	94
~# of IAs Submitting Monthly Program Reports	105	90	92	91	91

#### **RP5: Increased Leveraging of Non-Program Programmatic Interventions and Financial Resources**

Ensuring that people are adequately protected from HIV/AIDS and have equitable access to treatment and support is not just a human rights issue, although this is of primary importance; it also represents a potentially massive cost to individual companies through absenteeism, decreased productivity, and replacement and retraining costs. ASA is working through various channels to convey this message to business, industry, and labor leaders.

ASA's implementing agencies are working in priority regions, especially where there are large concentrations of "mobile men with money" and associated sex industries, to assist core groups of managers on the development and implementation of HIV/AIDS and narcotics education programs that are intended to boost knowledge about HIV/AIDS prevention, reduce stigma and discrimination against PLWHA, and increase access to and take-up of screening, treatment, and support services.

Initial contact with companies is usually in the form of an executive briefing, through which the company's management is given an introduction to the trends in the HIV/AIDS epidemic, how HIV/AIDS is transmitted, and the resources and tools available for establishing workplace education and prevention programs through existing training and OSH mechanisms. Several such briefings are conducted each quarter.

In November, a briefing was held through the Jakarta chapter of the hotel and restaurant association for managers of hotels in the capital, particularly those in the Mangga Besar entertainment district. In addition to HIV/AIDS education, hotel managers are being encouraged to adopt a policy of providing condoms in rooms.

Another executive briefing was held for Organda, the association of public transport owners and employees, on October 16, targeting 35 of its branches in East Java. Organda's plans to establish regional executive boards for HIV/AIDS programs were formalized in an MOU which was presented at their national Congress in Manado in September.

ASA's implementing agencies YKB, PKBI Sumatra Selatan, and KKI also held executive briefings in October for Semen Cibinong near Jakarta, GT Petrochem in Karawang, West Java, Coca-Cola's bottling plant in East Java and PT Pusri, Palembang's vast fertilizer manufacturer. The management of PT Pusri quickly bought into the need for action on HIV/AIDS and arranged for a TOT for 28 staff, who will become core trainers. The training, conducted from December 20 to 22 by PKBI South Sumatra with assistance from KKI, focused on the ILO Code of Practice on HIV/AIDS in the World of Work and the dual epidemic of HIV/AIDS and IDU.

A major focus for workplace interventions continues to be transportation companies and associations. Many of their employees can be categorized as "mobile men with money"—often away from home for sustained periods and, as such, potential clients of sex workers. They are therefore at considerable risk not only of exposure to HIV infection but of passing the virus on to their wives or girlfriends at home. One group that fits this profile are ship crews, and ASA's partner KKI has been working with the Shipping Division of the state oil and gas company, Pertamina, over recent months. The most recent training was on November 23, when KKI facilitated a TOT for a tanker crew. This was the fourth crew to be trained out of a potential 40. As well as training, KKI continues to advocate to the management, and senior officials had a chance to see the HIV/AIDS program in action on December 16 when the director of the Shipping Division led a briefing on board a tanker.

KKI has also been working with another shipping company, PT Arpeni Ocean Line, leading a training session 250 staff on December 14. YBK, meanwhile, facilitated a TOT in October for Paguyuban Sejahtera Operator Rukun Sentosa, an organization for supervisors, drivers and assistants of trucking companies. Headquartered in the port of Tanjung Mas in Semarang, this organization covers some 2000 employees who are frequently traveling along Java's north coastal highway.

Thousands of women leave Indonesia each year to work as domestic helpers in other parts of Asia and the Middle East. Many of these women are placed in potentially vulnerable situations, far from the protection offered by family and community in this country and often with very little recourse to legal aid if they are in trouble. The risk of exposure to HIV/AIDS in such situations is very real. Although some prospective migrant workers receive basic training through the Ministry of Manpower, which includes an introduction to HIV/AIDS prevention, many do not receive even this preparation. This quarter YMA began working with PT. Catur Citra Utama Karya (PJTKI), a Surabaya-based organization that registers and trains potential migrant

workers. YMA organized an education session for 150 migrant workers and made preparations to train five instructors.

### **In-company TOT and Training**

<b>Location</b>	<b>Date</b>	<b>Activity</b>
Paguyuban Sejahtera Operator Rukun Sentosa	October	TOT for transport workers
PT. PINDAD Persero, Turen Madang	October 20	Training for 100 staff and TOT for core team of 15 staff
PT. Catur Citra Utama Karya		Training and TOT for migrant workers
Pertamina	November 23	TOT for ship crews
PT Megasari Makmur	December 4	Assisting core team with an introduction to HIV/AIDS and drugs
PT Arpeni Ocean Line	December 14	Training for 250 employees
International Garment Training Center, Citeureup, Bogor	December 16	Training for 60 employees
PT Intrasari Gunung Putri, Bogor	December 18	Training for 150 employees
PT Pusri	December 20–22	TOT for core team of 28 staff

ASA's IAs in South Sumatra and across Java have now amassed considerable experience in corporate advocacy and training, but as more organizations become aware of the need to take measures to equip their employees with the means to protect themselves against the virus, correspondingly, more NGOs are needed to work with them. Instead of assigning new NGOs to work solely on this program, however, ASA is now calling on its existing IAs and other HIV/AIDS NGOs to extend the scope of their current outreach. NGOs in Manado (October 26–28) and Bandung (November 4–6) were given an introduction to facilitating workplace programs. If interested, the agencies will be asked to submit their concepts for a workplace strategy.

Earlier this year an injection of fresh funding from GFATM and technical assistance from ASA allowed for a considerable expansion of workplace prevention interventions through the networks of APINDO (the Indonesian Employers' Association), the major trade unions and the Ministry of Manpower's OSH structures. A national advocacy program conducted by APINDO and the trade unions, in collaboration with ILO and ASA, was launched in July and continued this quarter with seminars in Bandung (October 1–2) and Batam (December 16–17).

The APINDO seminars are aimed at securing a regional corporate response to the impact of HIV/AIDS in the workplace, to provide greater understanding of impact of the epidemic on business and to develop strategies for workplace prevention programs to curb the spread of HIV/AIDS. In Batam, the local business council, Batamindo, has agreed to advocate to senior managers and to run a training program for human resources managers through its monthly meetings.

The trade union seminars had similarly positive results and unions in at least two companies will begin HIV/AIDS education programs in January. While APINDO's advocacy is focused on prevention through condom promotion, the unions are placing more emphasis on education about and access to VCT and STI screening.

The Ministry of Manpower's role will be to strengthen the capacity of its OSH inspectors at province and district level. Training began in Papua from November 29 to December 2 for labor inspectors in 12 districts. The aim of this initial training, conducted in collaboration with ILO, was to develop an awareness of why HIV/AIDS is a workplace issue, introduce the Ministerial Decree on HIV/AIDS in the workplace, and encourage thinking on what the inspectors can do to support its implementation.

The advocacy and training for transportation companies described above also ties in closely with another initiative under ASA's Healthy Ports and Highways strategy, an integrated program centered on Jakarta's Tanjung Priok port. This program, implemented by a consortium comprising the KPAD, ILO, UNAIDS, IHPCP and ASA, will cover policy development, interventions for management, workers and unions, and media support. Needs assessments were completed over this quarter and will be presented to the port authority early in the new year. A seminar held on October 14 to socialize the program to the KPAD in Jakarta generated considerable interest and support, not only for the port program but for HIV/AIDS programming in other sectors. These expressions of interest have been passed on to the relevant agencies for follow up.

Close proximity to Singapore has made the island of Batam in the Riau archipelago an important manufacturing and business hub, and home to one of the country's largest and most thriving sex industries. Batam receives up to 5,000 visitors a day from Singapore, and it is estimated that a significant proportion of these are sex tourists. While there is, as yet, no scope for formal bilateral cooperation on HIV/AIDS prevention between Indonesia and Singapore, NGOs in the two countries are beginning to forge links. On October 5 and 6, ASA collaborated with the Batam Tourism Board to host a visit from a number of Singaporean HIV/AIDS NGOs. Plans are now being made to cooperate on IEC materials in Chinese and English targeting tourists—specifically, videos that would be shown on the ferries plying the route between the two islands.

<b>RP 5</b>					
<b>Indicators</b>	<b>Target FY04</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Current Number</b>
~# Private Sector Firms with Workplace Programs	100	108	108	125	125
~# of employees educated	375,000	216,875	222,945	223,636	223,636

### **3. FHI/ASA MANAGEMENT AND STAFFING**

Throughout this quarter the efficient management of the ASA Program continued, with the following highlights:

#### **Subagreement Development**

The ASA Program is currently funding a total of 93 active subagreements. During this quarter, one new subagreement was executed, and a total of 26 subagreements were amended to increase coverage as well as extend the period of implementation. Sixteen new Rapid Response Funding contracts were signed this quarter. FHI has also continued to administer task orders with the three Partner Organizations: Atmajaya University, Macfarlane Burnet Institute and the Asian Harm Reduction Network.

Please refer to **Attachment 1** for a list of **Subprojects Completed This Quarter** and **Attachment 2** for a **Comprehensive List of All Active Subagreements** and their achievements to date.

#### **Workshop for ASA Provincial Staff**

In order to facilitate better coordination and communications with ASA provincial staff, a workshop for the provincial representatives and program managers from all ten ASA target provinces was organized in Jakarta on October 11 and 12. The major topics discussed included how to better manage the subagreement amendment process, provincial roles and responsibilities in KPAD capacity building, and FHI's future prospects. This was the first time ASA has organized a workshop specifically for provincial level staff, and all agreed it was a very useful mechanism which should be continued periodically in the future.

#### **Organizational Restructuring**

Based on the recommendations of the recent USAID evaluation of the ASA Program, as well as the recognized need to further strengthen the management and coordination of the program, FHI/ASA has instituted a restructuring of the organization. The major changes include (1) the division of the former Technical Unit into two separate units, Behavior Change and Clinical Services, which should help to provide better, more focused technical supervision and direction; (2) the creation of the new position of Provincial Liaison, which will be charged with the responsibility to facilitate and coordinate the relationship between Jakarta and the provinces; and (3) the elimination of the positions of Deputy Director for Program and Technical and Chief, Technical Unit in order to streamline senior management and eliminate overlapping responsibilities. The new structure has been approved by USAID and FHI APD, and was officially instituted at the end of December 2004.

## Monitoring and Data Use

During this quarter, FHI/ASA has focused much effort on finding a practical way to make maximum use of the excellent surveillance and monitoring data that is now available. This process should include stimulating careful, insightful analysis and ensuring that results are fed back into appropriate decisions on the design and implementation of interventions in the field. Several presentations of province-specific data have been organized by the Monitoring and Evaluation Team for relevant staff, including those from the respective provinces, beginning with North Sulawesi and Riau. Although these presentations have stimulated some serious thought, they have not received the attention or action hoped for. Beginning in the next quarter, ASA will experiment with the idea of bringing these presentations to the provincial level so that both the local AIDS commissions and our implementing agencies can participate as well. Each of these provincial workshops should produce a consensus on a written action plan for the province based on the joint analysis of all relevant data, and include clearly defined action to be taken, responsibilities, and schedules. This should help to ensure a greater chance for real improvements in programming within each province.

## Staffing

The following changes in staffing have occurred this quarter:

- Betty Koirewoa was hired as the new Secretary for the ASA Provincial Office in Papua, beginning on October 1.
- Aang Sutrisna assumed the new position of Data Use Officer beginning on October 1.
- Siswadi was hired to replace Aang as the Clinical Laboratory Specialist on October 18.
- Siswantini was hired as the new Program Manager for the province of West Java on December 1.
- Rosanti Dewi was promoted to the position of Program Assistant in West Java, also on December 1.
- Dr. Rudi Nuriadi resigned his position as Chief, Technical Unit effective December 31, and will continue to assist ASA as a consultant for clinical services and faith based organizations.
- Dr. Hudoyo Hupudio resigned his position as Deputy Director for Program and Technical effective December 31, and will also continue to assist ASA as a consultant in the area of advocacy and mass communications through traditional puppet theater.

## Consultants

The ASA Program has continued to receive technical assistance from the following consultants during this quarter:

- Made Efo Suarmiarta and Supriyanto Slamet have continued to share their considerable expertise in behavior change, including the facilitation of BOST training, mentoring partner NGOs, and assisting ASA to review and refine its BCI strategies.
- Nur Tjahjo, Arifin Firtianto, and Bambang Irawan have continued to design, pre-test, and produce the expanding inventory of IEC materials on HIV/AIDS issues, focusing on MSM and military needs this quarter.
- Mitu M. Prie has continued to assist with prevention marketing activities, including participating actively in the behavior change strategy reviews for FSW, clients, and MSM, and helping design several materials and publications.
- Hari Purnomo has continued to provide management expertise to Talenta in Surabaya and Bahtera in Bandung.
- Dr. Andri Roesli has been hired to provide technical assistance on HIV clinical management, especially with the Jakarta area.
- Claudia Suriadjaja is also providing technical assistance on advocacy and policy development with the national parliament through IFPPD.
- Nafsiah Mboi also continued her excellent work with the National AIDS Commission, focusing this quarter on developing a training program for provincial and district level AIDS commissions and providing follow-up to the Sentani Commitment.
- Awalludin continued to assist with confirmatory testing of laboratory samples from partner STI clinics.
- 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, especially in the provinces of Papua and North Sulawesi.
- Flora Tanujaya has provided extremely competent assistance in program development in Maluku, while finalizing the RTI study report.
- Dedi Sudiana has been assisting with the management, organization, and input of surveillance data at the Ministry of Health.
- As usual, Sally Wellesley has continued to provide her excellent assistance in the preparation of reports and other program documents.

## Visitors

The ASA Program received the following international visitors during this quarter:

- Nancy Jamieson from the FHI APD visited from October 17 to 23 to help facilitate the Behavior Change Strategy Review Workshop.
- Phakornvith Yanpirat from FHI APD visited from November 1 to 4 to oversee the installation of the new server, as well as advise on a variety of IT and computer use issues.
- Jeff Tremelling also from FHI APD visited from November 22 to 26 to provide practical training and upgrading for the ASA contracts and grants staff.
- Philippe Girault from FHI APD visited from November 29 to December 11 to participate in the Behavior Change Strategy Review Workshop for MSM, as well as advise on the development of prisons interventions.

## 4. PRODUCTS AND MATERIALS PRODUCED THIS QUARTER

The following products were developed this quarter:

- A radio jingle for use in the local media campaign in Manado.
- Twostickers targeting male clients for use in Manado.
- Two posters targeting male clients based on the current television campaign featuring Harry Roesli and a doctor.
- A poster, “Kitorang Sama-sama Papua“, targeting youth in Papua, designed in collaboration with IHPCP.
- A television vignette, “What is HIV/AIDS?” for use in the MTV Staying Alive campaign.

## 5. MAJOR ACTIVITIES PLANNED FOR THE NEXT QUARTER

The following activities are planned for the next quarter, January to March 2005:

- An ASA Staff Workshop will be organized from January 25 to 28 to discuss the new organizational structure, the revised BCI strategy, technical updates, and plans for the immediate future.
- Refresher training in basic outreach skills for partner NGOs will be organized in West Java from January 12 to 15, in Jakarta from January 17 to 20, in East Java in early February, and in Papua in March.

- Date collection for the Sexuality Study has been completed and will be analyzed during January and February, with a draft report expected in early March.
- The newly revised and updated BCI strategy for sexual transmission, including a prevention marketing component, will be finalized and written up during this quarter.
- The national strategy for HIV/AIDS in prisons will continue to be developed with the assistance of ASA's new consultant, Adi Sujatno, with finalization scheduled for April 2005.
- A training course for partner NGOs in how to better utilize IEC materials will be developed and piloted before the end of the quarter.
- Peer leader training in the uniformed services will be organized in the province of Riau in early March.
- A sero surveillance survey within the uniformed services will begin in January targeting the provinces of Maluku, Riau, and Jakarta, with results expected in May.
- Efforts to develop a standard curriculum on HIV/AIDS prevention to be included in the routine training of all military academies will continue this quarter.
- A National Meeting on Harm Reduction will be organized from February 15 to 17 in Jakarta in collaboration with the National AIDS Commission and IHPCP.
- Indigenous Leader Outreach Management Training will be organized for three new partner IDU NGOs from Batam and Maluku in Jakarta in February.
- Training in data analysis of STIs will be organized for the relevant staff from the MOH, the Global Fund, and ASA from January 10 to 12 in Jakarta.
- Monitoring and quality control of partner STI clinics in Batam and Tanjung Pinang will be held from January 13 to 15, and in West Java from January 17 to 18.
- Data collection for the next round of the RTI study, which will cover ten major cities across the country, will begin in early February.
- Three regional trainings for laboratory technicians in STI testing will begin in February.
- An organizational meeting to establish a quality control system for HIV testing will be held on January 15 with participants from the Directorate

General for Health Laboratory Services, the Cipto Mangunkusumo Hospital, and the Indonesian Red Cross.

- Training in VCT for 25 counselors in Merauke, Papua, will be held in early February.
- Refresher training in care, support, and treatment will be held in Riau in March.
- A monitoring system for care, support, and treatment will be developed with the collaboration of a consultant from WHO, including appropriate training modules, and will be combined within the Phase II national training for care, support, and treatment to be coordinated by the MOH later in the year.
- Special collaboration with Sutomo Hospital in Surabaya will begin to develop a model center for care, support, and treatment of HIV/AIDS patients.
- Implementation guidelines for the Minister of Manpower's recent Decree concerning HIV/AIDS in the workplace will be developed and disseminated this quarter in collaboration with ILO and IHPCP.
- A national workshop for partner NGOs working with the private sector to review and update strategies will be organized in late February.
- Training modules for the KPA capacity development initiative organized by the National AIDS Commission will be finalized and pilot training will begin during this quarter.
- Advocacy to provincial decision makers in the new province of Riau Islands will be held in mid-February.
- Assistance in the development of strategic plans for HIV/AIDS responses for the provincial AIDS commissions in East Java and Central Java will be provided.
- Special training in the role and responsibilities of AIDS commissions will be organized for the commissions in Ambon City and the District of Maluku Tenggara in March.
- Work on a data management system for partner VCT providers and STI clinics will begin in February.
- A training in the estimation of HIV risk groups will be organized for participants from the MOH, BPS, Global Fund, UNAIDS, and ASA from January 6 to 7.
- A field assessment in preparation for the survey on HIV prevalence within the general population in Papua will be held from January 29 to February 5.

- Data collection for the current round of the BSS will continue this quarter focusing on clients in Papua and Karawang, and IDU in Bandung and Jakarta.
- Data analysis training for the district and provincial health services in East Java will be organized from February 14 to 19.
- Training in geno-typing of HIV for specialists from the Cipto Mangunkusumo Hospital and the MOH will be organized in collaboration with NAMRU in early March.
- Practical training in the newly developed, user-friendly accounting system for ASA provincial staff will be held in conjunction with the ASA staff workshop in late January in Jakarta.
- Subagreement Development. Approximately 60 subagreement amendments will be executed this quarter to extend their activities through June 2006 in preparation for a possible extension of USAID funding.

## ABBREVIATIONS USED IN THE REPORT

AHRN	Asian Harm Reduction Network
APD	Asia Pacific Division
APINDO	The Indonesian Employers' Association
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASA Program	Aksi Stop AIDS Program
BCC	Behavior Change Communication
BCI	Behavior Change Intervention
BNN	Badan Narkotika Nasional (National Narcotics Agency)
BPS	Biro Pusat Statistik (Central Bureau of Statistics)
BSS	Behavior Surveillance Survey
CDC	Center for Communicable Disease Control (P2M)
CHR	Centre for Harm Reduction, Burnet Institute
CST	Care, Support and Treatment
DfID	Department for International Development
DKI Jakarta	Daerah Khusus Ibukota Jakarta (the provincial-level administrative unit covering Jakarta)
DPR	Dewan Perwakilan Rakyat (House of Representatives)
FHI	Family Health International
FSW	Female Sex Worker
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
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
MOH	Ministry of Health
MOL&HR	Ministry of Law and Human Rights
MSM	Men who have Sex with Men
NGO	Non-Governmental Organization
OSH	Occupational Safety and Health
P2M	Dit. Pemberantasan Penyakit Menular (Directorate of Communicable Disease Control)
PLWHA	People Living With HIV/AIDS
PSA	Public Service Announcement
RP	Result Package
RRF	Rapid Response Fund

SA	subagreement
STI	Sexually Transmissible Infection
TA	technical assistance
TOT	Training of Trainers
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VCT	Voluntary counseling and testing
waria	Male transvestite/transsexual
WHO	World Health Organization