



Indonesia

Country Operational Plan

FY 2014

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.

Operating Unit Overview

OU Executive Summary

I. Country Context

Indonesia is a large and complex country with nearly 240 million people and hundreds of different ethnic groups spread across nearly 17,000 islands. About 60% of the population is concentrated on the island of Java, with two mega cities (Jakarta and Surabaya) and the highest concentration of HIV cases. HIV/AIDS in Indonesia continues to be an important national concern. While still concentrated among high risk groups in most of Indonesia, HIV prevalence among these groups has either changed very little between the last two surveys – and remained high for female sex workers (FSW) and transgender persons (waria) - or has increased in the case of men who have sex with men (MSM) and populations of men associated with mobile jobs. In the two provinces of Papua in eastern Indonesia, there is a generalized HIV epidemic. While this population is small relative to Java and other large islands, the number of people living with HIV in Papua ranks second nationally. In 2013, an Integrated Bio-Behavioral Survey (IBBS) was conducted among the general population in the two provinces of Papua (Tanah Papua) with PEPFAR, Australian and World Bank support. While the results of the survey have not been formerly released, preliminary reports indicate that HIV prevalence remains little changed from the previous survey conducted in 2006.

There are an estimated 610,000 people living with HIV/AIDS in Indonesia (UNAIDS 2013 Global Report). National prevalence in this country of 240 million people is about 0.4% of people 15-49 (UNAIDS 2013). Among high risk groups, prevalence among FSW was 9%; 23% among waria; 12% among MSM; 42% among people who inject drugs (PWID); and 0.7 percent among “high risk men” – or men working in migrant jobs thought to have a greater likelihood of purchasing sex (2011 IBBS, Ministry of Health, Republic Indonesia). Of concern is the continued moderately high prevalence of HIV among sex workers and waria, and the significant increase in prevalence among MSM from the level of 5% recorded in the 2007 IBBS to 12% in 2011. An epidemiological analysis of HIV prevalence data and trends and the likely population size of each high risk group estimated that of the next 100 HIV infections in Indonesia, 42 will occur between FSW and their clients; 29 among PWID; 14 among MSM; and 15 among all other groups. In Tanah Papua, prevalence is 2.3% based on the preliminary reports of the 2013 IBBS, with no significant change from the 2.4% prevalence rate found in the 2006 survey. However, among native Papuan populations and populations living in the highlands, the HIV prevalence rate was 3%. This population is highly marginalized with much more limited access to health and other social services and information.

The Government of Indonesia (GOI) remains committed to, and leads the fight against HIV/AIDS. HIV/AIDS is an important priority for the current Minister of Health, and there are several Presidential decrees supporting the HIV/AIDS effort. Civil society is active in HIV discussions and programming.



Among the Indonesian military, the Surgeon General's office is a key counterpart for PEPFAR/Indonesia. The GOI has a clear and comprehensive strategy for HIV/AIDS which guides the PEPFAR/Indonesia investments. Working in partnership with PEPFAR and other members of the international development community and civil society, the GOI is in the process of preparing a new five year strategy, which will be completed later in 2014. In 2013, the Ministry of Health (MOH) developed and launched a new initiative, the Strategic Use of Anti-retrovirals (SUFA), designed to accelerate expansion of ARVs for treatment and prevention of HIV in Indonesia, and accelerate the number of people currently on treatment. Initially the effort will focus on high risk groups, sero-discordant couples, TB/HIV co-infected individuals, and pregnant women, where ART is expected to begin at the time of diagnosis, regardless of CD4 count. Support for the SUFA initiative is built into the proposed FY 2014 Country Operational Plan (COP), particularly through grants to local civil society organizations, technical assistance for improved drug quality assurance, and technical assistance to build epidemiologic analytical capacity.

Treatment and care services for HIV/AIDS are fully supported by the GOI and the Global Fund to Fight AIDS, TB and Malaria (GFATM). There is a small group of donors for HIV (and health) in Indonesia. In addition to PEPFAR, the other major bilateral donor for HIV is Australia, and the other major external source of funding is the GFATM. The GOI provides 40% of all costs for HIV/AIDS in Indonesia, including purchasing most of the anti-retroviral drugs. In addition to donors, the Joint Program on HIV and AIDS (UNAIDS), the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Office on Drugs and Crime (UNODC), and the International Labor Organization (ILO) are all active partners in HIV/AIDS.

The small PEPFAR/Indonesia team works closely with the MOH, National AIDS Commission (NAC), local civil society, and the other donors and development partners. The U.S. Agency for International Development (USAID) is the lead in implementing programs and activities and maintaining relationships with the civilian sector (including the MOH, NAC, civil society and the development community). As the other USG PEPFAR implementer, the Department of Defense (DOD) through the Office of Defense Cooperation (ODC), focuses on technical assistance and training for prevention, care and treatment of HIV with the Ministry of Defense (MOD) and the Indonesian Military (TNI).

An important consideration and factor in Indonesia is the highly decentralized nature of the government and country. Implementation, budgeting and programming decisions are made at the district and municipality level, and there are about 500 districts and municipalities in 34 provinces; provincial level population sizes vary dramatically, ranging from 760,000 in West Papua to 43 million in West Java. Capacity to make programming and budgeting decisions and political commitment is highly variable among the districts and municipalities; however decentralization does offer substantial opportunities when there is strong leadership and commitment at the local level.

As part of the process for developing the FY 2014 COP, a meeting was held in Jakarta with civil society organizations representing the key populations in Indonesia: FSW, MSM, waria, and PWID. This meeting allowed PEPFAR/Indonesia to update civil society on current and future plans and directions for



PEPFAR programming in Indonesia, and to hear from civil society feedback on the current issues involving government transparency and accountability, their ideas for improving the quality and uptake of services, decreasing stigma and discrimination, and promoting greater shared responsibility.

There is no question that the HIV program – including the investments made by PEPFAR – is fully owned by the GOI and local civil society partners – even in the context of decentralization. As a technical assistance country, PEPFAR/Indonesia works under the auspices of the Indonesian national strategy, and the PEPFAR/Indonesia strategy focuses on the priorities identified by Indonesian counterparts. PEPFAR investments in Indonesia are fully in line with the PEPFAR blueprint and include: supporting the SUFA initiative; accelerating condom promotion and use; building local government and civil society capacity; and focusing on those most at risk – including high risk groups and people living in Papua.

II. PEPFAR focus in 2014

In 2014, PEPFAR/Indonesia will focus on the priorities outlined in the PEPFAR/Indonesia strategy, which are fully in line with the GOI HIV/AIDS Strategy and Action Plan, and the PEPFAR Blueprint.

Accelerate prevention of sexual transmission of HIV: In 2014, two key areas of focus will be the continued work to accelerate condom promotion and use among high risk groups; and supporting the MOH's SUFA initiative. USAID's support for condom scale up has resulted in the finalization and launch of the national condom promotion strategy. Through PEPFAR, USAID is providing highly skilled condom promotion technical assistance, leveraging a GFATM grant to the NAC, which pays for operational costs. In 2013, USAID also provided technical assistance to the MOH to expand the MOH's engagement in condom promotion and distribution. As a result, the number of condoms sold and distributed in 2013 was 256 million, a 100% increase from 2010 (125 million), the year before PEPFAR's technical assistance began. In addition, PEPFAR funds have resulted in a significant increase in quality of condom services at facilities, with 28 of 32 health centers achieving 100% of the basic quality assurance criteria and doubling the numbers of condoms distributed through these outlets just in 2013. Targeted technical assistance for implementation of the condom social marketing strategy remains a priority for PEPFAR/Indonesia in 2014.

A second area of focus is support to the MOH for the SUFA effort. USAID support in 2014 will focus on ensuring that local non-government organizations and civil society groups are able to partner with HIV testing and treatment centers to provide support to patients in treatment adherence and to ensure early initiation of treatment, and reach out to high risk and other targeted groups. Grants and technical assistance for local organizations will be implemented through an existing PEPFAR/Indonesia program. In addition, USAID recently placed a senior HIV epidemiologist at the MOH to help establish an HIV surveillance system, and to improve monitoring and surveillance capacity. A more effective and robust surveillance system will be key to the implementation of the SUFA effort. Finally, at the request of the MOH, and building on the very successful work in TB drug quality assurance that USAID has supported in its TB program, USAID will provide support for quality assurance of HIV medicines.



Building technical and managerial capacity of local government and local NGOs: As a technical assistance country, building local capacity of local and national government counterparts and local NGOs is an important priority. In addition to on-going programs to build organizational capacity of local NGOs working in HIV/AIDS, investments in the surveillance, monitoring and evaluation capacity for the MOH and NAC staff will continue through the placement of long term advisors at the MOH and NAC respectively. Both advisors are now in place. PEPFAR/Indonesia FY 2014 resources will also be used to continue to support the Indonesia Partnership Fund (IPF) through a grant to the NAC. U.S. funding for this multi-donor fund is matched by Australia and is used to build capacity of district and province level AIDS Commissions and to provide grants to civil society organizations for HIV activities. DOD is continuing to provide technical assistance to MOD and TNI, assisting TNI in reviewing and developing their technical expertise in prevention, provider-initiated testing and counseling (PITC), continuum of care, and diagnosis, management and treatment of TB opportunistic infections and to develop a strategic system for monitoring and evaluation.

Expansion of services in Papua and West Papua: The findings of the 2013 Papua IBBS are expected to be disseminated to provincial counterparts in the first half of 2014. In addition to the information on prevalence levels, the IBBS data provides critically important behavioral information that will help further target PEPFAR and other partners' interventions in Papua. For example, the recent IBBS survey results identified a high correlation between uncircumcised men and HIV prevalence, however the practice of circumcision is a sensitive one in Papua as it is also connected to the long standing political and ethnic tensions between the native Papuan population and those who are ethnically from other parts of Indonesia. PEPFAR/Indonesia will work with local partners to identify an appropriate approach to increasing the practice of circumcision in Papua, taking into account the tremendous political and cultural sensitivities. In 2014, PEPFAR/Indonesia will also continue to support local organizations working in the highland areas and among other key populations, and continue to provide technical assistance for multi-sector local government capacity building.

As part of the COP planning, USAID and ODC carefully reviewed programs and pipelines. This analysis was used in making allocation choices. USAID's major implementing mechanisms will come to an end in early 2015. As such, new designs are in process and are expected to be awarded near the end of the calendar year. Some 2014 funding has been set aside to start up the new awards which are described in more detail below.

Review of the pipeline information for PEPFAR/Indonesia shows a pipeline of just over \$16 million, including \$1 million gifted to USAID by Australia for support for the IBBS in Papua. Based on historic and current spending patterns, over \$11 million of this funding will be fully disbursed by the end of September 2014. PEPFAR/Indonesia anticipates spending between \$2.5 million and \$3 million a quarter (with a \$1 million bump up in the third quarter of FY 2015 when the \$1 million for IPF is disbursed). As

such, nearly all funding will be disbursed by the end of FY 2015.

III. Progress and future

The Indonesia PEPFAR Strategy 2011-2016 was designed to support the Indonesian “National HIV/AIDS Strategy and Action Plan 2010-2014”. The Indonesia PEPFAR strategy has three interrelated components:

- Acceleration of key prevention strategies, particularly condom promotion among high risk groups
- Capacity building of local NGOs and local governments to ensure a sustainable response to HIV/AIDS

- Expanded efforts in Papua, designed to contribute to an improved health system that can effectively deliver services, reach populations most at risk and in need, and better use local resources. The GOI is currently developing its next five year strategy, which is expected to be finalized later in 2014. PEPFAR staff are participating in this process along with other development partners. It is expected that this new strategy will focus on accelerating prevention and reaching key populations such as MSM and sex workers and scaling up the SUFA initiative. When the national strategy is finalized, PEPFAR/Indonesia will update its strategy in line with the new national level strategy.

Because USAID’s major implementing mechanisms will reach their completion date in early 2015, in 2013, USAID commissioned several assessments and analyses of the most recent data to guide the development of the next set of programs. The recommendations from these assessments will guide the finalization of scopes of work for new procurements.

There has been substantial progress in the last year in each component of the PEPFAR/Indonesia HIV strategy. In October 2013, USAID commissioned an evaluation of current program activities. The evaluation noted that there has been excellent progress in building the capacity of local organizations, the majority of which are able to keep better financial records, have expanded their reach to key populations, attracted funding from other sources, and have improved monitoring and evaluation systems and practices. The support for condom social marketing has enabled the GOI’s ability to put in place a national condom strategy and scale up implementation. USAID’s partner also worked with local governments and civil society organizations in three priority areas: Jakarta, East Java and Papua to map hotspots and condom outlets using geographic information systems (GIS) software. This information not only improved targeting of condom distribution and promotion, including a more effective and strategic placement of condom outlets, but also built local capacity to plan and target activities. This approach has generated considerable interest in districts outside of the areas where PEPFAR is currently focusing, allowing for broader uptake and impact of PEPFAR funded interventions using local government funding. In some target areas, stigma associated with condom use has decreased, and the number of outlets increased significantly.

A major outcome of PEPFAR/Indonesia’s work in 2013 was the successful implementation and completion of the IBBS in Papua. The survey was jointly funded by PEPFAR, Australia and the World



Bank, with the PEPFAR and Australian contributions channeled through USAID's partner responsible for carrying out the survey. Implementation of this survey was extremely challenging and extraordinarily complex, given the challenges of the very hard-to-reach region of Papua and limited human resource capacity there. Successful completion of the survey required not only the intensive effort of the implementing partner, but also substantial involvement of PEPFAR/Indonesia staff. Survey results have been cleaned and reviewed by technical experts and are nearly ready for formal release and dissemination, and collaboration with Papuan counterparts to incorporate the findings into future program directions

In the future, an important priority will be supporting the MOH's effective implementation of the SUFA initiative, and ensuring that prevention, testing and treatment services are most effectively scale up, targeted to, and accessible by key populations, particularly female sex workers and MSM.

The Indonesian military is working toward a clear structure for the HIV prevention program, including a clear system of reporting between the MOH, MOD and TNI. This structure also includes a peer to peer strategic approach from national to district level, as well as health care service and a health information system at the national and district level. Putting this in place required intense technical assistance to achieve a strong foundation and broader coverage. In 2013, out of a total of 119 military hospitals only 13 hospitals were listed with the MOH to receive HIV assistance from the GOI.

The future trajectory for the Indonesian military would be increasing the role of the national level to supervise, develop a strategic role for district and sub-district branches and strengthen the continuum of care in prevention and treatment. In addition, the Indonesian military is expected to support the national health program on SUFA.

The TNI HIV program is owned by the Indonesian military within the guidelines and policies of the Indonesian MOH and NAC. As such, PEPFAR funds through ODC promote sustainability through technical assistance, training, and curriculum development. The country ownership can be seen as the TNI was approved to receive funds specifically for the HIV military program. In 2014 these funds will be available for the TNI and managed by the Surgeon General's Office. The funds will be used to increase HIV knowledge within the military personnel, scale up testing and counseling, care and treatment at military hospitals, training for physicians and nurses, and produce information, education and communication (IEC) materials.

IV. Program overview

New program developments: As noted in the FY 2013 COP, FY 2013 and FY 2014 are transitional years for PEPFAR/Indonesia's core implementation programs. Designs for follow-on agreements for USAID's primary implementing mechanisms are being finalized and competitive procurements are expected to be issued in the first half of 2014. In light of the recommendations of the HIV assessment and program evaluation – and the likely strategic directions of the new Indonesian national strategy, the following programs will be procured:

- A contract to provide short and long term technical assistance for the GOI, local partners and

PEPFAR/Indonesia. This mechanism could be used to commission operations research studies through local universities, and hire external or local highly skilled technical assistance for the SUFA initiative, support to GFATM grantees or other high priority needs.

- A cooperative agreement to provide targeted technical assistance in priority intervention areas, including condom social marketing, support for the SUFA, and circumcision in Papua.
- A contract to provide grants and organizational development support to local NGOs, continuing the effective approach used under the current program.

An area of increased focus for the future will be greater investment in operations and implementation research. There is limited high quality and up-to-date information on sexual behavior, mobility and relationship trends among sex workers and their clients, and MSM. Social norms and platforms for sharing information and making contact are changing in Indonesia, and it has been some years since good qualitative research was done, that could be used for targeting behavior change and outreach interventions. Key questions include:

- Determining where in the country and among which sub-epidemics HIV prevalence is declining. This could be done through sub-analyses of existing IBBS data.
- Determining the first three districts in which female sex workers begin their careers in sex work. Sex workers in Indonesia are mobile and seem to follow a similar route of work and movement. Focus group or rapid surveys among sex workers could help determine if there is an unequal distribution or preponderance of areas where sex workers begin their careers.
- Identify modifiable risk factors that differential male clients of sex workers into consistent or inconsistent condom users.

Civil society organization support and SUFA: FY 2014 funding has been set aside for a final tranche for the Scaling up Most at Risk Populations (SUM) II program. The SUM II contract will be extended for an additional year so that SUM II can increase the engagement of local organizations to support the expansion of testing, early treatment initiation and treatment retention in SUFA priority districts. As the new procurement comes on line in early/mid 2015, it is expected that this new program would continue SUM II's efforts.

Strategic information: In 2013, PEPFAR/Indonesia increased investments to increase the capacity of key counterparts in strategic information, particularly monitoring and evaluation capacity, HIV surveillance, and epidemiological analysis. This has primarily been done through the placement to two senior long term advisors in GOI institutions— one at the MOH HIV/AIDS division and one at the NAC. This long term, embedded technical assistance is highly valued by the GOI; support for these positions will continue with FY 2014 funding.

Papua: The expansion of programs in Papua launched in 2012 will continue in the FY 2014 COP. Key efforts include support for local organizations that are able to reach key affected populations in the highlands, the Jayapura, the capital of Papua, and Timika along the southern coast where the huge copper mines are found. In addition, some resources will be used to continue the Kinerja program, the

integrated, cross-sectoral local government capacity building program which is working to improve the planning, budgeting and delivery of services by the local government.

Drug quality assurance and supply chain management: FY 2014 HIV funds are being combined with USAID TB funding for joint work on improving the quality assurance systems for HIV and TB medicines and for improving the supply chain and storage of drugs. USAID programs are working closely with the People that Deliver partnership and the Australian-funded Clinton Health Access Initiative to improve supply chain management. For improving drug quality, the U.S. Pharmacopeia (USP), PEPFAR/Indonesia's drug quality assurance partner, has secured high level commitment from the Indonesian equivalent of the Food and Drug Administration to improve post-production drug quality assurance systems. USP will also work with local manufacturers of ARVs to ensure they meet international quality standards.

IPF: USAID will continue funding the government to government grant to the NAC for IPF. The IPF is a multi-donor fund which channels funds to the national response to HIV from domestic and international partners, government and the private sector, with the primary goal of supporting the development and strengthening of an effective and sustainable national response to HIV in Indonesia. The IPF serves as a flexible mechanism which reaches key populations through improved capacity at the local level and grants to civil society organizations – the IPF is currently supporting CSOs and reaching most at risk populations in high priority sites across Indonesia.

ODC: FY 2014 funding channeled through ODC will continue to focus to provide technical assistance and training in prevention, care and treatment. Technical assistance will be provided to strengthen the health services at the military hospitals, improve the military HIV policy, develop a PITC standard operating procedure for military, support HIV positive personnel and their dependents with the Positive Health Dignity and Prevention (PHDP) approach, strengthen the continuum of care by designing IEC materials for care, and develop a systematic reporting and recording system for the MOD and the TNI Surgeon General's Office. ODC, in partnership with the MOD and the Surgeon General's Office will also continue to support the prevention, care and treatment and monitoring of the HIV program.

V. GHI, Program integration and other considerations

The 2011 Indonesian Global Health Initiative (GHI) strategy continues to guide the health work of the interagency USG team. The strategy has three focus areas: accelerating achievement of the health Millennium Development Goals (MDG); expanding science partnerships and the quality and use of data and evidence for policy and programs; and partnering with Indonesia to address issues of global importance, such as HIV.

The PEPFAR program is a core component of the GHI strategy in Indonesia, and the priorities for FY 2014 funding are fully in line with the focus areas of the GHI. The emphasis on key populations and Papua is core to reaching the MDG target for HIV as well as the post-MDGs; PEPFAR's increased emphasis on strategic information capacity is also a key component of the GHI focus area related to

improving the quality and use of data.

The principles of GHI are very much at the heart of the PEPFAR Indonesia program. Country ownership is extremely strong – there is not a separate PEPFAR program outside the priorities of the “National HIV/AIDS Strategy and Action Plan.” In the FY 2014 COP, attention continues on improving the monitoring and evaluation capacity of our key counterparts, building on investments made over the last few years. In Papua in particular, a good deal of attention is focused on health system strengthening and integrated programing. Attention to gender issues is core to how programs are implemented – in Indonesia, this not only means ensuring an effective focus on women and girls but also addressing the needs of waria and accelerating efforts to reach high risk men and MSM.

A range of social, legal, economic and cultural barriers prevent women and adolescent girls from accessing essential health services, including HIV. Disaggregating data by sex and age in all health service programs is essential to track access and use. Improved access can also be achieved through thoughtful integration of a range of health services that increase efficiency and convenience, and meet the specific needs of women and girls. Addressing these issues and insuring better attention to gender in program information and implementation is integrated into PEPFAR/Indonesia programming. Stigma and discrimination and gender-related discrimination remain important obstacles to providing quality services for HIV/AIDS and controlling the epidemic. PEPFAR/Indonesia programming promotes the prevention of HIV through ensuring equitable access to gender-appropriate prevention education and services for women, men and transgender individuals. In Papua, USG programs also focus on gender-based violence and intergeneration sex, particularly among young women and high-risk men. Several components of the PEPFAR program are closely integrated with other components of the USG health program in Indonesia. The Kinerja health system strengthening program in Papua is an integrated health system and governance effort; and HIV funds are combined with TB and maternal and child health funds to improve the GOI drug and supply chain capacity and drug quality assurance. In the FY 2014 COP specifically, some of the local organization grants in Papua – where there are much higher rates of co-infection – address TB/HIV integrated services, and TB/HIV is a component of USAID’s much larger TB program.

The GFATM is a critically important partner and important complement to the PEPFAR program. USG staff have been intimately involved in the development of the proposals for the current set of GFATM grants, and as such, have ensured that USG programs complement and are complemented by GFATM grants. The USG supports a GFATM liaison, who plays a key role in the smooth functioning of the GFATM Country Coordination Mechanism (CCM), the CCM secretariat, and is a key resource for the Principle Recipients and Technical Working Groups. He also plays a critically important role in ensuring USG programs are coordinated with GFATM grants and in facilitating communication with the Indonesia Fund Portfolio Manager. USAID staff participate as members of the CCM and on each of the technical working groups.