



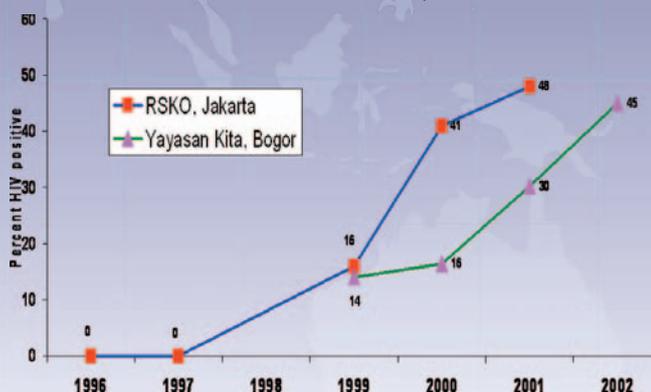
Background

Indonesia has a rapidly expanding HIV epidemic among people with drug-injecting or risky sexual behaviors. Risk factors include: 1) a vast commercial sex industry with low levels of condom use and high levels of STI among at-risk populations, 2) unprotected sexual activity between men, 3) limited clinic and laboratory services for STI, 4) highly mobile sex worker and client populations, 5) rapidly expanding IDU epidemic and 6) the aftermath of an economic crisis (women searching for survival and increasing numbers of children living and working on the streets).

The government estimated that at the end of 2004 between 90,000 and 130,000 Indonesians were already infected with the virus that causes AIDS. Urgent action, on a large scale, is essential.

HIV prevalence is rising even more sharply among drug injectors. One in every two IDUs at Jakarta's biggest treatment centre are already infected with HIV.

(Source: P2M surveillance data, Yayasan Kita)



Strategies and Program Areas

The Aksi Stop Aids (ASA) Program is a collaborative effort between USAID and the Ministry of Health (MOH), managed by FHI, working in 10 priority provinces designated by the MOH.

What Does the ASA Program Do?

- ✘ Promotes safe sexual behavior, and reduces the harm associated with drug injection.
- ✘ Strengthens HIV and STI care and treatment.
- ✘ Supports the development of behavioral and biological surveillance systems that provide information for reliable decision-making for prevention and care activities.
- ✘ Strengthens the capacity of local governments and NGOs to plan, finance, manage and coordinate responses in the community to prevent and care for HIV/STI.
- ✘ Encourages the active participation of private companies in HIV prevention.



Attendees at the Indonesia Department of Labor launching of AIDS in the Workplace Ministerial Decree review FHI/ASA literature.

Program Highlights

- ✘ **Healthy Ports and Highways** focuses on men and sex workers working in major transportation hubs. By promoting condom use among sex workers and clients, improving clinical STI services and disseminating information through the workplace, ASA hopes to curb the spread of infection among these highly mobile people.
- ✘ **Mass Media Campaigns** target clients of sex workers, promoting simple methods to prevent HIV.
- ✘ **Risk Reduction** methods including clean needles and condom use are being promoted among the growing number of injection drug users.
- ✘ **Care and Support** programs are enhancing the quality of care and treatment available to people living with HIV and AIDS, and reducing discrimination.
- ✘ **Surveillance Systems** produce comprehensive and accurate data on the virus and the behaviors that spread it, enabling local policy-makers to make appropriate decisions about what they need to do, and where.
- ✘ **Private Sector Leveraging** is involving businesses in HIV/AIDS prevention and support services for their workers and communities.
- ✘ **Advocacy** to government officials, influential organizations and other key decision makers ensures that HIV/AIDS prevention is kept high on national and regional agendas.

A voice from the field

“FHI’s ASA Program has provided extraordinary support to the national response to HIV/AIDS. It has helped to empower AIDS commissions at all levels to develop evidence-based policy for sustainable action. FHI’s approach, responding in a comprehensive and practical way to real needs, is working!”

Dr. Nafsiah Mboi, National AIDS Activist and Advisor to the National AIDS Commission.

Accomplishments

✘ Signed commitment of six priority provinces to actively support condom promotion, harm reduction, ARV treatment, reduction of stigma and discrimination, appropriate policy change and HIV/AIDS prevention, embodied in the "Sentani Declaration".

Estimated Infections: 90,000-130,000

Outreach to Groups at Risk:

Female Sex Workers	17,500
Clients	536,000
MSM	11,000
Injecting Drug Users	2,200

STI Services 27 Clinics

Partners:

Faith Based Organizations	30
NGOs	101
Local AIDS Commissions	51
Workplace Programs	90

- ✘ Behavior change activities currently reaching over 17,500 female sex workers, 536,000 clients, 11,000 men who have sex with men, and 2,200 injecting drug users.
- ✘ A nationwide mass media prevention marketing campaign utilizing TV, radio and print.
- ✘ Completion of pilot training of trainers within a nation-wide uniformed services prevention program.
- ✘ Comprehensive high quality behavioural surveillance system in place since 2001.
- ✘ Network of 27 STI clinics established throughout target areas, all using standard protocols and quality control.
- ✘ National guidelines for HIV treatment, care and support in place with extensive training program for health care providers just beginning.
- ✘ The establishment of a national system for evaluation and approval of test kits for HIV screening, with over 25 kits tested.
- ✘ Several unique studies including on MSM behavior and its relationship to HIV and syphilis rates, and STI prevalence among FSW in seven major cities.
- ✘ Workplace programming in 90 companies, with strong policy support from government and private sector business alliances

✘ Comprehensive interventions organized with over 100 partner NGOs throughout ten target provinces, including 30 faith-based organizations.

✘ Establishment of close working relationships with over 50 local AIDS commissions including support for strategic planning and improved management.

National AIDS Commission Secretary, Dr. Farid Husein, addresses attendees at the launch of the Ministry of Manpower Declaration on 'HIV in the Workplace' attended by His Excellency Minister Jacob Nuwa Wea and Alan Bolton, ILO Representative to Indonesia.



- ✘ Strong advocacy to National Parliament and local governments, including major policy initiatives on basic rights for PLWHA in the workplace, harm reduction, and care and support.
- ✘ Strong involvement of PLWHA in all aspects of program, as well as continuing support for local PLWHA organizations.

Challenges

- ✘ Developing and managing programming for a variety of hard-to-reach target groups in a country of 200,000,000 people spread over 13,000 islands.
- ✘ Working with over 50 local governments, each with very limited resources and experience, and unclear authority due to a confused policy of decentralization.
- ✘ Gaining sufficient political support and public awareness within a context of significant prevalence only among marginalized groups.
- ✘ Developing CST programs within an under-resourced and over-extended government bureaucracy.

Future Program Priorities

- ✘ Expansion of coverage for all outreach activities and STI/HIV/AIDS clinical services, for IDU, MSM and clients of sex workers.
- ✘ The development of innovative initiatives for more effective behavior change.
- ✘ Support for development and management of local comprehensive responses to the epidemic, involving government, NGOs, local communities and the private sector.
- ✘ Improvements in monitoring and management of all program activities to ensure quality results.
- ✘ Expansion of programs for prisons and the uniformed services.
- ✘ Increased frequency and effectiveness of mass media campaigns.
- ✘ Development of a management mechanism to ensure sustainability of the current world-class surveillance system.

Partners

The Government of Indonesia, primarily the Ministry of Health's Center for Disease Control and the Government's AIDS Commissions at all levels, over 100 Indonesian NGOs, as well as international organizations and private sector partners.



FHI/ASA staff, local health officials get ready for a survey of STI among local commercial sex workers.



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