



INDONESIA

Progress Assessment

Global Fund Breaking

Down Barriers

July 2023

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DISCLAIMER

Towards the operationalization of the Global Fund Strategy 2023-2028, this progress assessment was commissioned by the Global Fund to Fight AIDS, TB and Malaria and presents the findings of the independent research team that carried out the assessment. The views expressed do not necessarily reflect the views of the Global Fund.

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1. Executive Summary

The Global Fund’s *Breaking Down Barriers* initiative provides support to countries to scale-up to a comprehensive level programs to remove human rights-related barriers to HIV, tuberculosis and malaria services so as to increase the effectiveness of Global Fund grants and ensure that health services reach those most affected. The initiative was launched in 2017, with Indonesia participating in, and receiving human rights matching funds to remove rights-related barriers to health services, from the start. As a part of the *Breaking Down Barriers* initiative countries are funded to implement a set of internationally recognized human rights programs and to create enabling environments to advance comprehensive responses.

This assessment examines progress since the [Mid-Term Assessment](#) and addresses activities and program implementation under NFM3, a grant covering the period of January 2021 through December 2023 in 23 high-burden districts prioritized by the Global Fund (see Map 1). Its findings reflect that despite an increasingly hostile legal and political environment, a vibrant civil society in Indonesia has made notable progress in reducing human rights-related barriers to HIV and TB services since 2020. For HIV programs, the most significant areas of improvement were in legal literacy and access to justice interventions, with consistent programming and geographic coverage in high-burden sites. Access to justice programs for people affected by TB also showed significant progress, despite a later start to implementation, as Global Fund support for TB human rights programming began only in the 2021-2023 cycle.

Map 1: High-Priority Districts for Human Rights Programming



At the center of Indonesia's human rights programming are the District Task Forces (DTF). Operating in all 23 districts, the DTFs are comprised of an Advocacy Officer, a Community Based Monitoring and Feedback Officer (CBMF), and a paralegal, who collectively are intended to represent a range of key populations. In some districts, community leaders, government officials, and other local stakeholders are also part of the Task Force. The ability of the Task Forces to form positive relationships with local government officials has created a unique intersectional space for engagement and problem solving on HIV and human rights-related issues. Although roll out of the DTFs was initially hampered by unclear guidance and the need to adapt to local conditions, our assessment found nearly unanimous support for the Task Forces from implementers, technical partners, and beneficiaries.

As an example of the work of District Task Forces, during the assessment period DTFs contributed significantly to a vital reduction in barriers to health services for transgender/waria people, assisting nearly one thousand people to obtain national identification cards. In Indonesia, the ID cards are gateways to accessing multiple legal and social benefits, including HIV, TB and other health services. (See Case Study Two) The DTF teams worked closely with transgender-led community organizations as part of a widespread mobilization that followed a government directive easing restrictions on ID card eligibility of transgender and other key populations. This important work is ongoing and implementing plans for expansion.

Another notable area of impact for human rights programming was found in the integration of legal literacy and access to justice programs with HIV prevention programs for Female Sex Workers (FSW). The training of peer educators and outreach workers in legal literacy and, for some, paralegal certification, has increased the ability to identify, refer and assist the FSW community in resolving human rights violations perpetrated by clients, the police and intimate partners. (See Case Study One)

Overall, we found that legal literacy programs continue to show positive impact, for example, reducing self-stigma and empowering key populations to understand and exercise their rights, both in and out of health care settings. Where extended to health care providers and other officials, this information frequently resulted in better understanding of their obligations to protect and fulfill those rights.

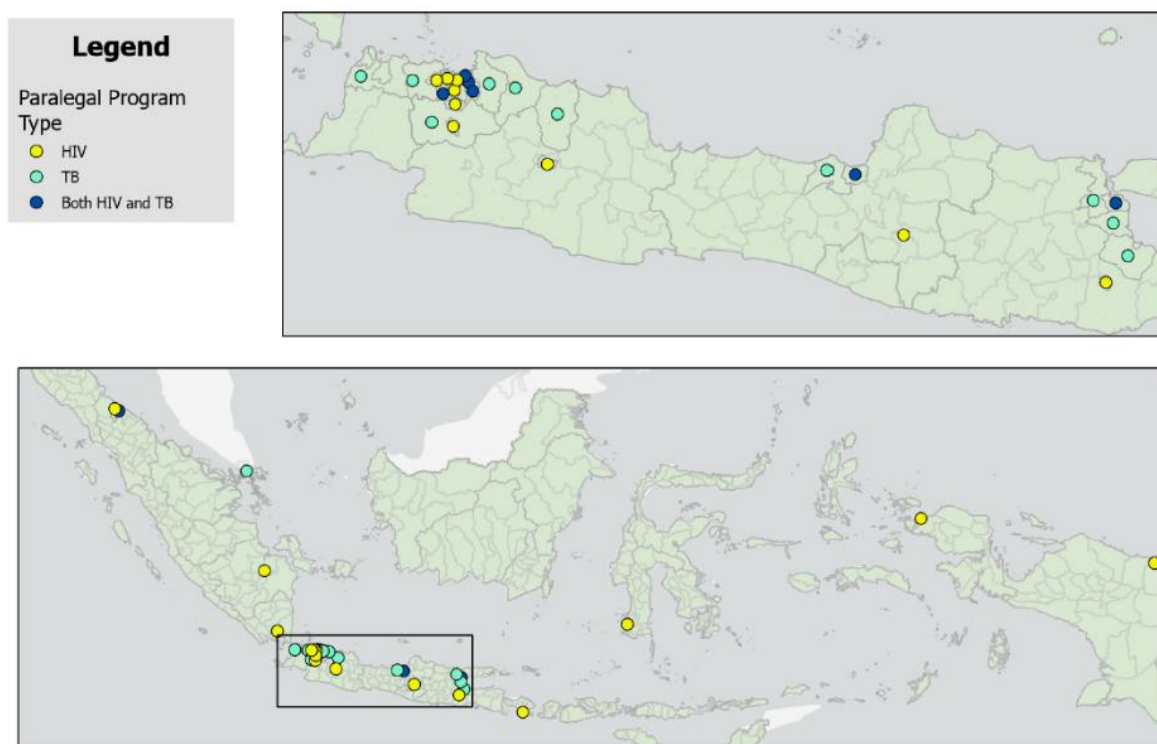
The unique PR arrangement for TB programming, in effect since 2021, has resulted in improved coordination and positive engagement with government. STPI (Stop TB Partnership Indonesia) (an affiliate of STOP-TB Geneva) and Penabulu Consortium (PC) are co-PRs for human rights, with STPI responsible for programming and PC for management and monitoring and evaluation initiatives.

The Penabulu Consortium also published a TB Stigma Assessment in December 2022, the first of its kind in Southeast Asia, and is working to ensure that the national TB

strategy, currently under revision, will incorporate strengthened human rights and gender-responsive principles and policies.

In addition to a strengthened human rights framework for the national TB response, progress is evident on the ground. Thirty-four paralegals have been trained in TB-related health and human rights, and their deployment in 18 districts in seven provinces represents a significant step forward in access to justice for people living with, and affected by, tuberculosis. In 7 districts, TB and HIV-trained paralegals work together to maximize effectiveness for an often-overlapping client population (see Map 2). The PRs hope to increase the number of districts where HIV and TB paralegals both operate, and to improve coordination of these efforts.

Map 2: Districts Implementing HIV and TB Paralegal Programs



Despite these achievements, significant challenges remain. There is a broad consensus that stronger national leadership and coordination is needed in wake of the dissolution of the National AIDS Commission in 2018. The Ministry of Human Development and Culture, tasked with coordination of HIV programming since the dissolution, is not actively engaged and the roles and responsibilities of other ministries are not clearly defined. Oversight is limited as the HIV Thematic Working Group of the CCM is not adequately resourced for meaningful engagement with CSOs on human rights programming issues. MOH's role in human rights-related programming remains limited, and programs to train health care

workers in human rights and medical ethics lack support from the national level. This, and lack of communication and coordination between PRs Spiritia and Indonesia AIDS Coalition (IAC), has slowed Indonesia's ability to move forward on the *2021-2025 Multi-Year Plan for Addressing Human Rights Barriers to HIV and TB Services*, finalized in March 2020, and impacts progress toward fulfillment of the human rights-related program essentials.

There is widespread concern among implementers about the impact of a harsh new Criminal Code on the rights of women, LGBT persons, and on HIV prevention and treatment services. Free speech restrictions in the new law threaten to limit efforts for reform. Passage of this law adds to an already difficult legal and policy environment where there is no national protection from discrimination for PLHIV and key populations. Implementers have formed strategic alliances for national and local advocacy in response to this and other harmful legislation, but these efforts will require resources for training as well as dedicated staff, and attention must be paid to ensuring the safety of human rights defenders.

A wealth of data is regularly collected by community-led monitoring mechanisms across multiple sources and systems. However, lack of coordination and strategic utilization of this data results in missed opportunities to inform programming and influence law and policy. The District Task Forces are uniquely well placed to document the impact of human rights programming on reducing barriers to HIV and TB services, but demonstration of these linkages will depend on continued resources and technical assistance in this area.

In conclusion, Indonesia has established a strong foundation for continued progress in reducing human rights-related barriers to services and fulfillment of the HIV and TB program essentials. Key stakeholders, including government and civil society entities, have developed a *Multi-Year Plan for Addressing Human Rights Barriers to HIV and TB Services (2020)* and a Technical Working Group for HIV that, with additional resources, can provide oversight and guidance for implementation. IAC, the PR for human rights, is forming strategic relationships with government and non-profits that focus on strengthening access to justice initiatives and perhaps most importantly, ensuring long-term sustainability and domestic funding for CSOs implementing human rights programs. Government has demonstrated an increasing commitment to human rights-related TB programming, bolstered by a Presidential Decree that identifies stigma and discrimination as barriers to services and mandates involvement from all relevant agencies in the national TB response.

Looking forward to Grant Cycle 7 (GC7), which covers 2024-2026, Indonesia can build on these efforts to date and further scale up programs to remove rights-related barriers for both HIV and TB by: strengthening oversight and coordination at the national level and improving communication between the PRs; continuing to support national and locally-led advocacy in response to the new Criminal Code; continuing to support the District Task

Forces as well as access to justice programming that integrates legal literacy with HIV prevention interventions; and ensuring that it is prioritizing full implementation of the human rights-related program essentials for HIV and TB.

Scorecard for Programs to Remove Human Rights-related Barriers in Indonesia

As part of Breaking Down Barriers, progress in countries is assessed on a 0-5 scale, with 0 demonstrating no programs present and 5 indicating that programs are at scale (national level), covering over 90% of key populations. Please see key below for full scale.¹

Scorecard for Programs to Remove Rights-related Barriers to HIV

HIV Program Area	Baseline	Mid-term	Progress Assessment
Eliminate stigma and discrimination in all settings	2.2	3.0	3.5
Ensure non-discriminatory provision of health care	1.5	2.3	2.5
Ensure rights-based law enforcement practices	1.5	2.3	2.5
Legal literacy ('know your rights')	2.0	3.0	3.5
Improve access to justice	2.0	3.2	3.8
Monitoring and reforming laws and policies	2.0	3.3	3.7
Reduce HIV-related gender discrimination	2.5	3.3	3.8
Support community mobilization and human rights advocacy	**	**	3.7
Average Score	2.0	2.9	3.4

Scorecard for Programs to Remove Human Rights-related Barriers to TB

¹ Analyses of “comprehensiveness” for the Progress Assessment are aligned with Global Fund supported HIV and TB initiatives in Indonesia. Because Global Fund HIV interventions and the Breaking Down Barriers initiative for HIV are focused on 23 high-burden districts in 12 provinces, our assessment and scoring of programming is addressed to these districts rather than nationwide (see Map). Global Fund TB initiatives for TB are targeted nationwide, as are the analyses set out in this report.

TB Program Area	Baseline	Mid-term	Progress Assessment
Eliminate stigma and discrimination in all settings	2.5	3.0	3.3
Ensure people-centered and rights-based provision of health care	0.0	0.0	1.5
Ensure people centered and rights-based law enforcement practices	1.5	1.5	1.5
Legal literacy ('know your rights')	0.0	2.0	2.0
Improve access to justice	0.0	0.0	2.5
Monitoring and reforming laws and policies	1.5	3.3	3.5
Reduce TB-related gender discrimination	0.0	2.5	2.8
Support community mobilization and engagement	0.0	0.0	1.0
Addressing the need of people in prisons and other closed settings	0.0	0.0	0.0
Average Score	0.6	1.4[#]	2.0

= during the midline assessment, there were ten program areas, the nine programs shown in the table above plus "Ensuring confidentiality and privacy".

Key
0 – no programs present
1 – one-off activities
2 – small scale
3 – operating at subnational level
4 – operating at national level (>50% of geographic coverage)
5 – at scale at national level (>90% geographic coverage + >90% population coverage)
** – not a program area in the assessment periods

2. Overview

Since 2017, the Global Fund has provided more than US\$85 million in Matching Funds to scale up evidence-based programming to reduce human rights-related barriers to HIV, TB and malaria services through *Breaking Down Barriers*, catalyzing countries to commit additional financial support from within their allocations. To track progress in each of the 20 countries, the Global Fund has commissioned baseline and mid-term assessments in 2017 and 2019, respectively. In 2022, it commissioned a second progress assessment to examine further progress and inform further investments in this area, a continuing objective of the Global Fund’s Strategy for 2023-2028.

Breaking Down Barriers aims to support countries to have “comprehensive” programs to remove rights-related barriers. “Comprehensive” programs are those that: (a) comprise a set of activities that are internationally recognized as effective in reducing human rights-related barriers to health (see Text Box 1); (b) are accessible or serve the majority of the estimated numbers of key and vulnerable populations affected by such barriers; and (c) are adequately resourced to move from non-existence or one-off/small-scale activities to a level of implementation likely to significantly reduce human rights-related barriers to services (a sustained, mutually-reinforcing, broadly protective package at scale).

Text Box 1: Programs to Remove Human Rights-related Barriers to HIV and TB Services

For HIV and TB:

- Eliminating stigma and discrimination in all settings
- Ensuring non-discriminatory provision of health care
- Ensuring rights-based law enforcement practices
- Legal literacy (“know your rights”)
- Increasing access to justice
- Improving laws, regulations and policies relating to HIV and HIV/TB
- Reducing gender discrimination, harmful gender norms and violence against women and girls in all their diversity
- Community mobilization and advocacy for human rights

Additional programs for TB:

- Addressing the needs of people in prisons and other closed settings

3. Breaking Down Barriers' Theory of Change

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services² increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions (see Text Box 1). This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

The purpose of the assessment is to assess the impact of the human rights interventions on uptake, access and retention of HIV and TB services, with attention to the quality, scale-up and sustainability of programmatic implementation. It also aims to capture lessons learned related to human rights program implementation.

Specifically, the Indonesia Progress Assessment focused on the following three priority areas:

- Assess programmatic progress and impact on services since April 2021, when the previous assessment was completed;
- Assess the current national HIV and TB health policy landscape and its impact on programs to reduce human rights-related barriers to access to health services; and
- Inform the GC7 funding process.

4. Methods

This Progress Assessment commenced in December 2022 and addresses activities and program implementation that began under a grant covering the period January 1, 2021 through December 31, 2023.

The assessments took a differentiated approach to evaluate progress in the 20 *Breaking Down Barriers* countries – this approach categorized countries into two tiers: those that receive a focused assessment and others that received an in-depth assessment. While the methods used are the same between focused and in-depth assessments – i.e., they all included document review, key informant interviews and case study analysis, focused

² The main categories of human rights and gender-related barriers to HIV and TB services include: Stigma and discrimination, including within the provision of health services; Punitive laws, policies, and practices; Gender inequality and gender-based violence; Poverty and socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

assessments included a smaller number of interviews and survey requirements than in-depth evaluations.

Indonesia is an in-depth assessment country. The assessment began with a desk review of relevant documents from the Global Fund and other key stakeholders. Interviews were conducted remotely, as well as during a 17-day country visit in January-February 2023. During the visit, the research team interviewed more than 190 key implementers, government agencies, technical partners and beneficiaries. Site visits were conducted in Bandung, Bogor, Jakarta (Java) and Medan (Sumatra) where assessors had the opportunity to meet with implementers/SSRs gathered from 11 districts/cities. Subsequently, working in partnership with the national consultant, the assessment team facilitated additional key stakeholder and beneficiary interviews in March and April 2023. Stakeholder validation meetings for HIV and TB were held in April 2023. In this report, pseudonyms were used for beneficiary interviewees to protect confidentiality and privacy.

5. Background and Country Context

5.1 HIV and TB Profile

There are an estimated 540,000 people living with HIV in Indonesia.³ Key populations continue to bear a disproportionate burden of HIV infections, with very high prevalence among men who have sex with men (17.9%), people who inject drugs (13.7%) and transgender women (*waria*) (11.9%). Overall, new infections are decreasing, showing a 41 percent decline between 2010 and 2020, and another 3.6% decrease in 2021.⁴ However, prevalence estimates among certain key populations, particularly men who have sex with men (age 15 and over) is increasing rapidly, tripling to more than 25% between 2011-2018.⁵

In addition, HIV in Indonesia is affecting a growing number of individuals who do not identify as a member of a “key population”, including spouses and partners of KPs and PLHIV, and former key population members, among others. According to an MOH report, in 2019, 66% of PLHIV were not members of key populations, and this group comprised

nearly half of all new infections.⁶ The National HIV/AIDS Action Plan for 2020-2024 identifies outreach and targeted programming for non-key populations as a priority.⁷

³ UNAIDS, HIV and AIDS Data Hub for Asia-Pacific, Evidence to Action, accessed May 9, 2023.

<https://www.aidsdatahub.org/sites/default/files/resource/indonesia-snapshot-2021.pdf>

⁴ Ibid.

⁵ K. Gedela, D. Wirawan, et al., *Getting Indonesia's HIV epidemic to zero? One size does not fit all*, *Intl Journal of STD and AIDS*, November 23, 2020, <https://doi.org/10.1177/0956462420966838>

⁶ Asian Epidemic Modeling 2019, cited in *Funding Request Form, Allocation Period 2021-2023*, Ministry of Health of Indonesia.

⁷ National HIV/AIDS Action Plan 2020-2024 (2020), p. 8.

Indonesia lags behind the rest of the region in achieving its treatment cascade goals, with 78% of people living with HIV aware of their status, but only 28% reported to be on ART.⁸ Of those on treatment, only half remain on treatment, and fewer than 1% are estimated to be virally suppressed.⁹ Lack of access to viral load testing and equipment remains a persistent barrier to improved treatment outcomes.¹⁰ Since 2010, there has been an 88 percent increase in AIDS-related deaths, with 26,000 deaths in 2021.¹¹

Indonesia has committed to End TB by 2030. Yet in 2021, Indonesia was one of eight countries accounting for more than two-thirds of global TB cases, with over 9% of the global burden of TB cases and an estimated 824,000 new cases in 2020¹² of which only 393,323 were reported.¹³ The TB incidence rate in Indonesia is approximately 354 per 100,000 population.¹⁴

In 2022, the country remains on global lists of high-burden countries for TB, HIV-associated TB, and multidrug- and rifampicin-resistant tuberculosis (MDR/RR-TB). Indonesia is also one of four countries accounting for the most TB-related deaths. Yet, for one of the highest TB-burden countries, it had “worryingly low” levels of treatment coverage (>50%) in 2021.¹⁵ In 2020, an estimated 18,000 people living with HIV contracted TB¹⁶ and TB is the leading cause of death among HIV patients.¹⁷ While treatment coverage for TB began increasing again in 2022 after a decrease during the Covid-19 pandemic, the government reported reaching only 52% of its target (90%).¹⁸ TB morbidity and mortality, along with HIV/AIDS, is also high in prison. Active screening, case-finding, treatment and care among these and other vulnerable populations is sorely needed.

⁸ UNAIDS DATA 2022. Geneva: Joint United Nations Programme on HIV/AIDS; 2022, p. 154, accessed May 18, 2023 https://www.unaids.org/sites/default/files/media_asset/data-book-2022_en.pdf

⁹ *National HIV/AIDS Action Plan 2020-2024 (2020)*, p. 8.

¹⁰ Ministry of Health of Indonesia, *Funding Request Form, Allocation Period 2021-2023; National HIV/AIDS Action Plan 2020-2024*, p.24.

¹¹ UNAIDS DATA 2022. Geneva: Joint United Nations Programme on HIV/AIDS; 2022, p. 154, accessed May 18, 2023 https://www.unaids.org/sites/default/files/media_asset/data-book-2022_en.pdf

¹² Indonesia Tuberculosis Country Profile 2021, accessed May 9, 2023.

<https://www.aidsdatahub.org/sites/default/files/resource/indonesia-tb-profile-2021.pdf>

¹³ Stop TB Partnership, Indonesia Country Profile. Accessed May 9, 2023.

<https://tbassessment.stoptb.org/assets/docs/Digital%20TB%20Surveillance%20System%20Assessment%20All%20Country%20Reports/Indonesia%20Digital%20TB%20Surveillance%20System%20Assessment%20Report.pdf>

¹⁴ Community Consortium Penabulu-STPI, *Indonesia TB Stigma Assessment (Draft)*, (December 2022). On file with the author.

¹⁵ World Health Organization, *Global Tuberculosis Report 2022*.

¹⁶ Stop TB Partnership, Indonesia TB Dashboard, accessed May 9, 2023. https://www.stoptb.org/static_pages/IDN_Dashboard.html

¹⁷ R, Gumelang et al., *The Occurrence of Tuberculosis Infection Among Newly Diagnosed Patients in Indonesia*, Macedonian Journal of Medical Sciences 2022, accessed May 25, 2023 <https://oamjms.eu/index.php/mjms/article/view/9529/7635>

¹⁸ Directorate General of Prevention and Disease Control. *TB Profile Indonesia 2022*. Accessed May 9, 2023 <https://tbindonesia.or.id/wp-content/uploads/2023/02/Factsheet-Country-Profile-Indonesia-2022.pdf>

Effects of the COVID-19 Pandemic on HIV and TB Responses

In March 2020, Indonesia declared Covid-19 a public health emergency through Presidential Decree.¹⁹ Subsequently, a number of travel, local gathering and quarantine restrictions were imposed, as well a government mask mandate. As of May 2023, there have been 6, 799,760 confirmed cases of Covid-19, with 161,646 deaths in Indonesia reported to WHO. As of January 2023, a total of 444,303,130 vaccine doses had been administered.²⁰

Lockdown measures and health system disruption had a profound impact on HIV services, with some studies finding a 75 percent decrease in HIV service delivery nationwide during the pandemic.²¹ TB services also experienced severe interruption, with significant reduction of case notifications and rise in TB incidence in 2020 compared to 2019.²² Treatment adherence and success rates also declined by 20 percent between 2019 and 2020, resulting in long-term estimates of increased mortality from TB in Indonesia.²³

Ensuring continuity of HIV and TB services became a top priority. In 2020, the USAID-PEPFAR-LINKAGES program initiated an ARV delivery services for Jakarta and greater Jakarta areas and reimbursement of local transport and basic check-up for people living with HIV and key populations. UNFPA initiated a cash and voucher assistance program that provided direct cash transfer for transportation to help people get to the health centers for life-saving HIV treatment, implemented in 73 cities and districts around the country.²⁴ In response to Covid-19, Indonesia received USD 87 million for HIV and malaria programs and USD 51.3 million for TB through its Covid Response Mechanism (C19RM) grant program, with USD 760,610 of those funds dedicated to addressing human rights-related barriers to services.

Lockdown measures, physical distancing requirements and economic downturn resulted in significant loss of income for key populations, many of whom work in the informal economy and public spaces. They also faced difficulty accessing health services, longer queues, increased domestic responsibilities/burden for women and children, and an increase in gender-based violence. CATAHU 2020, an annual report on violence against women published by the National Commission on Women, stated that violence against women in 2020 increased by 40% compared with the number of

¹⁹Covid-19 Law Lab, Indonesia, accessed May 18, 2023 https://covidlawlab.org/wp-content/uploads/2021/06/Country-Report-Indonesia-04_19.pdf

²⁰World Health Organization, Indonesia Covid-19 Country Dashboard, accessed May 15, 2023. <https://covid19.who.int/region/searo/country/id>

²¹ N. Fauk, H. Gesesew, et al, *Barriers to Access to Antiretroviral Therapy By People Living With HIV In an Indonesian Remote District During the Covid-19 Epidemic*, BMC Infectious Disease, Vol 23, 2023.

²² World Health Organization, *Global Tuberculosis Report 2021*, accessed May 18, 2023 <https://www.who.int/publications/digital/global-tuberculosis-report-2021/covid-19>

²³ R. Hughes, L. Vu, et al, *Impacts of Covid-19 Related Service Disruptions on TB Incidence and Deaths in Indonesia, Kyrgystan, Malawi, Mozambique and Peru: Implications for National TB Responses*, PLOS Global Public Health, March 30, 2022.

²⁴ Ibid.

reported cases in 2019.²⁵ UNFPA, UN Women and the National Commission on Women established emergency hotlines, counseling and shelters in response.²⁶

As outlined in Case Study Two, the transgender community's barriers to obtaining national ID cards worsened during Covid-19 as they found themselves ineligible for government-sponsored programs providing cash, food and perhaps most crucially, vaccinations.²⁷ Civil society and community-led organizations immediately mobilized in-person service delivery, community testing and syringe delivery, and prioritized virtual rather than face-to-face outreach interventions.

5.2 Financial Investment

Under NFM3, Indonesia requested US \$2.3 million in catalytic matching funds to remove human rights barriers related to HIV and HIV/TB coinfection. The US \$4.6 million in funds were distributed across seven programs, with stigma and discrimination reduction receiving the largest share of funds, followed by programs to reduce HIV-related gender discrimination, and programs seeking to impact harmful laws, regulations and policies (81% of all funding). Smaller amounts of funding went to Community mobilization and advocacy, HIV and HIV/TB related legal services, human rights and medical ethics related to HIV and HIV/TB for health care providers, and sensitization of law-makers and law-enforcement agents (19%) (Table 1).²⁸

Table 1: Catalytic matching funds for HIV and HIV/TB human rights interventions

Intervention	Amount (US\$)
Community mobilization and advocacy (HIV/TB)	566,700
HIV and HIV/TB related legal services	77,303
Human rights and medical ethics related to HIV and HIV/TB for health care providers	94,176
Improving laws, regulations and policies related to HIV and HIV/TB	842,253

²⁵ UNFPA, *Indonesia's Sexual and Reproductive Health and Gender-Based Violence Response to the Covid-19 Epidemic, 2020-2021*.

²⁶ Ibid.

²⁷ Our Voice Association, *Report of ID Card Program for Transgender People, 2021*. On file with the author.

²⁸ Note that these budget figures are from approved grants in 2020. Actual expenditures may look different than the initial budgets. The specifics of budget tracking and costing are beyond the scope of the progress assessment, but budgets are provided to demonstrate the areas of investment from the Global Fund in NFM3.

Reducing HIV-related gender discrimination, harmful gender norms and violence against women	1,126,907
Sensitization of law-makers and law-enforcement agents	127,078
Stigma and discrimination reduction (HIV/TB)	1,765,583
Total	4,600,000

These funds represent approximately 4% (4.22%) of the total HIV grant budget of US \$102,717,937 and included a number of initial Principal Recipients including the Ministry of Health, Spiritia Foundation (CSO), Indonesian AIDS Coalition (CSO), and the Ministry of Home Affairs. In the 2022-2023 funding cycle IAC joined as a PR, working across 132 cities and districts on community systems strengthening and HIV prevention for female sex workers, and targeting 23 high-burden districts for its work to reduce human rights-related barriers to HIV/TB services.

Five TB-specific interventions were also funded from the TB allocation, although at significantly lower amounts, representing less than 1% (0.19%) of the total TB grant budget (US \$150,456,123). (Table 2).

Table 2: Catalytic matching funds for TB-related human rights interventions

Intervention	Amount (US\$)
Community mobilization and advocacy (TB)	12,706
Human rights, medical ethics and legal literacy	54,335
Legal aid and services	98,274
Reform of laws and policies	49,412
Stigma and discrimination reduction (TB)	93,742
Total	308,469

Among these interventions, stigma and discrimination reduction and legal aid received the majority of funding (62%). TB-related human rights interventions overlapped with HIV-related human rights interventions in 7 districts, include advocacy, community-based monitoring, reducing stigma and discrimination, and paralegal training and community

paralegal support. The Principal Recipient for the TB interventions is the Ministry of Public Health, with an additional PR under a unique arrangement of the Community Consortium, comprising Penabulu and STPI, who together cover 30 provinces and 190 districts.

POP-TB, a survivor's group, is Thematic Sub-Recipient overseeing 22 survivor organizations, and there are 30 additional TB SRs. Activities to remove human rights and gender-related barriers to TB services have recently accelerated, given the publication of key research to inform program design, such as the Stigma Assessment (2022) and the more recent launch of the online platform where communities can access TB and rights-related information and report incidents of stigma and discrimination. Some of those newer initiatives could therefore not be adequately assessed.

5.3 Legal and Policy Environments

The government of Indonesia has committed to the protection of numerous human rights, including the right to health.²⁹ Indonesia's Constitution explicitly provides protection from discrimination, but does not provide an enumerated list of grounds on which discrimination is prohibited.³⁰ Activists have repeatedly called for specific anti-discrimination legislation to protect people living with HIV, who report experiencing high levels of stigma and discrimination in numerous settings (as do people living with TB). Certain key populations face heightened levels of stigma and discrimination in both the public and private sectors, that significantly affect their access to services. The disbandment of the National AIDS Commission in 2017 has hampered progress in human rights for people living with and at high risk of HIV, and this lack of a multisectoral oversight body combined with an absence of legal protection poses challenges for effectively addressing discrimination.³¹

Since 2017, an alarming increase in crackdowns by police, politicians, and other state authorities in Indonesia on LGBT people due to their sexual orientation and gender identity has created a debilitating rights environment and public health crisis, including high and rising rates of HIV infection among men who have sex with men.³² The situation intensified in December 2022 when Indonesia's parliament passed a revised Criminal Code³³ that is poised to undermine a broad range of democratic rights and is widely expected to further erode the rights of LGBT people, women, religious minorities and others of marginalized status.³⁴ The law prohibits all consensual sexual relations outside of marriage, effectively criminalizing homosexuality; previously, homosexual relations were not legally recognized, but they were not formally criminalized. The law also prohibits criticism of the government

²⁹ Indonesia ratified the International Covenant on Social, Economic and Cultural Rights on February 23, 2006

https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=80&Lang=EN

³⁰ 1945 State Constitution of the Republic of Indonesia, Chapter X-A, Human Rights

³¹ 2021 – 2025 Multi-Year Plan: Addressing Human Rights Barriers to HIV and TB Services in Indonesia (March 2020)

³² "Scared in Public and Now No Privacy": Human Rights and Public Health Impacts of Indonesia's Anti-LGBT Moral Panic," Human Rights Watch. 1 July 2018, accessed May 18, 2023 <https://www.hrw.org/report/2018/07/02/scared-public-and-now-no-privacy/human-rights-and-public-health-impacts>

³³ Undang-Undang Nomor 1 Tahun 2023 tentang Kitab Undang – undang Hukum Pidana (Act No. 1 of 2023 on Criminal Code)

³⁴ "Indonesia: New Criminal Code Disastrous for Rights," Human Rights Watch, December 8, 2022, <https://www.hrw.org/news/2022/12/08/indonesia-new-criminal-code-disastrous-rights>

and adds restrictions on the right to contraception and abortion. Recognition of Sharia law invites localities to strictly enforce and strengthen anti-LGBT ordinances, and advocates report that this is already underway in numerous localities.³⁵

Other key populations, such as people who use drugs and young people, also face legal hurdles to enjoying discrimination-free services and the protection of their rights. Indonesia's drug laws are severe, and women who use drugs face harsher treatment at the hands of law enforcement than their male counterparts, and leads to worse HIV risk and service access.³⁶ The display of contraceptives to minors is prohibited, except by "authorized persons," which "could constrain sexuality, sexual and reproductive health education, given that most gender and sexual minority organizations carrying out HIV and sexual health programs discuss safer sex," according to a leading LGBT advocate in eastern Java.³⁷ Carrying condoms is already grounds to prosecute persons for "engaging in sex parties."³⁸ However, a broad coalition of key population networks is organizing advocacy to propose anti-discrimination legislation and ensure the new Criminal Code's negative impact on their communities is minimized once it is officially implemented in 2026.

Indonesia has recently demonstrated strong leadership on TB through the issuance of Presidential Regulation 67 (2021), which provides for a multisectoral approach to the country's TB response and demonstrates the government's prioritization of the reduction of TB incidence in Indonesia.³⁹ It ensures mandatory reporting and supports improving the quality of care, prevention, and treatment delivered to all TB patients. The regulation identifies stigma and discrimination as a major barrier to access to TB services and outlines plans and principles for stigma reduction that include increased focus on patient-centered care and community engagement. The National TB Program has also agreed to work with the Stop-TB/Penabulu partnership to strengthen human rights and gender commitments in the National Strategy of Tuberculosis Care and Prevention in Indonesia 2020-2024, currently under revision.

Indonesia has passed laws and policies that protect TB patients from discrimination, including a 2022 regulation issued by the Ministry of Manpower addressing TB reduction in the workplace.⁴⁰ However, a recent 2022 Stigma Assessment found awareness among the public and the media as well as enforcement of those laws to be very weak and poorly implemented.⁴¹ Other gaps have been identified, including the need to improve coverage

³⁵ Ibid.

³⁶ "New Research Shows How Indonesia's Drug Control Victimises Women and Puts Their Health at Risk," The Conversation, June 24, 2022, accessed May 18, 2023 <https://theconversation.com/new-research-shows-how-indonesias-drug-control-victimises-women-and-puts-their-health-at-risk-185025>

³⁷ Dede Oetomo, "Indonesia's sexual minorities must prepare for legal battles," Nikkei Asia. Accessed May 10, 2023. <https://asia.nikkei.com/Opinion/Indonesia-s-sexual-minorities-must-prepare-for-legal-battles>

³⁸ Ibid.

³⁹ Presidential Regulation of the Republic of Indonesia Number 67 of 2021 Concerning Tuberculosis Control (English draft on file with the author).

⁴⁰ Stop TB Partnership, *Social Barriers to Accessing Quality TB Service: TB Key Populations, Legal Environment and Gender Assessment July 2020*; Ministry of Manpower Regulation Regarding Mitigation of Tuberculosis in Workplaces, 13/2022.

⁴¹ *Indonesia TB Stigma Assessment (Draft), The Community Consortium Penabulu-STPI (December 2022)*. On file with the author.

and benefits of social protection to cover direct non-medical expenses, which are drivers of catastrophic costs and comprise the majority (70%) of costs for people with TB, in particular drug-resistant TB.⁴² While health is a Constitutional right in Indonesia, in the context of TB, implementation of protective guidelines and policies and development of enforcement mechanisms is still lacking.

6. National Ownership and Enabling Environments to Remove Human Rights-related Barriers

As part of the matching fund requirements for *Breaking Down Barriers*, all countries are required to develop national plans for removing rights-related barriers to HIV and TB services, as well as establish or designate a body to coordinate the plan. In Indonesia, the elements of a supportive environment for rights-based HIV and TB responses exist. However, there are still challenges that remain in implementation and coordination.

6.1 HIV Programs

Overall, progress is evident in both coverage and quality of human rights programming since the 2021 assessment, which covered only activities conducted under NFM2.⁴³ The District Task Forces, initially formed in NFM2 as the “4 Pillars” program, are fully active in 23 high-burden districts that are the focus of Global Fund HIV and human rights support. The legal literacy and access to justice programs have been expanded by an active network of community-led organizations and are doing effective advocacy at the local level. Indonesia AIDS Coalition (IAC) is establishing strong partnerships with national organizations for legislative reform and criminal justice advocacy such as the Institute for Criminal Justice Reform (ICJR). They are also working with the NGO Konsil LSM to promote the ability of CSOs to achieve social contracts with the government in order to ensure sustainability for civil society organizations (CSO), and they have partnered with the National Law Development Agency (BPHN) to grant paralegal certifications. This is a strong foundation that will only increase in importance as communities prepare to respond to the passage of a new Criminal Code that threatens severe restrictions on human rights.

In addition, human rights/Know Your Rights (KYR) trainings for outreach workers, peer navigators, and other health service providers have been overwhelmingly well received, as implementers report increased ability of key populations to advocate and mobilize for their rights both in and out of health care settings (see Case Study One). Legal literacy trainings, particularly in the District Task Forces and for the female sex worker programs, have been well integrated into the paralegal programs, building a foundation for a more effective access to justice initiative (see Case Study Two). In relation to gender

⁴² *Indonesia Tuberculosis Patient Cost Survey 2020*. Institute for Tropical Medicine (2020).

⁴³ Mid-Term Assessment Indonesia https://www.theglobalfund.org/media/11379/crg_2021-midtermassessmentindonesia_report_en.pdf

programming, the initiatives focused on female sex workers and gender-based violence (GBV)/intimate partner violence (IPV) screening and referrals have shown promise and are in active development.

However, there is a broad consensus that stronger national leadership and coordination is needed in wake of the dissolution of the National AIDS Commission in 2018. The Ministry of Human Development and Culture, tasked with coordination of HIV programming since the dissolution, is not actively engaged and roles and responsibilities of other ministries are not clearly defined. Oversight is limited as the HIV Technical Working Group of the CCM is not resourced to provide adequate opportunity for meaningful engagement with CSOs on human rights programming issues. This has slowed Indonesia's ability to move forward on the *2021-2025 Multi-Year Plan for Addressing Human Rights Barriers to HIV and TB Services*, finalized in March 2020, and impacts progress toward fulfillment of the Program Essentials.⁴⁴ The Multi-Year Plan will also require an update in the near future, though there were no indications that planning for this was underway.

In addition, a lack of communication and coherent vision between the two CSO PRs is hampering program implementation on the ground, risking duplication in some areas and gaps in others, resulting in missed opportunities to ensure coverage of all KPs in human rights programming. IAC is a new PR for human rights as of September 2021, and needs additional support to improve its PR functions, particularly management and efficient distribution of funds as well as providing guidance and oversight to SRs. Technical support for these activities is being provided by UNWomen, UNDP and UNFPA, and this vital assistance should be continued. Communication between IAC and its SRs and SSRs needs improvement as some SRs and SSRs noted delays in fund distribution, and lack of response to reports as well as questions and concerns. SSRs noted that they are understaffed for administrative and data collection obligations, resulting in less capacity for both monitoring and evaluation and community-led monitoring activities.

The role of the Ministry of Health (MOH) in relation to human rights needs strengthening. The guiding document for MOH, the National HIV/AIDS Action Plan for 2020-24, contains very limited reference to human rights. The MOH maintains communication with the CSO PRs, but largely remains focused on medical service provision. IAC has developed a value-based module for human rights and medical ethics training that has been supported and well received by provincial and district health offices, but institutionalization requires national leadership. More engagement is needed at all levels of government, including the MOH, to increase participation from other human rights-related ministries (Justice, Education, the National Police). MOH support is also essential for ensuring the safety and authorization for outreach workers, a current concern that will just become more heightened as the new Criminal Code is implemented.

⁴⁴ *2021 – 2025 Multi-Year Plan: Addressing Human Rights Barriers to HIV and TB Services in Indonesia* (March 2020)

Key Recommendations for HIV Program Governance and Implementation

- The PRs should improve coordination with each other on human rights programming in order to ensure a coherent vision and avoid gaps or duplication in programs, and to strategically move toward fulfillment of the Program Essentials.
- The Global Fund should continue technical support for increased capacity of the human rights PR to manage and distribute funds and to provide guidance and oversight to SRs. Continue to support technical assistance if required.
- The Global Fund and PRs should strengthen capacity of SSRs to meet administrative and data collection demands in order to promote both monitoring and evaluation as well as community-led monitoring objectives.
- The Global Fund and MOH should strengthen MOH ownership of human rights and medical ethics trainings. Support provincial and district health offices to expand, incorporate and budget for inclusion of value-based modules for human rights and medical ethics in health care worker and in-service trainings.

6.2 TB Programs

With regard to TB, overall there has been some progress in program implementation since the previous assessment. However, because Global Fund support for TB-related human rights programming started in the 2021-23 cycle, many initiatives are still in the planning stages. Engagement of MOH and other Ministries has increased significantly, following the issuance of an important Presidential Decree in 2021 (67/2021). The decree highlighted the important role of patient and communities in the national TB response and mandated participation of all government ministries. The human rights PRs have also established a strong working relationship with the MOH, as evidenced by the commitment to incorporate key elements of the CRG action plan into the latest version of the *National Strategy of Tuberculosis Care and Prevention in Indonesia 2024-2026*, a document currently under revision.

Some specific TB activities have seen significant progress, particularly the access to justice program that has deployed 34 paralegals and 24 interns in 18 districts, 7 of which overlap with the HIV paralegal programs (see Table). A recently launched online CLM system as well as an extensive network of patient and survivor groups led by POP-TB represent opportunities to advance TB-related human rights programming forward.

Table: Province and Districts with Paralegal HIV and TB Programming

PROVINCE	HIV Paralegal (23 Cities)	TB Paralegal (18 district/cities)
North Sumatera	Deli Serdang City	Deli Serdang City
	Medan City	
Kepulauan Riau		Batam City
South Sumatera	Palembang City	
Lampung	Bandar Lampung City	
Banten	Tangerang City	Tangerang District
	South Tangerang City	Tangerang Selatan City
		Serang District
DKI Jakarta	East Jakarta City	East Jakarta City
	North Jakarta City	North Jakarta City
	South Jakarta City	
	Central Jakarta City	
	West Jakarta City	
West Java	Bogor City	Bekasi City
	Bekasi City	Bekasi District
	Depok City	Subang District
	Bandung City	Karawang District
		Bogor District
Central Java	Semarang City	Semarang City
	Surakarta City	Kendal District

East Java	Surabaya City	Surabaya City
	Malang City	Sidoarjo District
		Gresik District
		Pasuruan District
Bali	Denpasar City	
South Sulawesi	Makassar City	
Papua	Jayapura City	
West Papua	Sorong City	

A unique PR arrangement for TB programming, in effect since 2021, has resulted in improved coordination and positive engagement with government. STPI (an affiliate of STOP-TB Geneva) and Penabulu Consortium (PC) are co-PRs for human rights, with STPI responsible for programming and PC responsible for management and monitoring and evaluation initiatives. The Penabulu Consortium published a TB Stigma Assessment in December 2022, the first of its kind in Southeast Asia. POP-TB, a patient organization with experience in mobilization of people affected by TB, is the thematic SR.

The PRs have established a stronger working relationship with the national TB program, an important shift as the government received low grades for human rights support in a STOP-TB/APCASO-sponsored scorecard published in 2021. Higher prioritization of human rights programming in the national TB strategy documents is promising, however, and a new administrator of the national TB program has committed to increased government engagement. Still needed is greater support from other relevant ministries (such as the Ministry of Social Affairs, Ministry of Manpower) to promote protection for workers impacted by TB and access to social benefits, support that is mandated by the Presidential Decree.

Key Recommendations for TB

- The Global Fund should support the PR Consortium to conduct advocacy at the national level to increase multi-sectoral engagement of relevant government ministries to promote community-centered, rights approach to TB, including protection for workers impacted by TB and for access to social benefits.

- The PRs should work together to support follow up on MOH’s commitment for integration and implementation of the CRG action plan into the national TB strategy, as part of the 2025-2029 revision.
- The Global Fund should continue support for the paralegal program including for support and mentorship from legal aid organizations and networks.
- The PR should ensure coordination of the paralegal program with the CLM system launched by POP-TB to strengthen capacity of both programs.

7. Impact of Programs to Remove Rights-related Barriers on Health Services and the Enabling Environment

Overview

The impact of the Breaking Down Barriers initiative in Indonesia was measured through an assessment of the scale-up of comprehensive human rights programs, through an evaluation of progress in establishing an enabling environment for rights-based HIV and TB responses, and through in-depth case studies of the impact of specific interventions drawn from interviews with more than 190 key implementers, government agencies, technical partners and beneficiaries conducted during site visits in Bandung, Bogor, Jakarta (Java) and Medan (Sumatra).

All eight key programs for the removal of rights-related barriers to HIV saw increased scale and coverage, with the largest increases related to community mobilization and advocacy, access to justice, stigma and discrimination, and reducing HIV-related gender discrimination. For TB, six of nine program areas saw an increase in scale and coverage and three program areas saw no change. The programs with the largest increase compared to the Mid-term assessment were access to justice and people-centered and rights-based provision of health care.

More information on the specific progress in each area is in the section on scale up of programs (“Towards Comprehensiveness”) below.

7.1 Impact Case Studies

(a) Case Study One: Supporting Female Sex Workers in Kota Surabaya: An Integrated Health and Human Rights Model

Dian and Rizka are female sex workers (FSW), HIV peer educators, and community paralegals in the city of Surabaya on the island of Java. They work with Orbit, a sex worker-led community-based organization that maintains its own legal aid unit. Through Orbit, they were able to obtain training, internships and ultimately paralegal certification from BPHN, the National Law Development Agency. Dian, Rizka and eight other paralegals representing a range of key population groups (female sex workers, people who use drugs, men who have sex with men, and transgender/waria people) are now playing an essential role in assisting their Surabaya communities in HIV/STI prevention and access to justice.

According to Dian and Rizka, sex workers in Surabaya are socially marginalized, criminalized and face pervasive human rights abuses that increase their vulnerability to HIV infection. Perpetrators of these violations include clients, the police, and intimate partners while their criminalized status restricts their rights within the legal system and limits their access to affordable legal services. With the assistance of Orbit, peer educators/paralegals have been able to provide legal literacy training to more than 200 FSWs in Surabaya and nearby Sidoarjo, and legal and psychosocial support to more than 50 FSWs and people living with HIV.

Much of their work focuses on the problem of intimate partner violence (IPV). An informal survey undertaken by Orbit in 2021 found that more than half of FSWs working in Surabaya have experienced violence from their intimate partners, but feel that they are without recourse in the justice system. They also fear loss of clients, loss of their brothel jobs, or retaliation from the abuser. As part of their HIV and STI outreach at the hotspots where FSWs are known to be working, Dian and Rizka ask questions designed to identify victims of IPV. If a woman does indicate that she is facing these issues, they are able to offer referrals to multiple resources. For example, as part of a multi-donor initiative to address IPV among women, PLHIV, MSM and female sex workers, two hospitals in Java offer a range of counseling services and Orbit and other legal aid organizations provide legal assistance.

As Dian and Rizki stated,

We mention this to the FSW community: If you are experiencing physical or verbal violence such as bullying or coercion in sexual relations with customers, owners of brothels, your boyfriends or husbands, you can report to us. We will accompany you to the police and provide legal assistance for free. No need to spend any money.

Dian and Rizki also negotiate with the police when FSWs are arrested. Following raids of brothels by law enforcement, the paralegals coordinate support to FSWs such as bringing them their ID cards and HIV medications, if needed. They also send letters to the District Office of Social Affairs mentioning that those FSWs who are incarcerated are being supported by Orbit. This often facilitates the release of the sex workers from jail without any of the normally required payment. If sex workers are arrested for drug crimes, Dian and Rizki inform the police that they are being supported by Orbit, and frequently Orbit is able to arrange for their release into a rehabilitation program rather than be sentenced to prison time.

The integration of peer education for HIV and paralegal training is an evidence-based mode; peer-to-peer contact has been proven effective for HIV prevention and treatment among FSWs. The 2021 Integrated Biological and Behavioral Survey (IBBS) for Indonesia indicated that a majority of FSWs relied upon friends and peers when encountering barriers to accessing health services and when experiencing stigma and discrimination.⁴⁵ In Surabaya, paralegals helped to increase access to both health care and justice, and not just for the sex workers themselves. The owners of the brothels, the partners of the sex workers and the families of sex workers frequently come to thank Dian and Rizki for their help and to ask for a referral to a primary health care facility (puskesmas).

As one brothel owner named Mommy Lina said,

Dian and Rizki are very helpful, supporting our sex workers to access health care and if any legal issues to our workers.

According to brothel owner Mommy Amanda,

Dian and Rizki's visit, though it is not every day, but it brings valuable impact to the sex workers who are working in my place. Many workers finally understand the importance of protecting their health from HIV, STIs, Hep C [infection] and how to use PrEP and condom effectively. Their understanding of their basic rights are also improved when any issues tied to human rights and legal.

As an implementer of both HIV prevention and legal aid activities for IAC, Orbit is uniquely positioned to support this strategic model of programming. Where other districts have trained one paralegal, Orbit has been able to budget for the training of a total of 10 peer educators/paralegals in Surabaya. In GC7, they hope to expand their capacity, both in personnel and in development of written guides for field workers to train more community members in legal literacy. Orbit is also one of the few legal aid organizations experienced in representing people who inject drugs in criminal law cases, an area of immense need given the punitive legal environment in Indonesia. The work of IAC and Orbit with female

⁴⁵ UNICEF, *Integrated Biological and Behavioral Survey Among Adolescent and Young People Who Inject Drugs, Female Sex Workers, Men Who Have Sex with Men and Male to Female Transgender Persons*, Bandung, Indonesia, 2021, p. 57.

sex workers in Surabaya represents impact on health and human rights that is ongoing, and if expanded and shared in other localities, very promising for the future.

(b) Case Study Two: Reducing Barriers to Health Care and Social Support: Assisting Key Populations to Obtain National Identification Cards

In Indonesia, the national ID card (Kartu Tanda Penduduk or KTP) opens crucial doors for access to health care as well as social security benefits, pension plans and family assistance. For key populations at risk for HIV, the KTP card can mean the difference in obtaining affordable treatment from PrEP to viral load tests, syringe access programs, and government support for basic life necessities.⁴⁶ Both the Baseline and Mid-Term Assessments highlighted the need for key populations to have greater access to the national identity card. Between June 2021 and December 2022, the joint efforts of IAC, the District Task Forces (DTFs) and a network of community activists have made significant strides in addressing this need, particularly for members of the transgender/waria community.

Transgender people face a range of unique obstacles to obtaining the ID cards, as many leave their families and home towns before obtaining a card, or the card they hold no longer matches their gender identity. Pervasive discrimination and stigma leaves many LGBT people out of the formal economy and out of reach of social security benefits, pensions and other government assistance. During the Covid-19 pandemic in 2019-2020, the need for national ID cards became even more urgent, as the cards were required for eligibility for vaccination programs and other health care programs, as well as Covid support payments and food commodities such as rice and sugar provided by the government. As a result of this exclusion, many had difficulty meeting their basic needs for food, clothing and shelter. In 2019, The transgender-led network, Our Voice, surveyed the impact of Covid-19 on 42 LGBT people in 12 provinces, finding that more than 37 percent lacked access to a consistent food supply; 35 percent could not pay for basic necessities, 20 percent could not afford electricity, and 6 percent lost their businesses.⁴⁷

For many years, a coalition of HIV and LGBT organizations including IAC, LBHMN, GWL-INA, IPPI and many others has engaged in national advocacy on the issue of access to identity cards. In 2019 the Ministry of Home Affairs issued Regulation Number 96 that loosened restrictions on eligibility for national ID cards for transgender people; this regulation then became the basis of a letter to the civil registration agencies in July 2021 opening avenues for both paper and electronic ID cards.⁴⁸ The new rules permitted local

⁴⁶ For a discussion of the importance of KTP cards to HIV prevention and treatment for female sex workers in Indonesia, see, L. Andriyani, A. Widiastuti, A. Nugroho, *Challenges and Support to HIV Care and Treatment of Female Sex Workers Living with HIV in Indonesia: A Mixed Method Study*, Unnes Journal of Public Health, 10 (2) 2021.

⁴⁷ Our Voice Association, *Report of ID Card Program for Transgender People*, 2021. On file with the author.

⁴⁸ Directorate General of Population and Civil Registry, No 470/9363/Dukcapil Year 2021.

neighborhood support letters, organizational endorsements and other documents to substitute for birth certificates, passports and other types of traditional documentation. Under certain circumstances, the new cards could reflect a changed photograph and/or gender identity.

The transgender community responded to the policy change by mobilizing to inform and assist in submission of the alternative documentation to local Civil Registry Offices in order to obtain the ID cards. Between August 2021 and December 2022, Our Voice led a broad coalition of advocates and volunteers to obtain 897 national identity cards for transgender people in 29 districts, including the 23 where IAC-supported District Task Forces are operating.⁴⁹ This was an impressive community-led advocacy effort that is ongoing and that promises a fundamental change in legal status for transgender people in Indonesia.

Global Fund support has enabled the District Task Forces to play a critical role, in large part due to the integrated model that combines Advocacy and Community Based Monitoring and Feedback (CBMF) officers. Advocacy Officers from District Task Forces in 23 districts have worked with Our Voice peer focal points to inform the community of the new eligibility rules, collect letters of support from community organizations and help individuals submit these documents to Civil Registry Offices. For example, in Kota Serang, Mami J is a leader in the transgender community and an Our Voice network focal point for the ID card project. Mami J has been tireless in spreading the word to her peers that ID cards are now accessible and she has been supported in this work by the Advocacy Officer from the District Task Force.

The initiative also focuses on assisting the individual to use the card to register for health insurance benefits that are available to low-income Indonesians. As noted in a 2021 study conducted by UNFPA and OPSI of female sex workers in Indonesia, access to the ID and health insurance cards was a key factor in the ability of FSWs to test for viral load and adhere to their treatment regimens.⁵⁰ Given that Indonesia's treatment cascade indicates significant barriers to treatment adherence and low viral load testing rates, reduction of these documentation barriers is of vital importance to the HIV response.⁵¹

The relationships with local health officials developed by peer focal points such as Mami J as well as the Advocacy and CBMF Officers of the DTFs has been key to facilitating the issuance of health insurance cards. Between August 2021 and December 2022, approximately 100 members of key populations have been able to enroll in the national health insurance program, and enrollment is ongoing.

In addition, the national ID card initiative is part of IAC's larger plan and vision to increase access of key populations to not only health insurance benefits but social security benefits,

⁴⁹ Our Voice Association, *Report of ID Card Program for Transgender People*, 2021. On file with the author.

⁵⁰ L. Andriyani, A. Widiastuti, A. Nugroho, *Challenges and Support to HIV Care and Treatment of Female Sex Workers Living with HIV in Indonesia: A Mixed Method Study*, *Unnes Journal of Public Health*, 10 (2) 2021.

⁵¹ *National HIV/AIDS Action Plan 2020-2024 (2020)*, p. 8

pension plans and family assistance. The next step for 2023 will be to focus on social security benefits, with meetings planned with the Ministry of Social Affairs (MOSA). Advocates hope that similarly to the Ministry of Home Affairs, MOSA will loosen restrictions for entry into the national social security database through greater recognition of work performed in the informal economies such as hair dressing, street vending and other forms of employment that are very common for key populations.

Our Voice's transgender advocacy is supported by not only IAC but The Asia Foundation, the National Commission on Women, and Apik, a legal aid organization. The national ID project work is being funded by a variety of donors, including the Global Fund. According to IAC, they have assigned advocacy officers in 23 high-priority districts to assist, and have supplemented other aspects of the ID card project with internal funding. They hope to obtain dedicated funds for this initiative in GC7 in order to continue as well as to expand the work to include advocacy for social security benefits for key populations. The national ID card project is a promising opportunity to leverage multiple donors in support of a very important initiative that directly improves access to health care, including HIV treatment, for the transgender community and other key populations.

8. towards comprehensiveness: achievements and gaps in scope, scale and quality

This section examines progress towards a comprehensive response to programs to remove rights-related barriers for HIV and TB.⁵² It provides an in-depth analysis of each program area for HIV, followed by the ones for TB, then moves on to a discussion of Indonesia's progress in achieving the human rights-related program essentials for HIV and TB.

Benchmarks on assessing progress within program areas

The program areas below compare the status of programming in Q4 2022 with the results of the Mid-term assessment. To assess progress, the following terms are used:

- **No progress:** no activities identified for the program areas and no plans identified for future activities
- **Delayed progress:** activities on-going, but mostly in planning stages
- **Some progress:** small-scale or pilots of specific activities

⁵² Analyses of "comprehensiveness" for the Progress Assessment are aligned with Global Fund supported HIV and TB initiatives in the Philippines. Because Global Fund HIV interventions and the Breaking Down Barriers initiative for HIV are focused on 23 high-burden districts in 12 provinces, our assessment and scoring of programming is addressed to these districts rather than nationwide (see Map 1). Global Fund TB initiatives for TB are targeted nationwide, as are the analyses set out in this report.

- **Progress:** activities in the process of being implemented beyond pilot or small-scale phases
- **Significant progress:** activities systematically implemented; advancing towards scale up of geographic coverage

8.1 Program Areas for HIV

(a) Eliminating stigma and discrimination in all settings

HIV program area	Score ⁵³		
	Baseline	Mid-Term	Progress
Eliminate stigma and discrimination in all settings	2.2	3.0	3.5

Since the 2021 assessment, there is evidence of some progress in stigma and discrimination programs. Community-led monitoring activities that document human rights violations, including stigma and discrimination, are widespread and ongoing, but coordination and effective utilization of this information remain lacking.

IAC has been conducting community-led monitoring, data collection and case documentation for years, as have IPPI, OPSI and many other SSRs and community-led organizations. The District Task Forces in 23 districts are collecting feedback on human rights issues, including stigma and discrimination in and out of health care settings, which are in turn reported to IAC on a regular basis as part of a “Real Time Data Analysis” system. This is handled through KOBOKO, a reporting mechanism used to document eight categories of instances of stigma and discrimination for KPs and for PLHIV.⁵⁴ UNDP is working with IAC to better integrate the KOBOKO system with SP4NLAPOR, the national feedback mechanism for public services, with the aim of helping communities to advocate for improvements in local facilities.

At the same time, IAC also is working collaboratively with other donor-supported projects such as USAID and PEPFAR’s Advocacy4Health to collect data on delivery of patient-centered, non-discriminatory HIV care in areas that overlap with the 23 districts supported by the Global Fund. Management of these numerous concurrent reporting systems is a

⁵³ See **Annex 1** for the interpretation of the scores.

⁵⁴ KOBOKO Proxy indicators include: 1. # of documented cases of KPs who experienced discrimination in health services; 2. # of documented cases of KPs who experienced discrimination in non-health services; 3. # of KPs who experienced discrimination and sought legal redress in health services; 4. # of KPs who experienced discrimination and sought legal redress in non-health services; 5. # of documented cases of PLHIV who experienced discrimination in health services; 6. # of documented cases of PLHIV who experienced discrimination in non-health services; 7. # of PLHIV who experienced discrimination and sought legal redress in health services; 8. # of PLHIV who experienced discrimination and sought legal redress in non-health services

significant challenge for IAC. Continued technical assistance will be key to ensuring that this information is monitored and used to inform programming decisions, influence laws and policy, and document impact on HIV and health services.

In an effort to improve the community-led monitoring (CLM) systems and integrate them into the legal literacy and access to justice programs more effectively, IAC has trained Community-Based Monitoring and Feedback Officers in 23 districts to facilitate and coordinate reporting systems for identified human rights violations. This will expand their role from a primary focus on monitoring health facility services and medication supply issues into more human rights-related areas. They are expected to lead the documentation gathering and work with the paralegals to streamline reporting, with the goal of ultimately digitizing the process. This is an important step toward effective use of data collected, but much work remains to be done to ensure that the wealth of information collected at the community level is used strategically.

IPPI, as a member of the Forum Pengada Layanan of women-led organizations, links data collection to the National Commission on Women and related agencies. For example, the GBV prevention programs are developing key data on violence against FSWs, including from the police, and some of this information was included in their 2021 submission to the National Commission on Violence Against Women for its database and annual report. But IPPI would like to develop a more formal reporting mechanism that the CBMF officers and other human rights focal points are trained to use. Strategic use of data collected on human rights violations, including stigma and discrimination, will be increasingly important to inform the response to the new Criminal Code, but implementers report lacking the resources to address these missed opportunities.

In April 2020, Spiritia published a Stigma Index for PLHIV, and another is planned by IAC/JIP for 2023. JIP has a national campaign underway to reduce HIV-related stigma and discrimination, particularly focusing on women and girls. On World AIDS Day 2022, JIP released a short film entitled “As It Should” that has received, as of February 2023, more than 18,000 online views.

UNAIDS continues to lead the Anti-Stigma and Discrimination Coalition to pass a comprehensive anti-stigma and discrimination law that protects KPs as well as PLHIV. This work, ongoing since 2019, has embraced a new strategy of highlighting the need for protective legislation in the UPR periodic review submission for Indonesia. In November 2022, the Coalition submitted their report with the participation of 46 KP/LGBTQI organizations. The Anti-Stigma and Discrimination Coalition, however, is operating without funding at the current time.

Recommendations:

- The Global Fund should support increased capacity for IAC, IPPI and other human rights programming implementers for coordination and strategic use of documentation,

data collection and CLM reporting on human rights violations in and out of health care settings. Continue funding for technical assistance as required.

- The Global Fund should provide funding support to the Anti-Stigma and Discrimination Coalition’s efforts to pass a comprehensive anti-stigma and discrimination law that protects KPs as well as PLHIV.

(b) Ensuring non-discriminatory treatment in health care settings

HIV program area	Score		
	Baseline	Mid-Term	Progress
Ensure non-discriminatory provision of health care	1.5	2.3	2.5

Progress in this area since the previous assessment remains limited. MOH has issued guidelines for non-discrimination in health care, but there is no formal complaint mechanism for reporting or resolving alleged violations. Trainings for health care workers on human rights and medical ethics, including SOGIE and sex-worker related topics, are occurring but largely on the local level without national leadership or guidance.

IAC has invested substantial resources in the development of a value-based training module for human rights and medical ethics. This module was tested at the 2022 Human Rights Summit in Bali, where MOH attendees indicated enthusiastic support for its in-depth approach to exploring bias and perception as well as behavior. It was also used to train more than 300 MOH health care providers in a multi-day training taking place in Jakarta and 13 other cities in February and March 2023. Again, post-training surveys indicated high levels of satisfaction, learning, and willingness to share new perspectives with other health care workers. IAC has formed positive relationships with local offices and plans more trainings at the provincial level in all 23 districts, but national ownership and institutionalization remains lacking.

Promising work is underway in relation to training and screening for GBV and IPV in health care settings (see section on Gender Discrimination below), but overall, improved government engagement is necessary to move these activities forward.

Recommendations:

- The Global Fund and MOH should ensure stronger leadership from MOH for ensuring non-discriminatory provision of health care, including development of formal mechanisms for complaint reporting and resolution and coordination with community-led monitoring and dispute resolution programs.

- The Global Fund should support provincial and district health offices to expand, incorporate and budget for inclusion of value-based human rights and medical ethics trainings in their curricula for pre- and in-service employees.

(c) HIV-related legal literacy (“know your rights”)

HIV program area	Score		
	Baseline	Mid-Term	Progress
Legal Literacy (“know your rights”)	2.0	3.0	3.5

There has been significant progress in legal literacy programs since the 2021 assessment. Implementers, technical partners/advisors, and beneficiaries all indicated overwhelming support for the legal literacy/KYRs programs, citing their impact on empowering key populations to advocate for their rights in and out of health care settings.

As noted above, the Community Monitoring and Feedback Officers and paralegals from the District Task Forces in 23 districts are active in identifying and reporting incidents of health-related stigma and discrimination. In conjunction with training on documentation, the Task Forces are also training their Advocacy Officers, CBMF Officers and paralegals in legal literacy and human rights advocacy. For nearly two years, the District Task Forces have supported a massive legal literacy campaign to ensure that members of the transgender/waria communities are aware of the changes in the law regarding eligibility for national identity cards (see Case Study Two, above).

As implementers of both HIV prevention and human rights programming, the PRs and SSRs are well positioned to offer legal literacy trainings to key populations through peer support and outreach workers. Both PRs and SSR implementers reported a high demand from the community for more trainings as well as skills-building in human rights documentation and reporting to accompany the increased awareness of rights. Enthusiasm for expansion was particularly high from the FSW program that pairs Know Your Rights trainings with HIV prevention outreach. This integrated approach supports access to justice programs for female sex workers where outreach workers, advocacy officers and paralegals work together to identify, refer and assist clients in resolving human rights-related barriers to services.

Thirty-five legal literacy and paralegal program participants were interviewed, and the feedback was overwhelmingly positive. For example, one legal literacy beneficiary from Palembang described the program:

Very good and super helpful to improve knowledge, especially related to legal. Happy to be participant, so if I need legal support I know with whom I need to talk to and really grateful to be included.

Another participant, a transgender woman from Sumatra, said:

Very good, made me understand some issues on legal and human rights for me as transgender and person living with HIV. Legal literacy really useful if transgender and people living with HIV to decrease stigma and discrimination in the community and public services such as the puskesmas and other facilities.

Additional documentation and advocacy capacity could be a strategic use of resources to strengthen both the paralegal and the CLM activities. IAC plans to seek funding to train FSW “champions” of legal literacy to expand its programming beyond the current 23 districts.

Both IAC and Spiritia conduct legal literacy trainings through their HIV prevention programs, but a lack of effective coordination between the two PRs has led to gaps and duplication of efforts. This problem may be addressed going forward as Spiritia plans to appoint Human Rights Response Officers with coordination responsibilities for human rights programming beginning in March 2023. Improved communication and coordination of the access to justice programs is necessary in order to move these initiatives forward.

Recommendations:

- The Global Fund should provide continued support for legal literacy trainings, especially for outreach workers, peer navigators and advocacy officers, including consistent refresher trainings. Support improved capacity for measuring knowledge gains and development of indicators for evaluating the effectiveness of the legal literacy trainings.
- The Global Fund should support trainings in human rights documentation to KPs in the community as a follow up to legal literacy training and an opportunity to strengthen coordination with the paralegal and CLM initiatives.
- The Global Fund and the PRs should promote improved joint communication and coordination of legal literacy programming to ensure access for all key populations.

(d) Ensuring HIV-related access to justice

HIV program area	Score		
	Baseline	Mid-Term	Progress
Improving access to justice	2.0	3.2	3.8

Significant progress is evident in implementation of access to justice programs. After a slow start due to lack of clear implementation guidelines, the District Task Forces are becoming cornerstones for promotion of advocacy and access to justice activities. The DTF model of combining a paralegal, an advocate and a health officer is demonstrating progress in developing multi-sectoral engagement with local officials, community leaders and health care providers. Each DTF team is comprised of members from different key populations in order to ensure mutual support and understanding for issues arising from different sectors of the community. A variety of issues have been raised by KP communities, including workplace discrimination, health costs and other access barriers, and protection for outreach workers to distribute condoms and other prevention supplies. According to beneficiaries, key populations are meaningfully participating in this process and there was widespread support for its expansion beyond the 23 districts to other human rights problematic “hot spots.”

IAC has focused on establishing important relationships for furthering these programs, including creation of MOUs with legal aid organizations in each of the 23 districts. In addition, IAC has collaborated with the government legal agency BPHN to provide certification for community paralegals, an accreditation that paralegals report has provided increased credibility and efficacy for their activities.

Though implementation varies by district, local officials generally have responded positively to sensitization activities and efforts to identify and address legal issues. For example, in 2021-22, nearly one thousand KPs have received national identity cards through advocacy with civil registry offices. (See Case Study Two) These cards open crucial doors for access to health care, including syringe exchange programs, and social benefits. In Jakarta, where official decisions are made at the provincial level, issues raised by the KP community have been moved up by the District Task Forces to provincial and national levels for resolution.

In 2022, paralegals documented 587 cases, the majority of which were resolved without litigation. Cases range from workplace discrimination to unlawful disclosure of HIV status to police or personal harassment. Paralegals for FSWs often assist with cases involving violence from police or clients (See Case Study One) Because the legal system is cumbersome, expensive and often not responsive, most cases are resolved through mediation or other informal alternatives. Although formal surveys have not been conducted, interviews with beneficiaries indicated that client satisfaction was high. Trained in legal literacy, outreach workers, peer navigators and DTF Advocacy Officers, work closely with the paralegals, referring cases and supporting clients during the process. Paralegals report high job satisfaction and are increasingly well connected to support from legal aid organizations. In 7 of the 23 districts, paralegals trained in the HIV and TB programs work together.

However, there are substantial challenges and opportunities for improvement. There was a consensus among informants that the trainings need to be improved, primarily by making them more accessible. Many participants from key populations found the reimbursement for multi-day sessions to be inadequate to cover all costs, e.g. lodging the nights before or after the sessions. The paralegals report being overworked due to high demand for their services. They have safety concerns as they are members of key populations in very conservative environments, an issue that will only increase in urgency with passage of the new Criminal Code. Paralegals also stated that an emphasis in reporting metrics and indicators on litigation results fails to recognize the importance of their ability to informally resolve disputes for their clients, the majority of whom are choosing to resolve claims in this way. A range of key populations is represented in the paralegal cadre, but some paralegals expressed concerns that the trainings were “one size fits all” rather than tailored to the barriers faced by specific groups, and that clients preferred to work with peers when they needed assistance. For example, clients were more comfortable working with a peer paralegal, and the same was true for FSWs, LGBT and other KP clients. Some felt it was necessary to train more paralegals focused on their peer groups as clients.

Legal aid organizations play a key role in supporting access to justice programs. LBHM has extensive experience with HIV and -related issues, having trained more than 700 paralegals in 5 provinces in MAJU, a 5-year program sponsored by UNAIDS and The Asia Foundation that ended in 2021. LBHM continues to provide training and technical assistance to IAC for the paralegal programs, and IAC has successfully negotiated MOUs with legal aid organizations in all 23 districts. However, many of these organizations require training in HIV and KP-specific human rights issues in order to increase the effectiveness of their assistance.

The District Task Forces operate largely independently and although each is tailored for local conditions, could benefit from increased sharing of best practices and lessons learned. There is limited capacity for monitoring and evaluation and data analysis, either for informing program development or for establishing the impact of human rights programming on access to HIV care and prevention services. The SSR Coordinators are well placed to increase engagement in these areas but additional capacity and resources would be needed. Finally, there is little evidence of support from relevant ministries such as the Ministry of Law and Human Rights, prosecutors or the judiciary. UNAIDS is working with the National Commission on Human Rights to develop anti-discrimination guidelines, but improved government engagement is necessary to move access to justice programming forward.

Recommendations:

- The Global Fund should continue, and increase, support for the District Task Forces. Provide resources and training for improved documentation and monitoring and evaluation mechanisms, including those to gather client feedback. Support

opportunities for sharing best practices, alongside efforts to plan for expansion and mentoring of DTFs in additional areas.

- The Global Fund and PRs should consider developing the role of SSR Coordinator in order to increase capacity for sharing of best practices, monitoring and evaluation, and documenting impact of the DTF programs on access to HIV services.
- The Global Fund should continue to support training, mentorship, and support for community paralegals, including measures to ensure their safety.
- The Global Fund should increase funding for compensation for travel and accommodation for participants in multi-day trainings. The PRs should consider modifying paralegal training to ensure peer representation is available.
- The Global Fund should support training for legal aid organizations in HIV and KP-specific human rights issues.

(e) Rights-based law enforcement practices

HIV program area	Score		
	Baseline	Mid-Term	Progress
Ensure rights-based law enforcement practices	1.5	2.3	2.5

There are some activities in this area but progress remains limited. Problematic police practices are pervasive, particularly extortion of people arrested for drug-related crimes. IAC conducted sensitization trainings for police in 23 districts focused on increasing access to health care for people who use drugs (PWUD), reporting positive results, but expressed the need for additional support to expand this to include other KPs and provide follow up trainings. Without strong support from the national police, institutionalization of trainings has remained challenging. There has been some collaboration with the police training academy, making human rights-related trainings a part of continuing education and the promotion process, but this work is in early stages.

The CSO Karisma, is currently an SR for Spiritia for prevention work, and has extensive experience in human rights for people who use drugs and strong relationships with national and provincial police. However, they are not currently funded for sensitization trainings. Karisma and Rumah Cemara, a CSO led by people who use drugs, are recipients of funding from the Elton John AIDS Foundation for drug-related advocacy and harm reduction work. Especially on the local level, there may be strategic opportunities to join with other donors to support drug-user led organizations to build capacity for advocacy related to comprehensive harm reduction, access to justice, and overdose prevention policy. Improved government engagement and support from relevant ministries (Justice, National Police) is also imperative to move this programming forward. In light of the punitive legal environment for PWUDs and other criminalized populations as well as the

harmful provisions of the new Criminal Code, additional support should be considered for this program area in the GC7 cycle.

Recommendations:

- The Global Fund should increase support for sensitization for law enforcement, particularly IAC’s activities focused on institutionalization of human rights-related trainings in pre- and in-service training modules.
- The Global Fund should increase support for drug-user led organizations for advocacy for comprehensive harm reduction, access to justice and overdose prevention policy. Consider strategic opportunities with Elton John AIDS Foundation and other donors in this area to maximize efficacy of this work.

(f) Improving laws, regulations and policies related to HIV

HIV program area	Score		
	Baseline	Mid-Term	Progress
Monitoring and reforming laws and policies	2.0	3.3	3.7

There has been some progress in this program area, but serious challenges lie ahead. Implementers expressed widespread concern about the impact of the new Criminal Code on the rights of women, key populations, and HIV treatment and services. Free speech restrictions in the new law threaten to limit efforts for reform. Although formal implementation is delayed for three years, restrictive local ordinances aligned with the new law have already been initiated in more than one district. Passage of this law adds to an already difficult legal and policy environment where there is no national legislative protection for PLHIV and KPs from discrimination.

However, IAC’s partnership with ICJR provides a promising basis for national, provincial and local advocacy to mitigate damage from the new law. In 2019, the National Alliance for Criminal Code Reform, a broad coalition of national and community-led organizations that included IAC and ICJR, successfully delayed passage of proposed amendments to the Criminal Code. This Alliance, with national advocacy experience and a widespread network of KP and community-led groups, is now well placed to respond to its development on multiple fronts. Advocacy plans currently include a focus on influencing the implementing regulations that will be crucial to determining enforcement of the law. UNAIDS is actively supporting the National Human Rights Commission to develop anti-discrimination standards and guidelines for use by the judiciary in HIV-related cases and to strengthen challenges to the Criminal Code. Grass-roots participation in these initiatives is

essential, but many community-led organizations lack the to engage in legislative and national advocacy, including training and dedicated staff.

Following passage of a law in 2021 that increased direction of funds for HIV, TB, and malaria to the local level, IAC has focused on advocacy to build capacity for communities to participate in the local budgeting process. IAC has partnered with Konsil LSM, a national organization dedicated to strengthening the accountability and sustainability of non-profit and civil society organizations in Indonesia. Konsil has trained community-led organizations in 6 districts to help them to understand and negotiate processes for local HIV-related budgeting. Konsil and IAC have also provided trainings for how to build capacity for entering into official “social contracts” with the government. Social contracts, once achieved, provide formal recognition as a CSO and government funding assistance eligibility. This could offer a path to sustainability for many CSOs. However, the process is viewed by some implementers as problematic and/or politically influenced. The local budgeting advocacy -- both for HIV services and for CSO sustainability – remains a promising option that has attained successful results in numerous locales.

In addition, IAC and a variety of community-led organizations are engaging in ongoing advocacy with MOH about a variety of issues related to HIV programming, including safety of outreach workers and access to PrEP. One LGBT organization, GWL-INA, reports that despite a declaration from MOH regarding the safety of outreach workers, on the local level MSM and transgender staff and volunteers continue to be arrested and harassed for handing out condoms, providing HIV testing information and conducting other outreach activities. Support from MOH to ensure awareness and implementation of safety and security measures at the local level is essential, particularly in response to the new Criminal Code.

Recommendations:

- The Global Fund should continue support for the IAC/ICJR partnership for national, provincial, and local advocacy in response to the new Criminal Code to influence its implementing regulations. There are opportunities in this area to coordinate with UNAIDS and other donors/technical partners to ensure strategic planning and implementation.
- The Global Fund should continue support for the IAC/Konsil LSM partnership to build capacity for CSO sustainability and training for social contracting as well as for local HIV-related advocacy.
- MOH should work to ensure that regulations supporting the safety and security of HIV outreach workers and staff are implemented on the local level.
- The Global Fund and PRs should support community-led organizations to participate meaningfully in advocacy initiatives, including resources for training and dedicated staff.

(g) Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity

HIV program area	Score		
	Baseline	Mid-Term	Progress
Reducing HIV-related gender discrimination	2.5	3.3	3.8

Programs to reduce gender-related discrimination have demonstrated substantial progress since the previous assessment. JIP, OPSI and IPPI are involved in a number of anti-GBV programs funded by a variety of donors, including the Global Fund. PEPFAR, USAID and technical partners including UNFPA, UNWOMEN, UNAIDS, and UNDP are particularly focused on developing education, screening and referral mechanisms for reporting and resolving GBV/IPV cases. For example, in 2021, UNFPA and JIP piloted a training module in 5 cities directed at IPV screening for HIV prevention organizations, outreach workers and health care facilities for WLHIV and MSM. With a strong emphasis on counseling and referral to victim assistance and social services, two hospitals in Java have integrated this module and expansion is in the planning stages. There is also a UNFPA pilot in early stages targeted to FSWs in seven districts, with peer leaders facilitating HIV testing of intimate partners to reduce the risk of violence after a positive test.

The pairing of legal literacy/Know Your Rights trainings with HIV prevention has effectively engaged the FSW community, with outreach workers, peer educators and paralegals reporting increased capacity for rights advocacy not only in health care but with the police, local officials and other duty bearers. (See Case Study One) There is a high demand for more regular trainings and follow-ups, as well as training in human rights documentation. IAC hopes to train FSW “champions” of legal literacy to expand its programming beyond the current 23 districts.

UNWOMEN and IPPI are also very active in supporting local implementation of the National Sexual Violence Bill passed in April of 2022, a bill intended to protect victims/survivors of sexual crimes and assist with the recovery process.⁵⁵ The bill includes protections against HIV-related sexual violence, including forced contraception and sterilization. Local governments have two years to develop integrated services for protection of victims and advocates are promoting promulgation of Standard Operating Procedures to ensure minimum standards are implemented.

This program area represents an opportunity to leverage other donors and technical partners to utilize gender-transformative human rights programming to increase access to

⁵⁵ Sexual Violence Crime Bill (RUUTPKS), signed into law April 2022.

health services. However, programming needs to be more inclusive of transgender people/waria, men who have sex with men (MSM) and others experiencing GBV and harmful gender norms, a need that has become only more urgent considering the new Criminal Code. The National Alliance for Criminal Code Reform does have a gender sub-group designed to promote meaningful participation by those who are likely to be disproportionately impacted.

Recommendations:

- The Global Fund should increase support for programs to reduce gender-related discrimination, harmful gender norms and GBV. Consider opportunities to strategically leverage funding from donors working in the area (UNWOMEN, PEPFAR, and others) to maximize impact of ongoing programs.
- The Global Fund should continue to support legal literacy and access to justice programs targeted at female sex workers that are integrated with HIV prevention and other health services.
- The Global Fund should support advocacy for local implementation of the Sexual Violence Bill passed in April 2022.
- In all of these programs, The Global Fund, PRs and SSRs should work to ensure inclusion of WLHIV, transgender people/waria, MSM and others experiencing GBV and harmful gender norms.

(h) Supporting HIV-related community mobilization and human rights advocacy

HIV program area	Score		
	Baseline	Mid-Term	Progress
Support community mobilization and human rights advocacy	*	*	3.7

There has been significant progress in community mobilization and advocacy since the previous assessment. The District Task Forces that were in development under the previous “4 Pillars” program are now fully active in 23 districts. Though implementation varies by district, the training and deployment of community advocates, CBMF officers and paralegals has created what many key informants consider to be a unique space for multi-sectoral engagement on HIV-related issues and local problem-solving. Among key informants interviewed, there was nearly unanimous support for continuation and many interviewees encouraged expansion of this model to additional human rights “hot spots” in other districts. District Task Force activities emphasize sensitization and dialogue with local officials and KP communities on HIV and related human rights issues, a process that

has resulted in positive responses, including reinstatement of the AIDS Coalition in Bandung. Assistance from DTF paralegals in 2022 enabled nearly a thousand KP members, primarily transgender people, to obtain national identity cards from the civil registry offices. These documents are critical in Indonesia to accessing the health care system and social benefits. (See Case Study)

The DTFs could be strengthened by reducing the siloed nature of their operation, perhaps by expanding the role and resources of the SSR Coordinators that now oversee 3-4 districts. Training of community advocates and paralegals should be supported by regular follow-up trainings, mentorship and opportunities. Implementers expressed a high demand for additional training in human rights documentation for paralegals, advocates and members of the KP communities as well as additional resources for a more effective monitoring and evaluation process. CBMF officers have been trained to focus on human rights-related documentation as well as monitoring of health and medication supply issues. With additional resources, including continued technical assistance from UNDP and others, the DTFs are well placed to document the impact of human rights-related programming on access to HIV, TB and health-related services.

The legal literacy and access to justice programs, particularly those focused on FSWs, have generated substantial support from the FSW community and created high demand for continuation as well as strengthening of these programs. As with the community paralegals, the safety of FSWs and all key populations to mobilize and conduct advocacy activities was highlighted as a concern that is only likely to become more urgent following passage of the new Criminal Code.

Recommendations:

- The Global Fund should continue, and increase, support for the District Task Forces. Provide resources, training and technical assistance for improved documentation and monitoring and evaluation mechanisms. Support opportunities for sharing best practices, alongside efforts to plan for expansion and mentoring of DTFs in additional areas.
- The Global Fund and PRs should consider developing the role of SSR Coordinator in order to increase capacity for sharing of best practices, monitoring and evaluation, and documenting impact of the DTF programs on access to HIV services.
- The Global Fund should continue to support legal literacy and access to justice programs for FSWs and other KP communities, with regular skills-building training, mentorship and attention to measures to ensure their safety.

8.2 Program Areas for TB

(a) Eliminating stigma and discrimination in all settings

TB program area	Score
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	Baseline	Mid-Term	Progress
Eliminate stigma and discrimination in all settings	2.5	3.0	3.3

Since the previous assessment, there has been progress in development of a strong framework for action to combat stigma and discrimination in relation to TB. Notably, this framework is supported by both government and civil society. In December 2022, The Community Consortium Penabulu – STPI completed its Stigma Assessment for TB, the first of its kind in Southeast Asia.⁵⁶ The assessment identified stigma, particularly community stigma, stigma in health care settings and discrimination in the workplace as significant barriers to access to TB care. MOH relied on these findings to revise the National Strategic Plan for TB 2024-2026 to include additional CRG interventions.

The Penabulu-STPI Consortium prepared a CRG Work Plan in 2022 that centers around expansion of paralegal programs, public education campaigns to reduce community stigma, support for community-based monitoring and increased sensitization training for health care workers.⁵⁷ In addition, a multisectoral consultation group, including MOH and the Penabulu-STPI Consortium, prepared a CRG Costed Action Plan to End Stigma and Discrimination in TB Programs (CRG Action Plan). This government-supported plan aligns with the CRG Work Plan and will form the basis for the GC7 Funding Request in areas related to TB, human rights and gender.

In December 2022, POP-TB, the thematic SR for human rights, launched an online monitoring platform for patients to report complaints of stigma and discrimination as well as to access a range of resources. Information about this CLM system was disseminated to hundreds of relevant patient networks, treatment facilities and staff. Though still in early stages, this platform will include a hotline and referrals to medical, pharmacy and mental health services as well as legal and psychosocial support. POP-TB also promotes public awareness and anti-stigma campaigns via radio and social media, but these remain largely one-off and ad-hoc.

USAID is supporting a number of TB-related initiatives, including Dignity and TB, a program with JIP to encourage HIV testing for people living with TB, as well as supporting MOH to implement the CRG Action Plan.

Recommendations:

- The Global Fund should support implementation of the CRG Action Plan to End Stigma and Discrimination in TB, specifically increased support for paralegals,

⁵⁶ *The Community Consortium Penabulu-STPI, Indonesia TB Stigma Assessment, December 2022.*

⁵⁷ PR Konsortium Komunitas Penabulu-STPI, Community Right and Gender Activities (CRG Work Plan) on file with the author.

community-based monitoring, public education to reduce stigma, and sensitization for health care workers.

- The Global Fund should support POP-TB’s implementation of the CLM online platform that includes a mechanism for reporting complaints of stigma and discrimination by TB patients.

(b) Ensuring people-centered and rights-based provision of health care

TB program area	Score		
	Baseline	Mid-Term	Progress
Ensure people-centered and rights-based provision of health care	0	0	1.5

There were no activities identified in the previous assessment for sensitization of health care workers in human rights and medical ethics related to TB, and this remains the case. The Stigma Assessment for TB identified stigmatizing attitudes and low human rights literacy among health service providers and called upon the government to implement training programs to address these issues. The National Strategic Plan for TB 2024-26 as well as the government-supported CRG Action Plan highlight the need for training providers in human rights, medical ethics and gender responsiveness. Increased engagement from MOH in these plans is a promising development, including a commitment to integrate ethics and stigma reduction content in provider trainings, but to date these activities have not been funded and remain in the planning stages.

Recommendation:

The Global Fund and MOH should support initiatives targeted to health care providers for training in human rights, medical ethics and gender responsiveness related to TB. Ensure meaningful participation of people affected by TB in design and implementation as well as development of monitoring and evaluation mechanisms to assess impact on health services.

(c) TB-related legal literacy (“know your rights”)

TB program area	Score		
	Baseline	Mid-Term	Progress
Legal Literacy (“know your rights”)	0.0	2.0	2.0

Since the previous assessment there has been limited progress in TB-specific legal literacy programs. POP-TB conducts public awareness, anti-stigma and Know Your Rights campaigns through various platforms including radio and social media but they remain largely one-off and ad-hoc. Implementers have expressed the need for additional funding

for legal literacy initiatives, particularly for patients, survivors and families. Lack of legal literacy programs is a missed opportunity for strategic integration with the paralegal program currently in active development (see below).

Recommendation:

The Global Fund should support increased funding for legal literacy and Know Your Rights training for patients, survivors, and families. Integration with ongoing paralegal programs should be a priority.

(d) Improving TB-related access to justice

TB program area	Score		
	Baseline	Mid-Term	Progress
Improving access to justice	0.0	0.0	2.5

There has been significant progress in access to justice programming for TB since the 2021 assessment. POP-TB, in conjunction with the legal aid organization LBHM, has trained 40 paralegals and 24 legal interns from among its members. They are currently deployed in 18 districts in 7 provinces. In 7 of these districts, the TB paralegals overlap with those focused on HIV, allowing sharing of information and resources. In Medan, for example, the District Task Force includes paralegals working on behalf of both PLHIV and people living with TB and joint trainings are conducted for paralegals, advocates and CBMF officers. In other districts, TB and HIV paralegals’ work is more siloed and implementers identified a need for increased coordination.

The majority of cases involve workplace discrimination and access to social protection for job loss, but stigma from family and community members as well as mental health issues are addressed as well. Most cases are resolved out of court through mediation, negotiation and other alternative dispute resolution mechanisms but LBHM and other legal aid organizations provides a strong support network if litigation is pursued. Paralegals interviewed were very supportive of the program, while identifying the need for additional paralegals to meet the demand. They also highlighted the need for sensitization of other key advocacy targets such as mayors, local judges and magistrates in TB and human rights issues. It is unclear to what extent the CLM system launched by POP-TB in late 2022 will be coordinated with the paralegal initiative. This would offer a promising opportunity for strategic integration that would strengthen referrals, dispute resolution and data collection for both programs.

As noted above, increased support for the paralegal programs is a top priority for the CRG Work Plan as well as the government-supported CRG Action Plan and will be a key element of the funding request in GC7.

Recommendations:

- The Global Fund should continue support for the paralegal program, including for support and mentorship from LBHM and other legal aid organizations and networks.
- The Global Fund should support sensitization in TB and human rights for key advocacy targets, including local officials, judges and magistrates in order to strengthen the efficacy of the paralegal program.
- The Global Fund and TB PRs should support increased coordination between the HIV and TB paralegal programs, including for training and sharing of information and best practices.
- The TB PRs and SR should ensure coordination of the paralegal program with the CLM system launched by POP-TB.

(e) Ensuring people-centered and rights-based law enforcement practices

TB program area	Score		
	Baseline	Mid-Term	Progress
Ensure people-centered and rights-based law enforcement practices	1.5	1.5	1.5

The previous assessment found very limited TB-specific activities directed to sensitization of law enforcement and this continues to be the case. There is some programming directed to prevention and treatment in prison, but no indication of human rights education for correctional officials or directed to this key population. The Multi Year Plan noted the high levels of TB among prisoners in Indonesia and recommended a program of anti-stigma and discrimination training for prison officials, but there is little emphasis on prisoners in other key planning documents, either from MOH or the TB PRs. This is an area with minimal funding in the current grant cycle, and the TB PRs and POP-TB indicated a need for some of MOH’s TB in prison budget to be directed to CSOs for human rights-related programming. Increased collaboration between MOH and the TB human rights implementers on prison-related programming is needed, as integration of community-led human rights programming with existing MOH prevention and treatment programs—both for HIV and TB-- could be strategic.

Recommendation:

In accordance with the Multi-Year Plan, MOH and TB PRs should support TB-related human rights education and sensitization for law enforcement and prison officials. To the extent feasible, human rights programming should be integrated with prison prevention and treatment interventions, with funding from both MOH and GC7.

(f) Monitoring and reforming laws and policies related to TB

TB program area	Score		
	Baseline	Mid-Term	Progress

Monitoring and reforming laws and policies	1.5	3.3	3.5
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There has been some progress in advocacy to reform law and policy since the previous assessment, as evidenced by the success of efforts to build national political will for TB reduction and inclusion of human rights in TB programming. The TB PRs are engaged in national advocacy on several fronts, primarily focused on increased engagement of relevant ministries in the national TB response. For example, social protections for people living with TB were prioritized in the Presidential Decree 67/2021 but public awareness is low, as is engagement and support from the Ministry of Social Affairs. In addition, Ministry of Manpower regulations include provisions for people affected by TB to receive two months leave for treatment, but the PRs reported a need for advocacy to strengthen awareness and enforcement of this rule. Increased multi-sectoral involvement of relevant ministries aligns with the Presidential Decree 67/2021 calling for engagement of all ministries in the national response.

The TB PRs are also engaged in discussions with the relevant ministries to issue implementing regulations of a new law directing funds for HIV, TB and malaria to the local level.⁵⁸ This work will require engagement of the Ministry of Villages, Social Affairs and Ministry of Home Affairs as well as the meaningful participation of people living with and affected by TB, and could be an important step toward domestic funding for TB-related human rights. The CRG Work Plan includes programs for education of TB communities on how to influence local TB budgets, but these activities are not currently funded.

Recommendations:

- The Global Fund and MOH should support efforts by the TB PRs to engage relevant government ministries in enforcing existing protections for people living with and affected by TB.
- The Global Fund should support advocacy to implement the law for directing funding for TB services to the local level, ensuring meaningful participation of people living with and affected by TB.

(g) Reducing TB-related gender discrimination

TB program area	Score		
	Baseline	Mid-Term	Progress
Reducing TB-related gender discrimination	0	2.5	2.8

There has been limited progress in relation to gender-specific TB programming since the previous assessment. There is a broad consensus among government and civil society that increased gender-responsive programming is necessary, as multiple reports, plans

⁵⁸ Pattiro Semarang and Stop TB Indonesia, *Policy Memo: Leveraging Village Fund to Eliminate Tuberculosis* (March 2022), on file with the author.

and assessments have made recommendations for action, including the Multi-Year Plan. However, a 2020 gender assessment conducted by Spiritia and STOP-TB found little understanding of gender-related barriers to services among health care providers, people affected by TB or the public, and concluded that building capacity for awareness of gender-related barriers to TB services was a prerequisite “gateway” to TB programming improvements.⁵⁹ As set forth in this report, men and women’s experience differs in relation to risk of exposure to TB, willingness and ability to access health care, caretaking at home, and in relation to pregnancy. Gender differences even impact the ability to receive information about TB risk and treatment. Programs must account for men’s ability to receive information at the workplace, while women are often more isolated and a village-level outreach effort is required. The need for increased gender-responsive programming was echoed in the STPI-Penabulu Stigma Assessment of 2022 as well as in JEMM 2020.⁶⁰ The government-supported CRG Action Plan sets forth numerous proposed activities for improving gender-responsive programs, particularly at the community level, but this remains in the planning stages.

Recommendation:

The Global Fund, MOH and STPI-Penabulu should work to ensure implementation of the CRG Action Plan to develop gender-responsive programming, particularly for sensitization of health care providers, employers and people affected by TB.

(h) Supporting TB-related community mobilization and engagement

TB program area	Score		
	Baseline	Mid-Term	Progress
Support community mobilization and engagement	0.0	0.0	1.0

There has been limited progress in community mobilization and advocacy since the previous assessment. POP-TB has an extensive network of patient survivor groups in 22 districts and launched a community-led monitoring project in December 2022 but it remains in early stages. They operate with very few resources for training, advocacy and mobilization activities. Building advocacy capacity on local budgeting issues in conjunction with the new law is a priority activity in the CRG Work Plan and could be an opportunity to increase domestic funding for programs that promote TB-related human rights.

Recommendations:

⁵⁹ STOP-TB Partnership and Spiritia, *Social Barriers to Accessing Quality TB Services: TB Key Populations, Legal Environment and Gender Assessment*, July 2020, p.5.

⁶⁰ Joint External Monitoring Mission, *The Republic of Indonesia External Monitoring Mission for Tuberculosis*, Jan 2020, p. 79.

- The Global Fund should support POP-TB’s implementation of a CLM platform that includes a mechanism for reporting complaints of stigma and discrimination by TB patients.
- The Global Fund should support training, advocacy and mobilization of people affected by TB, particularly for local budgeting issues as set forth in the CRG Work Plan.

(i) Addressing the needs of people in prisons and other closed settings

TB program area	Score		
	Baseline	Mid-Term	Progress
Address needs of people in prisons and other closed settings	0	0	0

Since midterm, there has been little progress in this program area. As noted above, there is some programming directed to prevention and treatment in prison, but no indication of human rights education for correctional officials or directed to this key population. The Multi Year Plan noted the high levels of TB among prisoners in Indonesia and recommended a program of anti-stigma and discrimination training for prison officials, but there is little emphasis on prisoners in other key planning documents, either from MOH or the TB PRs. This is an area with minimal funding in the current grant cycle, and the TB PRs and POP-TB indicated a need for some of MOH’s TB in prison budget to be directed to CSOs for human rights-related programming. Increased collaboration between MOH and the TB human rights implementers on prison-related programming is needed, as integration of community-led programming with existing MOH prevention and treatment programs—both HIV and TB-- could be strategic.

Recommendation:

In accordance with the Multi-Year Plan, MOH and TB PRs should support TB-related rights education and sensitization for law enforcement and prison officials. To the extent feasible, human rights programming should be integrated with prevention and treatment interventions—for HIV and TB-- with funding from both MOH and GC7.

9. Implementation status of rights-based program essentials

Starting with GC7, countries are required to report on the implementation status of program essentials for HIV and TB. Program essentials are a set of standards for the

delivery of services by Global Fund-supported programs. All applicants are required, as they fill out the Essential Date Tables to support their funding requests, to provide an update on their country’s status towards achieving program essentials. HIV applicants from Core and High Impact countries are also asked to describe in their funding request narrative any plans to address program essentials that are not fulfilled. In addition, the conditions for countries qualifying for the human rights matching fund requires funding requests to not only consider the findings of the most recent assessment of progress made in scaling up programs to reduce human rights-related barriers, but also to ensure the full implementation of all human rights program essentials.

HIV and human rights-related program essentials are:

- Prevention and treatment programs for key and vulnerable populations integrate interventions to reduce human rights- and gender-related barriers to these programs.
- Stigma and discrimination reduction activities for people living with HIV and key populations are undertaken in health care and other settings.
- Legal literacy and access to justice activities are accessible to people living with HIV and key populations.
- Support is provided to efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses.⁶¹

The human rights-related TB program essential requires, “All TB programming must be human rights-based, gender-responsive and informed by and respond to analysis of inequities; and include stigma and discrimination reduction activities for people with TB and TB-affected populations; legal literacy and access to justice activities; as well as support for community mobilization and advocacy and community-led monitoring for social accountability.”⁶²

The tables below present the progress assessment team’s summary analyses of Indonesia’s progress on the program essentials for HIV and TB.

9.1 HIV Program Essentials

Human rights-HIV	Are all elements of a supportive Implementation Status
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⁶¹ “Technical Brief: Removing Human Rights-related Barriers to HIV Services,” The Global Fund, accessed 10 April 2023, https://www.theglobalfund.org/media/12445/core_removing-barriers-to-hiv-services_technicalbrief_en.pdf

⁶² “Technical Brief: Removing Human Rights-related Barriers to TB,” The Global Fund, accessed 10 April 2023, https://www.theglobalfund.org/media/12729/core_removing-barriers-to-tb-services_technicalbrief_en.pdf

environment ⁶³ for effective operationalization of the program essentials in place?		
19. HIV programs for key and vulnerable populations integrate interventions to reduce human rights- and gender-related barriers.	Yes	Some programs
20. Stigma and discrimination reduction activities for people living with HIV and key populations are undertaken in health care and other settings.	Yes	Small scale programs/activities in health care and at least one other setting
21. Legal literacy and access to justice activities are accessible to people living with HIV and key populations.	Yes	Some programs
22. Support is provided to efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses.	Yes	Some support

Indonesia has made some progress toward fully implementing the HIV program essentials, but many challenges remain. In terms of policies, Indonesia has all the components of a supportive environment: a recent assessment of rights-related barriers, a Multi-Year Plan for Addressing Human Rights Barriers to HIV and TB Services, finalized in March 2020, and an oversight mechanism in the Technical Working Group for HIV that could be used to oversee implementation. However, lack of leadership and coordination at the national level undermines the ability to advance and improve the quality of human rights programming. The TWG lacks the resources for adequate oversight and guidance of the human rights programs. Greater government engagement as well as increased coordination between the two CSO PRs is necessary to ensure full implementation of the HIV program essentials.

Fulfillment of the program essentials will require continued technical assistance to both PRs, specifically to IAC to build capacity for improved management and oversight of SR/SSRs and to Spiritia for strengthening implementation of human rights programming. UNDP's assistance with coordination of a broad spectrum of data collected from numerous sources and systems is key to utilization of this information to improve programming, influence law and policy, and document impact of human rights interventions on access to HIV and TB services.

⁶³ a recent assessment of human rights-related barriers; 2. a country-owned, costed plan/strategy to reduce barriers; 3. an oversight mechanism to oversee implementation

Integration of legal literacy, access to justice and GBV interventions with the HIV prevention programs for key populations is a strong foundation for implementation of that program essential. Better coordination and communication between PRs, however, is needed to ensure that all KPs have access to these programs. Increased MOH engagement and ownership is needed to advance implementation of stigma and reduction activities in health care settings, which remain ad-hoc and at the provincial and district levels. Reform of criminal and other harmful laws was a challenging task even before passage of a new Criminal Code which threatens to worsen an increasingly hostile legal and political environment. Indonesia’s human rights programming implementers, however, are building a promising foundation for this work, including formation of strategic partnerships and coalitions that are preparing for national and local advocacy in response to the new law.

The District Task Forces have created a unique model for human rights-related programming that has significant potential to enable Indonesia to advance toward full implementation of the four HIV-related human rights program essentials in the program areas above. The DTF integration of advocacy, community-led monitoring and paralegal work is functioning effectively in 23 high-priority districts and solving problems through positive engagement with duty bearers in the community. Key populations are active and meaningfully engaged in the work of the Task Forces and there was widespread support for their continuation and expansion.

With regard to funding, the Global Fund remains the primary funder for human rights-related programs. There are opportunities, however, to leverage the participation of other donors in order to further implementation of the program essentials. The Asia Foundation, National Commission on Women and others are partially funding the national ID card project. Karisma and Rumah Cemara, CSOs led by people who use drugs, are recipients of funding from the Elton John AIDS Foundation for drug-related advocacy and harm reduction work. Especially on the local level, there may be strategic opportunities to join with other donors to support drug-user led organizations to build capacity for advocacy related to comprehensive harm reduction, access to justice, and overdose prevention policy. There are also multiple donors (PEPFAR, USAID) and technical partners (UNAIDS, UNWOMEN, UNFPA) involved in programs to address gender-based violence, and this is an area where strategic partnerships could advance integration of gender-transformative initiatives with HIV and TB prevention interventions.

9.2 TB Program Essentials

TB program essential	Are all policies and guidelines in place to fully operationalize the program essential?	Implementation Status
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13. All TB programming must be human rights-based, gender-responsive and informed by and respond to analysis of inequities; and include stigma and discrimination reduction activities for people with TB and TB-affected populations; legal literacy and access to justice activities; as well as support for community mobilization and advocacy and community-led monitoring for social accountability.	Yes	Implemented in some sites (<50%) ⁶⁴
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While Indonesia has some promising foundations on which to build for its rights-based TB programming, it is still far from fully implementing this program essential. Because Global Fund support for TB-related human rights programming started in the 2021-23 cycle, many initiatives are still in the planning stages. Increased engagement of MOH in planning and implementation of human rights-related programming is evident and is an important step forward. A new and unique PR arrangement that combines the policy experience of STOP-TB with the civil society organization Penabulu, and the community-led networks of thematic SR POP-TB has functioned effectively, particularly to advance access to justice programming. There are 34 POP-TB paralegals and 24 legal interns operating in 18 districts, a notable achievement in a short period of time and a significant step toward implementing the access to justice program essential. POP-TB with a wide network of people affected by TB, launched a project in December 2022, an effort that represents progress toward fulfillment of the community-led monitoring element of the TB program essential.

Much work remains to be done, however. Awareness of social and legal protections for TB patients is low, and relevant ministries that could assist in reduction of stigma and discrimination are minimally engaged. POP-TB’s stigma reduction activities are limited due to lack of funding, and there is little indication of progress toward ensuring access to legal literacy or gender-responsive services. Progress toward fulfillment of the program essentials will be limited as long as the Global Fund is the only source of support for human rights-related TB interventions. However, a new law directing additional domestic funds toward local TB budgets could be utilized by community-led organizations to increase government contribution. Advocacy training to build capacity for engagement in local TB budgeting issues is prioritized in the PR’s CRG Work Plan.

10. Cross-cutting observations

Indonesia has made significant progress in advancing programs to reduce rights-related barriers to HIV and TB, working in an increasingly harsh legal and political environment. This is a tribute to the hard work of a robust civil society and community-led organizations in Indonesia. The District Task Forces are demonstrating effectiveness in creating space

⁶⁴ Response options include: Implementation not started; Implemented in some sites (<50%); Implemented in many sites (50%-95%); Implemented countrywide (>95%), see Global Fund Essential Data Table for Indonesia, <https://www.theglobalfund.org/en/applying-for-funding/design-and-submit-funding-requests/funding-request-forms-and-materials/>

for dialogue and problem-solving on the local level, which is particularly important in an archipelago where political, legal and health services are decentralized. IAC's partnerships with government agencies, including Konsil LSM for obtaining social contracting designations, could strengthen human rights infrastructure and ensure sustainability of domestic funding. New national directives for local HIV and TB funding hold the potential for building sustainability through increased CSO involvement in local budgeting, including for human rights programming. Opportunities for leveraging the contributions of other donors exist, particularly in the areas of gender-based programming and drug policy.

However, more government support is needed in both HIV and TB for continued progress toward comprehensiveness and fulfillment of the Program Essentials. The dissolution of the National AIDS Coalition left a leadership void that requires a proactive response from all key stakeholders, particularly the Ministry of Health, to ensure that human rights programming receives national support and that relevant government agencies are engaged. The TWG for HIV needs resources to increase capacity for oversight of HIV-related human rights programming.

In relation to TB, the Ministry of Health has helped to develop and has committed to plans for strengthening the human rights-related framework for the national TB response. Many of the interventions will require support from the Ministry of Social Affairs, Ministry of Manpower, and other agencies in order to realize these plans, participation that is mandated by the Presidential Decree supporting the national TB response.

Monitoring and evaluation needs strengthening at every level of programming. A wealth of data is being collected for HIV by community-led organizations, paralegals, CBMF officers, and others but there are too many missed opportunities to coordinate and utilize this information to inform programming and influence policy. The District Task Forces, particularly with the addition of the CBMF officers, are uniquely well positioned to document the impact of human rights programming on reducing barriers to HIV and TB services. This is one of the primary aims of the *Breaking Down Barriers* initiative, but it will not be possible without an investment of resources and technical assistance.

Finally, with the passage of the Criminal Code, concerns for the safety of the implementers must be paramount. Global Fund programming should address the conditions of operating in a harsh legal and political environment, ensuring that resources are available for necessary safety measures to be implemented.

11. Key programmatic recommendations

11.1 HIV Priority Recommendations

Eliminate HIV-related stigma and discrimination in all settings

- The Global Fund should support increased capacity for IAC, IPPI and other human rights programming implementers for coordination and strategic use of documentation, data collection and CLM reporting on human rights violations in and out of health care settings. Continue funding for technical assistance if required.

Ensure non-discriminatory provision of health care

- The Global Fund and MOH should ensure stronger leadership from MOH for ensuring non-discriminatory provision of health care, including development of formal mechanisms for complaint reporting and resolution and coordination with community-led monitoring and dispute resolution programs.

HIV-related legal literacy

- The Global Fund should continue support for legal literacy trainings, especially for outreach workers, peer navigators and advocacy officers, including consistent refresher trainings.

Improve access to justice

- The Global Fund should continue and increase support for the District Task Forces. Provide resources and training for improved documentation and monitoring and evaluation mechanisms. Support opportunities to share best practices, alongside efforts for expansion and mentoring of DTFs in additional areas.
- The Global Fund and PRs should consider developing the role of SSR Coordinator in order to increase capacity for sharing of best practices, monitoring and evaluation and documenting the impact of the DTF model and programs on access to HIV services.

Monitor and reform HIV-related laws and policies

- The Global Fund should continue to support the IAC/ICJR partnership for national, provincial and local advocacy in response to the new Criminal Code to influence its implementing regulations.
- The Global Fund should continue support for the IAC/Konsil LSM partnership to build capacity for CSO sustainability and training for social contracting as well as for local HIV-related advocacy.
- The Global Fund and PRs should support community-led organizations to participate meaningfully in advocacy initiatives, including resources for training and dedicated staff.

Reduce HIV-related gender discrimination

- The Global Fund should increase support for programs to reduce gender-related discrimination, harmful gender norms and GBV. Consider opportunities to strategically leverage funding from other donors to maximize impact of ongoing programs.
- The Global Fund should continue to support legal literacy and access to justice programs targeted at female sex workers that are integrated with HIV prevention and other health services.
- The Global Fund should support advocacy for local implementation of the Sexual Violence Bill passed in April 2022.

Support community mobilization and engagement

- The Global Fund should continue and increase support for the District Task Forces. Provide resources and training for improved documentation and monitoring and evaluation mechanisms. Support opportunities to share best practices, alongside efforts for expansion and mentoring of DTFs in additional areas.

Ensure rights-based law enforcement

- The Global Fund should continue to support legal literacy and access to justice programs for female sex workers and other KP communities, with regular skills-building, mentorship and attention to measures to ensure their safety.
- The Global Fund should increase support for drug-user led organizations for advocacy for comprehensive harm reduction, access to justice and overdose prevention policy. Consider strategic opportunities with Elton John AIDS Foundation and other donors to maximize efficacy of this work.

Cross-Cutting HIV Recommendations

- The PRs should strengthen coordination and improve communication to ensure access for all KPs to human rights programming and to strategically move toward fulfillment of the Program Essentials.
- MOH should increase efforts to ensure that human rights programming receives national support and that relevant government agencies are engaged.
- The Global Fund, PRs and Technical Partners should increase, and resource, efforts to strengthen monitoring and evaluation at every level of programming.

11.2 TB Priority Recommendations

Eliminate TB-related stigma and discrimination in all settings

- The Global Fund should support implementation of the CRG Action Plan to End Stigma and Discrimination in TB, specifically increased support for paralegals, community-based monitoring, public education to reduce stigma, and sensitization for health care workers.
- The Global Fund should support POP-TB's implementation of a CLM platform that includes a mechanism for reporting complaints of stigma and discrimination by TB patients.

Ensure people-centred and rights-based provision of health care

- The Global Fund and MOH should support initiatives targeted for health care providers for training in human rights, medical ethics and gender responsiveness related to TB. Ensure meaningful participation of people affected by TB in implementation and design as well a monitoring and evaluation mechanisms to assess impact on health services.

TB-related legal literacy

- The Global Fund should support increased funding for legal literacy and Know Your Rights training for patients, survivors and families.

Improve access to justice

- The Global Fund should continue support for the paralegal program, including for support and mentorship from LBHM and other legal aid organizations.
- The TB PRs and SR should ensure coordination of the paralegal program with the CLM system launched by POP-TB.

Monitor and reform TB-related laws and policies

- The Global Fund and MOH should support efforts by the TB PRs to engage relevant government ministries in enforcing existing protections for people living with and affected by TB.
- The Global Fund should support advocacy to implement the law for directing funding for TB services to the local level.

Reducing TB-related gender discrimination

- The Global Fund should support implementation of the CRG Action Plan for improving gender-responsive programming, particularly for sensitization of health care providers, employers and people affected by TB.

Support community mobilization and engagement

- The Global Fund should support POP-TB's implementation of a CLM platform that includes a mechanism for reporting complaints of stigma and discrimination by TB patients.
- The Global Fund should support training, advocacy and mobilization of people affected by TB, particularly for local budgeting issues as set forth in the CRG Work Plan.

Addressing the Needs of People in Prisons and Other Closed Environments

- In accordance with the Multi-Year Plan, MOH and TB PRs should support TB-related rights education and sensitization for law enforcement officials.
- To the extent feasible, human rights programming should be integrated with prevention and treatment interventions, with funding from both MOH and GC7.

Cross-Cutting TB Recommendations

- The Global Fund should support the PR Consortium to conduct advocacy at the national level to increase multi-sectoral engagement of relevant government ministries to promote community-centered, rights approach to TB, including protection for workers impacted by TB and for access to social benefits.
- The PRs should work together to ensure follow up on MOH's commitment for integration and implementation of the CRG action plan into the national TB strategy, as part of the 2025-2029 revision.

Annex 1: Scorecard Methodology

A key component of the progress assessment is the review of specific programs and the preparation of key performance indicator scores for the Global Fund. Drawing upon the data collected from program reports and key informant interviews, in addition to the

descriptive analysis of findings for each program area, the assessment team also developed a quantitative scorecard to assess scale up of HIV, TB and, where applicable, malaria programs engaged in removing human rights barriers.

Criteria/Definitions

Scoring is based on the following categories measuring achievement of comprehensive programs. First, researchers should determine the overall category with integers 0-5 based upon geographic scale:

Rating	Value	Definition ⁶⁵
0	No programs present	No formal programs or activities identified.
1	One-off activities	Time-limited, pilot initiative.
2	Small scale	On-going initiative with limited geographic scale (e.g., a single or small number of locations – less than 20% of national scale) and capacity for reaching the targeted population.
3	Operating at subnational level	Operating at subnational level (btw 20% to 50% national scale)
4	Operating at national level	Operating at national level (>50% of national scale)
5	At scale at national level (>90%)	At scale is defined as more than 90% of national scale, where relevant, and more than 90% of the population
Goal	Impact on services continuum	Impact on services continuum is defined as: a) Human rights programs at scale for all populations; and b) Plausible causal links between programs, reduced barriers to services and increased access to HIV/TB services.

Next, researchers can adjust scores within the category based upon reach of relevant target populations:

Additional points	Criteria
+0	Limited scale for some target populations (reaching <35%)
+0.3	Achieved scale to approximately half of target populations (reaching between 35 - 65% of target populations)

⁶⁵ The definition of the term “comprehensive” has been developed through extensive consultation, internally within CRG and MECA as well as externally, with the research consortia carrying out the baseline assessments and the members of the Working Group on Monitoring and Evaluating Programmes to Remove Human Rights Barriers to HIV, TB and Malaria Services. UNAIDS and WHO have been consulted as a member of the Working Group.

+0.6	Achieved widespread scale for most target populations (reaching >65% of target populations)
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Additionally, where a score cannot be calculated the following can be noted:

Notation	Meaning	Explanation
N/A	Not applicable	Used when the indicator cannot be logically assessed
*	Unable to assess	Used when researchers were unable to determine a score.
**	Not a program area at the time of scoring	Program area did not exist at the time of the calculation of the scorecard at either baseline, mid-term or both

Annex 2: Key Informants, Site Visits, Beneficiary Interviews and Validation Meeting Participants

N°	Organization	Name, Title
1	CCM Indonesia	Dr. Kirana Pritasari, MQIH, Chair of the CCM-GFATM Indonesia
		Pudji Suryantini, Executive Secretary, CCM Secretariat
		Khaula, Technical Officer for TB, CCM Secretariat
		Nurul M, Technical Officer for HIV, CCM Secretariat
2	MoH - HIV & STI Working Group	Dr. Endang Lukitasari, Head
		Dr. Beatrice Iswari, PMU Coordinator
3	TWG HIV- CCM Indonesia	Subhan Panjaitan, Chair of the TWG AIDS
4	Spiritia	Daniel Marguari, CEO
		Yusuf Kusumo, Program Officer
		Rahmat Hidayat, ME Coordinator
		Shanti, Program Officer
		Entis, Program Officer
5	IAC	Aditya Wardhana, Executive Director

		Hilmansyah Panji Utama, Data Manager
		Akbar Prayuda, CSS HR Officer
		Zhahwa Maula, Office of Director
		Budi Larasati, Office of Director
		Arfan, ME Staff
6	TB Community Consortium - Penabulu	Barry, Program Manager
		Aris Subakti, ME Manager
		Permata, Knowledge Management Officer
7	TB Community Consortium - STPI	Thea Yantra Hutanamon, Partnership and Development Manager
		Hendry Diatmo, Executive Director of STPI Foundation
8	OPSI	Rito Hermawan, Nat Coordinator/Head of SR
		Jajang Koswara, M&E Coordinator
		Wulan Surani/Nana, Program Officer
9	JIP (we met 15 ppl)	Meirinda Sebayang, Chairperson JIP
		Hadi, Advocate for health specialist
		Irwanto, SR Coord
		Marcel, GNP+
		Irfan, CSS-HR Officer
		Anjar, Legal officer
10	GWL-Ina	Slamet, National Coordinator
		Irfan, Communication and media officer
11	IPPI	Ayu, National Coordinator
		Cyntia, Program Officer
12	BPHN	Massan, Law Analist
		Dorma, Law Analist
		Bernita, Legal Administrator
		Habini, Legal Administrator
		Valensia, Legal Administrator
13	Karisma	Khresna, Director
14	SSRs of OPSI from 11 Districts	Ajid, YPJ
	Yayasan Pesona Jakarta (East Jakarta, North Jakarta, Central Jakarta)	Panja, YPJ
		Hasbi, YPJ
		Rizki YKP, YPJ

15	Yayasan Wahana Cita Indonesia (Kota Tangerang , Tangerang Selatan, Bandar Lampung)	Jafar, YPJ
		Lucky, YPJ
		Suwito, YPJ
		Shanti, YPJ
		Shantiana, YPJ
		Soimah, YPJ
		Yuli, YPJ
		Irsan, YPJ
		Aini Nasution, YWCI
		Imam Permana, YWCI
		Andi, YWCI
		Sara, YWCI
		Nilawati, YWCI
		Hadi Irawan, YWCI
		Aji, YWCI
		Awis, YWCI
		Mumu, YWCI
	Fajar, YWCI	
	Spekham (Surakarta and Semarang)	Ayu, SPEKHAM
		Dianoka, SPEKHAM
		Nurul, SPEKHAM
		Bramanti Dani, SPEKHAM
		Boni, SPEKHAM
		Uwi, SPEKHAM
		Supri, SPEKHAM
	PKBI North Sumatera (Medan, Deli Serdang, Palembang)	Sari Palupi, PKBI Sumut
		Antono, PKBI Sumut
		Samsidar Barus, PKBI Sumut
		Caterina, PKBI Sumut
		Asih, PKBI Sumut
		Irvan, PKBI Sumut
		Retno, PKBI Sumut
		Prayogi, PKBI Sumut
POP TB	Budi Hermawan, Coordinator SR	

		Tasya, Paralegal
		Tamia, Terjang
		Endah Juariah, Terjang
		Faisal, TB Officer
		Jajuli, TB Officer
		Khoirul Anas, TB Officer
		Siti Rofiqoh, TB Officer
		Resmi Wulandari, TB Officer
		Fitria Fatmawati, TB Officer
		Harry Rikianto, TB Officer
16	Konsil LSM	Sawitri, Officer
		Mas Anik, Officer
17	ICJR	Meidina, Coordinator
		Erasmus, Director
		Lovina, Officer
18	PKBI Sumatera Utara	Erwin, SSR - Coordinator CSS -HR
		Rani, Director, PKBI Sumatera Utara
		Samsidar Barus, Paralegal, Deli Serdang
		Moh Irfan, CBMF Deli Serdang
		Antono, Advocacy Officer, Deli Serdang
		Ranti, Technical Officer for Social Contracting
		Asih, CBMF Officer, Medan
		Katarina, Advocacy Officer - Medan
		Lely, Paralegal, Medan
		Pardi, Representative MSM Community
		Merdiana, Rep, parents of children with HIV
		Aiyul Hidayat, Paralegal, Palembang
		Anik Kurniawati, CBMF Palembang
		Risma, Rep. FSW Medan
19	YMMA	Zubaidah, Coordinator SR - Head of YMMA
		Sri Maharani, TB Officer
		Novitasasi, TB Officer
		Anisa A, TB Officer
		Saidah, TB Officer
		Nuria, TB Officer
		Pinta, TB Officer
		M Azmir, MEL
		Milda, Case Manager
		Dina Ulfa, MEL
		Fahri, MEL
		Samsul, Case Manager

		Juli, Patient Supporter
		Imam, Patient Supporter
		Meda, Cadre
20	TB Survivor Group, 'PESAT'	Listiani, Chair, PESAT
		Tini, Treasurer, outreach worker
		Risan, Case Manager
		Rus, Case Manager
21	Galatea	Boy, Field Manager
		Richard, Medan +
		Angel, TG Rep
		Tia, TG Rep
		Mario, PWID Rep
		Lisa, Female drug user rep
		Ragil, MSM Rep
		Maulana, MSM Rep
		Ningsih, housewife - HIV+ women rep
		Yogi, MSM Binjai
		Sofia, Field Coordinator
22	Female Plus PKBI Jawa Barat Srikandi Pasundan Graphic Bandung	Dinda, PKBI Jabar
		Ike, PKBI Jabar
		Ogan, TO, social contracting
		Andri, TO Fimale +
		Angga, Patient Support, Female +
		Dwi, Coordinator, Female +
		Abel, Patient Support, Female +
		Klara, Outreach worker, Srikandi Pasundan
		Miko, Graphic
		Andri, Graphic
		Yogi, Outreach worker, Srikandi Pasundan
		Agnes, Outreach worker, Srikandi Pasundan
		Anton, Advocacy Officer, Female+
		Wawa, Accounting Female+
		Joko, Female+
		Yudi, Rep, PWUD, community paralegal
		Mamun, Female+
		Meidi, Finance Female+
		Abel, CBMF, Female+
		Iwan, ME, Female+
		Ridwan, Female+
		Deasy, Admin, Female+
		Daniar, Coord CSS-HR Female+
23	Rumah Cemara	Radith, Director
24	SR TB Consortium West Jawa, Bandung	Bambang Eko, Coordinator SR
		Puri, TERJANG
		Dewi, TERJANG

		Nani, TERJANG
		Abdul, Program Coordinator
25	PKBI Bandung	Ganjar, Coordinator SSR
		Ani, Outreach worker, Kab BDG
		Linda, Outreach worker, Kota BDG
		Refa, Outreach worker, Kota BDG
		Rani, Outreach worker, Kota BDG
		Tati, Outreach worker, Kota BDG
		Linda, Outreach worker, Kota BDG
		Yayu, Outreach worker, Kab BDG
		Kisti
		Dina
26	Bogor - Women's Voices	Rosma Karlina, Founder
		Aya, Founder
27	Bogor - AKSI - Access to Justice	Tedjo, Founder
		Kiki (Fariq), Founder
28	Bogor - Grassroots Forum (PWID collective)	Steve, Founder
29	Bogor - MSM SSR	Arif, Staff - Bogor
		Wayu, Staff - Bogor
30	Orbit	Moch Faisol, Koordinator SSR
		Bagus, Advocacy Officer/Legal Aid Unit
31	YWCI Tangerang	Aries, Paralegal Kota Tangerang Selatan
		Rere, Paralegal Kota Tangerang
		Aini Nasution, Advocacy Officer Kota Tangerang
		Hadi Bajor, SSR Coordinator
32	Yayasan Pesona Jakarta	Ajid, Paralegal Jakarta Utara
		Fito, Advocacy Officer Jakarta Utara
		Rizki, Advocacy Officer Jakarta Timur
		Santi, CBMFO Jakarta Pusat
		Lucky, Paralegal Jakarta Pusat
		Yuli, CBMFO Jakarta Utara
		Santiana, Advocacy Officer Jakarta Pusat
		Soimah, CBMFO Jakarta Timur
		Irzan, Paralegal Jakarta Timur
		Panca, SSR Coordinator
33	UNFPA	Oldri Sherli Mukuan, HIV Programme Analyst
		Asti Setiawati Widiastuti, HIV Prevention Officer
		Bonitha Merlina, HIV Program Officer
34	UNDP	Terra Tahitu, Gender, and Human Rights Technical Officer
		Eko Sinamo, Project Associate for Health
		Carmelia Basri, Consultant for GF

35	UNAIDS	Yasmin Purba, Human Rights & Gender Adviser
		Bella, Assistant to HRG Adviser
36	UNWOMEN	Sindi Putri, NPO - HIV
37	USAID	Tetty Rachmati, HIV Program Manager
		Ranti Nastiti, HIV Program Officer

Partial list of participants in the validation meeting (TB and HIV), Tue 11 April 2023

1. Kirana Pritasari, Chair CCM Indonesia
2. Pudji Suryantini, Executive Secretary, CCM Indonesia
3. Nurul M, CCM Secretariat
4. Khaula K, CCM Secretariat
5. Tetty, USAID
6. Asti, UNFPA
7. Sindi Putri, UNWOMEN
8. Yasmin, UNAIDS
9. Terra Nova Tahitu, UNDP
10. Eddy Lamanepa, HIV & AIDS – MOH
11. Akbar Prayuda, IAC
12. Patrick Johannes L, IAC
13. Hilmansyah Panji, IAC
14. Ellena Kavarera, IAC
15. Rahmat Hidayat, Spiritia
16. Medina, ICJR
17. Rito Hermawan, OPSI
18. Ewin, PKBI Sumatera Utara
19. Listiani, Terjang, Sumatera Utara
20. Heni Akhmad, Penabulu-TB Community Consortium
21. Zubaidah Pohan, YMMA, TB SR Coordinator – Sumatera Utara
22. Ismi
23. Badu, Galatea
24. Esnawati
25. Wiwit, Konsil LSM
26. Dewi, Terjang
27. Galuh B Laksono
28. Sofyan
29. Bawa W, TB – MOH
30. Dinda Rahma, TB – MOH
31. Thea Yantra Hutnamon, Partnership and Development Manager

Annex 3. Documents Reviewed

HIV Documents Reviewed

1. Global Funds to Fight AIDS, Tuberculosis, and Malaria. (2020). *Mid-Term Assessment: Indonesia*
2. CCM-GFATM Indonesia (2020). *Indonesia Funding Request HIV 2021-2023. Revised version*
3. CCM-GFATM Indonesia (2020.) *Implementation arrangements mapping-HIV PRs and Partners 2021 – 2023.*
4. Spiritia & Atma Jaya University (2020). *The People Living with HIV Stigma Index – Indonesia.*
5. Ministry of Health Republic of Indonesia (2020). *National HIV and AIDS Action Plan 2020-2024*
6. LBHMM & Elton John AIDS Foundation (2023). *Religious Perspectives on People Who Use Drugs and Harm Reduction Services in Indonesia.*
7. CCM-GFATM Indonesia (2023). *Core funding priorities for civil society organization and community – annex to FR HIV 2024-2026.*
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12. ICJR Alliance Pitch (2020). *Story of Change: Indonesia – Toward a KP inclusive Penal Code: Engagement of Key Populations in the Penal Code Law Revision Process.*
13. Anti Stigma and Discrimination Coalition (2020): Indonesia. *Position Paper: Strengthening of a comprehensive national protection framework on discrimination against people living with HIV and AIDS (PLHIV) and Key Populations.*
14. *Joint HIV & STI Program Review, Jan 2023*
15. Asfinawati (2020). *Indonesia Penal Code & FoE, 2020.*
16. OPSI (2020). *Independent Cedaw Report On Women Sex Workers In Indonesia.*
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24. Riska Carolina, Consortium of Crisis Response Mechanism (2021). *In the brink of a dystopian future: The Penal Code: Protection of Rights to Privacy.*
25. Undang-undang Nomor 12 Tahun 2022 – *Tentang Tindak Pidana Kekerasan Seksual (Law No 12/2022 on Sexual Violence).*

26. IAC (2022). *Modul Respon Cepat – Diskriminasi dan Pelanggaran HAM Populasi Kunci*, 2022.
27. UNFPA & JIP (2022). *Modul Training of Facilitator Program HIV and IMS Komprehensif dalam Situasi Krisis Kesehatan dan Kebencanaan di Tingkat Komunitas*.
28. JIP (2023) *Power Point Presentation: PLHIV Support*.
29. JIP (2023) *Power Point Presentation: CSS-HR*.
30. IAC (2022). *CSS-HR Training Materials*.
31. IAC (2022) *HR Summit Materials*.
32. Lia Andriyani, Arina, Asti Widiastuti, Adi Nugroho (2021) *Challenge and Support to HIV care and Treatment of Female Sex Workers Living with HIV in Indonesia: A Mix, Method Study*.
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35. Excerpt from the 2022 Report: *"Eliminating the AIDS Pandemic in Indonesia by 2030: Community System Strengthening - Human Rights,"* posted on January 2023 by the Positive Indonesia Network (JIP).
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