National Strategic Plan to Reduce Human Rights – Related Barriers to HIV, TB and Malaria Services :

Indonesia
2021 – 2025

2021 – 2025 Multi-year Plan

Addressing Human Rights Barriers to HIV and TB Services in Indonesia

March 2020

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Acronyms

ART	Anti-Retroviral Therapy
Bappenas	Badan Perencanaan Pembangunan Nasional (in English: National Development Planning Agency)
BPHN	Badan Pembinaan Hukum Nasional (in English: National Law Development Agency)
CRG	Community, Rights and Gender
CBMF	Community-Based Monitoring Feedback
CSO	Civil Society Organization
CSR	Corporate Social Responsibility
CCM	Country Coordinating Mechanism
ESCAP	Economic and Social Commission for Asia and the Pacific
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Viruses
HCW	Health Care Workers
HRD	Human Resources Division
HIMPSI	Himpunan Psikolog Indonesia (in English: Indonesian Psychology Association)
GBV	Gender-Based Violence
IDI	Ikatan Dokter Indonesia (in English: Indonesian Doctors Association)
IDAI	Ikatan Dokter Anak Indonesia (in English: Indonesian Paediatrician Association)
IU	Implementing Unit
IPPI	Ikatan Perempuan Positive Indonesia
Komnas HAM	Komisi Nasional Hak Asasi Manusia (in English: National Human Rights Commission)
Komnas Perempuan	Komisi Nasional Anti Kekerasan Terhadap Perempuan (in English: National Commission on Violence Against Women)
LBHM	Lembaga Bantuan Hukum Masyarakat
LGBT	Lesbian, Gay, Bisexual and Transgender
MoH	Ministry of Health
MoJ	Ministry of Justice and Human Rights
MoS	Ministry of Social Affairs
MoF	Ministry of Foreign Affairs
MOU	Memorandum of Understanding
MSM	Male who have sex with male
MoM	Minutes of Meeting
NAC	National AIDS Commission
NGO	Non-Governmental Organisation
PLHIV	People Living with HIV and AIDS
PDSKJI	Perhimpunan Dokter Spesialis Kesehatan Jiwa Indonesia (in English: Indonesian Psychiatrists Association)
PKVHI	Perhimpunan Konselor VCT HIV Indonesia (in English: Indonesian HIV VCT Counsellor Association)
PR	Principal Recipient
PrEP	Pre-exposure Prophylaxis

SOGIE SC	Sexual Orientation, Gender Identity and Expression, and Sexual Characteristic
SR	Sub-Recipient
SSR	Sub-Sub Recipient
TB	Tuberculosis
ToT	Training of Trainers
UNAIDS	Joint United Nations Programme on HIV/AIDS
UN	United Nations
UNDP	United Nations Development Program
VAW	Violence Against Women
WHO	World Health Organisation

Background

HIV epidemiology

As of 2018, Indonesia was home to 640.000 people living with HIV (PLHIV) (UNAIDS, 2018). Of all PLHIV, only 51% know their status, and 17% of them are on ART. Although the number of new HIV infections has decreased by 27% since 2010, AIDS-related deaths increased by 60%, indicating a treatment gap (UNAIDS, 2018). The HIV prevalence among males (0.5%) is slightly higher than among females (0.3%). In 2018 alone, 3500 children aged 0 to 14 were newly infected with HIV (UNAIDS, 2018). Despite the national prevalence rate among adults being relatively low at about 0.4%, prevalence remains high among certain key populations (UNAIDS, 2018). People who inject drugs are recorded to have the highest prevalence among other key populations at 28.8%, followed by men who have sex with men (25.8%) and transgender people (24.8%) (UNAIDS, 2018).

TB epidemiology

Indonesia has a high prevalence of tuberculosis, estimated at 319 per 100,000 population (WHO, 2018). As of 2018, there were an estimated 845.000 TB cases, including multidrug-resistant TB. This number places Indonesia as the third-highest TB burden country (WHO, 2018). Data from the Ministry of Health shows that there were 563,879 case notifications in 2018 (WHO, 2018). Of those, around 37% are female, 52% are male, 11% are children, and 5% are HIV-positive. The gap between the incident cases and case notification portrays the needs to intensify case finding efforts.

Enabling political and legal environment in the protection of rights to access to HIV and TB services

International, regional, and national commitments

Indonesia is party to almost all international human rights treaties that provide protection of the right to health to every person in the country – hence the provision of access to HIV and TB services. Specifically, on the HIV response, Indonesia has made commitments to implement effective HIV responses through the unanimous adoption of the UN "Political Declaration on HIV and AIDS: Intensifying our Efforts to Eliminate HIV and AIDS" in June 2011, where Indonesia is a member state.

In 2014 UNAIDS adopted a new target for HIV treatment scale-up as a way to intensify efforts to end AIDS epidemic by 2030. It is targeted that by 2020, 90% of all PLHIV will know their status, 90% of them will receive anti-retroviral therapy (ART), and 90% of people on ART have their viral suppressed (UNAIDS, 2014). A year after that, the Stop TB Partnership adopted the global plan to end TB, putting forward a people-centred strategy to, by 2020, reach 90% of all people with TB by reaching at least 90% of the key populations, in order to achieve at least 90% of treatment success (Stop TB Partnership, 2015).

A year before, at the regional level, the UN Economic and Social Commission for Asia and the Pacific (ESCAP), where Indonesia is also a member state, adopted Resolution 66/10 and 67/9 in 2010 and 2011 respectively. Both resolutions call for the government's effort to address policy and legal barriers to effective HIV response with a view to eliminate stigma and discrimination against PLHIV and key populations.

On a national level, the Constitution provides protection from discrimination for everyone. To provide a comprehensive response to HIV, the government created a special body consisting of various relevant ministries and government agencies, namely the National AIDS Commission (NAC). Every five years, NAC develops a National Strategic and Action Plan on HIV to guide the country's response to HIV; the last one was for the period of 2015 – 2019. Additionally, in 2013, the Ministry of Health issued a regulation on the HIV response, renewing a similar regulation enacted in 2002. However, NAC was disbanded in 2017, while the responsibility to coordinate HIV national response falls within Coordinating Ministry of Cultural and Human Empowerment.

Addressing human rights-related barriers to HIV and TB services
On both 90-90-90 targets for HIV and TB, there is a clear referral and need of integrating a rights-based approach to the HIV and TB response. Even more, human rights principles that include ethics and inclusion are recognized as the approach necessary to achieve the ambitious target of 90-90-90 (UNAIDS, 2014; Stop TB Partnership, 2015).

The need to integrate human rights principles in the HIV and TB response also departs from the widespread stigma, discrimination, and violation of rights of PLHIV, people with TB and key populations. On top of the existing challenge of availability and accessibility of services, punitive laws and policies relevant to HIV and TB exist both in national and local legislation (UNDP, 2015), and rejection, exclusion and rights violations in the context of family, social life, education, and workplace (LBHM, 2017; 2018; Spiritia, 2019) further bar PLHIV, people with TB and key populations from effective, good quality services (Baseline, 2018).

At the time this document is written, there is an ongoing discussion in the Parliament to enact, at least two proposed pieces of legislation that would criminalize homosexuality and same-sex sexual conduct, namely the draft revision of penal code, and the draft of the LGBT anti-propaganda law. If these laws are passed, they would add more barriers to HIV services, especially for the affected communities of men who have sex with men and transgender persons.

Key documents on human rights-related program on HIV and TB response

Baseline assessment

In 2017, a team of researchers conducted a baseline assessment to examine human rights-related barriers in Indonesia that hinder access of HIV- and TB-related services. The research team interviewed members of key populations, relevant government and non-government actors, and carried out site visits to three cities. The findings from the research showed the existence of strong programs aiming to reduce human rights-related barriers to HIV and TB services.

On efforts to reduce stigma and discrimination, there are peer-based programs that aim to reduce self-stigma, and to educate the general population through building knowledge, strengthening networks, and engagement with strategic partners such as media, religious

leaders and employers. There are also sensitization trainings, mostly for healthcare workers, and very limited to lawmakers and law enforcement agencies, carried out in varying degrees in some cities. Legal empowerment was carried out in a form of legal literacy, human rights education program, and paralegal training. In some cities, efforts to provide legal services for PLHIV, people with TB, and key population also involved legal aid organizations.

However, there are also many gaps and areas for improvement that need to be overcome. Most of the human rights-related programs are carried out in a small-scale, atomistic, one-off type of intervention. Programs supported by different donors are operated in siloes. There are also limited investments in the sustainability of community-based organizations doing human rights-related programs.

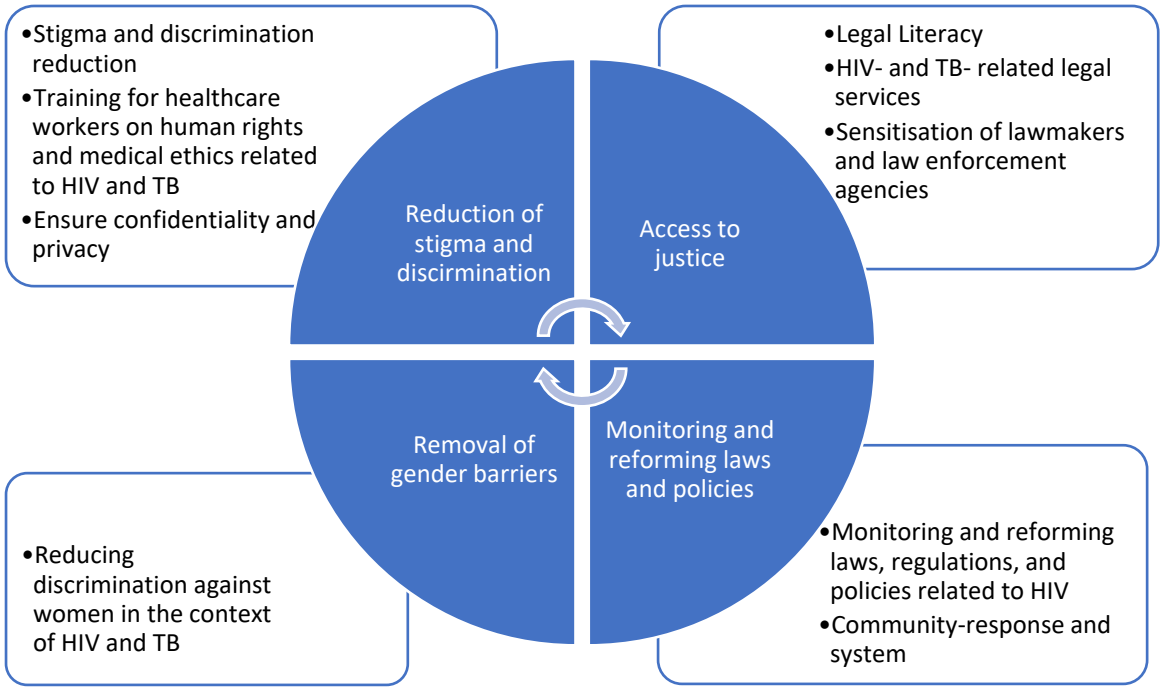
To address those gaps, recommendations are developed as an integral part of the baseline. Scale-up, be it in quantity and scope, is necessary to ensure greater benefits from the program. However, scaling up the existing interventions requires strong human, organizational and financial resources.

Multi-stakeholder meeting outcome document

In an effort to follow up the baseline, a three-day meeting was carried out to review progress of recommendations developed from the baseline, as well as to identify an action plan for mid- and long-term programming.

The discussion is divided into four topic groups, namely: (1) Reduction of stigma and discrimination, including in healthcare settings, (2) Access to justice, (3) Gender barriers, and (4) Monitoring and reforming laws and policies. Although there were only four topics during the meeting, the discussion, in essence, captured all the seven key human rights programs as recommended by UNAIDS, as well as the three additional human rights programs for TB.

During the discussion, some groups highlighted a set of specific recommendations for TB. For example, there is a strong need for capacity building for people with TB and key populations on their human rights and legal knowledge. The need for a community-based reporting system or platform on discriminatory acts or other issues experienced by the community was also raised. On the research sector, it is proposed to carry out research to identify an aggregated profile of those at risk of HIV-TB co-infections.



The outcome of the discussions is a set of proposed recommendations for further human rights-related programming, where some groups managed to identify prioritization of programs.

CRG assessment on TB

In 2019, Spiritia Foundation carried out an assessment to identify and address legal, policy, social and gender barriers in accessing TB services in Indonesia. The research included interviewing stakeholders, such as TB patients and TB program implementers.

A similar challenge on self-stigma, social stigma and discrimination is identified as one of the barriers in accessing TB services. This situation is worsened by the lack of information on TB and of community organizations' involvement on TB response. The research also found a lack of information surrounding TB and TB patients' rights charter among TB communities.

On gender issues, the research found there is an intrinsic lack of understanding of gender issues among TB communities and service providers that may lead to the failure to identify gender-related barriers to TB services. The significant economic cost of enrollment in TB services still stands as a main challenge to service access for TB patients coming from lower economic backgrounds.

The following table summarizes key gaps and strategy recommendations from the three abovementioned documents:

Gaps	Recommendations
Cross-cutting HIV and TB	
Insufficient large-scale public education about HIV, TB and human rights to reduce	Strategic public education campaigns to increase knowledge about HIV, TB and

stigma and discrimination, particularly in remote/rural areas	human rights, and reduce discrimination against key and vulnerable populations
	Training on health, safety and environment for coordinators in the workplace
Insufficient routine coverage and follow-up for trainings of health care workers on human rights and medical ethics related to HIV, TB, as well as TB/HIV	Pre-service and in-service sensitizations and trainings of health care workers (from all levels), community workers, and law enforcement agencies (including their monitoring bodies) on HIV, TB, non-discrimination and gender
Insufficient sensitization of police and police management, and prison staffs/management on the rights of key populations and the need to avoid illegal practices and support access to health services	
Limited monitoring and evaluation of human rights-related program impacts on addressing barriers to services	Strengthen the reporting and accountability mechanism, including community-based monitoring and feedback (CBMF)
Limited collaboration/coordination across programs, including referral networks and those that would address TB and HIV related concerns together	Active engagement of government agencies, either as policy makers and implementers, i.e. MoH, MoJ, MoSA, MoFA, Coordinating Ministry of Human Development and Ministry of Home Affairs.
Limited efforts to ensure an enabling environment for the protection of rights of key populations of both TB and HIV, including mental health awareness among key populations	Expanded paralegal and human rights peer education programs
	Capacity-building of legal aid services to work on HIV-related issues, TB-related issues and to work with key populations
	Increased capacity and support for NGOS to carry out policy monitoring and advocacy, including to reduce logistical and financial barriers to HIV and TB services
	Capacity building for HIV and TB key pop and survivors on: advocacy, medicine literacy, mental health, gender equality
Lack of gender understanding in the implementation of HIV and TB services	Develop strategic gender development unit to mainstream gender perspective on HIV and TB response

Monitoring and reforming laws, regulations, and policies related to HIV and TB	Advocacy to repeal discriminatory laws on local level by strengthening the capacity of key populations and networking/collaborating with other CSOs working on advocacy at local level
	Advocate for legislation to protect PLHIV, people with TB and key population (as well as other marginalized groups) from all form of discrimination
Uncertainty about program sustainability, impacting capacity and the ability of organizations concerned with the human rights dimensions of HIV and TB to operate to the best of their ability	Diversify funding, including by sub-national programs with the active engagement of local governments including opening access to CSO for local state funds and engagement of private sector and philanthropy foundations for alternative funding sources, e.g. donation and CSR
TB-specific	
Limited economic empowerment and/or financial assistance for people living with TB and their communities	

Comprehensive program to reduce human rights-related barriers to HIV and TB services

To address the abovementioned barriers, countries should adopt human rights programs as a central part of their HIV response. The following seven key programs developed by UNAIDS and endorsed by the Global Fund serve as recommendations for countries in addressing stigma, discrimination, and further human rights violations. These programs also apply to reducing stigma, discrimination and human rights violations in the context of TB.

1. Stigma and discrimination reduction
2. Training for health workers on human rights and medical ethics related to HIV
3. Sensitization of lawmakers and law enforcement agents,
4. Legal literacy (“know your rights”),
5. HIV-related legal services,
6. Monitoring and reforming laws, regulations, and policies related to HIV; and
7. Reducing discrimination against women in the context of HIV.

Additional program for TB includes:

8. Programs in prison and other closed settings

The table below presents a five-year plan to implement a comprehensive response in reducing human rights-related barriers to access HIV ant TB services, covering the period of

2021 - 2025. It is developed based on recommendations made on the three key documents explained above. The five-year plan is organized in line with UNAIDS's seven key programs plus one additional program for TB, although the recommendations from the key documents are not categorized in such ways.

No	Program Area	Strategy
1	Stigma and discrimination reduction for key populations (HIV and TB)	♦ Carry out public education campaigns to increase knowledge on HIV, TB, stigma and discrimination, and relevant human rights ♦ Continue mainstreaming HIV and TB through training on stigma reduction and rights violations in four settings: Workplace, Education (Elementary and Junior High), Media (Journalists and Editors), and Faith-based sector ♦ Establish regular support group discussion/coalition on anti-stigma and discrimination for HIV and TB communities ♦ Carry out stigma index survey ♦ Support community-based monitoring on stigma, discrimination and human rights violations
2	Training for health care workers on human rights and medical ethics (HIV and TB)	♦ Ensure pre-service and in-service trainings of health care workers and community workers ♦ Advocate for adoption of stigma-reduction curricula, or review of existing training module in medical and nursing academy ♦ Ensure health care workers are equipped to deal with rights and advocacy issues through development of workplace policies on nondiscrimination, complaint mechanisms and referral systems
3	Sensitization of law-makers and enforcement agents (HIV and TB*)*	♦ Ensure pre-service and in-service sensitization trainings for law enforcement agencies ♦ Strengthen initiative to promote learning exchange on best practices on the protection of rights of HIV and TB patients and key vulnerable populations

		♦ Document and publicize cases of key populations experiencing rights violations that have been properly dealt with through official judicial/complaints systems
4	Legal literacy ('know your rights') (HIV and TB)	♦ Develop comprehensive 'Know Your Rights' informational tools ♦ Capacitate project implementors' knowledge on basic legal and human rights
5	HIV- and TB-related legal services	♦ Build capacity of community paralegals to work on HIV and TB related issues and to work with all key populations ♦ Build capacity of legal service providers to work on HIV and TB related issues and to work with key populations ♦ Expand / strengthen HIV, TB, and rights-related reporting and accountability mechanisms under National Human Rights Institutions
6	Monitoring and reforming laws, regulations, and policies (HIV and TB*)*	♦ Identify, document and evaluate the impact of regulations and policies at local levels on key populations' access to use of HIV- and TB-related services, including the National Health Card ♦ Support advocacy by civil society to improve policies and practices on the protection of the rights of HIV and TB patients and key populations ♦ Support civil society efforts to monitor, improve and provide feedback on relevant laws and policies
7	Reducing discrimination against women in the context of HIV	♦ Expand positive engagement of traditional and religious leaders to support women by resolving disputes, addressing discrimination and violence ♦ Mainstreaming gender issues to both communities and other stakeholders ♦ Ensure integration of HIV and TB in national/local efforts against violence and harmful gender norms

8	Programs in prison and other closed settings	♦ Training on stigma reduction and human rights protection in prison setting ♦ Raising awareness on human rights, TB, HIV and gender of prisoners

Implementation arrangement

In implementing the above strategies, there are important notes to be considered:

1. The implementation arrangement must be carefully designed. Flexibility must be applied in choosing the right implementors for specific activities. Where it makes sense, contracting organisations with specific expertise to implement specific programs must be consider as an option to ensure programs are carried out by the right people/group. For example, for activities targeting police officers, it is best to engage in partnership with CSOs that have long-standing experience in working with police. Consequently, overhead costs must also be provided for any organisations acting as implementors.
2. The human rights programming must be carried out in full integration with HIV and TB programs to avoid redundant efforts.
3. Bearing in mind the proposed structure of implementation, the implementation will involve organisations from HIV and/or TB sectors and human rights sectors. It is, therefore, very likely that organisations coming from HIV and/or TB sectors might not have adequate human rights knowledge, and vice versa. It is imperative to have technical capacity training on human rights for HIV and/or TB organisations, and on HIV and/or TB for human rights organisations.
4. In some strategies involving development or review of training modules aiming for stigma-reduction for professionals, it is recommended that the said professionals, as well as communities, are involved in the process.
5. On stigma-reduction sensitization trainings, the implementors of the program must carefully select:
    a. Participants, considering their background knowledge whereas it is preferable to have participants with similar knowledge in a training,
    b. Facilitators, where it is suggested to identify and develop a pool of facilitators at the beginning of the program, and
    c. The right wording for the event. For example, it is highly recommended to use 'Dialogue' for stigma-reduction training for editors, or for lawmakers.
6. To ensure a high level of participation, as well as part of sustainability, it is recommended to approach and partner with the national level agency/body. For example, for a sensitization workshop with prosecutors and judges, it is best to secure an MoU with the Supreme Court, or the Attorney General's Office. In a situation where this arrangement is not possible, or has met a dead end, implementors must consider approaching the relevant district agency (for example, Jakarta District Health Agency). Past experience shows that it is possible to work with the local agency directly.

7. There must be specific intervention targeting the Coordinating Ministry of Human and Cultural Empowerment. The intervention will aim to activate their coordinating roles by, inter alia, holding regular inter-agency meetings on HIV and TB.

Program coverage

The program will be carried out in two different settings, national and priority cities. The selection of priority cities will take into consideration a few things, including:

- Number of HIV and TB incidence,
- Estimated number of people in key populations, and
- Number of recorded incidents of stigma and discrimination

A new estimation of the size of key populations is being finalised at the moment. As for the number of incidents of stigma and discrimination, it is important to note that much of the existing stigma and discrimination documentation is carried out in the 23 districts reached through the current Global Fund support. This has resulted in the absence of information on stigma and discrimination in other cities, but it cannot be said that these cities are free of stigma and discrimination. Based on media monitoring carried out by LBHM in 2019, stigma and discrimination related to HIV happened in 95 cities, in 25 out of 33 provinces in Indonesia. Provinces with the highest number of stigma and discrimination cases documented are: (1) West Java, (2) Central Java, (3) East Java, (4) DKI Jakarta, (5) Banten, (6) Bali, and (7) South Sulawesi (LBHM, 2019). Unfortunately, there is no existing data on the extent of TB discrimination cases.

Provinces with documented stigma and discrimination cases

West Java	Central Kalimantan
Central Java	Papua
East Java	Lampung
DKI Jakarta	East Kalimantan
Banten	Jogjakarta
Bali	Aceh
South Sulawesi	Bangka Belitung
North Kalimantan	South Kalimantan
East Nusa Tenggara	Riau Island
Riau	Maluku
Central Sulawesi	West Papua
West Sulawesi	Gorontalo
North Sulawesi	

The implementation of human rights programs requires a set of human resources that are attached to the HIV and TB program, such as the availability of peer educators and outreach workers. Under the current HIV program, there are 23 districts considered as ‘acceleration district’, and therefore receiving the complete package of HIV services, plus community-based screening and PrEP for MSM (OR) in selected district. These districts are selected because of a combination of a high number of PLHIV and a high estimated number of key population members (CCM Indonesia, 2017). Meanwhile, the TB program selected 271

districts as priority based on the epidemic and demographic profile of these districts (CCM Indonesia, 2017).

For human rights programs, another consideration must be added, namely the number of stigma and discrimination cases documented. Prioritisation must be given to cities that have records of a relatively high number of cases of stigma and discrimination. Nation-wide research on human rights violations faced by PLHIV and key population could provide information in deciding the top five to ten cities, or more depending on the available resources.

Program Intervention Frameworks

Strategy	Specific Interventions	Location	Coverage	Output	Timeline	Implementing agencies	Comments
National Outcome Indicator: % of people reporting discrimination in community, healthcare, school sand workplace (Stigma Index Study) % of women and men aged 15 - 49 who report discriminatory attitudes towards people living with HIV (IBBS)							
Program Area 1. Stigma and Discrimination Reduction							
Carry out public education campaigns to increase knowledge on HIV, TB, stigma and discrimination, and relevant human rights	* Develop comprehensive annual campaign strategy that covers the issue of HIV, TB, human rights, SOGIE SC, Gender, youth and children	National	National consultant on campaign strategy Four infographics and one short video ad for online campaign Rent ads space City-wide public campaign Social influencers (from religious or community background) fee	* Number of impression * Number of engagement * Number of media coverage on both campaigns	All year, preferably in December for offline campaign	Community organizations, in collaboration with government agencies	It is recommended to use advertisement agencies to develop concept of the campaign, in close collaboration with community organizations.
	* Online campaigns						
	* Offline public campaigns	Priority cities					

Continue mainstreaming HIV and TB through training on stigma reduction and rights violations in four settings: Workplace, Education (Elementary and Junior High), Media (Journalists and Editors), and Faith-based sector	* Review module on comprehensive stigma and discrimination reduction, covering HIV, TB, human rights, SOGIE SC, gender, youth, and children.	National	National consultant	* Comprehensive module is developed * At least 4 target specific sections are developed * Module is printed, and archived on database website (Kolektive.website)	Year 1: Review, ToT and Roll-out training for HIV and TB services HCW Year 2: Roll-out training for non medical staffs, and other staffs, Internet-based evaluation Annually from year 3 to 5: Refresher training , and smartphone-based evaluation	Community organizations, in close collaboration with relevant sectors for specific section development. For Editors, explores possibility to work closely with foreign embassies to give leverage to the session	Comprehensive module consisting of HIV, TB, gender, stigma and discrimination, including best practices on eliminating stigma in the four settings. For journalist section: tips and list of contact for further interviews/engagement) For education section: guidance on what schools and parents must do to protect right to education for children living with HIV For workplace section: guidance on what office (HRD and union) must do to protect right to work for PLHIV For Editors, consider using the term
	* Develop target-specific section on comprehensive stigma and discrimination reduction module for: media (journalists and editors), teachers, human resource development divisions on corporate, and faith-based organisation)	National	National consultant				

	* Sensitization training for media, teachers, human resource/recruitment division at corporate, and faith-based organisations	Priority cities	@ 2 - 3 trainers, for 2 days, with 15 to 20 participants.	* Number of people trained * At least 50% of participants with increased knowledge * Database on participants (esp. journalists and editors)			'Dialogue', rather than 'Training' A team of master trainers consists of relevant experts and community representatives
	* Refresher training for teachers and human resource/recruitment division at corporate.	Priority cities	@ 2 - 3 trainers, for 2 days, with 15 to 20 participants.	* Number of people trained * 50% of participants with increased knowledge * Database on participants For refresher training, additional indicators include: * positive stories or experience in engaging with key populations from participants			

Establish regular support group discussion on anti-stigma and discrimination for HIV and TB communities	* Support re-activation of district human rights task force through monthly discussion of district human rights task force involving government	Priority cities	Local transportation, snacks for participants, and room rent/cleaning fee	* Number of group meetings	All year	Key population's national network, and community organizations	Human rights task force is a district-based team of community working on HIV response. At the minimum, human rights task force consists of paralegals, focal points, and ACS monitoring officers - all of them exists and supported under HIV programs. human rights task force could also include peer support, and outreach workers. At the beginning of the re-activation, human rights task force members must be equipped with skills and knowledge, including: basic advocacy and negotiation skills, and basic legal and human rights knowledge. Human rights task force will serve as a follow up of stigma and discrimination training, including for healthcare workers and law enforcement agencies. They will become the motor of human rights advocacy at district level, where they can
	* Quarterly discussion of national anti stigma and discrimination coalition	National	Local transportation, snacks for participants, and room rent/cleaning fee	* Number of group meetings	All year	Key population's national network, and community organizations	
	* Quarterly discussion in a form of media visits/gatherings between human rights task force and media on discriminative news coverage	Priority cities	Local transportation, snacks for participants, and room rent/cleaning fee	* Number of group meetings	All year	Key population's national network, and community organizations	
	* Quarterly discussion between human rights task force at district level and religious bodies	Priority cities	Lumpsum support to cover paralegal's fee (hourly), snacks for participants, and room rent/cleaning fee	* Number of group meetings	All year	Key population's national network, and community organizations	

							receive case report, and refer it to relevant bodies.
Carry out stigma index	Stigma Index HIV	National	Research consultant team Enumerator	* Stigma index launched	All year	Community organization	
Support community-based monitoring on stigma, discrimination and human rights violations	* Ensure CBMF include stigma, discrimination and rights violations as indicators	Priority cities	Project implementor to lobby CBMF development team to incorporate these indicators	* Stigma, discrimination, and rights violations is included as indicators for CBMF	Year 1	Project implementor	Can be skipped if the existing CBMF has included these as indicators
	* Develop and disseminate tools on how to use CBMF to report stigma, discrimination and rights violations cases	Priority cities	Guideline for human rights violation reporting	* Number of tools developed * Number of people reached during dissemination of tools	Year 1	Project implementor	The arrangement will follow the CBMF protocol that is being developed at the moment. The idea is to utilise the available resources to collect the data, but these resources will be trained specifically on filling in the stigma, discrimination and violations cases

	* Training for response team (national and local/district) on responding to human rights cases	National, and Priority cities	@ 2 - 3 trainers, for 2 days, with 15 to 20 participants. Numbers or training needed depends on the number of representative from national and local response team	* Number of response team trained	Year 1	Project implementor, with NHRIs	Collaborate with Komnas HAM, Komnas Perempuan, and Ombudsman
	* Launch (in cities, and national level) of CBMF data	National, and priority cities	National consultant team to analyse data Public seminar in each priority cities	* Reports on CBMF data available bi-annually * # of media coverage on the launching event	Annually	National consultant team, with supervision from project implementor	National consultant team must include representatives from community members
	* Support for response team to discuss/meet routinely	National, and Priority cities	Bimonthly meeting	* # of cases documented	Year 1	Project implementor, with response team	

Strategy	Specific Interventions	Location	Coverage	Output	Timeline	Implementing agencies	Comments
National Outcome Indicator: # of people living with HIV and key population who report experiences of HIV-related discrimination in health-care settings							
Program Area 2. Training for Healthcare Workers on Human Rights and Medical Ethics on HIV and TB							
Ensure pre-service and in-service trainings of health care workers and community workers	* Develop or review module on stigma and discrimination reduction that includes SOGIE SC and youth issues for medical and non-medical (security, administration) staffs and professional association (IDI, PDKJI, HIMPSI, IDAI, PKVHI)	National	National consultants, involving healthcare workers in the development	* Training module, with sections on each key populations, occupational risks for HCW, VAW, and gender.	Year 1: Review, ToT and Roll-out training for HIV and TB services HCW Year 2: Roll-out training for non-medical staffs, and other staffs, Internet-based evaluation Annually from year 3 to 5: Refresher training, and 3rd and 5th Year: smartphone-based evaluation	Community organizations, in collaboration with MoH, and Local Health Agencies	Module to also include topic on occupational safety for healthcare workers. Special attention must be given to include roles for healthcare workers/professionals in encouraging people to get tested. This could also relate to Program Area 1 on stigma and discrimination reduction campaign
	* Training on human rights, stigma and discrimination for medical staffs	Priority cities	@ 2 - 3 trainers, for 2 days, with 15 to 20 participants. National trainer team	* Number of participants trained * At least 50% of participants with increased knowledge * Database on trained participants For refresher training, additional			A team of trainers consists of senior doctor/professionals and community representatives
	* Training on human rights, stigma and discrimination for non-medical staffs	Priority cities					
	* Training on human rights, stigma and discrimination for professional association	National					Professional association may include, but not limited to Ikatan Dokter Indonesia (IDI), Perhimpunan Dokter

	* Training on human rights, stigma and discrimination for health care workers working on mental health services	National		indicators include: * positive stories or experience in engaging with key populations from participants			Spesialis Kesehatan Jiwa Indonesia (PDSKJI), Himpunan Psikolog Indonesia (HimPsi), Ikatan Dokter Anak Indonesia (IDAI), and Perhimpunan Konselor VCT HIV Indonesia (PKVHI).
	* Refresher training for medical, non-medical, and professional association	Priority cities					
	* Client satisfactory surveys through handphone/social media	National	Looking at experience/engagement with key populations after training	* Evaluation tools for trained participants		Project implementors	In line with CBMF
Advocate for adoption of stigma-reduction curricula, or review of existing training module in medical and nursing academy	* Review or advocate for revision/integration of human rights and stigma and discrimination reduction in medical or nurse academy	National	Series of meeting to lobby National consultant from medical background with good knowledge on community	* Workplan Tracing Measures	From Year 1 onwards	CSOs working on health-sectors, in collaboration with key population's network	If the current module has topics relevant to human rights/non-discrimination, it is suggested to revise the existing one rather than adopting a new module.

Ensure health care workers are equipped to deal with rights and advocacy issues through development of workplace policies on non-discrimination, complaint mechanisms and referral systems	* Advocate for the inclusion of human rights or non-discrimination indicators in HCW client satisfactory surveys	National	Series of meeting to lobby	* Workplan Tracing Measures	All year	CSOs working on health-sectors, in collaboration with key population's network	"IAC carry out client satisfactory survey in 2017. However, the indicators focus mainly on the treatment. The eight indicators they are using are: 1. Cost 2. Competency of HCW 3. Availability of drugs 4. Interpersonal skills 5. Referral TB/HIV 6. Time accessibility and availability of services 7. Equipment and facility 8. Confidentiality This would be an additional indicators.
	* Develop module on addressing human rights violation for medical committee in health facilities	National	National consultant (preferably coming from health background with human rights knowledge) Consultation meeting with organisations working on health sectors	* Modul for Medical Committee	Year 2	In collaboration with Ikatan Dokter Indonesia, or other professional organisation, as well as CSOs work on health consumer protection	

	* Training for medical committee members on addressing human rights violations	Priority cities	@ 2 - 3 trainers, for 2 days, with 15 to 20 participants.	* Number of people trained * Percentage of participants with increased knowledge * database on people trained * Number of human rights or non-discrimination cases identified	Year 2 and 3	Community organisations, with master trainers	A team of master trainers consists of senior doctors and community representatives

Strategy	Specific Interventions	Location	Coverage	Output	Timeline	Implementing agencies	Comments
National Outcome Indicator: % of people who sought redress when their rights were violated (Stigma Index Study) **% of PLHIV reporting their rights were violated who sought legal redress**							
Program Area 3. Sensitization of law-makers and enforcement agents							
Ensure pre-service and in-service sensitization trainings for law enforcement agencies	* Develop discussion guidance for monthly discussion between district human rights task force and law enforcement agencies	National	National consultant	* Discussion guidance	Year 1		Need to make sure the section also includes: 1. Related occupational safety concerns 2. Gender perspective, as well as 3. Internal policies related with human rights and non-discrimination (if any)
	* Regular discussion between district human rights task force and law enforcement agencies	Priority cities	@ 2 - 3 trainers, for 2 days, with 15 to 20 participants.	* Number of people trained * MoM of the discussion, and any strategies developed * Database on law enforcement agencies involved in the discussion	Mid year 1 onwards	Community organisations, together with human rights organisation	Consider the involvement of local experts on legal and human rights issues, or other civil society organisations working on justice reform sector
	* Advocate for revision/integration of human rights and stigma and discrimination reduction in law enforcement academy	National	Series of meeting to lobby	* Workplan Tracing Measures	Year 2	Community organisations, together with human rights organisation	If the current module has topics relevant to human rights/non-discrimination, it is suggested to revise the existing one rather than adopting a new module

Strengthen initiative to promote learning exchange on best practices on the protection of rights of HIV and TB patients and key vulnerable populations	* Re-activation of, and support the initiative of parliaments caucus on HIV, TB and human rights	National	Series of meeting with Health Commission within Parliament Support for the Caucus to carry out routine meeting	* Number of caucus meeting * Inventory on caucus members * Events or initiatives made by caucus		Community organisations, with close collaboration with former member of global parliament caucus (Nova Rianti Yusuf)	
	* Support participation at international fora for LEA and lawmakers	National	Travel and lodging	* Work trip report	Potential conference includes: * International AIDS Conference * International Conference on Law Enforcement and Public Health * Harm Reduction Conference	Community organizations	
	* Support and encourage the application and dissemination of tools and measurement from the regional coalition at the national level	National	Support for lobby meeting	* Workplan Tracing Measures	Year 1	National anti-stigma and discrimination coalition	

Document and publicize cases of key populations experiencing rights violations that have been properly dealt with through official judicial/complaints systems	*Review existing documentation tools	National	National consultant as research team	* Revised tools, including guidelines on 'how to use' section	Year 1, and Year 3		In line with CBMF. Apart from seminar, data should also be discussed within human rights task force, and use as documentations for further advocacy under Program Area 6 on Monitoring and Reforming Laws and Policies
	Training on data collection	National	Research team 3 days training for community members to be data collectors	* Number of community members trained to be data collectors	Year 1, with refresher training on Year 3		
	Data collection and analysis	National, and priority cities	Research team Honorarium for data collectors Small contribution for informants	* Number of cases documented * Percentage of cases resolved	Annually		
	Dissemination	National	Seminar	* Number of news coverage on the seminar * Documentation on politicians, or government officials positive statements	Annually		

Strategy	Specific Interventions	Location	Coverage	Output	Timeline	Implementing agencies	Comments
Program Area 4.Legal literacy							
Develop comprehensive 'Know Your Rights' informational tools	* Redevelop 'know your rights' materials for offline, and online platform	National	Honorarium for content creator Honorarium for tools developer (up to 10 infographics, 3 short videos) Honorarium for resources persons in case of interview Honorarium for cameraman and editor	* Number of tools developed * Number of tools distribution by other CSOs * Number of people reached during dissemination of tools	Year 1, and every two years renew the tools	Community organisations focusing on campaign	The form of tools must be varied, from infographic, short video or documentation, talk series, and others
	* Strengthen full knowledge management (publication, research, dissemination and transfer of information) on human rights in the context of HIV and TB	National	Honorarium for enumerator Webhosting fee Journal fee	* At least 50 new documents uploaded every year * Number of people access and/or download documents from the website	Annually	Existing platform includes LBHM's Kolektiva.website	Explore other platform

Capacitate project implementors' knowledge on basic legal and human rights	* Legal and human rights training for HIV and TB program implementing organisations (PR/SR/SSR/IU/peer educators/outreach workers)	National	@ 2 - 3 trainers, for 2 days, with 15 to 20 participants.	* Number of paralegal participation * Suggestion on further topic of discussions	Quarterly for the first two years		
	* Legal and human rights counselling for community members, including youth key population	Priority cities	Honorarium for lead paralegals at local level Support for counselling meeting (snack/meals and local transportation for participants)	* Number of discussion held * Follow up initiatives, or cases consulted and resolved during discussion * Documentation on best practices for legal literacy initiatives	Bimonthly	Paralegals, local or provincial organisations	
	* National conference on Human Rights, HIV and TB	National	Travel and lodging	* Number of participants	Year 1 onwards	Project implementor	

Strategy	Specific Interventions	Location	Coverage	Output	Timeline	Implementing agencies	Comments
Program Area 5. HIV- and TB-related legal services							
Build capacity of community paralegals to work on HIV and TB related issues and to work with all key populations	* Develop e-learning module as part of refresher training for existing paralegals	National	National consultant	* e-learning package is developed and distributed	Year 2	Human rights research institutions with good understanding of HIV and TB issues	For refresher training for those who cannot attend physical training
	* Paralegal training for TB/HIV key populations	Priority cities	Basic training (20 participants) for three days, followed by paralegal training (selected 10 participants from basic training) for three days in within 6 months timespan.	* Number of people trained * Percentage of participants' knowledge increased * Database on people trained	Year 1		Trainer team may consist of champions from legal aid organisations
	* Roll out e-learning as refresher training for trained-paralegals	Priority cities	3-day training focusing on the knowledge, and skills/experience of delivering paralegal works		Annually. Year 1 for HIV, and from Year 2 onwards join with TB		
	* Develop standard guidelines for quality legal service for HIV- TB communities for legal aid orgs and paralegals	National	National consultant Meeting to consult with paralegals and legal aid organisations	* Standard guidelines is developed in consultation with paralegals, taking into account their experience	Year 2, to be reviewed annually		To be introduced to paralegals during refresher training

	* Support mentorship scheme from legal aid organisation to interning paralegals	Priority cities	Honorarium for 2 paralegals at each organisations Annual meeting to review the placement	* Number of paralegal in place * Number of cases/reports received by paralegals and its follow up	Year 2 onwards. Placement to be reviewed every semester, and annually		Paralegal placed at legal aid organisations is aim to be aide for the implementation of human rights program
	* Dissemination rapid response on discrimination and human rights violation cases for all key populations	National	Region-based one day seminar consist of up to 50 participants	* Workplan Tracing Measures	Year 2		Rapid response exists under current program from the Global Fund
Build capacity of legal service providers to work on HIV and TB related issues and to work with key populations	* Development or review module for sensitizing university-based legal aid organisations, and legal air organisations on HIV and TB	National	National consultant	* Module developed or reviewed	Year 3	Human rights organisations with good understanding of HIV and TB issues	
	* Training for trainers: Training on HIV, TB and human rights for legal aid organisation	National	@ 2 - 3 trainers, for 2 days, with 15 to 20 participants.	* Number of people trained * Percentage of participants' knowledge increased * Database on people trained	Year 3		
	* Training on HIV, gender, TB and human rights for legal aid organisation	Priority cities	@ 2 - 3 trainers, for 2 days, with 15 to 20 participants.		Year 4		
	* Training on sensitization training for legal aid orgs' paralegals within BPHN	National	@ 2 - 3 trainers, for 2 days, with 15 to 20 participants.		Year 3		

Expand / strengthen HIV, TB, and rights-related reporting and accountability mechanisms under National Human Rights Institutions	* Sensitisation training on HIV and gender for National Human Rights Institutions	National	National meeting	* Number of participants involved at the meeting * Number of further collaboration created from the meeting	Every two years, started on Year 2	Community organisations	Using stigma-reduction module

Strategy	Specific Interventions	Location	Coverage	Output	Timeline	Implementing agencies	Comments
National Outcome Indicator: # of protective / punitive laws affecting people living with HIV, TB, key and vulnerable populations (NCPI)							
Program Area 6. Monitoring and reforming laws, regulations and policies (HIV and TB)							
Identify, document and evaluate the impact of conflicting and regulations and policies at local levels on key populations' access to use of HIV- and TB-related services, including the National Health Card	* Discussion between human rights task force at district levels and legal/human rights experts on selected advocacy issues	Priority cities	Honorarium for resource person Support for meeting (snack/meals and local transportation for participants)	* Number of meeting held * Number of new networks with local CSOs established * Summary/MoM of follow up action carried out	Every semester, started by Year 2	Local civil society/community organisations, with paralegals	
	Monitoring and evaluation on cases documented from paralegals' work	Priority cities	FGD to develop monitoring results	* Number of cases documented	Annual	Project implementor	
	Regular HIV legal review	National	National consultant as research team	* Number of supportive and discriminative laws * Detailed recommendations	Annual	Project implementor	

Support advocacy by civil society to improve policies and practices on the protection of the rights of HIV and TB patients and key populations	* Support advocacy on health facilities to extend its operational hours	National	Support for quarterly meeting (snack/meals and local transportation for participants) Consultant to develop policy briefs Seminar to disseminate policy briefs	* Workplan Tracing Measures	Year 1 onwards	Community organisations with human rights organisations	
	* Support advocacy to allow alternative guardianship system for young key populations	National		* Workplan Tracing Measures	Year 1 onwards	Youth-led community organisations with human rights organisations	
	* Support national anti-stigma and discrimination to develop policy papers/brief	National		* Workplan Tracing Measures	Year 1 onwards	Community organisations with human rights organisations	
	* Development of module on inclusive policy development	National	National consultant	* module developed	Year 2	University-based legal clinic	Incorporating stigma-reduction module

	* Support BPHN, MoHA and MoJ on Training on inclusive policy development for lawmakers in district level	National	@ 2 - 3 trainers, for 2 days, with 15 to 20 participants.	* Number of people trained * At least 50% of participants' knowledge increased * Number of draft of inclusive regulations or revision to existing discriminative policies	Year 2	Community organisations	
Support civil society efforts to monitor, improve and provide feedback on relevant laws and policies	* Support advocacy campaign and lobby on: Revision of Penal Code, Revision of Narcotic Law, Revision of National Health Law, Draft of Sexual Violence Bill, and other regulations listed as part of National Legislation Priority	National	National consultant on campaign strategy Development of campaign tools Boosting fee on social media	* Workplan Tracing Measures	All year	Existing human rights organisations/civil society coalition working on policy advocacy	
	* Support further advocacy on discriminative laws and policies through legal avenues	National	National consultant to develop policy brief Series of coordination meeting	* Workplan Tracing Measures	All year		

	* Support Komnas HAM to develop position papers on stigma and discrimination reduction on HIV for NHRIs	National	Series of coordination meeting	* Number of meeting * Number of briefing papers developed	Every semester, started by Year 2	NHRI, with close collaboration with civil society coalition working on policy advocacy	
	* Advocate for renewal of the national access to justice strategy at Bappenas	National	Series of coordination meeting	* Workplan Tracing Measures	Year 1 onwards	National anti-stigma and discrimination coalition with human rights organisations	

Strategy	Specific Interventions	Location	Coverage	Output	Timeline	Implementing agencies	Comments
Program Area 7. Reducing discrimination against women in the context of HIV and TB							
Expand positive engagement of traditional and religious leaders to support women by resolving disputes, addressing discrimination and violence	* Support National Commission on VAW to campaign or advocate on the intersection of HIV, TB and GBV	National	Series of coordination meeting Development of online campaign tools	* Number of meeting * MoM of campaign/advocacy meeting	Annually, especially during the 16 days of activism against GBV	Key population network working on women issue	If possible, also consider a placement for paralegals at the Commission as an aide for the campaign
Mainstreaming gender issues to both communities and other stakeholders	* Activate inclusive human rights and gender study group in district levels	Priority cities	Support for meeting (snack/meals and local transportation for participants) Honorarium for experts	* Number of study groups activated	Year 2	Community organisations with human rights organisations	
	* Gender mainstreaming for stakeholders on HIV and TB issue	Priority cities		* Number of participants	Year 2		

Ensure integration of HIV and TB in national/local efforts against violence and harmful gender norms	* Sensitization training on HIV and TB issues among GBV response service providers and women's rights groups	Priority cities	@ 2 - 3 trainers, for 2 days, with 15 to 20 participants.	* Number of people trained * Percentage of participants with increased knowledge * Database on people trained	Every two years, started on Year 2	National Commission on VAW, in collaboration with IPPI and Service Provider Forum	
	* Support human rights task force at district level to build network and referral system between HIV and TB services and GBV services	Priority cities	Support for meeting (snack/meals and local transportation for participants) Honorarium for experts	* Workplan Tracing Measures	Year 3		
	* Socialisation on the network and referral system to women living with HIV and women key population	Priority cities		* Number of people reached during the dissemination * Number of report handled through the referral system	Year 3		
	* Training for healthcare workers on addressing violence cases against women living with HIV and key population by using existing module	Priority cities	National consultant Local consultant Series of consultation meeting with service providers forum and key populations	* Number of localized referral system established	Year 2		

Strategy	Specific Interventions	Location	Coverage	Output	Timeline	Implementing agencies	Comments
Program Area 8. Program in prison setting							
Training on stigma reduction and human rights protection in prison setting	* Review comprehensive stigma and discrimination reduction module to be use for prison officers	National	National consultant	* reviewed module	Year 2		Need to make sure the section also includes: 1. Related occupational safety concerns 2. Gender perspective, as well as 3. Recommendation on the application of policies supporting human rights fulfilment of PLHIV and key population in prison setting
	* Training of trainers: Training on human rights, HIV, TB and stigma and discrimination reduction for prison officers	National	National training, 30 participants (10 participants from each regions), 6 days of training	* # of master trainers	Year 2	Human rights organisations with good understanding of HIV and TB issues, community organisations working on prison sectors, in close collaboration with Directorate of Correctional Facilities	Explore possibility to carry out similar activities at immigration detentions in Indonesia
	* Training on human rights, HIV, TB and stigma and discrimination reduction for prison officers	Priority cities	@ 2 - 3 trainers, for 2 days, with 15 to 20 participants.	* Number of people trained * Percentage of participants with increased knowledge	Year 2		

	* Refresher training	Priority cities	@ 2 - 3 trainers, for 2 days, with 15 to 20 participants.	* Database on participants	Year 2		
Raising awareness on human rights, TB, HIV and gender of prisoners	* Socialisation on HIV, TB, human rights, including gender in prison and drug rehabilitations through a peer-led strategy	Priority cities	Seminar inside prison with 20 - 30 participants	* Number of prisoners reached	Year 2		
	* Initiate HIV, human rights, and gender study group in prison and drug rehabilitation	Priority cities	Printing discussion guidelines for human rights task force to be used to study group	* Number of study group inside prison activated	Year 2		