# INDONESIA
# Mid-term Assessment

Global Fund Breaking Down Barriers Initiative

August 2021

Geneva, Switzerland

# DISCLAIMER

Towards the operationalisation of Strategic Objective 3(a) of the Global Fund Strategy 2017-2022, this mid-term 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.


## Acknowledgements

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## Breaking Down Barriers Initiative Countries

The following 20 countries are part of the *Breaking Down Barriers* Initiative. As the mid-term assessments take a differentiated approach, they are categorized by assessment type: rapid, program or in-depth. Indonesia is a Program assessment.

| Mid-term Assessment Type | Countries | | |
|---|---|---|---|
| **Rapid** | Benin<br>Democratic Republic of Congo (rapid +) | Honduras<br>Kenya<br>Senegal | Sierra Leone<br>Tunisia<br>Uganda (rapid +) |
| **Program** | Botswana<br>Cameroon<br>Cote d'Ivoire | Indonesia<br>Jamaica<br>Kyrgyzstan | Mozambique<br>Nepal<br>Philippines |
| **In-depth** | Ghana | South Africa | Ukraine |

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# Summary

## Introduction

The Global Fund's *Breaking Down Barriers* initiative provides support to countries to scale-up to comprehensive levels programs to remove human rights-related barriers to HIV, tuberculosis (TB) 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 launch ed in 2017 in 20 countries and runs for the length of the current Global Fund Strategy which ends 2022. This report presents findings from an assessment conducted at mid-term during this period regarding efforts to scale-up these programs in Indonesia. It seeks to: (a) assess Indonesia's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

## 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 services* 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.† 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.

## Methods

To assess progress towards comprehensiveness and quality of programming, as well as the impact the *Breaking Down Barriers* initiative has had in Indonesia to date, the mid-term assessment incorporated a mixed-method analysis approach which included a desk review of program documents and other relevant literature and remote interviews with key informants. Countries under review for the mid-term assessment have been divided into three tiers reflecting the level of assessment: rapid, program and in-depth assessments. The mid-term assessment in Indonesia was a Program assessment. It was conducted primarily between November 2020 and April 2021.

## Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

### *Progress towards Creating a Supportive Environment to address Human Rights-related Barriers*

Indonesia took significant steps toward creating a supportive environment for addressing human rights-related barriers to HIV services, including applying for matching funds of US$ 2.28 million in NFM2 and allocating an additional US$ 2 million from the HIV allocation, significantly increasing the funding for programs to remove human rights-related barriers to services, which was further increased in the NFM3; conducting a baseline assessment to identify barriers, populations affected, existing programs and a comprehensive response; holding a multi-stakeholder meeting to review the findings of the baseline assessment; developing a multi-year plan to remove human rights-related barriers; and designating the HIV Technical Working Group of the Country Coordinating Mechanism of the Global Fund to monitor human rights-related initiatives and implementation of the multi-year plan. Together, these steps were intended to help build an effective and sustainable rights-oriented response and facilitate the removal of barriers to access to prevention, treatment and care for key and vulnerable populations.

**Table 1: Key milestones**

| Milestone | Results | Date |
|---|---|---|
| **Matching funds** | US$2.28 million of matching funds accessed for programs to reduce human rights-related barriers, and US$ 2 mil was invested from the allocation for the period 2018-2020, plus US$2 million from within the allocation (in NFM2) | Disbursed March, 2018 |
| **Baseline assessment** | Literature review, country visit, key informant interviews and focus group discussions conducted | 2017-2019 |
| | Report finalized | September 2019 |
| **Multi-stakeholder meeting** | To take stock of developments since the baseline assessment, identify gaps, challenges and emerging issues in the current response, and develop actions to be taken to address human rights barriers to HIV and TB services, a multi-stakeholder meeting was held and attended by CCM members, representatives from the Ministry of Health, people living with HIV, people living with TB, key population representatives, technical partner agencies including UNAIDS, the WHO and the Stop TB Partnership, donor agency representatives including from the Global Fund, academic experts, and representatives from the private sector. | August 2019 |

| | | |
|---|---|---|
| **Technical Task Team and working group on human rights** | While no such working group was created, the HIV Technical Working Group of the Country Coordinating Mechanism of the Global Fund was designated to fulfill the roles of such a group | September 2019 |
| **National plan to reduce human rights-related barriers** | Published in March 2020, the Multi-Year Plan outlines eight program areas to implement a comprehensive response in reducing human rights-related barriers to HIV and TB services, covering the period 2021-2025. Activities are to be carried out nationally and in priority cities. | March 2020 |

### *Scale-up of Programs: Achievements and Gaps*

Since 2018, Indonesia has scaled up programs in all key seven program areas to remove human rights-related barriers to HIV services, with marked expansion of programs for monitoring and reforming laws and policies and access to justice. With support from the Global Fund, other donors and technical partners, key stakeholders have developed a stronger understanding of human rights barriers to HIV, TB and other health services. In particular, capacity among civil society to engage in national advocacy to promote an enabling environment has increased, with the formation of an "Anti-Stigma and Discrimination Coalition" and a notable success in the defeat of draconian changes to the *Penal Code* in 2019. In 23 districts, teams of paralegals and health specialists have been deployed to identify human rights-related barriers to HIV care, with positive results reported, and other donors have supported complementary access to justice initiatives. Limited progress was also noted in training of health care workers and reducing discrimination against women and harmful gender norms, while substantial work remains to be done in bringing sensitization of law enforcement to a comprehensive level.

**Table 2: Baseline vs. Mid-Term Scores of Program Comprehensiveness**

| Program areas | HIV | | TB | |
|---|---|---|---|---|
| | Base line | Mid-Term | Base line | Mid-Term |
| **Stigma and discrimination reduction** | 2.2 | 3.0 | 2.5 | 3.0 |
| **Training for health care providers on human rights and medical ethics** | 1.5 | 2.3 | 0 | 0 |
| **Sensitization law-makers and law enforcement agents** | 1.5 | 2.3 | 1.5 | 1.5 |
| **Legal literacy ("know your rights")** | 2.0 | 3.0 | 0 | 2.0 |
| **Legal services** | 2.0 | 3.2 | 0 | 0 |
| **Monitoring and reforming laws, regulations and policies relating** | 2.0 | 3.3 | 1.5 | 3.3 |
| **Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity** | 2.5 | 3.3 | 0 | 2.5 |
| **Ensuring confidentiality and privacy** | *N/A* | | 0 | 2.0 |
| **Mobilizing and empowering patient and community groups** | | | 0 | 0 |
| **Programs in prisons and other closed settings** | | | 0 | 0 |
| **Average score** | **2.0** | **2.9** | **0.6** | **1.4** |

**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)**

**N/A – Not applicable**

*For detailed scorecard key, see Annex II*

## *Cross-cutting Issues related to Quality Programming and Sustainability*

The Global Fund's definition of comprehensive programs stresses the importance of quality, stating that activities should be internationally recognized as effective in removing human rights-related barriers to HIV and TB. A number of key elements of quality have been identified, including alignment with national strategies; integration into or linkage with prevention, treatment and key population services; combining multiple human rights programs for enhanced impact; avoidance of duplication and gaps; strengthening human rights capacity towards sustainability; addressing the contexts of beneficiaries; and robust monitoring and evaluation.

The systematic collection of data on quality indicators on individual programs to remove human rights related barriers went beyond the scope of this assessment. However, based on key informant interviews with implementers, community organizations, UN agencies, and donors, as well as reviews of program data for certain programs and activities, a number of key components of quality are discussed below.

## *Discussion of Quality Components*

There are numerous indications that Indonesia is building the necessary conditions to achieve quality programming to remove human rights-related barriers to access. These include a Baseline Assessment report that, according to key stakeholders, was accepted as comprehensive, fair and accurate and a multi-stakeholder meeting that brought together diverse groups and raised the level of national understanding and discourse around human rights barriers to HIV and TB programming. Despite a lack of robust government involvement in the process, the development of a multi-year National Plan for achieving comprehensive human rights programming provided a roadmap for the way forward and increased the readiness of civil society organizations and key populations to implement current and planned interventions. As reflected in the current funding request, key stakeholders also reported increased government interest and commitment to incorporating human rights programming in the national TB response.

1. Access to justice interventions took significant steps forward, with the implementation of 4 Pillars teams in 23 districts with high HIV prevalence and presence of key populations. The 4 Pillars model utilizes a strategic integration of four different but mutually supporting roles that work together in a team to deliver legal literacy, legal services and advocacy for law and policy reform. The health specialist on the team represents an opportunity for critical linkage of human rights programming with health services. LBHM, an NGO with long legal services and human rights experience, or TIFA Foundation is well positioned to provide training, technical assistance and support for the teams as they develop and expand. Programs sponsored by other donors with strong access to justice components, such as PITCH and MAJu, provided complementary and supportive services during the assessment period.

Nevertheless, several issues of concern were identified that impact all program areas. The dissolution of the National AIDS Commission in 2017, limited government engagement in development and support of the Multi-Year Plan, the absence of a Technical Working Group for HIV, TB and Human Rights and the failure of the Ministry of Health to be interviewed for this assessment suggest a lack of political leadership for health and human rights programs that undermines the ability of Indonesia to ensure oversight, coordination, monitoring and evaluation, future growth and sustainability. Increased involvement of relevant ministries is key to building sustainable, effective programs that maximize impact on human rights and health outcomes. Specifically, stronger engagement is needed from the Ministry of Health as well as from ministries such as the Ministry of Law and Human Rights for paralegal and law enforcement sensitization programs, the Ministry of Home Affairs for sensitization of the Satpol PP or public order officers, and the Ministry of Female Empowerment for the interventions targeting gender discrimination, as well from the Indonesian National Police. Key informants also noted the need for greater coordination between national and local governments to ensure local concerns are considered in the national response.

In addition, consideration should be given to an implementation arrangement for human rights programming that could ensure efficient distribution of funds to reduce problematic delays and increase flexibility for sub recipients. Human rights monitoring and evaluation capacity is low as implementers report lacking technical knowledge to collect and analyze program data. Finally, current human rights programming is located in 23 districts that were identified as having high HIV prevalence as well as a concentration of key populations. These criteria provided a strong foundation for the initial roll-out of interventions, particularly in light of the challenges faced in achieving effective program coverage in a country of thousands of islands and decentralized political and health systems. However, many key stakeholders expressed concern about limiting human rights programming to 23 districts, citing the need for assistance to key populations in other locations. The Multi-Year Plan recommends expanding the criteria that are used to decide where human rights programs should be implemented to include incidence of stigma and discrimination against key populations and highlights the need for additional research to inform expansion of programming into other geographic areas.

## Emerging Evidence of Impact

By reducing and removing rights-related challenges to access HIV and TB services, the Breaking Down Barriers initiative aims to improve uptake of, and retention in, services for affected communities. At mid-term, the assessment documented emerging evidence related to the removal of barriers to HIV services in the form of a case study on civil society advocacy to oppose regressive Penal Code amendments.

### *Collaborative civil society advocacy to oppose regressive Penal Code ammendements*

In September 2019, the Indonesian government introduced amendments to its *Penal Code* that violate many human rights of key populations, including amendments that criminalize extramarital sexual intimacy,‡ effectively criminalizing sex work and — by virtue of the prohibition on same-sex marriage — all same-sex sexual intimacy.§ The proposed penalty for this offence is imprisonment ranging from six months to one year.** Another amendment prohibiting the "promotion" of contraception would result in decreased access to vital reproductive health care information, while the proposed inclusion of drug offences (which are already regulated under Indonesia's *Narcotics Act*) would further perpetuate the criminalization of people who use drugs.††

Because of the impact of the proposed amendments on human rights, a coalition of Indonesian civil society organizations, human rights organizations, university and secondary students, and labour groups mobilized to delay the passage of the law and urged President Joko Widodo to reject the amendments.‡‡ While these groups had previously worked in silos, they united to decry the amendments' threats to civil liberties§§ and described how the proposed amendments "violate the rights of women, religious minorities and lesbian, gay, bisexual and transgender people, as well as freedom of speech and association."***

Global Fund support helped to catalyze and strengthen discourse regarding human rights, HIV and key populations among civil society organizations, altering the political landscape and facilitating joint advocacy. The Indonesian AIDS Coalition and LBH Masyarakat (LBHM), a community legal aid institute that works closely with marginalized communities, was among the organizations that rallied against the bill,††† and LBHM lawyers partook in a civil society-led social media campaign (#RefromasiDikorupsi, or "Reform Corrupted"), organized press conferences and engaged media, lobbied parliamentarians, and organized marches outside of Parliament in response to the amendments.‡‡‡ LBHM also met with and mobilized other civil society organizations working on a diversity of issues affected by the bill, and underscored the risks the new *Penal Code* poses for key populations. Thousands of demonstrators took to the street, resulting in the largest student movement in Indonesia since 1998.§§§

As a result of this advocacy, voting on the amendments has been postponed, although the amendments have not been abandoned. This was a significant advocacy success, due in part to the strength and far reach of a coalition of groups working across a spectrum of issues, as well as a collective framing of human rights underpinning their opposition to the bill.

## Conclusion

Indonesia took significant steps toward creating a supportive environment for addressing human rights-related barriers to HIV services, including applying for matching funds to increase funding for programs to remove human rights-related barriers to services and contributing significant additional resources from within its HIV and, more recently, also TB allocation; conducting a baseline assessment to identify barriers, populations affected, existing programs and a comprehensive response; holding a multi-stakeholder meeting to review the findings of the baseline assessment; and developing a Multi-Year Plan to remove human rights-related barriers. Together, these steps were intended to help build an effective and sustainable rights-oriented response and facilitate the removal of barriers to access to prevention, treatment and care for key and vulnerable populations.

While much work remains to be done before the country reaches comprehensive programs, since 2018 Indonesia has scaled up programs in all key seven program areas to remove human rights-related barriers to HIV services. Capacity among civil society to engage in national advocacy to promote an enabling environment has also increased Notably, this progress was achieved amid an increasingly conservative legal and political environment and the impact of nationwide COVID-19 restrictions.

Nevertheless, stronger government engagement from the Ministry of Health as well as from other relevant ministries, improved monitoring and evaluation systems, and increased coordination among programs will increase the effectiveness of these interventions and facilitate identification and resolution of human rights-related barriers to services. There is no domestic financing for the Multi-Year Plan and the implementation of activities is entirely contingent on external donors. Establishment of a Technical Working Group for HIV, TB and human rights or other effective oversight mechanism can help to address some of these gaps and facilitate intersectoral support for human rights programming.

Moreover, at midterm there continues to be a limited number of programs in Indonesia to reduce human rights-related barriers to TB services, though the current funding request reflects a promising commitment from both government and key stakeholders in this area.

## Key Recommendations (see Report Annex for a full set of recommendations)

| Creating a Supportive Environment |
|---|
| • Establish a Technical Working Group on HIV, TB and human rights or other oversight mechanism comprised of government stakeholders including from the Ministry of Health and the Ministry of Law and Human Rights that meets regularly to better coordinate efforts and oversee programs in the Multi-Year Plan.<br>• Promote greater knowledge of and engagement with the Multi-Year Plan among government ministries, donors, civil society and technical partners by publishing and disseminating the Multi-Year Plan to these target audiences, and seek synergies between the Multi-Year Plan and other national human rights-related strategies. |
| **Programmatic Scale-up** |
| • Promote greater transparency of Ministry of Health training programs for health care workers in human rights and medical ethics and promote greater coordination with key population-led human rights programming including the 4 Pillars access to justice program.<br>• Support national collection of data on human rights violations related to HIV outside of the current 23 districts to inform expansion of the 4 Pillars access to justice program.<br>• Provide resources, capacity building and technical assistance for women- and trans-led organizations to take leadership roles in design and development of human rights programming.<br>• Increase support for scale-up of programs to remove human rights-related barriers to TB to ensure that human rights-related programs are implemented and integrated into the national TB response. |
| **Programmatic Quality and Sustainability** |
| • Streamline administrative structures for human rights-related grants and consider repositioning the human rights Principal Recipient to increase efficient distribution of funds and increase flexibility.<br>• Increase coordination among human rights interventions, including coordinating Ministry of Health training of health care workers and police sensitization programs with paralegal services to maximize impact for all programs.<br>• Establish a Technical Working Group for HIV, TB and human rights or other oversight mechanism that engages relevant ministries in coordinating and monitoring as well as implementing lobbying, education and training initiatives outlined in the Multi-Year Plan. |

# Introduction

In 2017, the Global Fund to Fight AIDS, TB and Malaria (Global Fund) launched the *Breaking Down Barriers* (BDB) initiative to help 20 countries, including Indonesia, comprehensively address human rights-related barriers to services for HIV, TB and, where applicable, malaria. This report presents the findings of the mid-term assessment conducted in Indonesia from October 2020 to April 2021 to: (a) assess Indonesia's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

**Breaking Down Barriers Initiative's 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 services 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 initiative seeks to operationalize Strategic Objective 3 in the 2017-2022 Strategy of the Global Fund to "Introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria services", **** and Global Fund Key Performance Indicator 9 that measures the extent to which comprehensive programs are established to remove human rights-related barriers to access in 20 priority countries.

"Comprehensive" programs are programs 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: Key Program Areas to Remove Human Rights-related Barriers to HIV and TB services‡‡‡‡**

**For HIV and TB:**

- Stigma and discrimination reduction;
- Training for health care providers on human rights and medical ethics;
- Sensitization of lawmakers and law enforcement agents;
- Legal literacy ("know your rights");
- Legal services;
- Monitoring and reforming laws, regulations and policies relating to the 3 diseases;
- Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity.

**Additional programs for TB:**

- Mobilizing and empowering patient and community groups;
- Ensuring privacy and confidentiality;
- Interventions in prisons and other closed settings;
- Reducing gender-related barriers to TB services (TB).

According to the *Breaking Down Barriers* initiative's theory of change, a supportive environment, which includes achieving key milestones support by the Global Fund, will greatly assist countries to successfully scale-up programs to remove rights-related barriers. These milestones include obtaining: (a) sufficient data on the barriers, populations affected and existing programs (through a baseline assessment); (b) increased funding to scale-up (through applying for and receiving so-called **"**matching funds"); (c) country engagement and ownership (through a multi-stakeholder meeting to review the baseline assessment and other sources); and (d) consensus and buy-in on the way forward (through the establishment of a technical working group on human rights and the development of a national multi-year plan to remove human rights-related barriers to services through comprehensive programs).

In October 2020, the Global Fund supported a Program mid-term assessment examining Indonesia**'**s progress towards putting in place comprehensive, quality programs to remove human rights-related barriers to HIV and TB services, as measured against the baseline assessment and through achievement of the milestones.

## Methods

The mid-term assessments take a differentiated approach, categorizing the 20 countries into three tiers: rapid, program and in-depth assessments. All approaches include a desk review of relevant documents. Indonesia is a program assessment involved remote video interviews with key informants, conducted by the lead researchers and a consultant formerly based in Indonesia, after which key resources discussed during the interviews were circulated. Information from key informant interviews was analyzed using qualitative, quantitative and semi-quantitative methods centered around the question of the comprehensiveness of programs.

The Indonesia mid-term program assessment was conducted between October 2020 and April 2021 (Table 1). More information on the assessment's methods, including a list of key informants and more in-depth explanation of the country scorecard, are provided in Annex II.

## Limitations

During the mid-term assessment, the evaluation team sought diverse perspectives from a wide range of key informants. Indonesia features a great number of actors operating in the field of HIV and TB, posing challenges to comprehensively mapping programs to remove human rights-related barriers to HIV and TB services. Moreover, the inability to conduct the evaluation in person and in the midst of the COVID-19 pandemic — which altered the ways in which stakeholders work and stalled or modified the implementation of programs — means these findings and recommendations should be understood as being the best measurement possible for an evolving and complex initiative influenced by many political, economic and social forces. Nonetheless, working with a local consultant and carefully selecting and interviewing a diverse set of key stakeholders, the team tried to overcome these limitations as much as possible and provide an accurate snapshot and basis for further development of programs seeking to remove human rights-related barriers to TB and HIV services.

**Table 1: Indonesia Mid-Term Assessment Timeline**

| Assessment Component | Researchers | Dates |
|---|---|---|
| **Desk review of available program reports, epidemiological information, and other background documents** | Megan McLemore, Sandra Ka Hon Chu, Julie Mabilat | October – November 2020 |
| **Key informant interviews conducted remotely with 16 people** | Megan McLemore, Sandra Ka Hon Chu, Ajeng Larasati | December 2020 – February 2021 |
| **Follow-up with relevant key informants** | Megan McLemore, Sandra Ka Hon Chu | February – March 2021 |
| **Presentation of key report findings to Global Fund** | Megan McLemore, Sandra Ka Hon Chu | April 2021 |

# Part I. Background and Country Context

## Epidemiologic Context

In 2020, estimated HIV prevalence in Indonesia among adults aged 15 to 49 was 0.4%, and 36.5% of the 520,000 adults living with HIV were women.[§§§§] HIV testing among key populations — defined as men who have sex with men, transgender people, people who inject drugs, sex workers and prisoners[*****] — has increased in recent years, attributed in part to the outreach of civil society organizations and the increasing use of mobile clinics.[†††††] HIV prevalence among people who inject drugs is estimated at 13.7%,[‡‡‡‡‡] while HIV prevalence among men who have sex with men and transgender people is 17.9% and 11.9%, respectively.[§§§§§] Estimated HIV prevalence among sex workers is 2.1%,[******] and 0.7% among prisoners.[††††††]

The introduction of a "test and treat" policy in 2018 (requiring people living with HIV to be initiated on treatment within seven days following diagnosis) contributed to an increase in the number of people on HIV treatment,[‡‡‡‡‡‡] but Indonesia remains far from reaching the UNAIDS 90-90-90 targets. In 2020, HIV treatment was roughly equal between women (24%) and men (26%), but only 26% of people aged 15 years and over living with HIV, 27% of children living with HIV, 22.4% of sex workers living with HIV, and 0.3% of prisoners living with HIV were on treatment.[§§§§§§] Notably, a higher proportion of men who have sex with men living with HIV (37.9%) and transgender people living with HIV (34.4%) were on treatment.[*******] As the Global Fund's Office of the Inspector General found, there are significant gaps in the referral system linking patients to treatment, including an absence of support for and a system to track patients during the period between testing and HIV treatment initiation.[†††††††] Despite a decline in new HIV infections since 2010, the number of AIDS-related deaths has increased by 60% during the same period.[‡‡‡‡‡‡‡]

In relation to tuberculosis (TB), Indonesia ranks second worldwide in terms of estimated incident cases and is among the 20 countries with the highest estimated number of incident TB cases among people living with HIV and the highest estimated numbers of incident MDR-TB cases.[§§§§§§§] In 2019, total TB incidence per 100,000 population was 312, the HIV-positive TB incidence rate per 100,000 population was 7 and the MDR/RR-TB incidence rate per 100,000 population was 8.8.[********]

Indonesia is also among the top 10 countries that account for almost 70% of missing people with TB globally, attributable to underreporting to national authorities of cases detected and treated in the public and private sectors.[††††††††] While TB case notifications have risen significantly in recent years (a 69% increase between 2015 and 2019) following the introduction of a national policy of mandatory notification and increased public–private partnership engagement for case reporting and patient treatment, there were large drops in the reported number of people diagnosed with TB between January and June 2020, as the COVID-19 pandemic threatens to reverse this progress.[‡‡‡‡‡‡‡‡]

In 2019, total TB treatment coverage was 67%.§§§§§§§§ In 2019, the percentage of people living with HIV and tuberculosis who were being treated for both diseases was 7%, up from 1.6% in 2015.********* TB and HIV programs have limited collaboration. TB is primarily diagnosed and treated at the primary healthcare level, while HIV treatment is mostly hospital-based, meaning many co-infected patients receive care in two different facilities, increasing the chance of being lost to follow-up.††††††††††

## Legal and Policy Context

On paper, the government of Indonesia has committed to the protection of numerous human rights, with protections against discrimination in the Indonesian Constitution‡‡‡‡‡‡‡‡‡ and in human rights legislation,§§§§§§§§§ legislation prohibiting domestic violence and gender-based violence,********** and rights to health care, confidentiality and informed consent in access to services reflected in laws and regulations.†††††††††† In 1993, the Indonesia government also established an independent National Commission on Human Rights (*Komnas HAM*), responsible for researching and monitoring human rights issues and investigating human rights violations,‡‡‡‡‡‡‡‡‡‡ and has also established a National Commission on Violence against Women (*Komnas Perempuan*) and a Child Protection Commission (*Komisi Perlindungan Anak Indonesia*).

In practice, however, such protections are weak and not universally applied, with few mechanisms for redress. For example, while Indonesia prohibits mandatory HIV testing in employment,§§§§§§§§§§ premarital HIV testing is required in some districts and an HIV test is required for applicants for some entry or residence permits.********** Some local regulations also criminalize HIV non-disclosure, exposure or transmission.††††††††††† Moreover, the prohibited grounds of discrimination have not been interpreted to extend to key populations, enabling local authorities and law enforcement to penalize key populations‡‡‡‡‡‡‡‡‡‡‡ and justifying a variety of laws that criminalize them. In particular, there have been a growing number of punitive *perda* enacted at the provincial or district level in recent years targeting key populations; these *perda* are supported by the *Satpol PP* who enforce public order bylaws and arrest key population in the name of “public order.”

Growing conservativism in Indonesia has led police and religious authorities to arrest gay men, other men who have sex with men and transgender people under anti-pornography and public order laws.§§§§§§§§§§ Numerous human rights groups have documented arbitrary raids, arrests and forced evictions of LGBT people because of their sexual orientation and gender identity.********** In the run-up to the 2019 general elections, there was a reported increase in discriminatory bylaws targeting LGBT individuals.††††††††††† Police have employed provincial and district *perda* that penalize “immoral behaviour,” “vagrancy” and “public nuisance” to also harass and target *waria* (transgender women), homeless people and sex workers.‡‡‡‡‡‡‡‡‡‡‡ In Indonesia’s Aceh province, police have applied provincial legislation including *Qanun Jinayat* (Sharia law) and other bylaws to target sexual orientation, gender expression, and extramarital relationships, and gay men and *waria* have fled to other provinces to escape their enforcement.§§§§§§§§§§§

Similarly, while sex work is not criminalized under national laws, it is highly stigmatized in Indonesia and in 2019, the Indonesian government, led by the Ministry of Social Affairs, sought to achieve a “prostitution free” Indonesia by 2019, leading to the shutdown of an estimated 162 (of 169) sex workers ’known workplaces.********** This shifted sex work to more hidden premises†††††††††††† and hampered brothels-based HIV prevention programs for sex workers and the *lokalisasi* model, which allowed local officials to provide sex workers with public health interventions such as regular HIV testing, condom promotion and HIV prevention education.‡‡‡‡‡‡‡‡‡‡‡‡ In 2019, the Indonesian government also introduced amendments to the *Penal Code* that would criminalize, among other things, extra-marital sex (effectively criminalizing sex work and same-gender intimacy). While these proposed reforms ignited a wave of protest throughout the country leading the Indonesian President to postpone passage of the new bill, lawmakers have called for a resumption of deliberations on the bill.§§§§§§§§§§§§

Indonesia also criminalizes the possession of drugs for personal use, operates compulsory centres for people who use drugs, and imposes the death penalty for drug trafficking. Punitive drug laws have contributed to a significant proportion of people who use drugs in prison.********** Despite this, a ministerial decree enables the provision of harm reduction services including opioid agonist therapy (OAT) and needle and syringe programs through government-approved programs, and OAT is also provided in a limited number of prisons.††††††††††††††

Violence against girls and women — and particularly against transgender women and women living with HIV‡‡‡‡‡‡‡‡‡‡‡‡‡ — is pervasive, with two in five Indonesian women reported to have experienced physical, sexual, emotional or economic violence in their lifetime.§§§§§§§§§§§§§ While Indonesia has passed laws prohibiting gender-based violence, these are perceived to provide weak legal protections and a bill on sexual violence which includes preventive measures and protections for victims has yet to pass.********** Moreover, many local authorities have implemented laws and policies that discriminate against women, including discriminatory bylaws which restrict women’s rights in the conduct of their social and public life, impose dress codes, restrict freedom of movement, and penalize perceived “immoral” conduct.†††††††††††††††

And while HIV and TB services are, for the most part, free for those with JKN (*Jaminan Kesehatan Nasional*, the major social health insurance scheme intended to be accessible to all Indonesian nationals and documented migrants), there remains a lack of clarity surrounding different aspects of the national health cards and confusion among providers as to how the national health card covers services. The requirement to provide an identification card as a condition of acquiring a national health card makes it particularly difficult for key populations to access services, since transgender people, sex workers and migrant communities may lack formal legal identity and an identification card, which itself requires administrative documents such as a family card and residence certificate that they may not possess.‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡

Indonesia's HIV strategy is guided by a *National Action Plan: The Prevention and Control of HIV AIDS and STIs in Indonesia for 2020-2024* (National Action Plan) which includes among its objectives to "reduce discrimination towards [people living with] HIV and affected populations up to 60% by 2024."§§§§§§§§§§§§§§ The specific means outlined to address such stigma and discrimination include the development of campaigns, sensitizing health workers on human rights and key populations, and increasing the understanding of people living with HIV and key populations on their human right to health. There are no references to human rights programming for specific key populations or for women, although the Ministry of Law and Human Rights is tasked with facilitating and harmonizing regulations on "eliminating stigma and discrimination toward people with certain illnesses, including HIV, AIDS and STI" and on "HIV, AIDS and STI transmission prevention and control, including the obligation of all HIV- and STI-positive individuals to enrol for treatment, and of people living with HIV to undergo TB coinfection preventive therapy," as well as with establishing policies to "ensure that HIV and STI services in prisons/correctional facilities/detention centres/health facilities" meet established standards.**********

## Other Key Considerations for the HIV and TB Responses

Indonesia is the world's largest archipelago, with more than 16,000 islands across 34 provinces and 514 districts.†††††††††††††††† This poses a challenge in ensuring programmatic reach, and particularly with respect to smaller and more remote islands.‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡ Moreover, while the Ministry of Health can establish HIV and TB policy for the entire country, a decentralized model of governance means it is often up to a district whether — and how — to implement health-related policies. This demands not only greater coordination between the national and local governments, but strong leadership. With the dissolution of the National AIDS Commission in 2017 the ability to coordinate HIV programming across the country has fallen to the Ministry of Cultural and Human Empowerment. As a result, there is no longer a national inter-ministerial body dedicated to HIV and tasked with ensuring effective coordination among relevant stakeholders and engaging with civil society.§§§§§§§§§§§§§§§§

Increasingly, a "pro-criminalization" agenda among some policymakers has exacerbated stigma and discrimination towards key populations, and contributed to an increasingly punitive environment in which health services are delivered.********** This has made it more difficult for marginalized communities to engage with political and religious leaders, and erected more barriers for key populations in accessing health services. At the same time, key stakeholders report that the Indonesian government's support for human rights is seemingly limited to tackling stigma and discrimination without a commitment to also address the myriad legal and policy barriers that prevent key populations from accessing health services. Human rights programming is not perceived to be a priority of the Ministry of Health, which has focused primarily on treatment access. Because human rights concerns are seen to be detached from treatment access, there is little political will to support human rights programming beyond isolated campaigns to address stigma and discrimination.

## COVID-19

On March 19, 2020, the Head of the Indonesia Police (*Kapolri*) issued a Mandate Letter prohibiting mass gatherings or group activities in public and private settings, while local authorities also imposed various restrictions within their communities.†††††††††††††††† The reallocation of resources to the COVID-19 response decreased opportunities for HIV testing, while lockdown measures and physical distancing requirements have negatively affected access to HIV and TB services more broadly. Prohibitions on group activities also meant many human rights programs suspended programs or pivoted to virtual programming. This has had varying degrees of success, based on the access of participants to internet, the capacity of program implementers to deliver virtual training, and the willingness of stakeholders to participate in virtual meetings.

Lockdown measures, physical distancing requirements, and widespread economic downturn have resulted in significant loss of income for key populations, many of whom work in the informal economy and in public spaces.‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡ A rapid survey indicated that people living with HIV and key populations have faced additional economic barriers and challenges accessing government social assistance because they cannot meet certain administrative requirements, such as possessing an identity card, which many key populations lack.§§§§§§§§§§§§§§§§ Women living in abusive relationships may also lack access to the family identity card (*kartu keluarga*) and hence to health care, because their male partner often controls this access. In response, some community-based organizations have created fundraising platforms to provide financial support.**********

Notably, some organizations have observed an increase in human rights violations during the pandemic, including greater stigma and discrimination toward key populations that have impeded their access to emergency social assistance and health care. Organizations have also observed and documented greater incidents of violence against women living with HIV and key populations since March 2020. Yet access to legal recourse has eroded because of reduced access to legal supports and restricted access to court.

Several responses to the COVID-19 pandemic are worth noting. To address mental health concerns among people living with HIV and TB, a Global Fund-supported emergency call service was developed for people to receive psychological support. The Indonesian government also agreed to the emergency release of 30,000 vulnerable prisoners, including people who use drugs, to prevent them and others from getting COVID-19.††††††††††††††††††

# Part II: Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

### Creating a Supportive Environment to address Human Rights-related Barriers

Indonesia took significant steps toward creating a supportive environment for addressing human rights-related barriers to HIV services, including applying for matching funds of US$ 4.6 mil and allocating overall US$ 4.3 mil from the HIV allocation, and approx. 2 mil from the TB allocation‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡ significantly increasing the funding for programs to remove human rights-related barriers to services in HIV and TB; conducting a baseline assessment to identify barriers, populations affected, existing programs and a comprehensive response; holding a multi-stakeholder meeting to review the findings of the baseline assessment; and developing a multi-year plan to remove human rights-related barriers. Together, these steps were intended to help build an effective and sustainable rights-oriented response and facilitate the removal of barriers to access to prevention, treatment and care for key and vulnerable populations.

**Table 2 – Key milestones**

| Milestone | Results | Date |
|---|---|---|
| **Matching funds** | US$2.28 million of matching funding accessed for programs to reduce human rights-related barriers and US$ 2 mil was invested from the HIV allocation for the period 2018-2020 | Disbursed March, 2018 |
| **Baseline assessment** | Literature review, country visit, key informant interviews and focus group discussions conducted | 2017-2019 |
| | Report finalized | September 2019 |
| **Multi-stakeholder meeting** | To take stock of developments since the baseline assessment, identify gaps, challenges and emerging issues in the current response, and develop actions to be taken to address human rights barriers to HIV and TB services, a multi-stakeholder meeting was held and attended by CCM members, government representatives from the Ministry of Health, people living with HIV, people living with TB and key population representatives, technical partner agencies including UNAIDS, the WHO and the Stop TB Partnership, donor agency representatives including from the Global Fund, academic experts and representatives from the private sector. | August 2019 |
| **Working group on human rights, HIV and TB** | While no such working group was created, the HIV Technical Working Group of the Country Coordinating Mechanism of the Global Fund was designated to fulfill the roles of such a group | September 2019 |
| **National plan to reduce human rights-related barriers** | Published in March 2020, the National Plan outlines eight program areas to implement a comprehensive response in reducing human rights-related barriers to HIV and TB services, covering the period 2021 – 2025. Activities are to be carried out nationally and in priority cities. | March 2020 |

### ***Baseline Assessment*** *(2019)*

The baseline assessment involved a desk review, followed by in-country work in July 2017 and interviews with more than 400 participants including NGOs, government agencies, hospitals, research universities, and affected communities such as female sex workers, men who have sex with men, transgender people, people who use drugs, people living with HIV and people living with TB. Interviews and focus group discussions were carried out in Jakarta, Surabaya, Bandung and Makassar, and information was also captured about the country as a whole.

At the conclusion of the in-country work, a meeting was held to present and discuss a preliminary synthesis of the data collected and to garner reactions and inputs from stakeholders and community members. The meeting generated support for the initial findings and interest in the recommendations that would follow from this exercise. After the baseline assessment was finalized, the report was circulated to key stakeholders. This occurred after the proposal for matching funds, so the final recommendations did not inform the application for matching funds for human rights. Seemingly due to staff turnover, few implementers were aware of the baseline assessment, and TB implementers had little engagement in the process. Those who were familiar with the report felt it fairly reflected the state of programming in Indonesia at the time.

### ***Matching Funds*** *(2018)*

In 2017, Indonesia applied for, and received, human rights matching funds in the amount of USD 2.7 million for the period 2018-2020.§§§§§§§§§§§§§§§§§§ This amount was triple the budget approved for the preceding Global Fund grant *Removing Legal Barriers Intervention*. The matching funds enabled the expansion of interventions from 17 to 23 districts where a high burden of new HIV infections is reported and there is an overlapping large concentration of key population groups. A human rights focal point was also recruited, trained, placed and activated in all 23 priority districts to coordinate district level activities.********** Collaboration was also to be forged with Empowering Access to Justice (MAJU), a USAID-funded program that aims to increase access to justice in six provinces across Indonesia, for the provision of technical assistance on human rights programming.††††††††††††††††††

### ***Multi-Stakeholder Meeting*** *(2019)*

A multi-stakeholder meeting took place August 7-9, 2019 in Jakarta and was attended by key stakeholders such as CCM members, government representatives from the Ministry of Health, civil society including people living with HIV, people living with TB and key population representatives, technical partner agencies including UNAIDS, the WHO and the Stop TB Partnership, donor agency representatives including from the Global Fund, academic experts and representatives from the private sector.‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡ While civil society participation was fairly representative, a broader range of law enforcement stakeholders was not involved to ensure key populations had a safe space to share their concerns. Some key informants felt it would nevertheless have been helpful to involve law enforcement and other authorities hostile to key populations to enhance their understanding of human rights barriers to programming, as well as organizations that implement programs at the district level to address specific local barriers.

The meeting aimed to take stock of developments since the baseline assessment, identify gaps, challenges and emerging issues in the current response, and develop actions to be taken to address human rights-related access barriers to HIV and TB services. While there was insufficient time to meaningfully consult with participants and collaboratively develop strategies and actions, a shared understanding of human rights barriers, a broader network of key stakeholders, and the foundation for further actions was established.§§§§§§§§§§§§§§§§§§§§ Participants from TB groups expressed appreciation for the opportunity to engage and learn from their colleagues in the HIV sector, while those from the HIV sector appreciated the dialogue with human rights groups.

### *Technical Working Group on HIV*

A national Technical Working Group (TWG) on HIV consists of government stakeholders, civil society organizations, academia, donors and technical partners primarily based in Jakarta, with limited district representation. This TWG focuses on the evaluation of HIV-related service delivery including HIV prevention and the treatment cascade, and on HIV epidemiological data. Human rights issues are rarely the focus of discussion, and often only raised in the context of a funding request or the disbursements of funds.**********

Despite a proposal to establish a sub-working group on human rights, HIV, TB and malaria, this was not supported by some TWG members who felt human rights issues could be addressed within the broader TWG on HIV. The absence of a TWG on HIV, TB and human rights has hampered opportunities for monitoring and evaluation of the effectiveness of human rights programming and left communities without a dedicated forum to voice their concerns, particularly in relation to government actions.

### ***Multi-Year Plan*** *(2020)*

In July 2019, consultant Ajeng Larasati was recruited to develop a multi-year plan on human rights (Multi-Year Plan). This Multi-Year Plan was informed by a desk-based review of report recommendations from the baseline assessment, 2019 multi-stakeholder meeting, and a 2020 TB assessment *Social Barriers to Accessing Quality TB Services*, as well as consultations with civil society organizations, including legal aid providers and national networks of key populations, technical agencies UNAIDS and UN Women, and funders of human rights programming in Indonesia. Despite being invited to participate, key government stakeholders such as the Ministry of Law and Human Rights did not contribute to the development of the Multi-Year Plan, and there is little government ownership more broadly — including from the Ministry of Health — of the Multi-Year Plan.

Published in March 2020, the Multi-Year Plan outlines eight program areas to implement a comprehensive response in reducing human rights-related barriers to HIV and TB services, covering the period 2021 – 2025. Activities are to be carried out nationally and in priority cities, the latter based on HIV and TB incidence, estimated size of key populations, and recorded incidents of stigma and discrimination. Notably, some key informants have indicated that there are both too many activities as well as inadequate district-specific programming in the Multi-

Year Plan to have great impact. Still, most key informants indicated that the Multi-Year Plan provides a helpful roadmap for programming, and after its objectives and activities were verified, the Multi-Year Plan informed a new funding request.

There is no domestic financing for the Multi-Year Plan and the implementation of activities is entirely contingent on external donors.

### *Recommendations*

There is a clear need to increase awareness and ownership of human rights issues and programming within government and the Country Coordinating Mechanism, as well as to enhance coordination between relevant government Ministries, HIV and TB program implementers, and other key stakeholders.

- Establish a Technical Working Group on HIV, TB and human rights or other oversight mechanism comprised of government stakeholders including the Ministry of Health and the Ministry of Law and Human Rights, that meets regularly to better coordinate efforts and oversee programs in the Multi-Year Plan.
- Facilitate dialogue between HIV and TB organizations through periodic meetings to increase opportunities for collaboration between implementing partners, programs and donors.
- Promote greater knowledge of and engagement with the Multi-Year Plan among government ministries, donors, civil society and technical partners by publishing and disseminating the Multi-Year Plan to these target audiences, and seek synergies between the Multi-Year Plan and other national human rights- related strategies.
- Reconvene (at a minimum) annually with human rights focal points and key population-led organizations in priority cities to invite further consultation and revisions to the Multi-Year Plan as necessary, and to promote greater awareness of the objectives and activities in the Multi-Year Plan.
- Use the Multi-Year Plan as a tool to seek funding from donors other than the Global Fund.
- Develop and disseminate strategy to conduct consistent monitoring and evaluation of human rights programming, ensuring key indicators are collected and periodically assessed, and adjustments to programming made based on findings from data analysis.

## Scale-Up of Programming: Achievements and Gaps

This section reports the findings of the mid-term assessment with regard to the scale up towards "comprehensiveness" of programs to remove human rights-related barriers to HIV and TB services. It uses a scorecard system providing scores from 0 to 5. The full scorecard can be found in the Summary above (see also Annex II for an explanation of the methodology used for the scorecard calculations).

In addition, it also looks at certain elements of quality of programs, such as whether individual programs are gender-responsive, integrated into prevention or treatment programs where that makes sense, or combined strategically for maximum impact. Other over-arching elements of quality of programming on HIV and TB overall are discussed in the section below on "Ensuring Quality Programming".

### Programs to Remove Human Rights-related Barriers to HIV

Since 2018, Indonesia has scaled up programs in all key seven program areas to remove human rights-related barriers to HIV services, with marked expansion of programs for monitoring and reforming laws and policies and access to justice. With support from the Global Fund, other donors and technical partners, key stakeholders have developed a stronger understanding of human rights barriers to HIV, TB and other health services. In particular, capacity among civil society to engage in national advocacy to promote an enabling environment has increased, with the formation of an "Anti-Stigma and Discrimination Coalition" and a notable success in the defeat of draconian changes to the *Penal Code* in 2019. In 23 districts, teams of paralegals and health specialists have been deployed to identify human rights-related barriers to HIV care, with positive results reported, and other donors have supported complementary access to justice initiatives. Limited progress was also noted in training of health care workers and reducing discrimination against women and harmful gender norms, while substantial work remains to be done in bringing sensitization of law enforcement to a comprehensive level.

| HIV Program Area | Score | |
|---|---|---|
| | Baseline | Mid-term |
| **Stigma and Discrimination Reduction** | 2.2 | 3.0 |

The Baseline Assessment identified a number of programs designed to combat stigma and discrimination against people living with HIV and key populations, including peer-based programming for people living with HIV, anti-stigma campaigns to promote acceptance of LGBT people and people who use drugs, campaigns to address HIV and gender-based violence, government-sponsored programs designed to promote "stigma free" workplaces, and events sponsored by local AIDS Commissions. It was noted, however, that these programs remained *ad hoc* and limited in duration, scope and scale. In line with the recommendations at baseline, civil society organizations have led additional efforts to promote programs to reduce stigma and discrimination**,** including an important effort to combat stigma and discrimination more strategically.

In 2019, LBHM conducted national monitoring of HIV-related stigma and discrimination in media reports, finding stigmatizing references in news articles in 95 cities and 33 provinces. Recognizing the need for more comprehensive data, Spiritia published Indonesia's first-ever national HIV Stigma Index in April 2020. The Stigma Index found that more than half (53.6%) of people living with HIV surveyed hesitated taking an HIV test for fear of negative reactions from others if they tested positive, while 72.6% of people living with HIV delayed seeking care for fear of other people knowing their HIV status, 31.5% delayed seeking care because of fear of disclosure by health care providers, and 12.2% delayed seeking care because of past unpleasant experiences with staff in health care settings. In 2018, a diverse group of civil society organizations also established an "Anti-Stigma and Discrimination Coalition" and published a Position Paper documenting pervasive stigma and discrimination against people living with HIV and key populations in four sectors: health, education, justice and employment.††††††††††††††††††

A variety of key population-led civil society organizations such as Positive Indonesia Network (JIP), Association of Positive Women Indonesia (IPPI), OPSI, the national sex worker organization, Gaya Warna Lentera Indonesia Network (GWL-INA), a national network of community-based organizations working on issues of HIV, health and human rights for the gay, lesbian and transgender community, and Rumah Cemara, an organization run by former drug users, implement programs to reduce stigma and discrimination against people living with HIV and key populations, including social media campaigns, radio spots and community events supported by local government entities and local AIDS commissions. For example, Rumah Cemara, with support from the PITCH program, has since 2019 developed a series of anti-stigma campaigns critiquing the "war on drugs" and seeking to redirect funding to harm reduction and public health interventions for people who inject drugs.‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡ Key informants, however, reported limited budgets for these activities and it was not clear the degree to which the scope and scale of these programs progressed beyond that noted at baseline.

In addition, programs focused on increasing access to justice and legal services for people living with HIV and key populations include anti-stigma and discrimination components, such as the Indonesia AIDS Coalition (IAC)'s 4 Pillars access to justice program, the LBHM community education workshops and paralegal programs in Jakarta, and the Empowering Access to Justice (MAJu) HIV program funded by USAID, operating in six provinces. Each of these programs sponsor community discussions that seek to increase acceptance and understanding of HIV-related issues, promote community monitoring of stigma and discrimination and related complaints, and offer legal literacy sessions that promote awareness of human rights for people living with HIV and key populations.

Anti-stigma and discrimination programs have shown some progress, and the formation of the civil society coalition is a strategic development. But numerous challenges remain. Hostility towards key populations has significantly increased in recent years and has been exploited by some political leaders for political gain. Civil society organizations have limited capacity and resources to sustain advocacy to counter stigma and discrimination, and government support for anti-stigma initiatives is markedly lacking. Most public awareness campaigns remain *ad hoc*, sporadically funded and with limited reach. Some are necessarily general to minimize the threat of censure from government or religious authorities, and monitoring and evaluation of the impact and effectiveness of these programs is limited.

**Table 3 – Example of mix of programs for reducing stigma and discrimination**

| Description of Activities | Organizations | Location/Reach |
|---|---|---|
| **Formation of Anti-Stigma and Discrimination Coalition and publication of Position Paper calling for national law and policy reform** | Indonesia AIDS Coalition (IAC), Lembaga Bantuan Hukum Masyarakat (LBHM), Association of Positive Women Indonesia (IPPI) and others | National |
| **National Monitoring of Stigma and Discrimination in Media Reports** | LBHM | National |
| **National Stigma Index 2020** | Spiritia | National |
| **Social media campaigns, radio spots, community outreach initiatives and events, working with local AIDS Commissions to reduce stigma and promote harm reduction** | Gaya Warna Lentera Indonesia (GWL-INA), Rumah Cemara, Positive Indonesia Network (JIP), Association of Positive Women Indonesia (IPPI) | Social media campaigns-national; radio spots-localized |

### *Recommendations*

- Broadly disseminate results of the HIV Stigma Index, targeting relevant government ministries including the Ministries of Health, Law and Human Rights, Social Affairs, and Cultural and Human Empowerment.
- Support advocacy efforts of the Anti-Stigma and Discrimination Coalition to implement the recommendations set forth in its 2020 Position Paper, including passage of broadly drawn anti-stigma and discrimination legislation to protect the rights of people living with HIV and key populations.
- Support the capacity of key population-led CSOs to both design and implement programs to reduce stigma and discrimination and to also monitor and evaluate their impact and effectiveness.
- Promote support among relevant government ministries, including the Ministries of Health, Law and Human Rights, Social Affairs, and Cultural and Human Empowerment, to fund programs to reduce stigma and discrimination against people living with HIV and key populations, including sustaining those programs currently funded by external donors.

| HIV Program Area | Score | |
|---|---|---|
| | Baseline | Mid-term |
| **Training of health care workers in human rights and medical ethics** | 1.5 | 2.3 |

Training of health care workers remains an important priority for human rights programming. People living with HIV and key populations continue to experience stigma and discrimination in health care settings, as reported by stakeholders and documented in the 2020 HIV Stigma Index and the 2020 report of the Anti-Stigma and Discrimination Coalition. The Baseline Assessment described some initiatives to train health care workers on non-discrimination and HIV. Limited in scope and scale, most of these initiatives were conducted by local health officials working with CSOs in their community, with little follow-up or evaluation of impact and effectiveness.

Since the baseline, key informants report that the Ministry of Health has taken a step forward by incorporating into training curricula anti-stigma and discrimination education for health care workers in relation to HIV. This commitment is reflected in the National HIV Action Plan for 2020-2024 (National

Plan). However, the scale, scope and content of these trainings and the involvement of key populations remains unclear, as invitations to interview a representative from the Ministry of Health HIV/STI program were declined. These trainings are internal and not coordinated or conducted in collaboration with the 4 Pillars project or other human rights programming, whereby focal points invite local health officials to community meetings, resulting in helpful engagement when they do participate. Lack of adequate coordination with the Ministry of Health is viewed by 4 Pillars implementers as a missed opportunity to collaborate on training of outreach workers, to encourage health care worker participation in resolving issues identified by paralegals, and to document the impact of human rights training for health care worker on health outcomes.

CSO-led training of health care workers was limited to GWL-INA members' '*ad hoc* sensitization of health care workers on gender identity and sexual orientation and IAC's anti-stigma training of health care workers in 17 cities, but the IAC program ended in 2017 and is not ongoing. UN Women has also developed a training curriculum for Ministry of Health outreach workers on gender-based violence and plans to train Ministry of Health workers in 23 districts by the end of 2021.

Notably, in 2019 the UNDP in partnership with the Ministry of Administrative and Bureaucratic Reform launched a project to expand Indonesia's "National Integrated Complaint Handling" system or SP4N-LAPOR, a platform to facilitate public participation in the monitoring of government performance, programs, and the provision of public services. This platform could offer an opportunity to monitor the impact of training of health care workers in human rights and medical ethics, and more broadly, health care provision for people living with HIV and key populations. The UNDP is seeking to raise greater awareness of the platform among people living with HIV and key populations as a way to report human rights violations, which the UNDP can in turn help compile, analyze and bring to the attention of relevant ministry stakeholders.

### *Recommendations*

- Support coordination and collaboration of Ministry of Health training programs with key population-led human rights programming including the 4 Pillars program.
- Promote greater transparency of Ministry of Health training programs for health care workers in human rights and medical ethics, including information about the content, recipients and scale of training, and ensure this training is scaled up and includes pre-service and in-service training of all health care workers on content that includes the rights of people living with HIV and key populations, and ensuring patient confidentiality and privacy.
- Support implementation of a monitoring and evaluation system to document impact of human rights-related training on health outcomes, including through SP4N-LAPOR.

| HIV Program Area | Score | |
|---|---|---|
| | Baseline | Mid-term |
| **Sensitization of lawmakers and law enforcement officials** | 1.5 | 2.3 |

The Baseline Assessment noted very few programs directed to sensitization of lawmakers, police, or the judiciary. Progress in this program area has been limited, though one initiative was identified. In 2019, IAC entered into a Memorandum of Understanding with the Jakarta central police bureau to begin training of police on the human rights of people who use drugs. The implementer is Karisma, an NGO with experience educating police on harm reduction. Karisma conducted trainings for police in 22 districts on HIV and harm reduction, and entered into agreements to conduct HIV testing for detainees at some police stations. The Health, Detainees, Drugs, and Public Relations units of the Jakarta police received these trainings. Karisma reported that relationships with high-level and local police officials in some districts are strong, and the goal is to incorporate health and human rights into the pre- and in-

service training curricula of the Jakarta police.

According to Karisma, due to limited resources the training sessions have been too short and lacked the opportunity to answer questions or provide follow up. Karisma also plans to more explicitly address the health and human rights of other key populations, but the program is in early stages. The limited scope and scale left other key populations and human rights issues unaddressed, such as police use of condoms as evidence against sex workers. Lack of coordination with the 4 Pillars and other access to justice programs was also identified as a missed opportunity to help paralegals handling police cases.

Other than this initiative, LBHM periodically shares information with Jakarta police and other law enforcement agencies in relation to specific cases of discrimination or abuse against people living with HIV or key populations, and when opportunities arise, GWL-INA members strive to sensitize the *Satpol PP* or local public order officers on HIV and the impact of their enforcement of public order laws, which have been deployed to target men who have sex with men and transgender communities.

### *Recommendations*

- Support expanded and sustained pre-service (i.e. in training academies) and in-service human rights training and sensitization activities for law enforcement, including the National Police, National Narcotics Board, and public order officers, led by a diverse coalition of key population-led CSOs.
- Support the Ministry of Law and Human Rights, Ministry of Home Affairs, and other relevant ministries to promote the institutionalization of pre- and in- service health and human rights training for law enforcement officials, prosecutors and judges.
- Support coordination of police sensitization activities with the 4 Pillars and other access to justice programs.

| HIV Program Area | Score | |
|---|---|---|
| | Baseline | Mid-term |
| **Legal Literacy ("know your rights")** | 2.0 | 3.0 |

The Baseline Assessment identified LBHM as the primary implementer of "Know Your Rights" and legal literacy programs in Indonesia, with most of these programs focused on people who use drugs. Since baseline, legal literacy programs have expanded considerably. Legal literacy and "Know Your Rights" trainings are an integral part of access to justice programs implemented by civil society organizations including the IAC's 4 Pillars Program and the LBHM community education workshops and paralegal programs.

As detailed below, the 4 Pillars Program has been implemented in 23 districts and deploys a team led by a focal point and includes a paralegal, an "enumerator" to assist the paralegal and an anti-retroviral access specialist — all of whom work to enhance access to justice for people living with HIV and key populations and to promote coordination with legal services. A key component of team activity is offering "Know Your Rights" and legal literacy workshops for not only key populations but community leaders and health officials. OPSI, for example, conducted "Know Your Rights" sessions in 11 districts where they are leading a 4 Pillars team. These sessions focused on HIV and human rights for sex workers as well as other key populations. A 2019 independent evaluation indicated positive results, including higher levels of human rights awareness among key populations and the community and increased willingness of key populations to come forward with complaints of human rights violations. §§§§§§§§§§§§§§§§§§§§

MAJu is a five-year access to justice program targeting key populations, including people living with HIV, LGBT people and women. Sponsored by USAID and implemented by the Asia Foundation through partnerships with numerous community-based organizations, MAJu's interventions included raising

awareness of HIV-related issues among legal aid organizations and providing HIV and human rights education and training for approximately 500 paralegals. Set to end in 2021, MAJu's programs align with and complement the work of the 4 Pillars program, though collaboration and cooperation between programs was limited. LBHM's paralegal programs have also expanded from a focus on people who use drugs to coverage of other key populations including sex workers and transgender people. These programs contain a community education component and LBHM has produced two legal literacy handbooks on HIV and human rights to support their workshops and to distribute to geographic areas outside of Jakarta. These handbooks are designed for use by key populations as well as by the general public. In addition, the PITCH program supported by AIDSfonds partnered with civil society organizations representing sex workers, people who use drugs and youth to implement programs designed to build capacity for human rights advocacy, including legal literacy trainings. This program ended in 2020.

Evidence of the positive impact of 4 Pillars programming on rights awareness and increased demand for justice, and the expansion of LBHM's legal literacy programs to include not only people who use drugs but other key populations are notable developments.

However, legal literacy programs face significant challenges. There remains a very low awareness of human rights among people living with HIV, key populations, and a conservative general public. Government support for human rights is weak, even at the Ministry of Health, and legal literacy and legal services programs receive limited support from relevant ministries such as the Ministry of Law and Human Rights, the judiciary, or from national and local legal associations. The lack of adequate legal protection against discrimination for people living with HIV and key populations, punitive drug laws and discriminatory local laws undermine willingness to pursue rights that do exist. These factors underscore the need for continued support of human rights campaigns designed to increase human rights awareness and acceptance among the government as well as the general public.

Moreover, the 4 Pillars program operates only in 23 districts that correspond with high prevalence of HIV and a concentration of key population members, as designated under the Global Fund country grant. This is a fraction of the 514 districts in the country, and most of these 23 districts are in or near Jakarta. Key stakeholders noted that utilization of the epidemiological criteria excludes many areas identified as human rights "hotspots" where key populations experienced violations ranging from discriminatory bylaws to arrest based on LGBT status, brothel closures, and punitive enforcement of drug laws. As noted above, in 2019 LBHM documented cases of stigma and discrimination related to HIV in 95 cities in 33 provinces. The Multi-Year Plan recommends adding evidence of stigma and discrimination to the criteria for location of human rights programming and the collection of additional national data on stigma and discrimination to inform this expansion.

### *Recommendations*

- Support continued scale up of legal literacy programs as a key component in the 4 Pillars access to justice model.
- Support human rights campaigns designed to increase human rights awareness and acceptance from the general public.
- Promote greater support and participation for the 4 Pillars program from relevant ministries, including the Ministry of Law and Human Rights as well as from the judiciary and local legal associations and networks.
- Support national collection of data on human rights violations related to HIV outside of the current 23 districts to inform expansion of the 4 Pillars program, in accordance with the recommendations of the Multi-Year Plan.

| HIV Program Area | Score | |
|---|---|---|
| | Baseline | Mid-term |
| **Legal Services** | 2.0 | 3.2 |

At baseline, LBHM was the primary provider of legal services for people living with HIV, with most of their programs focused on people who use drugs. By emphasizing access to justice as priority programs for Global Fund Community Systems Strengthening grants and human rights matching funds, Indonesia has made notable progress in developing a new model for providing services to a diverse group of key populations. The 4 Pillars program model implemented by IAC in 23 districts features one or more teams that include a paralegal, an anti-retroviral access specialist, an "enumerator" who assists the paralegal and a focal point person to coordinate the team and facilitate engagement with the community. Building upon their experience in providing HIV-related legal services, LBHM contracts with IAC to provide training and technical assistance to the teams.

Implementers are subrecipient CSOs representing a diversity of key populations including Positive Indonesia Network (JIP), Association of Positive Women Indonesia (IPPI) and OPSI, the national sex worker organization. Each team offers legal literacy trainings to both key populations and the community, conducts advocacy on local HIV-related issues such as local HIV budgets and bylaws, and identifies and attempts to resolve human rights-related complaints. Case types include stigma and discrimination in health facilities, employment, education, coercive HIV testing, child custody, domestic violence and gender-based violence. JIP, for example, reported that paralegals resolved two cases of students being expelled from school in Malang due to their HIV status by working with the District Social Services, Health and Education offices. In Tangerang, police denied a person in custody access to their ARV medication and methadone. The paralegal was able to obtain the medications from the hospital and ensure that they were accepted by jail officials. The anti-retroviral specialist focuses primarily on preventing and resolving stock-outs of medication, but their liaison with health facilities supports resolution of other types of complaints.

As part of the MAJu program, GWL-INA has conducted human rights documentation and paralegal training for staff of GWL-INA members, and developed a network of local legal aid programs that have been sensitized on issues concerning sexual orientation and gender diversity. This has facilitated more effective legal services support in response to human rights violations. The LBH-APIK Association provides legal aid as well as mediation services for women, and currently has 16 offices across Indonesia. LBH-APIK provides services to sex workers and also has a Memorandum of Understanding with service providers for women facing violence to provide legal service supports to women living with HIV.

A 2020 evaluation report conducted for IAC by independent consultants found positive results from the 4 Pillars program, including increased awareness of human rights among key populations as well as among community members, local officials and media, increased capacity of civil society organizations and key populations to advocate both locally and nationally for their rights, and improved relations with health care facilities and health care

workers.********** Implementers were civil society organizations with strong peer representation and experience with HIV-related issues. The model was viewed as strongly positioned for sustainability due to its integration of differing yet mutually supportive roles.

As noted above, in four years the MAJu program trained more than 500 paralegals and directed efforts to increase knowledge of HIV-related issues among non-HIV focused legal aid organizations, helping to mainstream HIV issues among these organizations. The extent of coordination or collaboration between the MAJu and the 4 Pillars programs, however, has been minimal, though there was some overlap in training and placement of paralegals with local legal aid organizations.

Despite many positive aspects of the 4 Pillars program, key stakeholders as well as the evaluation report identified significant barriers to achieving comprehensive programming. Most implementers considered the training for paralegals to be minimal, "one off" and inadequate for the variety of cases and complaints they were asked to handle. LBHM conducted many of these trainings, but the limited preparation of IAC paralegals stood in notable contrast to the more in-depth, long-term and ongoing training provided by LBHM to paralegals in its own programs. There was minimal support for the paralegals to establish relationships with local legal aid organizations, a difficult task in light of the lack of HIV-related expertise and lack of incentive for those organizations to support the program. The failure to coordinate and collaborate more robustly with the MAJu paralegal program was a missed opportunity for strengthening and strategic development.

There was also little evidence of support from relevant ministries such as the Ministry of Law and Human Rights, from the local judiciary or from local legal networks. The lack of adequate legal protection against discrimination for people living with HIV and key populations, punitive drug laws and discriminatory local laws undermine willingness to pursue rights that do exist. These factors contributed to a low rate of case resolution: out of approximately 780 cases identified by paralegals since 2018, only 23 were resolved in the judicial system. Many others were resolved informally, but specific data were not available.

Civil society organizations implementing the 4 Pillars program described the need for better coordination and stronger guidance from IAC for the program, as well as the need for additional resources in order to manage the heavy administrative burdens imposed on the sub- and sub-sub recipients. A cumbersome administrative structure requiring approval from the Ministry of Health causes delays in disbursement of funds from IAC as well as difficulty in adapting interventions to local issues that may arise. Teams from different civil society organizations operate in some of the same districts, but the extent of cooperation between them is unclear. Implementers identified a need for additional resources to facilitate improved sharing of information and best practices between the teams.

Finally, though most stakeholders agreed the 4 Pillars program should be strengthened and sustained, many stated that it needs to be expanded geographically as well. The 4 Pillars operates only in 23 districts that correspond with high numbers of people living with HIV and high numbers of key population members, as designated under the Global Fund country grant.

As discussed above, this is a fraction of the 514 districts in the country, and most of these districts are in or near Jakarta. Key stakeholders noted that utilization of the epidemiological criteria excludes many areas identified as human rights "hotspots" where key populations experienced violations ranging from discriminatory bylaws to arrest based on LGBT status, brothel closures, and punitive enforcement of drug laws.

Indonesia's National Human Rights Commission (Komnas HAM) includes a complaints mechanism but key stakeholders note that it neglects the concerns of key populations which are perceived to have little political value, and lacks the ability to provide effective remedies to victims of human rights violations, since it can only refer cases to other government bodies and make non-binding recommendations.

**Table 4 – Illustrative Example of Level Services**

| Description of Activities | Organizations | Location/Reach |
|---|---|---|
| **Paralegal training, technical assistance and paralegal programs for key populations** | LBHM | Primarily Jakarta |
| **4 Pillars project team includes paralegal services for key populations** | LBHM, IAC, IPPI, JIP, OPSI, GWL-INA | 23 districts with high HIV prevalence and high numbers of key populations, primarily near Jakarta |
| **Paralegal and mediation services for women** | LBH-APIK | Jakarta |
| **MAJu project trains and implements paralegals for HIV-related services** | LBHM, GWL-INA, YLBHI, Rifka Annisa, and others | Jakarta, Central Java, East Java, West Java, Jogjakarta and Papua |

### *Recommendations*

- Increase support for training and support of paralegals, including strengthening of relationships with local legal aid organizations, and consider providing incentives for legal aid organizations to participate in the 4 Pillars program and ensure training for these organizations in HIV-related human rights issues.
- Promote greater support and participation for the 4 Pillar program from relevant ministries, including the Ministry of Law and Human Rights as well as from the judiciary and local legal associations and networks.
- Strengthen oversight, guidance and coordination of the program by IAC and provide additional resources to sub- and sub-recipients for managing administrative burdens generated by the grants and for sharing of best practices and legal strategies.
- Support national collection of data on human rights violations related to HIV outside of the current 23 districts to inform expansion of the 4 Pillars program, in accordance with the recommendations of the Multi-Year Plan.

| ***HIV Program Area*** | ***Score*** | |
|---|---|---|
| | ***Baseline*** | ***Mid-term*** |
| ***Monitoring and reforming policies, regulations and laws*** | *2.0* | *3.3* |

In Indonesia, civil society organizations seeking to reduce human rights-related barriers to HIV and TB services face difficult challenges in a deteriorating legal, political and social environment. Despite a framework of national and international legal protections against discrimination, since 2016 Indonesia has seen increasing hostility for key populations, including government declarations of prostitution-free zones, nationwide arrests of LGBT people and increasing numbers of discriminatory and punitive local bylaws. At baseline, civil society capacity for national advocacy was improving through the support of the PITCH program, but remained limited. According to key stakeholders, Global Fund and other donor support has catalyzed and strengthened human rights discourse and advocacy at the national level.

In 2020, a group of HIV-focused civil society organizations representing diverse key populations formed an "Anti-Stigma and Discrimination Coalition," publishing a report that documented ongoing stigma and discrimination in the health, education, justice and employment sectors and making specific recommendations for legislation and policy to improve human rights protections. The Coalition prioritized passage of broadly drawn anti-stigma and discrimination legislation with coverage for not only people living with HIV but key populations. In addition, an initiative led by UNAIDS produced a joint civil society Position Paper targeting programmatic gaps in the national HIV response, including the failure of the new national HIV strategy to sufficiently incorporate human rights programming and commitments. The Position Paper also emphasized the need to build domestic funding support for human rights and to build capacity for national advocacy.

Another coalition effort, described in the Case Study below, successfully held harmful criminal legislation at bay. In 2019, a broad civil society coalition comprised of health and HIV, anti-corruption, anti-death penalty, drug policy and other advocates as well as labour organizations and students defeated— at least temporarily — draconian amendments to the *Penal Code*. Though the amendments may be reintroduced, broad mobilization and a clearly articulated human rights framework in support of this year-long campaign represent significant progress in national advocacy capacity and strategy.

At the same time, local advocacy capacity moved forward. Civil society organizations taking part in the 4 Pillars access to justice project launched budget advocacy trainings for key populations in 12 districts, resulting in some local focal points being involved in budget development meetings and working with local officials and local AIDS commissions to increase local HIV funding. Focal points for the 4 Pillars project met regularly with key stakeholders in the community, a process that builds the necessary relationships for engaging in advocacy initiatives. In Tangerang, for example, JIP convened community discussions that identified problems with access to prevention and treatment services and worked with the local parliamentarian and the District Health Office to draft bylaws to expand the number of health facilities. In Papua, OPSI successfully advocated to remove the requirement of a bank that job applicants be "HIV free." GWL-INA also runs an advocacy unit to promote access to health and other services for men who have sex with men and the transgender community and intensified efforts in four cities (Jakarta, Bandung, Bandar Lampung, and Manado) to provide direct supports to men who have sex with men and transgender communities seeking access to national health insurance and identification cards, including by engaging with local governments to negotiate individuals 'access.

IAC, the Principal Recipient for the human rights matching funds, has experience and capacity for national advocacy, working with the World Bank and others to defeat a 2020 proposal from the Health Minister to exclude HIV services from the national health coverage program.. Most smaller civil society organizations implementing the human rights programs, however, lack the capacity and resources to undertake national advocacy for law reform. Development of joint civil society advocacy strategies is still in early stages, as many civil society organizations continue to work in silos and do not engage in cross-sectoral advocacy, particularly with groups not focused on HIV or key populations. Weak government support for human rights adds to these challenges, as evidenced by the Ministry of Health's limited incorporation of human rights in the National Strategic HIV Plan and lack of engagement in the implementation of the Multi-Year Plan.

**Table 5 - Examples of Law and Regulatory Reform Activities**

| Description of Activities | Organizations | Location/Reach |
|---|---|---|
| **Formation of Anti-Stigma and Discrimination Coalition and publication of Position Paper calling for national law and policy reform** | Indonesia AIDS Coalition (IAC), Lembaga Bantuan Hukum Masyarakat (LBHM), Association of Positive Women Indonesia (IPPI) and others | National |
| **Policy paper outlining programmatic gaps in national HIV response and calling for ensuring sustainability of human rights-related programs** | UNAIDS-led coalition of civil society organizations | National |
| **Defeat of harmful amendments to the Penal Code 2019** | LBHM and a broad coalition of civil society organizations | National |

### *Recommendations*

- Continue to provide support and resources for national law and policy reform advocacy, coordination and capacity building, including support for passage of a broad national anti-stigma and discrimination bill.
- Continue to provide support and resources for local advocacy training and initiatives as part of the 4 Pillars access to justice project.
- Promote greater support for national and local human rights advocacy from relevant ministries, including the Ministry of Health and Ministry of Law and Human Rights by implementing lobbying, education and training initiatives such as those outlined in the Multi-Year Plan.

| HIV Program Area | Score | |
|---|---|---|
| | Baseline | Mid-term |
| **Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity** | 2.5 | 3.3 |

The Baseline Assessment identified gender-based violence and harmful gender norms as a major human rights challenge for women, girls and transgender people in Indonesia. Two in five Indonesian women are reported to have experienced physical, sexual, emotional or economic violence in their lifetime.†††††††††††††††††††† Forced sterilization, coercive disclosure of HIV status and resistance to evidence-based sexual and reproductive rights education continue to be rights-related barriers to HIV services.

As was noted at baseline, the Indonesian Positive Women's Network (IPPI) is at the forefront of human rights programming for women and girls, implementing numerous programs at the intersection of HIV and reproductive rights, gender discrimination and gender-based violence. The PITCH program has supported IPPI to expand its work on sexual and reproductive health and human rights, including sexual health education for girls in Papua and advocacy regarding violence among key population youth and adolescent girls and young women.‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡ With UN Women and the Ministry of Health, IPPI is also leading a pilot program that creates a referral system for women testing positive for HIV who face gender-based violence. IPPI and OPSI, the national network of sex workers, are key participants in the 4 Pillars program, training and deploying focal points and paralegals to work on women's rights, gender issues and sex worker rights.

In addition, LBHM trains sex workers and transgender women to be paralegals and peer advocates, and provides a creative writing program for women in detention. UN Women has developed a training curriculum for Ministry of Health outreach workers on gender-based violence and plans to train Ministry of Health workers in 23 districts by the end of 2021. And as noted above, GWL-INA has trained staff from its membership organizations to be paralegals, focusing on human rights violations against men who have sex with men, transgender (*waria*) and lesbian communities, and the LBH-APIK Association provides legal aid and mediation services for women living with HIV and sex workers.

The National Commission on Violence Against Women is increasing their engagement with women living with HIV and transgender communities. The Commission regularly monitors violence against women and gender-based violence against key populations and is developing a briefing paper on women and HIV. In line with a recommendation in the Baseline Assessment, a lack of data concerning HIV and gender issues will be addressed by a UNDP report on human rights, gender and HIV to be released in 2021.

Despite continued progress, significant challenges remain for reducing human rights-related barriers for women and girls. Women's organizations report a lack of inclusion in leadership and design of the 4 Pillars programming; training modules and materials assigned to them for implementation often required revision, causing delays in implementation and impeding effectiveness of programs. Training of paralegals on women's rights was limited and reported to be insufficient to prepare them adequately for the range of issues they were asked to address. Though the Ministry of Health's support for the pilot program establishing referrals for women facing gender-based violence after HIV testing is a positive step, their engagement and that of other relevant ministries such as the Ministry of Female Empowerment and Child Protection in human rights, HIV and gender issues is limited.

Despite being recognized as a key population in the National Strategic HIV Plan for 2020-2024, transgender people are not adequately reflected in the national HIV response. With the exception of GWL-INA, which provides capacity building and organizational strengthening for community-based organizations serving *waria* but has also advocated to support *waria*'s access to identity cards and health insurance, there is little policy attention to human rights-related issues faced by transgender people including stigma and discrimination, violence, lack of access to hormone therapy and barriers imposed by documentation requirements for national identity cards and health coverage. LBHM, together with GWL-INA and several other organizations, operate a Crisis Response Program for LGBT people that assists transgender people facing violence, but this program is not coordinated with the national HIV response.

### *Recommendations*

- Provide resources, capacity building and technical assistance for women-led organizations to take leadership roles in design and development of human rights programming.
- Increase resources for training paralegals and other 4 Pillars program participants in women's and gender-related human rights issues.
- Provide support for the National Commission on Violence Against Women to strengthen programming related to the intersection of HIV, TB and gender-based violence.
- Provide resources, capacity building and technical assistance for transgender leadership and advocacy.

## Programs to Remove Human Rights-related Barriers to TB Services

The Baseline Assessment found a limited number of programs to remove human right-related barriers to TB services. At mid-term, this continues to be the case. However, key stakeholders report that anticipation of Global Fund matching funds for TB and human rights has catalyzed human rights readiness on the part of the government and NGOs, a development reflected in both the National TB Strategy Plan for 2020-2024 and Indonesia's TB funding request for the latest grant cycle.

The National Strategy of TB Care and Prevention 2020-2024 (NSP) seeks to develop "patient-centered, community-based, gender-responsive health services based on human rights."§§§§§§§§§§§§§§§§§§§§§ Implementation of human rights-based programming is envisioned in the current funding request that outlines plans for strengthening peer and patient advocacy, inclusion of gender and human rights in all health care worker training materials, and development of a community-based monitoring system linked with paralegal services to identify and respond to complaints of stigma and discrimination.********** These proposals align with recommendations in both the Multi-Year Plan and the Spiritia/Stop TB report *Social Barriers to Accessing Quality TB Service: TB Key Populations, Legal Environment and Gender Assessment* published in July 2020.††††††††††††††††††††

| TB Program Area | Score | |
|---|---|---|
| | Baseline | Mid-term |
| **Stigma and discrimination reduction** | 2.5 | 3.0 |

The Baseline Assessment found stigma and discrimination against people diagnosed with TB to be a significant barrier to access to TB services. Misinformation about diagnosis and treatment of TB fueled self-stigma as well as stigma from families, in health care settings, and in employment. Though men were more frequently diagnosed with TB, women experienced higher levels of stigma, particularly in relation to their sexual and reproductive rights, and within households, men were frequently prioritized over women for treatment. In addition, HIV stigma reduced the willingness of people diagnosed with TB to be tested for HIV. These findings are confirmed in the Spriritia/Stop TB report on TB, human rights and gender.

At baseline, anti-stigma and discrimination activities were led by Aisyiyah, a women-led organization and Principal Recipient for the Indonesia TB Global Fund grant. Aisyiyah's community-based approach employs outreach workers called "cadres" to identify TB cases and provide direct support to a patient and their family as well as to offer TB education to community members, employers, and local officials. Aisyiyah continues this work and since baseline has expanded it to include presentation of a patient charter of rights and responsibilities to each person diagnosed with TB. Though Aisyiyah expressed interest in building capacity for women and gender-related programs, none were as yet identified.

The activities of the Indonesia Stop TB Partnership also contribute to reducing TB-related stigma and discrimination. The Partnership, founded in 2013, is comprised of more than 65 members from the business, academic and health sectors, community groups and others seeking to promote access to TB prevention and treatment in Indonesia. Though primarily

focused on national and local advocacy for increased attention and resources for TB services, the Partnership also aims to reduce stigma and discrimination through educational and policy documents such as the July 2020 Spiritia/Stop TB report.

More attention to reducing stigma and discrimination is included in the current funding request, which outlines plans for strengthening community-based patient advocacy, inclusion of human rights in all health care worker training materials, and development of a community-based monitoring system and paralegal services to identify and respond to complaints of stigma and discrimination. The funding request also contemplates public campaigns targeted to policymakers and employers to combat negative media and misinformation that increases stigma and discrimination. Importantly, a national survey of TB patients and providers designed to collect data on service quality will include a component on stigma and discrimination that will inform future human rights programming.

***Recommendations***

- Provide support for strengthening community-based patient advocacy, inclusion of human rights in all health care worker training materials, and development of community-based monitoring systems and paralegal services to respond to stigma and discrimination complaints.
- Provide support for a national survey of TB patients and providers to collect data on stigma and discrimination that will inform future programming.
- Provide support for increased integration of initiatives to combat HIV-related stigma in national TB strategy documents and plans.

| TB Program Area | Score | |
|---|---|---|
| | Baseline | Mid-term |
| **Training of health care workers on human rights and medical ethics related to TB** | 0 | 0 |

The Baseline Assessment noted that training of health care workers for TB services included education on nursing skills and patient care, but there were no human rights or medical ethics components. At mid-term, this remains the case. The Spiritia/Stop TB report on TB, human rights and gender noted the need for health care workers to receive human rights training.

The current funding request outlines plans for the Ministry of Health to develop and integrate a training curriculum for providers of TB services that includes gender responsiveness and human rights, and to supplement this with periodic localized workshops for health care providers.

***Recommendations***

- Provide support for integration of gender responsiveness, human rights and medical ethics training in pre-and in-service training curricula for all health care workers for TB services.

| TB Program Area | Score | |
|---|---|---|
| | Baseline | Mid-term |
| **Sensitization of lawmakers and law enforcement officials** | 1.5 | 1.5 |

The Baseline Assessment found very limited TB-specific activities directed to sensitization of law enforcement agents and this remains the case at midterm. There is some programming designed to ensure treatment of TB in prison but no indication of human rights-related education for correctional officials or directed to this key population. The Multi-Year Plan recommends a program of anti-stigma and discrimination training for prison officials.

### *Recommendation*

- Support TB-related human rights education and sensitization for lawmakers, law enforcement and prison officials in accordance with the recommendations in the Multi-Year Plan.

| TB Program Area | Score | |
|---|---|---|
| | Baseline | Mid-term |
| **Legal Literacy** | 0 | 2.0 |
| **Legal Services** | 0 | 0 |

At baseline, no TB-specific legal literacy or legal services programs were identified. Since baseline, Aisyiyah has incorporated a patient's charter of rights and responsibilities as part of its cadre program, with cadre outreach workers sharing the charter and discussing it with each person diagnosed with TB. The content of this document is unclear, though the scope is substantial given the employment by Aisyiyah of more than 5,000 cadre workers nationwide. No TB-specific legal services were identified.

The current funding request seeks significant expansion in these programmatic areas. Plans are outlined for training of patients, community outreach workers, case managers and TB civil society organizations in gender responsiveness and human rights. Access to legal services will be provided through a paralegal program in 20 large cities with large numbers of industrial workers; 11 of these will overlap with the HIV paralegal programs and 9 will be TB only. People affected by TB will be trained as paralegals and will be supported by legal networks and civil society organizations. The paralegal program will be linked with a community-based monitoring system that will be developed to monitor service quality and identify complaints of stigma and discrimination.

### *Recommendations*

- Provide support for expansion of training of patients, community outreach workers, case managers and TB civil society organizations in gender responsiveness and human rights.
- Provide support for community paralegal programs to facilitate access to TB and HIV/TB services and to identify, resolve or refer complaints of stigma and discrimination.

| TB Program Area | Score | |
|---|---|---|
| | Baseline | Mid-term |
| **Monitoring and reforming policies, regulations and laws related to TB** | 1.5 | 3.3 |

At baseline, Stop TB Partnership engaged in local and national advocacy to increase budget allocations for TB services. This work continues, and the Partnership has also undertaken significant advocacy efforts to build national political will for TB reduction and accountability for government action. These activities included promoting Indonesia's participation in international fora such as the United Nations High Level Meeting (UNHLM) on TB in 2018 and hosting two side events during this convening with the Ministries of Health, Labour, Law and Human Rights and other relevant stakeholders. Stop TB successfully advocated for government participation in regional TB convenings following the UNHLM and helped secure Presidential Declarations in 2019 and 2020 that emphasized sustained commitment to eradication of TB, an intersectoral response, and a commitment to patient-centered, gender responsive care based on human rights.‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡ They also worked closely with the Ministry of Health to incorporate human rights elements in the National Strategy of TB Care and Prevention 2020-2024. However, Stop TB Partnership noted that there was very little community involvement in these advocacy efforts due to a lack of capacity to participate.

The current funding request seeks support, including technical assistance, for people affected by TB and TB civil society organizations to strengthen capacity for legal and policy advocacy. The request highlights the need for increased advocacy directed to the Ministry of Labour in order to improve awareness and enforcement of legal protections in employment.

### *Recommendations*

- Provide resources and technical support for people affected by TB and TB civil society organizations to strengthen capacity for legal and policy advocacy.
- Promote multi-sectoral government support for TB-related human rights programming.

| TB Program Area | Score | |
|---|---|---|
| | Baseline | Mid-term |
| **Reducing TB-related discrimination against women** | 0 | 2.5 |

The Baseline Assessment identified no activities aimed at reducing gender-related barriers to TB services, and recommended that data be collected on issues of gender equity and discrimination to inform future initiatives. In July 2020, Spiritia and Stop TB Partnership published *Social Barriers to Accessing Quality TB Service: TB Key Populations, Legal Environment and Gender Assessment*, a report that documented gender-related dimensions of TB in Indonesia. The report made recommendations for advancing gender-responsive programming and strengthening the legal and policy environment for women, girls and transgender persons as it relates to TB. The report noted that building capacity among all stakeholders for understanding gender-related barriers to TB services was a prerequisite "gateway" to TB programming improvements.

Emphasis was placed on increasing a multi-sectoral response involving the Ministries of Health, Female Empowerment and Law and Human Rights and development of gender equality indicators for monitoring and evaluation. The Multi-Year Plan also recommends supporting the National Commission on Violence Against Women to strengthen programming related to the intersection of HIV, TB and gender-based violence. The current funding request does not

propose specific gender-related programs but mainstreams gender responsiveness and equity issues in all human rights-related education and training initiatives for patients, family, community, health care providers and policymakers.

***Recommendations***

- Provide support, including technical assistance, for development of a multi-sectoral national strategic plan to reduce gender discrimination and harmful gender norms in relation to TB.
- Provide support for development of gender equality indicators for monitoring and evaluation of TB programming.
- Provide support for the National Commission on Violence Against Women to strengthen programming related to the intersection of HIV, TB and gender-based violence.

| TB Program Area | Score | |
|---|---|---|
| | Baseline | Mid-term |
| **Ensuring confidentiality and privacy** | 0.0 | 2.0 |

At baseline, no programs designed to ensure confidentiality and privacy among people affected by TB were identified. At midterm, no specific programs were identified. Issues of privacy and confidentiality appeared to be integrated in TB services as well as in outreach activities such as the patient charter of rights and responsibilities provided to patients by Aisyiyah's cadre workers.

***Recommendation***

- Ensure that issues of confidentiality and privacy continue to be integrated in TB prevention and treatment services and in training provided for health care workers, patients and community

| TB Program Area | Score | |
|---|---|---|
| | Baseline | Mid-term |
| **Mobilizing and empowering patient and community groups** | 0 | 0 |

At baseline, no activities were identified in this program area, and at midterm this remains the case. The current funding request, however, outlines plans for supporting peer and community mobilization to promote awareness and engagement in human rights. Specifically, the request envisions training in gender responsiveness and human rights as well as broad patient, family and community participation in the community-based monitoring system for monitoring service provision and identifying stigma and discrimination. In addition, the request seeks support and technical assistance to build capacity for people affected by TB and TB civil society organizations to engage in advocacy.

***Recommendation***

- Provide support for initiatives promoting mobilization and empowerment of patient and community groups including trainings in gender responsiveness and human rights, participation in the development and implementation of a community-based monitoring system and to build capacity for community-led advocacy.

| TB Program Area | Score | |
|---|---|---|
| | Baseline | Mid-term |
| **Rights and access to TB services in prisons** | 0 | 0 |

The Baseline Assessment found limited TB services in prisons and no human rights-related programming. Though LBHM provides some legal services to prisoners and sponsored a writing workshop for women prisoners, no human rights-based programs for prisoners were identified. The Multi-Year Plan recommends a program of anti-stigma and discrimination training for prison officials.

***Recommendation***

- Provide support for TB/HIV human rights training and education for prison officials, correctional officers and TB/HIV medical service providers to strengthen human rights protection for prisoners.

## Cross-Cutting Issues related to Quality Programming and Sustainability

This section looks at cross-cutting considerations that span HIV and TB program areas and are critical to ensuring the quality and sustainability of programming to remove human rights-related barriers.

The Global Fund's definition of comprehensive programs stresses the importance of quality, stating that activities should be internationally recognized as effective in removing human rights-related barriers to HIV and TB. A number of key elements of quality have been identified, including alignment with national strategies; integration into or linkage with prevention, treatment and key population services; combining multiple human rights programs for enhanced impact; avoidance of duplication and gaps; strengthening rights human capacity towards sustainability; addressing the contexts of beneficiaries; and robust monitoring and evaluation.

The systematic collection of data on quality indicators on individual programs to remove human rights related barriers went beyond the scope of this assessment. However, based on key informant interviews with implementers, community organizations, UN agencies, and donors, as well as reviews of program data for certain programs and activities, a number of key components of quality are discussed below.

### Achieving Quality

There are numerous indications that Indonesia is building the necessary conditions to achieve quality programming to remove human rights-related barriers to access. These include a Baseline Assessment report that, according to key stakeholders, was accepted as comprehensive, fair and accurate and a Multi-Stakeholder meeting that brought together diverse groups and raised the level of national understanding and discourse around human rights barriers to HIV and TB programming. Despite a lack of robust government involvement in the process, the development of a multi-year National Plan for achieving comprehensive human rights programming provided a roadmap for the way forward and increased the readiness of civil society organizations and key populations to implement current and planned interventions. As reflected in the current funding request, key stakeholders also reported increased government interest and commitment to incorporating human rights programming in the national TB response.

Access to justice interventions took significant steps forward, with implementation of 4 Pillars teams in 23 districts with high HIV prevalence and presence of key populations. The 4 Pillars model utilizes a strategic integration of four different but mutually supporting roles that work together in a team to deliver legal literacy, legal services and advocacy for law and policy reform. The health specialist on the team represents an opportunity for critical linkage of human rights programming with health services. LBHM, an NGO with long legal services and human rights experience, is well positioned to provide training and technical assistance for the teams as they develop and expand. Programs sponsored by other donors with strong access to justice components, such as PITCH and MAJu, provided complementary and supportive services during the assessment period.

Nevertheless, several issues of concern were identified that impact all program areas. The dissolution of the National AIDS Commission in 2017, limited government engagement in

development and support of the Multi-Year Plan, the absence of a Technical Working Group for HIV, TB and Human Rights, or other effective mechanism to provide oversight, and the failure of the Ministry of Health to be interviewed for this assessment suggest a lack of political leadership for health and human rights programs that undermines the ability of Indonesia to ensure coordination, monitoring and evaluation, and future growth. Increased involvement of relevant ministries is key to building sustainable, effective programs that maximize impact on human rights and health outcomes. Specifically, stronger engagement is needed from the Ministry of Health as well as from ministries such as the Ministry of Law and Human Rights for paralegal and law enforcement sensitization programs, the Ministry of Home Affairs for sensitization of the *Satpol PP* or public order officers, and the Ministry of Female Empowerment for the interventions targeting gender discrimination, as well from the Indonesian National Police. Key informants also noted the need for greater coordination between national and local governments to ensure local concerns are considered in the national response.

In addition, consideration should be given to an implementation arrangement for human rights programming that ensures efficient distribution of funds and increases flexibility in relation to sub-recipients. Key stakeholders described the current administrative structure as problematic, with complex authorization requirements from the government resulting in delays in funding disbursement. Sub recipients reported inadequate resources for burdensome administrative requirements and noted a lack of flexibility to adapt programs to local conditions, an issue of particular concern given Indonesia's decentralized political and health systems.

Support for improved monitoring and evaluation is needed, as implementers lack resources and technical capacity to collect and analyze program data. The expansion of SP4N-LAPOR, a new platform open to the public to provide feedback on government performance, programs, and the provision of public services, including human rights violations, may offer an opportunity for a more accessible complaints mechanism allowing indirect monitoring and evaluation of human rights programming. Inclusion of an anti-retroviral specialist on the paralegal teams provides an opportunity for linkage with health facilities and documenting impact of programs on health outcomes, but this potential has gone unrealized.

In addition, more coordination among programs is needed. For example, the 4 Pillars program is not coordinated with Ministry of Health trainings of health care workers, a siloed approach that limits the effectiveness of both programs in numerous ways, including reducing the ability of the paralegal teams to identify and resolve complaints arising from health settings. Similarly, the police sensitization intervention at Jakarta Central Station is not connected with the paralegal services provided in that location.

Finally, current human rights programming is located in 23 districts that were identified as having high HIV prevalence as well as a concentration of key populations. This criteria provided a strong foundation for the initial roll-out of interventions, particularly in light of the challenges faced in achieving comprehensive levels of programming in a country of thousands of islands and decentralized political and health systems. However, many key stakeholders expressed concern about limiting human rights programming to 23 districts, citing the need for assistance to key populations in other locations. The Multi-Year Plan recommends expanding the criteria to include incidence of stigma and discrimination against key populations and highlights the need for additional research to inform expansion of programming into other geographic areas.

## Technical Partners

UNAIDS is a key partner in promoting human rights in Indonesia's HIV response, with engagement ranging from membership in the CCM and Technical Working Group for HIV to working closely with government and civil society organizations in the multi-stakeholder meeting, development of the National Plan and other *Breaking Down Barriers* initiative milestones. UNAIDS also led the preparation of a Position Paper identifying programmatic gaps in the HIV response that urges increased government action to ensure sustainability of human rights programs for key populations. UN Women provides technical assistance to many women-led organizations to increase their capacity for participation in Global Fund programming initiatives and supports implementation of programs to combat gender-based violence and discrimination. Importantly, UNDP has also prepared a report on HIV, human rights and gender that will be released in 2021 and has committed to supporting the HIV sector to use SP4N-LAPOR.

## Response to COVID-19

On March 19, 2020, the Head of the Indonesia Police (*Kapolri*) issued a Mandate Letter prohibiting mass gatherings or group activities in public and private settings, while local authorities also imposed various restrictions within their communities.§§§§§§§§§§§§§§§§§§§§§ The reallocation of resources to the COVID-19 response decreased opportunities for HIV testing, while lockdown measures and physical distancing requirements have negatively affected access to HIV and TB services more broadly. Prohibitions on group activities also meant many human rights programs suspended programs or pivoted to virtual programming. This has had varying degrees of success, based on the access of participants to internet, the capacity of program implementers to deliver virtual training, and the willingness of stakeholders to participate in virtual meetings.

Lockdown measures, physical distancing requirements, and widespread economic downturn have resulted in significant loss of income for key populations, many of whom work in the informal economy and in public spaces.********** A rapid survey indicated that people living with HIV and key populations have faced additional economic barriers and challenges accessing government social assistance because they cannot meet certain administrative requirements, such as possessing an identity card, which many key populations lack.†††††††††††††††††††††† Women living in abusive relationships may also lack access to the family identity card (*kartu keluarga*) and hence to health care, because their male partner often controls this access. In response, some community-based organizations have created fundraising platforms to provide financial support.‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡

Notably, some organizations have observed an increase in human rights violations during the pandemic, including greater stigma and discrimination toward key populations that have impeded their access to emergency social assistance and health care. Organizations have also observed and documented greater incidents of violence against women living with HIV and key populations since March 2020. Yet access to legal recourse has eroded because of reduced access to legal supports and restricted access to court.

Several responses to the COVID-19 pandemic are worth noting. To address mental health concerns among people living with HIV and TB, a Global Fund-supported emergency call service was developed for people to receive psychological support. The Indonesian government also agreed to the emergency release of 30,000 vulnerable prisoners, including people who use drugs, to prevent them and others from getting COVID-19.[§§§§§§§§§§§§§§§§§§§§§§] This may present an opportunity for civil society to advocate for expansion of alternatives to incarceration with the Indonesian government.

## Donor Landscape

Indonesia remains reliant on external funding for programs to remove human rights-related barriers to HIV and TB services. The level of funding for these programs has increased since baseline, primarily as a result of support from the Global Fund in their *Community Systems Strengthening* and *Breaking Down Barriers* HIV grants. USAID's PITCH Program and the MAJu program supported by AIDSfonds provide complementary programs focused on improving access to justice for people living with HIV and key populations, though both of these programs are set to end in 2020 and 2021, respectively.

Obtaining national funds for programs to reduce human rights-related barriers is challenging given the conservative political environment and the fact that health funding primarily targets traditional service provision and health systems strengthening. National stakeholders that are tasked with working on human rights such as the Ministry of Law and Human Rights and the National Commission on Human Rights do not engage substantially on HIV-related issues, and there are limiting funds and other resources from these agencies as well.

### *Recommendations*

- Establish a Technical Working Group for HIV, TB and human rights or other oversight mechanism that engages relevant ministries in coordination and monitoring as well as implementing lobbying, education and training initiatives for relevant Ministries, including the Ministries of Health, Law and Human Rights, Social Affairs, and Cultural and Human Empowerment, as outlined in the Multi-Year Plan.
- Streamline administrative structures for human rights-related grants and consider repositioning the human rights Principal Recipient to ensure efficient distribution of funds and increase flexibility.
- Provide resources and technical assistance to civil society to increase monitoring and evaluation capacity, particularly for documenting impact of human rights interventions on health outcomes.
- Increase coordination among human rights interventions, including coordinating MOH training of health care workers and police sensitization programs with paralegal services to maximize impact for all programs.
- Support research and data collection for documenting incidence of stigma and discrimination against key populations nationwide to inform expansion of human rights programming into other geographic areas.
- Increase funding for programs to remove human rights-related barriers to HIV and TB services, with an aim toward encouraging other funders to explicitly devote support to these interventions. This includes seeking an increase in bilateral and multilateral external funders as well as domestic funding sources to support human rights-related programming in the long term. Increase internal dissemination of the National Plan among government ministries, health care providers and populations to build domestic support for current and future interventions.

# Part III. Emerging Evidence of Impact

At mid-term, the assessment documented emerging evidence regarding the impact of programming to remove human rights-related barriers to HIV services in the form of a case study on civil society advocacy to oppose regressive *Penal Code* amendments.

**Collaborative civil society advoacy to oppose regressive Penal Code amendments**
In September 2019, the Indonesian government introduced amendments to its *Penal Code* that violate many human rights of key populations, including amendments that criminalize extramarital sexual intimacy,********** effectively criminalizing sex work and — by virtue of the prohibition on same-sex marriage — all same-sex sexual intimacy.†††††††††††††††††††††† The proposed penalty for this offence is imprisonment ranging from six months to one year.‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡ Another amendment prohibiting the "promotion" of contraception would result in decreased access to vital reproductive health care information, while the proposed inclusion of drug offences (which are already regulated under Indonesia's *Narcotics Act*) would further perpetuate the criminalization of people who use drugs.§§§§§§§§§§§§§§§§§§§§§§§§

Because of the impact of the proposed amendments on human rights, a coalition of Indonesian civil society organizations, human rights organizations, university and secondary students, and labour groups mobilized to delay the passage of the law and urged President Joko Widodo to reject the amendments.********** While these groups had previously worked in silos, they united to decry the amendments' threats to civil liberties†††††††††††††††††††††††† and described how the proposed amendments "violate the rights of women, religious minorities and lesbian, gay, bisexual and transgender people, as well as freedom of speech and association."‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡‡

Global Fund support had helped to catalyze and strengthen discourse regarding human rights, HIV and key populations among civil society organizations, altering the political landscape and facilitating joint advocacy. The Indonesian AIDS Coalition and LBH Masyarakat (LBHM), a community legal aid institute that works closely with marginalized communities, was among the organizations that rallied against the bill,§§§§§§§§§§§§§§§§§§§§§§§§ and LBHM lawyers partook in a civil society-led social media campaign (#RefromasiDikorupsi, or "Reform Corrupted"), organized press conferences and engaged media, lobbied parliamentarians, and organized marches outside of Parliament in response to the amendments.********** LBHM also met with and mobilized other civil society organizations working on a diversity of issues affected by the bill, and underscored the risks the new *Penal Code* poses for key populations. Thousands of demonstrators took to the street, resulting in the largest student movement in Indonesia since 1998.††††††††††††††††††††††††

As a result of this advocacy, voting on the amendments has been postponed, although the amendments have not been abandoned. This was a significant advocacy success, due in part to the strength and far reach of a coalition of groups working across a spectrum of issues, as well as a collective framing of human rights underpinning their opposition to the bill.

# Annex I. Summary of Recommendations

To strengthen and sustain the enabling environment, reach comprehensiveness and achieve impact, the mid-term assessments makes recommendations in the following areas. For more details, see the table with the comprehensive set of recommendations.

To reach comprehensiveness and achieve impact, the mid-term assessments makes the following recommendations.

## Key Recommendations

| Creating a Supportive Environment |
|---|
| • Establish a Technical Working Group on HIV, TB and human rights or other oversight mechanism comprised of government stakeholders including from the Ministry of Health and the Ministry of Law and Human Rights that meets regularly to better coordinate efforts and oversee programs in the Multi-Year Plan.<br>• Promote greater knowledge of and engagement with the Multi-Year Plan among government ministries, donors, civil society and technical partners by publishing and disseminating the Multi-Year Plan to these target audiences, and seek synergies between the Multi-Year Plan and other national human rights-related strategies. |
| **Programmatic Scale-up** |
| • Promote greater transparency of Ministry of Health training programs for health care workers in human rights and medical ethics and promote greater coordination with key population-led human rights programming including the 4 Pillars access to justice program.<br>• Support national collection of data on human rights violations related to HIV outside of the current 23 districts to inform expansion of the 4 Pillars access to justice program.<br>• Provide resources, capacity building and technical assistance for women and trans-led organizations to take leadership roles in design and development of human rights programming.<br>• Increase support for scale-up of programs to remove human rights-related barriers to TB to ensure that human rights-related programs are implemented and integrated into the national TB response. |
| **Programmatic Quality and Sustainability** |
| • Streamline administrative structures for human rights-related grants and consider repositioning the human rights Principal Recipient to increase efficient distribution of funds and increase flexibility.<br>• Increase coordination among human rights interventions, including coordinating Ministry of Health training of health care workers and police sensitization programs with paralegal services to maximize impact for all programs.<br>• Promote increased support for human rights interventions from the government of Indonesia. Steps could include establishment of a Technical Working Group for HIV, TB and human rights or other oversight mechanism that engages relevant ministries in coordinating and monitoring as well as implementing lobbying, education and training initiatives outlined in the Multi-Year Plan. |

## Comprehensive Recommendations

| Cross-cutting | |
|---|---|
| **Creating a supportive environment** | • Establish a Technical Working Group on HIV, TB and human rights or other oversight mechanism comprised of government stakeholders including the Ministry of Health and the Ministry of Law and Human Rights, that meets regularly to better coordinate and oversee programs in the Multi-Year Plan.<br>• Facilitate dialogue between HIV and TB organizations through periodic meetings to increase opportunities for collaboration between implementing partners, programs and donors.<br>• Promote greater knowledge of and engagement with the Multi-Year Plan among government ministries, donors, civil society and technical partners by publishing and disseminating the Multi-Year Plan to these target audiences, and seek synergies between the Multi-Year Plan and other national human rights- related strategies.<br>• Reconvene (at a minimum) annually with human rights focal points and key population-led organizations in priority cities to invite further consultation and revisions to the Multi-Year Plan as necessary, and to promote greater awareness of the objectives and activities in the Multi-Year Plan.<br>• Use the Multi-Year Plan as a tool to seek funding from donors other than the Global Fund.<br>• Develop and disseminate strategy to conduct consistent monitoring and evaluation of human rights programming, ensuring key indicators are collected and periodically assessed, and adjustments made based on findings from data analysis. |
| **Programmatic quality and sustainability** | • Promote increased support for human rights interventions from the government of Indonesia. Steps could include establishment of a Technical Working Group for HIV, TB and human rights or other oversight mechanism that engages relevant ministries in coordinating, monitoring & implementing lobbying, education and training initiatives for relevant Ministries, including the Ministries of Health, Law and Human Rights, Social Affairs, and Cultural and Human Empowerment, as outlined in the Multi-Year Plan.<br>• Streamline administrative structures for human rights-related grants and consider repositioning the human rights Principal Recipient to increase efficient distribution of funds and increase flexibility.<br>• Provide resources and technical assistance to civil society to increase monitoring and evaluation capacity, particularly for documenting impact of human rights interventions on health outcomes.<br>• Increase coordination among human rights interventions, including coordinating MOH training of health care workers and police sensitization programs with paralegal services to maximize impact for all programs.<br>• Support research and data collection for documenting incidence of stigma and discrimination against key populations nationwide to inform expansion of human rights programming into other geographic areas.<br>• Increase funding for programs to remove human rights-related barriers to HIV and TB services, with an aim toward encouraging other funders to explicitly devote support to these interventions. This includes seeking an increase in bilateral and multilateral external funders as well as domestic funding sources to support human rights-related programming in the long term. Increase internal dissemination of the National Plan among government ministries, health care providers and populations to build domestic support for current and future interventions. |

| HIV-related recommendations by program area | |
|---|---|
| **Stigma and discrimination reduction** | • Broadly disseminate results of the HIV Stigma Index, targeting relevant government ministries including the Ministries of Health, Law and Human Rights, Social Affairs, and Cultural and Human Empowerment.<br>• Support advocacy efforts of the Anti-Stigma and Discrimination Coalition to implement the recommendations set forth in its 2020 Position Paper, including passage of broadly drawn anti-stigma and discrimination legislation to protect the rights of people living with HIV and key populations.<br>• Support the capacity of key population-led CSOs to both design and implement programs to reduce stigma and discrimination and to also monitor and evaluate their impact and effectiveness.<br>• Promote support among relevant government ministries, including the Ministries of Health, Law and Human Rights, Social Affairs, and Cultural and Human Empowerment, to fund programs to reduce stigma and discrimination against people living with HIV and key populations, including sustaining those programs currently funded by external donors. |
| **Training of health care workers on human rights and ethics** | • Support coordination and collaboration of Ministry of Health training programs with key population-led human rights programming including the 4 Pillars program.<br>• Promote greater transparency of Ministry of Health training programs for health care workers in human rights and medical ethics, including information about the content, recipients and scale of training, and ensure this training is scaled up and includes pre-service and in-service training of all health care workers on content that includes the rights of people living with HIV and key populations, and ensuring patient confidentiality and privacy.<br>• Support implementation of a monitoring and evaluation system to document impact of human rights-related training on health outcomes, including through SP4N-LAPOR. |
| **Sensitization of lawmakers and law enforcement agents** | • Support expanded and sustained pre-service (i.e. in training academies) and in-service human rights training and sensitization activities for law enforcement, including the National Police, National Narcotics Board, and public order officers led by a diverse coalition of key population-led CSOs.<br>• Support the Ministry of Law and Human Rights, Ministry of Home Affairs, and other relevant ministries to promote the institutionalization of pre- and in- service health and human rights training for law enforcement officials, prosecutors and judges.<br>• Support coordination of police sensitization activities with the 4 Pillars and other access to justice programs. |
| **Legal literacy** | • Support continued scale up of legal literacy programs as a key component in the 4 Pillars access to justice model.<br>• Support human rights campaigns designed to increase human rights awareness and acceptance from the general public.<br>• Promote greater support and participation for the 4 Pillars program from relevant ministries, including the Ministry of Law and Human Rights as well as from the judiciary and local legal associations and networks.<br>• Support national collection of data on human rights violations related to HIV outside of the current 23 districts to inform expansion of the 4 Pillars program, in accordance with the recommendations of the Multi-Year Plan. |

| | |
|---|---|
| **Legal services** | • Increase support for training and support of paralegals, including strengthening of relationships with local legal aid organizations, and consider providing incentives for legal aid organizations to participate in the 4 Pillars program and ensure training for these organizations in HIV-related human rights issues.<br>• Promote greater support and participation for the 4 Pillar program from relevant ministries, including the Ministry of Law and Human Rights as well as from the judiciary and local legal associations and networks.<br>• Strengthen oversight, guidance and coordination of the program by IAC and provide additional resources to sub- and sub-recipients for managing administrative burdens generated by the grants and for sharing of best practices and legal strategies.<br>• Support national collection of data on human rights violations related to HIV outside of the current 23 districts to inform expansion of the 4 Pillars program, in accordance with the recommendations of the Multi-Year Plan. |
| **Monitoring and reforming laws, regulations and policies related to HIV** | • Continue to provide support and resources for national law and policy reform advocacy, coordination and capacity building, including support for passage of a broad national anti-stigma and discrimination bill.<br>• Continue to provide support and resources for local advocacy training and initiatives as part of the 4 Pillars access to justice project.<br>• Promote greater support and participation for national and local human rights advocacy from relevant ministries, including the Ministry of Health and Ministry of Law and Human Rights by implementing lobbying, education and training initiatives such as those outlined in the Multi-Year Plan. |
| **Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity** | • Provide resources, capacity building and technical assistance for women-led organizations to take leadership roles in design and development of human rights programming.<br>• Increase resources for training paralegals and other 4 Pillars program participants in women's and gender-related human rights issues.<br>• Provide support for the National Commission on Violence Against Women to strengthen programming related to the intersection of HIV, TB and gender-based violence.<br>• Provide resources, capacity building and technical assistance for transgender leadership and advocacy. |

| TB-related recommendations by program area | |
|---|---|
| **Reducing stigma and discrimination** | • Provide support for strengthening community-based patient advocacy, inclusion of human rights in all health care worker training materials, and development of community-based monitoring systems and paralegal services to respond to stigma and discrimination complaints.<br>• Provide support for a national survey of TB patients and providers to collect data on stigma and discrimination to inform future programming.<br>• Provide support for increased integration of initiatives to combat HIV-related stigma in national TB strategy documents and plans. |
| **Training of health care workers on human rights and ethics** | • Provide support for strengthening community-based patient advocacy, inclusion of human rights in all health care worker training materials, and development of community-based monitoring systems and paralegal services to respond to stigma and discrimination complaints.<br>• Provide support for a national survey of TB patients and providers to collect data on stigma and discrimination to inform future programming.<br>• Provide support for increased integration of initiatives to combat HIV-related stigma in national TB strategy documents and plans. |
| **Sensitization of lawmakers and law enforcement agents;** | • Support TB-related human rights education and sensitization for lawmakers, law enforcement and prison officials in accordance with the recommendations in the Multi-Year Plan. |
| **Legal Literacy** | • Provide support for expansion of training of patients, community outreach workers, case managers and TB civil society organizations in gender responsiveness and human rights. |
| **Legal services** | • Provide support for community paralegal programs to facilitate access to TB and HIV/TB services and to identify, resolve or refer complaints of stigma and discrimination. |
| **Monitoring and reforming policies, regulations and laws that impede TB services** | • Provide resources and technical support for people affected by TB and TB civil society organizations to strengthen capacity for legal and policy advocacy.<br>• Promote multi-sectoral government support for TB-related human rights programming. |
| **Reducing gender-related barriers to TB** | • Provide support, including technical assistance, for development of a multi-sectoral national strategic plan to reduce gender discrimination and harmful gender norms in relation to TB.<br>• Provide support for development of gender equality indicators for monitoring and evaluation of TB programming.<br>• Provide support for the National Commission on Violence Against Women to strengthen programming related to the intersection of HIV, TB and gender-based violence. |
| **Ensuring privacy and confidentiality** | • Ensure that issues of confidentiality and privacy continue to be integrated in TB prevention and treatment services and in training provided for health care workers, patients and community members. |
| **Mobilizing and empowering patient groups** | • Provide support for initiatives promoting mobilization and empowerment of patient and community groups including trainings in gender responsiveness and human rights, participation in the development and implementation of a community-based monitoring system and to build capacity for community-led advocacy. |
| **Programs in prisons and other closed settings** | • Provide support for TB/HIV human rights training and education for prison officials, correctional officers and TB/HIV medical service providers to strengthen human rights protection for prisoners. |

# Annex II. Methods

## Methods

The *Breaking Down Barriers* mid-term assessment was originally designed:

1) To assess progress towards a comprehensive response to human rights-related barriers to HIV and TB services (directionality for reporting under KPI 9a target), and to allow for course-corrections, if needed;
2) To inform future investments aimed to reduce human rights-related barriers to access (including, but not limited to, GF investments in 2020-2022 allocation cycle);
3) To help inform the new Global Fund strategy.

The assessment was expected "to produce updates of progress since baseline both on milestones and proxy indicators, and indicative, qualitative, early signs of evidence of impact in select countries and program focus; as well as case studies of successful programs."

During the course of the assessments, in response to requests from the Global Fund Human Rights team, the objectives of the mid-term assessments evolved to include more focus on indicators of quality programs and programming, reviewing components such as integration of programs to remove human rights-related barriers into testing, prevention and treatment services; human rights implementation capacity; gender responsiveness; and the use of monitoring and evaluation systems.

For the assessment, countries were categorized into three tiers with varying levels of review. These were labelled as: in-depth, program and rapid assessments (see chart below). Indonesia is a Program assessment.

| Mid-term Assessment Type | Countries | | |
|---|---|---|---|
| **Rapid** | Benin<br>Democratic Republic of Congo (rapid +) | Honduras<br>Kenya<br>Senegal | Sierra Leone<br>Tunisia<br>Uganda (rapid +) |
| **Program** | Botswana<br>Cameroon<br>Cote d'Ivoire | Indonesia<br>Jamaica<br>Kyrgyzstan | Mozambique<br>Nepal<br>Philippines |
| **In-depth** | Ghana | South Africa | Ukraine |

All assessments included a desk review of relevant program documents and reports as well as other documents that describe developments within the country and program contexts. In-depth assessments were also envisioned to include site visits and a limited number of key informant interviews conducted during a two-week country trip. However, due to the COVID-19 pandemic, this was not possible.

Key informants were sought from principal and sub-recipients of Global Fund grants as well as other government, donor and civil society representatives. Semi-structured interview guides were used to guide the interviews covering the following domains of inquiry:

| Assessing specific BDB programs<br>Dimension | Questions |
|---|---|
| Scope | What key and vulnerable populations does it reach or cover? |
| | Does the program address the most significant human rights-related barriers within the country context? |
| | What health workers, law enforcement agents, etc. does it reach? |
| | Does it cover HIV and TB? |
| Scale | What is its geographic coverage? |
| | Does it cover both urban and rural areas? |
| | How many people does it reach and in what locations? |
| | How much has the program been scaled up since 2016? |
| | What is the plan for further scale up as per the multi-year plan? |
| Sustainability | Does the program have domestic funding? How secure is that funding? |
| | Does the program have other, non-Global Fund funding? How secure is that funding? |
| | Does the program seek institutionalization of efforts to reduce human rights-related barriers (for example, integration of stigma and discrimination training into pre-service training)? |
| | Does it avoid duplication with other programs? |
| | Is the program anchored in communities (if relevant)? |
| | What has been done to ensure sustainability? |
| Integration | Are programs to reduce human rights-related barriers integrated into the National Strategic Plans for HIV and TB? |
| | Is the program integrated with existing HIV/TB services? (also speaks to sustainability) |
| | Is the program integrated with other human rights programs and programs for specific populations? |
| | How closely does the implementer coordinate with implementers of other programs that include or rely on linkages to HR programs? (if relevant) |
| | Does the program address HR-related barriers to HIV and TB together? (if relevant) |
| Quality | Is the program's design consistent with best available evidence on implementation? |
| | Is its implementation consistent with best available evidence? |
| | Are the people in charge of its implementation knowledgeable about human rights? |
| | Are relevant programs linked with one another to try and holistically address structural issues? |
| | Is there a monitoring and evaluation system? |
| | Is it gender-responsive and age appropriate? |

Based upon the interviews, additional documents and data (both quantitative and qualitative) were requested from key informants, which fed into the analyses of the program areas for HIV and TB. A list of documents reviewed and key informants who were interviewed is provided in the following Annexes.

The assessment was begun in November 2020 and completed in March 2021. Following the review of documents and key informant interviews, a draft of this report was shared with the

Global Fund Human Rights Team and Indonesia Country Team for their feedback. The finalized assessment report integrates these comments where relevant.

| Assessment Component | Researchers | Dates |
|---|---|---|
| **Desk review of available program reports, epidemiological information, and other background documents** | Megan McLemore, Sandra Ka Hon Chu, Julie Mabilat | October-November 2020 |
| **Key informant interviews conducted remotely with 16 people** | Megan McLemore, Sandra Ka Hon Chu, Ajeng Larasati | December 2020-February 2021 |
| **Follow-up with relevant key informants** | Megan McLemore, Sandra Ka Hon Chu | February-March 2021 |
| **Presentation of key report findings to Global Fund and country stakeholders** | Megan McLemore, Sandra Ka Hon Chu | April 2021 |

## Detailed Scorecard Calculations and Key

The MTA country researchers independently scored each of the seven programs to reduce HIV-related human rights barriers and 10 programs to reduce TB-related human rights barriers, based on the geographic scale of each program area for each relevant key population, weighted equally (see table below) at mid-term. Scores were compared and discussed to reach consensus. Where disagreements remained, scores were averaged. Because the scale of the scorecard was changed in 2019 to allow for more sensitivity in measurement, the researchers reviewed the baseline assessment and scored the baseline using the same process.

| Rating | Value | Definition |
|---|---|---|
| **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.<br>2.0 Reaching <35%<br>2.3 Reaching between 35 - 65% of target populations<br>2.6 Reaching >65% of target populations |
| **3** | Operating at subnational level | Operating at subnational level (btw 20% to 50% national scale)<br>3.0 Reaching <35%<br>3.3 Reaching between 35 - 65% of target populations<br>3.6 Reaching >65% of target populations |
| **4** | Operating at national level | Operating at national level (>50% of national scale)<br>4.0 Reaching <35%<br>4.3 Reaching between 35 - 65% of target populations<br>4.6 Reaching >65% of target populations |
| **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:<br>a) Human rights programs at scale for all populations; and<br>b) Plausible causal links between programs, reduced barriers to services and increased access to HIV/TB services. |
| **N/A** | Not applicable | Used when the indicator cannot be logically assessed (e.g., reducing discrimination against women programs for MSM). |
| **Unk** | Unable to assess | Used when it is impossible to determine a score based upon significant missing data (e.g., unavailable info from another donor). |

# Annex III. List of Key Informants

1. Daniel Marguari, Executive Director, Yayasan Spiritia
2. Tuti Alawiyah, Program Manager, TB-HIV Care, Aisyiyah
3. Aditya Wardhana, Executive Director, Indonesia AIDS Coalition
4. Yasmin Purba, Human Rights and Gender Adviser, UNAIDS
5. Arry Lesmana Putra, National Project Manager, Health Governance Initiative, UNDPDaniel Agirwa – UNDP consultant
6. Nadia Roswita - Technical Support Analyst, UNDP
7. Sindi Putri, National Consultant for Gender and HIV, UN Women
8. Meirinda Sebayang, Chairperson, Indonesia Network of People Living with HIV
9. Dr. Sanhari Basdewan, Executive Director, Country Coordinating Mechanism, Global Fund
10. Albert Wirya, Research and Project Coordinator, Lembaga Bantuan Hukum Masyarakat (LBHM)
11. Siti Habiba, Advocacy Coordinator, Jaringan Indonesia Positif (JIP)
12. Roylolo Nababan, Program Coordinaator, JIP
13. Muhammad Ridwan, Paralegal (Tangerang), JIP
14. Wayhu Kreshna, Program Manager, Karisma Foundation
15. Dani Damanik, Program Manager, Karisma Foundation
16. Ayu Okatariana, National Coordinator,
17. Ikatan Perempuan Positif Indonesia (IPPI)
18. Cynthia Novemi, Program Manager, IPPI
19. Lia Andriyani, National Coordinator, Organisasi Perubahan Sosial Indonesia (OPSI)
20. Rito Hermawan, National Advocacy Coordinator, OPSI
21. Irfani Nugraha, Senior Program Coordinator, Gaya Warna Lentera Indonesia Network (GWL-INA)
22. Thea Hutanamon, Knowledge Management Coordinator, Stop TB Partnership Indonesia
23. Renata Arianingtyas, The ASIA Foundation
24. Ajeng Larasati, Consultant

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[†] **For HIV and TB:** Stigma and discrimination reduction; Training for health care providers on human rights and medical ethics; Sensitization of lawmakers and law enforcement agents; Legal literacy ("know your rights"); Legal services; Monitoring and reforming laws, regulations and policies relating to the 3 diseases; Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity. **Additional programs for TB:** Mobilizing and empowering patient and community groups; Ensuring privacy and confidentiality; Interventions in prisons and other closed settings; Reducing gender-related barriers to TB services (TB).

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