

Alliance Integrated Harm Reduction Programme - Project rationale	
Country/LO:	Indonesia/Rumah Cemara
Project locations:	Bali Province
Project name:	Ensuring Harm Reduction Quality Services Through Introducing Case Management Model to Indonesia national HIV Response
Outcome 2020:	<p><i>in 2020 we aim to have a better quality services for PWUD in the national HIV programme using case management approach that we introduced, documented through our harm reduction programme and advocate to the national and local government to fund it to scale for sustainability. The case management services integrated not only for HIV and treatment but also for viral Hepatitis, TB and essential Harm Reduction services in the health system, targeting at achieving universal health coverage. The model of case management service for PWUD has been piloted in 2 cities in Indonesia since 2015 and demonstrated good result comparing with traditional model in attracting and retaining PWUD to services, particularly around reducing the high drop out cases among the PWUD who are on ART.</i></p> <p><i>We will continue investing in improving the quality of the model with our partners, and collect data to demonstrate the effectiveness of this model and advocate to the local government as well as the MOH to scale it up as best practice through PITCH and Global Fund Regional harm reduction programme. We expect that it will be funded by the national programme, or some city/district government to be continued by the end of 2020.</i></p>
Strategic Actions: Document, promote and scale-up community-led case management model in harm reduction programme as good practices	
4.1. Develop strong programme models to improve access and retention: NSP, OST, HIV, HCV and TB treatment	
Specific model/s:	Case management model (Community Initiated Treatment Interventions, CITI) that was piloted in Bali since 2015.

Rationale:	<p><i>People who inject drugs (PWID) in Indonesia experience multiple forms of stigma in many aspects of their lives. One of the most challenging issues is judgment of their drug use and discriminatory treatment by healthcare providers, which results in high drop-out rate among these who need to stay in both harm reduction and ART programmes. In March 2017, MoH re-ported that the drop-out rate for people living with HIV from HIV-related services is 22%. There is no of-ficial disaggregated data for PWID, but anecdotal evidence suggests that it is much higher due to hostile service environments, lack of tailored services, poor linkages between harm reduction and HIV services, and lack of community-based care and support. The baseline of the proposed project aims to establish the current service usage patterns and drop-out rates.</i></p> <p><i>According the MoH's recent size estimation, there are 33,492 PWID (2016) in Indonesia. There is very little data on those enrolled in comprehensive services on Harm Reduction as most of services available are pro-vided by different actors. This often requires PWID to move from one facility to another to access differ-ent services where they also have to go through all administrative processes repeatively.</i></p> <p><i>The RC piloted case management service model bring all required services together through case managers. These services will include biomedical, behavioural and structural that will be managed by case managers from our implementing partner CBOs.</i></p> <p><i>With the suport of CAHR project, we have been work on this model as a pilot project since 2015 and it showed a good result. We will need to consolidate the model, process the data from the piloting sites and document the results and advantage of case management model and disseminate a result at local and national level for the Indonesia government to adopt and dissaminate with government frunding from local and national budget.</i></p>
Estimated reach:	<p><i>200 PWUD and partners (old and new clients) will be reach and refer to Health Services. 20% of them are female drugs users</i></p>
Equity and inclusion:	<p><i>We will use peer to peer approach, using PWUD as case managers to reach the clients and help them to stay in the programme. Female case managers will be recruited to reach out and serve women who use drugs.</i></p>
Other:	<p><i>The focus of this model is to ensure PWUD have acces to harm reduction services. For those who are HIV, we give support to retain them on ARV treatment and for these who are negative, we make sure they stay in harm reduction services so that they can stay negative.</i></p>
<p>4.2. Document and communicate examples of good practice and innovation</p>	

Documentation:	<i>Continue supporting CBOs to strengthen this model and seek technical assistance from local Universities to document the result.</i>
Communication:	<i>We will collect data from city/district level related to Harm Reduction services. Data could be come from communities, health services and city council. A result of a study will be disseminate at national and local level, using the meetings and workshops organised by PITCH and Global Fund Regional harm reduction advocacy programmes as well as CCM meetings where the project manager is CCM member representing PWID.</i>
Other:	<i>None</i>
4.3. Support community action to monitor and improve the quality of services for people who use drugs and their families	
Participation:	<i>Community will be fully engage as we use client's base approachon this model. Rumah Cemara is playing this watchdog role through the funding from PITCH and Global Fund Regional Harm Reduciton Advocacy programme.</i>
Quality assurance:	<i>We will collect the feedback from the communities of PWUD on different types/models of services and use these feedback in coordination meeting at district, city and provincial level. These meetings will engage stakeholders, CSO's, community and Health Service Providers. We will use these meetings to hold the services providers to be accountabel to the feedbacks from the communities and change their practices so as to improve the quality of their services.</i>
Other:	<i>a result of meetings and project document will be use as an advocacy materials under other projects.</i>
4.4. Build advocacy message on our piloted and tested models that can be scaled up to influence national policy and practices	
Advocacy asks:	<i>Case mangement model (Community Initiated Treatment Interventions, CITI) are invested by local and national governemnt to serve PWUD.</i>
List specific target/s:	<i>Health authorities at differnet levels, National HIV programme managers, CCM members, MOH and BNN officials.</i>
Tactics:	<i>Dissemination a result at national level under support from PITCH, Regional Harm Reduction Advocacy, the SHIFT and other projects</i>
Other:	<i>We will focus on case mangement model and document a result of this model. A document will disseminate at national and locl level under supporting other projects.</i>

Effective project delivery	
Synergy:	<i>Under this Fund, we will focus on strengthen further the case mangement model in Bali. We will collect, process and demonstrate the good results from the model and document it properly. We will disseminate it at national and local level with other projects, such as PITCH. We will advocate government to fund it and to scaling up in other cities.</i>
Other programmes	<i>PITCH and HRAsia that RC is directly involved in implementing in Indonesia. We will also work with the SHIFT programme that is implemented by AFAO.</i>
M&E:	