Indonesia THEORY OF CHANGE

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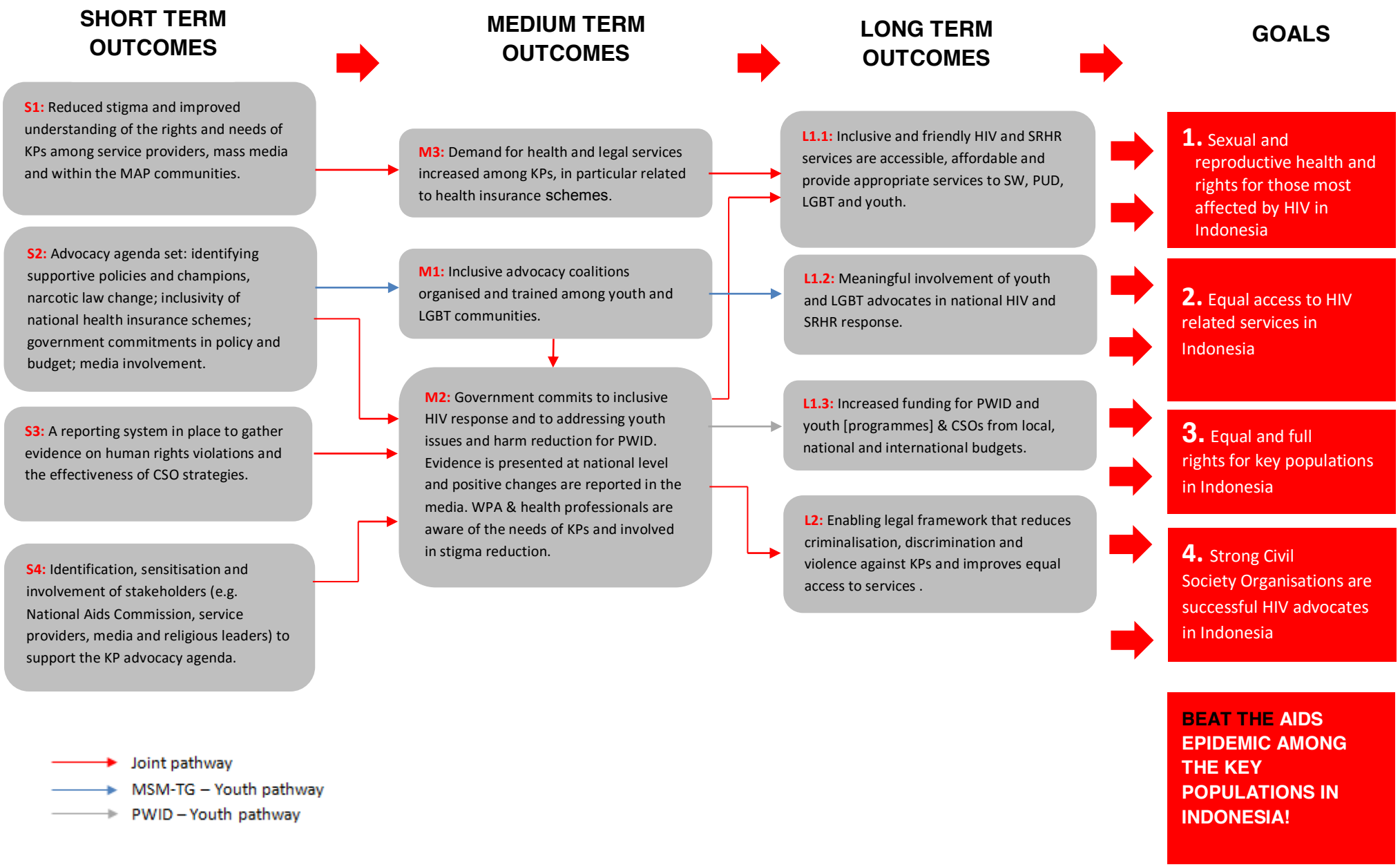

Indonesia Country Theory of Change

OUR GOALS

Indonesia is, with its large population of 225 million in 2015[1,2] and vast geographical spread, critical to the HIV response. With its large population and vast geographical spread of 34 provinces, Indonesia is critical to the global HIV/AIDS. In 2016, 785,821 persons are estimated to be living with HIV in Indonesia, 90,915 new HIV infection cases compared to 85,523; and 40,349 HIV-related deaths, compared to 36,586 HIV related deaths in 2015.
The epidemic is concentrated in specific provinces and risk groups, with an overall population prevalence of around 0.41% between 15 to 49 years of age in 2014. The estimated HIV prevalence by province ranges from 0.1% or less to over 3% and the cumulative AIDS cases reported by September 2014 ranged from 0.5 per 100,000 population in West Sulawesi to 359 per 100,000 persons in Papua.[3]

Goal 1: Equal access to HIV related services

The availability of HIV-related services has increased over the last years. However, according to the National Aids Commission, this is not enough yet to provide a critical mass for achieving enough scale to contain the epidemic because of insufficient utilization of services due to lack of innovation in outreach and mentoring program (PKMK, 2015[4]). Additionally the supply side of services faces challenges as the number and quality on the health workforce as it conceals significant inequalities among urban and rural areas, as well as provinces and districts. On the demand side the population do not know their rights and do not effectively demand for improvement of services. To reach equal access to HIV related services, PITCH will lobby and advocate for an improved understanding of the rights and needs of KPs among service providers and within KPs communities.

Goal 2: Sexual and reproductive health and rights for those most affected by HIV

PITCH will advocate for an improved access to sexual and reproductive health and rights for those most affected by HIV. In Indonesia the goal is advocate on several government levels for inclusive and most affected population friendly SRHR services. The inclusiveness consist of comprehensive, integrated, stigma-free services whereby the most affected population has been meaningfully involved in national HIV and SRHR response.

Goal 3: Equal and full rights for key populations

The national legal framework and policies will ensure equal and full rights for key populations, as it is adapted on all levels in Indonesia. PITCH will advocate for reforming the laws with the result that laws and policies will no longer discriminate key populations and human rights violations – including violence and abuse – will be prevented. Additionally the elimination of legal barriers will support the access to HIV related services.

Goal 4: Strong civil society organisations are successful HIV advocates

Civil society organisations are united and formed per most affected population. The organisations are driven by champions who are empowered HIV advocates. Civil society organisations have organised partnerships among their own most affected population which form country-wide consortia. Additionally partnerships are formed across key populations and with the government and private sector, as a result of lobby and advocacy over the past years. Civil society organisation are seen as

[1] http://www.indonesia.go.id/in/sekilas-indonesia/geografi-indonesia
[2] Indonesia Statistics. http://www.bps.go.id/linkTabelStatis/view/id/1274
[3] National AIDS Program Quarter IV 2014, MoH Report 2015
[4] PKMK UGM. 2015. Review of HIV-AIDS Policy Document and Health System in Indonesia, p. 59, Yogyakarta

equal partner of the government and are meaningfully involved in decision making processes. As a result, the funding for key populations is increased.

OUR OUTCOMES

After more than two decades of epidemic spread, the epidemic in Indonesia is still young, but alarming. Despite the fact that the prevalence at general population is still low, Indonesia is one of the fastest growing infection rates in Asia because the country lags behind in some essential aspects of prevention and weak capability of policy implementation. Another risk factor, such as sexually transmitted infection prevalence among key populations remain very high and fuel the HIV epidemic and in the other side, program efforts to promote consistent condom use and STI screening among key affected populations continue to progress slowly.

To achieve the global four PITCH goals for LGBTI, SW, PWUD and Young People, the following short-, medium- and long-term outcomes are envisioned.

Short term:

Improved understanding of the rights and needs of key population
In Indonesia improved understanding of the rights and needs of key populations on several levels (S1) is aimed for the short-term. Within the key population's communities the knowledge on their own human rights is improved and the self-stigma is reduced. Additionally the medical and social understanding by service providers of the diverse (SRHR) needs of these key populations is increased. The improved understanding will encourage individuals from key populations to come forward to access health services. The mass media can play a supportive and influential role in favour for improved understanding of the rights and needs. Therefore the mass media should be sensitized on key populations (SRHR) issues since this will lead to key population friendly media.

Advocacy agenda
In the short term, each key population will set the advocacy agenda (S2) until 2020. The identification of current and (possible conflicting) laws and policies on local, district, national and global level is part of the development of the advocacy agenda and its strategy. These strategies focuses on HIV-specific priorities as well as the broader SRHR issues of key populations.

Identification, sensitisation and involvement of stakeholders
Parallel and in support of the key population advocacy agenda, the identification, sensitization and involvement of stakeholders are needed (S4). By identifying and mapping stakeholders on different levels, the advocacy strategy will be tailor made per key population as well per stakeholder. This first step is important since lobby and advocacy techniques differ based on the supportive or opposing attitude of the stakeholder. Based on the lobby and advocacy agenda and strategy, the sensitization and involvement of stakeholders will be determined.

Reporting system
Lobby and advocacy requires credible and solid data, which can be used as a tool to influence HIV and broader SRHR policy and law change for key populations. In the short term, the establishment of a reporting system is in place to gather evidence of human rights violations and the effectiveness of CSO strategies (S3). Key populations will be trained in collecting and analyse data, which is in favour of their empowerment. They will take up a leadership role in designing and carrying-out research and other evidence-generated activities. The establishment of a reporting system will support the development of unified, evidence informed advocacy priorities.

Medium term:

Inclusive advocacy coalitions
In the medium term, inclusive advocacy coalitions are organised and trained among youth and LGBT communities (M1). In this phase LGBT and Youth advocates are empowered on advocacy skills and have been organised in their own inclusive coalition. Besides, as a result of setting the advocacy agenda and strategy (S2), the key populations have a shared agenda for advocacy on HIV and SRHR policy and law change. These new mixed key population led collaborations will strengthen the unified voice of the civil society in Indonesia (M1).

Engaged advocacy targets
The evidence-informed advocacy, which is a result of setting the advocacy agenda (S2) and the reporting system (S3), in combination with the identification, sensitisation and involvement of stakeholders (S4) has led to engaged advocacy targets (M2): the government commits to addressing youth issues and harm reduction for PUD. Evidence is presented at national level and positive changes in the media. WPA (citizens AIDS care) and health professionals are involved in key populations stigma reduction. These engaged advocacy targets can also led to inclusive coalitions with the private sector (M1) to address the needs of key populations. The more coordinated and expanded partnerships with stakeholders on different levels and sectors, is supportive for realising the full range of SRHR for key populations in Indonesia.

Increased demand for health and legal services
The increased supportive and enabled environment in Indonesia, as a result of the engaged advocacy targets (M2) and improved understanding of the rights and needs of key populations among service providers (S1) creates an increased demand for health and legal services (M3) among key populations.

Long term:

Inclusive and friendly HIV and SRHR services
By 2020, as a result of engaged advocacy targets that has led to an improved understanding of the rights and needs of key populations and increase in demand, inclusive and friendly HIV and SRHR services are accessible, affordable and provide appropriate services to key populations (L1.1). Services are equal and adapted to local context and national health insurance covers all HIV related services for all people.

Meaningful involvement
Ultimately, the inclusive advocacy coalitions (M1) has led to an increased meaningful involvement of key populations in the national HIV response (L1.4). This involvement means that key populations are represented and fully participate in decision-making regarding HIV and SRHR policies in Indonesia.

Increased funding
The funding for key populations is increased (L1.3) from local, national and international budgets for PWID and youth programmes. As a result of engaged advocacy targets and an improved understanding of the rights and needs (M2) of PWID and Youth, the national government has increased the national budget for these key populations.

Enabling legal framework
Besides increased funding, the engaged advocacy targets and an improved understanding of the rights and needs (M2) has another result. In the long term an enabled legal framework has been established that reduces criminalisation and discrimination of KPs and improves equal access to services (L1.2).

OUR ASSUMPTIONS

Short term to Mid-term

- Awareness of rights will lead to increase in demand of rights and services
- Positive relationship with government
- Continued commitment by government to address HIV/AIDS as priority
- Registration of CSOs is welcomed by the government

Mid-term to Long-term

- Acknowledgement of value and need of involvement of CSO in the HIV/AIDS response.

Long-term to Goals

- Continued commitment by the government to the HIV/AIDS response address international funding gaps
- Willingness of government to allow strong position of CSOs