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**Second Independent Evaluation 2002-2008
Country Visit to Indonesia - Summary Report**

UNAIDS

**Second Independent Evaluation
2002-2008**

Country Visit to Indonesia

Summary Report

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
BSS	Behavioural Surveillance Survey
CBO	Community-based Organisation
CCM	Country Coordinating Mechanism (GF)
CSO	Civil Society Organisation
DaO	Delivering as One
DFID	Department for International Development (UK)
DHS	Demographic and Health Survey
DOL	Division of Labour
ERP	Enterprise Resource Planning
ExCom	Executive Committee
ExD	UNAIDS Executive Director
FBO	Faith-based Organisation
GF	Global Fund (abbreviation of GFATM)
GFATM	Global Fund for AIDS, TB and Malaria
GIPA	Greater Involvement of People Living with HIV and AIDS
GOI	Government of Indonesia
GTT	Global Task Team
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HQ	Headquarters
HoA/HoO	Head of Agency or Head of Office (UN)
HSDP	Health Sector Development Plan
HSS	Health systems strengthening
IBBS	Integrated Behaviour and Biological Surveillance
IDU	Injecting drug user
IEC	Information, education and communication
IPF	Indonesia Partnership Fund
JT	Joint Team
KfW	German Development Bank
M&E	Monitoring and evaluation
MARP	Most at risk population
MOE	Ministry of Education
MOH	Ministry of Health
MSM	Men who have sex with men
NAC	National AIDS Commission
NASA	National AIDS Spending Assessment
NCPI	National Composite Policy Index
NHA	National Health Account
NSP	National Strategic Plan
ODA	Official Development Assistance
OECD	Organisation for Economic Cooperation and Development
PAF	Programme Acceleration Fund
PCB	Programme Coordinating Board
PEPFAR	President's Emergency Programme for AIDS Relief (USG)
PLHIV	People living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PR/SR	Principal Recipient/Sub Recipient (GF)
PRSP	Poverty Reduction Strategy Paper
RC	Resident Coordinator
STI	Sexual transmitted infection

TA	Technical assistance
TS	Technical support
TSF	Technical Support Facility
TWG	Technical Working Group
UA	Universal Access
UCC	UNAIDS Country Coordinator
UN	United Nations
UNCT	UN Country Team
UNDAF	UN Development Assistance Framework
UNGASS	UN General Assembly Special Session on AIDS
UNJAP	UN Joint Action Programme
UNTG	UN Theme Group on AIDS
USG	United States Government
VCT	Voluntary counselling and testing

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Disclaimer

Full responsibility for the text of this report rests with the authors. The views in this report do not necessarily represent those of UNAIDS nor of the people consulted.

1. Introduction

1.1 This report is a summary of findings from a short evaluation visit to Indonesia as part of the Second Independent Evaluation of UNAIDS. The country visit took place from 11 to 29 November 2008. The team consisted of Paul L. Janssen, Georg Petersen and Vidia Darmawi. The team were based in Jakarta and made a field visit of two days to Bali and Surabaya.

1.2 The summary report draws on material in a set of evaluation framework tables (described in the inception report for the evaluation¹), which are based on information gathered from meetings with a range of stakeholders (Annex 5) and from review of key documents (Annex 4).

1.3 Indonesia is one of 12 countries sampled for visiting during the evaluation². The material in the framework tables from these country visits, visits to regional offices of UNAIDS Secretariat and Cosponsors, global visits and interviews, and surveys of other stakeholders will be synthesised together in an overall evaluation report due to be submitted in August 2009.

1.4 Following a brief overview of the country context in Section 2, the report presents the main findings from the visit in Section 3, which is structured in line with the conceptual framework of the evaluation (see Box below). Section 4 highlights key issues and discussion points arising from the findings.

Evaluation scope and objectives

The purpose of the second independent evaluation of UNAIDS is to assess the efficacy, effectiveness and outcomes of UNAIDS (including UNAIDS Secretariat, the PCB and Cosponsors) at the global, regional and country levels and, specifically, to what extent UNAIDS has met its ECOSOC mandate for an internationally coordinated response to the HIV/AIDS pandemic and the continuing relevance of its mandate and objectives in the current global environment. At country level, the evaluation focuses on the following questions:

- The evolving role of UNAIDS within a changing environment
- The Division of Labour between the Secretariat, Cosponsors, Agencies and Countries
- Strengthening health systems
- The administration of the Joint Programme
- Delivering as One
- Involving and working with civil society
- Gender dimensions of the epidemic
- Technical support to national AIDS responses
- Human rights
- The greater and meaningful involvement of people living with HIV

The conceptual framework for the evaluation organises these questions under three broad themes: how UNAIDS is responding to the changing context; how UNAIDS is fulfilling its mandate; and how UNAIDS works. In addition, it addresses how UNAIDS has responded to the recommendations of the first independent evaluation.

¹ The Second Independent Evaluation of UNAIDS 2002-2008 Inception Report. 20th October 2008

² The other countries are Cote d'Ivoire, DRC, Ethiopia, Haiti, India, Iran, Kazakhstan, Peru, Swaziland, Ukraine and Vietnam

2 Country context

2.1 The Indonesian HIV/AIDS epidemic has changed since the first evaluation of UNAIDS from a low to a concentrated epidemic, with high HIV prevalence in some populations, namely injecting drug users (IDU) (up to 52%), transgender sex workers (up to 34%), female sex workers (up to 17%), and men who have sex with men (MSM) (up to 8.1%). The HIV epidemic in Papua is generalised, and different from the rest of the country, but also driven by commercial sex. Current HIV prevalence in Papua is 2.9% in adult men and 1.9% in adult women, and higher in rural than urban areas. Overall, the HIV epidemic has spread across the archipelago. In 2007, all but one of 33 provinces reported AIDS cases (MOH, 2007). As of 2008, UNAIDS and WHO estimate that 270,000 people in Indonesia are living with HIV, with 51,000 new infections occurring each year.

2.2 The national response has also evolved. In 2002, the Coordinating Ministry for People's Welfare Office was re-established, with revitalisation of the National AIDS Commission (NAC). In 2004, inspired by the 2nd National Strategy on HIV/AIDS 2003-2007, several Indonesian leaders declared a formal policy called the "Sentani Commitment". Signatories included the Coordinating Minister for People's Welfare, six Ministers (Health, Social Welfare, Religion, Education, Home Affairs and the National Family Planning Board) as well as governors of the most affected provinces (Bali, DKI Jakarta, East and West Java, Riau and Papua). They specified policies to prevent HIV through promoting condom use, a comprehensive harm reduction approach to injecting drug use, provision of free ART, reduction of stigmatisation and discrimination towards people living with HIV and AIDS (PLHIV), establishment and empowerment of provincial and district AIDS committees, and development of laws and regulations conducive to HIV and AIDS programming and accelerating overall efforts to respond to the epidemic.

2.3 In 2006, the response was boosted by Presidential Decree No. 75, which made the NAC directly responsible to the President. Membership of the NAC included 18 relevant ministries and agencies, but now also includes five civil society organisations (CSOs), including organisations of PLHIV. Local AIDS commissions and secretariats were established in all of Indonesia's 33 provinces and in 100 priority districts. The President also appointed Dr. Nafsiah Mboi, a senior HIV advocate, as the NAC Secretary. Moving towards universal access, the NAC coordinated the development of the 3rd National Strategic Plan 2007-2010, proposing a comprehensive and integrated approach, involving government, civil society and the private sector. With the finalisation of guidelines for the national M&E framework in 2006, the Three Ones were in place. The government has approved policies for harm reduction among drug users, in prison settings and in the world of work. In 2008, the Ministry of Health (MOH) instituted free HIV treatment, starting 14,000 PLHIV on ART.

2.4 Resources for the ambitious response were made available for the most part by development partners. In the 2006-2007 biennium, total HIV expenditure was US\$ 58.7 million of which 74% was financed by international sources and 26% by the Government of Indonesia (GOI) (NASA 2006-2007). The NAC successfully applied for a Global Fund (GF) grant in Round 8 (US\$ 135 million) for five years, but also convinced the Planning Commission (Bappenas) to establish a budget line for HIV control in national and sector budgets.

3 Findings

How UNAIDS has responded to the five year evaluation

3.1 The 2002 Five-Year Evaluation put forward 29 recommendations. Of these, 18 have a direct application or influence at country level, though many are also linked to wider global and regional initiatives. Annex 3 lists these 18 country-oriented recommendations in note form with a comment on the situation in Indonesia.

3.2 UNAIDS in Indonesia has made progress on recommendations concerning: 1) integration and joint programming, reflecting the comparative advantage of the cosponsors; improving effectiveness of the UN Theme Group; and bringing together all planned expenditure on HIV and AIDS by the Cosponsors; 2) advocacy for political and resource commitments; 3) support for national M&E to generate data to inform national responses; 4) increasing the strategic view of implementation of national policies and strategies and of possible roles and synergies between sectors; 5) expanding the PAF facility; and 6) sharing good practice for horizontal learning and replication.

3.3 Some recommendations have not yet been prioritised and may become important in the future: 1) supporting a partnership forum of all stakeholders, led by the government; 2) prioritising research on behavioural change and contextual factors, including gender, stigma and poverty; 3) supporting Joint Reviews led by the GOI; and 4) expanding “information” as a substantial function in support of UNAIDS’ role in coordination, advocacy and capacity building.

How UNAIDS is responding to the changing context

3.4 This section deals with the way in which UNAIDS (secretariat and Cosponsors) have responded to the changing aid architecture. Three topics are explored: the evolving role of UNAIDS in a changing environment; reform within the UN and Delivering as One; and support to strengthen health systems.

The evolving role of UNAIDS³

3.5 The most important change in the aid architecture in recent years is the advent of GFATM funding. Indonesia qualified for HIV funding in Rounds 1 and 4, and most recently significant funding (US\$ 135 million) through Round 8. The UNAIDS secretariat and Cosponsors have played new and significant roles in the relationship between Indonesia and the GFATM. Firstly, UNAIDS responded to governance challenges by taking a lead in CCM reform and ensuring triple tracking for Round 8 (NAC, MOH and NGO as Principal Recipients). Secondly, UNAIDS responded to serious implementation challenges with Rounds 1 and 4, by mediating resumption of blocked funding after audit reservations. Finally, UNAIDS secretariat staff were instrumental in developing the successful Round 8 proposal after lack of coordination resulted in several failed attempts.

3.6 An important change in the aid context in Indonesia is that the country has attained middle-income status. Consequently, donor support has declined, including discontinuation of DFID support for the Indonesia Partnership Fund (IPF), which was the largest single funding source for HIV in the period 2005-2008, and of KfW funding for condom programming. UNAIDS, mainly the secretariat, responded to this situation by increasing support to the NAC for resource mobilisation, prioritisation of the GF application, and increased national funding for the response. Issues concerning support for evaluation are dealt with at paragraph 3.34.

³ Issues concerning support for evaluation are dealt with at paragraph 3.34.

Strengthening health systems

3.7 Most UNAIDS Cosponsors recognise the need for health system strengthening (HSS) to improve HIV programming. Issues cited include the near collapse of the HIV surveillance system when decentralisation was introduced and district health offices were made responsible for purchase of reagents and testing protocols. However, there is no clear HSS and HIV policy articulated by UNAIDS, nor any activities specifically combining HIV and HSS. Some health system strengthening is included in the GF Round 8 proposal and the Round 9 proposal will have a separate, larger HSS component.

3.8 WHO and the World Bank participate in a working group on HSS, together with other development partners. The remit of the group is wider than HIV and, for example, has addressed issues including health financing, decentralisation, health system performance assessment, and district health systems.

Delivering as one

3.9 The GOI and development partners agree on the need for a multisectoral response to HIV and AIDS. There is, however, no connection with the Paris Declaration. GOI and development partners recently agreed a MOU based on the Paris Declaration for aid effectiveness. However, donor harmonisation and alignment is not a priority for the GOI, since ODA contributes less than 1% of GDP. The mechanisms for donor coordination, six-weekly donor meetings and annual Consultative Group Meetings, have been abolished. GOI drafted a Poverty Reduction Strategy Paper (PRSP) several years ago, but a final version has never been published.

3.10 The UN reform agenda has greatly influenced the work of UNAIDS in Indonesia. The UN Resident Coordinator from 2001 to 2007 was actively pursuing a UN reform agenda and promoted the development of a UN Joint Team on AIDS, the division of labour and a UN Joint AIDS Programme (UNJAP) in 2003, well before UNAIDS guidelines for joint programming were issued⁴. An UNDAF was developed for 2006- 2010, which includes HIV and AIDS. The 2005 Tsunami, and more recently the Avian Influenza threat, also provided opportunities for UN (and GOI-donor) joint programming, but it is not clear that these mechanisms were influenced by the experiences with UNAIDS. Presently, UN reform is pursued more pragmatically, and agencies cooperate and coordinate where and when this is advantageous. Three geographic areas have been selected for joint programming. HIV is included in these plans, and a joint HIV situation analysis in Papua and West Papua provinces took place in 2007. Most heads of agencies support the principle of Delivering as One, but they recognise that perverse incentives, such as differing mandates, directions from headquarters, timelines and the pursuit of funding, often get in the way of joint programming. In this respect, aspects of UN reform have a direct bearing on wider issues of governance of the joint programme, dealt with in a later section.

How UNAIDS works

The division of labour between the secretariat and Cosponsors

3.11 A UN division of labour (DOL) was established in Indonesia in 2003, before the GTT recommendations were issued, and this was never much cause for debate. UNAIDS guidelines issued in 2005 and 2008 were accepted, with minor adjustments to accommodate the needs of the Indonesia Joint Team. The guidelines did result, however, in more agencies appointing Focal Points. In retrospect, some stakeholders wonder if the promotion of the DOL among UN agencies may have led to inefficiencies in the response. Specifically, some Cosponsors initiated

⁴ See also below under “how UNAIDS works” for experiences with the UNJAP

programmes and later promoted these as national priorities, despite little evidence that these interventions will have an impact on the epidemic, which is largely driven by injecting drug use and commercial sex. Examples quoted are prevention of mother-to-child transmission (PMTCT), paediatric AIDS treatment, life skills education in school, and workplace interventions.

3.12 The UN Theme Group on AIDS (UNTG), consisting of heads of agencies (HOAs), has existed since 2002, before UNAIDS guidance was issued. Quarterly UNTG meetings were called by the UN Resident Coordinator (RC). The UNAIDS Country Programme Advisor (CPA) attended and regularly briefed UN Country Team (UNCT) meeting of heads of agencies from 2002. In 2006, the UNTG was abolished due to the high transaction costs and because some heads of agencies also participated in meetings of the UN Joint Team on AIDS, where progress of the UNJAP and IPF were discussed. In 2008, however, following guidance issued on joint programming, the UNTG was re-established as a component of the UNCT. UNFPA chairs the UNTG and represents the UN system on the CCM, with the UNAIDS Country Coordinator (UCC) as an alternate. Some HOAs still think there are too many meetings, but most consider HIV to be important enough to warrant the transaction costs.

3.13 A UN Joint Team on AIDS comprising technical staff (Focal Points) has met regularly. The Joint Team has led to greater collaboration and a more coherent UN response, for example the UN Joint Action Plan, joint development of the successful proposal for GF Round 8, and joint planning for Papua. The prospect of IPF and GF funding is reported to have encouraged greater collaboration between the UN agencies. The Joint Team has also improved the competency of UN staff through training and information. Most HIV technical staff are instructed to attend Joint Team meetings. The transaction costs of meetings are perceived to be very high, especially for staff with competing priorities. Government partners and donors know about the Joint Team. NGOs, especially in the provinces, are not aware of the Joint Team. The Joint Team does not appear to be a conduit for technical support requests, and partners continue to approach directly the relevant UN agency.

3.14 Joint programming on HIV, as with the DOL and Joint Teams, was championed in Indonesia. The UN Joint Action Programme on AIDS (UNJAP) was developed in 2003 to support the National Strategic Plan (NSP) 2003-2007, with a two-year unified work plan and budget (2004-2005). The IPF, a multi-donor common fund managed by UNDP, provided funding (US\$ 7.7 million) for coordinated UN activities. In the context of joint UN programming in Papua, a joint HIV situation assessment took place in 2007. However, the momentum for joint programming seems to have slowed down. For example, the UNJAP work plan for the period following 2004-2005 was never finalised. IPF-supported UN activities were discontinued because the NAC took on more of programme implementation and because future funding is uncertain following the departure of DFID, the main IPF donor. Two draft UN joint programmes, one for the country overall and one for Papua, have yet to be merged. Meanwhile, some incidental joint programming continues, for example a planned socio-economic impact study involving ILO, UNDP, UNICEF, UNV and the World Bank.

3.15 The UNAIDS secretariat country office and UCC have been crucial to the successes and challenges of UN joint programming on AIDS. The roles of both have changed as the national response has evolved. A turning point occurred in late 2006 and early 2007 with the appointment of a capable and assertive NAC secretary and the replacement of the UCC. Prior to this, the national response was weak and the UNAIDS country office and UCC filled the gap, with UNAIDS secretariat staff undertaking national responsibilities and the UCC providing visible leadership in many areas of the response. As a result of stronger NAC leadership and capacity, the new UCC was able to hand over some functions and downsize the UNAIDS secretariat country office. Some stakeholders have resisted these changes, for example NGOs that are now

based at the NAC and have less access to UNAIDS and technical staff who have had to move to the NAC or became redundant.

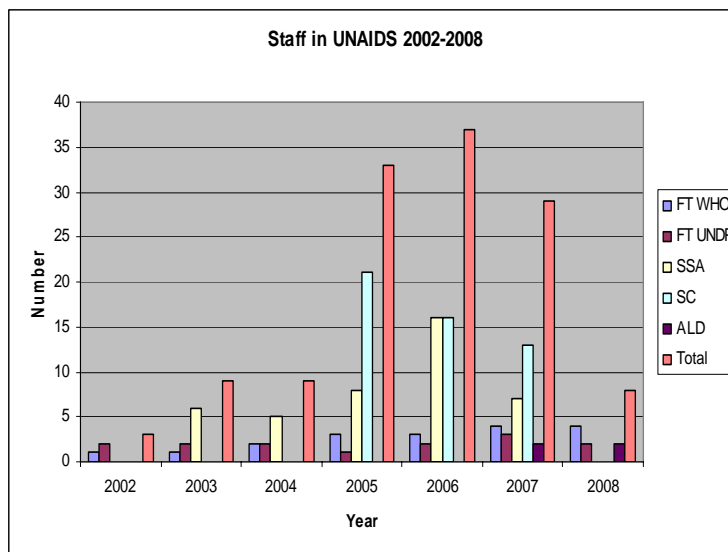
3.16 Although the UCC is aware of the importance of not undertaking work that is the responsibility of the Cosponsors or national stakeholders, some Cosponsor staff perceive that there is competition for tasks and resources. Several Cosponsors were disappointed that the UNAIDS secretariat country office had not supported some of their proposals in the past, for example, UNESCO for an IPF proposal, UNODC for an AusAID bid and UNDP for a proposal to manage the GF grant. These issues appear to relate partly to unclear agreement on roles and relations, communication, and expectations of the UCC.

The administration of the joint programme

3.17 In Indonesia, UNAIDS has evolved to take account of the changing environment and to develop improved ways of managing the institutional relationship with the Cosponsors. The UNAIDS secretariat country office used to fall under the administrative management of UNDP, relying on WHO for human resource management of international staff.

3.18 UNAIDS secretariat staff reported that there were previously some problems with UNDP managed procurement, recruitment of local staff, issuing of contracts and approval of transactions. Following the recruitment of a UNAIDS secretariat country Operations Officer and 2008 agreement of Working Arrangements between UNDP and UNAIDS secretariat, the UCC has full management control over issues administered by UNDP and there are no longer any problems. UNDP views the increased management and staff capacity of the UNAIDS secretariat country office as somewhat contrary to the principle of one UN and of rational and effective use of UN resources, and were not aware that earlier arrangements were unsatisfactory. The administrative arrangements between WHO and UNAIDS have reportedly never caused problems. Recently however, the introduction of the WHO ERP system has created major problems, for example, UNAIDS secretariat staff not receiving payslips or health insurance reimbursements.

3.19 Staffing of the UNAIDS secretariat country office increased between 2002 and 2006, reaching a total of 38 staff (including those on temporary contracts). With the strengthening of the NAC in 2006, UNAIDS secretariat conducted a management review, handing over some tasks to the NAC and to Cosponsors, who also recruited some of the staff that were made redundant. Presently there are 9 positions in the UNAIDS secretariat country office: 4 international staff; 2 staff on local fixed term contracts (one vacancy), and 2 staff on ALD contracts. Managing staff on different contractual arrangements creates problems concerning annual leave, sick leave and working hours, and also staff appraisal, since the UNDP system is reported to be more user-friendly than the WHO system. Locally recruited support staff resent the UNAIDS Field Handbook statement (section III.2) that “Local support staff are not UNAIDS staff members” and the uncertainties it creates about their status and affiliation.



3.20 Channelling funds for UNAIDS activities has not been problematic. PAF funds have been used extensively in Indonesia, without any problems. The allocation for 2002-2003 was US\$ 590,000, for 2004-2005 US\$ 170,000 and for 2006-2007 US\$ 190,000. ILO, UNDP, UNICEF, UNHCR, UNFPA, UNESCO and WHO have implemented PAF-funded projects. UNDP, UNICEF and ILO have applied for funding under the most recent PAF. UNDP acted as Fund Agent for the IPF, which was established in 2005 with a DFID grant of US\$ 47 million. US\$ 7.7 million of IPF funding was allocated to UN activities, implemented by ILO, UNICEF, UNDP, UNFPA, UNODC, UNAIDS Secretariat and WHO, again without any problems.

How UNAIDS is fulfilling its mandate

3.21 This section examines the substantive areas where UNAIDS is mandated to provide leadership and support for the national response. Achievements are examined in work with civil society, dealing with gender, provision of technical support, human rights and the greater and meaningful involvement of people living with HIV.

Involving and working with civil society⁵

3.22 UNAIDS does not have an explicit strategy or plan to work with civil society in Indonesia. During 2002-2007, the UNAIDS secretariat country office employed several short-term staff to develop guidelines, provide technical advice and liaise on community partnerships, and has provided support, together with UNDP, for civil society organisational capacity building. From 2002, the previous UCC promoted NGO and CBO participation, invited community activists and PLHIV to the country office and provided workspace for CBOs. Civil society became part of the UNAIDS secretariat country team. The NAC and UNAIDS secretariat supported the development of a Positive Women's Network, PLHIV network (JOTHI) and IDU network (PKNI) and more recently the establishment of an MSM and Waria (transgender sex workers) group (GWL Ina) in the NAC. Since 2006, NGOs have had a workspace at the NAC and the current UCC has a different approach to working with NGOs. Some NGO representatives have found it difficult to adjust to the change in their relationship with the UNAIDS secretariat. Cosponsors work with

⁵ Civil society and civil society organisations (CSOs) refers to the range of organisations outside government involved in the HIV and AIDS response including non-government organisations (NGOs), community-based organisations (CBOs), faith-based organisations (FBOs), the private sector and the media.

different NGOs, but not according to a common strategy. Some, for example, UNICEF, ILO and UNFPA, provide technical and financial support for service delivery by NGOs.

3.23 The UNAIDS secretariat and Cosponsors have been successful in engaging civil society in the national response. NGOs are increasingly and widely represented in national policy-making bodies. The 2006 Presidential Decree requires community and PLHIV representation on the NAC and local AIDS commissions. Civil society organisations are represented in several NAC working groups. PLHIV, NGOs, FBOs, academia and the private sector are also represented in the CCM, comprising 16 of 37 CCM members, and on the IPF management committee. One NGO (PKBI) will be one of three Principal Recipients of the Round 8 GF grant. NGOs have been involved in NSP development including the most recent NSP 2007-2010. PLHIV were invited for dialogue with the President on World AIDS Day in 2007. Civil society participation in the national response has improved according to the National Composite Policy Index (NCPI) in the UNGASS progress report – the NCPI score increased from 5 in 2005 to 7 in 2007 (although seven NGOs rated their involvement less positively in the 2007 NCPI).

3.24 NGOs receive HIV funding from bilateral donors (USAID and AusAID), UN Cosponsors, MOH (GF funds) and NAC (IPF funds). Local governments have also been able to fund NGOs since mid-2008, following successful NAC efforts to change government funding regulations. Projected future funding for NGOs looks set to remain at current levels. While DFID funding for IPF will end in 2009, GF Round 8 funds will provide an opportunity for NGOs to receive funding.

Gender dimensions of the epidemic

3.25 UNFPA, together with UNDP, UNESCO and UNDP, supported the development of the National Strategy on HIV and AIDS Control for Women 2007-2010. However, pending a needs analysis, activities on gender are still at a preliminary stage. Dr. Nafis Sadik, the UN Secretary General's Envoy on AIDS in Asia and the Pacific, visited Indonesia in February 2008 for an advocacy tour on gender and HIV issues. UNAIDS has supported a range of related initiatives, for example, UNICEF sponsored a national research symposium on women and children and HIV and the UNAIDS secretariat country office supported a gender review of the GF Round 8 draft proposal and will do the same for Round 9. UNAIDS is also establishing partnerships with gender focused organisations in Indonesia, including the Ministry of Women's Empowerment as a key counterpart for several Cosponsors.

3.26 UNGASS and NAC indicators are disaggregated by sex. The NAC is also responding positively on gender and HIV issues. One outcome of UNAIDS' work on gender is that the NAC has implemented and evaluated a pilot on female condoms and is now planning to scale up access to female condoms. The NAC is also considering an assessment of evidence concerning spousal infection.

3.27 UNAIDS Indonesia has the capacity to undertake gender and HIV programming and policy development. The UCC is a gender specialist and Cosponsors have gender experts who participate in HIV activities as needed. All UN HIV technical staff have recently been trained on gender issues.

3.28 Homosexuality is not criminalised, but sexual minorities are regarded as unacceptable in Indonesia. Although MSM and transgender sex workers are at high risk for HIV, and HIV prevalence is higher than 5% in both groups (in Jakarta, prevalence is 34% among Waria and 8.1% among MSM), Indonesia does not have a national strategy that addresses sexual minorities and HIV and there is no evidence of UNAIDS support for this. However, the UNAIDS secretariat country office supported the NAC to promote representation of sexual minorities on NAC bodies and, in 2007, helped to establish a MSM and Waria Group (GWL Ina) with NAC representation.

Technical support to national AIDS responses

3.29 There is no national technical support plan, although the NSP 2007-2010 states that bilateral and multilateral development partners are expected to provide technical and institutional support according to NSP priorities. UNAIDS Indonesia has not used UNAIDS Geneva guidance on technical support planning. There is no UN technical support plan, although the UNJAP 2004-2005 work plan was designed as a technical support plan, as it focused on technical and policy assistance. The IFP UN work plan 2005-2008 included technical support. Technical support components are included in the draft UNJAP that has yet to be finalised. A joint technical support needs assessment in Papua was undertaken in 2007. Cosponsors assess technical support needs through formative research, for example UNICEF on PMTCT, and regular dialogue with partners, for example WHO through the MOH biannual planning cycle, but requests for technical support from national partners are mostly *ad hoc*. Government, civil society and UN respondents agree on the need for a more strategic approach to technical support.

3.30 In practice, UNAIDS has provided considerable technical support to government and civil society partners in Indonesia, in collaboration with USAID and AusAID. Highlights, drawn from UCC, UNJAP and IPF progress reports, include:

- UNAIDS secretariat support for the NAC, with a focus on monitoring and evaluation (M&E), leadership, organisational strengthening and resource mobilisation; for civil society networks, PLHIV organisations and CBOs; and for the business sector, media and political leaders.
- UNDP support for the NAC and local AIDS commissions, most recently through the IPF, with a focus on management and institutional strengthening and strategic planning.
- WHO support for the MOH, notably normative work on innovative services, including methadone maintenance treatment for IDU and 100% condom use and STI treatment for sex workers; and support for HIV/STI surveillance and HIV treatment through the IPF.
- ILO support for partners in the world of work including the Ministry of Manpower and Transmigration, chambers of commerce, employers and trade unions.
- UNICEF support for the Ministry of Education (MOE) and MOH, on pilot projects related to Life Skills Education and development of PMTCT and paediatric AIDS management protocols.
- UNESCO support for the MOE HIV/AIDS working group.
- UNFPA support for the NAC, specifically a staff person to develop a national strategy on young people and HIV; and through the IPF for NGOs to provide adolescent reproductive health services and outreach services to sex workers.
- UNODC support for the prisons department to develop a training module on HIV prevention in prisons.
- World Bank support for the NAC on analytical work on the epidemic to provide more strategic inputs to programming.

3.31 Approaches to provision of technical support vary. For example, WHO employs long-term technical experts, UNFPA, UNDP and UNAIDS secretariat fund technical positions based at NAC secretariat, and all Cosponsors provide consultants, send people for international trainings and workshops, and share best practice information. The UNAIDS Technical Support Facility (TSF) in Kuala Lumpur has provided consultants and organised training on consultancy skills. The AIDS Strategic and Action Plan (ASAP) was not approached to support the development of the NSP because the NAC was unclear about the role of ASAP.

3.32 Technical support has evolved over time from being supply-driven to demand-led, as national partners have developed capacity to articulate expectations regarding UN support. Prior to 2006, UNAIDS country office support focused on the Three Ones – establishing the NAC,

developing the NSP and the M&E framework. Since 2006, the NAC secretary has identified its technical support needs to UNAIDS and bilateral donors and demanded that IPF funds for NAC support be channelled to NAC directly instead of through the UN agencies. Technical support for the MOH has always been partly demand-led and partly opportunistic, for example, technical support for 3x5 and PAF funding for methadone programming. The technical support DOL is little known and, as a result, NAC and line ministries direct requests for technical support to the UNAIDS country office or counterpart UN agencies as appropriate.

3.33 The NAC, MOH and NGOs consider UNAIDS technical support to be effective and relevant to their needs and a range of stakeholders see an increasing role for the UN in provision of technical support in the context of GF Round 8 implementation. Both the NAC Secretary and the PLHIV network noted that, without UNAIDS, they would not exist. However, the impact of UNAIDS technical support has not been evaluated and it is unclear whether the current IPF review will assess TS outcomes and impact.

3.34 UNAIDS technical support has, however, been instrumental in developing the national M&E system. A national M&E framework, which includes national indicators, has existed since 2006. The UNAIDS secretariat country office and WHO (and USAID) have provided most technical support on M&E. UNAIDS secretariat has provided a full-time M&E Officer to the NAC since 2003, to coordinate the development of the M&E system, and also facilitated the introduction of CRIS (although this has since been dropped in favour of a simpler database, due to limited computer skills at local level) and the development of UNGASS progress reports including NGO shadow reports. WHO has worked with the MOH on second-generation surveillance, including IBBS and STI surveillance. UNICEF has provided support to the MOE for the M&E system for Life Skills Education in schools. More recently, World Bank has supported improved analysis of surveillance findings in order to inform strategic responses. UNAIDS has also supported operational and formative research, including a socio-economic impact study (UNDP, ILO, UNODC and UNICEF), sectoral impact study (UNESCO and ILO), PMTCT and paediatric AIDS care (UNICEF), and barriers to care and support for PLHIV (UNAIDS secretariat).

Human rights

3.35 Human rights-based approaches to HIV are high on the agenda of all Cosponsors in both advocacy and programme development, but UNAIDS Indonesia has not developed a joint policy or strategy on human rights of vulnerable group and PLHIV. The UNDAF 2006-2010 highlights human rights and protection of vulnerable groups. A UN Human Rights adviser in the RC office is actively involved in HIV-related activities, including Joint Team meetings and Joint Team training on human rights-based approaches. Cosponsors undertake a range of human rights work, for example, UNDP builds the capacity of government on access to justice for poor people, UNODC addresses the rights of IDU and prisoners, UNFPA deals with the rights of sex workers, UNICEF with children's rights, UNIFEM with women's rights and the UNAIDS Secretariat with the rights of sexual minorities.

3.36 Organisations of vulnerable populations are involved in monitoring the national response, for example, through participation in UNGASS shadow reporting. Presidential Decree No. 75 mandated PLHIV membership of the NAC, and the NAC has also facilitated meetings between PLHIV and representatives of vulnerable groups and the President and Vice President.

3.37 The NSP prioritises most at risk populations (MARPs) including IDU, waria and female sex workers, prisoners and their sex partners. There is no evidence about how this translates into absolute and relative government spending on vulnerable groups vis-à-vis the general population.

3.38 Most stakeholders agree that UNAIDS and the bilateral donors have effectively prioritised the needs of vulnerable groups. USAID funding is mainly for NGOs working with MARPs; AusAID and IPF funding is mainly for strengthening the NAC and the public health system to deliver harm reduction services to IDU and prisoners. UNAIDS has strengthened the capacity of related networks and NGOs through support for training, participation in international conferences and links to international networks. Consequently, the coverage and quality of services for IDU, prisoners, sex workers and MSM has increased. According to the IBBS, service coverage and VCT uptake in 2007 among these groups was 40% & 32% for MSM, 40% and 31% for female sex workers, and 45% and 36% for IDU.

3.39 Indonesia has developed legislation and policies in support of harm reduction for IDU and HIV prevention in prison settings. However, drug use and prostitution remain criminalised. The national M&E framework monitors human rights issues through one indicator – the number of cases of discrimination towards PLHIV that are reported to the AIDS commissions.

Greater and meaningful involvement of people living with HIV

3.40 PLWA, social workers and NAC mention as one of the greatest achievements of UNAIDS the involvement of people with HIV in all aspects of the national response. Although UNAIDS Indonesia does not have a formal policy or strategy, the GIPA principle has influenced much of the work of the secretariat and the Cosponsors in policy dialogue and service delivery.

3.41 Under the leadership of the previous UCC, the UNAIDS secretariat country office supported the development of advocacy messages and protocols and training for HIV-positive spokespersons, together with Spiritia, an NGO founded by advocate Suzana Murni, and the National Human Rights Commission. The UNAIDS secretariat recruited PLHIV as staff, provided space for PLHIV to meet and work, and supported the establishment of several PLHIV networks. The UNAIDS secretariat no longer has dedicated staff working with PLHIV following the shift of tasks to the NAC. UNAIDS-supported studies conducted by and with PLHIV including an assessment of hospital services for PLHIV in 2005, a study on adherence to ART in 2006, and a module on adapting GIPA principles in 2007. Cosponsors have also involved PLHIV organisations in developing GIPA modules and carrying out research, and have provided support for PLHIV to attend international conferences. UNICEF has supported Spiritia to develop PLHIV testimonials for advocacy purposes. The TSF has trained PLHIV as consultants. However, informants highlighted the need for ongoing technical support from UNAIDS in the area of programme and financial accountability, in particular for organisations selected as recipients of GF Round 8 funding.

3.42 PLHIV are represented in policy-making forums and participate in monitoring the national response. As noted earlier, PLHIV are represented in the NAC at national and provincial levels, and on the CCM. Spiritia represents PLHIV in both the NAC and CCM, and this is acceptable to PLHIV networks consulted during the evaluation visit. The Support Group and Spiritia meet every quarter to share information. PLHIV are also part of the Indonesia UNGASS forum and participate in production of the shadow report and the NCPI report.

3.43 PLHIV leadership in Indonesia is associated with Suzana Murni, who received initial support from UNAIDS Geneva to found Spiritia. She campaigned until she died and is still a role model for PLHIV. Other PLHIV have taken up leadership roles, for example, speaking at the opening ceremony of National AIDS Conference in 2008.

3.44 PLHIV perceive that they are engaged in the national response as equals, although it is difficult to attribute positive changes in national laws and policies to their participation.

4 Discussion points

4.1 As explained in the introduction, this country study is one of twelve which will be synthesised into the overall evaluation of UNAIDS. It is not a comprehensive evaluation of the programme in Indonesia. Instead, it examines the effectiveness and efficiency of UNAIDS, so the main focus is the value added by the joint programme. The team noted several positive achievements:

- Some observers argue that UNAIDS Indonesia was ahead of the curve compared to other countries with regards to working as a joint programme. Experience in Indonesia has informed guidance on joint programming, especially the strategic choice to move from an expanded theme group to a UNTG consisting of HOAs, inviting the UCC to the UNTG, the DOL, and development of the UN Joint Action Programme in support of the national strategy.
- UNAIDS has made a crucial contribution to the involvement of people infected, affected and vulnerable to HIV. Inclusion and engagement has been a guiding principle, and PLWA feel they are participating as equals in the response.
- UNAIDS has played a significant role in the Three Ones, supporting the establishment of the NAC and a strong NAC secretariat, the development of several national strategies and the MOH strategy, and the M&E framework for the national response.
- UNAIDS has been instrumental in resource mobilisation for the response, especially through the IPF, successful mediation between the CCM and the GF, and coordination of the Round 8 GF proposal after several failed attempts.

4.2 A key question for the evaluation is the counterfactual: what would have been achieved without UNAIDS at country level. Both the NAC Secretary and the chair of the PLHIV network mentioned that without UNAIDS neither NAC nor JOTHI would exist. Another key question is whether UNAIDS has become a victim of its success and remains relevant, now that the Three Ones are established and funding for the next five years secured. There is clear consensus that UNAIDS still has a role to play, especially in providing technical support for implementation of GF activities and sharing international best practice.

4.3 Challenges for the UN system include:

- The momentum for joint programming appears to have been lost. HOAs express scepticism about Delivering as One; the next phase of the UNJAP has been delayed for a year; and the respective roles and representational authority of the UN Resident Coordinator, UNTG Chair and UCC are unclear among key stakeholders, resulting in misunderstandings and frustration among Cosponsors.
- The success in engaging all UN Cosponsors and mainstreaming HIV in their core business has had a negative impact on efforts to focus the response on most-at-risk groups in a country with a concentrated epidemic. Pressure from UN agencies to elevate their corporate mandates to the level of national priorities, often in the pursuit of a larger share of HIV funding, are unhelpful and confusing for policy makers.
- The recognition of the value of UNAIDS in support for implementation of the Round 8 GF grant makes it imperative to assess the role and comparative advantage of UNAIDS vis-à-vis the bilateral programmes of USAID and AusAID, as they too provide policy advice and technical support.
- The tremendous need for technical support also makes it imperative to support the NAC to develop a national capacity building strategy and to establish a clearly agreed role for

the UN as well as a system that enables UNAIDS to prioritise, provide and evaluate technical support.

4.4 Challenges for the national response, with implications for UNAIDS, include:

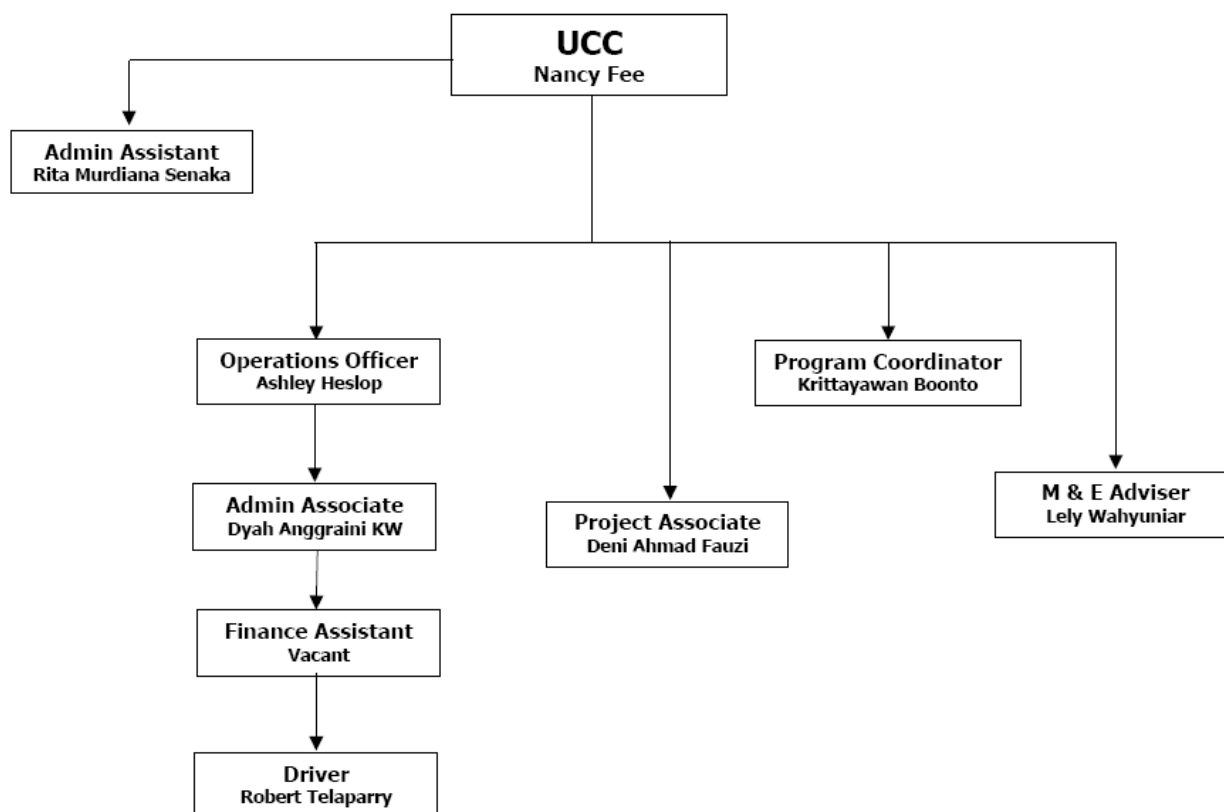
- There is apprehension about the fragility of the recent success with the Three Ones and resource mobilisation. The effectiveness of the NAC depends crucially on the Secretary, who may be replaced after the 2009 election. The National Strategy and Action Plan 2007-2010 are not yet guiding the response. The M&E system is unsustainable as USAID has stopped funding the IBBS. Indonesia experienced accountability problems with GF grant management in previous rounds; with seven Principal Recipients for Round 8, ensuring transparent grant management is likely to remain a challenge.
- Interventions for IDU, prisoners, sex workers and MSM are being implemented, but there is a considerable way to go before universal coverage targets are achieved. The policy and legal environment is unfavourable and religious conservatives still oppose sex education and condom promotion.
- The poor relations between the NAC and MOH have hampered the response since 2002 and have worsened recently following the MOH decision to discontinue several prevention services agreed in the national strategy.
- Sustainability of resources for the response remains a challenge, despite the successful GF Round 8 application. Costs for the response are high compared to other public health challenges, domestic resource mobilisation is only just starting and donor dependency is very high.

4.5 Towards the end of the country visit the evaluation team held a workshop with participants from UN agencies and civil society.⁶ The presentation used by the team is at Annex 6. The workshop discussion about future challenges for UNAIDS raised, among others, the following issues:

- The 2009 elections in Indonesia, and the potential implications for NAC leadership and setting back the agenda.
- The need to continue training and sensitising leaders in government and society.
- The need to secure funding for IBBS and surveillance in general.
- The need to support monitoring of GF Round 8 implementation.
- The implications of the international economic crisis and change of US administration.
- The need to continue to engage with and support civil society.
- The new role for UNAIDS in GF implementation.
- The challenge for UNAIDS of adding value as counterpart capacity becomes stronger.
- The need for UNAIDS to speak with one voice and provide consistent policy advice.

⁶ See Annex for names and organisational affiliation

Annex 1 Organigram & staff UNAIDS Secretariat



Name	Position
Nancy Fee	UNAIDS Country Coordinator
Krittayawan Tina Boonto	Programme Planning and Implementation Adviser
Ashley Heslop	Operations Officer
Lely Wahyuniar	M&E Adviser
Dyah Anggraini KW	Admin. Associate
Robert Telapary	Driver
Rita Murdiana Senaka	Admin. Assistant
Deni Ahmad Fauzi	Programme Associate
Yanti Vannaro	Admin. Clerk
Chaya Murli	Programme Assistant
Abdul Ahmad Hidayat	Office Support Assistant

Annex 2 Timeline of events 2002-2008

Date	Key events		
	Contextual	National response	UNAIDS
2002		<ul style="list-style-type: none"> MOH HIV/AIDS Strategy 2003-2007 launched 	<p>UCO staff per 1/1/2002: 2 (CPA and Admin Officer)</p> <ul style="list-style-type: none"> CPA: Jane Wilson since March 2001
	Bali bombing	<ul style="list-style-type: none"> Coordinating Ministry for People's Welfare re-established – National AIDS Commission revitalised Special Cabinet Meeting on HIV/AIDS 	<ul style="list-style-type: none"> UNTG chair: WHO; Expanded UNTG reduced to only HOAs New RC, Bo Asplund (committed to HIV and UN reform) CPA to attend UNCT meeting
2003		<ul style="list-style-type: none"> National Strategy 2003-2007 launched 	<p>UCO staff per 1/1/03: CPA and Secretary (& 2 part time volunteers)</p> <ul style="list-style-type: none"> Visit Peter Piot
		<ul style="list-style-type: none"> Tripartite Agreement Ministry for Manpower, Chamber of Commerce and Labour Organisations MOU on HIV and drug use between NAC and Police/National Narcotics Board MOH starts subsidised ART 	
		<ul style="list-style-type: none"> AusAID Project: Indonesia HIV Prevention & Care Project 2003-2007 (US\$ 21 million) 	<ul style="list-style-type: none"> UN Joint Action Plan 2004-2007 agreed, and work plan 2004-2005
2004	Yudhoyono new President; Ministry of People's Welfare Ir. Aburizal Bakrie	<ul style="list-style-type: none"> 'Sentani Commitment' to accelerate HIV/AIDS response in 7 provinces ARV produced by national pharmacy 	<p>UCO staff per 1/1/04: UCC, M&E officer, Partnership Officer & AA</p>
		<ul style="list-style-type: none"> Start GF Round 1 (2004-2007) in 4 provinces (US\$ 16 million) 	<ul style="list-style-type: none"> UNAIDS support for proposal development
Dec	Tsunami in Aceh and Nias		<ul style="list-style-type: none"> UN joint response to tsunami UNAIDS & UNFPA access tsunami relief funds for HIV projects
2005		<ul style="list-style-type: none"> MOH provides free ARV Prison Department HIV/AIDS Strategy 2005-2009 	<p>UCO staff as per 1/1/05</p> <ul style="list-style-type: none"> Programme Coordinator (International staff recruited)
		<ul style="list-style-type: none"> Start of Indonesia Partnership Fund (US\$ 47 million from DFID) 	<ul style="list-style-type: none"> IPF funds for WHO, UNICEF, UNDP, ILO and UNAIDS (and INGOs and NAC)

Date	Key events		
	Contextual	National response	UNAIDS
		<ul style="list-style-type: none"> Start GF Round 4 (US\$54 m) 2005-2009 in 19 provinces Start USAID/Aksi Stop AIDS 2005-2009 in 10 provinces (US\$36 million) 	
Dec		<ul style="list-style-type: none"> Instruction by Vice President to accelerate response in 100 cities/districts on World AIDS Day 	<ul style="list-style-type: none"> Visit Peter Piot: too many staff at UCO
2006		<ul style="list-style-type: none"> MOH/NAC published Estimates of vulnerable populations and HIV infections 2006 	<ul style="list-style-type: none"> UN Joint AIDS Team established, UNTG abolished UN Joint Team chair from ILO to UNFPA representative
Apr		<ul style="list-style-type: none"> National M&E guidelines introduced 	
May	Yogyakarta earthquake (May)	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Start HIV mainstreaming in disaster preparedness
Aug		<ul style="list-style-type: none"> Presidential Decree No. 75/2006 on National AIDS Commission: Dr Nafsiah Mboi appointed as Secretary of NAC (August) NAC Secretariat to have professional and full time staff. 200 local AIDS commissions recruit full time staff 	<ul style="list-style-type: none"> NAC demands shift of IPF funding away from UN agencies to NAC UN agencies phase out IPF activities and IPF funded project staff until early 2007
2007		<ul style="list-style-type: none"> National Strategy for HIV/AIDS 2007-2010 launched National Action Plan for HIV/AIDS (2007-2010) launched 	<ul style="list-style-type: none"> New UCC: Nancy Fee (April) RC leaves (August) UNTG re-established as per guidance (HOA only) UN Joint Team TOR as per guidance & work plan 2008
Jan		<ul style="list-style-type: none"> Regulation No 02/2007: National Harm Reduction Policy 	
		<ul style="list-style-type: none"> External review of the health sector response by WHO Cabinet meeting on HIV/AIDS, chaired by President 	
		<ul style="list-style-type: none"> GF Round 4 suspended (March – August) NAC GF Round 7 application fails 	<ul style="list-style-type: none"> UNAIDS support for mediation and CCM support
		<ul style="list-style-type: none"> Positive women network established with UN support 	<ul style="list-style-type: none"> Joint UN mission for HIV/AIDS situation analysis in Papua (Aug & Nov) resulting in draft for joint programme.
2008		<ul style="list-style-type: none"> National strategy for children and youth launched 	<ul style="list-style-type: none"> Operational Officer (International) recruited New UN RC (EI Mustafa)

Date	Key events		
	Contextual	National response	UNAIDS
		<ul style="list-style-type: none"> • PL HIV network established with UN support • IDU network established 	<ul style="list-style-type: none"> • UNAIDS support for this
Nov		<ul style="list-style-type: none"> • GF Round 8 proposal (US\$ 135 million) approved for 5 years 	<ul style="list-style-type: none"> • UNAIDS support for proposal development

Annex 3 Assessment of progress towards five-year evaluation recommendations

Rec. No.	Abbreviated description of topic	Notes on actions taken	Progress ⁷
3	Support to the GFATM	<ul style="list-style-type: none"> UN supported GFATM proposal development Rounds 7-9. Round 8 proposal successful. UN support for governance of CCM, support for CCM reform and secretariat UN mediated between CCM and GF during funding suspension in 2007. 	H
10	UNAIDS ...maintains global advocacy, with particular emphasis on political and resource commitments. Opportunities need to be taken to advocate for a gendered response and to promote the successful techniques of partnerships and horizontal learning	<ul style="list-style-type: none"> UNAIDS actively advocated for political support: through high level visits (Peter Piot in 2006, Nafis Sadik in 2008); liaison with national leaders, including President at WAD. 	H
11	Secretariat expands current work on information into a substantial functional area to support the roles of coordination, advocacy and capacity building.	<ul style="list-style-type: none"> UCO acts as broker for best practice literature for UN system and beyond. No proactive expansion of information function, but instead support for and handing over to NAC resource centre. 	M
12	Develop a strategy and workplan to promote evaluations and research into impact at national and regional levels, with the aim of generating data to inform national responses. Priority should be given to studies of behavioural change and contextual factors, including gender, stigma and poverty.	<ul style="list-style-type: none"> No UN research strategy. World Bank supports analytic work including synthesis of epidemiological data (2008). Co-sponsors support incidental formative and operations research (OVC, barriers to treatment etc). 	L-M
13	Develop CRIS with objectively measurable indicators of an expanded response at country level	<ul style="list-style-type: none"> UNAIDS supports NAC with National M&E Advisor. CRIS introduced and used, but replaced by simpler spreadsheet in 2008. 	H
14	UBW to bring together all planned expenditure on HIV/AIDS by the Cosponsors at global and regional levels should be continued and expanded to reflect all country level expenditure as well	<ul style="list-style-type: none"> Indonesia UBW existed in 2004-2005. But subsequent plans not finalised. 	L
16	Humanitarian response	<ul style="list-style-type: none"> HIV included in humanitarian response planning mechanisms, Consolidated Appeal Process and Common Humanitarian Action Plan (CHAP). HIV addressed in 2005 Tsunami and 2006 Earthquake UN responses. UNAIDS and 	H

⁷ H-High; M-Medium; L-Low. Assessment by the evaluation team

Rec. No.	Abbreviated description of topic	Notes on actions taken	Progress ⁷
		OCHA joint planning. No mainstreaming in Indonesia humanitarian response.	
17	Cosponsors should promote high standards of transparency and reporting by publishing and making publicly available all Cosponsor country and regional budgets and the annual outturn	<ul style="list-style-type: none"> No evidence of HIV spending of individual Cosponsors reported in a single country level report. Individual Cosponsor HIV programmes and budgets are transparent. 	L-M
18	In those countries where a medium-term expenditure framework and public expenditure review process is underway, that HIV/AIDS be treated as a specific crosscutting topic for monitoring and reporting	<ul style="list-style-type: none"> NASA supported in 2006 	H
19	OECD donors should link their own bilateral country programmes to national HIV/AIDS strategies and make financial contributions to HIV/AIDS work by the Cosponsors conditional on demonstrated integration and joint programming, reflecting the comparative advantage of the Cosponsors at country level	<ul style="list-style-type: none"> Indonesia Partnership Fund (2005-2008) is effort towards multi-donor common fund (managed by UNDP) to finance activities of NAC, UN agencies and INGOs towards national goals. Within IPF, no real joint or integrated programming of UN Cosponsors, nor aligned with national priorities 	M
20	Continue with and expand the PAF facility, especially to support monitoring and evaluation, if current initiatives by the Secretariat can be shown to improve the allocation process, utilisation and speed of processing.	<ul style="list-style-type: none"> PAF funding throughout the period, no significant problems with accessing funding. PAF grant for M&E in 2004-2005 (plus some studies in same period) 	H
22	Theme groups should have clear objectives with monitorable indicators of both substantive change and process contributions to the national strategy	<ul style="list-style-type: none"> UNTG functioned from 2002-2006; re-established in 2007 following UNDG guidance. TOR, annual work plan and indicators since 2008. 	H
23	Expanded theme groups should evolve into partnership forums, led by government	<ul style="list-style-type: none"> Expanded UNTG turned into HOA meeting in 2002. No formal partnership forum under NAC, but several thematic working groups exist (M&E, research, GF AIDS TWG) 	L
24	Expand and strengthen national systems to monitor and evaluate interventions, and analyse surveillance data	<ul style="list-style-type: none"> M&E system development support by UN and others. 2006 M&E manual, updated since. M&E system exists but weak. Inadequate resources for surveillance. 	M
25	Programme of joint reviews led by national governments should be launched	<ul style="list-style-type: none"> No system of annual joint review of the national response. But health sector review in 2007 and education sector review planned. 	L

Rec. No.	Abbreviated description of topic	Notes on actions taken	Progress ⁷
26	UN system at country level must take a strategic view of implementation of national policies and strategies and exploit opportunities for synergy between the sectors	<ul style="list-style-type: none"> • UN system supported actively development of “one” national strategy 2007-2010 (and plan). • UN system has however diluted the focus of the national response through advocating around agency, not national, priorities 	L
27	UNAIDS to act as a broker of good practice for local-level efforts that are designed for horizontal learning and replication	<ul style="list-style-type: none"> • UN Indonesia experimented successfully with joint programming and experiences informed international guidance. • No evidence of documentation and dissemination of good practice experiences. 	L
28	Increase support for scaling up by developing strategies as a service both to national governments and to partner donors	<ul style="list-style-type: none"> • No evidence seen. 	L

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Annex 5 List of people met

First name	Surname	Organisation	Role	Email
Taslina	Lazarus	Asia Pacific Business Coalition on AIDS	Country Coordinator	taslima@apbca.com
Michelle	Vizzard	AusAID	First Secretary, Health	michelle.vizzard@ausaid.gov.au
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Annex 6 Material from the feedback workshop