



JARINGAN INDONESIA POSITIF

CIVIL SOCIETY PRIORITIES

for inclusion into Indonesia's application for a C19RM
grant from the Global Fund

JARINGAN INDONESIA POSITIF

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List of Abbreviations

AIDS	: Acquired Immune Deficiency Syndrome
APCASO	: Asian Pacific Council of AIDS Service Organization
ARV	: Antiretroviral
ATM	: HIV/ AIDS, TB, and Malaria
ATS	: amphetamine type stimulant
BPJS	: Badan Penyelenggara Jaminan Sosial (Social Security Administrator)
C19RM	: COVID-19 Response Mechanism
CBC	: Community Base Center
CBO	: Community-Based Organizations
CCM	: Country Coordinating Mechanism
COVID-19	: Coronavirus disease 2019
CRG	: Community, Right, and Gender
CSO	: Civil Society Organization
CSR	: Corporate Social Responsibility
DHO	: District Health Office
FGD	: Focus Group Discussion
GATE	: Global Action for Trans Equality
GBV	: Gender Based Violence
GF	: The Global Fund
GNP+	: Global Network of People Living with HIV
GWL-INA	: Gaya Warna Lentera Indonesia (Network of gay men and men who have sex with men/MSM)
HIV	: Human Immunodeficiency Virus
IAC	: Indonesia AIDS Coalition
ID Card	: Identity Card
IDUs	: Injecting Drug Users
IEC	: Information, education, and communication
ILO	: International Labour Organization
INPUD	: International Network of People Who Use Drugs
IPPI	: Ikatan Perempuan Positif Indonesia (Indonesia Positive Women Network)
IPV	: Intimate Partner Violence
JIP	: Jaringan Indonesia Positif (The Positive Indonesia Network)
JTID	: Jaringan Transgender Indonesia (Indonesia Transgender Network)
KVPs	: Key and vulnerable populations
MOH	: Ministry of Health
MSM	: Men Sex Men
OPSI	: Organisasi Perubahan Sosial Indonesia (Indonesia Social Change Organization/Network of sex workers)
PBI	: Penerima Bantuan Iuran (Contribution Assistance Recipient)
PCR	: polymerase chain reaction
PLHIV	: People Living with HIV

POP-TB	: Perhimpunan Organisasi Pasien (POP) TB Indonesia (Indonesian TB Patient Organizations Association)
PPE	: Personal Protective Equipment
PR	: Principal Recipient
PWID	: People Who Inject Drugs
PWUD	: People Who Use Drugs
RDT	: Rapid Diagnostic Test
SOGIESC	: Sexual orientation, gender identity & expression, and sex characteristic
SR	: Sub-Recipient
TB	: Tuberculosis
ToT	: Training of Trainer
TWG	: Technical Working Group
VL test	: Viral Load test
YKP	: Young Key Population

Introduction

The COVID-19 pandemic situation has affected many aspects of humans' lives worldwide, including HIV, TB, and Malaria control programs in many countries. Throughout 2020, there was an increase in deaths and new infections in these three diseases worldwide. This increase is partly because many countries are overwhelmed with managing health resources, treatment, and community systems in prevention programs that have been distracted and disrupted due to COVID-19. The situation is even more difficult for countries with low quality healthcare. The latest Global Fund Survey shows the scale of disruption to HIV, TB, and Malaria programs due to the COVID-19 pandemic. The survey highlighted that the pandemic had affected HIV, TB, and Malaria programs in about three-quarters of the 106 countries covered in the survey.¹

In response to the COVID-19 pandemic situation, in 2021, The Global Fund will provide funding support to respond to COVID-19, known as C19RM. C19RM is a COVID-19 response mechanism to support countries in mitigating the impact of COVID-19 on HIV, TB, and Malaria programs and initiating immediate improvements in health systems and communities. Indonesia is one of the regional/multi-country beneficiary countries, currently receiving funding from The Global Fund, which therefore also eligible to receive C19RM funding.

To access the C19RM funding, Country Coordinating Mechanism (CCM) Indonesia has given a mandate to the Technical Working Group (TWG) of HIV/AIDS, TB, and Malaria (ATM) to prepare a C19RM Funding Request proposal under the supervision of the CCM Oversight Committee. TWG ATM has carried out the process of preparing a funding request since the end of April 2021. The process has been running intensively involving many stakeholders, including representatives of key population communities, people living with HIV, and other affected populations.

While a draft of the C19RM Funding Request has been prepared, some of the priority issues proposed seemed to be needing more input from the community. Therefore, the Positive Indonesia Network (JIP), as a national network of people living with HIV and supported by

¹ ¹ Mitigating the Impact Of Covid-19 On Countries Affected By HIV, Tuberculosis And Malaria.
https://www.theglobalfund.org/media/9819/covid19_mitigatingimpact_report_en.pdf

APCASO, GNP+, INPUD, and GATE, initiated consultative meetings with communities representing key populations, people living with HIV, and other affected populations in Indonesia. This activity aimed to gather communities' feedback on the country C19RM proposal being prepared and voice the challenges faced by people living with HIV, TB, and Malaria; key populations, and other vulnerable groups during the COVID-19 pandemic and the support needed.

Objectives

1. To provide an overview of the funding mechanism of the C19RM Global Fund for communities of people living with HIV, TB, Malaria, and other key and vulnerable populations (KVPs).
2. To gather community feedback on draft country C19RM proposals for The Global Fund's support.
3. To disseminate the results of consultative meetings on the specific needs of key populations and other vulnerable populations during the COVID-19 pandemic.

Method:

The consultative meetings presented resource persons from community representatives of CCM Indonesia members to deliver a brief on the mechanism for the C19RM proposal to participants. The discussion process divided participants into four small groups based on the following themes:

1. Social Protection and mental health
2. Community-led activities
3. Community-Based Organizations (CBOs)' engagement in service delivery
4. Intimate partner and gender-based violence (IPV/GBV)

The group discussions were facilitated by community facilitators as well as representatives of CCM members, TWG, and each of the secretariats of the national KVPs network, namely GWL-INA (Network of gay men and men who have sex with men (MSM)), IPPI (Network of HIV+ women), OPSI (Network of sex workers), JIP (Network of people living with HIV (PLHIV)), JTID (Network of Transgender People), PKNI (Network of IDUs) Inti Muda (young key population), and POP-TB (Network of TB survivors). Results from each group were subsequently presented in a plenary discussion session for clarification and consensus.

The series of consultative meetings involved a total of 346 individual participants from 81 organizations. The number of individuals is exclusive to the organizing committees and facilitators coming from KVP communities. List of the meetings and details of the participants is presented in table 1 and table 2.

Table 1. List of Consultative Meetings and Participants

#	Type of KVPs	Participants' City of Origin	Date & Number of Participants	Mode of Meeting	Donor
1 & 2	Transwomen from 22 provinces	Aceh, Medan, Batam, Tanjung Pinang, Palembang, Lampung, Cianjur, Cimahi, Pontianak, Kuningan, Bandung, Banjar, Semarang, Yogyakarta, Denpasar, Makassar, Manado, Palu, Kendari, Kupang, Ambon, Sorong, Banjarmasin, and Padang.	May 3 rd : 22 participants May 4 th : 21 participants	Virtual	GNP+
3 & 4	MSM	Jakarta, Bekasi, Tangerang, Kupang, Bandung, Lampung, Surabaya, Mataram, Medan, Jambi, Yogyakarta, Malang, Makassar, and Manado.	May 5 th : 17 participants May 6 th : 24 participants	Virtual	GNP+
5	PLHIV	National	May 5: 22 participants	Virtual	GNP+
6	Sex Workers communities	Jakarta, Jambi, Padang, Banjarmasin, Medan, Lampung, Semarang, Surakarta, Surabaya, Makassar, and Sorong.	May 6 th : 21 participants	Virtual	APCASO
7	IDUs	Jakarta, Bengkulu, Manado, Jambi, Sukabumi, Samarinda, Bengkulu, and Mataram.	May 7 th : 21 participants	Virtual	INPUD
8	Female Drug Users	Jakarta, Bogor, Cibinong, Bekasi, Depok, Sidoarjo, Medan, Bali, Makassar, Jambi, and Pekanbaru.	May 7 th : 20 participants	Virtual	INPUD
9	Women living with HIV	Jakarta, Bandung, Semarang, Surabaya, Medan, Pekanbaru, Bali, Yogyakarta, Jambi, and North Kalimantan.	May 8 th : 20 participants	Virtual	INPUD
10	Young Key Population	National	May 16 – 19: 42 participants	Virtual	Youth led (not from JIP)

#	Type of KVPs	Participants' City of Origin	Date & Number of Participants	Mode of Meeting	Donor
11	ATM Communities	National	May 21 st : 14 participants	Virtual	APCASO
12	TB Drug-resistant communities	National	May 21 st : 29 participants	Virtual	APCASO
13	Transwomen and PLHIV in red zone area	Greater Jakarta	May 23 rd -25 th : 54 participants	Hybrid	GNP +, APCASO, GATE
14	Female TB Drug-resistant communities	National	May 27 th : 31 participants	Virtual	APCASO
15	TB Drug-sensitive communities	National	June 3 rd : 25 participants	Virtual	APCASO
16	Workshop: final report of the community dialog process (sharpening report)	National	June 16 th -18 th : 27 participants	Hybrid	GATE

Table 2. Type and Name of the Participating Organizations

Type of Organization	Name of Organization
National Network of KVPs	1) JIP; 2) GWL-INA; 3) PKNI; 4) IPPI; 5) OPSI; 6) Inti Muda Indonesia; 7) JTID
GF ATM Principal Recipients (PRs)	<ul style="list-style-type: none"> • HIV/AIDS: Ministry of Health (MO), Spiritia Foundation, Indonesia AIDS Coalition (IAC) • TB: MOH and STPI • Malaria: MOH and PERDHAKI
HIV Community Based Organization	1) TARENA; 2) PETRASU; 3) HWMKGR; 4) Srikandi Panghegar; 5) Srikandi pasundan; 6) Srikandi perintis; 7) Srikandi Pawayangan; 8) Perkumpulan Waria Lampung; 9) HIWABA; 10) PERWAPON; 11) Rumpun Waria Sehati; 12) PERWARIS; 13) TRANSPER; 14) KEBAYA; 15) PERWAKOS; 16) Paris berantai; 17) Komunitas Sehati Makassar; 18) POMPEGAYA; 19) KWST Kendari; 20) SALUT Manado; 21) GWL Maluku; 22) PERWARON Bali; 23) IWASOR; 24) PERWAKU; 25) YPJ; 26) YIM; 27) GBP; 28) PTB; 29) IMOF; 30)

Type of Organization	Name of Organization
	Merah Muda; 31) Gaylam; 32) Gaya Nusantara; 33) SALUT NTB; 34) Yenni Lubis- Medan; 35) MWGJ; 36) Gaya Dewata; 37) Vesta; 38) Gaya Celebes; 39) Puzzle Indonesia; 40) IGAMA; 41) TRANSVOICE; 42) Srikandi patriot; 43) Warna Sehati Depok; 44) Sanggar SWARA; 45) Arus Pelangi; 46) YSS; 47) KDS Hitam Putih; 48) Rumah Cemara; 49) KARISMA; 50) KOTEX.
TB Community Based Organization	1) POP TB Indonesia; 2) PESAT TB RO SUMUT; 3) Gamelan TB Bali; 4) Daeng TB Gowa; 5) TUAH TB PEKANBARU; 6) PANTER MALANG; 7) SETARA Tangsel; 8) PETIR Gresik; 9) Patriot Jawa Tengah; 10) Rekat Surabaya; 11) SAHABAT Batam; 12) Pejuang Tangguh DKI; 13) TERJANG Jawa Barat; 14) Pusako Sumatera Barat; 15) Sekawan's Jember; 16) Semar Jateng; 17) BEKANTAN KALSEL; 18) KAREBA BAJI; 19) BERAKSI NTT.

Background Information

In Indonesia, the HIV prevention program has borne the impact of the COVID-19 pandemic. At the start of the COVID-19 pandemic, lack of stock and barriers to the distribution of ARVs were problems experienced by PLHIV in Indonesia. The scarcity of ARV stock is not the only problem faced by PLHIV. Restrictions on health services to prevent the transmission of COVID-19 along with issues of domestic violence, mental health problems, and the economy and fulfilment of daily needs have further complicated the position of the young key population and young PLHIV amid the COVID-19 pandemic.

A survey by the Positive Indonesia Network (JIP) found that of 529 PLHIV and key populations involved in the study, 30% lost their source of income, 25% were unable to meet their daily needs, and around 5% were unable to pay their rent. In addition, about 43% cannot work, and 35% cannot access medicines. Approximately 41% of people living with HIV experience very severe anxiety related to COVID-19, either related to their health (56%) or their family members (49%).² Sanggar Swara, a CBO of transwomen, also conducted a similar survey on transwomen in Jakarta, which showed that around 640 respondents depended on their income as sex workers and street singers. Since the pandemic hit, many have lost their source of income and are unable fulfilling basic needs, such as rent and food.

² Jaringan Indonesia Positif. Survey Cepat Kebutuhan ODHA dalam Konteks Covid-19. In: TWG HIV Virtual Meeting on HIV Response on COVID-19. Jakarta; 2020.

A rapid assessment of the impact of COVID-19 on PLHIV and key populations by ILO and Indonesia AIDS Coalition (IAC) also found that more than half of the 1000 surveyed individuals were working in the informal sector and were severely hit by the socio-economic impacts of COVID-19. Most experienced reduced incomes and job losses. This rapid assessment also indicates the need for access to broader social security schemes. Although access to national health insurance is relatively higher than in previous studies, the unequal distribution of social security was also expressed by some respondents. Among those with the lowest income levels, less than half received social security benefits in the last six months.³

The government has provided several forms of social support for affected communities at the central and regional levels. Additional non-cash support programs were provided to as many as 1.3 million households in DKI Jakarta and 600 thousand households in Greater Jakarta. The West Java Provincial Government also provides cash transfers covering 70 percent of the total households in the province. However, these social supports are not immediately accessible to KVPs. Most of the West Java (31%) and DKI Jakarta (23%) respondents received social assistance in the last six months. In addition, among those who work as sex workers, only half have ever received social support.

Recommendations

Community Input

This community input is a summary of the entire series of consultation meetings described above. We grouped the discussion results into the following three categories:

1. COVID-19 Risk Mitigation Measures
2. Adaptation of HIV Program and Service Delivery
3. Support for Community Response System

In each category, we also tried to describe the situation faced by the community captured during the discussion process.

A. COVID-19 Risk Mitigation Measures

Provision of personal protective equipment (PPE), access to COVID-19 test and vaccination services for community health workers and KVPs.

³ ILO. Laporan Kajian Cepat Dampak Sosio-Ekonomi COVID-19 terhadap Orang dengan HIV dan Populasi Kunci. Jakarta; 2021

The provision of PPE for outreach workers is less than optimal. Therefore, a distribution mechanism is needed to ensure PPE availability for outreach workers and KVPs can be consistently fulfilled during the pandemic.

Recommendations:

- Health services should provide masks, hand sanitizers, and hand-gloves for clients who request them. In addition, distribution mechanisms must ensure the accessibility of the KVPs community to PPE at any time as needed (including allocation and access for prison inmates).
- PR/SR (Sub Recipient) Community and Civil Society Organizations (CSOs) need to facilitate easy access to KVPs individuals to the latest information updates on COVID-19 by providing a free hotline/call centre and information, education and communication (IEC). Specifications should, as much as possible, tailor to the needs of each community, including prison prisoners. The most up-to-date information that must be available includes access to the COVID-19 test (i.e., PCR test and RDT antigen) as well as location and vaccination procedures.
- CSOs in each district should propose the provision of PPE to the local government through health facilities or the health office and then manage the distribution to outreach workers and the KVPs community.

Some KVPs individuals faced difficulties in accessing COVID-19 vaccine services due to transportation costs issue.

- PRs (both MOH and CSOs) should allocate support for transportation costs or the provision of accessible transportation facilities to access vaccine service places for KVPs, PLHIV, and YKP who need it.
- MOH (through the Health Office and health facilities) and the COVID Task Force are expected to regularly allocate antigen test kits and vaccine slots for HIV outreach workers and the KPV, PLHIV, and young key populations (YKP) communities. Therefore, PR CSO must advocate for the certainty of its allocation and provision and monitor its sustainability.

Nutrition and Food Support for Affected KVPs

The provision of essential food support is mostly sporadic and not carried out continuously. The composition of food ingredients provided in the food support often does not pay attention to the nutritional content needed. On several occasions, the distribution of food support did not reach the right target of beneficiaries.

Recommendations:

- Provide assistance to access ID cards for KPVs, including PLHIV, TB patients and YKP, who are hindered in accessing basic food support due to not having an ID card. It is also necessary to allocate operational support funds for community workers who provide such assistance. The operational funds can also be used to cover administrative costs that may be required for the issuance of ID cards.
- Ensuring allocations for the regular availability of basic food support for KVPs, including PLHIV, YKP, also community health workers. Nutrition and food supports are expected to be managed by the community PR. Therefore, the distribution mechanism should be carried out in coordination with national networks and CSOs to appropriately channel the supports to KVPs in need in the regions.
- To collect data on KVPs individuals who need basic food support and identify the types of basic food support and nutrients (vitamins) needed.

Economic Support for KVPs and PLHIV

Many KVPs individuals have lost their jobs or lost their income due to the impact of the COVID-19 pandemic.

Recommendations:

- Make available data on KVPs, including PLHIV and TB patients who are recipients of BPJS-PBI (special scheme of NHI), to be the targets for allocating operational and administrative support costs to access health services during the COVID-19 pandemic.
- Provide skills training on entrepreneurial management & creative economy for KVPs individuals.
- Advocate for access of KVPs to government programs for community economic empowerment such as cash transfers, pre-employment cards, small and medium enterprises, entrepreneurial skills training, business management.
- Establish partnerships with the private sector to enhance the economic capacity of KVPs and strengthen community capacity in developing proposals for business development support to privates, for instance, to access corporate social responsibility funds.

Ensure development of online platforms for COVID-19 services, including services for mental health support.

Adequate information on support and referral services for mental health issues is not yet available online. Meanwhile, existing online platforms that provide mental health support services are still not integrated.

Recommendations:

- The provision of information for mental health strengthening needs to be provided in various types of online platforms accessible to the community for KVPs, PLHIV, including YKP, and families affected by COVID-19. In collaboration with CSOs and the COVID-19 Task Force, DHO can play a role in facilitating the implementation of the meeting. Virtual meetings in webinars, FGDs, workshops, or podcasts are among the recommended online platform options. It also emphasized the need to bring psychologists and psychiatrists as resource persons.
- Provision of a comprehensive information platform related to COVID-19 regularly through webinars/podcasts, Instagram/Facebook, live in partnership with the COVID-19 Task Force, and health services as resource persons.
- Provision of hotlines or complaint services (call centres) related to COVID-19 services, including examination, treatment, isolation, and vaccines for the PLHIV community and KVPs. This hotline service is expected to be provided by the Ministry of Health's PR. Community PR needs to sensitize call centre officers about the characteristics and needs of the community.
- Provision of online services for a free consultation for mental health. Community PR needs to seek budget allocations for the availability of services. In addition, National Network and CSOs can promote the availability of these services through social media.

Community-based education and advocacy on access to COVID-19 vaccine.

Information regarding access to the COVID-19 vaccine is quite limited, including comprehensive provisions relating to administering the vaccine to people with HIV.

Recommendations:

- Provision of comprehensive IEC on vaccines covering pre-vaccination health conditions and the impact of vaccines on specific KVPs, for instance, drug users, pregnant women, and people living with HIV, and transgender people who are on hormone therapy.

- Conduct advocacy to policymakers and establish partnerships with relevant parties to facilitate more accessible vaccines for KVPs. These include efforts to address barriers related to ID card ownership as a requirement to obtain vaccines.
- CBOs of KVPs should take active roles in mobilizing communities to access COVID-19 vaccines.

Temporary Shelter

KVPs and PLHIV who have lost their income or experienced a decrease in income are prone to be homeless because they cannot pay the rent/boarding house. In addition, some KVPs individuals who are victims of violence also need temporary shelter as a safe house and place of recovery. Community-Based Centres in the ongoing HIV prevention program for MSM and transgender people groups (funded by GF) have not been optimally utilized as community shelters in the regions.

Recommendations:

- Strive to provide safe houses for KVPs and PLHIV, including YKP, affected by COVID-19 (physically, psychologically, and financially) or experienced GBV/IPV.
- Provision of shelters (to serve as quarantine facility) for KVPs, including YKP and former WBP, exposed to COVID-19.
- Advocate for corporate social responsibility (CSR) of both private and state-owned to support community shelters (along with operational & logistical costs) for KVPs, including those or their families exposed to COVID-19.
- Develop a directory of existing shelter houses, both managed by the government and the community, as a reference for directing KVPs who need shelter and safe places.
- Shift CBC's function to serve as a shelter for the Key & Vulnerable Population and PLHIV communities in need due to being affected by COVID-19 or experiencing IPV/GBV.

Strive for continuity of services for disabled groups.

Information on the specific needs of people with disabilities during the COVID-19 pandemic is not sufficiently available.

Recommendations:

- Conduct an assessment of the needs of groups of people with disabilities, including KVPs, PLHIV, YKP living with disabilities, and building networks with organizations focusing on disability issues.
- Advocate fulfilment of the needs of KVPs with disabilities (e.g., provision of wheelchairs, guiding cane, hearing aids, and shuttle facilities) to the government and privates based on the results of the assessment.
- Develop educational modules/ materials tailored to the characteristics and needs of groups of people with disabilities during the COVID-19 pandemic.

B. Adaptation of HIV Program and Service Delivery

Sensitize the task force and COVID-19 service providers on the characteristics and needs of KVPs, PLHIV, and YKP.

There are concerns about breaches of the protection of the confidentiality of personal data, especially the HIV status of individuals, in the vaccine administration procedure. Some KVPs also expressed a fear of discriminatory treatment in service delivery due to their HIV status or gender expression.

Recommendations:

- Sensitization of HIV issues to the COVID-19 Task Force can be in the form of the followings:
 - Hold regular discussions between the community and the Task Force team regarding various aspects and the latest issues related to the COVID-19 pandemic. These may include COVID-19 service for PLHIV and KVPs.
 - Conduct sensitization training on HIV for COVID-19 Task Force officers.

The Ministry of Health, DHO, and CSOs need to collaborate to facilitate regular discussions between the community and the Task Force, while Community PR needs to initiate the implementation of sensitization training for the Task Force.

- The COVID-19 vaccine service mechanism must be improved. This is particularly true for protecting health protocols and privacy/personal information security for vaccine recipients. It is crucial to ensure that vaccine service administrators are adequately sensitized regarding the provisions for safeguarding client personal data, especially those related to a person's HIV status. The Ministry of Health and DHO should accommodate the principles of protecting the confidentiality of a client's HIV status in the vaccine service protocol. The protocol should also

encourage service providers not to commit all forms of stigmatizing and discriminatory actions against PLHIV, KVPs, and YKP in delivering COVID-19 service.

- Establish a system for reporting complaints of cases of violence or acts of stigma & discrimination experienced by KVPs and PLHIV when accessing COVID-19 services and other health services during the pandemic. PR Communities and national networks of KVPs need to provide self-acceptance training and basic human rights that the KVPs community can easily access.
- Community PR needs to facilitate the provision of training/ workshops (both online and offline) on self-acceptance and self-defence against discriminatory actions in health services and COVID-19 for KVPs and people living with HIV. This activity may be carried out in partnership with a research centre for HIV with long experience and strong expertise in this issue.
- Community monitoring should be performed, particularly upon the fidelity of implementing regulations for protecting the confidentiality of HIV status and sexual orientation in vaccine service procedures. Community PR should make efforts to ensure community monitoring takes place.
- Budget allocation for the delivery of samples of laboratory examination specimens, namely sputum/ phlegm for TB patients and blood draws for VL tests for PLHIV.
- Facilitate the distribution and access of prevention tools such as sterile syringes, pipettes/caps for amphetamine type stimulant (ATS) users, and counselling services for people who injecting and use drugs (PWID & PWUD). Primarily for those who access substitution services affected by the COVID-19 pandemic.

C. Support for Community Response System

Strengthen literacy and access of KVPs to COVID-19 related information and services.

Communities are having limited access to health services due to operational restrictions during the pandemic and community fears of being exposed to COVID-19. Also, there has been a lack of accurate information accessible to the KVPs community and the self-stigma of accessing mental health services.

Recommendations:

- Strengthen the capacity of CSOs in providing mental health consultation & referral services for KVPs and PLHIV, as well as YKP.

- In collaboration with the Ministry of Health's PR (Directorate of Mental Health Development), Community PR held a ToT & Roll-out training on mental health & psychosocial for CSOs.

Strengthen community-based services for KVPs during COVID-19.

Some community-based services/programs did not run optimally during the COVID-19 pandemic. Also, there has been a lack of capacity building for CSOs in assisting communities affected by COVID-19.

Recommendations:

- More community counsellors should be recruited and trained/retrained, primarily in providing psychosocial services related to the impact of COVID-19. Moreover, CSOs and YKP should be involved in capacity building for youth counsellors and education, advocacy, and discussion activities related to KVPs community-based services, especially for youth.
- Community PR and CSOs, in collaboration with legal aid service, should ensure that legal protection and assistance services are accessible to KVPs, PLHIV and YKP in an open and non-discriminatory manner. This may be done through the followings:
 - Sensitize legal aid organizations on HIV, SOGIESC (sexual orientation, gender identity & expression, and sex characteristic), and KVPs.
 - Establish a memorandum of understanding between CBOs/CSOs and legal aid organizations regarding legal case assistance services for communities in need.
- Facilitate capacity building for CBOs of KVPs, PLHIV, and YKP to provide psychosocial support to communities and their families exposed to COVID-19.

Strengthen literacy and support related to IPV & GBV

There is no designated forum providing information on gender-based violence or a crisis centre that can also function as a psychosocial support service for handling violence cases during the COVID-19 pandemic. There has been an increase in IPV/GBV cases during the COVID-19 pandemic.

Recommendations:

- Establish an educational platform that is community friendly for KVPs, especially YKP, as well as online campaigns about IPV/GBV through, for example, webinar series, podcasts, live Instagram/Facebook, digital IEC.
- Allocate funds to support education & discussion activities, training, and workshops on IPV and GBV (both online and offline) as well as case handling mechanisms.
- Fund allocation for CBOs of KVPs for documentation, referral, and assistance for IPV and GBV cases.
- Make psychosocial/post-traumatic recovery and support services available free of charge for KVPs, PLHIV, and YKP victims of IPV/GBV.
- Establish a strong network between national networks of KVPs and CSOs with agencies/institutions providing legal and psychosocial assistance for cases of violence (e.g., legal aid service, women empowerment & child protection office) starting from the national level to the local/district level.
- Advocate for the ratification of the bill on the Elimination of Sexual Violence.

Support for data plans and devices for online activities

During COVID-19, most meeting activities have shifted online. However, the replacement of data packages for participants is not always available, especially true for meetings organized by local government (e.g., DHO). Therefore, this arrangement does not feel very easy for some individuals.

Recommendations:

- It is necessary to allocate the availability of reimbursement packages for the community of KVPs and PLHIV involved in online activities related to HIV and COVID-19 response. This cost allocation should also cover online community participation in HIV and COVID-19 activities hosted by the government and not funded by GF. In addition, support for online meeting/activity platform paid account subscriptions for CSOs is also deemed necessary (ex: Zoom Pro accounts).

Community Joint Analysis

JIP has provided an overview of the funding mechanism of the C19RM Global Fund for communities of people living with HIV, TB, Malaria, and other key and vulnerable populations (KVPs) through the consultative meetings presented by community representatives of CCM Indonesia members. Recommendations from the consultative

meetings had been presented to the HIV TWG and the writing team of the Funding Request proposal on May 25th, 2021, as community input from KVPs. Recommendations from the TB community consultative meetings have also been submitted through the funding request writing team responsible for the TB response component. Furthermore, the proposal has endorsed CCM Indonesia for submission to the Global Fund Country Team in mid-June.

As a follow-up, community discussions have been conducted to jointly analyse the extent to which the community inputs have been accommodated in the C19RM funding request proposal. The discussion related to HIV/AIDS reviewed particularly the four groups of recommendations based on the results of consultative meetings, including interventions to mitigate the impact of COVID-19, service adaptation, use of technology (IT) for adaptation of services, and HIV program activities, and support for community response systems. The joint analysis found that out of a total of 27 recommendation points, 66.6% (18 points) were covered in the proposal along with the proposed budget allocation. More than half (58.9%) fall into the above-allocation category of all the proposed and budgeted recommendation points, especially for interventions related to responding to human rights and gender-related barriers to services. Recommendations under the COVID-19 impact mitigation intervention are found as the most widely included in the proposal. Meanwhile, recommendations related to the use of IT to adapt HIV services and program activities were the least accommodated. Furthermore, the community analysis also identified several recommendations that were not proposed in the submitted proposal but could be attached to several budget lines proposed. Thus, advocacy to the prospective implementers of these budget lines (e.g., PR MOH and PR Spiritia Foundation) should be carried out, to allow such a scenario to occur.

The joint analysis of the TB component also found that the TB community's recommendations were not accommodated in the FR proposal in a meaningful manner. In addition, the grouping of priority issues that are not aligned with the thematic interventions of the FR proposal makes it difficult to trace the recommendation points in the budget proposal.

Concluding Remarks

The series of community consultation meetings have provided ample opportunities for communities from KVP, PLHIV, and TB survivors, including the young groups, to better understanding the development of C19RM funding requests. The consultative process has confirmed the various challenging situations faced by these communities in the COVID-19 pandemic related to access to health services and basic needs. In terms of recommendations, this process identified a wide range of community needs and expectations regarding the role of various stakeholders in responding to the pandemic impact on the ATM programs and meeting the needs of communities on health services access and wellbeing. Moreover, some recommendations given aimed not only at demanding support from the C19RM funding request but also from the government and the private sector. While the joint analysis has shown that the C19RM proposal has not yet significantly included input from the community, there are potential spaces to make the inclusion to be more meaningful in the implementation phase. Therefore, with an increased understanding of the C19RM funding request and sufficient access to the C19RM proposal documents and budgets, the community, through the national network of KVPs, PLHIV, TB survivors, and TWG ATM should carefully oversee the PRs—and their implementing partners—in implementing the C19RM program.