LINKAGES INDONESIA

Summary of Achievements

April 2015–September 2021

With support from the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) worked in partnership with the Indonesia Ministry of Heath, two Provincial Health Offices (PHOs), nine District Health Offices (DHOs), 18 civil society organizations (CSOs), and 132 facilities to implement comprehensive HIV prevention, care, and treatment services for key and priority populations and people living with HIV (PLHIV) in Jakarta and Papua province.

LINKAGES Indonesia introduced an innovative portfolio of interventions across the HIV prevention and treatment cascade from April 2015 through September 2021 that accelerated HIV case finding and treatment coverage in these high-burden provinces and built capacities to institutionalize and scale World Health Organization (WHO) recommended PEPFAR minimum program requirements. In Jakarta, the project pioneered a variety of HIV intervention models and technical assistance packages including:

- A *differentiated outreach approach* for key populations (KPs) consisting of nine face-to-face and online outreach channels that reached more than 40,000 men who have sex with men (MSM), female sex workers (FSWs), people who inject drugs (PWID), and transgender (trans) women with critical HIV prevention and testing services each year
- Safe and ethical *index testing* interventions that were initiated among virally unsuppressed PLHIV at both community case management and clinical settings
- A *test and start* technical assistance package that helped newly diagnosed PLHIV immediately enroll in HIV treatment across all five Jakarta districts and assisted 76% of newly diagnosed PLHIV in 109 PEPFAR-supported facilities to access rapid or same-day antiretroviral therapy (ART)
- An initiative to introduce *tenofovir, lamivudine, and dolutegravir (TLD)* among PLHIV who had newly started ART, resulting in 77% of these clients being prescribed TLD
- Establishment of community–facility partnerships to support treatment continuity and assist those with interrupted treatment to restart ART under Jakarta's *Lost and Link* approach

Highlights

- Diagnosed 24,052 key and priority population individuals with HIV and supported 21,079 (88%) to initiate antiretroviral therapy (ART) in Jakarta and Papua provinces
- Assisted 27,531 PLHIV in Jakarta to stay on HIV treatment
- Helped more than 10,000 PLHIV in Jakarta to test their viral loads annually, with 92% of individuals achieving viral suppression
- Updated and operationalized the Ministry of Health national cohort application (ARK 6.0) to support the national system to report individual-level programmatic data on ART regimen, viral load coverage, and treatment continuity
- Supported 11 CSOs to prepare proposals for direct Government of Indonesia financing totalling US$446,949.38
- Implemented a seven-step ART decentralization process across 12 highlands districts in Papua province that saw nine districts achieve full decentralization and three achieve partial decentralization
- Introduced home-based antiretroviral (ARV) delivery services for PLHIV in Jakarta that ensured continuity of HIV treatment during the height of the COVID-19 pandemic

USAID FROM THE AMERICAN PEOPLE
PEPFAR U.S. President's Emergency Plan for AIDS Relief
LINKAGES Across the Continuum of HIV Services for Key Populations

- Rollout of a customized CSO capacity-strengthening initiative—*Performance Pathways*—to support the ongoing development of financial, organizational, programmatic, and technical performance as per each CSO's needs and aspirations
- Operationalization of the *Jak Transporter viral load specimen transport system* to accelerate viral load testing across the capital
- Introduction of decentralized drug delivery services through *Jak Anter*, which helped more than 8,000 PLHIV stay on ART during the COVID-19 pandemic

LINKAGES also supported the establishment and rollout of enabling national and provincial HIV policies or technical guidance in areas such as test and treat, partner notification, treatment optimization, and community-based HIV screening. This brief details LINKAGES Indonesia's key programmatic elements, service delivery impact, technical highlights, above-site achievements, and future directions.

KEY PROGRAMMATIC ELEMENTS

Over a six-year implementation period, LINKAGES accelerated the ability of the Indonesia government, KP-led CSOs, and the private sector to more effectively plan, deliver, and optimize comprehensive, scaled HIV prevention, care, and treatment services, reducing HIV transmission among key and priority populations and improving the quality of life for PLHIV.

LINKAGES Indonesia worked across three results areas:

1. Increased availability of comprehensive HIV prevention, care, and treatment services, including reliable coverage across the continuum of care.
2. Demand for comprehensive prevention, care, and treatment services among key populations enhanced and sustained.
3. Strengthened systems for planning, monitoring, evaluating, and assuring the quality of programs for key populations.

LINKAGES worked to reduce HIV transmission, ensure a high quality of life for individuals living with HIV, and reach local and global coverage targets to end AIDS. Indonesia is committed to the achievement of coverage targets established by the Joint United Nations Programme on HIV/AIDS (UNAIDS): 95% of PLHIV know their HIV status, 95% of these are accessing lifesaving ART, and 95% of these have achieved HIV viral load suppression.

Key programmatic elements included:

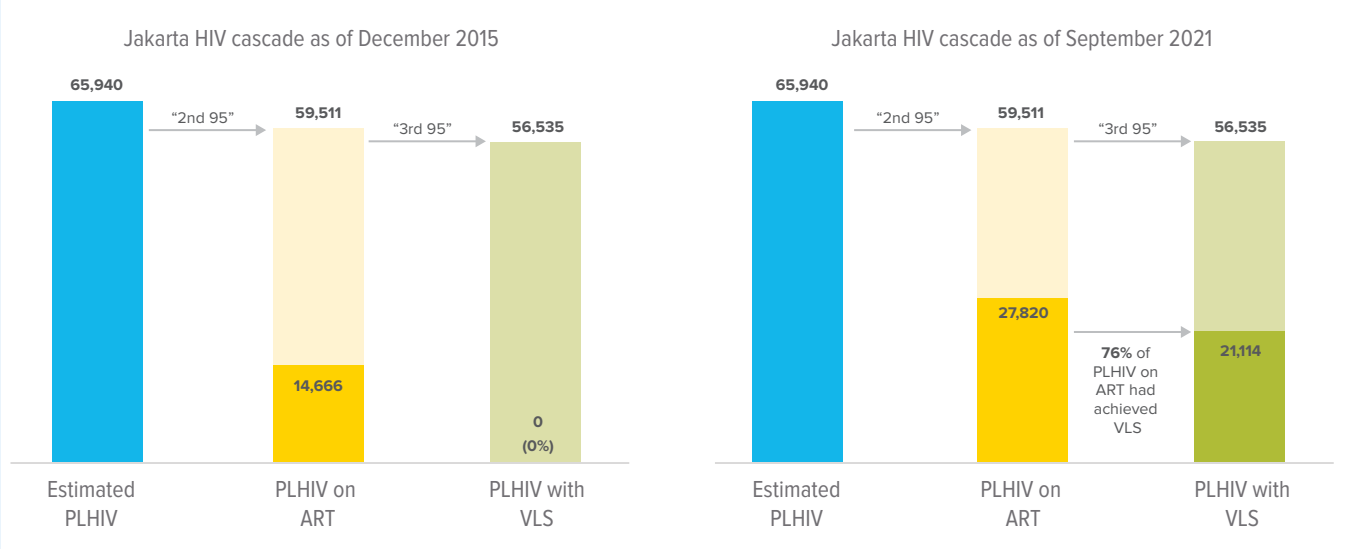
- A variety of face-to-face and online entry points to reach key and priority populations with HIV prevention and testing services
- Rapid HIV screening and confirmatory testing through public and private facilities and mobile testing, with preparations initiated for the establishment of HIV self-testing
- Immediate linkages from HIV diagnosis to HIV treatment with provisions for rapid or same-day ART initiation with TLD
- Customized community-based case management based on length of time on HIV treatment
- Viral load testing for all eligible PLHIV
- Support for treatment continuity through networks of facility- and community-based implementers

LINKAGES Indonesia focused its technical, programmatic, and financial assistance in Papua and Jakarta province and provided above-site technical assistance to Indonesia's national program through the Ministry of Health (MOH). Direct assistance to Papua province ceased in September 2019, with limited above-site technical support for ART decentralization efforts continuing until early 2020. In Jakarta, direct assistance was transferred to the Meeting Targets and Maintaining Epidemic Control (EpiC) project in March 2021, with LINKAGES providing limited above-site support from April to September 2021.

SERVICE DELIVERY IMPACT

Over the life of the project, LINKAGES Indonesia strived to help key and priority population PLHIV achieve sustained viral suppression and live long, healthy lives. Jakarta's 95-95-95 cascade—shown for December 2015 and September 2021 in Figure 1—demonstrated progress toward epidemic control, with Jakarta attaining the MOH 2021 national ART coverage target of 45%, and 76% of PLHIV on ART achieving viral suppression.

Figure 1. Jakarta HIV cascade: ART and viral load suppression coverage estimates prior to and following LINKAGES support

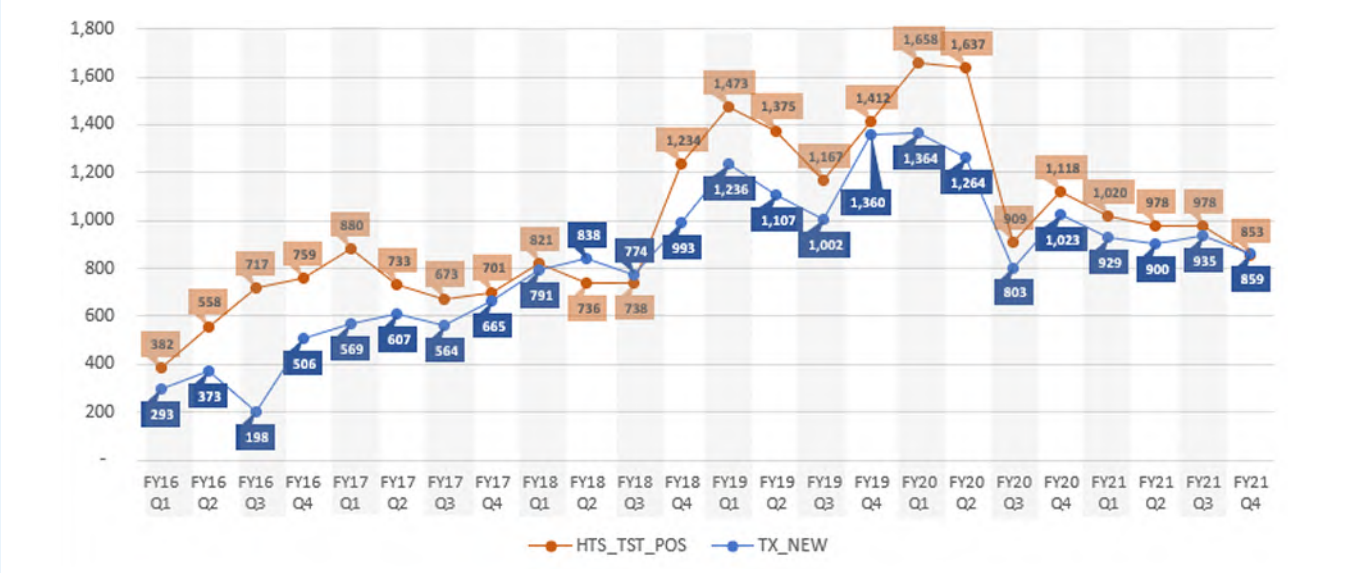


While substantial cascade gaps remain, LINKAGES played a key role in rolling out evidence-based interventions and advancing key PEPFAR minimum requirements that form the foundation for a successful HIV response. Each year, LINKAGES' community- and facility-based implementing partners reached more than 40,000 MSM, FSWs, PWID, transgender (trans) women, and priority populations with critical HIV prevention and testing services, ultimately identifying 24,052 PLHIV over the course of implementation. Total diagnoses also include Papua totals.

In Jakarta, case finding and testing were accelerated through special PEPFAR funding initiatives such as *Game Changer and Accelerate and Scale the Asia Program (ASAP)*. Case-finding totals increased dramatically from FY18 onward and peaked in early FY20 before the COVID-19 pandemic took hold and limited access to HIV testing services (Figure 2).

Figure 2 illustrates clear gaps between individuals diagnosed with HIV and those initiated on HIV treatment. However, from October 2020 onward,

Figure 2. HTS_TST_POS and TX_NEW performance in Jakarta, PEPFAR Regional Operational Plan (ROP) support, FY16–FY21



direct and immediate linkage of newly diagnosed PLHIV to HIV treatment services became the norm across all five Jakarta districts, with assistance from the LINKAGES project (Figure 3).

LINKAGES further assisted the Jakarta PHO to introduce test and start at 42 subdistrict public clinics (called puskesmas[1]) in 2018, expanding access to rapid (within seven days) or same-day ART for newly diagnosed individuals or previously diagnosed individuals experiencing interruption in treatment (IIT). By September 2021, 76% of PLHIV at 109 treatment facilities across Jakarta province received rapid or same-day ART after diagnosis, with 88% of diagnosed individuals receiving ART within the final quarter (Figure 4).

Within a context of insecure ARV and viral load testing commodities at facility levels, it was difficult for the project to substantially expand PLHIV access to critical differentiated services like three-month ARV

Figure 3. Jakarta district diagnosis-to-enrollment linkage performance, Q4 FY20 (ROP19)–Q4 FY21 (ROP20), 109 PEPFAR-supported facilities

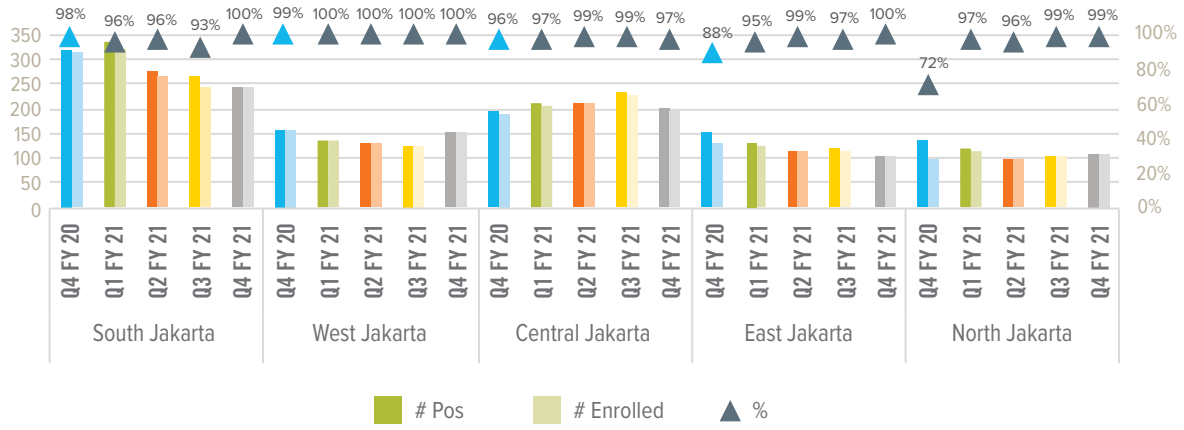


Figure 4. Test and start performance among newly enrolled PLHIV at PEPFAR-supported sites in Jakarta, 2018–2021

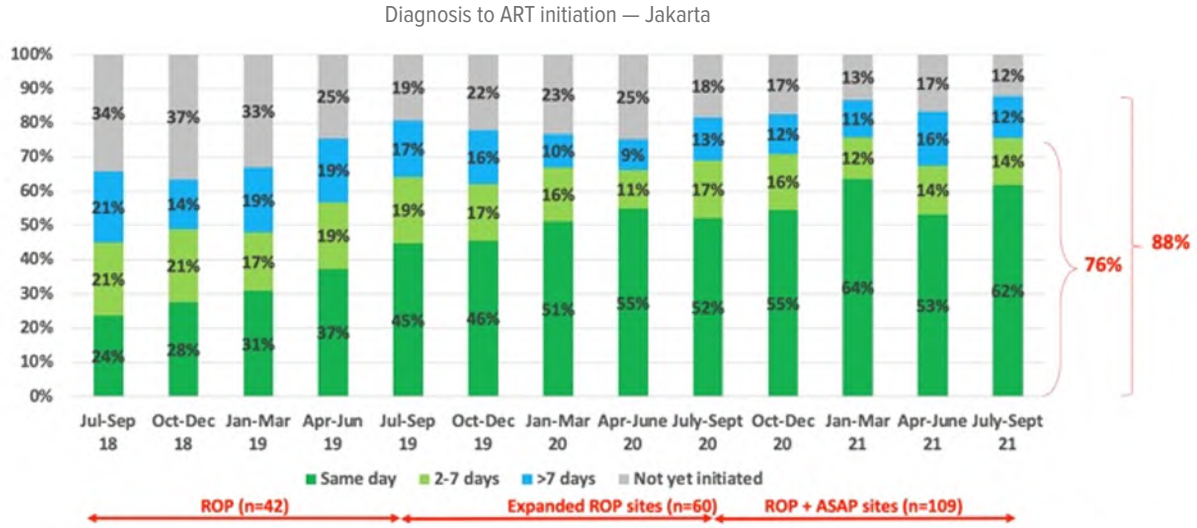
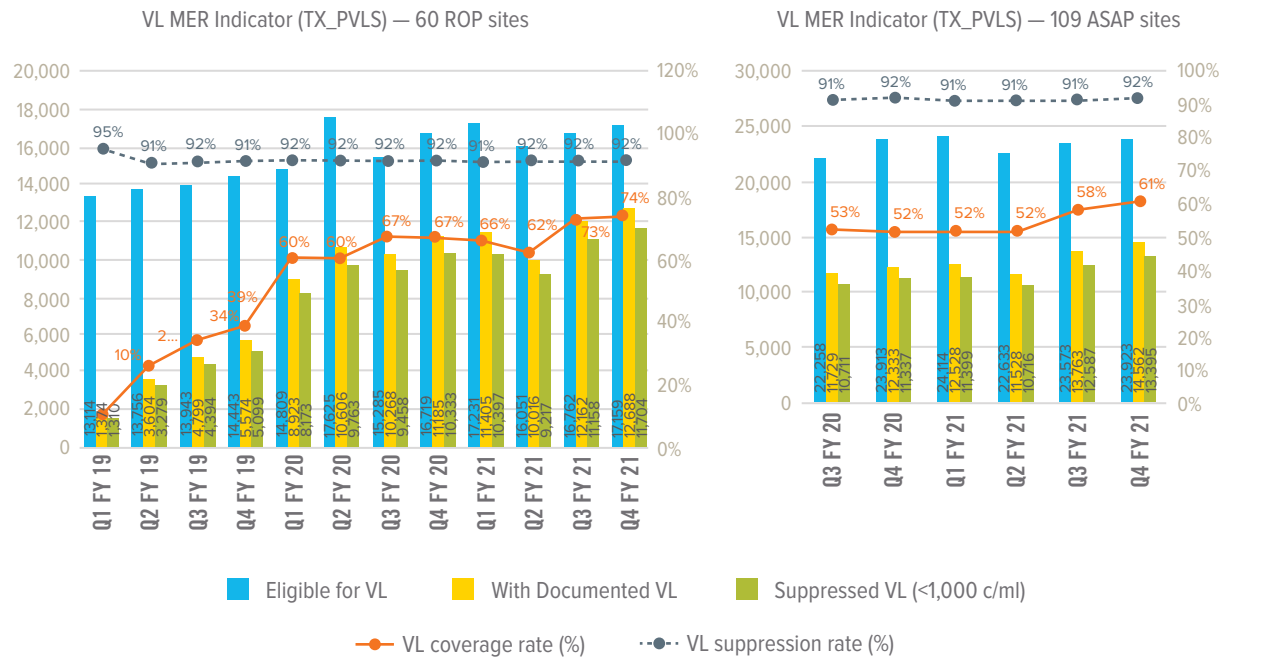


Figure 5. TX_PLVS performance at PEPFAR sites supported by LINKAGES through core (ROP) and special initiative (ASAP) funding



dispensing, although two-month ARV dispensing and decentralized drug distribution through home-based ARV delivery (see technical highlights below) were rapidly introduced and scaled during the COVID-19 pandemic. Viral load testing and commodity supplies were adversely impacted by the pandemic; LINKAGES, however, worked closely with the USAID Global Health Supply Chain Program and Jakarta health authorities to substantially increase access to viral load testing among eligible PLHIV at all PEPFAR-supported facilities in Jakarta over the implementation period (Figure 5).

TECHNICAL HIGHLIGHTS

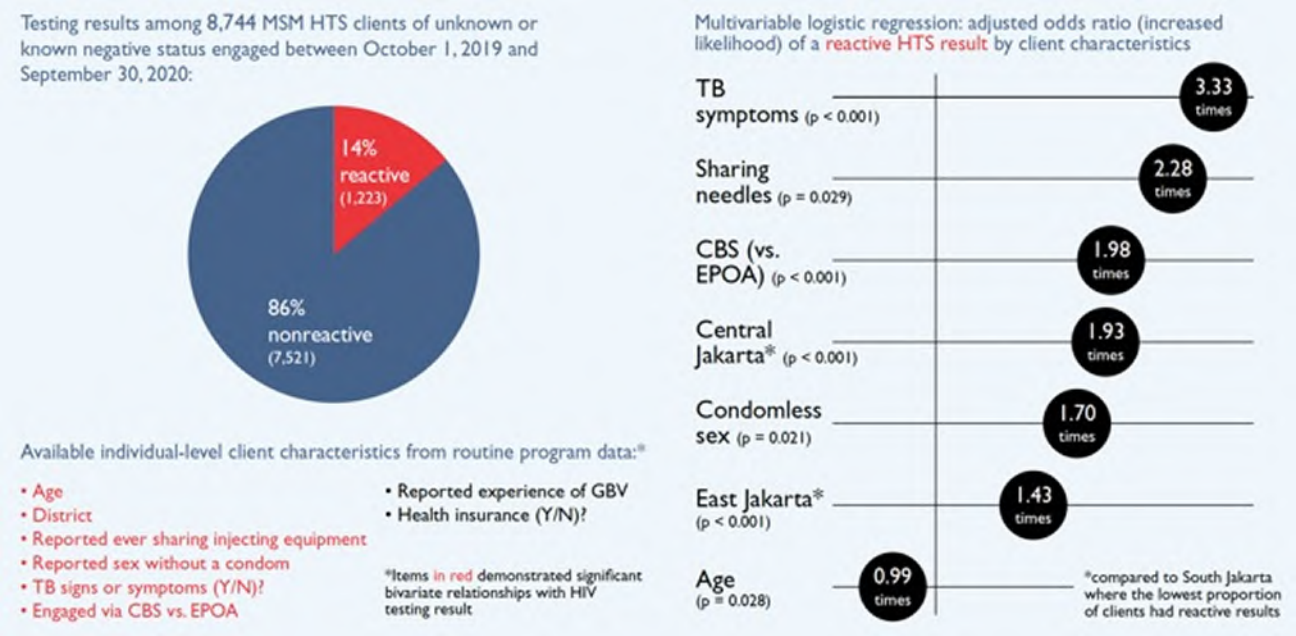
PERSON-CENTERED PREVENTION

Applying client risk segmentation to close service access gaps with differentiated support for underserved and priority clients: Client risk segmentation involves taking a granular look at the characteristics that differentiate individuals who meet certain HIV cascade criteria—such as being newly diagnosed, initiating HIV treatment, or achieving HIV viral suppression—from those that do not. This can be used to optimize the focus and impact of outreach and testing, as well as prioritize and differentiate client-centered support based on the characteristics of clients who are more likely to experience interruption in treatment or face challenges in achieving viral suppression.

LINKAGES Indonesia opted to focus initial client segmentation efforts on three priority areas for program improvement based on historical HIV cascade performance in Jakarta: (1) HIV testing services among MSM, (2) index testing services, and (3) reengagement in HIV treatment among individuals who had experienced IIT. The team was able to identify client characteristics with significant statistical associations with testing (Figure 6) and reengagement outcomes by using capacities established under the LINKAGES project to track individual client outcomes across services safely and confidentially with unique identification codes free of personal identifying information.

Based on the HIV testing client segmentation analyses, the team sharpened the promotion and focus of targeted HIV testing services for clients with characteristics associated with increased HIV infection risks. The team strengthened tuberculosis (TB)

Figure 6. Characteristics of MSM HIV testing services clients who were more likely to have reactive results



screening and linkages, as well as the use of TB symptom data, to improve linkages to diagnostic and treatment services for both diseases. The team also modified the geographic focus of its HIV testing support. Civil society organization implementing partners—particularly those focused on reaching MSM—then accelerated coverage in priority districts and intensified night-time outreach, re-activated CBS and index testing interventions, took advantage of social media channels, and reviewed client risk profiles on a biweekly basis to identify individuals who might benefit from HIV testing. Client service navigation strategies were similarly improved, including appointment booking on behalf of clients for expedited service provision.

Following these intensified efforts, routine semiannual program monitoring data recorded the project's greatest HIV testing achievements to date. Together, targeted testing for MSM and index testing activities helped the team newly identify and engage 909 MSM living with HIV in Q1 and Q2 FY21, despite limitations on the scale of HIV testing services imposed by movement restrictions due to COVID-19 (Figure 7). Ninety-nine percent (n=899) of newly diagnosed MSM were immediately enrolled in HIV treatment by two CSO implementing partners.

Enhancing outreach through differentiated and online approaches: LINKAGES Indonesia introduced a variety of HIV prevention and outreach channels through its differentiated outreach approach (DOA) (Figure 8). The DOA:

- Emphasized the continuous use of granular program data through initiatives such as client risk segmentation to identify and improve targeted support and services for individuals facing elevated HIV infection risks
- Provided differentiated service packages based on priority client preferences and needs
- Personalized service provision through enhanced motivational counseling and case management

Face-to-face outreach was conducted by community-based supporters, community-based case managers, and through peer mobilizers via the Enhanced Peer Outreach Approach (EPOA) that was conceptualized by LINKAGES and applied globally.

LINKAGES Indonesia further developed an online outreach model (Figure 9), offering clients multiple ways to engage in HIV services that met a wider range of preferences.

Figure 7. Newly diagnosed MSM by semiannual period, LINKAGES and EpiC Indonesia

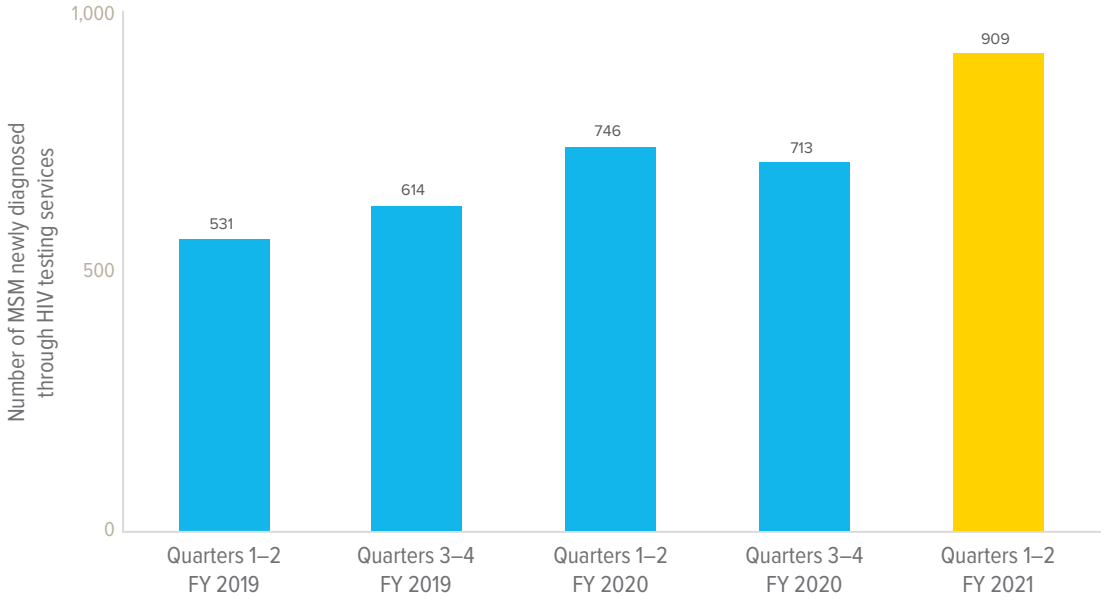


Figure 8. LINKAGES differentiated outreach approach

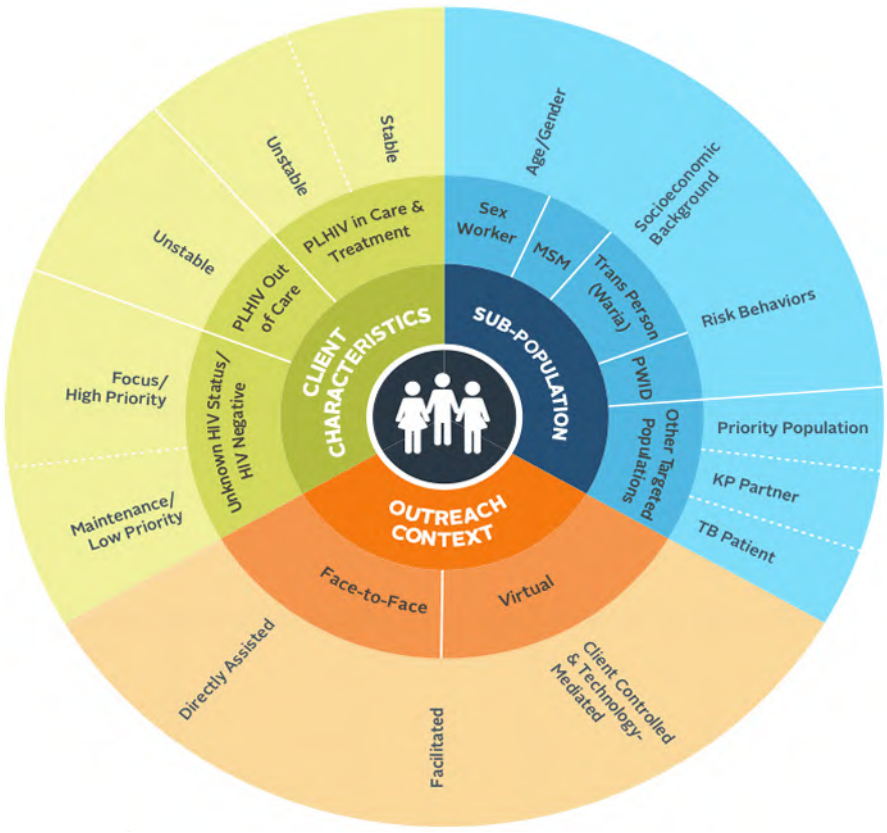
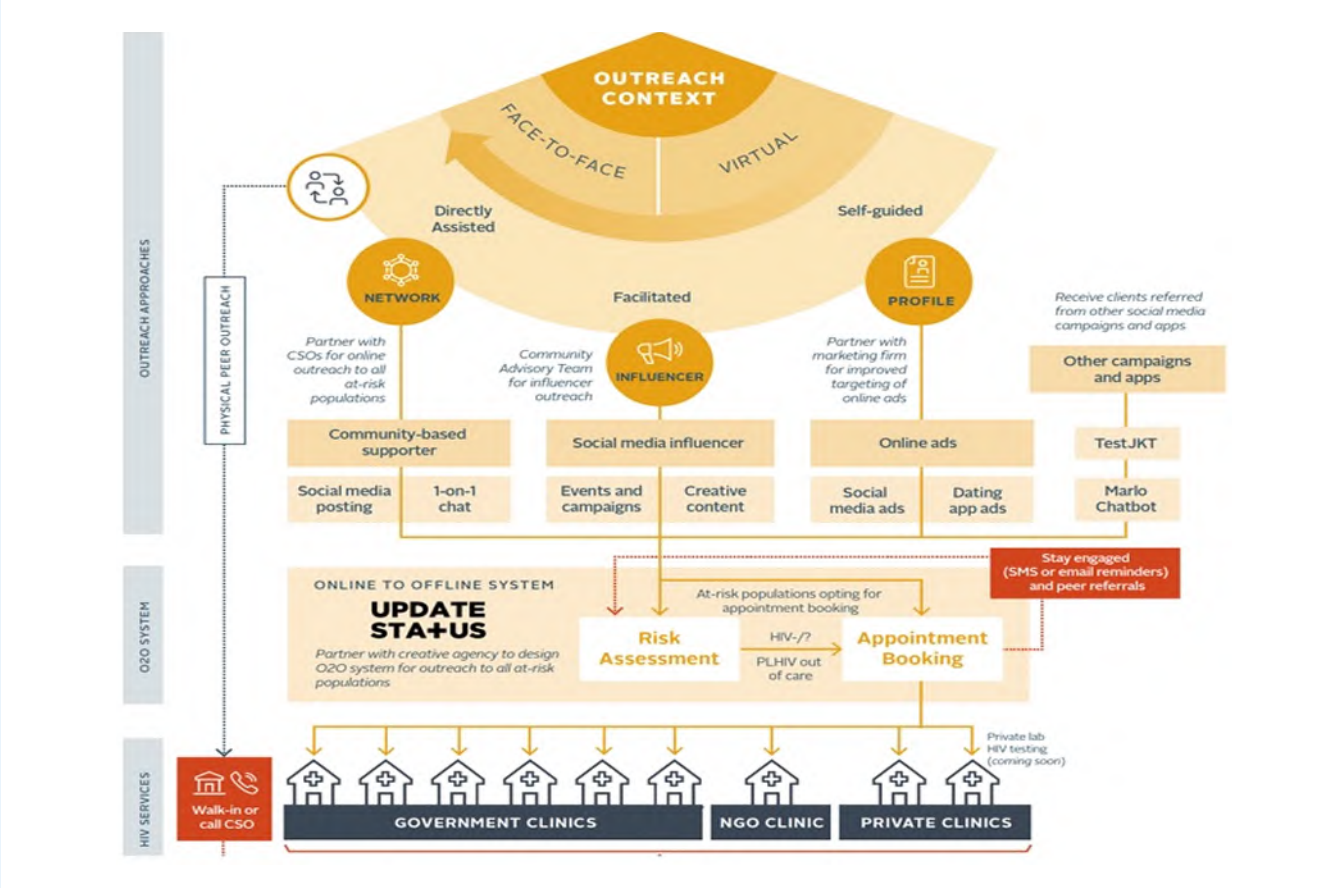


Figure 9. LINKAGES' model to reach and link at-risk populations to HIV services online in Jakarta



The population was segmented based on their preference for assisted, facilitated, or self-guided access to services and an appropriate online outreach approach was paired with each preference. For example, populations preferring more assistance through knowledge-building and counseling were reached through an online community-based supporter using social network outreach. Populations preferring to self-guide through HIV services were reached with "click through" advertisements allowing them to access services on their own. All outreach approaches linked to updatestatus.id—a website where clients can quickly assess their risk for HIV and book an appointment for HIV services at a range of government, private, and public clinics.

LINKAGES Indonesia also adapted the EpiC QuickRes.org application to allow different projects, initiatives, or organizations within Indonesia to create and track discrete online assessment and service booking interventions. Indonesia's QuickRes application will be scaled up under EpiC.

Harnessing community feedback to improve HIV service quality and relevance in Jakarta: LINKAGES introduced a community feedback system to promote service quality and client accountability at three of the largest nongovernment HIV clinics in Jakarta. The initiative was inspired by a recognition that engaging and ensuring continued support for individuals facing the greatest HIV risks requires implementation of a differentiated, person-centered service delivery approach. By demonstrating the value of a community feedback system in these three clinics, the project aimed to generate tools, protocols, and lessons to facilitate broader citywide and national adoption.

The project supported clinics to reach out to their clients and to offer them voluntary opportunities to provide feedback on their recent clinical service experience through a standardized questionnaire taking the form of a "scorecard."

Of 835 clients served by the clinics in the prior three months, a representative sample of 379 (45%) was selected using either a randomized or a "take-all" approach based on the total client volume at each clinic. Of these, 149 (39%) voluntarily agreed to provide feedback. Participant responses were generally favorable (75%). The survey did, however, identify some key areas for improvement. In two clinics, at least a few clients expressed concerns about provider attitudes. Ease of access was identified as a concern at one clinic, and at another, concerns were raised about site support for index testing services. Table 1 summarizes feedback and shows the simple color-coding scheme to help staff, clinics, and community partners quickly visualize priorities for further action.

Having identified key areas for improvement, the project reviewed the detailed scorecard responses to gain additional insight into potential underlying root causes of client concern, and worked with CSO partners and clinics to generate specific actions and remedies. This initial demonstration has assisted Government of Indonesia plans for the expanded use of community feedback systems across all HIV service delivery sites in Jakarta with support from The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and PEPFAR, through the USAID/ Advocate4Health project.

TARGETED HIV TESTING

Developing and implementing the "DOKLING" scheduling and management platform to activate mobile HIV testing: At the start of LINKAGES, it was challenging to schedule HIV testing services in places where CSOs worked, such as entertainment establishments and public hot spots. To address this challenge, LINKAGES Indonesia teamed up with the Jakarta PHO and five DHOs to create an online scheduling and tracking system called DOKLING, short for dokter (doctor) plus keliling (mobile), which is slang for "mobile testing" in the field. Features included a scheduling database, an auto-send request letter to replace the previous scheduling requests by email and hard copy, and a record-keeping feature to document the number of people tested and how many tested positive during each mobile VCT visit. A geotag function created a visual of locations with the highest HIV prevalence, which was used to identify future mobile HIV testing sites. The report generator also created graphs and tables of the mobile HIV testing data for use by CSOs, puskesmas, and the PHO/DHOs.

Following DHO-led trainings in each district, DOKLING was immediately adopted by all puskesmas providing mobile testing in Jakarta Province, as well as by 22 CSOs led by and/or catering to KPs, two private clinics, and one hospital. This enthusiastic response was

Table 1. Summary of community client feedback results by clinic

Feedback areas	Clinic		
	Globalindo	Angsa Merah	Ruang Carlo
Ease of access	87.9%	94.9%	84.4%
Satisfaction with clinic experience	100%	96.2%	96.9%
Attitude of providers	75.8%	88.6%	81.3%
Perception of index testing	78.6%	91.2%	96.3%
Provision of prevention information and commodities	85.7%	96.2%	88.5%
Perception of ART services	96.2%	98.1%	100%
Perception of follow-up support	100%	94.9%	100%
Would client recommend services?	93.9%	97.5%	90.6%

Key to coding of responses:

<60% favorable responses	60-74% favorable	75-84% favorable	≥85% of clients favorable

Figure 10. Number of mobile testing events by month following DOKLING introduction, March–August 2017

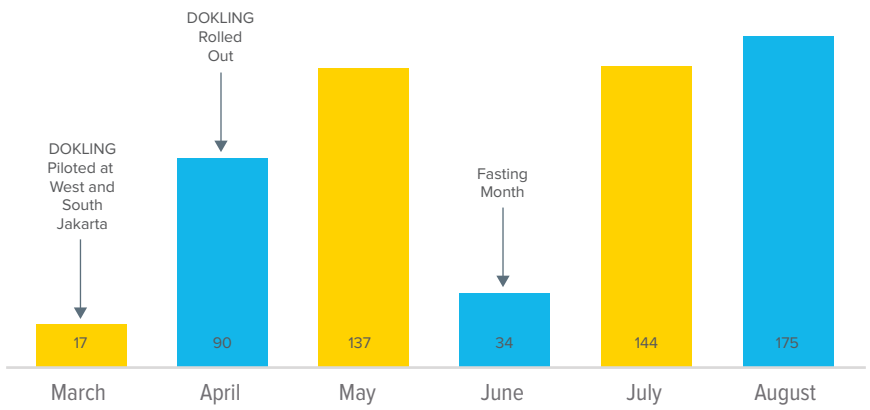
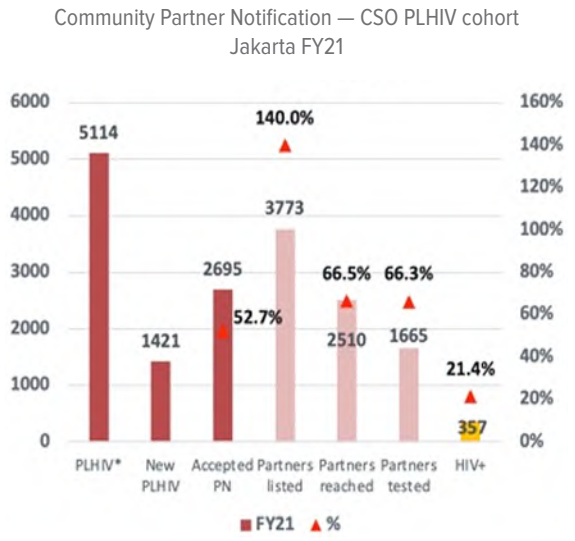
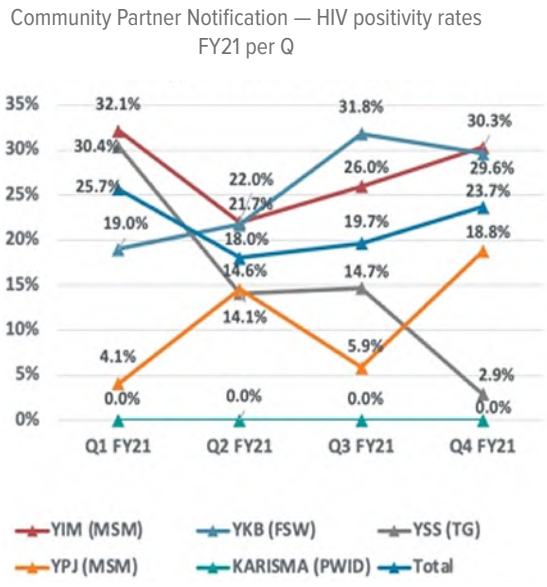


Figure 11. LINKAGES technical assistance to community partners improved index testing performance over time





also associated with an increase in the conduct and documentation of mobile testing events (Figure 10).

Supporting the introduction and scale-up of index testing in Indonesia: LINKAGES capitalized on the MOH rollout of the national partner notification technical guidelines and updated reporting requirements in July 2020 to systematize safe and ethical index testing interventions for high-risk members of PLHIV networks. Offers of voluntary participation in index testing services were extended to all PLHIV through facility- and community-based channels, in particular ensuring no missed opportunities to offer index testing to PLHIV who were newly diagnosed or not known to be virally suppressed. All PLHIV who were newly identified were also offered opportunities to support more inclusive referrals of members of their social networks beyond their named sexual or injecting partners and biological children in an effort reach additional individuals who may share similar HIV infection risks. Also known as partner notification services, index testing involves

voluntary PLHIV-led referrals of their sexual or injecting partners and their biological children to HIV testing and other services.

LINKAGES staff worked intensively to support CSO community-based supporters to (1) identify PLHIV who had not received index testing services; (2) sensitively and routinely offer these services to case-managed clients, with the aim of assisting PLHIV clients to participate in index testing services once per annum; and (3) review index testing data on a biweekly basis for continual quality improvement. Particular CSO partners—such as YIM (MSM) and YKB (FSWs)—expanded their community-based supporter workforce to include individuals with characteristics representative of some of their clients, e.g., MSM who use drugs. These efforts resulted in higher levels of acceptance of index testing, as well as higher rates of new case detection and linkages to treatment (Figure 11).

Data-driven targeting of provider-initiated testing and counseling (PITC): In providing support to government sites, the LINKAGES project facilitated and was able to report on large volumes of routine PITC in clinical settings. These sites do not exclusively target KPs facing elevated HIV infection risks, which resulted in higher than anticipated HIV testing coverage, and somewhat lower than anticipated HIV case-finding rates. To help improve HIV testing service efficiency and case-finding rates in the context of routine PITC, LINKAGES shifted to a more targeted HIV testing technical assistance strategy in Q2 FY21. STI, TB, and hepatitis clients were prioritized for HIV PITC services, with LINKAGES assisting the MOH to disaggregate these subpopulations in the national HIV information system and to expand testing coverage among these vulnerable groups.

As a result, overall PITC HIV case-finding rates rose from 0.6% in Q1 FY21 to 2.9% in Q2 FY21, and began to track more closely to and outperform the case-finding rates from voluntary counseling and testing services in which clients were actively seeking HIV testing services at public sites due to their own concerns about possible exposure to HIV (Figure 12).

PERSON-CENTERED CONTINUOUS ART

Supporting test and start to minimize delays in ART initiation post diagnosis: To close gaps between HIV diagnosis and initiation of ART, LINKAGES Indonesia developed and introduced a test and start technical assistance package. This package included standard operating procedures, capacity development modules and mentoring interventions, provider job aides, demand-creation messaging, and monitoring tools that tracked diagnosis–treatment enrollment linkages and initiation of same-day or rapid (within seven days) ART at each PEPFAR-supported facility in Jakarta.

The provision of LINKAGES-supported tools and technical assistance was associated with dramatic improvements with respect to rapid and same-day ART initiation, particularly at the 60 core PEPFAR

Figure 12. Improvements in PITC case-finding rates with more targeted HIV provider-initiated testing, Q2 FY21

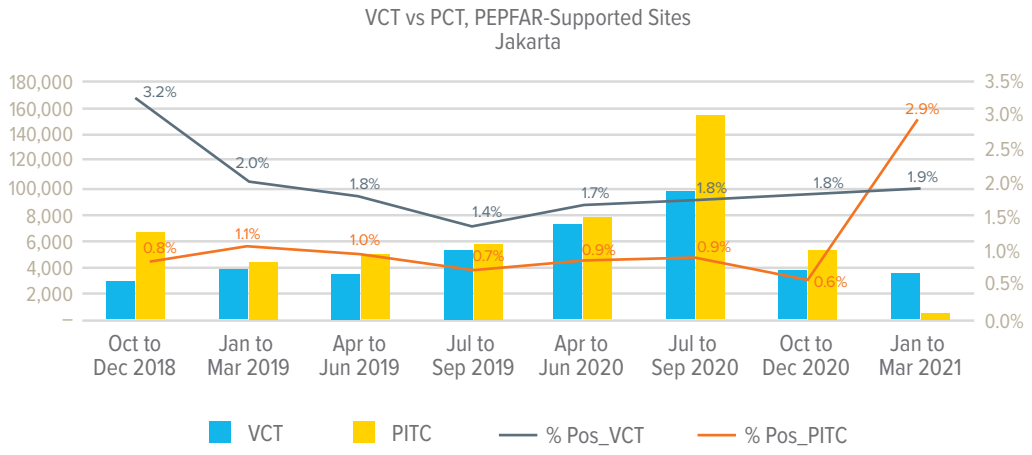
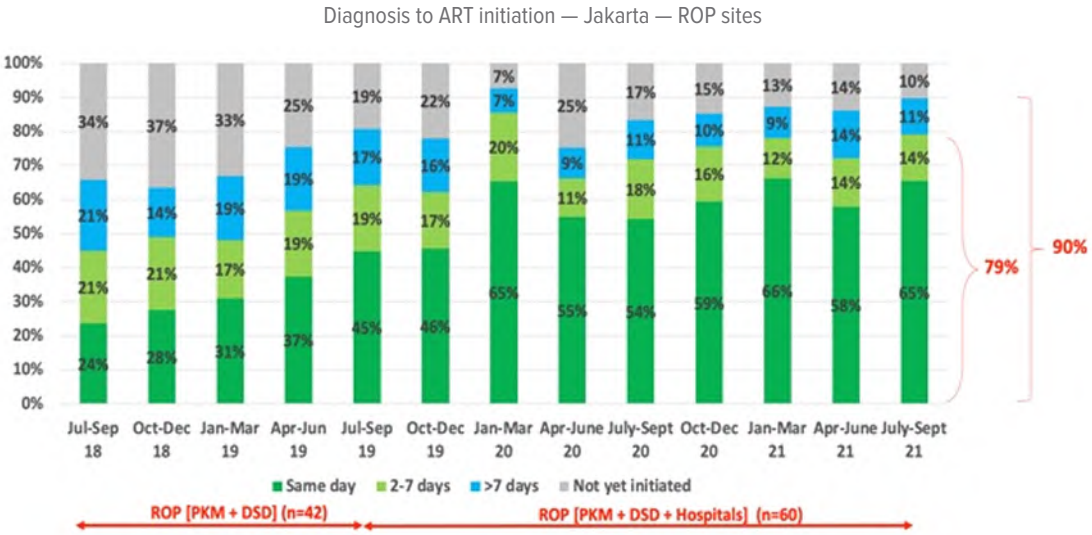


Figure 13. Improvement in proportion of newly diagnosed PLHIV accessing rapid or same-day ART at 60 core PEPFAR sites (ROP)



(ROP) facilities where LINKAGES focused its technical assistance throughout implementation (Figure 13). By March 2021, 76% of newly diagnosed PLHIV were accessing rapid or same-day ART across all 109 PEPFAR-supported sites in Jakarta.

Accelerating TLD dispensing through the application of a participatory continuous quality improvement (CQI) approach: As per the recommendations of the National Technical Expert Panel, LINKAGES began supporting the Jakarta PHO to roll out TLD among PLHIV newly initiating ART in Jakarta in July 2020. Each month, the acceleration team reviewed site-level TLD data, utilizing the project's TLD continual quality improvement (CQI) tracker tool that illustrated TLD coverage, tracked challenges, and documented CQI actions.

Monthly data review processes followed by district and site-level consultations facilitated the development and operationalization of customized site-level technical assistance plans that sought to respond to policy, logistics, capacity, human resources, and/or recording and reporting barriers. As a result, TLD provision among patients newly initiating ART (TX_NEW) at 109 PEPFAR-supported facilities steadily climbed during implementation, from 30% new PLHIV receiving TLD in Q4 FY20 to 63% in Q1 FY21 and to 77% in Q4 FY21 (Figure 14). Intensive advocacy efforts are continuing through EpiC and USAID implementing partners Global Supply Chain Program and Advocate4Health to expand TLD access to all PLHIV in Indonesia.

Decentralizing drug distribution during COVID-19 and beyond through Jak Anter: The Jakarta Government introduced social restrictions in response to the COVID-19 pandemic in March 2020, and health facility staff were required to work alternating shifts, reducing facilities' ability to deliver care. Efforts to scale up and differentiate HIV treatment services were further compromised by COVID-19 challenges in securing the supply chain for ARV drugs. These supply chain concerns undermined confidence in the expansion of multimonth dispensing of ARVs—which otherwise would have helped to sustain access while reducing patient and provider COVID-19 exposure risks—and constrained viral load testing access.

Anticipating that the private sector might have some insights and experiences to help overcome these obstacles, LINKAGES rapidly and virtually convened local health officials, PLHIV representatives, and community and clinical service providers to brainstorm solutions. Ride-share-based home delivery of ARVs emerged immediately as a priority, but officials had some initial concerns about financing and ensuring client confidentiality.

Figure 14. Improvements in TLD initiation among PLHIV newly enrolled in treatment in LINKAGES-supported direct service delivery (DSD), puskesmas (PKMs), and hospital sites

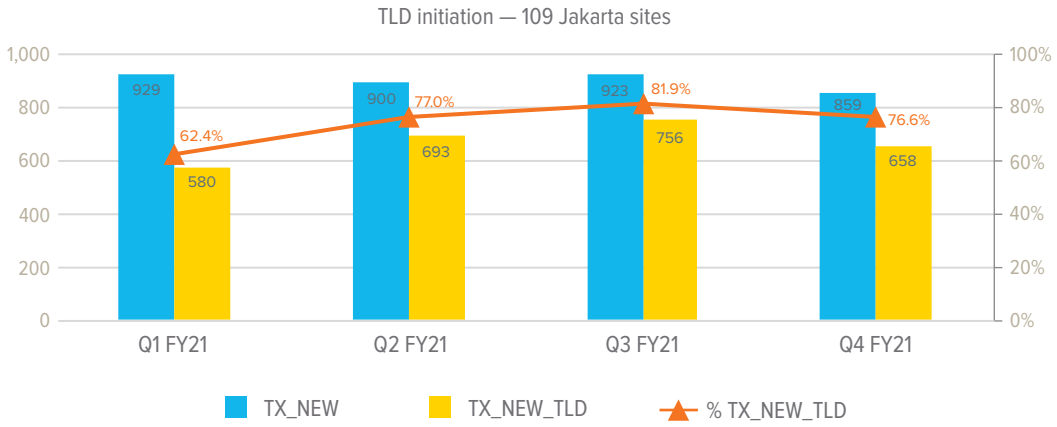
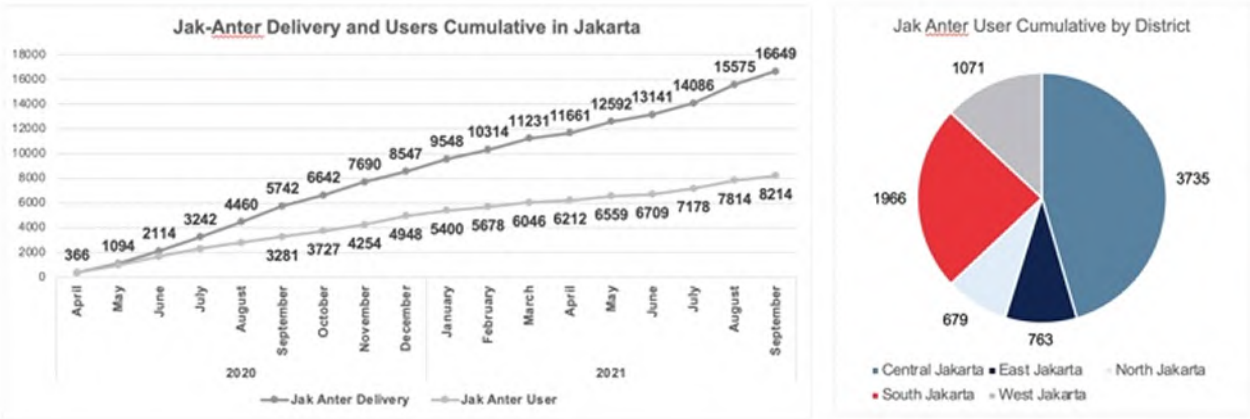


Figure 15. Cumulative growth of Jak-Anter use by month and district, as reflected by ARV deliveries made (in orange) and number of unique PLHIV clients in the system



To respond to these concerns, the team collaborated to develop the Jak-Anter system (Anter means "send" in Bahasa Indonesian), which follows a five-step process to ensure safe and secure delivery of ARVs from facility to client. First, a client who is interested in home-delivery consents to participate in Jak Anter and has their address and mobile phone number confirmed by facility staff. Next, the staff member contacts the client to confirm their location is suitable for receiving ARVs. The ARVs are discretely wrapped and then sent to the client via a ride-based app or transport courier service. The client confirms receipt of delivery with a phone message, photo, or WhatsApp correspondence. Finally, the ARV home-delivery information is collected and processed by project staff.

With the Jak-Anter system in place, the Jakarta PHO issued a circular at the end of March 2020 to officially authorize ARV home delivery on an emergency basis. Between March 2020 and September 2021, 8,214 PLHIV—or 30% of total PLHIV across 109 PEPFAR-supported facilities—have used Jak-Anter services at least once (Figure 15). While more detailed analyses are ongoing, an initial assessment suggests that Jak-Anter may be cost saving by virtue of reducing transportation and time-away-from-work costs

associated with clinical visits for clients. The system may also reduce administration and consultation time and costs for providers, affording them more bandwidth to serve priority clients with greater needs. Based on these results, the Jakarta PHO recently removed the "emergency" designation associated with its approval, effectively making home-delivery a lasting component of Jakarta's differentiated response to HIV beyond COVID-19.

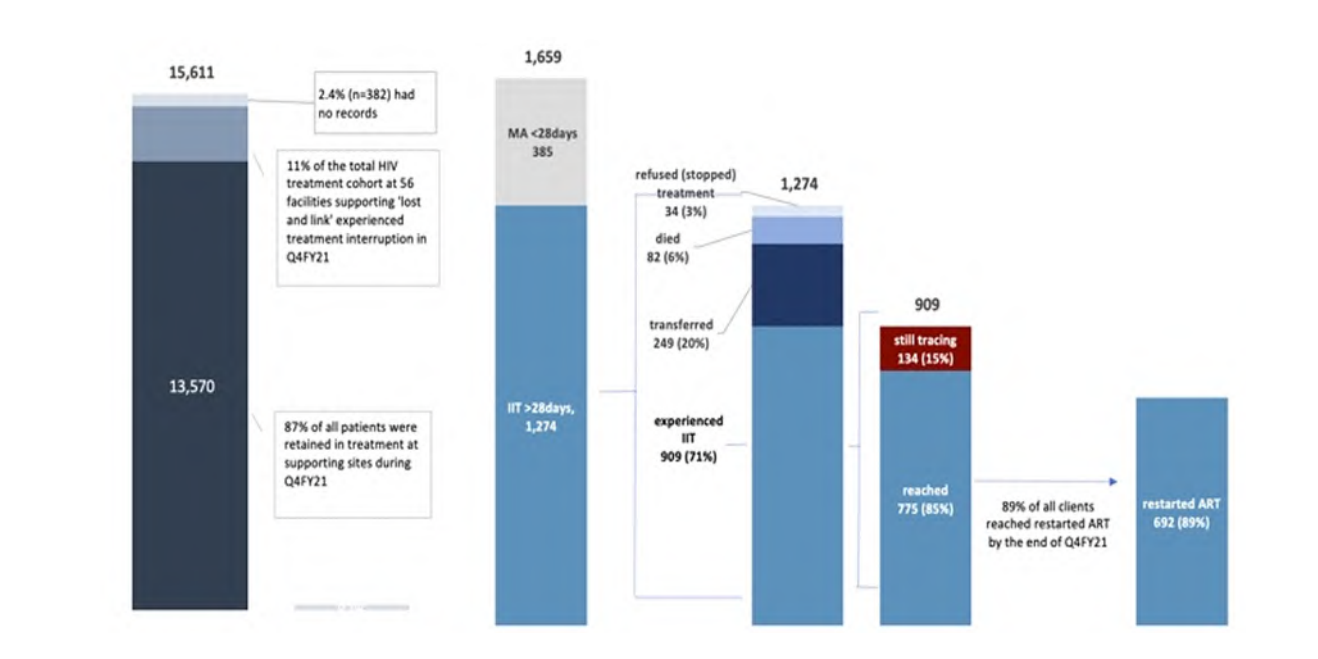
Based on these experiences, the project team was invited to develop a blog posting which was featured by the International AIDS Society in their quarterly newsletter on differentiated service delivery. The Jak-Anter system was also featured in a peer-reviewed publication in *Global Health Science and Practice*.

Establishing the "Lost and Link" initiative to re-engage ART clients who have experienced interruption in treatment (IIT): LINKAGES support to enhance client-tracking capabilities enabled the team to introduce a special initiative called Lost and Link (or SeHATI in Bahasa Indonesian) to support re-engagement in HIV treatment among all individuals who experience IIT. Early results were promising (Figure 16). For the 1,659 individuals at 56 sites (about 11% of the treatment cohort) who experienced IIT during Q4 FY21, sites were able to track outcomes and focus reengagement during Q3 FY21. Site-level Lost and Link teams succeeded in reaching 775 ITT individuals during this period, and supported 692 (89%) to restart ART. Through EpiC technical assistance, Jakarta is expanding the number of facilities with Lost and Link personnel as a key means to support treatment continuity among PLHIV.

REACHING VIRAL LOAD SUPPRESSION

Developing and implementing the Jak Transporter ride-share-based system to optimize viral load testing capacity: In Indonesia, multiple systemic bottlenecks have continued to impact the ability to accelerate viral load testing. Identified gaps included commodity shortfalls, demand creation, patient identification, viral load offering, and specimen transport. To address the gap in specimen transport, LINKAGES Indonesia partnered with Jakarta PHO to develop and implement Jak Transporter, a ride-share-based courier service, to transport specimens from public health facilities to public laboratories using a cold-chain box. In Jakarta, eight Jak Transporters provided daily specimen transport services for viral load sample collection and delivery to geographic clusters of health facilities and private laboratories, unlocking systems barriers—such as lack of point-of-care testing options—that had stymied viral load testing coverage and associated progress toward HIV epidemic control goals.

Figure 16. Reengagement among clients experiencing interruptions in treatment (IIT) through "Lost and Link" at 56 facilities, July–September 2021



Contributions of Jak Transporter were tracked with routine viral load testing coverage indicators (Figure 17). While insecure testing supplies and testing restrictions during COVID-19 surges presented periodic challenges to coverage, the Jak-Transporter system helped Jakarta close coverage gaps and rebound to high levels following COVID-19 lockdowns.

Accelerating access to viral load testing through partnerships with private labs: Within a context of unstable viral load testing commodities, LINKAGES Indonesia established and operationalized a private sector partnership with Dharmais Hospital to ensure viral load testing coverage in North and Central Jakarta. Dharmais Hospital provided subsidized viral load tests for 900 PLHIV during the final six months of LINKAGES' implementation, which helped the program reach 74% viral load coverage among eligible PLHIV at 60 priority PEPFAR-supported facilities by September 2021.

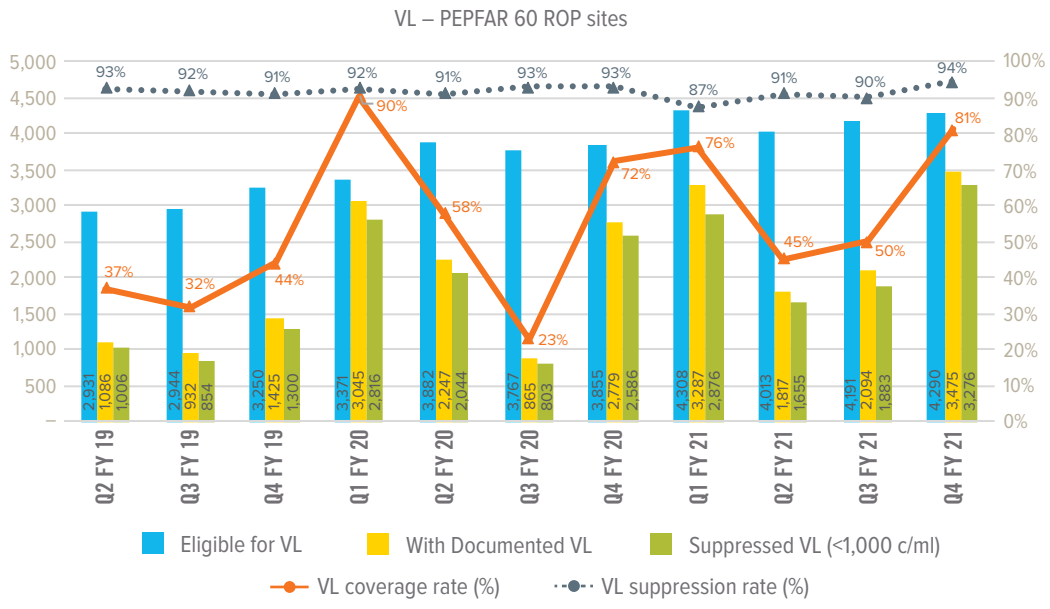
ABOVE-SITE ACHIEVEMENTS

EXPANDING EVIDENCE-BASED SERVICE DELIVERY

Developing, socializing, and rolling out key government technical guidelines and interventions: Over the course of the LINKAGES Indonesia project, the team provided direct technical assistance to local and national authorities to advance practices and policies to meet or exceed WHO guidelines and PEPFAR program requirements. These efforts frequently resulted in LINKAGES staff being asked to undertake leadership roles in the development of new standard operating procedures, guidelines, and strategies. Highlighted below are some examples of policy and practice instruments developed with substantial support from LINKAGES, which should have a lasting impact on the response to HIV in Indonesia.

- LINKAGES assisted the MOH to develop and disseminate the *National Partner Notification Technical Guidelines* to guide index testing implementation.
- Together with the MOH, PATH, and WHO, LINKAGES helped develop the *National Community-Based Screening and HIV Self-Testing Technical Guidelines*. The guidelines are expected to be endorsed by the national program in spring 2022.
- LINKAGES staff served as national facilitators for a variety of *MOH-sponsored trainings, dissemination workshops, and evaluation consultations*, including national evaluation consultations for partner notification, national ARV acceleration training courses, and the national ARK 6.0 (cohort application) consultations.

Figure 17. Quarterly trends in viral load testing uptake using ¼ of eligible clients among TX_CURR as denominator, 60 PEPFAR-supported sites, Jakarta



Improving supply side performance through innovative social and behavior change communications (SBCC): Conceptualized by LINKAGES and the Jakarta PHO, *Jakarta Is Calling* (or Jakarta Memanggil in Bahasa Indonesia) was an SBCC initiative for health care workers that used game mechanics to improve supply side performance by engaging and mobilizing health providers to work toward Jakarta Fast Track targets and achieve strategic technical performance thresholds in index testing, rapid ART, treatment continuity, and viral load testing coverage. In March 2020, *Jakarta Is Calling* recorded 95% of 44 participating facilities immediately enrolling 95% of new PLHIV into treatment, and 95% of 38 ensuring 80% of new PLHIV received rapid ART. In March 2020—for the first time—100% of newly diagnosed PLHIV were immediately enrolled into treatment at subdistrict facilities during *Jakarta Is Calling*, before activities were halted due to COVID-19.

Using technology to support ongoing capacity development and coordination: Social media technologies offered promising channels for operationalizing emergency guidelines, engaging health providers and community-based implementers, and ensuring service quality during COVID-19 restrictions. LINKAGES ensured capacity development and coordination activities continued through a number of technology-mediated solutions over the program period, including the use of WhatsApp (WA) for health professional education and peer-to-peer learning. In March 2020, the Jakarta PHO and LINKAGES held the first Bimtek Melalui WhatsApp (BMW) technical assistance session for Jakarta HIV health care workers, replacing face-to-face quality assurance and mentoring visits during the #StayAtHome period. Subsequent BMW sessions have issued emergency guidance, incorporated programmatic promotional messages, and instituted feedback mechanisms to gauge use of interventions and monitor human resources for health.

Activating a district-level e-mentoring system: When LINKAGES Indonesia was seeking solutions to improve and sustain connections to lifesaving treatment services for PLHIV during COVID-19, improving support for caregivers emerged as a top priority. In addition to technology-mediated learning facilitated by LINKAGES staff, the Jakarta PHO and district-level authorities developed and implemented the Jak-Mentor system. Jak Mentor connects health care workers with friendly, highly experienced clinical mentors across five services: (1) medical, (2) nursing, (3) pharmacy, (4) recording and reporting, and (5) laboratory. Mentors were selected according to professional criteria including relevant training, technical expertise, and management experience.

Mentors received supplementary virtual training weekly on an evolving list of priority topics, with LINKAGES helping facilities establish performance thresholds that mentors used as a compass to guide and prioritize support. Site staff and mentors had access to color-coded dashboards that highlighted performance challenges across the HIV service cascade, from low rates of treatment initiation or viral load testing coverage to high rates of treatment interruption. Mentors used these dashboards routinely as cues to action to prioritize and focus their support.

ADVANCING EFFORTS TO COMBAT STIGMA, DISCRIMINATION, AND HUMAN RIGHTS

Carrying out health care worker anti-stigma-and-discrimination capacity development: Together with the MOH and WHO, LINKAGES supported efforts to reduce health care worker stigma and discrimination and foster service access among vulnerable Indonesians. Over the course of implementation, LINKAGES assisted the MOH to finalize training modules and facilitate a series of training sessions for health care workers across the country. In Jakarta, health care workers from 42 puskesmas and 51 referral hospitals participated in these workshops, with pre- and post-test instruments signifying changes in knowledge and attitudes following the sessions. Each workshop culminated with facilities formally pledging to implement stigma-free HIV services to KPs and PLHIV, with monitoring through community-based feedback mechanisms.

Putting in place CSO safety and security plans and strengthening linkages to social services: Beginning in 2018, LINKAGES supported CSO implementing partners to develop safety and security action plans to protect their KP clients, workers, and organizations

within a dynamic, and often challenging, programmatic environment. Action plans emphasized having and using a safety incident log, external communications/media language and protocols, danger mitigation plan, physical security mechanisms and protocols, data security mechanisms and protocols, authority referral pathways (e.g., police, lawyers, etc), and an emergency response plan. Plans were reviewed and adapted on a semiannual or annual basis. With the introduction of index testing interventions, LINKAGES also supported each partner to retain a dedicated adverse events officer to ensure the safety of clients reached through outreach and case management interventions, and to strengthen referral pathways to violence counseling, or legal aid services, as appropriate.

BUILDING ENDURING CAPACITIES IN SURVEILLANCE AND INFORMATION SYSTEMS

Over the life of project, LINKAGES provided extensive technical assistance to the Indonesian government to strengthen health information systems. Key achievements included:

Developing and deploying the Outreach Databank: With no Government mechanisms in place to collect, store, and visualize community-based outreach data, LINKAGES developed and deployed the Outreach Databank in 2017. The Databank was an easy-to-use, open source platform to record, report, and manage outreach data by CSOs, irrespective of funding support. The Databank was used by Provincial and District AIDS Commissions in both Jakarta and Papua, with all CSOs in these areas reporting data through these systems while the AIDS Commissions were operational. Under EpiC, the project is examining how the Databank may be integrated into the upgraded MOH national information system to link facility and community data.

Activating a suite of online applications through Jak-Track: Integrated into Jakarta's SMARTcity server, Jak-Track was a suite of online applications developed by LINKAGES that helped Indonesians assess their HIV risks and make HIV service appointments in Jakarta, and assisted the Jakarta PHO to track referrals and coordinate mobile testing services through facilities. Some of these applications have been modified by the PHO to incorporate other diseases—for example, TB—or discontinued to make way for new solutions, such as the ARV request application that transitioned to Jak Anter, as home-based ARV deliveries were intensified under COVID-19.

Advancing safe, confidential, individual-level tracking and support of clients through ARK 6.0: LINKAGES worked with Indonesia's national HIV program to develop and implement the country's first system to track and help support individual clients across the HIV cascade confidentially as part of a cohort. Adding core cohort analysis functionalities to the MOH's APLIKASI REKAP KOHORT (ARK) data application has helped the national program unlock unprecedented opportunities to maximize efficiency and impact by focusing support among clients with the greatest needs.

ARK serves as a point-and-click, menu-driven platform to simplify and facilitate access to routine client data being recorded by health facilities providing services to PLHIV. These include all services following one's HIV diagnosis, including those provided prior to and following initiation of ART. The national program can easily identify and prioritize support for individuals who fail to initiate ART rapidly following diagnosis, as well for as those who are challenged to achieve sustained HIV viral load suppression following treatment initiation. The team also worked to incorporate validation tools to help assure data quality, develop analysis tools that facilitate data-driven service management and decision-making, and include export functions to automate reporting into the national HIV and AIDS Program Information System (SIHA). The validation and export functions alone have helped minimize the time providers have historically had to devote to administrative tasks, allowing them to maintain a priority focus on service improvement and client care.

Advancing data quality and use among community and facility partners with PERSIS: Frontline health workers who play a leading role in delivering and documenting client services are not always engaged in the quality assurance and analysis of data to guide action. Constraints on their time, complex review and analysis systems, and other factors all impose substantial barriers to data use among those who might be best positioned to translate information into public health impact. To address these challenges, LINKAGES introduced the Pertemuan Validasi, Analisis, Visualisasi dan Interpretasi Data (PERSIS) approach. PERSIS supports more inclusive participation in data quality assurance and continuous quality improvement through a simple, structured system of engagement with HIV service delivery providers.

PERSIS implementation is driven by structured consultations with site-level staff focusing on comparisons of routinely recorded and reported

data with the information in individual client records. LINKAGES worked closely with partners through monthly virtual and on-site meetings focused on validation and review of performance data from the previous month. During these two-hour consultations, participants reviewed designated key indicators and discussed the root causes of any observed data quality deficiencies, brainstorming possible solutions. Data discrepancies were also immediately corrected.

Through PERSIS, LINKAGES facilitated structured data validation exercises with the PHO, DHOs, and 109 health facilities to validate data recorded and reported in the MOH HIV Information System (SIHA) with data generated by ARK 6.0. In Q4 FY21, 77% of sites in Jakarta (n=84/109) met the data verification technical performance threshold of 95–105%. Facilities that did not meet the threshold submitted incomplete or incorrect data into the SIHA health information system; and/or under- or over-reported against specific indicators. Under EpiC, the project will prioritize refresher training and mentoring to continue to improve data quality.

During initial implementation of PERSIS among five community partners between October 2020 and February 2021, teams also flagged substantial discrepancies between reported HIV testing data and individual client records on file (Figure 18). Within one month of participation in the PERSIS process, teams were able to achieve perfect consistency of reported results with individual-level client records.

Improving public sector service quality with e-MON: In Jakarta, LINKAGES worked with district and provincial government authorities to enhance monitoring oversight and promote continuous improvement of services. The system, called E-Mon, aimed to both assure the quality of routine program data and maximize application of data to program improvement. E-Mon serves as a one-stop portal providing access to site-level insights about public-sector HIV program data quality and performance. The centerpiece of E-Mon is a web-accessible dashboard that visually summarizes key data on quality assessment and program performance. The dashboard uses color coding (Figure 19) to highlight important information such as missing data or failures of specific service delivery areas to meet specified performance thresholds. The dashboard also allows users to make queries and filter data to explore available information in greater depth, and allows provincial authorities to make site-level comparisons that may aid in decision-making about how best to focus technical assistance.

Figure 18. Consistency of client record data versus reported data for two partners prior to and following PERSIS implementation

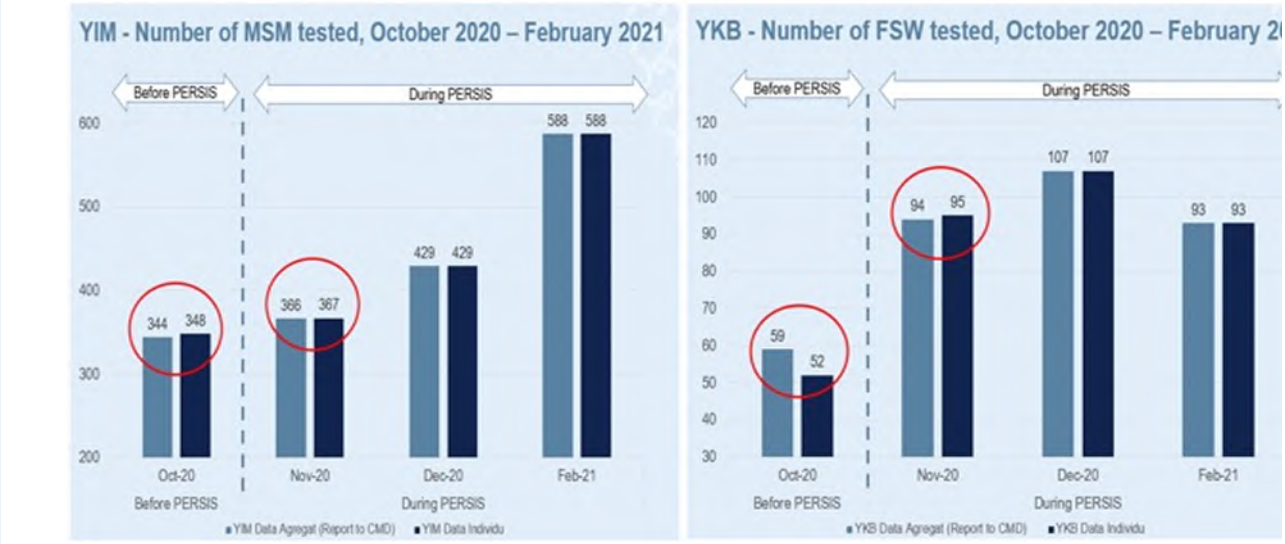
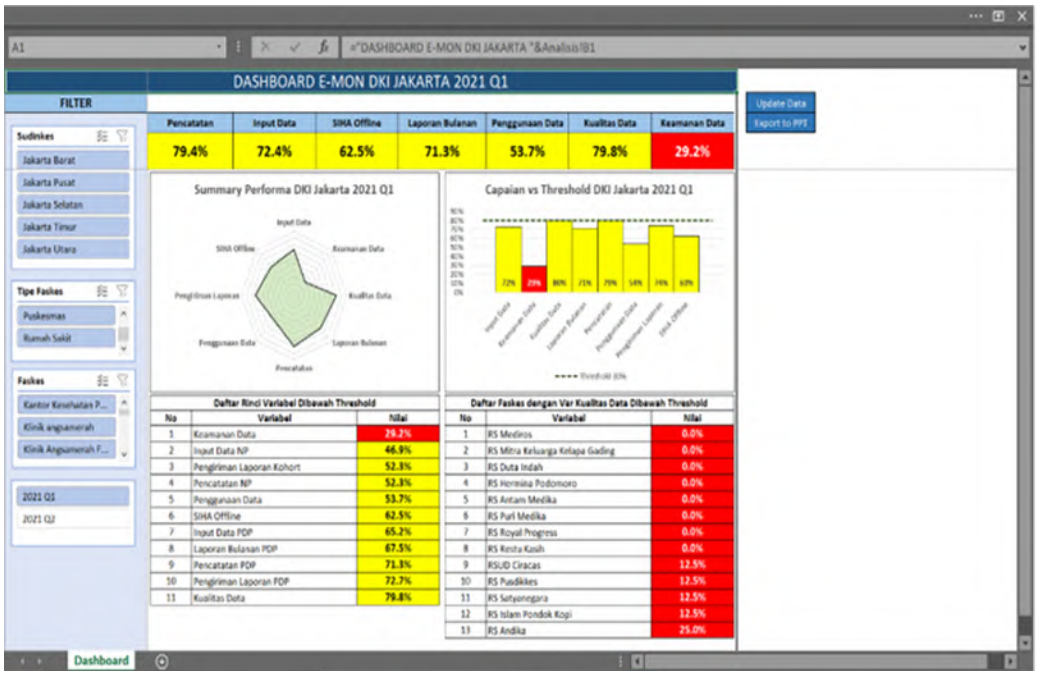


Figure 19. E-Mon dashboard



E-Mon is being used by the DHOs in five municipalities in Jakarta to undertake quarterly data quality assessments. To date, 140 health facilities have been assessed using E-Mon. Figure 20 shows quarterly improvements in assessment results in six out of seven data quality domains for Q3–Q4 FY21. E-Mon has been adopted by the Jakarta DHO as its primary supervision tool for strengthening the recording and reporting of program data. Based on these initial positive experiences, E-Mon has been introduced to an additional eight cities and districts in the greater Jakarta area.

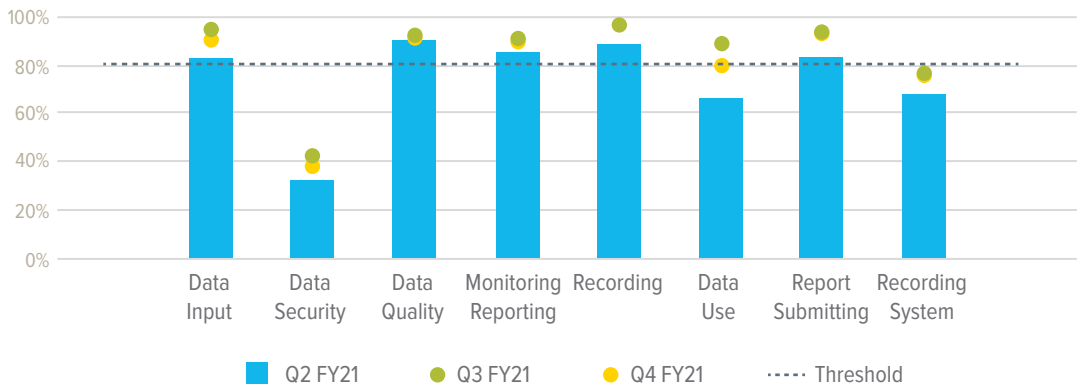
IMPROVING PROGRAM COORDINATION AND ALIGNING RESOURCES ACROSS PEPFAR, GFATM, AND THE GOVERNMENT OF INDONESIA

Support for the achievement of Jakarta's Fast-Track Cities objectives: Jakarta is one of more than 300 cities and municipalities that have endorsed Paris Declaration on Fast-Track Cities Ending the AIDS Epidemic. To support Jakarta as a Fast-Track City, LINKAGES worked closely with the MOH and PHO to coordinate, implement, and monitor programming to meet HIV treatment acceleration goals. LINKAGES focused particular effort on the facilitation of Jakarta Fast-Track meetings that examined progress toward AIDS control targets and which produced district-level quality improvement plans to respond to cascade gaps. LINKAGES also supported quarterly consultations to highlight treatment acceleration achievements and flag outstanding challenges that required broader engagement. Time-bound consultants, supported by LINKAGES, provided district- and provincial-level assistance that ensured systematic reporting of data into the national HIV information system and the tracking of quality improvement programming measures.

SUSTAINING HIV SERVICE DELIVERY THROUGH LOCAL PARTNERS

Performance Pathways: LINKAGES Indonesia applied a client-centered approach to local partner capacity development called Performance Pathways. The approach draws upon a variety of organizational and behavior change theories to categorize organizations according to progress toward self-reliance and to provide them with relevant support tailored to their aspirations and needs. Organizations are assigned to one of three focal categories: (1) effective programming, (2) growth and diversification, and (3) self-reliance based on their goals and assessments of their performance in four critical domains.

Figure 20. E-Mon assessment results seven data quality areas, 109 Jakarta facilities, Q2–Q4 FY21



TECHNICAL: Ability to achieve program results and meet technical performance standards, particularly relevant to PEPFAR minimum program requirements (MPRs) and/or LINKAGES technical performance thresholds

PROGRAMMATIC: Degree to which a CSO has the requisite staffing, M&E, and safety and security systems that ensure robust programmatic implementation, continual quality improvement, and nonstigmatizing client engagement

FINANCIAL: Ability to plan and budget for interventions in a consistently successful and cost-efficient manner; operate in compliance with funder and Government of Indonesia financial policies, procedures, and guidelines; and generate resources from multiple and diverse sources

ORGANIZATIONAL: Ability of to carry out high-quality programs and operate in accordance with mission and goals

Capacity development plans for local partners were designed to support their overarching needs and assist organizations to grow and diversify, as per their organizational goals. The project tracked capacity development through a variety of performance indicators (Figure 21).

As part of Performance Pathways implementation, LINKAGES further supported 11 CSOs— including four LINKAGES' implementing partners and seven Global Fund- or Government-supported organizations—to prepare successful proposals for direct Government of Indonesia financing totaling US$446,949.38.

FUTURE DIRECTIONS

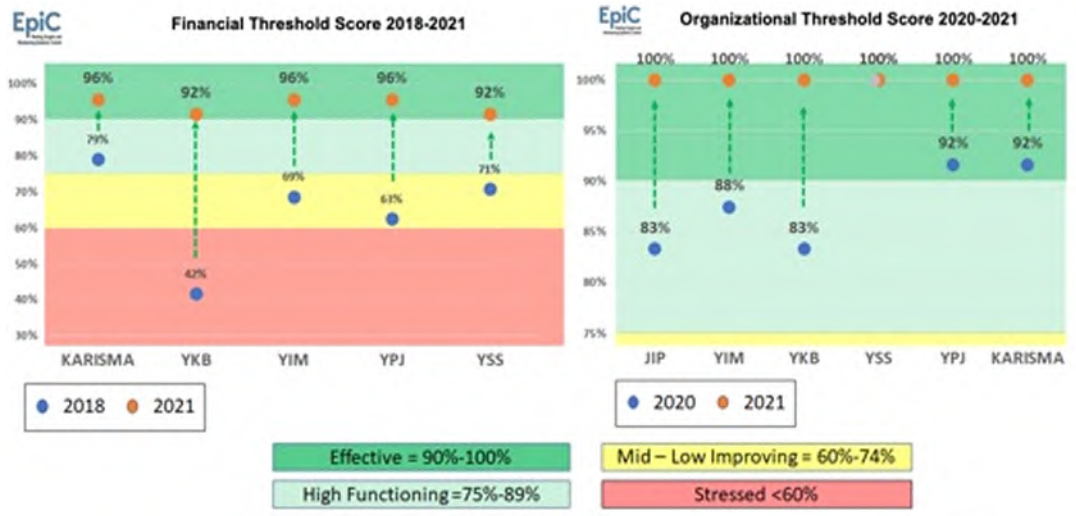
With the initiation of the EpiC project in early 2021, FHI 360 and its implementing partners are taking the service delivery and system models developed under LINKAGES and applying them in eight additional districts in Banten and West Java provinces. In addition, EpiC is prioritizing the provision of technical assistance at the provincial and national level to bring innovations and systems introduced with LINKAGES (now EpiC) support to sustainable and impactful scale.

EpiC support includes the expansion of technical assistance into new focus areas including HIV pre-exposure prophalaxis (PrEP), HIV self-testing, advanced HIV disease prevention and response, integration of HIV and TB services and systems, and interventions for children living with HIV.

EpiC also builds upon the legacy of LINKAGES to bring technical assistance to a far broader constellation of partners, including recipients of support from the Global Fund. Coordination with the Global Fund is helping optimize service coverage to extend the impact of all available resources, while helping to advance consistently high and continuously improving service standards across all settings irrespective of the sources of site-level support.

To sustain past achievements while accelerating future gains, EpiC also aims to build upon the valuable and trusted relationships established under LINKAGES with both civil society and public sector partners. EpiC

Figure 21. Changes in CSO financial and organizational performance, 2018–2021



strives to harness these robust relationships to foster collective action that generates substantial benefits for both sectors while achieving epidemic control impact that exceeds the reach of independent efforts. Public sector partners benefit from the engagement, direction, and leadership of a vibrant civil society capable of driving person-centered programming. Civil society partners benefit from tangible public- and private-sector investments in their contributions to HIV epidemic control. EpiC strives to enhance the capacities of partners from both sectors to achieve their full potential to achieve and sustain HIV epidemic control together.

REFERENCES

1. Puskesmas is short for "Pusat Kesehatan Masyarakat," which translates as community health center. These are mandated and supported by the government across Indonesia.

Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES)

was a global cooperative agreement funded by USAID through PEPFAR. Led by FHI 360 with partners Pact, IntraHealth International, and the University of North Carolina at Chapel Hill, LINKAGES worked in 40 countries from 2014 to 2021 to reduce HIV transmission among key populations — sex workers, men who have sex with men, transgender people, and people who inject drugs — and to improve their enrollment and retention in care.

This report is made possible by the generous support of the American people through USAID and PEPFAR through the terms of cooperative agreement #AID-OAA-A-14-00045. The contents are the responsibility of the LINKAGES project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government.

Suggested citation: LINKAGES. LINKAGES Indonesia: Summary of Achievements August 2015–September 2021. Durham (NC): FHI 360; 2022.