

Edition I

NATIONAL GUIDELINE ON MONITORING, EVALUATION & REPORTING OF HIV & AIDS

**COORDINATING MINISTER FOR PEOPLE'S WELFARE
NATIONAL AIDS COMMISSION
2006**

FOREWORD



One of government of Indonesia's responses to HIV infection is the establishment of the National AIDS Commission in 1994. The AIDS Commission also formed in the provincial and district/city level. At the same time, the Commission published the National AIDS Strategy which then revised in 2003 and the strategy is planned to be implemented from 2003 until 2007. It followed up by the National HIV/AIDS Strategic Plan implemented by sectors and at the lower level the implementation is made at provincial and district/city level.

As the HIV infection is growing, the HIV/AIDS program become various and has wider coverage. Funding for the program also increased either from the country or from bilateral or multilateral relationship with other countries.

The growing and complex problems and responses need a monitoring and evaluation system to gain data and facts for a better planning, coordination and harmonization of all responses in all administrative level. Government and community also need information on the progress being made by the country, including the target meet on the Declaration of Commitment from the United Nations. The "Three Ones Principle" from UNAIDS giving direction that a country is encouraged to have one coordinating body for HIV/AIDS, one national strategy to be referred by all sectors working on HIV and AIDS and one national monitoring and evaluation applied throughout the country. The National Monitoring and Evaluation System on HIV/AIDS and its guideline that have been developed for the country is expected that the National AIDS Commission has better M&E system in 2006.

We would like to share our gratitude to all parties assisting us to develop the Monitoring and Evaluation System on HIV/AIDS, and expect that all parties will support and implement the system. The system and its guideline will be launch on the 1st of April 2006 throughout Indonesia.

Secretary of the National AIDS Commission

H.M.Sukawati Abubakar



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LIST OF ABBREVIATIONS AND ACRONYMS

ABC	: Abstinence, Be faithful and Condom
AIDS	: Acquired Immuno Deficiency Syndrome
APBD	: Anggaran Pendapatan dan Belanja Daerah/Provincial Budget
APBN	: Anggaran Pendapatan dan Belanja Negara/National Budget
ARV	: Anti Retrovirus/Antiretroviral
BCC	: Behavioral Change Communication
BNN	: Badan Narkotika Nasional/National Narcotics Board
BPS	: Badan Pusat Statistik/Central Statistics Agency
BSS	: Behavioral Surveillance Survey
Bumil	: Ibu hamil/Pregnant Women
Civil Society	: Masyarakat Madani
Concentrated Epidemic	: Epidemi terkonsentrasi
CST	: Care,Support and Treatment
CUP 100%	: Program Penggunaan Kondom 100%
DFID	: Department For International Development
FHI/ASA	: Family Health International/Aksi Stop AIDS
Generalized Epidemic	: Penularan HIV telah memasuki populasi umum/HIV Infections toward general population
GFATM	: Global Fund for AIDS, Tuberculosis and Malaria
Harm Reduction	: Pengurangan Dampak Buruk
HIV	: Human Immunodeficiency Virus
IDU	: Injecting Drug User
IHPCP	: Indonesia HIV/AIDS Prevention and Care Programme
IMS	: Infeksi Menular Seksual/Sexually Transmitted Disease
Joint Data Base (JDB)	: Bank Data Bersama dari Lembaga Donor
Keppres	: Keputusan Presiden/Presidential Decree
KIE	: Komunikasi, Informasi dan Edukasi/Information, Education and Communication
KPA	: Komisi Penanggulangan AIDS/National AIDS Commission
KPAK/K	: Komisi Penanggulangan AIDS Kabupaten/Kota/District/City AIDS Commission
KPAN	: Komisi Penanggulangan AIDS Nasional/National AIDS Commission
KPAP	: Komisi Penanggulangan AIDS Provinsi/Provincial AIDS Commission
Life Skill Education	: Pendidikan Keterampilan Hidup

LSL	: Lelaki Suka Lelaki/Men having Sex with Men
LSM	: Lembaga Swadaya Masyarakat/Non Governmental Organization
MA	: Madrasah Aliyah/Islamic Senior High School
MDG	: Millennium Development Goal
M&E	: Monitoring dan Evaluasi/Monitoring and Evaluation
MMT	: Methadone Maintenance Therapy
Monev	: Monitoring dan Evaluasi/Monitoring and Evaluation
MT	: Madrasah Tsanawiyah/Islamic Junior High School
Napza	: Narkotika, Psikotropika dan Zat Adiktif/Narcotics, Psychotropics and addictive substance
NASA	: National AIDS Spending Assessment
NCPI	: National Composite Policy Index
NEP	: Needle Exchange Program
Nevirapin	: Salah satu obat Anti Retroviral/one of anti retroviral drugs
ODHA	: Orang Dengan HIV/AIDS (penderita)/People Living with HIV
OHIDA	: Orang Hidup Dengan AIDS (lingkungan penderita AIDS)/People Affected of AIDS
PBB	: Perserikatan Bangsa-Bangsa/The United Nations
Perda	: Peraturan Daerah/Provincial Legislation
PF	: Partnership Fund
PLG WPS	: Pelanggan Wanita Penjaja Seks/Female Sex Workers
PMTCT	: Prevention Mother to Child Transmission
Pokja	: Kelompok Kerja/Working Group
Renja	: Rencana Kerja/Workplan
SLTA	: Sekolah Lanjutan Tingkat Atas/Senior High School
SMU	: Sekolah Menengah Umum/Senior High School
Stakeholder	: Institusi yang terlibat penanggulangan HIV/AIDS/Institutions working on HIV/AIDS
STRANAS	: Strategi Nasional/National Strategy
UN Agencies	: Lembaga-Lembaga dibawah PBB
UNAIDS	: Joint United Nations Programme on HIV/AIDS
UNGASS	: United Nations General Assembly Special Session (on HIV/AIDS)
UNICEF	: United Nation Children's Fund
Universal Precaution	: Kewaspadaan Umum
VCT	: Voluntary Counseling and Testing
WHO	: World Health Organization
WPS	: Wanita Penjaja Seks/Female Sex Workers

I. INTRODUCTION



1. Background

In the past 5 years, there has been an increase in the total number of HIV and AIDS cases, as well as in the regions and districts with infections. The transmission in injecting drug users is especially worrisome. Meanwhile, unsafe sexual practices continue unabated. In several provinces, prevalence rates in some sub-populations are more than 5%, thus changing the status of Indonesia from a low prevalence country to one with a concentrated epidemic. Moreover, in Papua Province, HIV transmission has already entered the general population and is heading towards a generalized epidemic. Total cases reported by the provinces/districts each year at national meetings are often higher than those reported in routine monitoring by the HIV/AIDS surveillance system. Whatever the reported figures, they are still very low when compared to the Department of Health's estimate for 2002: approximately 90,000-130,000 people living with HIV/AIDS (PLWHA) in Indonesia.

The creation of the National AIDS Commission and the launching of the National AIDS Strategy in 1994 form the national response to the increasingly severe national, regional, and global HIV/AIDS situation. AIDS commissions were also formed in several provinces. The HIV/AIDS situation is changing rapidly, as have the global strategy and commitments towards HIV/AIDS, as well as Indonesia's transition from a centralized government system towards one with regional autonomy. These factors have pushed the National AIDS Commission to change its response through the creation of the National HIV/AIDS Strategy 2003-2007. Seven priority areas are covered: (1) prevention (2) treatment, medical care and support for PLWHA, (3) surveillance, (4) research, (5) a conducive environment, (6) multi-sector coordination (7) and continuity of response. Since 2003, all stakeholders covering local and national government levels, non-government organizations, donors, and United Nations bodies in Indonesia have planned or carried out programs related to these seven priority areas.

The increased response to the change in status of HIV/AIDS as a concentrated epidemic gave birth to a commitment between the central government and provincial governments to increase national and local responses to the epidemic. This commitment, signed in 2004, is widely known as the Sentani Commitment and seeks to raise activities in the following areas: (1) 100% condom promotion in all risky sexual behavior; (2) a decrease in non-sterile needle use by injecting drug users; (3) treatment for PLWHA with anti retrovirals (ARV); (4) a decrease in stigma and discrimination against PLWHA; (5) the formation of functioning AIDS commissions at the provincial and district/city levels; (6) support for legislation and budgeting for the HIV/AIDS response; and, (7) acceleration of existing activities, especially those in all levels of government. The Sentani Commitment represents the district/city AIDS commissions' institutional approach to form a prepared, coordinated response to HIV/AIDS at the provincial and city levels. Funding for institutional activities and efforts to implement and operate programs at the central and district/

city levels comes from government sources and from help from donor organizations, international organizations, and UN agencies.

In December 2005, in reference to the Sentani Commitment, the National AIDS Commission published a new policy, the Accelerated Program Response to HIV/AIDS in 100 priority districts/cities in 21 provinces, including 14 provinces that had already begun actions delineated in the Sentani Commitment. In response to the individual problems they confronted, every district/city implemented minimal services in the following areas: (1) Several activities related to Behavioral Change Communication (BCC), including 100% Condom Use Programs (100% CUP); (2) prevention of HIV/AIDS through a response to sexually transmitted infections (STIs); (3) prevention of HIV/AIDS among injecting drug users (IDU); (4) Voluntary Counseling and Testing (VCT) services; (5) Care, Support and Treatment services (CST); (6) Prevention of Mother to Child Transmission services (PMTCT); and, (7) public communication services about HIV/AIDS. Additional services covered: (8) HIV/AIDS services in the world of work; (9) HIV/AIDS services in non-government organizations; (10) HIV/AIDS prevention in young people (adolescents, school children, college students, etc.); and, (11) legal services, especially the publication of regional policies related to HIV/AIDS.

These programs, implemented by various government, civil society, and non-government organizations, and funded from numerous sources, require continual monitoring and periodic evaluation through specific, sensitive, and measurable indicators. Monitoring and evaluation forms a key part of the Information System related to HIV/AIDS. The results of monitoring and evaluation form the basis for periodic reports.

2. The Development of HIV/AIDS Monitoring and Evaluation in Indonesia

The Monitoring and Evaluation System (M&E) responding to HIV/AIDS by the National AIDS Commission at all levels, and delineated in the National Strategy, has not yet materialized in-full. This fact means that the fulfillment of the Three Ones principles has not yet occurred. The Three Ones Principles were created in September 2003 during a meeting of African countries and donors in Nairobi and adopted at a meeting on the, “Consultation on Harmonization of International AIDS Funding,” on April 25, 2004 in Washington D.C. The Three Ones Principles comprise an agreement that countries confronting problems with HIV/AIDS must: (1) Create one institution to coordinate all aspects of the national response and programs related to HIV/AIDS; (2) Provide one National Strategy to respond to HIV/AIDS, inclusive of all stakeholders; and, (3) Form one Monitoring and Evaluation System so that the HIV/AIDS response is effective, efficient, and accountable.

In order to fulfill their individual needs, each donor organization already has a monitoring and evaluation system, but the systems are not uniform but compatible. The monitoring and evaluation systems are created to be in-line with each agency’s specific programs. In order to monitor progress and actions resulting from the Sentani Commitment in 14 provinces, the National AIDS Commission created a report forms with indicators to track criteria that it wished

to monitor and with instructions towards a formal indicator process. Likewise, the Department of Health formed an AIDS reporting system, and an HIV and STI surveillance system. Several other government departments and non-government agencies with HIV/AIDS programs also created M&E systems to respond to their individual needs.

In June 2001, Indonesia signed the UNGASS Declaration of Commitment on HIV/AIDS, reflected in the global consensus framework to reach the Millennium Development Goals (MDG) by the year 2015, of which HIV/AIDS is one indicator. Once every two years, the government must report to the best of its ability about the extent of its progress related to the UNGASS Declaration of Commitment.

In order to meet these reporting needs, UNAIDS created an M&E system that is in-line with the selected indicators. For the expenditure indicators, UNAIDS formed breakdowns of financial spending from data obtained from the National AIDS Spending Assessment (*NASA*). Several donors, with support from the National AIDS Commission, UNAIDS, and the Central Bureau of Statistics, constructed a joint data base that gathers program data from primary donors.

To understand the national and regional response to HIV/AIDS, the National AIDS Commission formed a National Monitoring and Evaluation System. In order to control the national HIV/AIDS response, the National AIDS Commission requires data covering inputs, outputs, outcomes, and impacts. It is therefore necessary to have a data system and related process. **The Monitoring and Evaluation System has been created to be as simple and applicable as possible, and easy to operationalize, in order to guarantee its continual use.** A diagram of the M&E system is shown in appendix 1. A manual about these matters is needed to assure uniform understanding and steps from the NAC and all other levels. The HIV/AIDS Monitoring and Evaluation Manual represents a living document, open to revisions that reflect changes in legislation or changes in the reality of HIV/AIDS in Indonesia.

3. Monitoring and Evaluation Definitions

There are often inaccurate interpretations of monitoring and evaluation that result in incorrect interpretation of data, use of data, decisions, strategies to resolve problems, or planning. In order to rectify this situation, it is necessary to clarify the difference between these two terms. **Monitoring** consists of routine activities; daily tracking related to activities that are underway and collecting quantitative and qualitative data from a program in order to learn about standards or needs that have been met. Meanwhile, **evaluation** consists of assessment activities conducted under a specific schedule related to a program that has been carried out; evaluation is a systematic approach to analyze data and information in order to learn the relevance, effectiveness, and impact of a particular program to fulfill its vision or reach its goals. In other words, monitoring focuses on what specifically is being carried out or conducted in a program, whereas evaluation studies the affects from these program activities.

Since it is structured, evaluations are conducted at specific intervals, for example, every six months, every year, or every two years, depending on the specific criteria of an evaluation. Evaluations utilize outputs, which comprise shorter intervals than evaluation results (outcomes). Outcomes, meanwhile, form shorter intervals than evaluation impacts. Monitoring represents a process and evaluation represents the effectiveness of that process.

Monitoring HIV/AIDS relates to routine tracking activities about all aspects of the HIV/AIDS response, whereas evaluating HIV/AIDS relates to a scheduled system of appraising various aspects of the effectiveness of the response. As an instrument for this monitoring and evaluation, a number of indicators are used to cover various aspects of the response to HIV/AIDS.

4. Monitoring and Evaluation Use and Users

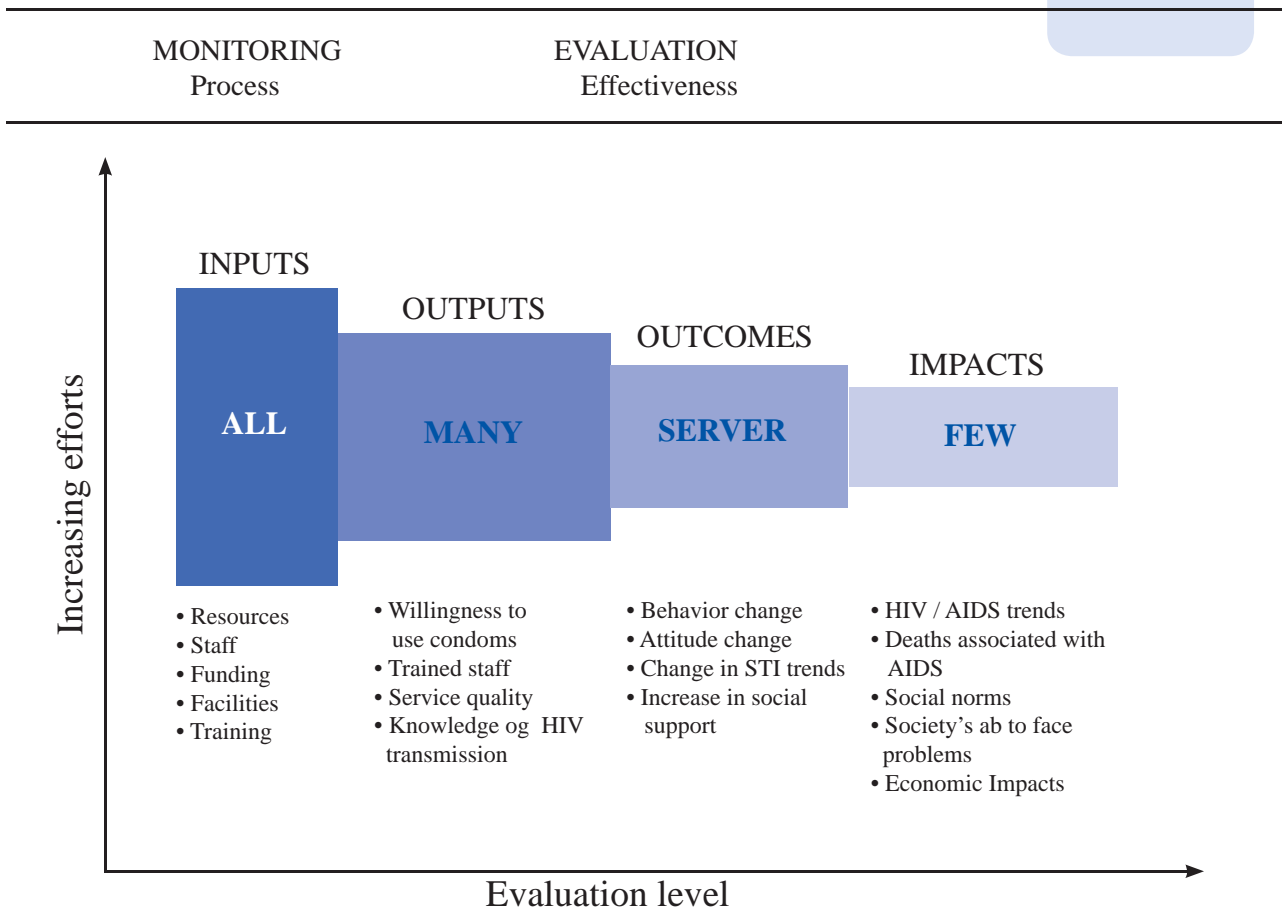
a. Use

Monitoring and evaluation forms an integral part of the management of a particular activity or program. M&E is so critical that it must begin during the planning stages of an activity or program so the results of the program or activity do not deviate from their intended purpose. At its core, monitoring examines how many needs or inputs have been met, how many outputs have been achieved, and whether these outputs match with the criteria for the activity or program. Data that is gathered and analyzed from the monitoring process is used to verify the activity or program process during a specified period of time. Evaluation is used to learn whether outputs have given rise to outcomes and whether outcomes have resulted in the impacts that were hoped for in the vision or goals of a program.

Data evaluation is extremely useful as a means of advocacy. Likewise, good data monitoring and evaluation is necessary for data and evidence-based planning. Data is also used as the basis for several types of reports, **however at its primary level, data must be used to improve and raise the performance of the implementing unit in the field.** For example, a district AIDS commission uses data that has already been analyzed to improve its response in areas that are relevant to its district. The district AIDS commission may also use the data as the basis for reports for institutions that require them.

An effective M&E unit will provide experience and lessons learned to program managers. The M&E results described in Diagram 1 demonstrate that the higher the level of M&E strived for, the lower the number of related agencies and studies. This means that all implementers need to gather inputs and outputs that are as complete as possible. The majority of implementers need data related to process. In order to obtain outcome data, fewer implementers are required, and in order to obtain impact information, just a few implementers are needed to conduct select research. This lesson is useful for the National AIDS Commission in the arrangement of its program menu so that it doesn't overlap with other agencies and it obtains efficient, achievable calculations and estimates.

Diagram 1
Monitoring and Evaluation Pyramid



Source : UNAIDS, M&E Operation' Manual

b. Users

The Monitoring and Evaluation Manual is meant to serve as a guide to be used by the National AIDS Commission, the provincial, district, and city AIDS commissions, and government and non-government AIDS agencies and institutions. It is also meant to enable donors, UN agencies, and civil society groups with HIV/AIDS programs to develop a clear direction to help the National AIDS Commission to obtain data and information that is reliable and accurate.

In every institution, monitoring and evaluation is the responsibility of a specific unit with a size in accordance with its needs. There must be sufficient operational funding for the unit and at least one person to fulfill specific data criteria in a complete manner.

II. INDICATORS

The success of the response to HIV/AIDS at the national and regional levels is exhibited through effective indicators. The following types of indicators are used: inputs, outputs, outcomes, and impacts. The indicators chosen are based on their intended uses. Indicators that were created and chosen by UNAIDS are in-line with the situation and conditions in Indonesia, and may change from time to time, depending on the priorities of the response. One consideration for the indicators chosen is the HIV/AIDS status in Indonesia as a concentrated / low-prevalence epidemic. For monitoring, input and output indicators are often used, whereas for evaluation, outcome and impact indicators are more useful.

1. Indicator Definitions

Indicators are tools used to examine and measure ongoing performance, at all levels of the program process. Since a performance set has a specific target, indicators are used to measure the level of success in reaching this target. A **target** is an objective that is intended to be reached by a particular activity or program, in a given time frame.

2. Core Indicators

In order to understand the level of government success at fulfilling its commitments under the UNGASS Declaration, UNAIDS formulated a set of indicators. The following indicators are used for Indonesia, a country with a concentrated epidemic status:

- Total National Expenditures dedicated to HIV/AIDS programs;
- National Composite Policy Index;
- Percentage of high-risk groups that have had an HIV test and obtained results within the last 12 months;
- Percentage of high-risk population that is reached by HIV/AIDS prevention programs;
- Percentage of high-risk population that understands how to prevent HIV/AIDS and reject misconceptions about HIV transmission;
- Percentage of female and male commercial sex workers who report condom use with their current partners;
- Percentage of men who have sex with men (MSM) that report using a condom during their last sex with a male partner;
- Percentage of IDUs that have changed their behavior to reduce the risk of HIV transmission (those that have used sterile needles and condoms in the last month);
- Percentage of high-risk populations infected with HIV.

3. National Composite Policy Index (NCPI)

NCPI represents an instrument to measure the successful development and implementation of national HIV/AIDS strategies and legislation by the government and civil society as a means to advance the commitments in the UNGASS Declaration. NCPI is the responsibility of the National AIDS Commission and is supported by UNAIDS and other partner groups. NCPI covers data and

information about the following areas:

- Strategic Planning;
- Political Support;
- Prevention;
- Treatment, Care, and Support for PLWHA;
- Human Rights;
- Inclusion of Civil Society ;
- Monitoring and Evaluation.

This activity, conducted once every two years by the National AIDS Commission's M&E Unit, utilizes a specific instrument established by UNAIDS: core indicators and the NCPI are entered through the Country Response Information System (CRIS) software. Indicator definitions are listed in a UNAIDS reference book (Library Register Series No. 8).

4. Country Response Information System (CRIS)

CRIS is a country information system response data base related to HIV/AIDS and recommended by UNAIDS for use by country members of the UN. The National AIDS Commission uses the CRIS data base. CRIS is comprised of 3 modules: indicators, project/resource tracking, and research.

CRIS has the following characteristics:

- A management information system to manage the national response;
- Data contents that are standardized from the national response to HIV/AIDS in order to enable the storage, search for, and dissemination of information;
- A generic structure that enables additional uses, for example, secure data storage;
- Software to display information about the national response related to the UNGASS Declaration of Commitment on HIV/AIDS;
- Management facilitation and reporting from other groups, including donors and UN agencies.

Through the use of CRIS, data can be transmitted among a variety of stakeholders. CRIS is used at the national level in a number of configurations, beginning with its first installment at the National AIDS Commission to its installation in various regions and sectors.

5. HIV/AIDS Component Indicators from the Millennium Development Goals (MDG)

The following indicators were established to evaluate success towards reaching the Millennium Development Goals:

- The prevalence of HIV in pregnant women, ages 15-24;
- The use of condoms in the last risky sexual encounter;
- The rate of condom use in women, ages 15-49, who use contraceptive devices;
- The percentage of the population in the 15-24 age range that already knows the truth about HIV/AIDS.

Data for these indicators is obtained through surveys, including the National Social Economic Survey.

6. NAC Indicators

In consideration of the needs discussed above, the indicators that are used by the NAC in order to evaluate the development of the response to HIV/AIDS in Indonesia include:

a. Inputs

Area	Indicators	Code	Denominator	Numerator	Data Source	Time
Provincial/ District/City AIDS Commission Secretariat	#Full time secretariat staff	IM.01			NAC records in the regions	3 months
	# Secretariat office's operational funding	IM.02			NAC records in the regions	3 months
	# Internal meetings	IM.03			NAC records in the regions	3 months
	# Coordination meetings	IM.04			NAC records in the regions	3 months
HIV/AIDS budgets	# Types of funding (Rp.)	IM.05			Results of NAC coordination meeting, CRIS	3 months
Training	# and types of training (basics about HIV/AIDS, VCT, CST, medical treatment, counseling, <i>life skills education</i> , etc)	IM.06			Implementing agencies report, relevant agencies	3 months

b. Outputs

Area	Indicators	Code	Denominator	Numerator	Data Source	Time
Prevention						
Information, Education, communication (IEC)	# mass media announcements (newspaper, radio, local TV) about HIV/AIDS	IKP.01			Program reports from involved institutions	3 months
	# publications created and distributed	IKP.02			Program reports from involved institutions	3 months
	# CIE material distributed to vulnerable populations	IKP.03			Program reports from involved institutions	3 months
Promotion of safe sex	% schools with teachers trained in <i>life skills education</i> that currently teach it in the schools	IKP.04	# schools evaluated	# schools with teachers trained in <i>life skills education</i> and teaching it in the last 12 months	Reporting programs, regional education agencies, National Dept. of Education office in the region, regional religion office, Unicef	3 months

Area	Indicators	Code	Denominator	Numerator	Data Source	Time
Promotion of safe sex	# students ages 15-24 that receive <i>life skills education</i>	IKP.05			Program reports, education dept, regional religion office	3 months
	# adolescents, 15-24, who are not in school and receive <i>life skills education</i>	IKP.06			Program reports, education dept, social welfare dept	3 months
	# condom availability in commercial sex areas	IKP.07			Program reports from participating institutions, regional health depts.	1 month
	# condoms sold to clients	IKP. 08			Program reports from participating institutions, health depts.	1 month
PMTCT	# health facilities with PMTCT services	IKP.09			Regional health depts.	12 months
	% pregnant women who come for PMTCT and have received sero-status results in the last 12 months	IKP.10	#pregnant women detected by PMTCT provider in the last 12 months	# pregnant women who come for PMTCT and receive VCT and know their sero-status	Participating institutions, regional health depts	12 months
	% pregnant women participating in VCT and are HIV +	IKP.11	# pregnant women involved in VCT and PMTCT	# HIV + pregnant women from VCT	Participating institutions, regional health depts	12 months
	% pregnant women receiving complete ART for prevention in the last 12 months	IKP.12	Total estimate of HIV+ pregnant women	# pregnant women who receive ARV for prevention during natal care.	Participating institutions, regional health depts	12 months
Prevention of HIV/AIDS through treatment of STIs	# active STI clinics	IKP.13			Participating institutions, regional health depts., joint data base	1 month
	# new patients visiting clinics for STI tests	IKP.14			Participating institution program reports, health dept, joint data base	1 month
	# clients diagnosed as suffering from an STI	IKP.15			Participating institution program reports, regional health depts., joint data base	1 month
	# STI sufferers receiving medicine and counseling	IKP.16			Participating institution program reports, regional health, joint data base	1 month

Area	Indicators	Code	Denominator	Numerator	Data Source	Time
Blood preparation safety and early detection	# and % health service units with blood donor control programs for HIV	IKP.17	# comprehensive health units	# health units with blood donor control programs for HIV	Health facility reports, Health Depts	12 months
	# and % of blood donors who are HIV+	IKP.18	# blood donor packets that have been screened	# HIV+ blood packets	Health Dept	12 months
	# and % health service units practicing <i>universal precautions</i> in accordance with national standards	IKP.19	# health service units	# health service units practicing <i>universal precautions</i> in accordance with national standards	Specific reporting surveys	1-2 years
Prevention of HIV infection in IDU groups according to gender	% IDUs reached with prevention programs	IKP.20	Total estimated IDUs	# IDUs reached with prevention services last month, including those participating in needle exchange programs and methadone maintenance therapy (MMT)	Relevant program reports, joint data base	1 month
	% IDUs active in the last month that report sharing needles during their last use	IKP.21			Behavioral Surveillance Survey (BSS)	2 years
	# IDUs participating in MMT according to their age group and gender	IKP.22			Relevant program reports, joint data base	1 month
Treatment, care and support for PLWHA						
Medical care, including ARV therapy and care for opportunistic infections	% people with advanced HIV receiving continued ARV, according to their age and gender	IKPPD.01	# advanced HIV+ cases (20% from HIV+)	# advanced HIV cases receiving ARV	Regional health depts., joint data base	1 month
	% AIDS patients receiving medicine for opportunistic infections, according to their age and gender	IKPPD.02			Regional health dept, National Health Dept	12 months
	# health facilities able to give advanced HIV services, including ARV and support	IKPPD.03			Health Department	12 months

Area	Indicators	Code	Denominator	Numerator	Data Source	Time
Stigma and Discrimination	# support groups for PLWHA	IKPPD.04			Program reports, NGO forums focused on AIDS	12 months
Support of Society	# civil society groups founded in the last 12 months to support PLWHA	IKPPD.05			Program reports, NGO forums focused on AIDS	12 months
	% people age 15-49 expressing an acceptance of PLWHA	IKPPD.06	total people surveyed	# respondents saying they accept or support PLWHA	SDKI reports (DHS)	2 years
	# reported cases related to stigma and discrimination	IKPPD.07			Program reports from groups supporting PLWHA	12 months
Voluntary Counseling and Testing	% districts/cities with VCT sites in accordance with national guidelines	IKPPD.08	# districts/cities	# districts/cities with VCT sites in accordance with national guidelines	Regional health dept reports	12 months
	# people tested for HIV in VCT clinics and receiving their sero-status, according to age and gender	IKPPD.09			Program management reports, Regional health depts.	1 month
	% HIV+ from people tested, according to age and gender	IKPPD.10	# VCT clients tested for HIV in the past 12 months	# VCT clients who were HIV+ during the same period	Program management reports, regional health depts.	1 month
	% HIV+ from VCT that were sent for CST	IKPPD.11	# VCT clients who are HIV+ in the past 12 months	# HIV+ who were sent for CST during the same period	Program management reports, regional health depts.	1 month
Prevention programs for high-risk populations	% high-risk groups reached with prevention programs, according to type of group	IKPPD.12	# high risk groups (female sex workers, clients, MSM, transvestites , IDU)	# reached for each high-risk group	Program management reports	1 month
Increasing Capacity and Partnership						

Area	Indicators	Code	Denominator	Numerator	Data Source	Time
Increasing the capacity of the provincial, district, and city AIDS commissions	Full time staff	IKPKK.01			Routine records from regional AIDS commissions	3 months
	Work plans and budgets	IKPKK.02			Routine records from regional AIDS commissions	3 months
	Comprehensiveness of the secretariat office	IKPKK.03			Routine records from regional AIDS commissions	3 months
	# district/city AIDS commissions with budgets that have been agreed upon and funded	IKPKK.04			Routine records from regional AIDS commissions	3 months
	Budget ratio of district government budget that is allocated for HIV/AIDS	IKPKK.05			Routine records from regional AIDS commissions, government agencies for regional development	12 months
	# provincial/ district/ city AIDS commission members trained about HIV/AIDS	IKPKK.06			Routine reports	3 months
Partners	% large companies (with 100 or more employees) and public institutions that have HIV/AIDS programs	IKPKK.07	# companies and public institutions surveyed	# companies and public institutions with HIV/AIDS programs	Regional depts of manpower, surveys	12 months
	% employees and their families reached by HIV/AIDS programs	IKPKK.08	# employees and families from all units that submit activity reports	# directly involved in a program in the work place	Program management reports, Regional Dept. of Manpower	12 months
	# and % prisons with HIV/AIDS programs	IKPKK.09	# prisons	# prisons with HIV/AIDS programs	Program management report, Dept of Law and Human Rights	12 months

Area	Indicators	Code	Denominator	Numerator	Data Source	Time
Increase in public sector services	# department and non-department institutions with work plans and budgets related to HIV/AIDS for their workers	IKPKK.10			Sector reports	12 months
	# and % of multi-level education and religious agencies with HIV/AIDS programs for students	IKPKK.11	# junior and senior high schools and other levels under the Dept. of Education and Dept. of Religion	# junior and senior high schools and other levels with HIV/AIDS programs for students	Reports from Dept. of Education and Dept. of Religion	12 months
Increase in civil society services	# civil society organizations that receive funding from the NAC	IKPKK.12			NAC	12 months
	# (amount of) funding given by the NAC to civil society organizations	IKPKK.13			NAC	12 months
Monitoring of National Response						
National Management and Commitment	Total funding used for HIV/AIDS per output category and funding source	IKUN.01			NASA/ surveys	12 months
	% national budget allocated for HIV/AIDS	IKUN.02			National Planning Board	12 months
	National Composite Policy Index (NCPI)	IKUN.03	# questions to NCPI (20)	# "YES" answers	NCPI Questionnaire	12 months
	# times those creating NAC legislation convene to review data and management issues in 12 months (# sessions, agenda, participants, meeting results)	IKUN.04			Reporting sessions	12 months

c. Outcomes

Area	Indicators	Code	Denominator	Numerator	Data Source	Time
Assessment Results						
Decrease in risky sexual behavior	% female and male commercial sex workers reporting the use of a condom at last sex	IH.01	# respondents reporting that they had high risk sexual activities in the past 12 months	# respondents reporting that they used condom when having sex with the last client in the past 12 months	SSP	2 years
	% men reporting the use of a condom during last anal sex with male partner	IH.02	# respondents reporting that they had anal sex with male partner in the past 12 months	# respondents reporting that they use condom when having anal sex with their partner in the past 12 months	SSP	2 years
	% IDU that have already applied behavior that reduces the risk of HIV infection, that is, using condoms and avoiding the shared use of needles in the last 12 months	IH.03	# respondents reporting that they use injecting drugs last month and had sex in the last month	# respondents who never used non sterile syringe last month and used condom on the last sexual intercourse	SSP	2 years
	% young people, age 15 – 24 years, already involved in high-risk sex in the last 12 months and using a condom in their last risky sex	IH.04	# respondents age 15-24 reporting that they had sex with their regular partner in the past 12 months	# respondents age 15-24 reporting that they had sex with non regular partner and use condom in the last sex in the past 12 months	SSP or community-based survey	2-5 years
Safe sexual relationship/activity	Increase in age for first sex and decrease in unsafe sex among adolescents, age 15-19 years	IH.05	# respondents age 15-19 who answer specific questions	# respondents age 15-19 who answer based on survey design, for example: “yes” answer based on gender	SSP	2 years
	Decrease in unsafe sex with non-permanent partners for young people, age 20- 29 years	IH.06	Determined by survey protocol	Determined by survey protocol	SSP	2 years
Mitigation	Increase in quality of life for PLWHA	IH.07	Determined by survey protocol	Determined by survey protocol	Household survey	The moment the survey is conducted

Area	Indicators	Code	Denominator	Numerator	Data Source	Time
Increase in knowledge about HIV/AIDS	% high-risk group that correctly identifies methods to prevent HIV infection and reject misconceptions about HIV infection, and understands that attractive people can become infected with HIV	IH.08	# respondents (high risk group) who answer all specific questions including “do not know” answer	# respondents who gave correct answer to all specific questions	SSP	2 years
Increase in knowledge about PMTCT	% women and men that know how to prevent transmission of HIV from mother to child through the use of ARV and avoiding giving breast milk	IH.09	# respondents giving answer to specific questions about PMTCT	# respondents giving right answer to all specific questions	SSP	2 years
Increase in IDU’s knowledge about HIV/AIDS prevention	% IDU that correctly identify two ways to prevent HIV transmission	IH.10	# respondents giving answer to questions about HIV Prevention	# respondents who gave right answer to all specific questions	SSP	2 years

d. Impacts

Area	Indicators	Code	Denominator	Numerator	Data Source	Time
Decrease in HIV prevalence	% people from high risk groups according to group (CSW, IDU, MSM, transvestites).	ID.01	# tested for HIV	# tested that are HIV+	Prevalence Surveys and Sentinel Surveys	1-2 years

III. DATA

1. Data definitions

Data is a group of statements that is valuable and practical, represent measurable results, and can be tracked using a set of variables. Data is comprised of numbers, words, or even images. It can be quantitative, with numbers or percentages that can be measured, or it can be qualitative, with descriptions that can not be measured. Data also consists of primary and secondary data. Information related to the HIV/AIDS response is generally quantitative and comprised of secondary data.

2. Data sources

An important activity in monitoring and evaluation is the study and analysis of data that is periodically received. Programs and activities related to the HIV/AIDS response tend to have a regional approach, and therefore the **monitoring and evaluation also follows a regional approach.**

District and city AIDS commissions obtain data from two sources: local NGOs involved in district/city programs and district/city government agencies involved in the implementation of HIV/AIDS programs.

Provincial AIDS commissions obtain data from the district/city AIDS commissions, NGO provincial offices that receive data from NGOs supported by relevant donors, and from provincial level government agencies that are involved in the implementation of HIV/AIDS programs, as well as from their subordinate agencies.

The National AIDS Commission obtains data from the provincial AIDS commissions, various sectors at the central level, UN agencies, and donor agencies through the use of the joint data base. Central level sectors receive information in a gradual (step-by-step) manner from government agencies and other institutions at the district and provincial levels. The original data suppliers obtain data from the records for programs that are implemented; from various record and registration books, as well as from routine surveys from service units and survey notes.

Data evaluations are based on the compilation of periodic data monitoring and surveys, as well as research from specific programs that have been evaluated.

The national, provincial, and district/city AIDS commissions need input data, output data, outcome data, and impact data from programs that have been launched to support the operationalization of priority areas in the UNGASS Declaration of Commitment. Indicators have been formulated to capture data in the following areas:

- Data related to prevention efforts in high-risk and low-risk groups. For example, data on condom promotion, methadone substitution therapy, the response to HIV/AIDS in the world of work, and HIV/AIDS programs for young people;
- Data about medical care, treatment and support for PLWHA. For example, data on VCT and ARV;

- Data related to surveillance. For example, HIV surveillance data, AIDS surveillance data, STI surveillance data, and data related to behavior;
- Data about various types of research, including operational research. For example, Behavioral Surveillance Survey (BSS) data;
- Data about the creation of a conducive environment. For example, data related to rules or legislation in this area;
- Data about multi-sector coordination. For example, data about coordinated meetings and the inclusion of numerous sectors;
- Data about the continuity of the response. For example, data related to resources, mediums, and infrastructure.

Collected data is related to success indicators, chosen to reflect international standards and also in support of Indonesia's national needs.

3. Data collection

Collected data must fulfill data conditions that are accurate, valid, measurable, and timely. Therefore, collected data requires careful inspection and must be agreed upon. The initial data collection occurs in relevant field units, such as regional government agencies, NGOs, and Survey and Research Teams. The following information describes the data collection methods used by the M&E units of the national, provincial, district, and city AIDS commissions:

- A review of service records and routine system reports from various government levels/agencies, as well as other implementers. For example, the regional health department reviews routine hospital reports, as well as those from government health clinics, in order to obtain data about the total number of PLWHA that have been cared for;
- Interviews of key informants. For example, the head of security guard of prostitution places in order to obtain good data about the total commercial sex workers in a location;
- Information from focus-discussion groups. For example, a focus discussion with a group associated with IDUs to clarify data about IDUs that would be difficult to obtain in other ways;
- Field visits; while conducting supervisory visits, also obtaining data about resources;
- Communication with statistical offices at the national and regional levels in order to obtain information such as demographic data, health survey data, household survey data, etc.;
- Utilization of reports from lower level institutions and from other regions. For example, provincial AIDS commissions can use reports from district/city AIDS commissions, while provincial health offices can use district health agency reports, and so on. These reports form an important source of authentic data;
- Internet use to access the joint data base.

4. Definition of Data Base

A data base is a collection of data organized under one system. Originally, it was a term only used in the computer industry, but it became common in other fields, including in the health sector in response to infections. The program response to HIV/AIDS also utilizes a data base.

5. Joint Data Base

Primary donor agencies already have monitoring and evaluation systems that are capable of tracking their respective programs. This data is compiled through indicators that have already been agreed upon. The data is saved in the Joint Data Base. The program indicators used in the Joint Data Base are in accordance with those needed by the NAC. The Joint Data Base can be accessed on the internet at the following website: www.aidsinfo.or.id

The Joint Data Base forms a source of monitoring and evaluation for the National AIDS Commission and also serves as a standard of comparison for the data compiled by the NAC over the same period. Provincial, district, and city AIDS commissions can use data from the Joint Data Base as a reference. Inputs and reference data are provided by individual donor agencies on a fixed schedule of no later than once every three months. Other institutions have access to the data but are unable to change its content.

6. Baseline data

For planning needs and to measure the success of a program, various core data are needed by program managers in the response to HIV/AIDS. Core data includes:

- Health facility infrastructure and tools, and those of the regional AIDS commissions;
- Demographic data;
- School data, including junior and senior high schools, and other same levels of schools, according to gender;
- Data estimates of high-risk groups;
- Data related to risk locations for HIV transmission;
- Data related to institutions and NGOs that focus on AIDS;
- Data related to training/exercises;
- Budget data;
- Other data relevant to specific programs that are being implemented.

It is best if core data is available at a program's inception, or at the latest, when monitoring and evaluation are conducted related to program implementation. A sample questionnaire to obtain core data is shown in appendix 2.

7. Data analysis

Data obtained from monitoring activities, surveys, and research, form the primary material used for evaluation. Data must be processed and analyzed so its information is useful. Data from surveys and research will be processed and analyzed by individual surveyors or researchers, according to methods and protocol that are in-line with the agreed upon indicators.

Data obtained by using indicators chosen by the National AIDS Commission, for example, is processed and analyzed using the "fish bone" method. If the activities/programs indicate that targets have not been reached, an explanation is sought. Analysis also utilizes CRIS.

Information obtained from analysis forms a reliable source of information that can be used for recommendations and decisions, especially at the district/city AIDS commission level.

IV. RECORDING AND REPORTING SYSTEM

1. Recording System

Recording activities are extremely important and are carried out continually during the life of a program. All levels of the M&E unit conduct records related to data that comes to the unit through reporting. Primary records are conducted by the program management unit in the field, as well as by various district and city agencies involved in HIV/AIDS program implementation; for example, regional health departments, social welfare departments, and national education departments.

The format of the records is simple, and comprises data that needs to be recorded. Data that is not necessary is not recorded. Data that is needed is related to the indicators and report format necessary to evaluate the success of a program and serve as the basis for a report. Biostatistic variables, such as sex, age group, and other relevant indicators, are needed and must be recorded.

Since the program type and implementing activity unit in the field and agencies are different, the recording format for activity results does not need to be uniform. Likewise, records from one NGO will be different from those of another NGO, and records from the health department will be different than those of the education department. In general, every program has its own form and record books.

2. Reporting System

Data obtained from monitoring and evaluation serves an important function as the basis for report writing. The National AIDS Commission established the HIV/AIDS Reporting System, which serves as a reference for all stakeholders. For some stakeholders, reporting is understood as **data sharing**.

The reporting system covers:

- a. Routine reports
- b. Specific/non-routine reports
- c. Feedback

a. Routine reports

Routine reports come from:

- 1) National AIDS Commission reports
 - Tri-monthly NAC reports to the President of the Republic of Indonesia;
 - Annual NAC reports to the President of Indonesia;
 - Biennial NAC reports to UNAIDS related to the UNGASS Declaration;
- 2) Provincial AIDS commission reports
 - Tri-monthly provincial AIDS commission reports to the provincial governor;
 - Annual provincial AIDS commission reports to the provincial governor;
 - Tri-monthly provincial AIDS commission reports to the NAC;

3) District/city AIDS commission reports

- Annual district/city AIDS commission reports to the regent/mayor;
- Tri-monthly district/city AIDS commission reports to the regent/mayor;
- Tri-monthly district/city AIDS commission reports to the provincial and national AIDS commissions;
- Monthly district/city AIDS commissions to the provincial and national AIDS commissions;

4) Implementer reports (government and local NGOs)

- Monthly implementer field reports to the district/city AIDS commissions.

Tri-monthly NAC reports to the President of the Republic of Indonesia

The purpose of the tri-monthly reports is to provide accurate and current information to the President of the Republic of Indonesia about the national HIV/AIDS situation, as well as steps taken and progress.

Format:

- Introduction;
- Current HIV/AIDS situation in Indonesia;
- National policies created and implemented;
- Development and implementation results from this legislation;
- Obstacles encountered;
- Recommendations /support sought from the president;
- Completing the report data with tables and graphics.

Annual NAC Report to the President of the Republic of Indonesia

The purpose of the annual report is to provide accountability for the use of the national budget, help from donor agencies, bilaterals, and UN agencies in the response to HIV/AIDS for the fiscal year that has immediately ended.

Format:

- Introduction;
- Global, ASEAN region, and national HIV/AIDS situation;
- Annual policies and development;
- National budget allocation for one fiscal year from all central government agencies, and amount used;
- Budget allocation from other sources that has already been used;
- Results of activities in the national response to HIV/AIDS;
- Obstacles and efforts to overcome them;
- Principle plans for activities in the coming fiscal year, as well as the estimated budget needed.

The NAC Report to UNAIDS about Actions related to the UNGASS Declaration

The purpose is to fulfill the government and international commitment for action related to the UNGASS Declaration.

Format: specific, from UNAIDS

Tri-monthly Provincial AIDS Commission Report to the Provincial Governor

The purpose of the report is to provide current, accurate information to the governor about the HIV/AIDS situation in the province, as well as actions taken and progress.

Format:

- Introduction;
- Current HIV/AIDS situation in relevant province;
- Provincial policies created and implemented;
- Implementation development and results;
- Obstacles and efforts to overcome them;
- Complete data with graphics;
- Data from the tri-monthly provincial AIDS commission reports to the NAC.

Annual Provincial AIDS Commission Report to the Provincial Governor

The purpose of the report is to provide accountability for the use of the government budget (the national and provincial budgets) that is specific to the HIV/AIDS response in the fiscal year that has immediately ended.

Format:

- Introduction;
- The national and provincial HIV/AIDS situation according to the districts/cities in the relevant province;
- Annual provincial policies and progress;
- Budget allocations from the national and provincial levels. If available, data about relevant foreign aid;
- The results of activities related to the provincial HIV/AIDS response, see Appendix 3;
- Obstacles encountered and efforts to overcome them;
- Principal plans and activities for the provincial response to HIV/AIDS in the coming year.

Tri-monthly Provincial AIDS Commission Reports to the NAC

The purpose of the report is to provide current, accurate information about the scope of programs in the provincial response to HIV/AIDS.

Format:

- Simple content;
- Tables and graphics about the scope of various programs, according to select indicators;

- Analysis and results from the data collection provided.

Annual district/city AIDS Commission Reports to the Regent/Mayor

The purpose of the report is to provide accountability for government budgets (national, district, and sub-district), allocated for the HIV/AIDS response in the relevant district/city.

Format:

- Introduction;
- HIV/AIDS situation in the province and relevant district/city;
- Annual district/city policies and progress;
- Budget allocated from national, provincial, and district/city levels and its use. If available, data related to relevant foreign aid;
- Results of the response to HIV/AIDS at the district/city level, see Appendix 4;
- Obstacles encountered and efforts to overcome them;
- Principle plans and activities in the coming year;

Tri-monthly District/City AIDS Commission Reports to the Regent/Mayor

The purpose of the report is to provide current, accurate information about the HIV/AIDS situation and response in the district/city.

Format:

- Introduction;
- HIV/AIDS situation in the relevant district/city;
- District/city policies created and implemented;
- Implementation development and results;
- Obstacles encountered and efforts to overcome them;
- Complete data with accompanying graphics.
- Data obtained from tri-monthly district/city AIDS commission reports to the provincial AIDS commission.

Tri-monthly District/City AIDS Commission Reports to the Provincial AIDS Commission

The purpose of the report is to provide current, accurate information about the scope of various programs, in a broader manner than in monthly reports.

Format:

- Substantive pages;
- Comprised of select indicator tables that are not reported in monthly reports, as well as compilation tables from monthly reports.

Monthly District/City AIDS Commission Reports to the Provincial and National AIDS Commissions

The purpose of the report is to provide current, accurate information about the scope of a variety of programs in response to HIV/AIDS in the relevant district/city.



Format:

- Substantive pages;
- Comprised of indicator tables chosen from various programs in response to HIV/AIDS in the district/city.

Monthly Field Implementer Reports to the District/City AIDS Commissions

The purpose of the report is to provide current, accurate information about various HIV/AIDS programs in the district/city, directly from the implementers in the field. Reported data and information is the first data that will form national data and information, so its accuracy must be guarded.

Format:

- Substantive and simple pages;
- Comprised of indicator tables from programs in response to HIV/AIDS in the district/city;
- Implementers only provide data for programs that they carry out.
- For monthly implementer and district/city AIDS commission report sheets, as well as tri-monthly district/city AIDS commission reports to the provincial AIDS commission, see Appendixes 5, 6 and 7.

b. Non-routine Reports

- NAC reports serve as material for cabinet meetings, including meetings of NAC cabinet ministers;
- Reports to fulfill the needs of national, regional, and global meetings related to HIV/AIDS;
- Other specific reports required by regional and national leaders.

Reports for Cabinet Meetings or NAC Minister Cabinet Sessions

The purpose of the report is to serve as primary material to be discussed in cabinet meetings, or specifically by NAC ministry members.

Format:

The reporting format varies according to specific needs. It is important to understand that the report must contain material that needs to be discussed in-depth. This type of material generally consists of failures, obstacles, and problems encountered, as well as possible solutions.

Other Reports

National, regional, or global HIV/AIDS meetings often require delegations to prepare reports. To fulfill these needs, involved parties usually establish a specific format.

c. Feedback

The national, provincial, and district/city AIDS commissions provide feedback to agencies below them upon receipt of their reports. The reports are provided in a systematic

fashion to agencies about the reporting units.

The purpose of feedback is to provide current, accurate information about the HIV/AIDS situation and scope of activities related to the response in a particular region to another region. It is also a method for one region to express gratitude to a region below it for their faithful provision of scheduled reports.

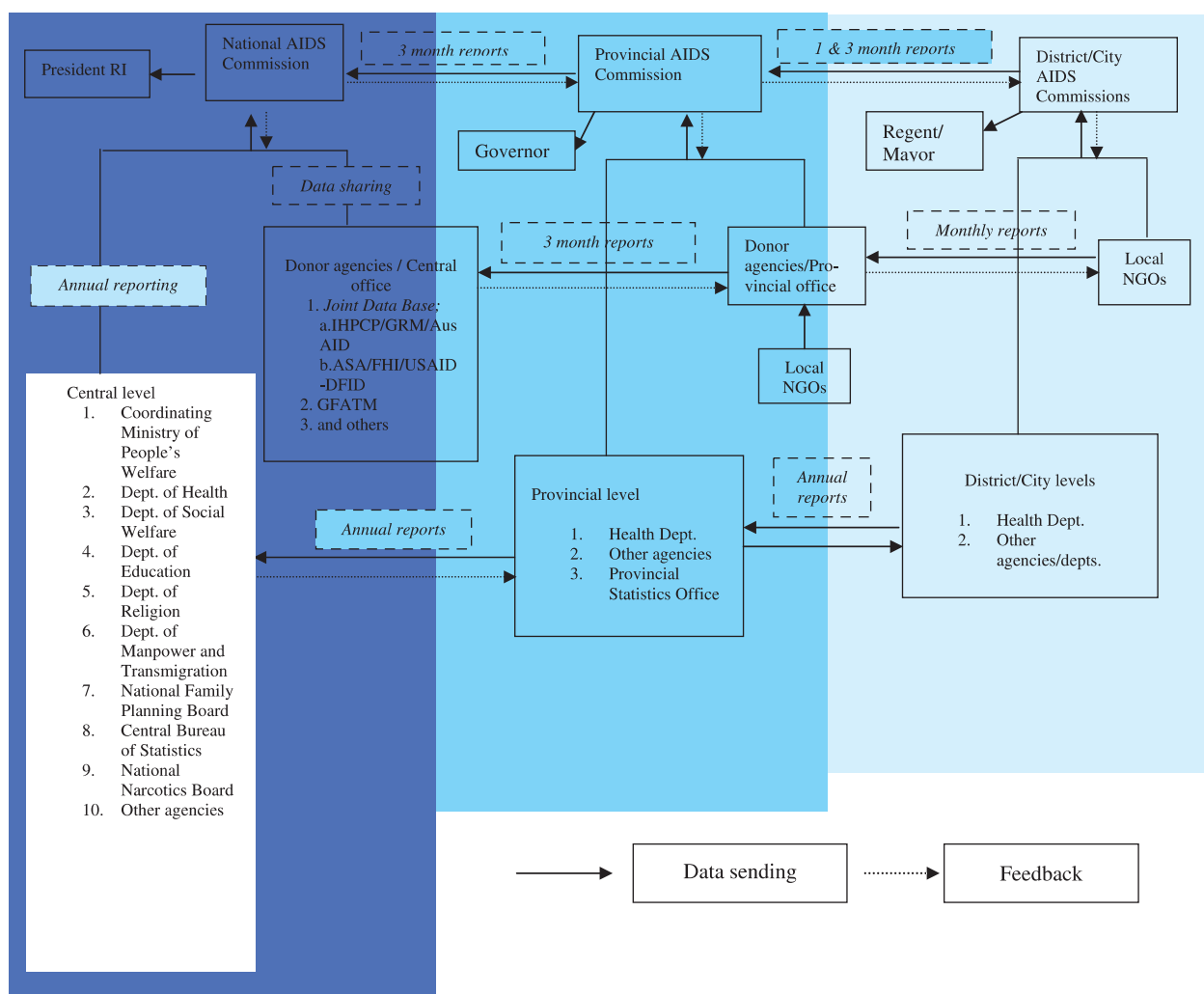
Feedback also consists of areas needing attention in order to improve the reporting in coming periods.

Feedback formats are not standard.

d. Reporting Channel

The reporting channel begins from the program manager in the field and continues to the National AIDS Commission, as shown in Diagram 2. Government agency reports come from their positions as members of the national or regional HIV/AIDS commissions.

Diagram 2
NATIONAL HIV/AIDS MONITORING AND EVALUATION STRUCTURE



V. MONITORING AND EVALUATION (M&E) RESOURCES

1. Human resources

In order to conduct the monitoring and evaluation process, quality human resources are needed at all levels of the AIDS commissions. A minimum of 1 person is needed at all levels required to provide and analyze data, as well as to prepare reporting concepts. These workers and this process must receive adequate training. If the situation allows it, work may be added, and the data analysis and reporting concepts may be handled by one person.

Staff requirements:

Regional AIDS commission monitoring and evaluation staff should have a minimal education level of a Bachelor's degree, able to use Microsoft Office program (Word, Excel, Power Point, and Access), have a firm understanding of the internet (websites and e-mail), strong understanding of HIV/AIDS and related issues, and the ability to analyze data and change it into useful information.

M&E training:

M&E training of no more than 3 days is an effective method of covering the following fundamentals: introduction to the M&E Manual, data analysis, practice in filling out reporting and evaluation forms, the use of CRIS software, and practice accessing data from the joint data base. The training improves competency so that at the end of the session, participants become skilled in their duties.

2. Resource tools

In order to implement the monitoring and evaluation system, at a minimum, the following is needed: a server; computer equipment with a quick operating capability and a memory hard drive of at least 40 GB; a modem; telephone connection; fax machine; record books; reporting forms and office support supplies.

3. Financial resources

Monitoring and evaluation activities require large financial resources. UNAIDS advises that about 10% of the program budget should be allocated for the monitoring and evaluation budget. The budget is needed, among other reasons, for:

- The procurement and maintenance of equipment, including computers and modems, and computer software;
- Telephone installation and usage fees;
- Staff training;
- Website development and maintenance costs;
- Office equipment, including writing instruments;
- Employee wages;
- Program supervision;
- Surveys and specific research;
- Seminars and workshops;
- Incidental expenses.



VI. MONITORING AND EVALUATION IMPLEMENTATION

The Monitoring and Evaluation Manual takes effect in all of Indonesia on **April 1, 2006** and has been established with a declaration from the Chair of the National AIDS Commission. The provincial, district, and city AIDS commissions' networks are implementing the HIV/AIDS monitoring and evaluation program, according to this manual, in stages, in-line with the availability of support from the secretariat for the provincial, district, and city AIDS commissions. For the year 2006, it is hoped that those provincial, district, and city AIDS commissions that have already begun implementing the monitoring and evaluation system, will do so according to the manual, as show in Appendix 8. Meanwhile, other provinces, districts, and cities will be added in stages. Test trials will be conducted in the first three months, and then changes will be made as needed.

VII. CONCLUSION

Monitoring and evaluation is a very important element of program management. Good monitoring and evaluation management means that a program manager has already applied principles that are efficient, effective, and provide accountability in the implementation of a program. For this reason, the importance of the monitoring and evaluation process can not be underestimated and it must begin from the moment a program is planned. It is also worth remembering that no matter how valuable a manual may be, it will not have meaning if implementers do not place weight in it or make serious efforts to follow its guidelines. Monitoring and evaluation implementation can be effective if decision makers do not underestimate the importance of this long and valuable process.



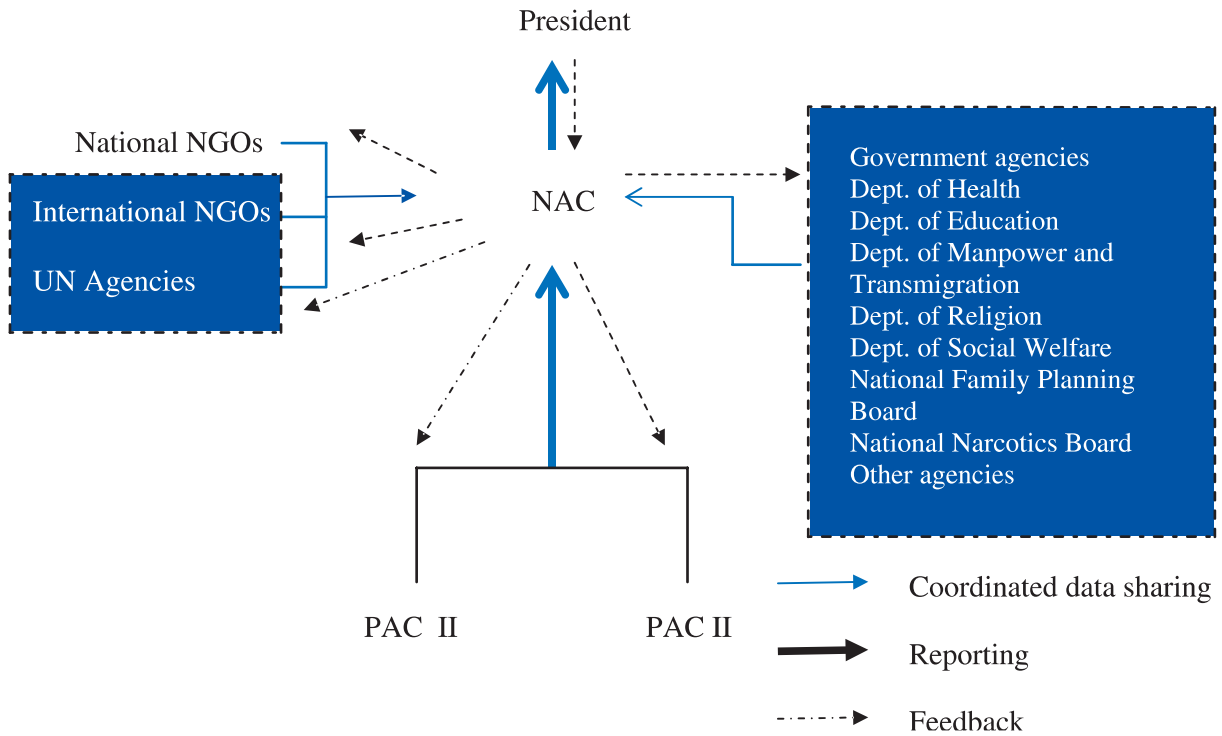
APPENDIXES

Appendixes :

- Appendix 1** : Monitoring and Evaluation Diagram
- Appendix 2** : Core Data Questionnaire
- Appendix 3** : Provincial AIDS Commission Annual Evaluation Form
- Appendix 4** : District/City AIDS Commission Annual Evaluation
- Appendix 5** : Monthly District/City AIDS Commission Report
- Appendix 6** : Implementer's Monthly Report
- Appendix 7** : Tri-monthly District/City Report
- Appendix 8** : List of 21 Provinces and 100 Districts/Cities
- Appendix 9** : M&E guideline team
- Appendix 10** : M&E Working Group

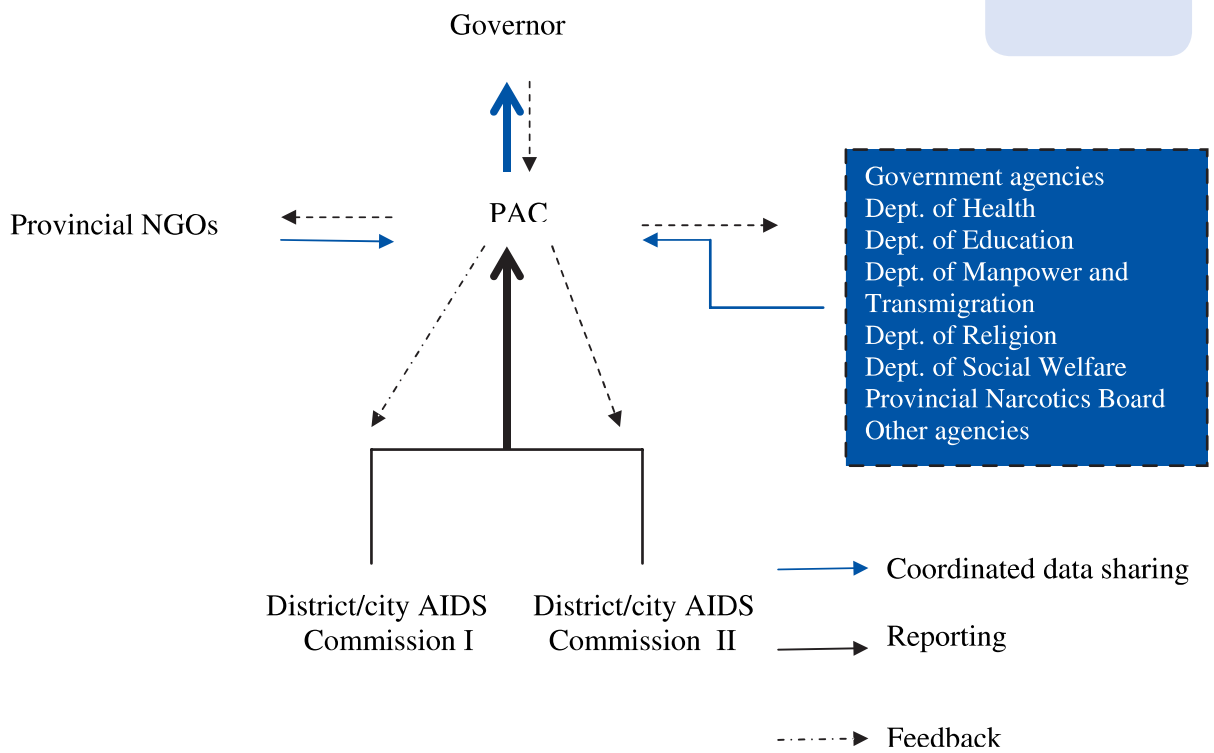
Appendix 1. MONITORING AND EVALUATION SCHEME

National AIDS Commission M&E System

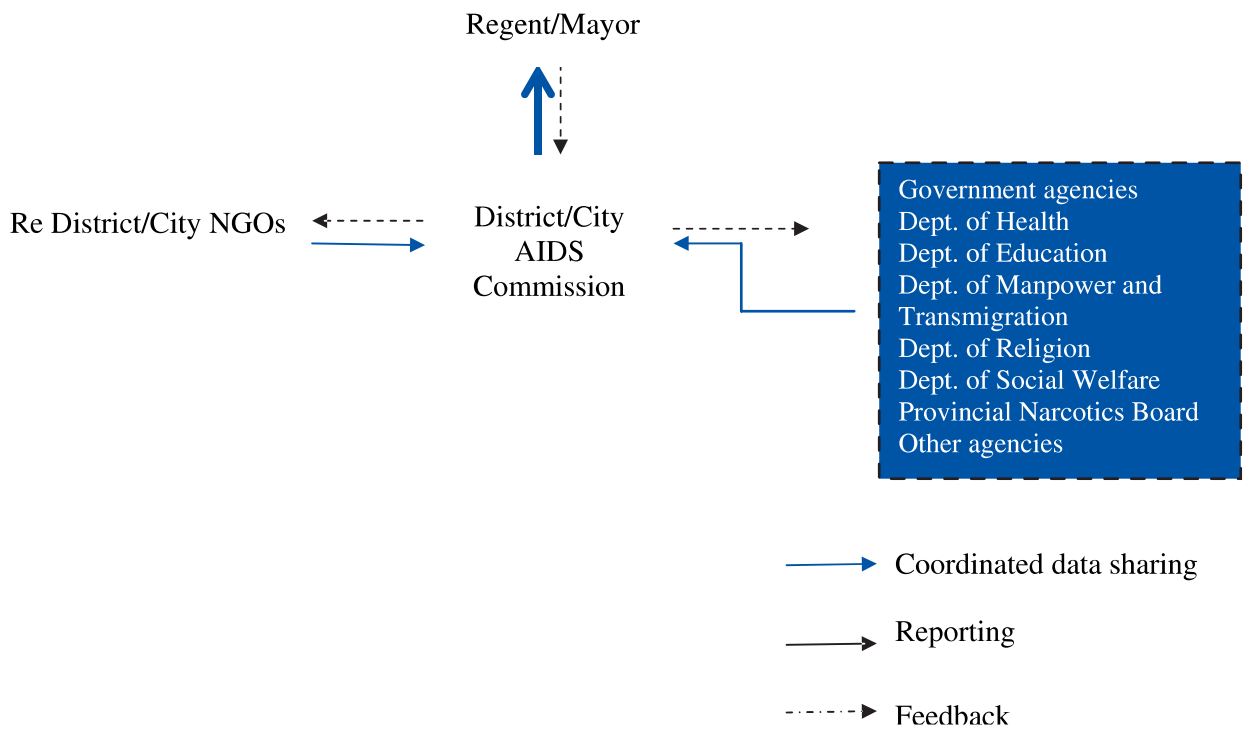


Note:
 NAC: National AIDS Commission
 PAC: Provincial AIDS Commission

Provincial AIDS Commission M&E System



District/City AIDS Commission M&E System



Appendix 2. BASELINE DATA QUESTIONNAIRE

Baseline Survey on HIV/AIDS Status District/City

1. General Information				
1.1.	District/City name	:		
1.2.	Year established	:		
1.3.	Regent/Mayor name	:		
1.4.	Office telephone	:		
	Office fax	:		
	Office email	:		
	Office address	:		
	Additional information	:		
2. Geography				
2.1.	Total area of region	:		
2.2.	Total sub-districts	:		
2.3.	Total villages	:		
2.4.	Additional information	:		
3. Demography (men / women)				
3.1.	Total residents at the end of 2005	:		
3.2.	Percentage of urban residents	:		
3.3.	Percentage of residents, ages 15-24	:		
3.4.	Percentage of residents, ages 25-50	:		
3.5.	Additional information	:		
4. Health problems				
4.1.	General death statistics	:		
4.2.	Infant deaths	:		
4.3.	Acute/Primary health problems	:		
5. HIV/AIDS/STI Problems				
5.1.	First year an HIV/AIDS case occurred in the district/city	:		
5.2.	Total AIDS cases reported until December 31, 2005	:		
5.3.	Total HIV infections detected through VCT	:		

	5.4.	Total risk population	:	
		a. Female Sex Workers (FSW)	:	
		b. Clients of FSW	:	
		c. Injecting drug users	:	
		d. Transvestites	:	
		e. Men who have sex with men	:	
		f. Other risk populations	:	
	5.5.	Estimate of total HIV infections	:	
	5.6.	Percentage of HIV transmission through sexual intercourse	:	
	5.7.	Percentage of HIV transmission through injecting drug use	:	
	5.8.	Prevalence of STIs in high-risk populations/sex workers	:	
	5.9.	Total Sentinel sites (groups examined)	:	
	5.10.	Percentage of HIV+ in the year 2005	:	
6.	Response to HIV/AIDS			
	6.1.	Date of formation of district/city AIDS commission	:	
		(please provide relevant attachments)		
	6.2.	Strategic plan for response to AIDS (please provide attachments, if applicable)	:	There is a plan / There is not a plan
	6.3.	Name of the Head of district/city AIDS commission	:	
	6.4.	Email of district/city AIDS commission	:	
	6.5.	Telephone / fax for district/city AIDS commission	:	
	6.6.	Address of district/city AIDS commission	:	
	6.7.	Full-time staff at district/city AIDS commission	:	There are full-time staff / There are not
		Full names of full-time staff (with titles, if applicable):	:	1.
			:	2.
7.	Budget for 2005 Response to HIV/AIDS/STI			
	7.1.	National budget allocated to district/city	:	
	7.2.	Deconcentration funding	:	
	7.3.	Donor funding	:	
	7.4.	Private sources	:	
	7.5.	Other	:	

8. Health Services			
8.1.	Total government and private hospitals	:	
8.2.	Total government health clinics	:	
8.3.	Total government health clinic assistants	:	
8.4.	Total general doctors	:	
8.5.	Total specialist doctors	:	
	(record number of doctors by specialty)		
8.6.	Total public health/medical graduates	:	
8.7	Total nurses	:	
8.8.	Total midwives	:	
8.9.	Total VCT clinics	:	
9. Social Services			
9.1.	Total locations and number of female sex workers	:	
9.2.	Total risky entertainment areas (bars, karaoke lounges, cafés, massage parlors, etc...)	:	
9.3.	Total reform institutions (for commercial sex workers, IDUs)	:	
9.3.	Capacity of prisons	:	
9.4	Total injection drug users in prisons	:	
10. Education (male/female)			
10.1.	Total elementary school students	:	
10.2.	Total junior high school students	:	
10.3.	Total high school students	:	
10.4.	Total higher education (college) students	:	
	Note: school students include those in both government and private schools.		
11. Business/Private Sector			
11.1.	Total companies (also include the total number of employees)	:	

	11.2.	Total companies with more than 100 employees	:	
12. Non-government organizations Focused on AIDS				
	12.1.	Name of NGO/Chair person		Type of activity
		1.		
		Chair person:		
		2.		
		Chair person:		
		3.		
		Chair person:		
		4.		
		Chair person:		
		5.		
		Chair person:		
		6.		
		Chair person:		
13. To be filled out by the employee				
		Name/position	:	
		Address	:	
		Telephone/Fax	:	
		Mobile phone number	:	
		Email	:	
<i>Thank you for your participation in completing this form.</i>				

Appendix 3: PROVINCIAL AIDS COMMISSION ANNUAL EVALUATION FORM

Form: No. 04/NAC/ME

AIDS COMMISSION

Annual Provincial AIDS Commission Evaluation Form

Province :
 Responsible person :
 Address :
 Telephone : Fax: Email:
 Mobile phone :
 Evaluation period : Date: December 31, 200...

This evaluation form is used as the basis for manual provincial AIDS commission reports, and data must be analyzed to become useful information. The data sources include tri-monthly district/city AIDS commission report, supervisory activities, surveys, interviews, discussion focus group, and other authentic sources. After the annual report is compiled from data from this form, it should be sent no later than January 15, in the coming year, to the governor, with forwarding to the National AIDS Commission.

Indicators	Code	Achievements in previous year	Targets for this year	Achievements for this year	Achievements up to and including this year
Increased capacity for Regional AIDS Commission					
# district/city AIDS commissions with a functioning office	IM.01				
# district/city AIDS commissions with full time staff	IKPKK.02				
# district/city AIDS commissions with a work plan and budget	IM.05				
# actual sub-district budget used (amount in Rupiah)	IM.05				
# actual district/city budget used (amount in Rupiah)	IM.05				
# national budget used (amount in Rupiah)	IM.05				
# Donor funding used (amount in Rupiah)	IM.05				

Indicators	Code	Achievements in previous year	Targets for this year	Achievements for this year	Achievements up to and including this year
#Funding used from civil society and private sources (amount in Rupiah)	IM.05				
# provincial AIDS commission meetings with the national, district, or city AIDS commissions	IM.03				
# Coordinated provincial AIDS commission meetings	IM.04				
# Staff that participate in various HIV/AIDS training in the entire province (divided according to training type)	IM.06				
Increased Services in the Public Sector					
# and % provincial level government agencies with HIV/AIDS programs for the public or for themselves	IKPKK.10				
# Hospitals in the province that are prepared to provide CST services	IKPPD.03				
# junior high schools with HIV/AIDS programs for their students	IKP.04				
# senior high schools with HIV/AIDS programs for their students	IKPKK.07				
# Companies with 100 or more workers that have HIV/AIDS programs for their employees	IKPKK.07				
# prisons with HIV/AIDS programs for prisoners	IKPKK.09				
Increased Role/Inclusion of Civil Society					
# NGOs and other civil society organizations included in the HIV/AIDS response in the province					

Indicators	Code	Achievements in previous year	Targets for this year	Achievements for this year	Achievements up to and including this year
# civil society groups that support PLWHA	IKPPD.04				
Prevention Efforts					
# condom stands/locations near commercial sex sites	IKP.07				
# condoms distributed to small stands	IKP.08				
# condoms sold to clients at the locations mentioned	IKP.08				
# and % of pregnant women involved in VCT that are HIV+	IKP.11				
# HIV+ pregnant women receiving ARV prophylactics	IKP.12				
# STI sufferers receiving medication and counseling	IKP.16				
# and % blood donors that are HIV+	IKP.18				
# and % IDUs reached through prevention programs	IKP.20				
# and % IDUs that participate in methadone maintenance therapy	IKP.22				
# and % IDUs that participate in needle exchange programs	IKP.22				
# new HIV+ cases reported in the VCT clinics of the province	IKPPD.10				
Care, Support, and Treatment for PLWHA					
# staff trained in CST	IM.06				
# new AIDS cases reported					
# districts/cities that already have VCT clinics	IKPPD.08				
# counselors trained in VCT	IM.06				
# PLWHA receiving ARV	IKPPD.01				

Indicators	Code	Achievements in previous year	Targets for this year	Achievements for this year	Achievements up to and including this year
#discrimination cases against PLWHA and those reported to the city, district, or provincial AIDS Commissions	IKPPD.07				

Analysis:

Conclusion:

Recommendations:

Note: use additional pages for analysis, conclusions, and recommendations.

Appendix 4: DISTRICT/CITY AIDS COMMISSION ANNUAL EVALUATION FORM

Form: No. 05/NAC/ME

AIDS COMMISSION

Annual District/City AIDS Commission Evaluation

District/City : Province:
 Responsible party :
 Address :
 Telephone : Fax: Email:
 Mobile phone number :
 Evaluation period : Date: December 31, 200...

This evaluation form is used as the basis for the annual city/district AIDS commission reports, and data must be analyzed and changed into useful information. The data sources include: tri-monthly district/city AIDS commission reports, supervisory activities, surveys, interviews, discussion focus groups, and other authentic sources. After the annual report is compiled through data from this form, it should be sent no later than **January 7 in the coming year** to the regent/mayor, and forwarded to the provincial AIDS commission.

Indicator	Code	Achievements from previous year	Target for current year	Achievements this year	Achievements up to and including this year
Increased Capacity of the District/City AIDS Commissions					
there is a functioning secretariat office	IM.01				
# full time staff at the secretariat	IKPKK.02				
work plan and budget allocation	IM.02.05				
sub-district budget allocated to the secretariat and the HIV/AIDS response	IM.02.05				
sub-district budget used by the secretariat and for the HIV/AIDS response	IM.05				
district funding used (Rp.)	IM.05				
national funding used (Rp.)	IM.05				
donor funding used (Rp.)	IM.05				
civil society/private funding used (Rp.)	IM.05				

Indicator	Code	Achievements from previous year	Target for current year	Achievements this year	Achievements up to and including this year
# district/city AIDS commission meetings with all commission members	IM.03				
# coordinated district/city AIDS commission meetings with <i>stakeholders</i>	IM.04				
# staff receiving different types of HIV/AIDS training in the district/city (divided according to type of training)	IM.06				
Increase in Public Sector Services					
# and % district/city government agencies with HIV/AIDS programs for the public or themselves	IKPKK.10				
# health service units conducting VCT					
# health service units conducting CST and providing ARV	IKPPD.03				
#counselors trained in VCT	IM.06				
# junior high schools with HIV/AIDS programs for the students	IM.04				
# senior high schools with HIV/AIDS programs for the students	IKP.04				
# Companies with 100 or more workers with HIV/AIDS programs for their employees	IKPKK.07				
# prisons with HIV/AIDS programs for prisoners	IKPKK.09				
Increased Inclusion/Participation of Civil Society					
# NGOs and other civil society groups included in the response to HIV/AIDS in the district/city					
# civil groups supporting PLWHA in the district/city	IKPPD.04				

Indicator	Code	Achievements from previous year	Target for current year	Achievements this year	Achievements up to and including this year
Prevention Efforts					
# condom stands near commercial sex sites	IKP.07				
# condoms distributed to small stands	IKP.08				
# condoms sold to clients in the sites mentioned	IKP.08				
# and % pregnant women receiving VCT that are HIV+	IKP.11				
# HIV+ pregnant women receiving ARV prophylactics	IKP.12				
# STI sufferers that receive medication and counseling	IKP.16				
# and % blood donors that are HIV+	IKP.18				
# and % IDUs reached with prevention programs	IKP.20				
# and % IDUs that participate in methadone maintenance therapy	IKP.22				
# and % IDUs that participate in needle exchange programs	IKP.22				
# new HIV+ cases in VCT clinics	IKPPD.10				
Treatment, Care, and Support for PLWHA					
# staff trained in CST	IM.06				
# new AIDS cases this year					
# PLWHA receiving ARV	IKPPD.01				
# PLWHA receiving medicine for opportunistic infections	IKPPD.02				
# discrimination cases against PLWHA and those reporting this to the district/city AIDS commissions	IKPPD.07				

Analysis : **Conclusions** :
Recommendations :

Note: use additional pages for analysis, conclusions, and recommendations

Appendix 5: MONTHLY DISTRICT/CITY AIDS COMMISSION REPORT

Form: No. 01/NAC/ME

NATIONAL AIDS COMMISSION

Monthly Program Report of the District/City

District/City : Province:
 Person responsible :
 Address :
 Telephone : Fax: Email :
 Mobile Phone Number :
 Month : Date of submission :

These data are taken from all institutions/NGOs implementing one or more programs within your district/city. Put the data compilation from the institutions/NGOs in this form and send it not later than day 7th every month to Provincial AIDS Commission and National AIDS Commission.

1. HIV/AIDS prevention through IMS Program

Indicator	Code	Male	Female	Total
Number of people with new Sexually Transmitted Infection (STI) cases this month	IKP. 14			
Number of people who recently received STI treatment this month	IKP. 16			
Total Number of people who are on STI treatment up to this month	-			

2. VCT Services

Indicator	Code	FSW	Clients of FSW	MSM	Transvestites	IDU	Total
		1	2	3	4	5	
Number of people visiting the VCT clinic this month	IKPPD.13						
Number of people who have HIV testing and get the result	IKPPD.09						
Number of people who are HIV positive from those who undergone testing	IKPPD.10						

Number of People with HIV (PWH) who referred to CST clinic	IKPPD.11						
Cumulative number of PWH who referred up to this month	-						

3. CST Service

Indicator	Code	FSW	Clients of FSW	MSM	Transvestite	IDU	Total
		1	2	3	4	5	
Number of PWH who receive ARV treatment	IKPPD.01						
Number of PWH who receive ARV treatment for 6 months	IKPPD.016						
Number of PWH who receive ARV treatment for 12 months	IKPPD.012						

4. PMTCT Service

Indicator	Code	Total
Number of pregnant women who undergone HIV test at PMTCT facility	IKP.10	
Number of pregnant women who undergo test and who are HIV positive	IKP.11	
Number of pregnant women who undergone HIV test and who are HIV positive and receive ARV prophylaxis	IKP.12	

5. Condom Promotion

Indicator	Code	Total
Number of condom outlets in commercial sex transaction places	IKP.07	
Number of condoms distributed to the outlets	IKP.08	
Number of condoms sold	IKP.081	

Note: PMTCT is Prevention of HIV from Mother to Child Transmission

6. IDU Service

Indicator	Code	Male	Female	Total
Number of IDU reached by prevention program	IKP.20			

Number of IDU who join Needle Exchange Program (NEP)	IKP.21			
Number of IDU who join the Methadone Maintenance Therapy	IKP.22			

7. AIDS Cases

Indicator	Code	FSW	Cleints of sex	MSM	Transvestite	IDU	Total
		1	2	3	4	5	
Number of AIDS cases	ID.02						
Number of AIDS-related death	ID.03						

Appendix 6. IMPLEMENTER'S MONTHLY REPORT

Form: No. 02/KPA/ME

THE NATIONAL AIDS COMMISSION

Monthly Program Report of the District/City

District/City : Province:
 Institution Name/NGO :
 Responsible person :
 Address :
 Telephone : Fax: Email:
 Mobile phone number :
 Month : Date of Submission:

This form is to be filled by the institution/NGO working within the district/city. Fill the column with number or check sign (√) according to services provided and send the form not later than 2nd day of next month to District/City AIDS Commission.

1. HIV/AIDS prevention through IMS Program

Indicator	Code	Male	Female	Total
Number of people with new Sexually Transmitted Infection (STI) cases this month	IKP. 14			
Number of people who recently received STI treatment this month	IKP. 16			
Total Number of people who are on STI treatment up to this month	-			

2. VCT Services

Indicator	Code	FSW		MSM	Transvestite	IDU	Total
		1	2	3	4	5	
Number of people visiting the VCT clinic this month	IKPPD.13						
Number of people who have HIV testing and get the result	IKPPD.09						

Number of people who are HIV positive from those who undergone testing	IKPPD.10						
Number of People with HIV (PWH) who referred to CST clinic	IKPPD.11						
Cumulative number of PWH who referred up to this month	-						

3. CST Service

Indicator	Code	FSW	Cleints of sex worker	MSM	Transvestite	IDU	Total
		1	2	3	4	5	
Number of PWH who receive ARV treatment	IKPPD.01						
Number of PWH who receive ARV treatment for 6 months	IKPPD.016						
Number of PWH who receive ARV treatment for 12 months	IKPPD.012						

4. PMTCT Service

Indicator	Code	Total
Number of pregnant women who undergone HIV test at PMTCT facility	IKP.10	
Number of pregnant women who undergone test and who are HIV positive	IKP.11	
Number of pregnant women who undergone HIV test and who are HIV positive and receive ARV prophylaxis	IKP.12	

5. Condom Promotion

Indicator	Code	Total
Number of condom outlets in commercial sex transaction places	IKP.07	
Number of condoms distributed to the outlets	IKP.08	
Number of condoms sold	IKP.081	

Note: PMTCT is Prevention of HIV from Mother to Child Transmission

6. IDU Service

Indicator	Code	Male	Female	Total
Number of IDU reached by prevention program	IKP.20			
Number of IDU who join Needle Exchange Program (NEP)	IKP.21			
Number of IDU who join the Methadone Maintenance Therapy	IKP.22			

7. AIDS Cases

Indicator	Code	FSW	Cleints of sex	MSM	Transvestite	IDU	Total
		1	2	3	4	5	
Number of AIDS cases	ID.02						
Number of AIDS-related death	ID.03						

Appendix 7: TRI-MONTHLY DISTRICT/CITY REPORT

Form: No. 03/KPA/ME

THE NATIONAL AIDS COMMISSION

Quarterly Report on HIV/AIDS Program in Districts/Cities

District/City : Province:
 Responsible person :
 Address :
 Telephone : Fax : Email :
 Mobile phone number :
 Month : Date of submission:

These data are compiled from monthly reports of the institutions and NGOs (Form No 01/NA/ME) and routine reports of the institutions and NGOs sent to upper level institutions and survey results. The report should be sent to Regent/Mayor, Provincial AIDS Commission and National AIDS Commission not later than 15 days after the tri-monthly reporting period ends.

1. Capacity Building

Indicator	Code	Total	Any	Not yet available	Enough	No
Full time staff	IM.01					
Workplan dan budget	IKPKK.02					
Secretariat office supplies	IKPKK.03					
Amount of Local Budget for HIV/AIDS disbursed in the past 3 months	IKPKK.04					
Number of Local AIDS Commission staff who have been trained on HIV/AIDS	IKPKK.06					
Number of internal meetings and coordination held	IM.03.04					

2. Public Communication Service on HIV/AIDS

Indicator	Code	FSW	MSM	Transvestite	IDU	General	Total
		1	2	3	4	5	
Number of brochures/booklets distributed to high risk population and general population	IKP.03						
Number of HIV/AIDS radio program broadcasts by local radio station in the past 3 months	IKP.01						

Number of articles/advertisements on HIV/AIDS in the local newspaper in the past 3 months	IKP.011						
---	---------	--	--	--	--	--	--

3. HIV/AIDS in the workplace

Indicator	Code	Male	Female	Total
Number of enterprises and public institutions that have HIV/AIDS program for their staffs	IKPKK.07			
Number of staffs and families reached by HIV/AIDS program	IKPKK.08			

4. HIV/AIDS Prevention among Youth

Indicator	Code	Male	Female	Total
Number of High Schools that the teachers have been trained on HIV/AIDS life skill education and have taught the students about it	IKP.04			
Number of students age 15-24 who have been taught on HIV/AIDS life skill education	IKP.05			
Number of youths age 15-24 who do not go to school but have been taught on HIV/AIDS life skill education	IKP.06			

The questions below should be completed based on data compilation from 3 forms No. 01/KPA/ME for 3 consecutive months.

5. HIV/AIDS prevention through STI Program

Indicator	Code	Male	Female	Total
Number of new people who get STI in the past 3 months	IKP.14			
Number of new people who get STI who receive treatment in the past 3 months	IKP.16			
Number of total new people who get STI and receive treatment in the past 3 months	-			

6. Voluntary Counseling and Testing (VCT) and Care, Support and Treatment (CST) Services

Indicator	Code	FSW	Clients of FSW	MSM	Transvestite	IDU	Total
		1	2	3	4	5	
Number of people visiting VCT clinic in the last 3 months	IKPPD.13						
Number of people who have undergone HIV testing and obtain the result	IKPPD.09						
Number of IKPPD.11f PWH out of those -who undergone the test	IKPPD.10						
Number of PWH who referred to CST clinic	IKPPD.11						
Number of total PWH who referred in the past 3 months	-						
Number of PWH who are on ARV treatment	IKPPD.01						
Number of PWH who are on ARV treatment for 6 months	IKPPD.01						
Number of PWH who are on ARV treatment for 12 months	IKPPD.01						

7. PMTCT Service

Indicator	Code	Total
Number of pregnant women who have test at PMTCT Clinic	IKP.10	
Number of pregnant women who undergone HIV test and the result is HIV positive	IKP.11	
Number of pregnant women who undergone HIV test, the result is HIV positive and receive ARV prophylactic treatment	IKP.12	

8. Condom Promotion

Indicator	Code	Total
Number of condom outlets available near the sex transaction locations	IKP.07	
Number of condoms distributed to the outlets	IKP.08	
Number of condom sold	IKP.081	

9. IDU Services

Indicator	Code	Male	Female	Total
Number of IDU reached by prevention program	IKP.20			
Number of IDU who join the Needle Exchange Program	IKP.21			
Number of IDU who join the Methadone Maintenance Treatment	IKP.22			

10. AIDS Cases

Indicator	Code	FSW	Clients of sex worker	MSM	Transvestite	IDU	Total
		1	2	3	4	5	
Number of AIDS cases	ID.02						
Number of AIDS-related deaths	ID.03						

APPENDIX 8: List of 22 PROVINCES AND 100 DISTRICTS/CITIES

Districts/Cities of HIV/AIDS Comprehensive Services Year 2006

PROVINCE		DISTRICTS		
1	North Sumatra	1	1	District of Langkat
		2	2	District of Deli Serdang
		3	3	District of Toba Samosir
		4	4	District of Simalungun
		5	5	District of Serdang Bedagai
		6	6	City of Tanjung Balai
		7	7	City of Medan
2	Riau	1	8	City of Dumai
		2	9	City of Pekanbaru
3	Kepulauan Riau	1	10	District of Karimun
		2	11	District of Kepri
		3	12	City of Batam
		4	13	City of Tanjung pinang
4	Sumatera Selatan	1	14	City of Palembang
5	Bangka Belitung	1	15	City of Pangkal Pinang
6	Lampung	1	16	City of Bandar Lampung
7	Banten	1	17	City of Tangerang
8	DKI Jakarta	1	18	City of Jakarta Utara
		2	19	City of Jakarta Pusat
		3	20	City of Jakarta Selatan
		4	21	City of Jakarta Barat
		5	22	City of Jakarta Timur
9	West Java	1	23	District of Bekasi
		2	24	District of Karawang
		3	25	District of Cianjur
		4	26	District of Subang
		5	27	District of Bandung
		6	28	District of Indramayu
		7	29	District of Cirebon
		8	30	District of Sumedang
		9	31	District of Bogor
		10	32	City of Depok
		11	33	City of Bogor
		12	34	City of Sukabumi
		13	34	City of Bekasi
		14	36	City of Bandung
		15	37	City of Tasikmalaya
		16	38	City of Cirebon
		17	39	City of Cimahi

PROVINCE		DISTRICTS		
10	Central Java	1	40	District of Tegal
		2	41	District of Kendal
		3	42	District of Semarang
		4	43	District of Pati
		5	44	City of Purwokerto
		6	45	City of Semarang
		7	46	City of Salatiga
		8	47	City of Surakarta
11	DI Yogyakarta	1	48	City of Yogyakarta
12	East Java	1	49	District of Madiun
		2	50	District of Nganjuk
		3	51	District of Tulungagung
		4	52	District of Kediri
		5	53	District of Malang
		6	54	District of Pasuruan
		7	55	District of Jember
		8	56	District of Banyuwangi
		9	57	District of Gresik
		10	58	District of Sidoarjo
		11	59	City of Madiun
		12	60	City of Kediri
		13	61	City of Pasuruan
		14	62	City of Malang
		15	63	City of Surabaya
13	Bali	1	64	District of Buleleng
		2	65	District of Jembrana
		3	66	District of Tabanan
		4	67	District of Badung
		5	68	District of Gianyar
		6	69	District of Karangasem
		7	70	City of Denpasar
14	West Nusa Tenggara	1	71	City of Mataram
15	East Nusa Tenggara	1	72	District of Belu
		2	73	City of Kupang
16	West Kalimantan	1	74	City of Singkawang
		2	75	City of Pontianak
17	East Kalimantan	1	76	City of Balikpapan
		2	77	City of Samarinda
18	North Sulawesi	1	78	City of Manado
		2	79	City of Bitung
19	South Sulawesi	1	80	City of Parepare
		2	81	City of Makassar
20	Maluku	1	82	City of Ambon

PROVINCE		DISTRICTS		
21	Irian Jaya Barat	1	83	District of Sorong
		2	84	District of Manokwari
		3	85	District of Fakfak
		4	86	District of Kaimana
		5	87	City of Sorong
22	Papua	1	88	District of Nabire
		2	89	District of Biak Numfor
		3	90	District of Paniai
		4	91	District of Mimika
		5	92	District of Puncak Jaya
		6	93	District of Jayawijaya
		7	94	District of Mappi
		8	95	District of Jayapura
		9	96	District of Keerom
		10	97	District of Pegunungan Bintang
		11	98	District of Merauke
		12	99	District of Asmat
		13	100	City of Jayapura



APPENDIX 9: M&E GUIDELINE TEAM

I. Steering Committee

Chairman : H.M. Sukawati Abubakar

Secretary : Drs.Toni Kustianto, SKM

Members : Monitoring and Evaluation Working Group of the National AIDS Commission

II. Authors : DR.Ir. Lely Wahyuniar, MSc.

Dr. Nadiar, DTMH, MPH.

Dr. Suriadi Gunawan, MPH.

III. Supporting Staff : Yanti Susanti, S.P

Rianingsih, S.H.

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