

# Using Theory of Change in an HIV Prevention Program's Monitoring and Evaluation Plan to Achieve the Best Outcomes for the Indonesian Epidemic

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## Introduction

The HIV Cooperation Program for Indonesia (HCPI) aims to reduce transmission of HIV, using results of monitoring and evaluation (M&E) to ensure successful approaches are used for leadership; health promotion and behaviour change communication; harm reduction for injecting drug users; and model prisons. Theory of change ensures programs use evidence to inform activities.

There are three levels of change that are expected as program outcomes:

- **Changing individuals** – shifting attitudes, behaviours and motivation of participants in an intervention
- **Changing relationships** – new networks and cooperative relationships
- **Structural, institutional and systemic change** – infrastructure support and policy reforms

Theory of Change *Models* for health programs usually refer to individual behaviour change and are similar; they are useful for developing approaches to achieving behavioural change but are not particularly helpful for analysing structural, institutional and systemic change.

### Theory of Change Logic Flow



Figure 1. Theory of Change Logic

**Theory of Change – Leadership** to improve planning, institutional capacity, surveillance, research skills and the quality of media reporting

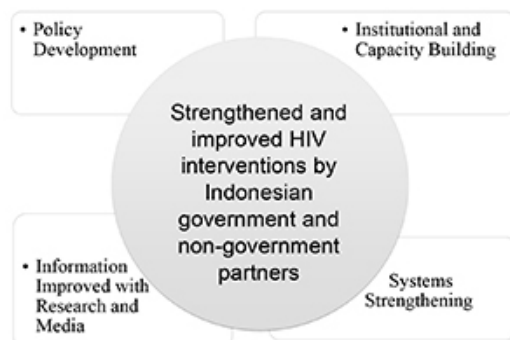


Figure 2: Theory of Change for Leadership

## Theory of Change for Harm Reduction Programs for People Who Inject Drugs to reduce sharing of needle syringes and increase use of condoms and access to testing and treatment

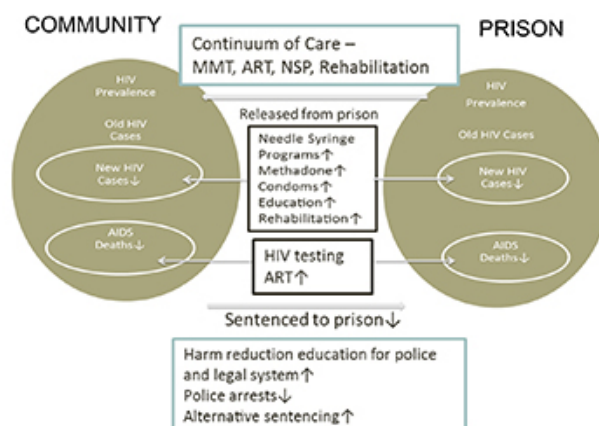


Figure 3. Theory of Change for Harm Reduction Programs for People Who Inject Drugs

The outcomes of the program, based on the annual client behaviour surveys, included:

- a reduction in needle syringe sharing among program participants (in the previous week) from 15% in 2010 to 9% in 2013;
- higher condom use at last sex with regular partners in 2013 in those who had tested positive for HIV, 64%, compared to those who tested negative for HIV, 28%, 61% using condoms with casual partners
- increased VCT uptake with 18% never tested in 2013 compared to 25% in 2012.
- of the 47% who had tested positive for HIV, 68% received ART in 2013, a 10% increase since 2012.

Assumptions about health facilities' effectiveness in distributing needle syringes that were used for planning NSP were not based on evidence and proved wrong although they may ensure a more sustainable NSP system if funding for Community Service Organisations becomes limited. Community Service Organisations' outreach workers remain the most effective means of distributing needle syringes to people who inject drugs.

## Theory of Change – Papua and West Papua Health Promotion and Community Mobilisation to reduce casual sexual partners and increase condom use, STI and HIV testing and treatment

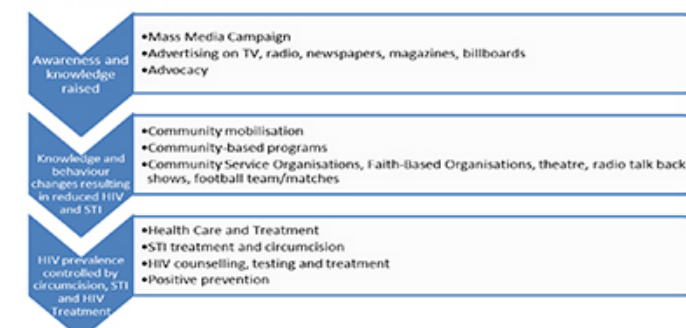


Figure 4. Theory of Change for Health Promotion in Papua and West Papua

The outcomes of the programs in resulted in a reduction of casual partners and an increase in consistent condom use with casual partners over the previous year as shown in Table 1:

Table 1: Percentage Male and Female Program Participants in Papua and West Papua with Casual Partners and Consistent Condom Use in Last Year with Casual Partners, 2009 and 2013

Indicator	Papua		West Papua	
	Male	Female	Male	Female
% Sexually Active with Casual Partners - 2009	64%	41%	65%	31%
% Sexually Active with Casual Partners - 2013	48%	35%	30%	9%
% Always Used Condoms with Casual Partners in Last Year - 2009	17%	12%	20%	8%
% Always Used Condoms with Casual Partners in Last Year - 2013	33%	23%	21%	11%

## Conclusions

Monitoring & Evaluation Plans need regular revision as programs evolve, including revising and refining program indicators. Theory of change contributes to this process, emphasising the relationship between activities and outcomes using evidence from program monitoring, evaluation and other sources of information to revise underlying assumptions that inform programs. This allows technical staff to identify ineffective approaches and adjust or totally change them accordingly. For HIV interventions, theories that focus on system change, social change and group change as well as individual change are particularly useful.



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