



**DOI:**

10.22301/IJHMCR.2528-3189.131

Article can be accessed online on:  
<http://www.ijhmcr.com>

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**ORIGINAL ARTICLE**  
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**INTERNATIONAL JOURNAL  
OF HEALTH MEDICINE AND  
CURRENT RESEARCH**

**EVALUTION OF IMPLEMETATION PREVENTION POLICY  
HIV / AIDS IN THE CITY OF MANADO**

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**ARTICLE INFO**

**Article History:**

Received 27th October, 2016  
Received in revised form  
13th November, 2016  
Accepted xxth xxx, 2016  
Published online 30th December,  
2016

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**Key words:**

*Human Resource, Evaluation Policy,  
HIV/AIDS.*

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**ABSTRACT**

Strengthening human resource strategy must consider several factors that affect the development of the Human Resources (HR), the health care system, education system and the employment system demographic factor system is an important factor as the capital base so as Human Resources (HR) can grow and thrive accordance with the life challenges faced. Strengthening of human resources can not be separated from external factors, such as the international environment, government policies, socio-cultural and geographical conditions of a country. In general, this study aimed to evaluate the implementation of policies on HIV / AIDS in the city of Manado. The method used in this study is a qualitative research method using CIPP model of evaluation research developed by stufflebeam. Policy Evaluation of the HIV and AIDS program was about to begin evaluating the relevance of context, input, process, products are evaluated qualitatively. This study successfully demonstrated policy of HIV / AIDS in the city of Manado decreased but not significantly because of various constraints faced such as the availability of human resources, the availability of human resources, the availability of funds and commitment of policy holders. From the results of policy evaluation of HIV / AIDS in the city of Manado is necessary to continue with the existing management reform.

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**Citation: Marjes N. Tumurang<sup>1</sup>, 2016 "Evaluation Of Implemetation Prevention Policy HIV / AIDS In The City Of Manado", International Journal of Health Medicine and Current Research, 1, (02), 131-141.**

## INTRODUCTION

*Welfare* is sublime aspiration fought by any countries in the world. So that, in the objective formula of each country, it will be found sentences or prose saving the realization of welfare. Development convinced as the right way to realize that aspiration, development which covered all aspects of nation and state. The economic growth had been convinced as main indicator of development success. However, in the progress, the economic growth index cannot guarantee the welfare realization. Finally, the paradigm proceeds into making human resources as main stepping of development (*people centered development*) (Hendrawan, 2012).

The attainment of high economic growth, effort of development distribution, and the continuity of development process and development foundation with wisdom to the environment cannot free from the existence of human resources' quality and quantity. Then, the development priority oriented in the improvement of human resources, in the hope that qualified people will be able to process the elements of development (economic growth, environment everlasting, and distribution), so that the aspiration to realize nation's prosperity can be reached easily.

High awareness toward the important of human resources in the development is not at the moment's notice bringing into the success smoothly. There are many problems faced in the process of development. The problem had been solved in the beginning based, that the development must be started from human development as a whole. Furthermore, many problems arose, from standard which will be used to do human development, appropriate method, and create the continuity between human modal and other development modals.

Started from those problems, it is needed to think how is the appropriate strategy to be done in the effort of human development. Human being is creature who has big potential and dynamic. They are also learning creature, because of that, they are evolve and step by step in the life dynamics. People' innovation and creation potentially to be always changed exponentially is determinant that cannot be replaced from development process.

It is needed effectiveness strategy to decrease the tangled thread of human resources in Indonesia. Appropriate strategy in the human resources management doesn't apart from all aspects of nation development. The policy adopted by the government in

the field of human resources management should be related to other policies, such as policies of education, infrastructures, and health.

Human resources development involved many factors. Understanding of human resources could be based on some perspectives. As stated by Schuler Youngblood (1986), emphasizing that studying human resources from organization perspective, human as part of organization. So, it revealed that human resources development at certain organization would involve various factors, such as: training and education, carrier planning, improvement of work quality and productivity, and improvement of work health and safety.

Detailed opinion about dimension of individual capacity reinforcement stated by Grindle (1997), that the reinforcement of human resources capacity including competence and qualification, knowledge, attitude, work ethic, and motivation. However, the reinforcement of human resources capacity does not apart from organization dimension, where human resources is united with other organization elements, that are institutional and system levels. Institutional levels, include: organization structure of decision making, work procedure and mechanism, instrument management, work relation and work networking. System levels include regulation framework and policy of objective achievement.

Based on the explanation of those strategies of human resources development, thing that should be considered is that all those strategy are not alternative, but cumulative which completing each others. Each strategy has weaknesses (Lope hole) which should be completed by other strategy. If it is done, then any obstacles happened and will happen in the reinforcement of human resources in Indonesia can be neutralized or minimized.

Today's strategic issue of health problem in Manado included public problem health, especially related with people's attitude closely related with policy supporting the health development process, in a word, social policy was one of public policy. Social policy was government's determination made to respond public issues, that was solving the social problem or overcoming people's need (Suharto 2011: 4). Therefore, the aim of this research was to evaluate the policy of overcoming HIV and AIDS in 2012 in Manado.

The objectives of this research were getting empiric data, analyzing, giving assessment and recommending about: 1) Target of policy of overcoming HIV and AIDS in Manado, 2) The availability of

infrastructures in overcoming HIV and AIDS in Manado, 3) The quality of human resources involved in overcoming HIV and AIDS in Manado, 4) The realization process/implementation of the policy in Manado, 5) The goal achievement of the policy of overcoming HIV and AIDS in Manado. The research was done in Manado Government, North Sulawesi.

## METHODS

The research used qualitative method. This was kind of program evaluation research with CIPP approach (*Context, Input, Process, Output*) adapted from Daniel Stufflebeam. Assumption underlying the using of model or CIPP approach, according to Suharsimi Arikunto, was viewing evaluated program as a system. Widely, according to Daniel Stufflebeam, CIPP model was evaluation model which have comprehensive framework, related with formative and summative evaluation connected with evaluation of *Context, Input, Process, Product*. Connected with study focus of this research was harmonious study started from evaluation to the objective of overcoming HIV and AIDS, evaluation to the availability of cost and infrastructures, evaluation to the policy formula, and evaluation to the policy result of overcoming HIV and AIDS. Then, those were a cycle that cannot be parted one and each others. Else, the objective of this study was also able to evaluate the program at the stage before the program until the end of the program, so that the study focus of this research already fulfilled the assumption of CIPP evaluation model.

Instruments used in this research were functioned as guide (interview guide) in encompassing the data which was done through deep interview. The techniques used to collect the data were participative observation, deep interview, and documentation.

## RESULTS

### 1. Result of Context Evaluation

#### a. Needs Analysis of Policy of Implementation of Overcoming HIV and AIDS

Government guaranteed that by mobilization of all resources adjusted with economic ability and country condition; the overcoming HIV and AIDS would give positive impact toward the development directness of

certain country. The government had already encouraged the increasing of family and society responsibility toward people with HIV and AIDS (ODHA). On the other way, effort to increase ODHA responsibility to keep family and society in order to not infected, also need to be improved. By the increasing of HIV and AIDS epidemic globally, Indonesia government committed to run international agreement to restraint HIV and AIDS, promoted multilateral and bilateral compromises, and expanded the compromise with state neighbor in the program of restraining HIV and AIDS.

President Regulation No 75 Year 2006 mandated the need of improving the effort to overcome HIV and AIDS in whole of Indonesia. The responses should be addressed to decrease, as maximum as possible, the improvement of new cases and death. One of the strategic steps that will be taken is strengthen the overcoming AIDS commissions in all levels. The budget in government sector is also hoped to be increasing in line with the problems complexity faced, and also the resources and coverage problems. General people, included LSM, will increase their roles as government colleague till the village level, while the international colleague hoped to keep giving technical and fund.

#### b. Policy of National Program

Almost HIV and AIDS cases did in high risk group that is marginalized group, so the preventing and restraining HIV and AIDS need considerations of religious, mores, and society norms occurred in addition to the considerations of health, spreading and distributing HIV and AIDS that related to risk attitudes. Therefore, the restraining process should pay attention to the factors influenced to those attitudes. The general policy of restraining HIV and AIDS in the health sector included: (1) Effective prevention effort, included the using of condom 100% at every risk sex activities, purely only to cut the chain of HIV spreading. (2) Effort to restraining HIV and AIDS is an integral effort of health live improvement, disease prevention, medical treatment and nursing based on the data and scientific data and support toward ODHA. (3) Effort of restraining HIV and AIDS gives priority to the group of people with high risk attitude, but should also pay attention to the susceptible people, included which related to their works and marginal groups, to the spreading of HIV and AIDS.

#### c. Strategy

In order to achieve the objectives, some

strategies were determined as follows: (1) Improving and strengthening policy and program proprietary through regulation, standardized program service, mobilization and harmonization of sources and funding allocation. (2) Improving and strengthening health system and program management, improvement of professional SDM (Human Resources) program, logistic management, monitoring and evaluating activities. (3) Improving and strengthening strategy information system through improvement of second generation of surveillance activity, operational research in order to get data and information for the developing program of restraining HIV and AIDS. (4) Using ODHA and society in the efforts of preventing, supported nursing, medical treatment and other programs, increasing of service quality and easy of access toward prevention, service and medical treatment for ODHA. (5) Service for ODHA was done holistically, comprehensive and intensive and integrative, appropriate with continuing nursing service concept.

#### d. Challenge

Challenge of preventing and restraining HIV and AIDS such as: (1) Limited access to the health service in preventing, nursing, and medical threatening HIV and AIDS in the fields of preventing, diagnostic, medical treating, nursing, safety of blood transfusion and universal awareness, where, today, VCT had not been available in all around Indonesia. (2) Limited funding allocation and availability which continued in retraining HIV/AIDS. The problem of funding became the main obstacle in handling HIV and AIDS epidermis. Preventing steps needed to be improved an intensified, while the needs of medical treatment hoped would increase rapidly to solve indirect impact of HIV and AIDS, especially the impact in family, also will increase the cost. (3) The weak of coordination across sectors and monitoring system and evaluation, although there were many efforts had been done to realize good governance practice at National level, but the coordination of National restraining HIV and AIDS commission (KPAN) itself should be improved.

Eradication of HIV and AIDS needed the participation of any sectors, such as: health, military education, correctional institution, transportation, migration which would demand coordination. Those all became the weaknesses in the relationship between institutions or in the internal institution itself. As same as policy harmonization, plan, implementation, monitoring, and evaluation was included into strategy information supply (SRAN 2010-2014). Optimality of resources through commitment and

better cooperation pattern with local government needed special attention. It was needed the strengthen of information system and good governance generally, because HIV and AIDS had not already become the main current in the work environment, the weak of surveillance system, and the weak of monitoring system and fragmented evaluations.

#### e. Target of Policy of Overcoming HIV and AIDS

The target of preventing and overcoming HIV and AIDS were the people in Manado, especially they were categorized as follows: (1) ODHA and family, (2) Susceptible group, (3) Supporting group, included peer group, (4) Health officers, workers of range, co-counselors and cases managers, (5) Entrepreneurs, owners or managers of industries with high risk of HIV and AIDS spreading, (6) LGBT (*Lesbian, Gay, Bisexual, Transgender*)

The policy of overcoming HIV and AIDS in Manado referred to national effort of overcoming HIV and AIDS. (1) National Strategy of Overcoming HIV and AIDS cooperated with health ministry through Harm Reduction approach, (2) National Strategy of Overcoming HIV and AIDS (KPAN), KPAD cooperated with government and private institutions, LSM, (3) In 2003-2007 setting VCT in North Sulawesi, 3 places in Manado (RS. Umum R.D. Kandouw Malalayang, RS R.W. Mongisidi Teling, RS Ratumbusang Sario). The goals of VCT were as follows, (a) Expanded the scope (cases finding), (b) Improving health service to the target, (c) Improving live quality of ODHA.

Prevention efforts were done as follows: 1) Socializations of VCT: (a) Using of Condom, (b) *Harm Reduction* (Cases reduction), (c) KIE (Counseling), (d) Check up (Counseling and HIV Test) at the high risk families and the spouses; 2) Rehabilitation at the cases manager, (a) Assistance, (b) Special Hospital (haven't built), (c) Limited Guess House (Batamang Plus), (d) Sources of 3 VCT in Manado and 2 VCT satellites in clinic in Manado had been trained and funded by *Global Fund (GF)*. The problems were about rolling or moving to other places. The VCT and SCT training never held again until recent time.

## 2. Evaluation Result of Input

Evaluation of the policy of input related with the planning of implementation the policy of overcoming HIV and AIDS in Manado. This evaluation's goal was to observe the human resources quality, funding availability and infrastructure feasibility, funding and fixed procedure realized by the government.

a. Human resources quality

One important aspect in doing the policy was human resources quality. The availability of human resources in the implementation the policy of overcoming HIV and AIDS in Manado was ....

One of the strategic sources in implementing the policy was human resources. From the table, it informed that human resources' availability and feasibility in implementing the policy of overcoming HIV and AIDS in Manado were available.

The target trained in order to fulfill the target of overcoming HIV and AIDS in Manado were: Counselors, Lab official, administration, formation officers. Based on interview result with some VCT officers, the target trained were specialist consoles, medical doctors, nurses, while the problems occurred were about rolling or moving to other places, and the training never held again included in 2 clinics which had 2 VCT in the scope of health department in Manado. Based on the interview result with the head of Health Department Manado, the personals trained for overcoming HIV and AIDS were doctors and nurses who had competency and knew the techniques of preventing HIV and AIDS. The training for personals of preventing and overcoming HIV and AIDS funded and granted by *Global Fund*.

b. Funding

Generally, the implementation of funding/budgeting management was appropriate with the regulation. For Health Department of Manado included the clinics, it's funding management was organized in DPA, so that the funding had already included with eradication of infected diseases included HIV and AIDS. Moreover, the health department of Manado had already made IMS (*Infeksi Menular Seksual*-Sexual Spreading Infection) centre department of Promkes in Health Department Manado, in order to bring nearer the health service for people in Manado. Based on the interview result with the care-taker of Wolter Robert Monginsidi Hospital Manado, although there was funding grant from Global Fund and APBD which had ordered in each unit of health service, the number of HIV and AIDS cases would increase because there were any finding cases every day, every week, and every month existing. The funding sources from the central, Province, Municipality/regency hadn't given direct impact.

c. Infrastructures

The infrastructures in Health Department Manado utilized for health service for people, especially infrastructures for overcoming HIV and AIDS in Manado

were not sufficient whether it's availability and it's feasibility. Of course, without looking at the availability and feasibility, all of the resources worked efficiently and effectively using the available infrastructures. It was hoped could support the climate of service process maximally and exactly.

d. Fixed Procedure of Overcoming HIV and AIDS

The activities of Health Department Manado in overcoming HIV and AIDS were already through the regulation and laws underlined by the National Commission of Overcoming HIV and AIDS, Governor's regulation, and Decree of Mayor Manado, worked with fittingness, considered that this disease couldn't be exposed mistakenly, moreover it related with occupational secret and Human Right "HAM".

e. The Accuracy of Overcoming HIV and AIDS

Health Department Manado, in overcoming HIV and AIDS, didn't know time and place, means every time, must do best to overcome them, never misses the time determined (if there were any), (interview result with the head of Health Department Manado).

### 3. Result of Process Evaluation

a. Prevention for HIV and AIDS

Be abstinent and faithful with the fixed spouse. (1) Abstinent (no sex) and be faithful with one spouse were the best effort to be self-prevention from HIV and AIDS spreading through sex. Based on the survey result of a group of men, there were only few men (respondents) who didn't do sex activities during last one year. The respondents surveyed were *ojek* (motorcycle used for transport) drivers, ABK and WPS (*Wanita Pekerja Seks*-prostitutes). (2) Use condom for commercial sex. Consistency in using condom when doing commercial sex was the target of Health Department Manado in sex transaction places an all at once giving an understanding, to the people, that one way of preventing HIV and AIDS was no sex with WPS (*Wanita Pekerja Seks*-prostitutes). (3) Prevention of Panasun (*Pengguna NAPZA Suntikan*-Users of NAPZA injection). Any efforts to decrease the risk of spread and spreading HIV and AIDS, (such as using hypodermic needle commutatively and unsterile still done by the NAPZA users) done. Effort done by Health Department Manado (interview result with the officers of overcoming HIV and AIDS in Health Department Manado and KPA Manado and KPA North Sulawesi Province) was giving an understanding to the susceptible groups in order not to spread the disease to

others. Beside KPA activity, health department Manado, KPA province, and LSM were also doing counseling in the sex transaction places, education institutions, harbors, *ojek* bases, and preparing condoms in cafes and hotels in order to minimize the number of HIV and AIDS incidents in Manado.

#### b. Handling HIV and AIDS

There were 3 VCT in Manado which given responsibility to handle HIV and AIDS sufferers if there were any cases found in the field. This activity had plots, followed the *protap* determined based on the cases' handling in hospital, consisted of: (1) Pre Counseling, (2) HIV Test, (3) Post Counseling (Disease Determination)

If the result was positive or negative, the officers would need certain strategy to give an understanding to the sufferer with a rule that should follow the suggestions given by the VCT officers ( Doctors, Nurses, and Lab Officers).

#### c. Rehabilitation of HIV dan AIDS

Based on the interview and available data, rehabilitation aimed to recover and improving ODHA who got social dysfunctional in order to be able to do their social function fairly. Rehabilitation could be done through persuasively, motivate, cohesively, whether in the family, society, or social institution. Rehabilitation given in the forms of: Motivation and psychosocial diagnosing, (2) Nursing and caretaking, (3) Entrepreneurship development, (4) Mental and Spiritual guidance, (5) Social guidance and psychosocial counseling, (6) Accessibility service, (7) Social helping and assistance, (8) Re-sociality guidance, (9) Continued guidance, and (10) References.

### 4. Result of Product Evaluation

a) The attainment of overcoming HIV and AIDS was done by doing prevention of HIV infection correctly, clearly, and completely through mass media, social organization, corporate world, educational institution, or social self-supporting institution running in health field periodically, by (1) Organizing communication, information, and education (KIE) in order that the society changed their risked attitudes of spread and spreading HIV into un-risked attitudes. (2) Improving the collaboration and coordination with printed and electronic mass media and advertency business in order to held education information communication (KIE) to the public and susceptible society. (3) Improving the collaboration cross sector in order to coordinate and synergize KIE efforts to prevent

HIV and AIDS spreading in the public, youths, and children. (4) Preparing the fund and infrastructures that was supporting KIE.

b) Implementing health live education and skill by the competent personnel in order to avoid HIV infection and misapplication of through schools or out of schools started from elementary level to college level, owned by government or private.

Considering that HIV epidemic was a global challenge and one of crucial problem recently, so that, the success of overcoming HIV and AIDS in Indonesia didn't only give benefit for Indonesia but also globally.

This document becomes reference in the developing of strategy and plan in sectors of government, local, private, work relation, and society in overcoming HIV and AIDS in Indonesia. This strategic issue and action plan had already referred to the policy stated in the document of *Rencana Pembangunan Jangka Menengah Nasional-National Middle Development Plan (RPJMN)* which would become the reference for the government sector in order to improve each strategic.

In North Sulawesi (North Sulawesi Province), especially in Manado, the overcoming HIV and AIDS entered new stage. Economic and social conditions, changed rapidly, influenced to the overcoming HIV and AIDS. Some challenges occurred such as: a) The scope of changing the attitudes, needed intensive contact to the key population, estimated at minimum 8 times each year, so that it needed sources whether in the form of program implementation or funding to ensure that intervention program could be implemented. b) The continuity of program cannot be ensured, there was gap of funding resources and human resources to fulfill the program's need. There was no clearness about the fund from grant for HIV program in the future. c) The scope to reach Universal Access was not sufficient because the limited fund for program implementation, whether prevention program at the key population (LSL, transsexuals, Penasun, WPA, Customers of WPS, and those spouses), prevention of disease spreading from mother to her child, nursing, supporting and medical treatment for ODHA who needed mitigation impact. d) The system of community health service was still weak. The health system needed to be strengthen to handle HIV and AIDS in the fields of preventing, diagnosing, medical treatment and nursing, the safety of blood transfusion and universal awareness. Community system through LSM and organization/network of key population needed to be strengthening in order to be more active in implementing key population. e) There was needed

the improvement of good government management in order to coordinate cross sectors, harmonization, policy, management, strategic information supplying, monitoring and evaluating and implementation the programs. f) There was also needed an improvement for more conducive environment in order to decrease stigma and discrimination, un-equivalent of gender, and violation of human right by engaging social and religious organizations and also education sector.

## **DISCUSSION**

### **1. Discussion of Context Evaluation**

The policy of overcoming HIV and AIDS in Manado needed support from the government of Manado, where the mission was "Bring Manado as please city" by realizing the social life which were graded, harmonies and peaceful, followed by high graded health service which were able to reach and been reached by each society at any time.

By realizing the high grade health service to the people in Manado, through health department Manado included the program of preventing and overcoming HIV and AIDS, the number of sufferers could be minimized.

President Regulation Number 75 Year 2006 about intensification of overcoming HIV and AIDS in Indonesia and Local Regulation of North Sulawesi, Mayor of Manado Decision Number 117 Year 2011, about the change of Mayor of Manado Decision Number 41 Year 2010 about formation of commission of overcoming HIV and AIDS in Manado, became the references of health Department Manado in implementing the policy of overcoming HIV and AIDS in Manado.

The goals of preventing and overcoming HIV and AIDS were to prevent and decrease the spreading of HIV, increase the life quality of ODHA and decrease the economic and social impact caused by HIV and AIDS. The object of preventing and overcoming HIV and AIDS and IMS were all places in Manado, where HIV and AIDS might be occurred. The subject of preventing and overcoming HIV and AIDS and IMS were all people with special attention to the susceptible population and high risked attitudes to spread HIV and AIDS.

Effort to prevent and overcome HIV and AIDS must be held by local government, society, religious institution, LSM, private sector and corporate world based n the principle of cooperation in conducive

situation. The effort of preventing-overcoming HIV and AIDS implemented at all people in Manado with the balance point at they with high risk attitudes and susceptible toward the spreading of HIV and AIDS, improved by approach of attitudes change education though all ways. The preventing and overcoming HIV and AIDS must pay attention to the principles of human rights, ODHA's dignity and weaknesses, and pay attention to the justice and gender equality, followed by disbandment of stigma and discrimination of marginalized social groups, considering religious, culture, and social values.

The implementation of policy of overcoming HIV and AIDS in Manado through Health Department and cooperated with KPA Manado had already done in line with the regulations and laws occurred. However, those implementation hadn't already scoped all social levels because there were many obstacles mainly the commitment for policy taker in interpreting the programs in Manado, had not already one perception. It was hoped that harmonization occurred in the planning, implementing, monitoring, and evaluating the program including information supplying.

### **2. Discussion of Input Evaluation**

The discussion of finding in evaluating of input component was based on the investigation at some aspects, that were the availability of infrastructures and the quality of human resources, and the funding.

From the interview result with head of health department Manado, it explained that the availability of infrastructures to overcome HIV and AIDS hadn't been sufficient both it's availability and it's sufficiency. The infrastructure to overcome HIV and AIDS must be available in each unit of health service, such as in clinics so that it facilitated the earlier detection of HIV and AIDS cases. The infrastructures which needed to be completed such as rooms of console, counselor, laboratory, administration, and pharmacy, so that facilitated the officers to do the duty and responsibility in doing the job. This had already proposed by head of health department Manado through APBD fund, grant of Global Fund, but until recent time, it hadn't been realized. Of course, this problem disturbed the implementation of preventing and overcoming HIV and AIDS in Manado, in order to decrease the number of sufferers included HIV and AIDS. Although the sufficiency and availability of infrastructures weren't appropriate with the needs of health officers who had already gotten training of technique to overcome HIV

and AIDS in Manado and the needs of society, but it didn't decrease their work spirit, but they must work hard with the infrastructures available.

Based on the interview results with the head of health department Manado and the caretaker of KPA. RS. R.W. Monginsidi Teling, it explained that from 5 VCT in North Sulawesi, each VCT had trained 3 person: doctor, nurse, pharmacy and 2 VCT officers in clinic Manado with total number of VCT officers were 17 persons.

The problem was that the personals who had been trained were rolled/moved to other places so that it made difficulties to prevent and overcome HIV and AIDS. Until recent time, there was no new training anymore for the VCT officers. It would be better for the officers who had been trained, whether in the hospital or clinic, weren't be rolled, but every 3 months or 6 months given refreshment in order to improve their knowledge about overcoming HIV and AIDS whether in the hospitals or clinics.

Based on the interview result with Head of Health Department and the program holder of eradication and overcoming the spreading diseases in Manado, the funding resources to overcome HIV and AIDS in Manado were from APBD Manado and grant of Global Fund (GF) which channeled through KPA Manado. That grant was used to operational included completing the infrastructures. For the Health Department Manado included the clinics, their activities had already ordered in the budget of DPA included the program of eradication of spreading diseases included HIV and AIDS. Although the fund from APBD wasn't enough to eradicate the spreading diseases especially HIV and AIDS, but the program must be implemented despite of not 100% in order to rehabilitate the social health. Specifically, the overcoming HIV and AIDS in Manado, although the fund wasn't enough, but the efforts of government relation such as LSM, religious figures, and culture observers, kept their contribution, all at once gave the solution of steps/strategies to overcome HIV and AIDS in Manado.

### 3. Discussion of Process Evaluation

Investigation result of implementation the preventing and overcoming HIV and AIDS in Manado could be seen at 3 aspects, they are prevention efforts, handling efforts, rehabilitations efforts. From the prevention aspect, HIV and AIDS were one of disease that still became global agenda because this disease

cannot be cured totally, so the promote and preventive factors were the most important things should be known by all people. Therefore, those factors would be more effective and efficient implemented by engaging any cross programs and related sectors. For the operational planning, it needed to divide the strategy implementation in each level, whether central, province, sub district/municipality until the field so there were not overlapping one each others. Those distributions are:

In the sub district/municipality and advocating field, they are: 1) Study and mapping the policy which supported the effort of restraining HIV and AIDS in sub district and municipality. The study and mapping activities aimed to know what policies were available and what other policies which needed to be improved to support the effort of restraining HIV and AIDS in sub district and municipality. 2) Giving socializations about the policies of restraining HIV and AIDS. This socialization aimed to inform the study and mapping results which supported the effort of restraining HIV and AIDS. 3) Implementing advocating with the position functionary, formally or informally, to the leaders and policy functionary in order to get policy support in the form of local regulation, decree, form letter from the regent/mayor, or budgeting allocation for preventive and promote efforts. Technical guidance or co-advocating were also done to the policy functionary in the sub district/municipality. 4) Documented the policies in sub district/municipality.

Aspect of handling HIV and AIDS followed the fixed procedures, after the cases found in the field. Each activity of handling HIV and AIDS needed tricks so that the sufferers didn't feel the discrimination and stigma because they would pass some stages occurred in the hospitals or clinics.

Based on the aspect of preventing and handling HIV and AIDS, almost those high risk group called group which (*Hard to Reach*), caused by some things such as: (a) There were stigma of public to the group of high risk population. This attitude, generally occurred related with the attitude in the practice, their identity and status. (b) Partly of those group, such as the whores, transsexual, and LSL, generally regarded with trespassing "generality" and social norms. Therefore, their attendances in the society were regardless "Unusual". (c) There was groups which difficult to be reached because there was not easy to identify them, such as the group of sex customers, which dominated by men. Although there was an effort to identify the group of men with certain background regarded as more risked, but the



survey result showed that the trespass of sex could be from any levels.

Those stigmas to the risked groups caused difficulties for intervention. Generally, intervention of health field, at least needed two main approaches, they are intervention of attitude change and intervention of biomedical. The first approach pressed on the promote and preventive efforts and maintain everyone positive attitude, while the second approach pressed on the curative effort, decrease the sufferers at the curative effort, decrease the sufferers and live quality rehabilitation. Almost people in Indonesia needed both approach by integral and comprehensively.

In order to implement both approaches by integral, not only needed technically implementation, but more than that, it needed political wanted and policy containing program implementation with it's implication.

One concrete sample, the obstacle in overcoming HIV and AIDS at the spreading by sexual activity is unclear or no admission of local government about the localization until recent time. Well ordered and regulated localization made it easy for the health officers to implement the overcoming of IMS and HIV and AIDS. There were many benefits which can be obtained by well managing of localization, such as: (1) The interest functionary and key figure in the localization could be the government bridging to control the health field. (2) By the existence of interest functionary and key figure who were developed by local government, so that it was possible to be arranged and implemented the regulation which was able to bind all members in that location. Those regulations such as: a) The regulation of using condom and monitoring of it's implication, b) Regulation of filtering IMS and HIV test periodically in the nearest clinic, c) Managing of condom availability in the location, d) Decrease any exploitation and violence toward the whores, which indirectly influenced other health attitudes, included the using of condom.

In the other side, it was not easy to identify the consumers of sex hawkers considering that they were men who had much money and high mobility. In other words, the men with this high risk were among the population of other men in general.

The similar obstacle was the difficulties to remove the stigma of condom as a tool of prevention. Condom always indentified with high risk sex attitudes, so that people avoided to buy/get, bring and use them in order to be out of marked "not good", indeed they were clearly did high risk activities. The fact, condom was

needed and proved to be the most effective tool to prevent the spreading of HIV through high-risk sex.

Rehabilitation effort very helps the sufferers, beside helping out the problem, also lengthen their live.

#### 4. Discussion of Product Evaluation

Evaluation in the product/result component was evaluation done to measure the success of goal achievement of the policy/program made by Health Department Manado in overcoming HIV and AIDS in Manado which consisted of policy achievement, service information needs, protection toward the society, improvement of prevention effort, quality of human resources, restraining of spreading level. The prevention effort must be fasten, it's quality was improved, and supported by all sectors, organizations, and society. The prevention was not only to them who had high risk attitude, but also to the most infected population segment, they are the youths.

It could be said that there was any knowledge improvement significantly, but as a whole, that improvement was still far from situation expected, mainly which was targeted by MDGS. In order to response this situation, the health development during 2010-2014 would be continued with the direction toward some priorities based on the National Summit in the end of 2009.

Attention demand was at the governance of health assurance, pressure at the promote and preventive efforts, overcoming the diseases and velocity to attain the target of *Millennium Development Goals (MDGS)*. In the target of MDGS, the overcoming HIV and AIDS became one important agenda beside malaria and other spreading diseases. Therefore, in the Roadmap of Social Health Reformation, HIV and AIDS elected as one area of change which got much attention. The restraining of HIV and AIDS and the decrease of the cases just occurred in 2005, with the indicators as follows: (a) Prevalence HIV <0,5 % at them with ages 15-14 years old. (b) The using of condom for the high risked sexual activities was at them with ages 15-24 years old of 50%. (c) Proportion of them at the ages of 15-25 years old who had comprehensive and right knowledge about HIV and AIDS was 95%. (d) Proportion of people with continued HIV who had access to the medical treatment of anti retro Viral Virus (ARV).

The government of Manado, through health department Manado, in his policy, stated that it must be difficult to say that there was no more people who got HIV and AIDS in Manado because a group of people

said that “if it is hunger, it can be kept, but the sex needs is difficult to be kept”. The interview result with the Head of Health Department Manado, said that, protecting the society from HIV and AIDS spreading was achieved but it didn’t protect “all” societies. In fact, all societies were protected but they, who were susceptible, especially with high risk, didn’t care and didn’t pay attention with government program related with health; they were such not afraid with death. However, in the line of national target to overcome HIV and AIDS explained in province and sub district/municipality, this program was kept going in line with the municipality government’s policy cooperated with private institutions, LSM, religious figures, cultural observers. So that, it was hoped the program of overcoming HIV and AIDS in Manado, step by step, would be succeed appropriate with the Vision, Mission, and goal of social health quality in Manado, would be prosperous.

The highest cases of HIV/AIDS found at the ages of 20-29 years. That groups had higher risks to be spread with HIV/AIDS because they were active sexual groups.

## CONCLUSION

The purpose of preventing and restraining HIV and AIDS were to prevent and decrease the spreading of HIV, increase live quality of ODHA, and decrease social impact caused by HIV and AIDS. The object of preventing and restraining HIV and AIDS and IMS were all places in Manado, where it was possible of and AIDS. Subject of preventing and restraining HIV and AIDS and IMS were all societies with special attention to the susceptible population and high risk attitudes to the spreading of HIV and AIDS

The implementation of policy of overcoming HIV and AIDS in Manado through Health Department and cooperated with KPA Manado had already done accord with the regulations and laws occurred. However, the implementations had not touched yet all societies’ levels because there were many obstacles, mainly the commitment for policy taker in interpreting the programs in Manado, had not already one perception. It was hoped that harmonization occurred in the planning, implementing, monitoring, and evaluating the program including information supplying.

In the evaluation process, implementation of overcoming HIV and AIDS could reach the goals, so it needed to be recommended as follows: 1) The policy of resources and institution structure in the effort of mobilizing the resources and institution strengthening

needed, should be increased continuously. 2) Prevention effort should be increased, whether the scopes, quality/effectiveness, or continuity.

## ACKNOWLEDGEMENTS

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