



The Implementation of AIDS Care Community (ACC) Work Program as an Effort for Handling HIV / AIDS Cases in Poncol Community Health Center Working Area

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Abstract

Introduction: Semarang City has the highest number of HIV / AIDS cases in Central Java. Several attempts to control HIV / AIDS cases, such as the organization for AIDS that is named after AIDS Care Community (ACC) in every village scope. The purpose of this study is to describe the implementation of the ACC program in Poncol Community Health Center.

Methods: This is a descriptive research, uses qualitative methods using in-depth interview for data collection techniques. There are 9 informants who are selected by using purposive sampling method. Data is analyzed using descriptive method. The process of data analysis begins with collecting data, and then reducing the data that has been generated. After that, the data are presented and concluded.

Results : The results show that the implementation of ACC program in the work area of Poncol Community Health Center is assisted by Poncol Puskesmas. There is 1 ACC out of 9 ACC that is actively implementing the ACC program while the others are not running well. It is found that low capacity of ACC members, lack of funds, low of support from the local government (village), low community support, inadequate facilities and infrastructure that affect the implementation of ACC programs. Therefore, the output is not achieved optimally.

Conclusion: The implementation of the ACC program in Poncol Community Health Center work area has not been running optimally. Support from all parties is needed, including from the members of the ACC, local government, AIDS commission, and the community in order to achieve the ACC goals.

Keyword: AIDS Care Community, HIV/AIDS, village scope

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Introduction

Acquired Immuno Deficiency Syndrome (AIDS) is a condition caused by HIV (Human Immunodeficiency Virus) that leads to physical disorders and infections caused by reduced immune system.¹ According to the Directorate General of Disease Prevention and Control, the Ministry of Health, an increase in the number of cases of Human Immunodeficiency Virus (HIV) is

reported every year. HIV / AIDS cases are often referred to as the iceberg phenomenon because the number of cases reported is much less than the real number exist.¹

As many as 3.9 million people in the world in 2017 were infected with HIV. In 2017 there were 1.8 million new HIV infections worldwide.² In Indonesia, up to June 2019 the cumulative cases of HIV

reached 349,882 cases. This number is increasing for about 48,000 new cases in less than a year. In 2014 there were 8,754 HIV cases, in 2015 the cases increased to 9,215 cases and in 2016 increased again up to 10,146 cases.³

In 2018, the five highest HIV cases provinces in Indonesia were DKI Jakarta (55,099 cases), East Java (43,399 cases), West Java (31,293 cases), Papua (30,699 cases), and Central Java Province (24,757 cases). Based on data from the Ministry of Health of the Republic of Indonesia, up to August 2019, the cumulative number of HIV cases in five provinces has increased as much as 62,108 cases in DKI Jakarta, 51,990 cases in East Java, 36,853 cases in West Java, 34,473 cases in Papua, and 30,257 cases in Central Java.²

Based on information provided by the AIDS Prevention Commission (KPA), Semarang City as the capital city of Central Java Province has the highest HIV / AIDS rate among other cities and districts in Central Java Province. In 2019, there were 471 new cases.⁴ From 1995 to 2019 the cumulative number of HIV cases in Semarang City was 5,875 cases.⁵

Based on the Semarang City Regional Regulation No. 4 of 2013 concerning HIV / AIDS Prevention, about the promotion, prevention, treatment, and social rehabilitation coordinated by the AIDS Commission, the parties that should take part in this program are the government, community organizations, non-governmental organizations (NGOs), and private sectors. In addition, it was also stated that all elements of society were involved in the implementation of HIV / AIDS prevention, including people living with HIV / AIDS (PLWHA). One of the many community organizations that have been formed by the AIDS Commission is the AIDS Care Community (ACC). ACC is an empowerment activity that is brought by the community to beneficial the community itself. The goal is to implement HIV / AIDS prevention programs in the community.⁶

Research conducted by the Center for Health Policy and Management, Gajah Mada University (UGM) Faculty of Medicine in Semarang City found five

health centers that were used as role models in the implementation of ACC. Among those five health centers, there was one health center that accomplished complete coverage of the Continuous Comprehensive Service. The health center is Poncol Community Health Center.

As a step to support the Three Zeros of HIV / AIDS program as well as the practice of implementing the HIV / AIDS prevention program, in accordance to the Semarang City Government Regulation No. 4 of 2013, Poncol Community Health Center has run HIV / AIDS prevention programs through Continuous Comprehensive Service. Some of the programs that have been successfully implemented by the Poncol Community Health Center are Voluntary Counseling and Testing (VCT), Provider Initiated Testing and Counseling (PITC), and Sexually Transmitted Infections (STIs) prevention program.⁷

There were 9 ACC spread across in Poncol Community Health Center working area. However, the implementation of ACC programs in Poncol were found to be ineffective.⁸

ACC was expected to empower society to prevent HIV / AIDS. Therefore, it is necessary to carry out a research to describe the implementation of the ACC work program in the Poncol Community Health Center.⁹

Methods

This is a qualitative descriptive study with a case study approach. In this study, there were 9 informants who were the chairman of ACC in the working area of Poncol Community Health Center. The validity test was carried out with 6 triangulation informants consisting of 4 residents in the area of active ACC and 1 holder of the HIV / AIDS prevention program at the Puskesmas and 1 holder of the ACC program at the AIDS Commission. Reliability testing is done by auditing the data. Research data collection was carried out by conducting in-depth interviews conducted on research subjects. Data analysis was carried out by analyzing narrative data based on the information obtained from

the main informants and triangulation informants. The analysis uses thematic content analysis.

Results

The reason of ACC Formation

The purpose of establishing ACC in the working area of Poncol Community Health Center is in accordance with the Minister of Health Regulation Number 21 of 2013 concerning HIV / AIDS Prevention Chapter IX article 51 paragraph 1 (d) which reads "The community can participate in efforts to combat HIV / AIDS by forming and developing ACC".¹⁰ This is supported by the following information obtained from the ACC program holders at the KPA:

"ACC was formed to be able to control HIV / AIDS in the community. Because this case is in the community, so the community acts as the implementer of the ACC program. "

The information obtained from this key informant shows that the establishment of ACC is aimed at assisting the implementation of HIV / AIDS prevention in the working area of Poncol Community Health Center. However, there are different reasons for the formation of ACC in 4 different Village. This is based on several reasons, namely the discovery of People Living with HIV (PLHIV) in the area, the occupational status of residents at risk, the development of a negative stigma against PLWHA (People Living With HIV and AIDS), and the condition of the Village area which is close to entertainment venues, hotels, and many FSW activities along the Mberok bridge. So that the formation of ACC is needed to help prevent and control HIV / AIDS in the community which is carried out directly by the community.

Input

a. Man

One of the factors that influence the implementation of the ACC work program is the low quality of ACC members. This is in accordance with the statement of the triangulation informant as follows:

"There are training activities in the form of socialization to all ACC members. Then after that training now, we just refresh."

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The training activities carried out to improve the quality of ACC members have not reached all ACC members. The member of ACC also works and be a part in other organization. Their bustle makes low participation of ACC member to attend the training. The low participation of members in training activities has an impact on the low knowledge and ability of ACC members in implementing work programs and overcoming obstacles in implementing ACC work programs. Members who committed for ACC should have given time for the training in order to improve their knowledge and support the ACC implementation.

b. Money

Based on the information provided by the triangulation informant, the low support from the Village was an obstacle to obtaining funds for the implementation of the ACC work program. In addition to the low support from the Village, the initiative and poor coordination among ACC members also hamper efforts to fulfill ACC funds. The results showed that out of 9 ACCs, only 1 ACC had independent funds. The fund was from LPMK, FKK, societies' fund, and the member of ACC also sell secondhand stuff for fund raising. The 8 ACC's member awareness to fulfill independent fund still low cause they just wait the fund from government. This is making the implementation of the ACC work program in the Poncol Community Health Center work area still not well implemented.

c. Material

The low fulfillment of ACC facilities and infrastructure is an obstacle to the implementation of the ACC work program. Facilities include facilities available to support the implementation of ACC work programs such as projectors, educational media, sound systems, but these are not yet accessible to all ACCs. This condition because the Village don't

have facilities to support ACC. The provision of this facility is assisted by the Village so that the lack of support from the Village results in inadequate facilities for implementing the ACC work program. Apart from the facilities, the material components that support the implementation of the work program are infrastructure. This is in accordance with the statement of the triangulation informant as follows:

Usually there are rooms in the Village and usually join the FKK or other institutions.

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The results showed that there were 3 ACC in the working area of Poncol Community Health Center who do not have building or secretariate room in the Village. This condition hinders the coordination process between ACC members and caused ACC documents to not be stored properly. Overall, of the 9 ACCs in the Poncol Community Health Center working area, there is only 1 ACC that has met the needs for facilities and infrastructure properly.

d. Method

The statement of the triangulation informant as follows:

"There were books that were distributed at the beginning, *mba*. But at that time the formation of the ACC had not yet covered all the Village in the City of Semarang.

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The results showed that the distribution process of the ACC guidebook in the Poncol Community Health Center work area was still not good. Because there is only 1 ACC who has the manual. According to the informant, the triangulation of dissemination of socialization materials carried out per topic was considered more effective than distributing the ACC manual. However, the main informant hopes that ACC manual can be accessed by all ACCs and can be studied by ACC members independently. The

unavailability of this manual has an impact on low knowledge in implementing the ACC work program and achieving the expected output.

Both ACC manual and socialization per topic are needed to upgrade and refresh members' knowledge. Therefore, both need to be supported.

Process

a. Planning

The results showed that the planning process was only carried out by 1 ACC in the working area of the Poncol Community Health Center where this ACC was the only active ACC and had a planned work program every year according to the main informant's statement as follows:

ACC in our region does not have a program and we have never carried out any planning activities.

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b. Organizing

The results showed that the implementation of the ACC work program had at least an organizational structure consisting of a chairman, secretary and treasurer. However, there was one ACC whose organizational structure had not been fulfilled.

"So far, only the chairman. And there is no division of labor yet "

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c. Actuating

The results showed that of the 9 ACCs in the Poncol Community Health Center working area, there were 5 ACCs who had no work program and no activities. Then there are 3 ACCs who have work programs in the form of socialization and invite VCT residents and there is 1 ACC who is active and has a planned work program. This is in accordance with the statement of the triangulation informant as follows:

"So far, the implementation in accordance with the plan is only one ACC. "

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d. Controlling

Supervision is one of the steps taken to ascertain whether an activity can run according to the planning that has been carried out.¹⁷ The results of this study indicate the implementation process of the implementation of the ACC work program including monitoring and evaluation activities. ACC monitoring activities are carried out with the assistance of gasurkes from the Poncol Community Health Center. However, the unavailability of ACC funds means that monitoring activities have not been able to have an effect on improving the next ACC work program.

There are two kinds of evaluation activities for ACC, namely internal and external. However, there was only 1 ACC who did internal evaluation. The other 8 ACCs do not have any program so they did not do any evaluation. External evaluation is an evaluation conducted by the Poncol Community Health Center in the presence of all ACCs. Such as the statement of the triangulation informant as follows:

"After money is conducted, the results should become a discourse for the development of the WPA work program in the next period. But still can't walk. "

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Evaluation activities are carried out by Poncol Community Health Center and KPA. However, until now only Poncol Community Health Center has participated in the ACC evaluation activities. The objective of implementing the evaluation to change the implementation of the ACC work program for the better has not yet been achieved. This is due to the complexity of the constraints that arise in the implementation of the ACC work program which causes many things to be addressed but has not been fixed until now.

Output

Output is an element resulting from the process of implementing a program or activity.¹⁸ Based on the results of the study, the output component in the implementation of the ACC work program has not been achieved because of the 9 ACC there is only 1 ACC that has successfully implemented STOP (Torch, Find, Treat, Maintain). So ACC can stated if was completed compenent of STOP in their are. This is because the input components are not fulfilled and the process components are not implemented properly.

Implementation of STOP (Torch, Find, Treat, Maintain). Counseling, finding new cases of HIV / AIDS, inviting sufferers to seek treatment, supporting conditions of HIV / AIDS sufferers so that they do not have LFU.

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The statement of the triangulation informant shows that the output component is a result that can be seen based on the input and process components in a program.¹⁹ This is in accordance with the existence of obstacles such as funds, human resources, facilities and infrastructure which are the factors causing the implementation of the ACC work program in the working area of the Poncol Community Health Center.

Outcome

Outcome is the impact, benefit, hope, change resulting from an activity or program that has been implemented.²⁰ Based on the results of the research conducted, it shows that of the nine ACC in the Poncol Community Health Center work area, there is only one ACC who is actively implementing the ACC work program and can see the impact components resulting from the implementation of the ACC work program. The ACC work program that was not implemented resulted in low knowledge of residents about AIDS. This has an impact on the low awareness of citizens to participate in AIDS prevention

and control efforts. This can be seen from the low awareness of citizens to do VCT, the still finding of negative stigma among HIV / AIDS sufferers and their families, and the low interest of citizens to participate in ACC. This is in accordance with the statement of the triangulation informant as follows:

"After monitoring and evaluation is conducted, the results should become a discourse for the development of the ACC work program in the next period. But still, it cannot be well implemented. "

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The results of this study indicate that the goal of establishing ACC in the working area of Poncol Community Health Center has not yet been achieved.

Environment

The role of the Village can support the implementation of the ACC work program. Based on the statement of the triangulation informant, it shows that the influence of the environment in supporting the ACC work program is still not optimal as follows:

"In my opinion, it is not very supportive because until now the obstacles for each ACC are still no solution or innovation from the Village. "

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Information obtained from triangulation informants shows that the environment is one of the factors supporting the implementation of the ACC work program. This is shown from nine ACC, only one ACC is actively implementing the ACC work program. The active ACC have good coordination with other agencies in the ACC Village. In addition, community support is also an element of the environment that can encourage the implementation of the ACC work program. The results showed that the community who supported the implementation of the ACC work program would help achieve the implementation of the ACC work program and make the ACC active.

"There is still a lot of negative stigmas against sufferers. So far, there are still many PLWHA who have not disclosed their status and have isolated themselves because of shame. "

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Feed Back

Feedback is all the elements that come out of the stages of a system and can be input for the implementation of an activity according to the system components in the future.²¹ The results show that in the implementation of the ACC work program in the Poncol Community Health Center work area there is only one ACC who can take advantage of the stages systems in the implementation of the ACC work program which are used as material for improvement for input and process components in the future. This is in accordance with the statement of the triangulation informant as follows:

"It should be an innovation to develop the next ACC work program but until now only 1 ACC can implement it."

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This shows that there are many things that affect the ability of each ACC to analyze feedback on each ACC program. One of the influencing factors is the ability or quality of human resources. The low quality of human resources has resulted in the inability to analyze problems and take advantage of opportunities in implementing the ACC work program in the working area of Poncol Community Health Center.

Discussion

The Human Resources (HR) component of the ACC program includes quantity and quality. Based on the quantity, there are ACCs that lack of members due to the low motivation of the residents to join ACC. Usually 1 people have more than one organization in their area, so becoming a member of ACC can add the bustle of residents. In general, the minimum number of ACC members consists of the chairman, secretary and treasurer.

The results of research conducted by Meisari in 2017 showed that the quality of workers can be obtained from the intensity of workers participating in training or activities that are useful to improve their abilities.¹¹ However, there is one ACC which only consists of 1 member, the chairman himself. This makes ACC unable to run. Quality indicators for members are also included in the HR component.

Adequacy of funds is a supporting factor in the success of an organization in carrying out its programs or activities.¹⁴ Source of funds is an input component that is always needed for the implementation of programs or activities. Apart from human resources, the adequacy of funds is also an important factor to support the implementation of programs or activities.¹² Based on the results of this study, it shows that there is no funding provided by the Regional Budget (APBD) so that ACC must meet their funding needs independently.

Methods are guidelines used by an organization in running a program. The method in the program contains operational standards for the implementation of a program that has been measured based on the objectives to be achieved.¹³ Based on the results of the research, it shows that in the implementation of the ACC program there is a ACC manual that is kept by the KPA and is not distributed to ACC in the working area of the Poncol Community Health Center.

The implementation of the ACC work program cannot be separated from the fulfillment of the input component. ACC work programs that are not running are influenced by not meeting the input components properly, as well as lack of coordination between members of the ACC, Village, and KPA. So that this condition hinders the implementation of the ACC work program. This is in accordance with the research conducted by Winarni on "Empowerment of Aids Concerned Citizen Groups (ACC) in the STOP Program (Educate, Find, Treat, Maintain) shows that the implementation of the STOP program for empowering ACC requires coordination with various

parties such as the Health Office, KPA , Health Center, and the community.¹⁶

Based on the research, the results showed that the planning process was not implemented because the input components that supported the implementation of the ACC work program had not been fulfilled. In addition, it is also influenced by the low commitment and awareness of ACC members to find solutions in facing obstacles in implementing the program.

This is in accordance with Rofiq's research on "Community Participation in the Success of the Development of the Elderly Posyandu Program at Jagir Puskesmas Surabaya" showing that the high participation of the community in participating in the elderly Posyandu program is a successful implementation of the elderly Posyandu program. This can be concluded as a good and precise planning process.¹⁴

Organizing is an effort to share the workload evenly among members of the organization. Organizing is needed in carrying out work programs or activities of an organization.¹⁵ This implementation, Poncol Community Health Center and KPA act as companion to ACC. However, until now ACC has only coordinated with Poncol Community Health Center. This is not in accordance with the direction of the Semarang City Regional Regulation No. 4 of 2013 concerning HIV / AIDS Prevention, namely promotion, prevention, handling, and social rehabilitation coordinated by KPA.⁶

Environmental factors are all elements that are outside the system but can support or hinder the implementation of the system.²¹ Based on the results of research conducted, environmental factors that influence the implementation of the ACC work program are the Village, other institutions in the Village, and the community.

Conclusion

The implementation of the ACC in Poncol Community Health Center work area is still not going well. The input components have not been fulfilled and the process components have not been properly implemented. Therefore, the

output and outcome components are not achieved. Support from all parties, including members of the ACC, Village, AIDS Commission and the community is needed.

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