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Performance Evaluation of the Regional Aids Commission in New Case Detection Rate Activities

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Abstract

HIV/AIDS remains a significant public health concern in Indonesia, with reported cases reaching 519,158 in 2022, including 1,188 children. The Indonesian government prioritizes HIV/AIDS control within its Minimum Service Standards, yet effective implementation varies by region. This study evaluates the performance of the Regional AIDS Control Commission (KPAD) in Bima City, focusing on their role in detecting new HIV cases. Using a qualitative design, data were gathered through interviews with seven key informants, providing insights into KPAD's operational and strategic challenges. Findings indicate that while Bima City KPAD holds primary responsibility for HIV/AIDS control, its impact has been limited. Operational setbacks, such as inadequate coordination with health services and restricted funding, have hindered effective case detection and public health outreach. By the end of 2022, Bima City recorded 31 new HIV cases, yet KPAD's involvement in early detection and case management remains suboptimal. Despite well-formulated plans within technical units, KPAD lacks proactive engagement, impeding its ability to fulfill its role as the leading agency for HIV/AIDS control. The study highlights the need for enhanced coordination, clearer role delineation, and robust advocacy to strengthen KPAD's effectiveness. Greater collaboration across health services and community organizations could amplify early detection efforts and improve treatment adherence, ultimately supporting Indonesia's HIV/AIDS control objectives. This research underscores the critical role of inter-agency synergy in advancing HIV/AIDS prevention and management in Bima City.

Keywords: HIV AIDS, Performance Evaluation, Regional Aids Commissions, New Case, Detection Rate

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INTRODUCTION

Human Immunodeficiency Virus (HIV) is a major global health issue due to its capacity to impair the immune system, leading to Acquired Immunodeficiency Syndrome (AIDS) if untreated. AIDS remains incurable and fatal, though antiretroviral therapy (ART) has significantly prolonged the lives of those affected (Blood, 2016). HIV/AIDS control has become a focal point for governments worldwide, including Indonesia, where efforts are concentrated on reducing transmission, improving early detection, and ensuring adherence to treatment through a variety of public health initiatives. In Indonesia, the government has categorized HIV/AIDS control as a priority within its Minimum Service Standards, signifying a national commitment to combat the epidemic through systematic screening, detection, and treatment services (Noviana et al., 2019).

As of 2022, Indonesia reported 519,158 HIV/AIDS cases, highlighting the virus's pervasive impact on the population. Among these, approximately 1,188 cases were children, underscoring the necessity for targeted interventions that address vulnerable groups (Baker et al., 2020). Over the past twelve years, 12,553 children under the age of 14 have been diagnosed

with HIV in Indonesia, which points to the ongoing transmission and the need for early, preventive measures. Given this context, the Indonesian government's Minimum Service Standards mandate targeted HIV/AIDS testing services, with special attention to high-risk groups such as pregnant women, tuberculosis patients, and key populations, including men who have sex with men, transgender individuals, injection drug users, incarcerated individuals, and sex workers (Deussom et al., 2019).

Bima City, a region within West Nusa Tenggara Province, exemplifies the challenges and progress of HIV/AIDS control at a localized level. In 2021, the city's HIV testing target was set at 9,363 people; however, only 2,934 (31.3%) underwent testing, indicating substantial gaps in service outreach and accessibility. By 2022, the target was adjusted to 4,394 people, with a testing rate reaching 98.7%, suggesting significant improvement. Nonetheless, this elevated testing rate coincided with an increase in identified cases, with 31 new HIV/AIDS diagnoses, consisting of 25 HIV and 6 AIDS cases, and resulting in two fatalities (Silawati & Silvana, 2024). The rising case numbers emphasize the urgency for an effective HIV control program that not only enhances early detection but also provides comprehensive support for treatment adherence to prevent progression to AIDS and reduce mortality.

HIV/AIDS control programs aim to reduce transmission, mitigate disease progression, and improve the quality of life for People Living With HIV/AIDS (PLWHA). Early detection through routine testing plays a critical role, as it enables timely intervention, reducing the likelihood of transmission and improving treatment outcomes (Zhang et al., 2016). Furthermore, adherence to ART is vital to prevent the development of drug resistance and to maintain viral suppression. Despite these known benefits, PLWHA in Bima City face barriers such as stigma, discrimination, and limited access to consistent care. Such challenges impede treatment compliance, thereby increasing the risk of HIV progression and subsequent public health impacts (Armini et al., 2023).

In this context, the Regional AIDS Control Commission (Komisi Penanggulangan AIDS Daerah, KPAD) in Bima City plays a critical role. Established to lead HIV/AIDS control efforts in the region, KPAD is responsible for coordinating with local health services, managing resources, and implementing strategic prevention and detection activities. However, recent findings indicate that Bima City KPAD has faced several operational challenges, which have hindered its effectiveness. In particular, limited interagency coordination, resource constraints, and administrative changes have reduced KPAD's capacity to meet HIV/AIDS control objectives effectively. Although technical units within the health service sector have made efforts to implement HIV/AIDS programs, these efforts have lacked the comprehensive support and coordination needed from KPAD to optimize outcomes.

A well-structured HIV/AIDS control program is essential to address both the biomedical and socio-cultural dimensions of the disease. Effective programs not only target early detection but also strive to minimize stigma and discrimination, which are pervasive barriers that discourage individuals from seeking testing or treatment (Latkin et al., 2010). Stigma affects both PLWHA and high-risk groups, contributing to social exclusion and deterring engagement with health services. Public awareness campaigns, supportive counseling, and inclusive community outreach are, therefore, integral components of a successful control strategy. Given these complexities, KPAD's leadership and strategic coordination are vital for aligning local efforts with national goals, ensuring all sectors work collaboratively to implement HIV/AIDS control measures effectively.

Despite the clear need for a coordinated HIV/AIDS control program, Bima City KPAD's performance has reportedly been suboptimal in recent years. Interviews with local stakeholders reveal that KPAD's activities have declined since 2020, attributed to both the COVID-19 pandemic and administrative transitions that disrupted routine operations. Consequently, HIV/AIDS education, testing, and follow-up activities, which were previously conducted in sub-districts across Bima, have either been reduced or halted. These disruptions have left local health services and community health centers to handle HIV/AIDS detection and patient

follow-up independently, resulting in fragmented services and reduced public health impact. Additionally, the outreach team's work, while valuable, is often insufficient without KPAD's formal support and authority to mobilize broader resources and engage with high-risk populations effectively.

This study aims to evaluate the effectiveness of Bima City KPAD in executing its mandated role in HIV/AIDS control, particularly in early case detection and management. By examining KPAD's structural and operational dynamics, this research seeks to identify both strengths and areas needing improvement within the current framework. Through a qualitative approach involving key informant interviews, this study gathers perspectives from various stakeholders, including health officials, outreach team members, and individuals affected by HIV/AIDS. These insights provide a comprehensive understanding of the factors influencing KPAD's performance and highlight actionable recommendations for enhancing interagency coordination and advocacy.

The evaluation of KPAD's performance is timely, given the rising trend in HIV cases in Bima City and the associated public health implications. By identifying gaps in KPAD's operational strategy and recommending evidence-based solutions, this study contributes to the broader discourse on HIV/AIDS control in Indonesia. Addressing these gaps could lead to more effective disease management, reducing HIV transmission rates, and improving health outcomes for affected populations. Ultimately, the findings aim to inform policymakers and public health leaders on strategies to strengthen KPAD's role, thereby supporting Indonesia's national HIV/AIDS control objectives and contributing to global efforts to combat the epidemic. Its recent challenges underscore the need for strengthened coordination, resource allocation, and community engagement, while Bima City KPAD has the potential to lead HIV/AIDS control efforts effectively. This research seeks to elucidate these areas and provide a pathway for KPAD to realize its full potential as a central force in HIV/AIDS prevention and management in Bima City.

METHOD

This study employs a qualitative research design, focusing on a case study approach to evaluate the performance of the Regional AIDS Control Commission (KPAD) in Bima City in detecting new HIV cases. This method is well-suited for exploring organizational performance and understanding complex interactions between KPAD and related health services in managing HIV/AIDS. By gathering in-depth insights from key stakeholders, the research aims to identify strengths, challenges, and actionable recommendations for enhancing the efficacy of HIV/AIDS control programs in Bima City.

Study Design and Approach

The study utilizes a qualitative case study design, grounded in data collection through semi-structured interviews with selected informants. This approach enables a comprehensive exploration of the systemic factors affecting KPAD's operational capacity, interagency coordination, and overall impact on HIV case detection. Unlike a true-experimental or quantitative approach, this qualitative design allows for detailed insight into participants' perceptions, experiences, and contextual factors that influence KPAD's performance.

The choice of a qualitative case study design was driven by the study's aim to delve deeply into the internal and external factors shaping KPAD's performance. A purely quantitative approach would not capture the nuanced interactions, perspectives, and challenges faced by KPAD in Bima City. By focusing on a qualitative, thematic analysis, this study brings forth detailed insights into KPAD's operational context and identifies specific, actionable recommendations that can be implemented to improve early HIV detection and management.

Sampling Technique

The research uses a purposive sampling technique to select participants who possess relevant knowledge and experience regarding HIV/AIDS control efforts in Bima City.

Purposive sampling was chosen to ensure that the sample includes individuals who directly influence or are affected by KPAD's activities. The participants consist of seven key informants, representing a diverse group of stakeholders: KPAD members, local health officials, outreach team members, and individuals diagnosed with HIV. This diversity ensures a well-rounded perspective on the challenges and opportunities within Bima City's HIV/AIDS control framework.

Data Collection

Data were collected through semi-structured interviews, allowing flexibility in addressing predetermined topics while also enabling participants to share additional insights. The interview guide was developed to cover the primary objectives of the study, including KPAD's role, its interagency relationships, challenges in operational effectiveness, and areas where improvement is needed. Topics covered in the interview included KPAD's HIV detection strategies, coordination with health services, resource allocation, public outreach, and support for affected individuals.

Each interview lasted between 30 to 45 minutes and was conducted in December 2023 in Bima City, West Nusa Tenggara Province. To capture accurate and nuanced information, all interviews were audio-recorded with participants' consent. The recordings were later transcribed verbatim, ensuring the reliability of the data collected and allowing for thorough analysis of responses. Field notes were also taken to capture non-verbal cues and contextual observations, which contributed to a deeper understanding of participants' perspectives.

Data Analysis

Data analysis was conducted through thematic analysis, a systematic approach that involves identifying, analyzing, and reporting patterns within the data. This method was chosen for its ability to uncover recurring themes that reflect the underlying issues affecting KPAD's performance. Thematic analysis was conducted in several stages:

1. Familiarization: Transcripts were reviewed multiple times to develop an initial understanding of the content and identify potential codes related to the research objectives.
2. Coding: Relevant segments of the text were coded based on recurring ideas, such as "resource constraints," "coordination challenges," "stigma and discrimination," and "public health outreach." This process was performed manually to ensure immersion in the data and attention to detail.
3. Theme Development: Codes were grouped into broader themes that encapsulated the central findings of the study, including operational inefficiencies, gaps in coordination, resource limitations, and barriers to early HIV detection.
4. Review and Refinement: Themes were refined and re-evaluated for coherence and relevance, with each theme contributing to a comprehensive narrative about KPAD's performance in Bima City.

Ethical Considerations

The study adhered to ethical standards for qualitative research, prioritizing the rights and well-being of all participants. Informed consent was obtained from each participant prior to the interviews, with assurances that their responses would remain confidential and used solely for research purposes. Participants were informed about their right to withdraw from the study at any point without any negative consequences. Ethical clearance was obtained from the relevant institutional review board, ensuring the research met ethical requirements for studies involving human participants.

Limitations

While the qualitative approach provides rich, contextual insights, it also has limitations. The study's findings are specific to the case of Bima City and may not be generalizable to other regions with different sociopolitical dynamics or health infrastructure. Additionally, the relatively small sample size, though appropriate for a qualitative case study, may limit the

breadth of perspectives captured. Despite these limitations, the study offers valuable insights into the systemic challenges affecting KPAD's operations, providing a foundation for further research or policy interventions aimed at strengthening HIV/AIDS control in similar settings.

RESULTS AND DISCUSSION

This study reveals critical insights into the operational challenges faced by the Bima City Regional AIDS Control Commission (KPAD) in leading HIV/AIDS control efforts, particularly in case detection. Seven key informants provided perspectives that highlight gaps in KPAD's coordination, resource utilization, and its limited visibility in the community.

Informant The first is a member of the Bima City Regional AIDS Commission (KPAD) commissariat team

In 2021, KPAD has its own budget, with plans for a secretariat building behind the Paruga Nae Building in Bima City. In the last 2 years, the Bima City KPAD has tended to not run/operate, activities ended after the previous commissariat period (2019). KPAD has been on hiatus since 2020 due to the change of KPAD secretary. There is an operational budget, but because it is inactive with a budget of approximately 100 million, it is not being implemented, especially because of the COVID-19 pandemic. However, there is still HIV AIDS socialization, but it is not optimal. Before COVID-19, socialization was carried out per sub-district. The activity decree exists but because the commissariat does not exist so operations are barely running, in fact KPAD joined the zoonosis commissariat in the KESRA section of the Bima City Government secretariat. The Bima City KPAD has actually been running since before 2016 and still has a budget.

Informantsecondinresearch is the Head of the Bima City Health Service, where the HIV AIDS disease control program is carried out technically and management by the disease control and prevention sector of the disease eradication section

*So far, the Bima City KPAD has had minimal coordination with the Health Service. In recent years, the Health Service has often submitted proposals for sharing technical activities for controlling AIDS and commemorating AIDS Day, however*not accommodated. KPAD has also never coordinated data regarding examination coverage or findings of HIV AIDS cases in Bima2 City.

InformantThe third in the research is the Head of the Mpunda Community Health Center as a role model for health facilities who in this research is represented by the holder of the HIV AIDS control program and the Mpunda Community Health Center PIMS.

Coordination of community health centers vertically and integrated with the Indonesian Ministry of Health through the SIHA reporting application (Lieberman & Marzoeki, 2002). Monthly puskesmas activities are required to report coverage and findings of HIV AIDS cases to the Bima City Health Service. Evaluations are generally carried out by the Bima City Health Service through the P2PL sector. If a positive case is found, the Health Service will accompany us for follow-up counseling and treatment for the patient. Meanwhile, every 3 months, the Health Office lowers coordination and never has direct contact with KPAD. Monitoring is only from the Bima City Health Service, it is possible that the Health Service will then report activities to KPAD. In my opinion, so far KPAD has been passive, but I don't know the form of coordination between the Health Department and KPAD. We do not know the type of KPAD activities. For patient monitoring, obstacles to adherence to taking ARVs (around 50%), are most likely due to the negative stigma of HIV AIDS. I hope that KPAD will be more proactive as the leading sector in controlling AIDS in Bima City. Apart from that, this case is increasing every year, and I see that KPAD has not made maximum efforts to control HIV AIDS in Bima3 City.

The next informant, as well as the fourth informantin the study was an PLHIV (People with HIV AIDS) or a positive HIV sufferer who was stage 1 who revealed that he did not know

that in Bima City there was a special Commission which was the main forum for AIDS control management activities, the person concerned only knew that everything related to health services including HIV AIDS only carried out by health facilities.

I have been suffering from this disease since I found out that I was infected through an examination by a health worker at the Community Health Center. At first I was very afraid because I knew this disease was a deadly disease and I was very afraid and embarrassed if my family found out I had this disease. However, after receiving an explanation from the health worker, I became calmer, especially since the Bima City Hospital can provide HIV treatment. I myself did not know that in Bima City there was an AIDS Control Commission (KPAD) and did not know its duties4.

The fifth informant is also an PLHIV who has been HIV positive since 2022

I was very afraid when I found out that I was infected with this disease, at first I didn't know that Bima City could provide treatment and I thought my disease could be treated, after receiving an explanation from the community health center staff, I finally found out that HIV medication was only so that I could survive better. long and stay healthy, I also have to take medication throughout my life. Regarding KPAD, I had heard about it but I only knew that KPAD was implemented by Puskesmas.

Next is the informantThe sixth in the research is an observer of HIV AIDS and other sexually transmitted infections in Bima City

Initially, I started to focus on running and participating in HIV AIDS control programs since 2020, although initially I had participated in HIV laboratory testing services and been an HIV AIDS counselor since 2013. As far as I know, as long as there was KPAD, the Bima City Health Service carried out coordination and coordination several times. advocacy with the KPAD secretariat, but KPAD is less than optimal in accommodating HIV AIDS control activities. Planned activities have not been implemented optimally6.

This informant is quite regretful about the less than optimal role and performance of KPAD as the leading managerial sector for controlling HIV AIDS in Bima City amidst the increasing number of cases found in the last 2 years.

While I was taking part in this program, when I was still within the scope of the Bima City Health Service, the role of KPAD was very minimal. As far as I know, the Health Service's HIV AIDS program holders routinely submit several sharing activities to KPAD as the leading managerial sector, especially since the KPAD secretariat is within the scope of the Bima City Government. I also know that in terms of regulations, HIV AIDS control activities in Bima City have been regulated in the Bima Mayor's Regulation which has been updated in 2021, apart from that there is also a Bima Mayor's Decree which contains the duties and functions of each commissariat team and the location of the KPAD secretariat in the City Bima.

The last one is the informantseventh in the study was the Bima City HIV AIDS Outreach Team. The Bima City HIV AIDS outreach team was formed in 2018 and has a main role in assisting the government's task of providing, facilitating and conveying information, education and communication for PLHIV/PLWHA, especially in ensuring compliance with taking medication (ARV).

I am one of the people with a high risk population and I am in a community where I and my friends are at great risk of contracting this disease but thank God I am not infected with HIV AIDS and other sexually transmitted diseases. I also really care about people who are at risk of contracting HIV AIDS. I want to help people at risk by reminding them of a healthy lifestyle and helping remind sufferers to take medication regularly even though I know that the medication cannot kill the virus7.

This informant is aware of the existence of KPAD but does not know about it and has never been involved in KPAD activities. The HIV AIDS outreach team has 1 person each in

each sub-district in Bima City and often takes part in activities held by the Bima City Health Service and the Community Health Center.

My friends and I from the HIV AIDS outreach team also often take part in activities held by the Health Service and community health centers, for example case screening activities, counseling, program-related meetings and direct visits to sufferers. We also do our best to help provide education to people at high risk about healthy lifestyles and safe sexual relations. I myself have never known or been involved in the HIV AIDS program activities of the Bima City KPAD, all I know about are the activities of the Health Service and Community Health Center.

Based on the results of interviews with the main and additional informants described above, the researcher will discuss the role and performance of the Bima City AIDS Control Commission (KPAD) in implementing the HIV AIDS control program in Bima City, especially in efforts to detect early HIV AIDS.

Bima City KPAD was formed based on the latest regulations, namely Bima Mayor Regulation Number 23 of 2021 concerning HIV/AIDS Management and Bima Mayor Decree Number: 188.45/218/440/V/2021 concerning the Establishment of a Commission, Working Group and Secretariat for HIV AIDS Management and Letter Decree (SK) of the Mayor of Bima which has been updated in the Decree of the Mayor of Bima Number: 188.45/218/440/V/2021 concerning the Establishment of a Commission, Working Group and Secretariat for AIDS Management.

After conducting interviews with seven respondents who were research informants, it can be said that the Bima City KPAD as the leading sector of the HIV AIDS control program in Bima City with its secretariat at the Bima City Government Secretariat does not play a maximum role in efforts to control HIV AIDS in Bima City even though in reality, There has been a significant increase in case findings as reported by the Bima City Health Service, where by the end of 2022, the number of positive HIV cases reached 31 cases.

Based on information from the first respondent, namely the staff of the Bima City KPAD commissariat which is in the KESRA section of the Bima City Government. The Bima City KPAD last carried out activities and was active in 2019. The researcher then confirmed this through news on the Bima City Government website which the researcher accessed on December 31 2023 (https://prokopim.bimakota.go.id/2019), where the KPAD commissioner indeed carried out Development and Monitoring activities for KPAD performance evaluation in 2019.

Meanwhile, in 2023, researchers found information on the implementation of technical coordination for the implementation of monitoring and evaluation of the HIV AIDS program initiated by the Health Service together with the Bima City Social Service which shows evidence of stakeholder collaboration in controlling HIV AIDS in Bima City (https://social.bimakota.go .id/2023), although the Bima City KPAD is less active. The existence of KPAD should be a forum for the main planning of activities and then the technical implementation is carried out by the relevant OPD.[4]

In order to achieve success in the HIV AIDS control program, early detection activities are an important step to reduce transmission and increase the success of HIV treatment. The sooner HIV is detected, the sooner treatment can be carried out so that the infection can be controlled and does not develop into AIDS5. KPAD can improve networking so that all related OPDs collaborate in an integrated manner in managing HIV AIDS control.

The success of the program is expressed by achieving the number of early detection coverage for HIV AIDS according to the target set by the Indonesian Ministry of Health in the Minimum Service Standards (SPM) for people at risk of HIV AIDS being examined. In Mayor's Decree No. 218 of 2021, the role of KPAD in combating HIV AIDS is very complete and comprehensive. This role is divided into the roles of the commission, namely: (1) leading, managing, coordinating AIDS prevention activities in Bima City, (2) identifying locations that have the potential for faster spread of HIV AIDS, and (3) assisting and facilitating the efforts

of the community, institutions and non-governmental organizations in mobilizing resources and funds to combat HIV AIDS6.

The role of KPAD is assisted by a working group (POKJA) which is divided into 5 POKJA, namelyMedical and Counseling Services Sector, Communication, Information and Education Sector, Advocacy and Social Assistance Sector and Monitoring, Evaluation and Reporting Sector. Apart from that, it is also supported by a secretarial team whose duties are: (1) compiling and formulating suggestions, opinions and input as well as the results of studies on HIV/AIDS prevention which are submitted to KPAD, (2) leading and carrying out secretarial duties and functions, and (3) carrying out the tasks assigned given by the chairman, deputy chairman and daily executive chairman of the Bima City KPAD6. Researchers believe that if the roles and duties of all components in the Bima City KPAD run optimally, early detection and case finding activities will be more optimal so that the success of therapy for sufferers will be better.

CONCLUSION

The findings of this study indicate that the Bima City KPAD has not fully realized its potential as the primary agency responsible for HIV/AIDS control, particularly in the area of early detection. While technical units, including the Health Service and community health centers, have demonstrated effective planning and implementation of early detection activities, KPAD's role in coordinating and supporting these efforts has been limited. This lack of proactive involvement has led to missed opportunities for enhancing case detection and treatment adherence, as well as addressing the stigma and discrimination that hinder effective care for people living with HIV/AIDS (PLWHA) in Bima City.

Early detection of HIV is critical for reducing transmission rates and improving health outcomes, as it allows timely intervention before the virus progresses to AIDS. This study emphasizes the need for KPAD to enhance its role by fostering stronger interagency collaboration, especially with community health centers and outreach teams. Such networking could streamline data sharing, unify efforts across the health sector, and improve outreach activities. An integrated approach involving all related health organizations could substantially elevate Bima City's capacity to manage and control HIV/AIDS, aligning with national health standards.

KPAD must improve its organizational structure, resource utilization, and community engagement strategies to achieve these goals. Enhancing KPAD's visibility and active participation within the community would also address social barriers and promote a supportive environment for PLWHA. With a more cohesive and collaborative framework, Bima City KPAD can fulfill its role in HIV/AIDS control more effectively, contributing to improved public health outcomes and stronger community resilience against HIV/AIDS.

RECOMMENDATION

Based on the study findings, several recommendations can enhance the performance and impact of the Bima City KPAD in HIV/AIDS control. Firstly, KPAD should strengthen its organizational leadership and consistency to ensure continuity in HIV/AIDS programs, particularly in resource utilization. Establishing a stable leadership structure and regular operational oversight can maximize the allocated budget, which currently remains underutilized, allowing for more consistent outreach, education, and early detection programs. Secondly, improving coordination between KPAD and key stakeholders, including the Health Service, community health centers, and outreach teams, is crucial. A centralized data-sharing platform would allow KPAD and these partners to track HIV/AIDS cases, monitor treatment adherence, and adjust intervention strategies based on real-time data. Enhancing collaboration with community health centers and the outreach team can also ensure that HIV/AIDS education and testing reach high-risk populations more effectively. Furthermore, KPAD should expand its community engagement initiatives, targeting stigma reduction through public awareness

campaigns and support services for people living with HIV/AIDS (PLWHA). Such efforts can foster a more supportive environment, encouraging individuals to seek early testing and adhere to treatment without fear of discrimination. Finally, KPAD should implement continuous training for its staff and associated health workers to build capacity in areas like case detection, ARV adherence counseling, and community education, ensuring a comprehensive and responsive approach to HIV/AIDS control. By adopting these measures, KPAD can better fulfill its mandate as the leading agency in Bima City's HIV/AIDS control efforts, thereby contributing to improved public health outcomes and aligning with national HIV/AIDS prevention and control standards.

REFERENCES

Armini, L. N., Setiawati, E. P., Arisanti, N., & Hilmanto, D. (2023). Evaluation of Process Indicators and Challenges of the Elimination of Mother-to-Child Transmission of HIV, Syphilis, and Hepatitis B in Bali Province, Indonesia (2019–2022): A Mixed Methods Study. *Tropical Medicine and Infectious Disease*, *8*(11), 492. https://doi.org/10.3390/tropicalmed8110492

Baker, C., Limato, R., Tumbelaka, P., Rewari, B. B., Nasir, S., Ahmed, R., & Taegtmeyer, M. (2020). Antenatal testing for anaemia, HIV and syphilis in Indonesia–a health systems analysis of low coverage. *BMC Pregnancy and Childbirth*, *20*, 1-11. https://doi.org/10.1186/s12884-020-02993-x

Blood, G. A. C. (2016). Human immunodeficiency virus (HIV). *Transfusion medicine and hemotherapy*, *43*(3), 203. https://doi.org/10.1159%2F000445852

Deussom, R. H., Rottach, E., Prabawanti, C., Rahmat, E., Rachmawati, T., & Sirajulmunir, N. (2019). Health workforce assessment in Jakarta for effective HIV policy implementation: challenges and opportunities toward epidemic control. *Jurnal Ekonomi Kesehatan Indonesia*, *3*(2).

He, A. J., & Tang, V. F. (2021). Integration of health services for the elderly in Asia: A scoping review of Hong Kong, Singapore, Malaysia, Indonesia. *Health Policy*, *125*(3), 351-362. https://doi.org/10.1016/j.healthpol.2020.12.020

Latkin, C., Weeks, M. R., Glasman, L., Galletly, C., & Albarracin, D. (2010). A dynamic social systems model for considering structural factors in HIV prevention and detection. *AIDS and Behavior*, *14*, 222-238. https://link.springer.com/article/10.1007/s10461-010-9804-y

Lieberman, S. S., & Marzoeki, P. (2002). Health strategy in a post-crisis, decentralizing Indonesia. *Health, Nutrition and Population (HNP) discussion paper series. Washington, DC: World Bank*.

Noviana, N., Suwitri, S., Supriyono, B., & Jati, S. P. (2019). Suitability of the HIV/AIDS Control Program in the HIV/AIDS Control Policy in Banjarmasin to Achieve" Getting to Zero". *Journal of Social and Development Sciences*, *10*(3 (S)), 22-29. https://doi.org/10.22610/jsds.v10i3(S).2982

Silawati, V., & Silvana, N. (2024). Prevalence and Factors Associated with Pre-marital Sexual Intercourse Among Adolescents of School Age in Bima City. *Poltekita: Jurnal Ilmu Kesehatan*, *17*(4), 1456-1463. https://doi.org/10.33860/jik.v17i4.3632

Zhang, D., Lu, H., Zhuang, M., Wu, G., Yan, H., Xu, J., ... & Wu, Z. (2016). Enhancing HIV testing and treatment among men who have sex with men in China: a pilot model with two-rapid tests, single blood draw session, and intensified case management in six cities in 2013. *PloS one*, *11*(12), e0166812. https://doi.org/10.1371/journal.pone.0166812

Peraturan Walikota Bima Nomor 23. Penanggulangan HIV/AIDS. 2023