



Evaluation Of The Implementation Of The Hiv/Aids Counseling And Testing Service Program (Case Study At Cidempet Health Center And Bongas Health Center, Indramayu Regency)

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Abstract. HIV continues to be a significant global public health problem, claiming 36.3 million lives so far and an estimated 37.7 million people living with HIV by the end of 2020. 16% of all people living with HIV do not know they have HIV. People infected with HIV in 2020 reached 1.5 million lives, and people died reached 680,000 lives. (WHO, 2020). This study aims to evaluate the implementation of HIV/AIDS counseling and testing at the Cidempet Health Center and the Bongas Health Center, Indramayu Regency. The research method used is qualitative with a case study approach. The research informants consisted of 3 primary informants: 1 HIV/AIDS Program Holder of the Health Office, 2 HIV/AIDS Program Holders of the Health Center, and 4 Triangulation Informants: 2 Heads of Health Centers and 2 Recipients of HIV/AIDS Counseling and Testing Services. The data was analyzed through the stages of data reduction, data presentation, and conclusion drawing. This study shows that there is no difference in the implementation of guidance/direction and communication in HIV/AIDS counseling and testing programs before the *COVID-19 pandemic was carried out directly and during the COVID-19 pandemic was transferred online*. The implementation of work motivation within the health center is not explicitly given. While motivating service recipients at the Cidempet Health Center is good enough, the Bongas Health Center is not. The implementation of human resource performance is still an obstacle due to the shortage of human resources and the allocation of funds, and there are differences in the provision of funding sources for HIV/AIDS counseling and testing activities. The conclusion of this study is that before and after the COVID-19 pandemic, the implementation of counseling and tests experienced differences where counseling visits and tests only accepted patients who were indicated to have HIV, the implementation of Briefing, communication, motivation, human resource performance, and fund allocation had their obstacles. The suggestion in this study is to improve and optimize policies and procedures for HIV/AIDS counseling and testing in Puskesmas.

Keywords: Program Evaluation, HIV/AIDS, Counseling and Tests

INTRODUCTION

Human Immunodeficiency Virus (HIV) is a virus that infects white blood cells and causes a decline in the human immune system. The infection can cause the sufferer to experience a decrease in immunity. At the same time, *Acquired Immune Deficiency*

Syndrome (AIDS) is a collection of symptoms that arise due to a reduction in the immune system caused by HIV infection. (Ministry of Health of the Republic of Indonesia, 2020).

HIV is a major public health problem globally. To date, it has claimed 36.3 million lives, of which it is estimated that the number of cases reached 37.7 million people with HIV by the end of 2020. 16% of all people living with HIV status do not know that they are HIV positive; people infected with HIV in 2020 reached 1.5 million lives, and people died reached 680,000 lives. (WHO: 2020)

According to data from the 2020 Indonesia Health Profile, the estimated number of HIV-positive or ODHA people in Indonesia is 543,100 people, with the number of new cases of 29,557 people and the number of deaths found at 30,137 people. HIV-positive cases in Indonesia were reported as many as 41,987 cases, while AIDS was reported as many as 8,639 cases. The number of HIV cases in the male sex is more than in the female sex, with the number of cases being 67% male and 33% female, while the proportion of AIDS cases in the male sex is 63% and female as much as 37%. (Ministry of Health of the Republic of Indonesia, 2020).

In West Java Province, HIV cases have increased from 2019 to 2020; the number of HIV Positive cases in 2019 was 4,537, while in 2020, the number of reported cases was 4,758, with the highest proportion of groups occurring in the age of 25-49 years (59.35%), and the number of AIDS cases from 2019-2020 also increased where in 2019 the number of AIDS reported was 1,193 while in 2020 the number reached 1,370 with the number of instances The overall AIDS cases were 11,543 cases with the highest proportion of groups occurring at the age of 30-49 years (58.5%). (West Java Provincial Health Office, 2020).

Indramayu Regency is one of the districts with a high number of HIV/AIDS cases and ranks 7th with 275 HIV cases, 126 males and 149 females. There were 196 new cases of AIDS, 115 men and 81 women. The cumulative number until 2020 is 2,419, the cumulative proportion of AIDS sufferers based on the highest age group, which is 30-39 years old (865 people). (Indramayu Regency Health Profile, 2020)

The WHO recommends that everyone at risk for HIV be required to access the test. HIV virus infection can be diagnosed using a simple, easy, affordable rapid diagnostic test tool, which can be tested voluntarily or independently. HIV testing services are required to follow the 5C principles: consent, confidentiality, counseling, correct results, and relationship with treatment and other services. (WHO: 2020).

HIV/AIDS counseling and testing services are provided for people who are at risk so that they can carry out tests and behave openly to the implementing officers. The goal is to strive to prevent the transmission of the HIV virus, change and improve the behavior patterns of ODHA, provide support and enthusiasm so that they can foster ODHA's motivation, and improve ODHA's quality. (Rahmadhani, 2018)

The Indramayu Regency Health Office, until 2020, has set a target for implementing HIV/AIDS counseling and testing for key populations and at-risk populations.

By the reporting data of the Indramayu Regency Health Office in 2020 regarding the provision of places for the implementation of HIV/AIDS counseling and testing programs, there was an increase from 2007-2020, which initially only 1 Puskesmas provided services until finally, there were 49 Puskesmas that carried out From the Puskesmas that had provided HIV/AIDS counseling and testing services with a target that had been set at 74,219 with achievement of 6,257.

Based on data sources obtained from the Indramayu Regency Health Office, there are still Puskesmas with low coverage, namely Cidempet Health Center at 5.92%, while Puskesmas with the highest coverage, namely Bongas Health Center at 178.56%. Under the 2020 SPM target, it is explained that services for pregnant women and people at risk of being infected with HIV are still an obstacle that occurs due to human resources, reporting time, and reporting systems, which are still a problem during the COVID-19 pandemic.

Based on the explanation of the problem above, it is necessary to conduct a study titled "Evaluation of the Implementation of the HIV/AIDS Counseling and Testing Service Program (Case Study at the Cidempet Health Center and Bongas Health Center, Indramayu Regency)".

METHOD

This research was carried out using a qualitative research method with a case study approach. The research informants consisted of 3 main informants: 1 HIV/AIDS Program Holder of the Health Office, 2 HIV/AIDS Program Holders of the Health Center, and 4 Triangulation Informants: 2 Heads of Health Centers and 2 Recipients of HIV/AIDS Counseling and Testing Services. The data was analyzed through the stages of data reduction, data presentation, and conclusion drawing.

DISCUSSION

Implementation of Guidance/Briefing in the KTHIV Service Program at Cidempet Health Center and Bongas Health Center

The results of interviews with several informants stated that the implementation of guidance/briefing was different from before, where briefings were usually carried out directly, while during the Covid-19 pandemic in 2020 the implementation of guidance/briefing was not carried out directly by the Health Office but was carried out through online media *whatsapp groups*, from the two Puskesmas, there is no difference in the process of providing guidance/direction, all of which are carried out online by the Health Office.

This is done in accordance with the Government's policy contained in the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/382/2020 concerning Health Protocols for the community in public places and facilities in the context of preventing and controlling Corona Virus Disease (Covid-19) where the community has an important role in breaking the chain of Covid-19 transmission. (Ministry of Health of the Republic of Indonesia, 2020)

Implementation of Communication in the KTHIV Service Program at the Cidempet Health Center and Bongas Health Center

Several informants stated that the communication system between the Health Office and the Health Center has been running quite well and there is no difference between the two Health Centers, during the Covid-19 pandemic communication is carried out *online* with the provision of a *whatsapp group* and the target of this communication is the holder of the HIV/AIDS program at the Health Center.

So that in this case, from the implementation of communication in delivering information to service recipients, there is a difference where the Cidempet Health Center is good enough in providing information, while the Bongas Health Center is not good enough and felt by patients.

From this statement, it can be concluded that communication in providing information to service recipients still needs to be improved and improved because it is in accordance with the Law of the Republic of Indonesia Number 36 of 2009 concerning Health in Chapter III Rights and Obligations Article 7 states that everyone has the right to receive information and education about balanced and responsible health. (DPR RI, 2009).

Implementation of Work Motivation in the KTHIV Service Program at Cidempet Health Center and Bongas Health Center

The results of interviews with several informants stated that in the implementation of the KTHIV program, no work motivation was explicitly given to the holders of this work motivation program; it was given to all employees during the internal meeting of the Health Center.

The provision of work motivation has a good influence on improving the performance of KTHIV services; this is in line with Suwanto's (2019) research, which states that work motivation variables have a significant influence on performance. (Sawant, 2019). To improve employee performance, work motivation, work environment, and culture are needed to encourage employees to improve their performance. (Adha et al., 2019)

In addition to motivating employees at work, it is necessary to motivate patients, and the Cidempet Health Center is good enough to provide support, while the Bongas Health Center is not good enough.

Implementation of Human Resources Performance and Fund Allocation in the Counseling Service Program and HIV/AIDS at the Cidempet Health Center and Bongas Health Center

The results of interviews with several informants stated that the process of implementing counseling and testing did not experience differences between the Cidempet Health Center and the Bongas Health Center during the Covid-19 pandemic did not run as usual due to service restrictions.

The policy for human resources who must participate in counseling and HIV/AIDS training has been stated in the Decree of the Minister of Health of the Republic of Indonesia Number 1507/MENKES/SK/X/2005 concerning Guidelines for Voluntary HIV/AIDS Counseling and Testing Services (*Voluntary Counselling and Testing*) This policy has been issued for quite a long time. There is an update in the Regulation of the Minister of Health of the Republic of Indonesia Number 74 of 2014 concerning Guidelines for implementing HIV Counseling and Testing. (Ministry of Health of the Republic of Indonesia, 2014)

Regarding the funds for this activity, there is a difference in the distribution of funds received. The Bongas Health Center receives funds from the Health Office and

assistance from *the NGO Global Fun* because it already has a mobile VCT service, while the Cidempet Health Center only uses funds from the Health Office.

Following the Regulation of the Minister of Health of the Republic of Indonesia Number 11 of 2015 concerning Technical Instructions for Health Operational Assistance, Puskesmas has the right and obligation to distribute funds under their needs and designations. (Ministry of Health of the Republic of Indonesia, 2015)

Following the answers from several informants, who stated that the process of implementing counseling and HIV/AIDS has gone quite well and coordinated between the internal health center and also with the Health Office, but in carrying out the program, there will be an effect that can be felt by service recipients where there is a difference in patient satisfaction between the Cidempet Health Center and the Bongas Health Center. Recipients of Cidempet Health Center services tend to feel satisfied because of the friendliness and comfort of services. At the same time, Bongas Health Center is still unsatisfied with the friendliness and convenience of counseling and testing services.

Based on Law of the Republic of Indonesia Number 36 of 2009 concerning Health in Chapter III Rights and Obligations Article 5, Everyone has the right to obtain safe, quality, and affordable health services. In this case, quality service is desired by both patients and the community. (DPR RI, 2009).

Implementation of the Process in the KTHIV Service Program at the Cidempet Health Center and Bongas Health Center

Based on the results of the study, it is known that the implementation of counseling and HIV/AIDS services at the Cidempet Health Center and the Bongas Health Center is not different because the two Health Centers provide pre and post-test counseling services so that they have provided services quite well.

Pre and post-test counseling is essential to provide clear information and can build closeness and openness between officers and patients, so this activity must be carried out by every Puskesmas that has counseling services and HIV/AIDS.

Following the Regulation of the Minister of Health of the Republic of Indonesia Number 74 of 2014 concerning Guidelines for the Implementation of HIV Counseling and Testing, it is explained that officers or counselors of counseling and HIV/AIDS must provide pre and post-test counseling aimed at providing clear information about the

importance of HIV testing, at the time of HIV pre-test counseling, patients have the right to refuse or continue HIV testing. (Ministry of Health of the Republic of Indonesia, 2014)

It can be seen that the Cidempet Health Center has not been maximized in providing HIV pre and post-test counseling because counseling is specifically for patients with positive results. At the same time, the Bongas Health Center has carried out counseling and HIV/AIDS following applicable policies.

So, in this case, the Cidempet Health Center needs to improve the provision of pre and post-test counseling services to patients; counseling services are not only aimed at patients with positive results but are given to patients with negative results as well as a means to provide education to maintain HIV/AIDS prevention behavior.

CONCLUSION

There is a difference in the implementation of KTHIV services between the Cidempet Health Center and the Bongas Health Center, as for the difference in services seen from the process of providing guidance/direction, human resource performance, fund allocation, provision of HIV testing mobile clinics where the Cidempet Health Center is not yet available while the Bongas Health Center is available and running, cooperation with NGOs and KDS in the Bongas Health Center area is active while the Cidempet Health Center is not yet active, and regarding the provision of pre and post test counseling services which are still not in accordance with the guidelines for the implementation of KTHIV where the guidelines do not distinguish the provision of counseling to patients with negative results or positive results and the Cidempet Health Center has not implemented the service to patients, while the Bongas Health Center has implemented counseling services in accordance with the policy of the Minister of Health of the Republic of Indonesia Number 74 of 2014 concerning Guidelines for the Implementation of Counseling and HIV test.

SUGGESTION

For Puskesmas

1. Improve communication with recipients of counseling services and HIV/AIDS by holding peer group support groups
2. Increase work motivation for officers within the Puskesmas by providing rewards if the target is met and implemented properly

3. Optimizing the performance of officers in providing motivation and support to recipients of counseling services and HIV/AIDS or ODHA employing more intense visits every one month.
4. Increasing the number of human resources who carry out counseling and HIV/AIDS needs at the Cidempet Health Center holds a separate PJ for the TB, Promkes, and Vaccine Programs and Laboratory Analyst officers. In contrast, the Bongas Health Center holds Laboratory Analyst officers.
5. Providing a particular waiting room for patients to maintain patient privacy.
6. Increase education and information related to HIV/AIDS to be provided to patients.

For the Health Office

1. Optimizing the implementation of guidance/briefing by utilizing various *online* media such as *Zoom Cloud Meeting and Google meeting*
2. Determine the period of guidance/direction that will be given to the Health Center during the quarter to provide monitoring and evaluation
3. Optimizing the implementation of communication between program holders by utilizing *online media* such as *WhatsApp* or *Telegram* that are available so that the coordination flow can run well
4. Make policies related to the number of human resources to carry out counseling and HIV/AIDS
5. Conduct regular training for counseling officers and HIV/AIDS at least 1 time in 1 budget year
6. Giving strict sanctions to Puskesmas to provide human resources according to needs
7. Supporting the provision of mobile clinics at the Health Center.
8. For Educational Institutions
9. The results of this study are expected to be a source of information and reference, especially regarding the evaluation of the implementation of counseling and HIV/AIDS in Puskesmas.

For Other Researchers

In order to continue research related to variables of methods and tools in the implementation of counseling and HIV/AIDS.

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