

ANALYSIS THE INFLUENCE OF STAKEHOLDER PROGRAM PREVENT OF HIV / AIDS IN THE PROVINCE OF PAPUA

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ABSTRACT

In Indonesia recently HIV prevalence is estimated to be 0.2% of the population and concentrated in high risk populations. HIV/AIDS cases in Papua province until December 2013, as many as 16.050 people, with details of HIV cases as much as 6.188 and AIDS as much as 9.862. And Papua is the province with the highest rate of cumulative AIDS cases in Indonesia. HIV and AIDS prevention efforts require efforts to improve the effectiveness and accessibility of services by maximizing available resources and infrastructure, hence the involvement of all sectors, both government and non-government. The purpose of this research is to analyze the influence of each sector so that its implementation does not overlap and can facilitate monitoring the implementation of the program according to the others.

The method research is qualitative with induction approach. Determinants and policy implementation programs in government agencies and non-government as a population, as the informant people was the Head of the provincial health bureau, Head of technical and operational units AIDS Tuberculosis Malaria (ATM), the Head of the pharmaceutical warehouse provinces of Papua, Bappeda Papua Province, as well as the Director of the foundation's community health development Papua. Analysis of the influence is divided into 3 parts sector who have an interest and human resources as well as having the power and then the determination of the role of "high", "medium", "low" is explained by the role of normative stakeholder derived from the strategic plan to combat HIV/AIDS spreading around Papua province in 2012 - 2016. While the role according to the field results determined based on interviews with informants supported by secondary data.

The research results indicate that the stakeholders involved are: Health department, AIDS Response Commission, Bappeda, governor, education office, labor and transmigration service, women's empowerment agency, National Population Family Planning Board, Social Service, Satpol Pamong Praja, People Representative, The Papuan People's Assembly, etc. Final Conclusion; Stakeholders of the Aids Response Commission, Health Office and bappeda have high interests, high strength but have a moderate human resources. The Papuan governor has "high" interests and strengths but "low" human resources. Other stakeholders have high interests but low human resources and strength

Keywords: HIV/AIDS, stakeholder, influence

1. PRELIMINARY

AIDS (Acquired Immuno Deficiency Syndrome) is a collection of symptoms caused by infection with HIV (Human Immunodeficiency Virus) that damages the human immune. In Indonesia, HIV prevalence is estimated to be 0.2% of the population and concentrated in high risk populations. Cumulatively from 1992 to December 2013, totally 16.050 people have been reported to have contracted HIV and AIDS, with details of HIV cases 6.188 and AIDS 9.862. The province of Papua is the province with

the highest rate of cumulative AIDS cases in Indonesia.

The World Health Organization (WHO) says that HIV and AIDS prevention efforts are inextricably linked to the country's health system and the integration of the program is critical to its success. The issue of integrating HIV and AIDS prevention programs into the health system is not an easy task because it involves many players (and interests), infrastructure, policies and resources. The involvement of all government and non-government sectors is needed to improve the effectiveness and

accessibility of HIV and AIDS services by maximizing available resources and infrastructure (Dudley and Garner, 2011). The fact that in the implementation of prevention and prevention programs of HIV and AIDS has not been maximized due to the unavailability of the health system at the local level, the division of roles is unclear and even if it is clearly hampered by the limited implementation. The purpose of this research is to analyze the role of each sector so that its implementation does not overlap and can facilitate monitoring the implementation of the program according to the role, so that it can be developed the recommendation of the improvement of the HIV and AIDS prevention performance in the medium term.

2. RESEARCH METHODS

The design used in this research is qualitative method, and induction approach. The principle of the development of theoretical research (Theory building) and research explanations (explanatory) (Gilson & Raphaely, 2008; Walt et al, 2008) and the principle of in-depth research - grounded research (Glaser & Strauss 1967; Strauss & golbin 1998). The sample in this study is any person who acts as the deciding and implementing program policies in government agencies and non-governmental organizations. As an informant is the head of the provincial health office of Papua, the head of the technical implementation unit AIDS Tuberculosis Malaria (ATM), head of Papuan provincial pharmaceutical warehouse and Bapeda Papua province and Director of health development foundation. Collection, Processing and Data Analysis using logical frameworks The induction approach adopted from Creswell, 2003 "The Inductive Logic of Research in a Qualitative Study". Stakeholder analysis is done based on the normative role of each stake holder in the Papua provincial AIDS prevention strategic plan in 2012-2015. While the role according to the field result is

determined based on the result of the interview with the informant supported by the secondary data. To determine the level of importance, HR and Strength can be described as follows: "High" interest if the stake holder is required by law or there is a regulation that requires its involvement in HIV AIDS control or is the duty of the stake holder. What is meant by **high** resource here when there is sufficient power in terms of quantity and quality, as well as available facilities and infrastructures supporting the program. Said **to be** when infrastructure and inadequate human resources, and funds are limited. Said to be **low** if all the items mentioned above are not the same sekali. Penilaian force is meant here is the absence of regulations, strategic position within the take and push the policy, as well as the support, sympathy, and respected by the community. Is said to have **high** strength if all the above items owned by the stakeholders concerned. Said to have **moderate** strength if stakeholders have only a few items. It says it has **low** power if it does not have or only have one of the above items.

3. RESULTS AND DISCUSSION

1. Stakeholder analysis of HIV and AIDS prevention

Stakeholders are people who have an interest and are influenced by emerging strategic issues / policy issues. Including those who have the power to influence the issue / problem are those who have the information, resources and skills needed to formulate and implement the policy and policy options. Besides stakeholders also derived from relevant groups own or control and all the instruments needed in policy implementation (Nash et al, 2006). Stakeholders in this HIV and AIDS program are all individuals, groups, community-driven, private, NGOs concerned and involved in HIV and AIDS prevention and prevention programs.

Table 1. Stakeholder analysis Merauke

Actor	Role Normatively	Role match field results	Interests T = Height S = Medium R = Low	Resource T = Height S = Medium R = Low	Strength of Highness = T Medium = S Low = R
public health Office	Executing, Prevention,	• Coordinate and supervise the	T	S	T

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	PDP & creating, overseeing the implementation of HIV and AIDS policies	implementation of STI and VCT services by PKR, puskesmas and other technical institutions			
KPA	As coordinator in the implementation of HIV and AIDS prevention and prevention programs	<ul style="list-style-type: none"> To socialize HIV and AIDS prevention and prevention programs for all targets Conducting coordination meetings with related SKPD Coordinate capacity building for teachers Distributing condoms to PKR, working group RSU, Yasanto, Yaparpem and other foundations 	T	S	T
Yasanto	Socialization, Assistance, PDP sustainability and implementing impact mitigation programs	<ul style="list-style-type: none"> Internal coordination between staff and external (case manager, volunteer, PLHIV and OHIDA) Spiritual guidance of PLHIV, medical consultation of PLHIV at Paliatif care Yasanto clinic Training for <i>peer educators</i> resti group, young teens and outside the school, a group of cadres Posyandu. Refresher field officers and provide internship opportunities for field staff Promotion and dissemination of HIV and AIDS information Drug assistance service Provide services for mitigation impacts, including: healthy food distribution, IO treatment, creativity 	T	S	T

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		<p>therapy for PLWHA in the studio (eg vegetable garden making, handicraft, independent business), regular service studio, ministry services and procurement of ODHA counseling</p> <ul style="list-style-type: none"> • Implementation of VCT 			
PKR	Socialization, implementing prevention of RFS coordinator technical secretary	<ul style="list-style-type: none"> • Implement STI prevention and treatment services, HIV and AIDS through routine checks for key population groups and the general public • Coordinate technical agencies in the implementation of STI prevention and control services, as well as HIV and AIDS 	T	S	S
Puskesmas	Implementer of prevention, socialization, case discovery and follow-up treatment	<ul style="list-style-type: none"> • Discovery of the patient through VCT and PPIA • Support for PLHIV through the provision of advanced antiretroviral drugs and drug control. 	T	S	S
Pokja RSU Merauke	Case management and treatment of opportunistic infections	<ul style="list-style-type: none"> • Implement VCT and PPIA for outpatients and inpatients suspected of HIV • Receive referrals and provide PDP services and support to affected families. • Provide treatment for those found positive for STIs and HIV in field technical units 	T	S	S
Harapan Bunda Hospital	Implementer of prevention, socialization,	<ul style="list-style-type: none"> • IMS and HIV screening through 	T	S	S

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	case discovery and follow-up treatment	VCT, as well as and refer to the working group of Merauke Public Hospital			
Navy Hospital	Implementer of prevention, socialization, case discovery and follow-up treatment	<ul style="list-style-type: none"> • Conducting counseling and screening for Candidate Members of the Navy • Conduct regular checks for TNI members as well as checks for members who are about to marry • Examination to the general public of suspected IO of HIV 	T	S	S
Department of Women Empowerment and Family Planning	Implementing socialization	<ul style="list-style-type: none"> • Prevention programs through extension activities in junior high schools, high schools, colleges and housewives 	T	S	S
ODHA	Supports fellow devotees	<ul style="list-style-type: none"> • Its activities provide PDP support for fellow PLWHA 	T	S	R
Dinakertrans	Implementing socialization	<ul style="list-style-type: none"> • Socialization of HIV and AIDS prevention and control of all companies • Inspection of labor every 3 months 	T	R	T
GPI	Implementer of socialization, counselor and nutrition	<ul style="list-style-type: none"> • Socialization of HIV and AIDS using religious language • Counselor training for pastors • Implementation of VCT services • Nutrition support 	T	R	T
Education authorities	Implementing socialization	<ul style="list-style-type: none"> • Socialization activities and peer training for school students • Program "DAKU PAPUA" in 17 SMA 	T	R	S

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		with learning materials about adolescent reproduction, including HIV and AIDS			
social services	Implementers of socialization, increased productivity of PLHAs, mental counseling PLHAs	<ul style="list-style-type: none"> • Providing guidance to the WPS community • Providing training for FSWs to improve their skill in order to get out of their work • Giving business capital in accordance with the skills obtained from the social service • Provide support in the form of rice to shelter houses. • Help the coffin for people living with HIV • Spiritual and gymnastics 	T	R	S
Port Sea Health Office	Implementing socialization	<ul style="list-style-type: none"> • Program of detection of potentially infectious diseases, including HIV and AIDS 	T	R	S
Office of Religion	Implementing socialization	<ul style="list-style-type: none"> • HIV and AIDS education using the language of religion 	T	R	S
Kesbangpol Office	Implementing socialization	<ul style="list-style-type: none"> • Socialization of HIV / AIDS prevention and prevention 	T	R	S
Office of Youth and Sports	Implementing socialization	<ul style="list-style-type: none"> • Socialization of the dangers of Narcotics in cooperation with the police • Socialization of HIV and AIDS in collaboration with KPAK 	T	R	S

Yaperpam	Implementer of socialization, VCT services and nutrition of PLHAs	<ul style="list-style-type: none"> • Socialization of HIV and AIDS using religious language • Provide VCT services • Giving Nutrition 	T	R.	S
shemale	Socialization and support of transvestites PLHAs	<ul style="list-style-type: none"> • Its activities provide preventive support for fellow Transvestites and PDP support for positive transvestites 	T	R	R
WPS	Socialization and implementation of condom utilization	<ul style="list-style-type: none"> • Its activities provide preventive support for fellow WPS and PDP support for WPS positive. 	T	R	R

Source: Primary Data

Based on the above table, it can be concluded that the stakeholders of provincial known as KPA, Provincial Health Office and Provincial bapeda have the same high interests, high strength but have human resources who are Stakeholder who have high interests but have human resources and medium strength is Integrated health system, Public Health Centre, Government General Hosital, Harapan Bunda Hospital, Navy Hospital, and Women's Family Empowerment Board. For the Community of People with HIV they have a high interest but have a moderate and low-power human resources. Other stakeholders who have high interests but have low human resources and medium interests are yaperpam, youth and sports service, kesbangpol office (limited), religious office, marine port health office, social service, and education office. And the last one who has high interests but has human resources and low power is the transvestite community and female sex workers.

Implementation of HIV and AIDS prevention and prevention programs requires the involvement of all parties, both government and non-government. The agencies involved in Papua province are, among others, NGOs of community health development foundations; known as: PKBI, YKB, YAKITA, YUKEMDI, Dian Harapan Foundation etc. In addition, donors involved are FHI, HCPI, Unicef, assist in the implementation of

the PDP program include sharing how to prevent HIV/AIDS, forming a network of cooperation, outreach field officers at each target, helping the implementation of VCT programs, mentoring individuals in the project. The influence of stakeholders in the implementation of this program is crucial to success,

The following forms of the role of stakeholders (government institutions and non-governmental Province Papua) can be described as follows;

- a. Government agencies
- b. Technical institutions

Provincial Health Office,

The Provincial Health Office of Papua is a technical institution responsible for the implementation of health care providers in Papua province. In the previous years the role and responsibilities of the province of Papua were large, in addition to functioning as policy makers, also functioning as actors of various activities in various programs, but with changes in the allocation of special autonomy funds previously 40% for the Province and 60% for districts / cities To 20% for the province and 80% for districts / municipalities then directly affect the reduction of

function especially on the implementation of programs and activities.

With the change, the function of the Provincial Health Office is more focused on the activities of technical assistance, monitoring or audit program in addition to the implementation of certain programs.

HIV / AIDS programs / activities undertaken before changes in budget allocations include:

1. Sero surveillance
2. Training training; Surveillance, VCT and IMS, harm reduction, PMTCT, program management, CST, for teams in health facilities,
3. Promotion, Advocacy and socialization of HIV / AIDS prevention
4. Support of operational facilities for service establishment: VCT, IMS, harm reduction, PMTCT, CST
5. Outreach
6. Procures: condoms, methadone, CD4 machines, CD4 Reagents, HIV RDT, blood sampling materials, cold cabinets RDT HIV

Programs and activities after changes in budget allocation:

- 1). Support of operational means for the establishment of Prevention Mother To service Child Transmission (PMTCT)
- 2). Procurement of IO Drugs HIV/AIDS
- 3). Procurement of HIV AIDS facilities and logistics
- 4). AIDS Prevention and Combatants
- 5). Increased collaboration of AIDS, TB and Malaria
- 6) Increasing the ability of Village Midwives in Implementation of PMTCT.

In order to maximize the utilization of special autonomy fund, the governor of Papua No 8/2012 governs the technical guidance of the use of the Special Autonomy Fund for Health Sector (DOK-BK) of 15% for the districts of Papua province for 2013-2018. In these technical guidelines, from the various regulated programs, one of the priority points for urban districts is the control of infectious diseases that focus on AIDS, Tuberculosis, Malaria (ATM), the discovery of 28,000 HIV cases intervened, no new infection (zero Infection, Tuberculosis case finding up to 75% and treatment success 86%, and Annual Paracite Infection (API) Malaria up to 45 / 1,000, positive slide rate <5% and non-infectious disease control followed by environmental sanitation.

In the technical guidance is also explained about the details of the main activities of each priority program DOK-BK good basic health services that are divided into services inside and outside the building. Special HIV/ AIDS services in the building are activities of handling pregnant women with malaria and HIV, while for outsourced services on the 1000 day life program on maternal health services activities are malaria, HIV and STI tests. Then in the prevention and eradication of disease programs through controlling the spread and reducing the number of new cases of HIV / AIDS with the form of intervention; Initiative of testing and counseling from health personnel, promotion of comprehensive HIV /AIDS knowledge, comprehensive management of HIV/ AIDS patients (ARV treatment, case management and referral, transmission prevention counseling and prevention including medication adherence), community support in comprehensive management of HIV/ AIDS patients. Other activities include realizing access to HIV /AIDS treatment for all people in need with intervention; Provision of reagents and antiretrovirals, upgrading of officers in discovery, management and case management as well as taking IMS case specimens, sero surveillance for high-risk populations and condom use distribution for high-risk populations.

Another effort of the Provincial Health Office in an effort to strengthen the HIV / AIDS prevention institutions is to increase the HIV / AIDS section of the provincial health office, which was previously upgraded to the Aids Field of Malaria and Tuberculosis (ATM), as it is specifically the Third Papuan. This has become an inseparable focus of attention. So the ATM field now has the authority to plan, organize and budget itself to the interests of HIV / AIDS, TB and Malaria.

In addition, the provincial government of Papua in an effort to improve access to services as regulated in technical guidelines based on Governor Regulation No. 8 is the existence of a program of health services flying and floating. This program is aimed at ensuring the fulfillment of the needs of the community in obtaining health services in general and in particular ensuring and protecting the process of pregnancy, childbirth, post-natal and family planning, including the prevention of infectious diseases such as HIV AIDS, TB and Malaria.

1. Non Technical Institution. and Letter of Action known as SKPD
 - 1). KPA Provinsi Papua

The existence of KPA in Papua province based on Provincial Regulation of Papua No 8 Year 2010 on Prevention and Control of HIV AIDS in Chapter VI section one of article 22 concerning the establishment of KPA Papua Province and in paragraph 1 states that KPA Papua province has the duty to make policy, mobilize, And facilitation of HIV and AIDS prevention and control. And in the second paragraph coordinate with the regents / mayors to form KPA at the district / city level. In the second part regulates the function and authority of KPA Papua Province.

Based on the tasks, functions and authority, so far the provincial KPA has done activities such as: Encouraging the City District to establish KPA, Conducting Prevention promotion through the big days eg World AIDS Day through various activities, encouraging NGOs, Religious Figure, Figure Adat, Women, Youth / Youth Leaders and other institutions through coordination meetings and funding support, especially impact prevention and mitigation programs in the form of providing nutrition for people living with HIV in care clinics or shelter homes. Another form of activity is to encourage scientists to write books related to AIDS prevention and prevention programs such as Pdt. Dr. Sostenes Sumihe, MTh wrote a book entitled Circumcision, the Bible and HIV / AIDS, Drh.Constant Karma, et al with the title of HIV-AIDS and Circumcision in Scripture, then rethinking Circumcision for the Health of the Peoples by Rev. M.Th. Mawenw, D.Th. Other programs related to the policy include; Encourage the Papua Provincial Government to issue the HIV / AIDS prevention plan, 2012 - 2016, the Regional Action Plan (RAD) to accelerate the achievement of the MDGs of HIV/ AIDS in Papua Province, formulate the Strategic Communication Plan for HIV Prevention and Control in Tanah Papua Indonesia, and drafting the Strategic Plans Communications for the prevention and control of HIV and AIDS in the Central Highlands of Papua.

2). SKPD (letter Decision into)

(1). Department of Education of Youth and Sports of Papua Province

The education office is one of the most strategic institutions in preventing and overcoming HIV AIDS, especially to keep young people healthy physically and spiritually because they are the hands of this nation depends. In relation thereby the provincial government of Papua has issued the Governor of Papua Regulation No. 26 of 2010 on the

Mainstreaming of HIV and AIDS through Education. Based on the PerGub, the Office of Youth and Sports Education drafted the technical guidance of education on HIV and AIDS Prevention in Papua Province in 2010. Inside the strategic plan There are 3 strategies that can be used by schools at elementary, junior and senior high schools / SMA that is first to make HIV AIDS prevention education materials as a local content, the two integrate into one of the existing science field, the third into a program of self-development activities through talent, interest.

The task that has been done by the Office of Education, Youth and Sports is to socialize the gubernatorial regulation and juknis all Education Department, youth and sport of Kota District in Papua province to follow up this program. But until now not all implement this gubernator can be known from not all districts / cities implement this program.

(2). Department of Manpower and Transmigration.

Based on the Decree of the Minister of Manpower and Transmigration of the Republic of Indonesia Number: Kep-68 / Men IV / 2004 on prevention and control of HIV/ AIDS in the Workplace, the Office of Manpower and Transmigration of Papua Province seeks to oversee the implementation of the Decree by requiring all districts disnakertrans Actively socialize and oversee the implementation in the Company or the world of work for both employers and for workers / laborers.

(3). Bapeda or (Regional Planning) Papua Province

The Regional Planning Agency (Bapeda) of the Papua Province is one of the agencies that has contributed to the planning and budgeting of the HIV AIDS program in Papua province. Planning and budgeting is undertaken by the Provincial NAC later by Bappeda following up by allocating budget in form and grant. The KPA status in government is not one of SKPD letter which annually gets routine budget allocation but KPA status exist in Papua province in the form of semi-government organization. According to the rules of budget allocation given outside the SKPD letter can be a grant but only once but because the KPA status as a semi-government organization so that grant allocation can be given annually with the condition every year must account for this fund to the Papua provincial government .. Other functions of The provincial Bappeda is

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encouraging and facilitating the drafting of the Papua Province AIDS prevention and prevention plan. Since the establishment of Provincial AIDS Commissions, the Regional Action Plans have also been formulated in the effort to accelerate the achievement of the MDGs to VI. Another task of Bapeda is to work together and advocate for national and international partners to assist in the implementation of HIV/ AIDS prevention programs. Bappeda planning also assisted KPA to prepare facilities and infrastructure in the form of building, HIV/ AIDS education mobility.

(4). Other SKPD letter.

In addition to SKPD Health Department Papua Province, Department of Education, Youth and Sports, Office of Manpower and Transmigration, and Bapeda Province there are still SKPD who participated in AIDS Prevention and HIV Prevention Program but SKPD does not directly show HIV/ AIDS program in Program and its activities but Serve as one of the additional activities. In general, the activities are promotional activities of prevention and control of HIV/ AIDS in the target group according to the Tupoksi of each SKPD. In addition, there are also SKPD letters that supports the implementation of the program for SKPD technical field eg.gathering target masses.

2. Non-Government Institutions:

a. Non-governmental organization.

The role of NGOs in AIDS Prevention Program is urgently needed by the government. Therefore, the government continues to support NGOs working on AIDS prevention. In general programs / activities they do, among others; Dissemination of HIV AIDS information, establishing cooperative networks, outreach of field officers to their respective targets, assisting in the implementation of VCT programs, assistance of PLHAs in PDP. The following NGOs are in Papua Province and the program target groups in the following table:

b. Donor Agency:

1. FHI

FHI in Indonesia there are 3 projects but there are only 2 in Papua that is SUM 1 engaged in the use of condoms and social marketing and other projects

is Tuberculosis Care. FHI has doctors who routinely go around the service area to provide direct service assistance to patients if the service unit is short of a doctor.

2. Other Donor Institutions such as HCPI, Unicef, and others but limitations of information so that the program can not be described.

c. Non-governmental organization.

The role of NGOs in AIDS Prevention Program is urgently needed by the government. Therefore, the government continues to support NGOs working on AIDS prevention. In general programs / activities they do, among others; Dissemination of HIV AIDS information, establishing cooperative networks, outreach of field officers to their respective targets, assisting in the implementation of VCT programs, assistance of PLHAs in PDP.

The results obtained from stakeholder involvement can be described as follows; Performance of HIV and AIDS Programs in Papua Province (Data of KPA and Health Office of Quarter 2, 2014), there are HIV 6579 people and AIDS 11,060 people. HIV / AIDS spreads 2.4% of the general population and 3.4% of people with HIV are indigenous to Papua, where HIV prevalence is higher among Papuans than non-Papuans. HIV prevalence was much higher in uncircumcised men than in circumcised men. In 2013 only 1.1% of pregnant women do VCT. Estimates of HIV-prone populations conducted by the Ministry of Health in 2009 show that Papua is estimated to have 24.355 people living with HIV (Health Regional,2012). Consists of several sub-manipulation including sex invaders, customers and their partners, gays, and the general public. Cumulatively from 1992 to December 2012, totally 13.276 cases have been reported to be infected with HIV. There is a gap of approximately 11.079 people who have not been found, or 45.6 % of the estimated number of people living with HIV. The number of people with HIV that have not been found can be caused because every subsystem level of promotion / prevention is still problematic especially on human resources, although it has been supported by various regulations. The existence of local regulations and strategic plans has not yet been able to protect women of childbearing age (49%) from HIV / AIDS transmission which may have an impact on infant transmission. Sources of information are still limited to urban areas, as well as the provision of health services. Promotion,

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PDP and impact mitigation are still low, VCT coverage in pregnant women (1.1%), high prevalence of HIV among Papuan tribes compared to Non-Papuans, where the HIV / AIDS regulation should be enforced and upheld up to districts and villages Isolated areas such as Mimika and Intan Jaya districts. Similarly, unequal health financing causes disparities in the allocation of funds in every district in the province of Papua, so remote districts are not particularly noticed which leads to an increase in People with HIV /AIDS (ODHA) from indigenous Papuans.

4. CONCLUSION

All stakeholders involved in the HIV and AIDS prevention and prevention program have high interests, but eventhough there are high interests but have low and moderate resources. The resources are low and medium here because the average lack of sufficient funds and manpower to support the program. Another conclusion is that there are stakeholders who feel important person and have high resources but lack or lack the strength to implement the program. The moderate and low strengths here occur on average in regulatory support with respect to financing and are not yet known by the community or are still discriminated against by the public. Besides, its position is not strategic in supporting the implementation of HIV and AIDS program. Provincial KPA Stakeholders, Provincial Health Office and provincial bapeda have the same high interests, high strength but moderate human resources. It is different with the Governor of Papua who has issued the regional regulations and the strategic plan of HIV AIDS has a "high" importance and power but "low" because the governor himself is not the service but the policy and regulators. Moderating people like what Indonesian Chemistry Society do on HKI also help us much; eventhough its only by mails.

- There needs to be a regulation that regulates the integration of all sources of funds (government, province, district and donor) arranged through one door
- In regulation / strategic planning / guidelines / training need to clarify duties and responsibilities in accordance with the duties of all agencies involved in prevention programs and HIV and AIDS
- The presence of specialized HIV AIDS personnel in the health sector and non-health sectors is required through the contract system

- The influencing of KPA as a coordinating agency needs to be improved through scheduled coordination
- Local governments must support continuously Religious institutions in preventing HIV AIDS prevention that have been involved so far through technical and non technical support

BIBLIOGRAPHY

1. Creswell, JW 2003. Research Design: Qualitative, Quantitative, and Mixed Methods Approaches. Thousand Oaks, CA: Sage Publications.
2. Dudley, L. and Garner, P. (2011). Strategies for Integrating Primary Health Services in Low- and Middle-income Countries at the Point of Delivery (Review). The Cochrane Collaboration, 7.
3. Glaser, BG, and AL Strauss. 1967. The Discovery of Grounded Theory: Strategies for Qualitative Research. Mill Valley, CA: Sociology Press.
4. Governor of Papua Province, 2014, Governor of Papua Regulation No. 8 of 2014 About Technical Guidance of Use of Special Autonomy Fund for Health Sector 15% For Regency / City Se Papua Province. Provincial Government of Papua.
5. Health Systems 20/20. 2012. The Health System Assessment Approach: A How-To Manual. Version 2.0. www.healthsystemassessment.org
6. Ministry of Health of the Republic of Indonesia. 2013. Regulation of the Minister of Health of the Republic of Indonesia No: 21 of 2013 on HIV and AIDS Control. Jakarta: Ministry of Health RI DG of Disease Control & Environmental Health.
7. Ministry of Health of the Republic of Indonesia. (2013). HIV and AIDS case report of the 3 rd Quarter of 2013. Jakarta: Directorate General of Disease Control and Environmental Health.
8. Ministry of Health of the Republic of Indonesia. 2012a. Estimation of Indonesia HIV and AIDS Epidemic. Jakarta: Directorate General of Disease Control and Environmental Health.

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9. Ministry of Health of the Republic of Indonesia, Rakit Litbangkes. Presidential Regulation 72/2012. National Health System. 2012b. Jakarta: Litbangkes.
10. Ministry of Health of the Republic of Indonesia, Directorate General of Disease Control and Environmental Health. 2012c. Integrated Biological Surveillance and Behavior (STBP) 2011. Jakarta: Ministry of Health RI DG of Disease Control & Environmental Health.
11. National AIDS Commission. 2010. The National Strategy and Action Plan for HIV and AIDS Control 2010-2014. Jakarta: KPAN.
12. National AIDS Commission. 2011. HIV and AIDS prevention efforts in Indonesia 2006-2011: 5 years report on implementation of presidential regulation No: 75/2006 on National AIDS Commission. Jakarta: KPAN.
13. AIDS Commission for Papua and West Papua Provinces. 2008. Communications Strategy Plan for the prevention and control of HIV and AIDS in Tanah Papua, Indonesia. Jayapura, Provincial KPA
14. AIDS Commission for Papua and West Papua Provinces. 2012. Communications Strategy Plan for the prevention and control of HIV and AIDS in the Central Highlands of Papua, Indonesia. Jayapura, Provincial KPA
15. Provincial Government of Papua, 2011, Policy of Education Office of Youth and Sport of Papua Province on Mainstreaming HIV AIDS through Education, Provincial Education Office of Youth and Sport, Jayapura Papua
16. Provincial Government of Papua, 2010, Regional Regulation of Papua Province No. 8 of 2010 on Prevention and Control of HIV and AIDS, Legal Bureau of Papua Province Secretariat.
17. Provincial Government of Papua, 2010, Technical Guidelines for HIV and AIDS Prevention Education in Papua Province, Provincial Education Office of Youth and Sport, Jayapura Papua.
18. Government of Papua Province, 2010. Governor of Papua Regulation no 26 of 2010, Mainstreaming HIV AIDS through Education, Jayapura Papua.
19. Government of Papua Province, 2007, the Strategic Plan for HIV AIDS Papua province in 2007 - 2011. The Governor of Papua Province.
20. Government of Papua Province, in 2012, the Strategic Plan for HIV AIDS Papua province in 2012 - 2016. The Governor of Papua Province.
21. Government of Papua Province, 2013, the Regional Action Plan (RAD) to Accelerate Achievement of the Millennium Development Goals (MDGs) "HIV / AIDS in Papua, Jayapura.
22. Strauss, A., & Corbin, J. 1998. Basics of qualitative research: Grounded theory procedures and techniques (2nd ed). Thousand Oaks, CA: Sage Publications.
23. World Health Organization. 2007. Everybody's Business: Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action. Geneva: WHO. Integration efforts to combat HIV and AIDS-final version 34
24. Joint United Nations Program on HIV / AIDS (UNAIDS). Report on AIDS epidemic in Indonesia, update. 2012. Geneva: UNAIDS.