

# Resources for Implementing Policy: Human Resources and Financial Resources HIV/AIDS Control Policy

Nana Noviana<sup>1\*</sup> , Weni Rosdiana<sup>2</sup>

<sup>1</sup>Doctor and Researcher at Regional Research and Development Agency, Banjarbaru, Indonesia

<sup>2</sup>Doctor and Lecturer at Universitas Negeri Surabaya, Surabaya, Indonesia

Email: \*gadysnoviana@gmail.com

**How to cite this paper:** Noviana, N., & Rosdiana, W. (2022). Resources for Implementing Policy: Human Resources and Financial Resources HIV/AIDS Control Policy. *Journal of Human Resource and Sustainability Studies*, 10, 179-201. <https://doi.org/10.4236/jhrss.2022.101012>

**Received:** February 10, 2022

**Accepted:** March 28, 2022

**Published:** March 31, 2022

Copyright © 2022 by author(s) and Scientific Research Publishing Inc.

This work is licensed under the Creative Commons Attribution International License (CC BY 4.0).

<http://creativecommons.org/licenses/by/4.0/>



Open Access

---

## Abstract

Discussion of social problems is the beginning of modern policy analysis. This helps to analyze HIV/AIDS problems that are difficult to identify. Most AIDS programs do not specifically look at and overcome service constraints. To respond to the high incidence of HIV/AIDS in the city of Banjarmasin is to carry out prevention efforts regulated in Regional Regulation No. 11 of 2012, which is expected to be able to provide hope in efforts to reduce the incidence of HIV/AIDS. In an effort to reduce the rate of increase in HIV/AIDS cases in the city of Banjarmasin, it is necessary to have resources, both financial and human resources, that are able to communicate policy between implementing actors so that policy messages can be delivered appropriately. So in efforts to prevent HIV/AIDS in the city of Banjarmasin must involve the participation of the government, both provincial and city governments of Banjarmasin, the community and community institutions that have the carrying capacity of HIV/AIDS control programs. The research is a qualitative research using a descriptive approach based on the perspective of public policy. The findings of the study indicate the lack of participation and commitment of many actors as well as coordination support in efforts to combat HIV/AIDS.

## Keywords

Human Resources, Financial Resources, Policy Implementation, HIV/AIDS Control, Getting to Zero

---

## 1. Introduction

The problem of HIV/AIDS is a serious problem on public health and a big impact in the future if it does not receive intensive attention and treatment. The

problem of HIV/AIDS is part of the health service system where the higher incidence of HIV/AIDS infection requires a program for HIV/AIDS control and treatment and good management of public service systems.

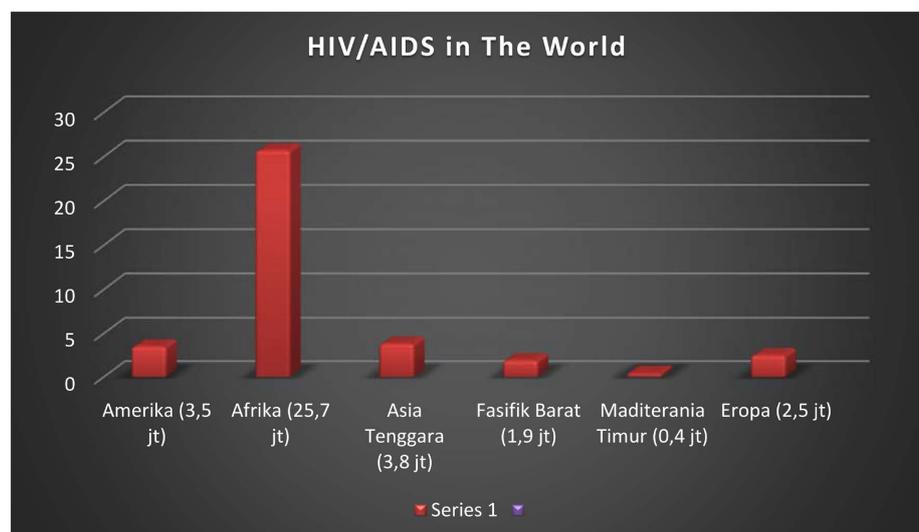
Stages of policy implementation are needed in the policy process to explain the policy making process in the community such as HIV/AIDS control policies. Discussion of social problems is the beginning of a modern policy analysis that addresses issues, such as poverty, health, child labor and so on (Parsons, 2014: p. 94), where this helps to analyze HIV/AIDS problems that are difficult to identify. The development of the times has an impact on lifestyle changes. These lifestyle changes are more towards behavioral changes such as the increase in free sex behavior. This contributes to the development of HIV/AIDS (Durkheim, 1982).

The problem of HIV/AIDS is still the main cause of death and the problem of HIV/AIDS will also reduce the effectiveness of work in the productive age, because HIV/AIDS mostly occurs in the productive age.

The following is data on HIV/AIDS in the world based on 2019 UNAIDS data (Figure 1).

Based on UNAIDS 2019 data (Figure 1), it can be seen that the largest HIV infected population in the world is on the African continent (25.7 million people), then in Southeast Asia (3.8 million), and America (3.5 million). While the lowest is in Western Pacific that has as many as 1.9 million people. Meanwhile, data on the distribution of new HIV sufferers by the population at risk globally is in the customer population of sex workers and sex partners from the population at risk of 18%. The second-largest population is MSM and same-sex males at 17% (UNAIDS, 2019 in Noviana, 2019).

The existence of this HIV/AIDS Prevention Program should be able to prevent the number of HIV infections and improve the quality of life of the community. Most AIDS programs do not specifically look at and overcome obstacles to



Source: UNAIDS, 2019.

Figure 1. HIV/AIDS in the world.

HIV/AIDS services (AIDS Commission Report on ASIA, 2015 in [Noviana et al., 2019](#)). To respond to the high incidence of HIV/AIDS in the city of Banjarmasin in an effort to deal with the prevention of HIV/AIDS is to carry out prevention efforts regulated in Regional Regulation No. 11 of 2012 concerning HIV/AIDS Control in Banjarmasin City, which is expected to be able to provide hope in efforts to reduce the incidence of HIV/AIDS in the city of Banjarmasin. With the regulation that regulates HIV/AIDS control in the city of Banjarmasin, it is hoped that it can accelerate the success of HIV/AIDS prevention in the city of Banjarmasin.

To accelerate the success of HIV/AIDS prevention, resources are an important element in policy content, in implementing the various resource policies needed, so that the implementation message can be well communicated. Human resources are needed that can translate the contents of the policy message so that the policy message is truly on target ([Goggin, 1990](#)). In an effort to reduce the rate of increase in HIV/AIDS cases in the city of Banjarmasin, it is necessary to have communication between the implementing actors so that the policy message can be delivered appropriately. Banjarmasin City Government in an effort to convey the message of HIV/AIDS prevention policy has established coordination with the KPA of South Kalimantan Province. In addition, the Banjarmasin City Government collaborates with other stakeholders outside the government such as NGOs, religious leaders, and the community. This is a manifestation that the process of implementing HIV/AIDS prevention policies in the city of Banjarmasin requires the involvement of stakeholders/actors. The involvement of stakeholders/actors in HIV/AIDS prevention efforts is important so that efforts to develop HIV/AIDS policies should tend more to the structure of policy actors than to the public bureaucracy ([Kabayakgosi, 2008](#)).

Prevention of HIV/AIDS is not only the responsibility of the government but to everyone. The implementation of regional regulation number 11 of 2012 on HIV/AIDS prevention in Banjarmasin City is a depiction of a multi-actor approach. Efforts to prevent HIV/AIDS should be carried out by the government by strengthening collaboration between actors who have the same vision. This is like the concept proposed by [Hajer and Wagenar \(2003\)](#), namely “network society” which provides an increasingly complex picture of government problems in responding to reality.

So in the effort to prevent HIV/AIDS in the city of Banjarmasin must involve the participation of the government, both provincial and city governments of Banjarmasin, communities and community institutions that have the carrying capacity of HIV/AIDS prevention programs. Judging from this, the prevention of HIV/AIDS in the city of Banjarmasin needs to be studied regarding resources in implementing HIV/AIDS prevention policies in the city of Banjarmasin in order to be able to describe the phenomena that support or inhibit the implementation of HIV/AIDS control policy in Banjarmasin.

## 2. Theoretical Review/Background to the Study

This is based on the fact that the success factor of implementation is very com-

plex in positive logic because it involves different levels of analysis units. The unit of analysis is the organization, policy, individuals and community, so that with an intuitive approach can provide space for researchers to better explore these factors.

Goggin *et al.* (1990: p. 40) consider implementation as a dynamic process for studying various matters relating to policies and rearranging those policies. The model of Goggin *et al.* implicitly implies 3 (three) important things in the implementation of public policies, namely: the content of messages, the form of messages, perceptions about the leadership of the State. The translation of the Goggin model, *et al.* into eleven Goggin (1990: p. 77) indicators, is one of the resources.

In Goggin *et al.* explained that resources are an important element in policy content. The things included in the resource are money/budget, people, time and expertise. Budgets are resources provided for possible arrangements for financing and/or providing other resources. The important thing in the aspect of resources is that various resources may be needed to implement the policy message, not all available resources can be easily exchanged for other types of resources. Resources available through policy messages have a direct impact on implementation. Therefore, the greater the resources, it is likely that the implementation of the policy will be fast.

### 3. The Study Methodology

The research is a qualitative research using a descriptive approach based on the perspective of public policy. System analysis method from policy data, guidelines, and program implementation HIV/AIDS control in the city of Banjarmasin. This research seeks to present the empirical facts of the action of the Banjarmasin City government in a naturalistic manner and also seeks to reveal hidden values so that it is expected to be able to describe the phenomenon of resource factors that influence the implementation of government policies on HIV/AIDS prevention in Banjarmasin City. So that it is expected to describe the phenomenon of resource factors that influence the implementation of government policies in handling HIV/AIDS in the city of Banjarmasin.

The selection of informants was based on certain considerations following the information that needs to be required taken from the community who better understand the implementation of the HIV/AIDS prevention program in the city of Banjarmasin. The informants who are competent concerning these resources are the AIDS Commission 1 person, the Banjarmasin City Health Office 2 people, the Banjarmasin City Social Service 2 people, the Banjarmasin City Education Office 1 person, the Banjarmasin City Tourism Office 2 people, the Community Health Center (Advisor) 2 people, NGO 1 person, PLWHA 4 people, Community (Community Leaders) 5 people.

Data collection techniques using interviews using interview guidelines as a guide in conducting interviews with informants. The observation method in this study is connected simultaneously to enrich the research by presenting addition-

al data to support the data obtained from the interview. The data collection techniques using interviews using the interview guide as a guide in conducting interviews. The observation method in this study is connected simultaneously to enrich the research by presenting additional data to support the data obtained from the interview (Creswell, 2014). This observation activity is expected to get a more detailed and real picture about the process of implementing HIV/AIDS control policy in the city of Banjarmasin. Documentation is used to obtain secondary data in the form of written data relating to the HIV/AIDS prevention program that has been implemented in the form of a decision letter on HIV/AIDS prevention in the City of Banjarmasin, the report document of the Banjarmasin City AIDS Commission, the guide to the archives of the Banjarmasin City Health Office report, the implementation guidebook. HIV/AIDS activities, aid report data from the Banjarmasin City Social Service, and HIV/AIDS data obtained from online sources.

#### 4. Research Result and Discussion

In an effort to implement the policy message, human resources are needed as the implementor of the policy message. Limited resources result in failure of the health program or the program does not achieve its objectives such as resources that do not match expertise/education. Likewise the commitment of the implementor in efforts to control HIV/AIDS is needed. With a strong commitment, the support of policy actors and policy implementors will be even better. The following are the results of interviews with human resources implementing HIV/AIDS control policies in the city of Banjarmasin.

##### 4.1. Human Resources Implementing HIV/AIDS Control Policy (Table 1)

Based on in-depth interviews with respondents, it was found that human resources in implementing the HIV/AIDS prevention policy were still inadequate. This is because almost all human resources in the relevant agencies not only implement HIV/AIDS prevention programs but also coordinate other programs.

**Table 1.** Human resources implementing HIV/AIDS control policy.

Policy	Research Results Data Indepth Interviews	Review the document	Analysis
Human Resources in the Implementation of HIV/AIDS Control in the City of Banjarmasin	Most respondents stated that human resources were inadequate and even overlapping tasks	Based on the document review, there are no clear rules for managing tasks.	Based on interviews and document reviews, it is found that there are no rules or policies that specifically regulate the division of tasks and authority to control HIV/AIDS

Source: Interview (processed by researchers), 2019.

The programs implemented at the Health Office include the program for handling infectious diseases, the Maternal and Child Health Program, and others, so that the holder of the HIV/AIDS prevention program does not focus only on the HIV/AIDS program. So with such conditions, the program activities to control HIV/AIDS usually only follow the programs that have previously been implemented. This causes the HIV/AIDS prevention program to be incompatible with the target's needs.

In an effort to implement the policy message, resources are needed in its implementation. The resource in question is human resources as the implementor of the policy message. Limited resources result in failure of the health program or the program does not achieve its objectives such as resources that do not match expertise/education. There is also a need for implementing commitments in HIV/AIDS prevention efforts in controlling HIV/AIDS. With a strong commitment, the support of policy actors and policy implementors will be even better. The following is an interview with Banjarmasin City Health Office with the initial J:

“There are a number of opinions if HIV is found then demeaning the position of the city of Banjarmasin... So that's why HIV/AIDS is not so discussed... Moreover, we are rewarded with this strong socio-cultural.... Banjarmasin is very religious... (Interview with [Banjarماسin City Health Office](#), 2019, February 24)

Commitment and view of the executor is needed in efforts to prevent HIV/AIDS. When implementers consider the issue of HIV/AIDS not too important to discuss, the policy objectives will not be achieved. Because implementing HIV/AIDS prevention policies from both government and non-government implementers, this is crucial to achieving policy objectives.

Human resources are an important element in policy implementation. In implementing policies, the amount of human resources will affect the capacity of organizations in implementing policies to achieve the goals of the organization (Goggin, 1990; Erwan, 2012: p. 149). In an effort to implement the policy, human resources are one of the variables of successful implementation (Van Metter & Van Horn, 1975). The policy implementation resources must have competence in implementing policies to be able to understand and translate the contents of the policy message. The more complex a policy is, to implement the policy requires a large amount of human resources as well.

### **1) Government**

In the policy process, the involvement of government actors is very important and is the main actor in the policy process.

#### **a) The Role of Government**

For regional policy implementers, regional regulations are the legal protection in implementing a policy. The outbreak of HIV/AIDS cases in several regions has made central issues in various regions. Government actors have a very important role in HIV/AIDS prevention policies.

### AIDS Commission

The high incidence of HIV/AIDS and the difficulty of identifying HIV/AIDS cases by health workers because HIV/AIDS is a disease that has different characteristics from other diseases. In an effort to deal with the spread of HIV/AIDS in Indonesia the KPA (AIDS Prevention Commission) was formed. The main tasks of the Environmental Impact Assessment Audit Commission are regulated in Presidential Decree No. 36 of 1994 which was later overhauled and strengthened KPA structure with the enactment of Presidential Regulation No. 75 of 2007. However, over time, there was an announcement that the validity period of the KPAN will expire on December 31, 2017 based on Presidential Regulation Number 124 Year 2016. Broadly speaking, this presidential regulation regulates changes and adjustments to membership and work procedures of the National AIDS Commission. Thus the placement of the KPAN secretariat under the Ministry of Health in the Director General of P2P Ministry of Health. This has an impact on the working procedures of the Banjarmasin City AIDS Commission to be less effective. So since December 2017, the AIDS Commission in the city of Banjarmasin has not received a budget from the Global Fund and the implementation of activities for 2018 is carried out by self-help with the Health Office.

The AIDS Prevention Commission was formed in an effort to prevent and deal with HIV/AIDS and as an effort to overcome the limited health sector. In addition, the AIDS Commission is tasked with facilitating and coordinating all activities by various sectors, and advocating for decision makers and supporting the environment for the implementation of STI control programs. In an effort to implement HIV/AIDS prevention and control, the Banjarmasin City AIDS Commission also involves the community, government and NGOs.

The AIDS Commission in the city of Banjarmasin is chaired by the mayor of Banjarmasin, but the daily work of the AIDS Commission is carried out by a secretary held by former retired echelon officials. This is to facilitate the carrying out their duties as implementing the AIDS Commission. The AIDS Commission in its implementation was also assisted by 2 staff members.

The Banjarmasin City AIDS Commission is a coordinating agency in the formulation of policies, strategies and steps needed to prevent HIV/AIDS. Following is statement A, program holder in Banjarmasin City AIDS Commission:

“I know about the regulations on preventing AIDS, but the regulations are not accompanied by technical guidelines or guardians so it is not clear to implement them.... however, so far we have been coordinating with the health and social services regarding funds for the implementation of aids prevention...” (interview with program holder in [Banjarmasin City AIDS Commission, 2019, January 24](#))

Although the Regional Regulation on HIV/AIDS prevention is not yet optimal, hope in the future the Banjarmasin City AIDS Commission is able to fix weaknesses and develop in providing results in HIV/AIDS prevention efforts. The role of the Banjarmasin City AIDS Commission in the future can be further in-

creased.

The existence of the AIDS Commission is generally regarded as an institution that has not been prioritized. In terms of funding the AIDS Prevention Commission is still unclear, based on the AIDS Prevention Commission work unit not the regional work unit (SKPD). In addition, the Banjarmasin City AIDS Commission is still unknown from government agencies and the community.

#### **Health Service**

Banjarmasin City Health Office is an element of government that has handled public health issues. The role of the Health Service in Banjarmasin City is very broad, one of which is handling HIV/AIDS cases by conducting communication, coordination and supervision.

The Health Department has a big responsibility in the effort to reduce the spread of HIV/AIDS in addition to other tasks according to the field. Banjarmasin City Health Office official with the initial J stated:

“What is certain is that the health department and the kpa must socialize AIDS prevention... the obstacle to the regulation that conducts arv is that the hospital only said...” (interview with [Banjarmasin City Health Office, 2019](#), February 6)

It was also conveyed by the Social Service with the initial H stating:

“The third is that the authority over the regional regulation is the health office. Then we will cooperate with the South Kalimantan provincial office in general and in particular Banjarmasin.” (Interview by the social service. 2019, February 7)

Based on the observations of researchers, that the Health Office has a very important role in efforts to prevent HIV/AIDS. The Health Department has complete and professional resources, both human and financial resources and other resources such as health infrastructure and medicines so that the coordination and facilitation function is expected to run well

#### **Health center**

Health center is a place of health services that are able to reach out to family and environmental services. The role of Health center in providing services for HIV/AIDS prevention is very large. Health center as health facilities spread across the city of Banjarmasin and provide easy access for the community to check HIV/AIDS. The following statement J, Banjarmasin City Health Office:

“The HIV test can be at the health centre and ulin hospital or the Ansari Saleh hospital... Actually, our 6 puskesmas are carrying out: Teluk Dalam, cempaka, kelayan Timur, Pekauman, cempaka putih, and the only Pelambuan... The counselor is a Health Centre person and there is training in Semarang...” (interview with [Banjarmasin City Health Office, 2019](#), February 6).

In addition, the AIDS Commission with the initials A stated:

“HIV testing can be done in health centers and hospitals...” (interview with AIDS Commission, 2019, January 24).

In the city of Banjarmasin, there are no hospitals, so to make a referral to the Provincial Hospital, Ulin general Hospital and Ansari Saleh general Hospital. Both hospitals have been designated as referral hospitals for people with HIV/AIDS based on a decree from the Minister of Health of the Republic of Indonesia Number 760/MENKES/SK/VI/2007. According to the counselor officer at the health center with the initial R:

“We are here only to screen for new cases of HIV.... so if there are new cases we check then we refer to the Ansari Saleh general hospital for further services...” (interview with counselor officer at the health center, 2019, February 6).

The role of health center in reaching new cases of HIV/AIDS is very important, because health center workers are closer to the community. In addition, the health center provides VCT services so that it is easier for patients who come for treatment. Considering that health center staff are providers of prevention and treatment services, it is very appropriate for health center as a community-friendly facility to provide services to people with HIV/AIDS.

From the observations of researchers, the role of health centers in providing services to people with HIV/AIDS is very large because it is the first step to finding new cases of HIV/AIDS. Despite the limited services provided to people with HIV/AIDS such as not being able to provide ARV services because of limited facilities and do not meet the specified requirements.

### **Counselor**

In an effort to implement HIV/AIDS prevention policies in the city of Banjarmasin, the role of the counselor is very important because the counselor is able to capture new HIV/AIDS sufferers and be able to approach so that new sufferers want to do tests and want to do prevention and treatment. Counselors are people who counsel HIV/AIDS sufferers before and after an HIV test.

It has been clearly stated that a counselor is allowed to do counseling on HIV pre and post tests, but in reality in the field there is still a lack of counselor competence in providing counseling. Counselors who are in the health center are still not confident in counseling HIV/AIDS sufferers. Following is the statement of a counselor who works at a health centers, whose initials are R:

“I often recommend new patients for HIV if I recommend testing, then I give a referral to the hospital. To be given further action... I did not explain about HIV but later he will be explained at the hospital as well...” (interview with a counselor who works at a health centers, 2019, February 7).

The limitations of a counselor in providing knowledge about HIV/AIDS will complicate the steps of sufferers of HIV/AIDS. Some people with HIV/AIDS feel confused about the disease and do not know what to do. This was felt by a per-

son with HIV/AIDS who had only been 3 months aware of his HIV status. The following statement J, sufferers of HIV/AIDS:

“I am very scared and confused mom.... I am not ready to accept that I have AIDS, after I was tested first I was not told anything... at the hospital also was not explained about AIDS.... I tried searching on the internet *all* this time” (interview with sufferers of HIV/AIDS, 2019, February 17).

In addition, another HIV/AIDS sufferer with the initial I, stated that:

“I know a lot about AIDS after joining the group... where we often Ask and friends there often help explain about AIDS...” (interview with HIV/AIDS sufferer, 2019, February 17)

The role of a counselor is very large in the implementation of HIV/AIDS prevention policies. With competent counselors will attract more HIV/AIDS sufferers. Therefore, the greater the resources, it is likely that the implementation of the policy will be rapid (Goggin, 1990).

#### **Social Service, Education Office and Tourism Office**

HIV/AIDS prevention efforts are not only the duty of the Health Office or the AIDS Commission but also the role of other government actors, although the roles and tasks of these government agencies are sometimes unclear in efforts to prevent HIV/AIDS.

Although it has been mentioned in the Regional Regulation regarding the responsibilities of each agency, in its implementation it is still unclear. The following statements from the Social Services with the initials I and H:

“From the social service, it seems that I have never received this Regulation No. 11 of 2012... that might be just a province.... try later I ask if there is a regulation...” (interview with Social Services, 2019, February 7).

“... as far as I know we have made efforts already... what is prevention, treatment and rehabilitation...” (interview with Social Services, 2019, February 7).

It was also mentioned from the Banjarmasin City Education Office with the initials R as follows:

“If I personally do not know.... try later I will ask the others... This just isn't anything else... It should be like that... there are more technical guidelines.... the education office has this task force for example.... the education office has a program at least once a year to carry out the socialization... heheheh.... just this input, mom... actually the education service is ready to facilitate but to specifically program it, we don't because we are not prioritized... well work priorities... I think this BNN is there.... yes we are ready because the priority order is still far below that...” (interview with Banjarmasin City Education Office, 2019, February 6).

Following is the statement of the Tourism Office with the initials R:

“I have been in this tourism service for a long time, from occupying various positions but I never knew about the local regulation and so far there has never been any socialization about the local regulation... The health department has never socialized us about this local regulation...” (interview with Tourism Office, 2019, February 18)

From the researchers’ observations, the role of agencies that have been given responsibilities as mentioned in Regional Regulation No. 11 of 2012 in Banjarmasin City is still very minimal. This uncertainty is because they do not know about this Regional Regulation and have never been socialized to their agencies and there is no regulation of the mayor or technical guidelines for the implementation of HIV/AIDS prevention efforts. In addition, there are agencies that carry out HIV/AIDS prevention facilitation not because it has been mentioned in the local regulation but because the facilitation activities do exist in the program activities in their agencies. As stated by H from Banjarmasin City Social Service:

“This activity has no coordination with the city health office or the kpa... what is certain is this is a problem activity for people with social activities... so we say that in one of the activities there is hiv...” (interview with Banjarmasin City Social Service, 2019, February 7).

The following was conveyed by H from Banjarmasin City Social Service:

“Secondly we have a network that helps them. They are first in terms of care, secondly in terms of assistance that will be provided by the municipal social service government and the provincial social service ministry of the social ministry so far we have only kind of cooperated and coordinated with the provincial service and made use of the network. that... This activity is not coordinated with the city health office or kpa... certainly this is a problem activity for people with social activities” (interview with Banjarmasin City Social Service, 2019, February 7).

Banjarmasin City Social Service conducts activities from the Social Service program itself, in which there is one activity, namely HIV. So far, the social service has been conducting socialization but only as a facilitation, while the socialization is from the Ministry of Social Affairs, namely the provincial and central social services. In addition, the Social Service networked with NGOs for the implementation of HIV/AIDS prevention.

In making and implementing policies, government resources still play an important role. The involvement of many government resources involved in the implementation of policies has formed a pattern of collaboration in efforts to prevent HIV/AIDS. The government is an actor who plays a role in formulating and implementing policies and has not been replaced by other actors.

Public policy has proven to be an effective weapon in overcoming the HIV/AIDS epidemic. The government has a large impact in providing input for

safer behavior for those who are likely to spread HIV (World Bank Policy Research Report, 1997). Like the experience of Thailand which shows success in overcoming the response to HIV/AIDS which is very dependent on politics and the seriousness of government leaders. The role of the government is to make laws, fulfillment of treatment and public expenditure for HIV/AIDS (Colby & Baker, 1998).

The role of the Banjarmasin city government in making regional arrangements for HIV/AIDS prevention has been carried out, this regional regulation as a legal umbrella and the government's commitment in efforts to prevent HIV/AIDS. The government has issued funds each year from the APBD even though in small amounts, but if used on target it will produce satisfactory output. The Banjarmasin City Government has also provided free health care facilities for people with HIV/AIDS who do not have health insurance and is domiciled in Banjarmasin City by providing the Jamkesda card.

The amount of human resources in an organization that is mandated to implement policies will affect the capacity of the organization in carrying out its mission to realize the organizational goals (Goggin, 1990). The implementation of HIV/AIDS prevention policy in the city of Banjarmasin there are still constraints with limited human resources. Human resources at the Banjarmasin City AIDS Commission, for example, are still short of staff, and also to do socialization is done by those who are not basic health education. This can be an obstacle in trying to deliver a policy message to the target group.

The commitment of the policy implementor is very influential in implementing the policy. With a policy implementor that has a high commitment it will contribute to the success of a policy. In this case, several implementors that are related and have been determined in the Regional Regulation as the ones responsible for HIV/AIDS prevention efforts, both as coordinators and supervisors in HIV/AIDS prevention activities, do not yet have a high commitment in the prevention of HIV/AIDS. This is based on the absence of technical guidance or guardians in the implementation of the policy so that it is unclear the role and duties of agencies related to HIV/AIDS prevention so that HIV/AIDS prevention efforts cannot be carried out. And this influences the perception of related institutions that efforts to prevent HIV/AIDS are not a priority for their agencies because there are still other activities that are more priority.

## **2) Non Government**

The problem of HIV/AIDS is not only a government problem but also a common problem, the government will not be able to overcome the problem of HIV/AIDS itself. It has been mentioned in Local Regulation No. 11/2012 that responsible for efforts to tackle HIV/AIDS in the city of Banjarmasin is not only governmental actors but also non-governmental actors such as:

### **a) AIDS Concerned Community Organizations**

Community organizations concerned with AIDS are voluntary, although sometimes they get funding from foreign donors. NGOs play an important role in efforts to prevent HIV/AIDS, because NGOs are considered to be flexible and easy to blend with the community in efforts to prevent HIV/AIDS. Following is the

statement of A, an AIDS activist who is also a staff of the Banjarmasin City AIDS Commission:

“We already have sections handled... such as NU NGOs dealing with all MSM, where NU NGOs are in pal 12..... while PKS NGOs specifically deal with CSW so each one has his work...” (interview with [Banjarmasin City AIDS Commission, 2019](#), February 3).

The role of NGOs is very important in completing the limitations of government actors in HIV/AIDS prevention efforts. As stated by the Social Service with the initial H:

“To carry out an HIV test... Usually the CSO takes care of it... maybe the check can be in the hospital.... Secondly we have a network that helps them first, in terms of care, secondly in terms of assistance to be provided by the municipal social service office and the provincial social service office. Ministry of Social Affairs” (interview with Social Service, 2019, February 7)

Since the increase of HIV/AIDS cases, the role of NGOs is really needed because the government cannot do it alone to make efforts to prevent HIV/AIDS. The following interview with Banjarmasin City Health Office with the initial J:

“In the implementation of HIV prevention... Implementation is usually in collaboration with kpa, other NGOs (kps, borneo, nu, muhammadiyah... etc)... Involving other agencies” (interview with [Banjarmasin City Health Office, 2019](#), February 6)

The following are the results of the interview with Banjarmasin City AIDS Commission, which has the initials A:

“... sometimes for counseling we recruit NGOs...” (interview with [Banjarmasin City AIDS Commission, 2019](#), January 24)

Based on the observations of researchers, the role of NGOs in HIV/AIDS prevention efforts is very important. For this reason, the government should improve the partnership pattern with NGOs because NGOs are institutions that care about HIV/AIDS and are easily accepted by the community.

#### **b) Community**

The role of the community in efforts to prevent HIV/AIDS is very important, because the community is able to reduce discrimination for people with HIV/AIDS. But the majority of people have a negative view of people with HIV/AIDS, this is because most of the behavior of people with HIV/AIDS is the result of negative behavior. Because of the negative behavior of people with HIV/AIDS, the majority of people consider their pain to be natural and punishment from God for behaving negatively, violating religious and customary norms.

The high stigma in the community against people with HIV/AIDS is an obstacle to efforts to prevent HIV/AIDS. The following statement B, a Public figure:

“Banjar people are famously religious and our culture is still very thick, so if there is an HIV/AIDS sufferer it is considered people whose behavior is not right...” (interview with Public figure, 2019, February 15)

With the stigma in the community against people with HIV/AIDS causing them to close themselves and stay away from the community, actually it is expected that the role of people with HIV/AIDS is to help reach out to their communities so that their presence is detected. The following statement I, HIV/AIDS sufferers from the MSM community:

“I do not want people to know if I skit this bu... if people know I am afraid of being expelled and cannot work anymore...” (interview with HIV/AIDS sufferers from the MSM community, 2019, February 17)

The Health Department often conducts socialization to the community and religious leaders as well by providing explanations about HIV/AIDS. Because their community bridges the implementation of HIV/AIDS prevention policies.

### **c) PLWHA (people with AIDS)**

The high cases of HIV/AIDS that occur in the city of Banjarmasin are expected to be able to open their understanding of HIV/AIDS. The high cases of HIV/AIDS in the city of Banjarmasin where the highest transmission through sexual contact and the highest occurred in the community of MSM. Following is the interview with PLHIV from the MSM community:

“I was just a friend at first.... then that’s the way it is, and I didn’t think that if he was suffering from an illness... after I was often ill I ventured to check and I was not ready to hear I was also suffering from the disease...” (interview with PLHIV from the MSM community, 2019, February 14)

With a good understanding of HIV/AIDS it is hoped that they will change their mindset and behavior not to change partners and not engage in unhealthy sexual relations. In addition, PLWHA must be cooperative on the initial symptoms and also when receiving treatment. Health Officers and counselors have sought to run the CST (care, support, treatment) government program. The following is the statement of PLHIV with the initial H:

“I don’t really know about this disease... at that time I was sick and kept sick and I tried to read on the internet about this disease... and I tried to be brave to check at a public health center, yesterday when I checked in the health center, it was not explained, I was only given an explanation of the examination...” (interview with PLHIV, 2019, February 12)

This was also revealed by PLHA with the initial J who was contacted via telephone as follows:

“At first I went to the puskesmas to get sick... then at that time I took a blood check... then I explained why I had to check it and the officer told me to check it...” (interview with PLHA, 2019, February 17)

In addition, the Social Service has helped PLWHA by taking care of assistance especially to PLWHA. Assistance to PLHIV received was ARV medicines obtained through the hospital. This has pros and cons when ARV drug services are only in hospitals and may not be done in health centers. Following is the statement from the Banjarmasin City Health Office official with the initial J:

“The obstacle to the regulation that conducts arv is only hospitals, he said... because there are regulations, he said...” (Banjarmasin City Health Office Official, 2019, February 6)

In addition, there was also a statement from the person with the initial J about the distribution of ARV drugs that he had been feeling:

“So far, I personally have a little difficulty, Mom, taking medicine because I have to go to the hospital and it costs money for ojek and also to pay in the sky...” (interview with Banjarmasin City Health Office Official, 2019, February 17)

The following is also the statement of PLHIV with the initial H:

“Yes... then I have checked at the puskesmas and told to go to the hospital to take the medicine... if you go to the hospital a bit far from home and the queue is long...” (interview with PLHIV, 2019, February 14).

Health services provided by counselors to achieve policy goals are very important. The role of the counselor can determine the success of a policy. And the services provided must also touch precisely on the policy objectives.

The role of Civil Society Organizations (CSOs) is very important and increasingly taken into account such as NGOs, associations or religious associations. CSOs have a role in assisting the government in implementing policies and programs compared to other stakeholders. CSOs have the characteristics of being close to the target group, flexible organization, non-profit, and normative-based. Because of its characteristics CSOs can be relied upon in the implementation of HIV/AIDS prevention policies. Since the beginning of the HIV/AIDS epidemic, NGOs concerned with AIDS have played an important role in advocacy, prevention management and treatment. NGOs are voluntary institutions that are considered as important actors in the fight against HIV/AIDS. The existence of this AIDS care organization has spread to the regions. Their role is recognized as being very important in the AIDS response in the regions and they guarantee there is no discrimination and respect the rights of AIDS sufferers.

HIV/AIDS control in Banjarmasin City involves the participation of NGOs concerned with AIDS. This AIDS-care NGO has divided its tasks and responsibilities to the target group so that there is no overlapping of services provided. The involvement of NGOs concerned with AIDS gave a very good contribution. NGO-AIDS is an instrument for political pressure and assistance to reconstruct the lives of people with HIV/AIDS (Castro-Silva *et al.* 2008 in Noviana, 2019). Given the huge role of AIDS care NGOs in HIV/AIDS prevention efforts, the

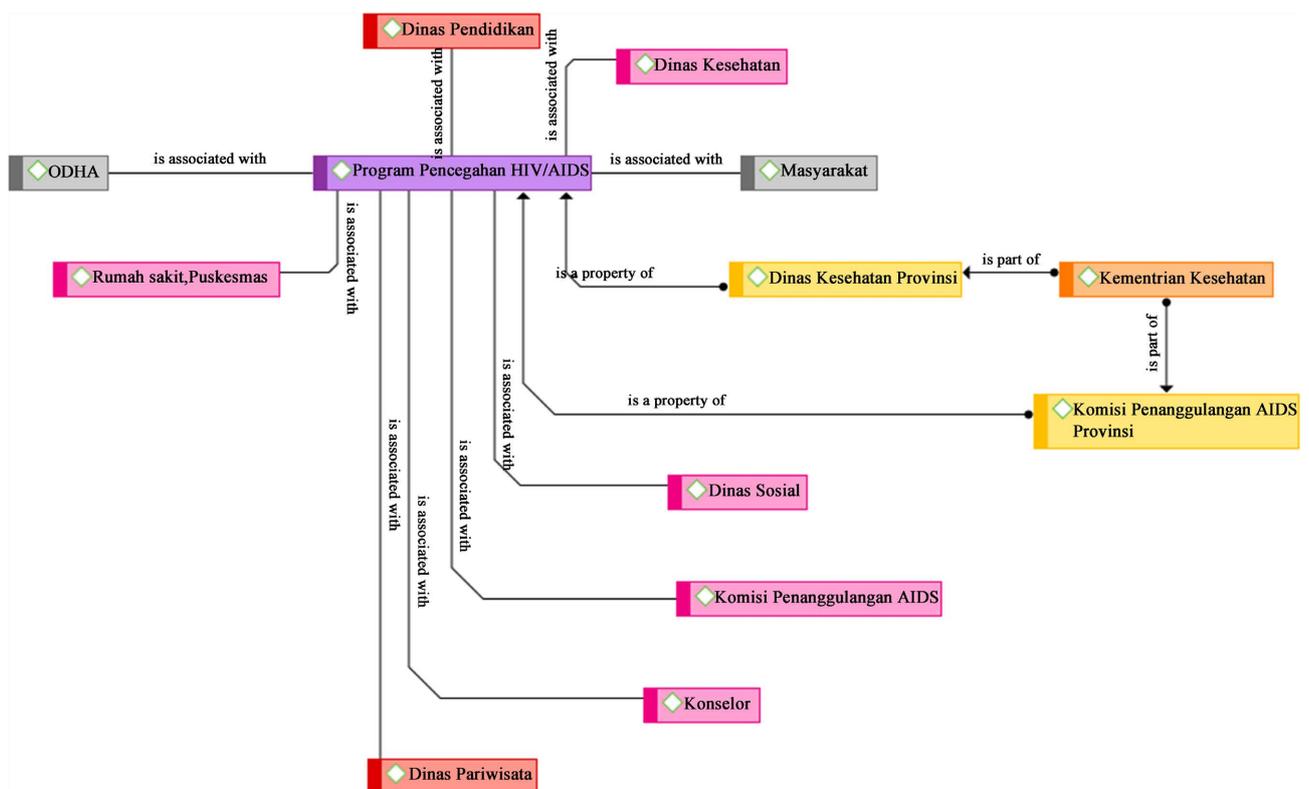
government should improve the partnership pattern with AIDS care NGOs (Figure 2).

The picture above shows that efforts to prevent HIV/AIDS in the city of Banjarmasin require the involvement of many human resources or actors. The actors who play a role in HIV/AIDS prevention policies are national, provincial and regional actors. This is in line with Hjern & Porter, 1981 which states that reality shows that most policy implementations use more complex structures involving multi-organizations such as government, NGOs or the private sector than implementations that use simple structures. In addition, Ripley (1986) states that implementor compliance is the success of policy implementation, which explains that the more complex the program the policy implementation process involves more actors and is supported by skills.

The following model of policy implementation according to Rippley and Franklin, where implementor compliance is a factor that supports the success of policy implementation: (Figure 3).

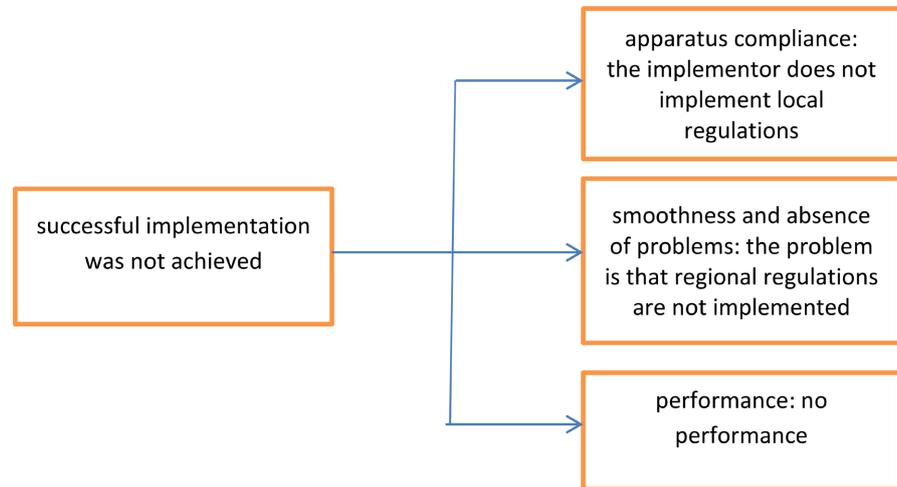
In addition, the issue of implementor compliance in implementing HIV/AIDS prevention policies in the city of Banjarmasin in accordance with the compliance approach indicators submitted by Ripley is the behavior of the implementor and the implementor’s understanding of the policy that:

The number of actors involved in implementing HIV/AIDS prevention policies because the problem of HIV/AIDS is a complex problem. In implementing



Source: Processed by Researchers, 2019.

Figure 2. Human resource involvement process in HIV/AIDS prevention in Banjarmasin city.



Source: Adopt the Policy Implementation Model according to Rippley and Franklin (1986) processed by researchers (2019).

**Figure 3.** Successful implementation of HIV/AIDS prevention policy.

HIV/AIDS prevention policies, implementors must have skills such as the skills of a counselor in counseling before and after an HIV test. The clarity of the objectives of the HIV/AIDS prevention policy also influences the successful implementation of the HIV/AIDS prevention policy. The purpose of the HIV/AIDS prevention policy in the city of Banjarmasin is seen by the implementors to be too broad and the aim to be white and gray. Clarity of policy content is clarity and consistency of objectives that can be understood so that they are easily implemented. The contents of a clear policy will facilitate the implementor in understanding and translating the policy in its implementation to concrete actions. Conversely, if the contents of the policy are unclear, it will create distortions in the implementation of the policy.

The development and complexity of the program can be seen from the dynamic implementation instructions that will be made. The HIV/AIDS prevention policy in Banjarmasin City is not based on implementation guidelines or guardians so that the policy cannot be implemented because it cannot create a budget for its implementation. There is no participation of all government units especially those related to HIV/AIDS prevention as stipulated in local regulations. This affects the success of policy implementation according to Ripley (1986).

The implementation of Regional Regulation Number 11 of 2012 in efforts to prevent HIV/AIDS is supported by international assistance such as the Global Fund and IAC in collaboration with the government and NGOs running HIV/AIDS prevention programs in Banjarmasin City. This international donor also provides operational funding assistance for NGOs concerned with AIDS because of the involvement of NGOs in the fight against HIV/AIDS that has been recognized as a treatment institution (UNAIDS, 2004). NGOs are key actors in multi-actor interventions in the fight against HIV/AIDS (UNAIDS, 2004). NGOs are

more easily accepted among people with HIV/AIDS because they have the capacity to advocate and provide flexible services.

The role of AIDS sufferers is very important in peer assistance and educators in policy (Pacton, 2007). Community involves in the prevention of HIV/AIDS by conducting peer assistance, education and promotion of condoms in the environment around them. They should also be the subject of policy, but efforts to involve AIDS sufferers in HIV/AIDS prevention are still constrained by stigma and professional staff.

Prevention of HIV/AIDS requires multi-resource involvement and policy actors considering all the impacts and complexity of HIV/AIDS. Policy makers need to consider interdependence and must recognize that government and other actors will not be able to overcome public problems without collaboration (Hajer & Wagenaar, 2003).

The description of the implementation of Regional Regulation No. 11 of 2012 in Banjarmasin City is a deliberation policy by showing a policy network where deliberation policy is a process of consultation, weighing and arguing among citizens for public policy making (Hajer & Wagenaar, 2003). However, in the implementation of the policy network in the city of Banjarmasin, the government is still a source of policy, but the role of other related actors has not played a maximal role and has not even played a role in preventing HIV/AIDS. All related actors should collaborate with each other both in terms of resources, information and funding in the prevention of HIV/AIDS.

#### 4.2. Financial Resources Implementing HIV/AIDS Control Policy (Table 2)

Observations during the study found that the budget allocation for the prevention of HIV/AIDS in the city of Banjarmasin only exists at the Banjarmasin City Health Office while the Social Service has a budget for HIV services from the Ministry of Social Funds at the Center, while for other agencies related to HIV/AIDS

**Table 2.** Financial resources of implementing HIV/AIDS control policy.

Policy	Research Results Data Indepth Interviews	Review the document	Analysis
Financial Resources in the Implementation of HIV/AIDS Control in Banjarmasin City	Most respondents stated that financial resources were inadequate for controlling HIV/AIDS	Based on the document review only found the budget arrangements from the Banjarmasin City Health Office, while other agencies are budgeted from the central funds	Based on interviews and document reviews, it is found that financial resources in the Implementation of HIV/AIDS Control in Banjarmasin City are sourced from very small budgets, and others come from central funds and NGOs.

Source: Interview (processed by researchers), 2019.

prevention efforts in the city of Banjarmasin there is no separate budget. As the Banjarmasin City AIDS Commission uses the budget from Global funds and the ministry of health funds, but until 2018 Global Fund assistance stops so they use self-help funds. As for the agencies mentioned in Perda No. 11 of 2012, such as the Education Office and the Tourism Office, do not have a specific budget for implementing HIV/AIDS prevention efforts (**Table 3**).

Given the importance of HIV/AIDS prevention efforts to be immediately addressed so as not to spread widely to the public as well as strategic steps to strengthen the AIDS Commission, it is hoped that there will be an increase in the budget of the government sector given the complexity of the problems faced. In addition, clear rules and technical guidelines for the implementation of HIV/AIDS prevention are also needed so that the role of agencies related to HIV/AIDS can run properly. The following statement J, from the Banjarmasin City Health Office:

“His head (KPA) sir... and the program part... I was asked for help to propose a budget but the budget here is indeed a bit but in the provinces there is no problem and it keeps flowing backwards somewhat, I have already come up with the financial section asking for help... actually it must be proposed first AIDS budget...

Besides APBD funds .....there used to be a global fund in kpa, if here the name of the cigarette tax until 2018 is eliminated, but I can propose in APBD coincidentally that the HIV is included in SPM/3<sup>rd</sup> standard, namely TB, HIV and Stunting. So it's easier to advocate with the finance department. So the budget is a lot, if it is not proposed there is no budget, it is coordinated with the reason there is a religious regulation... therefore we need this fund...” (interviews with **Banjarmasin City Health Office**, 2019, February 6).

Based on Regional Regulation No. 11 of 2012 mentions 5 agencies involved in HIV/AIDS prevention and control efforts are the Health Office, AIDS Commission, Education Office, Social Service and Tourism Office. From the interviews it is important to point out that the weakness of budgeting for HIV/AIDS prevention is unclear procedural because there are no technical guidelines for its implementation so that it cannot be budgeted, then because of the limited budget

**Table 3.** Data on budget resources in HIV/AIDS prevention efforts.

Agency	Source of Budget	Information
Health Service	APBD, LSM	LSM stop in 2018
Aids Commission	Global Fund, IAC, LSM, Swadaya	Global Fund stop in 2018
Education Service	Nothing	Not Priority
Social Service	Central Social ministry	Not a special fund AIDS
Tourism Service	Nothing	Nothing

Source: Interview (processed by researchers), 2019.

capacity of the government for HIV/AIDS prevention efforts. The following statement from the AIDS Commission with the initials A:

“We used to use global funds until 2012 then stopped... Then in 2018 we will self-help use the Ministry of Health budget... in 2018 we also had a meeting with the social service to make budgeting and grants to the fund... he said we haven’t prioritized (said wasilah)” (interview with AIDS Commission, 2019, January 24).

The government should be more serious in trying to make HIV/AIDS prevention, thus the role of policy makers will be seen in efforts to prevent HIV/AIDS. The following statement J, Banjarmasin City Health Office:

“There are some opinions if HIV is found; it reduces our position as recipients of adipura.... So that’s why HIV/AIDS is not so raised... Moreover, we are rewarded by this strong socio-cultural... Banjarmasin is very religious....” (interview with [Banjarmasin City Health Office, 2019](#), February 25)

Thus it appears that the role of policy makers is very influential on the sustainability of a policy implementation. Policy makers are able to play a role and empower their authority in implementing HIV/AIDS prevention policies.

In the policy process, resources are an important element in policy content. In an effort to process the policy needed financial resources for financing arrangements and other resource arrangements. Resources can have a direct impact on policy implementation, therefore the greater the resources, the faster the implementation of the policy ([Goggin, 1990](#)).

In addition, the orientation of policy makers supports the implementation of policies. However, if the orientation of policy makers in elaborating the policy objectives is still influenced by external factors, the objectives of a policy will not be achieved. Rational assumptions of policy makers will influence the implementation of policies, and this influence could have come from superiors and other relevant institutions ([Nigro, 1980](#)).

In carrying out the policy, financial resources are not only for carrying out the policy but also for administrative costs and paying staff. Lack of funds will have an impact on the implementation of policy implementation and will result in failure of achieving policy objectives. The cause of the low success of HIV/AIDS prevention and control, especially in developing countries due to lack of funding while funding from time to time is increasing (Global HIV Working Group, 2007 in [Noviana et al., 2019](#)).

Funding for the implementation of HIV/AIDS prevention policies in the city of Banjarmasin is still a barrier. The budget for HIV/AIDS prevention has not been sufficient for HIV/AIDS prevention efforts in Banjarmasin City. The funds used in the prevention of HIV AIDS are APBD funds, NGOs, the Global Fund, IAC, the Ministry of Social Affairs. But funding from the Global Fund has been stopped since 2018, as well as funding from the NGO Kasih Suwitno has also

been stopped. Until now, for the Health Department in particular only relies on APBD funds to prevent HIV/AIDS, while the Banjarmasin City AIDS Commission has not been active since December 2018 because there is no funding to carry out activities.

Following up on the condition of limited funding in efforts to prevent HIV/AIDS, the government should make efforts to obtain funds by developing an economic approach. Funding in the prevention of HIV/AIDS will continue to increase considering that HIV/AIDS cases are an iceberg phenomenon, so currently only a small proportion of HIV/AIDS cases are handled and in the future there will be more. In addition, more funding is needed for cases of HIV/AIDS since HIV/AIDS sufferers consume ARV drugs for a lifetime and the availability of ARVs must always be available.

These HIV/AIDS prevention efforts require substantial funds, such as the distribution of condoms that has been carried out to risk behavior groups. In efforts to prevent HIV/AIDS, condoms are an effective media for preventing the HIV virus. Therefore it is necessary to have condoms available and to distribute condoms more on target.

Therefore, stakeholder participation and capability is needed in achieving policy objectives to manage funding and to build networks with stakeholders related to HIV/AIDS prevention. The availability of financial resources will have a direct impact on the success of achieving policy implementation goals (Goggin, 1990).

## 5. Conclusion

Summary for the implementation of HIV/AIDS prevention policies in the city of Banjarmasin is the lack of participation of many actors and coordination support in efforts to control HIV/AIDS. Other than that, the implementation of the policy has not been effective, because communication and information are not focused on the target group. This is due to the lack of stakeholder commitment to seek funding from third parties. Then, it has not yet improved the partnership pattern with NGOs concerned with AIDS. And the low point of view of stakeholders is related to the implementation of HIV/AIDS control policies. To overcome the resource factor which was alleged as an obstacle in the implementation of HIV/AIDS control policies in the city of Banjarmasin, then we need to strengthen and increase efforts to control HIV/AIDS by involving the participation of many actors, support and coordination between policy actors. In addition, it is necessary to change the stakeholder's point of view regarding the implementation of HIV/AIDS control policies.

## Research Limitations

This research still has limitations and requires improvement in further research. The limitations of this research are in theoretical studies, where there are so many implementation theories that have been developed but the entire imple-

mentation model cannot be displayed and researchers only use implementation models that are relevant to the research.

Another limitation in this study is that because of the importance of controlling HIV/AIDS, it must be under the facts of reality. It is necessary to empower the community in controlling HIV/AIDS in the city of Banjarmasin. Due to time constraints, it is hoped that in the future, there will be special research on community empowerment in controlling HIV/AIDS in Banjarmasin City.

### Acknowledgements

The author thanks the anonymous reviewers for their comments that helped improving the manuscript. Moreover, the author thanks to everyone for their suggestions.

### Author's Contributions

Nana is the lead author and contributed fully to the research and writing of this article. And co-authors have contributed to the manuscript. They revised the writing and approved the final version.

### Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

### References

- Banjarmasin City AIDS Commission (2019). *Global Fund Support Program Narrative Report NFM Phase 8 Semester 4*.
- Banjarmasin City Health Office, South Kalimantan Province (2019). *Annual Activity Report*.
- Colby, C. D., & Baker, D. G. (1998). State Policy Responses to the Aids Epidemic. *Publius: The Journal of Federalism*, 18, 113-130. <https://doi.org/10.2307/3330276>
- Creswell, J. (2014). *Research Design: Qualitative, and Mixed Approach* (4th ed.). Sage.
- Durkheim, E. (1982). *The Rule of Sociological Method*. The Free Press. <https://doi.org/10.1007/978-1-349-16939-9>
- Erwan, A. P. (2012). *Implementation of Public Policy "Concepts and Applications in Indonesia"*. Gava Media.
- Goggin, M. (1990). *Implementation, Theory and Practice. Toward a Third Generation*. Scott, Foresman/Little, Brown Higher Education. USA. Forasmann and Company.
- Hajer, M. A., & Wagenaar, H. (2003). *Deliberative Policy Analysis: Understanding Governance in the Network Society*. Cambridge University Press. <https://doi.org/10.1017/CBO9780511490934>
- Kabayakgosi, M. (2008). Beyond Public Administration? HIV/AIDS Policy Networks and the Transformation of Public Administration in Botswana. *Public Administration and Development*, 28, 301-310. <https://doi.org/10.1002/pad.505>
- Nigro, F. A. (1980). *Modern Public Administration* (5th ed.). Harper & Row Publishers.
- Noviana, N. (2019). *Implementasi Kebijakan Kesehatan Dalam Pengendalian HIV/AIDS*.

PT. Pena Persada. Jawa Tengah.

Noviana, N., Suwitri, S., Supriyono, B., & Jati, S. (2019). HIV/AIDS Control Policy for Ending the Aids Epidemic by 2030 in Banjarmasin: An In-Depth Analysis of Theoretical Frameworks. *International Journal of Advanced Research*, 7, 1102-1115.

<https://doi.org/10.21474/IJAR01/9762>

<https://www.journalijar.com>

<http://www.journalijar.com/current-issue/?mn=09&yr=2019&Ln=upload29758>

Pacton, J. S. (2007). Challenges to the Meaningful Involvement of HIV-Positive People in the Response to HIV/AIDS in Cambodia, India and Indonesia. *Asia-Pacific Journal of Public Health*, 19, 8-13. <https://doi.org/10.1177/10105395070190010301>

Parsons, W. (2014). *Public Policy: An Introduction to the Theory and Practice of Policy Analysis*. Edward Elgar.

Ripley, R. B. (1986). *Policy Analysis in Political Science*. Nelson-Hall.

UNAIDS (2004). *Report on Global HIV/AIDS Epidemic: 4th Global Report*.

Van Metter, D. S., & Van Horn, C. E. (1975). The Policy Implementation Process: A Conceptual Framework. *Administration & Society*, 6, 445-488.

<https://doi.org/10.1177/009539977500600404>

World Bank Policy Research Report (1997). *Confronting AIDS: Public Priorities in a Global Epidemic*. New York: Oxford.