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Indicator of "Temukan" Model For Stop HIV Program in Blitar City

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ABSTRACT

Achieving the "Three Zeros" target (zero new infections, zero related deaths, and zero discrimination) for the HIV/AIDS program in Blitar City remains a challenge. Specifically, the target of 95% of People Living with HIV/AIDS (PLWHA) knowing their status has not yet been achieved. This research aims to describe the indicators of the "Temukan" strategy as part of the STOP (*Suluh-Temukan-Obati-Pertahankan* / Educate-Seek-Treat-Retain) acceleration program. A qualitative design was employed, and data were collected through Focus Group Discussions (FGDs) and in-depth interviews with 12 informants, including PLWHA, community cadres, health workers, and policymakers. Data were analyzed using OpenCode software, which identified five primary indicators categorized into: inputs for "Temukan" or seek activities in "STOP" strategy, processes (including workflow, cross-sectoral coordination, and implementation), and outputs (including increased coverage, improved quality of life for PLWHA, and program sustainability). These findings serve as an evaluation tool and a basis for policymaking in HIV/AIDS prevention.

Keywords: "Temukan" strategy, HIV/AIDS, STOP Program.

Background

HIV/AIDS prevention is a primary target of the Sustainable Development Goals (SDGs), a global development agreement. Specifically, Goal 3 aims to ensure healthy lives and promote well-being for all ages, with the objective of ending the AIDS epidemic by 2030. Currently, however, new HIV cases in Indonesia continue to rise, contradicting the "zero new infections" target. Data show that only 75% of people living with HIV (PLWHA) are aware of their status, which remains below the 95% target; in Blitar City, cases reached 194 by June 2019. The failure of individuals to recognize their HIV-positive status poses a significant risk to public health, particularly among those engaging in high-risk sexual behavior (1) . Because the "Three Zeros" target remains far from expectations, the government initiated an acceleration program known as the "95-95-95" fast-track goal by implementing the "STOP" strategy. Observations from the research team and input from the Peer Support Group "(KDS)" in Blitar City indicate that achieving this target requires the active involvement of all stakeholders including PLWHA, adolescents, community cadres, and leaders as well as the identification of effective methods to reach the population (2). These efforts are essential to support the "seek" strategy, which serves as a foundation for the other three components of the "STOP" strategy. This study aims to identify the indicators of the "seek" strategy through interviews and Focus Group Discussions (FGDs) with key stakeholders, including PLWHA, policymakers (HIV/AIDS Commission), the general community, and AIDS Care Community cadres. The intended benefits of this research are to empower PLWHA to participate in prevention efforts through "seek" strategy and to provide healthcare providers and policymakers with strategic information to increase HIV/AIDS service coverage while supporting the implementation of VCT (Voluntary Counseling and Testing) and PITC (Provider-Initiated Testing and Counseling).

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Methods

This study employed a qualitative design. Data collection was initiated after obtaining permission from the National Unity and Community Empowerment Agency (*Kesbangpolinmas*) for both the city and district of Blitar, as well as ethical approval from the Malang Ministry of Health Polytechnic. Data were collected through 30–45 minute in-depth interviews with 12 purposively selected informants, including people living with HIV/AIDS (PLWHA), policymakers, and AIDS Care Community cadres. To ensure participant privacy, Focus Group Discussions (FGDs) were conducted separately for the PLWHA group. Three FGD sessions were organized across the three participant categories: PLWHA, community/WPA cadres, and policymakers. To maintain data accuracy, transcripts were prepared immediately following each interview and FGD session, while nonverbal responses from all participants were recorded to provide supplementary context. Data analysis was performed using OpenCode software through three distinct stages: data condensation, involving the selection, focusing, simplification, and transformation of data from field notes, transcripts, and empirical materials, data presentation, achieved by organizing and synthesizing the information obtained and conclusion drawing, which involved interpreting patterns, explanations, and causal flows to reach a comprehensive set of findings.

This study received official ethical approval from the Health Research Ethics Commission of the Malang Ministry of Health Polytechnic, under certificate number No. 159/III/KEPK POLKESMA/2023. The authors confirm that there are no conflicts of interest related to this study.

Results

Characteristics of In-depth Interview Participants

Table 1. Participant Characteristics in Blitar City, March–September 2023 (n = 12)

Characteristics	n	(%)
Age		
26 – 35 years old (Early Adult)	5	42
36 –45 years old (late adult)	4	33
46 – 55 years old (Early elderly)	3	25
Sex		
Male	8	67
Female	4	33
Educational Level of Participants:		
High School	3	25
Diploma/Bachelor's Degree	9	75
The Religion of Participants:		
Islam	10	84
Catholic	1	8
Christian	1	8
Role of Participants:		
Peer Mentor	2	16,3
Field Outreach Wroker	2	16,3
Head of "Bambu Nusantara" Foundation	1	8
The leader of AIDS awareness community	1	8
AIDS awareness community Cadre	1	8
Head of Section for Prevention and Control of Infectious Diseases	1	8
Head of Devision Prevention and Control of Infectious Diseases	1	8
Field outreach Coordinator	1	8
Counselor	2	16,4

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Characteristics	n	(%)
Marriage Status:		
Married	7	59
Single	4	33
Divorce	1	8

Based on Table 1, the 12 participants spanned the developmental stages from early adulthood to early elderly, with ages ranging from 30 to 55 years, regarding gender, 67% of the informants were male. The majority of participants were university graduates and identified as Muslim,. The roles of the informants were diverse, including Peer Mentors, Field Outreach workers, head of the "Bambu Nusantara" Foundation, the leader of the AIDS awareness community, AIDS awareness community cadres, head of section the Prevention and Control of Infectious Diseases, head of devision the Prevention and Control of Infectious Diseases, Coordinator of field outreach workers and a counselor,. This diversity in roles was intended to provide the comprehensive data necessary to identify indicators for the "seek" strategy within the "STOP" strategy in the HIV/AIDS program.

For the FGD sessions, participants were divided into three groups: policymakers, outreach workers, and AIDS awareness community cadres. The selection of participants for both in depth interviews and FGDs targeted individuals actively involved in HIV/AIDS prevention to ensure the collection of diverse and profound insights aligned with the research objectives. The grouping of FGD activities was specifically designed to maintain privacy, particularly for the PLWHA group, enabling them to express their opinions freely. Similarly, the grouping of AIDS awareness community cadres was intended to accommodate their specific concerns and feedback; the absence of policymakers or superiors in these sessions allowed them to speak more candidly. his study used in-depth interviews and FGDs (Focus Group Discussions) because interviews facilitate the collection of highly confidential data that may not be shared within the group, while FGDs provide information and collaborative solutions that are important in implementing the seek strategy for the development of the "Temukan" model.

Indicators for the "Temukan" model will be developed based on insights from informants experienced in HIV/AIDS response activities in Blitar City and findings from Focus Group Discussions (FGDs). These indicators specifically highlight successful strategies for identifying and encouraging at-risk individuals to undergo HIV testing, which then leads to treatment initiation and regular medical follow-up. The indicators for the "Temukan" model are structured within a comprehensive framework categorized by input, process, and output, as described below.

Input

Input categories include health worker motivation, target population motivation, funding, and government support as important components of the "Temukan" model developed from the "seek" strategy part of the "STOP" strategy of the HIV Prevention and Control program.

Motivation of Health Workers

The motivation of health workers significantly influences the success of the seek strategy. One of the primary motivations identified was a personal desire to help those in need, often rooted in past experiences, such as the loss of a friend to AIDS-related suicide. As participant 3 explained: *"...I remember a friend who was HIV-positive, but because he experienced too many complications, he ended up committing suicide. He couldn't take it anymore..."*.

Motivation of Target Populations

The motivation of the target population is also crucial. Usually, they want to survive, not burden their families, and appear healthy so that no one stigmatizes them. The fear of stigma, particularly within health facilities, remains a significant barrier that influences their willingness to engage with HIV services.

Funding

Financial constraints and the funding of activities represent major challenges for all stakeholders, including target groups, at-risk individuals, field outreach workers, peer mentors, and the government. Currently, funding is sourced from foundations/NGOs, the Health Department, and educational institutions through research and community service grants. As one participant noted: "*Currently, we can help with funding, especially for meetings, providing food or cakes during mobile VCT, or other meetings, but we only have two years left and we don't know what the next stage will be*" (P1)

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Government Support

The launch of government programs must be accompanied by robust support, including the provision of mobile Voluntary Counseling and Testing (VCT) services, HIV-related health promotion through public health education programs in hospitals or community health centers, and outreach through mass and electronic media.

Process

The process category includes the discovery flow, cross-sectoral coordination, and activity implementation.

Discovery Flow

To identify appropriate targets and ensure treatment adherence, the discovery process involves specific stages as described by Field Outreach Workers and AIDS awareness community. This flow is designed to ensure that individuals who test positive continue their treatment without interruption.

Discovery flow for men who have sex with men (MSM) groups (by field outreach workers):
Identification: field outreach workers identify potential targets through social media platforms, including WhatsApp groups, Facebook, and other specific MSM communities.
Engagement: Building initial rapport and rapport through online chats.
Meeting: Arranging face-to-face meetings for direct communication.
Education: Providing health education and offering HIV testing.
Assistance: Accompanying and assisting targets throughout the testing process.
Result Delivery: Communicating test results (conducted by a health worker or counselor; the Oral Fluid Test (OFT) can be administered directly by a Field Outreach Worker or peer educator).
Counseling: Providing specific treatment counseling.
Handover: The Peer Mentor takes over the support role from the Field Outreach Worker.
Maintenance: The Peer Mentor provides ongoing treatment support while maintaining coordination with the Field Outreach Worker if the target is difficult to reach.

Typical Target Discovery Flow (by Health Worker or AIDS awareness community Cadre):
Identification: The AIDS awareness community cadre identifies the target in their local environment or during other community health activities (e.g., as a TB cadre).
Engagement: Establishing contact through WhatsApp or direct home visits to build rapport.
Introduction: The AIDS awareness community cadre introduces themselves as an HIV-focused community worker who frequently interacts with people living with HIV.
Education: Providing education to encourage the target to get tested.
Assistance: Accompanying the target to a health facility for testing.
Result Delivery: The counselor communicates the results.
Counseling: Providing treatment counseling through a professional counselor.
Maintenance: Facilitating treatment assistance and coordinating with Peer Mentors if contact with the target is lost.

Cross-sectoral and cross-program coordination

Cross-sector and cross-program coordination is crucial to ensure the smooth implementation of the "seek" strategy to achieve program goals and ensure treatment sustainability.

Activity Implementation

The implementation of the "seek" strategy is determined by several key factors:
Location: Field Outreach workers typically reach targets in cafes, entertainment venues, and through online chat platforms or social hangouts.
Method: Approaches vary widely and include; community meetings for at-risk groups followed by counseling and testing, Mobile VCT services provided by community health centers or NGOs, direct home visits by Field Outreach workers or health officers; and mandatory testing for pregnant women and prospective brides. Sampling methods include both blood tests and Oral Fluid Tests (OFT).
Media: Social media platforms, such as Facebook, Twitter, Instagram, and TikTok, are utilized to connect with targets.

Time: Managing time is also challenging, as each target group has different schedules officers typically accommodate the target group's preferences, sometimes preferring to conduct the activity at night.

Output

The desired outputs of the strategi "seek" include increased coverage, improved quality of life for PLWHA, and program sustainability.

Increased coverage A primary goal of the HIV/AIDS program is to achieve zero new infections by 2030. However, the "iceberg phenomenon" where many cases remain hidden persists in this region. Consequently, a key objective of the "seek" strategy is to identify these hidden cases so that patient coverage meets national expectations.

Improved Quality of Life for PLWHA The identification of new cases is expected to facilitate early treatment initiation, which in turn reduces mortality rates and improves the overall well being of individuals living with HIV/AIDS.

Program Sustainability Existing initiatives, whether led by the health office, educational institutions, NGOs, or other agencies, must be maintained until the desired targets are fully achieved.

Discussion

Input indicator analysis based on interviews and focus group discussions (FGDs), the "seek" strategy requires adequate inputs to identify new cases of PLHIV, ensure treatment adherence, and improve their overall quality of life. This requires a combination of highly motivated health workers, motivated targets, adequate funding, and full government support. If any of these indicators are not met, the "seek" strategy will be ineffective. Motivation among health workers and field workers, especially those who are PLHIV themselves and serve as outreach workers or peer supporters, is crucial, as their personal backgrounds often drive their commitment to assisting the government in case identification. Conversely, motivation of the target population remains a significant challenge for counselors; even once identified, ensuring that individuals remain on treatment is an ongoing struggle some newly diagnosed individuals tend to socially withdraw or refuse to join support groups, despite the clear benefits for their long-term health management. The initial reaction of most people who experience a new HIV diagnosis will be a variety of negative psychosocial reactions, including suicidal thoughts. Respondents' transition to self-acceptance of their HIV-positive status requires support from counselors and healthcare workers (3). The sufferer's anxiety stems from the significant impact of the disease on themselves, their families, and society. People living with HIV (PLHIV) are anxious because of the stigma, fear, worry, isolation, and shame they face (4).

Furthermore, adequate funding is critical for logistical needs, such as transportation to reach targets in remote or hidden locations. Furthermore, adequate funding is crucial for logistical needs, such as transportation to reach targets in remote or hidden locations. This is crucial, given that the majority of people living with HIV/AIDS (PLWHA) have low socioeconomic status (5). The reach of health workers significantly impacts the quality of life of people living with HIV/AIDS (6). In some instances, outreach workers even provide voluntary compensation when a target's condition is particularly concerning. Ultimately, the success of these efforts depends on comprehensive government support in terms of facilities, infrastructure, and human resources (4).

Cross-sector and cross-program coordination is crucial to ensure the smooth implementation of the "seek" strategy, achievement of program objectives, and sustainability of treatment. Coordination is tailored to specific target populations; for example, a program for students requires collaboration with the Department of Education, principals, and school counselors. Conversely, reaching individuals in cafes or hotels requires coordination with the management and staff of those establishments.In some cases, specialized HIV cadres are recruited directly from these establishments to operate independently from initiatives aimed at the general public. There are five dimensions of cross-sector collaboration in HIV-AIDS prevention programs: governance, administration, organizational independence, reciprocity, and norms (7) (8). As noted by Informant 1, who has experience forming cadres among hotel and cafe workers, these groups hold separate monthly meetings to ensure program effectiveness. Research supports that strong partnerships with the private sector, multilateral stakeholders, and various organizations are crucial for success, especially when supported by flexible donor agencies (4). Poor

services and supporting infrastructure, particularly when dealing with AIDS, may be unable to contain the spread or mitigate the impact of the epidemic (9).

The main objectives of the "seek" strategy are: increasing coverage, improving quality of life, and program sustainability. Although the global goal of HIV/AIDS prevention is to achieve zero new infections by 2030, the "iceberg phenomenon" of hidden HIV cases must first be addressed (10). This large prediction of the HIV/AIDS problem is based on the high number of injecting drug abuse and prostitution. Both are major factors that play a very large role in the spread and transmission of HIV(11). Consequently, the increase in the number of detected cases should not be seen as a barrier, but rather as evidence of the success of health workers and outreach personnel in "thawing" the HIV iceberg. Various methods and media are used by field workers and outreach workers to identify new cases. Beyond initial identification, PL, Peer Mentors, counselors, and other health professionals collaborate to ensure that individuals receive prompt care and regular check-ups to improve their quality of life. Success is demonstrated when People Living with HIV/AIDS (PLWHA) can participate productively in community activities while maintaining their health(10) . Currently, honorariums and funding for field outreach workers and peer group suport are largely supported by the Global Fund. Peer support plays a crucial role in improving the quality of life and productivity of people living with HIV (PLWHA) (12).

Based on the results of interviews and Focus Group Discussions (FGDs), several recommendations are proposed as comprehensive training, regulatory framework, empowerment, digital communication, cadre regeneration, incentives and rewards. Provide intensive training for all stakeholders involved in HIV/AIDS prevention, as research indicates that telehealth service methods are highly effective when accompanied by specialized training (13). Regulatory Framework: establish regional regulations to secure financing and standardize the nomenclature of VCT clinics and related facilities. Empowerment: actively involve and empower PLWHA who are willing to assist in government prevention programs. Digital Communication: develop a dedicated website for HIV/AIDS prevention and information. Cadre Regeneration: ensure the continuous recruitment and training of new HIV cadres. Incentives and Rewards: provide appropriate rewards or honoraria for cadres, Field Outreach Wrokers, and Peer Mentors who have not yet received them. Discussions regarding rewards often present a challenge or contentious issue for policymakers, as volunteers are sometimes perceived as not requiring financial compensation, however research emphasizes that such rewards are vital for the long-term sustainability of HIV/AIDS management programs (14). However, other research states that the motivation to become an AIDS volunteer is related to feelings of gratitude (15). Reinforced by the altruistic motive of helping in an increasingly individualistic social climate due to global environmental pressures (16).

Social media platforms, such as Facebook, Twitter, Instagram, and TikTok, are utilized to connect with targets. Literature suggests that dedicated chat rooms can be established for specific groups to maintain privacy during testing requests (10). However, the WhatsApp application is the main choice, because the use of end-to-end encryption techniques in this application will increase its use (17). he WhatsApp Group feature was implemented to increase the effectiveness and efficiency of group discussions, facilitating the learning process (18). Managing time is also challenging, as each target group has different schedules... Officers typically accommodate the target group's preferences, sometimes preferring to conduct the activity at night. This flexibility is essential to overcome mobility obstacles that often prevent specific populations, such as women or workers in remote locations, from accessing HIV testing and treatment during standard hours (19). Summary of Case Finding Process The case-finding process is characterized by a clear workflow for identification and ongoing treatment, alongside cross-sectoral implementation tailored by location, method, media, and timing. Findings highlight two primary avenues for discovery: those led by PL workers (primarily among the MSM population) and those led by health workers or community cadres. Utilizing digital platforms like WhatsApp and Facebook has proven highly effective for connecting with targets, providing them with partner notification services, activity support, and psychological counseling. These results align with studies indicating that smartphone-based mHealth strategies are effective tools for engaging high-risk populations, such as MSM, in HIV prevention and health information-seeking activities (20)

Conclusions and Recommendations

Based on the results of in-depth interviews and Focus Group Discussions (FGDs), this study

identified the key indicators of the "seek" strategy within the "STOP" (*Suluh-Temukan-Obati-Pertahankan/* Educate-Seek-Treat-Retain) Strategy. These indicators are categorized into three primary areas: 1) Inputs for "seek" strategy activities (including motivation and funding), 2) Processes, which encompass the discovery flow, cross-sectoral coordination, and the implementation of activities; and 3) Outputs, which include increased case coverage, improved quality of life for PLWHA, and program sustainability. These findings reflect the current reality in the field and serve as a crucial evidence base for policymakers in Blitar City. It is recommended that these results be formally disseminated to stakeholders to foster consensus on strategic actions and to address existing operational obstacles. Furthermore, the successful workflow for case discovery and treatment sustainability which has been shown to improve the quality of life for PLWHA should be integrated into future HIV/AIDS prevention and control policies to ensure long-term program effectiveness.

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