

Learning Assistance And Capacity Building For Outreach To Volunteers And People With Hiv-Aids Ngo Jakarta Plus Center In Cirebon Indonesia

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Abstract.

The present study is for achieve also improving the education and information provided to hiv-aids cadre and patients. The existence of patients with hiv-aids is one of the communities that is difficult to reach, so health cadres and volunteers should have the ability to prevent hiv-aids and related health knowledge, which should be above average. The main and most important task of health cadres and or volunteers is to reach community groups with high health risks, and difficult to find by health workers. This study aims to gradually increase the capacity of health management skills, especially healthcare interpersonal speaking speech for volunteers and health cadres. The research was conducted using the method or approach of capacity building and PRA (Participatory Rapid Appraisal). Mentoring activities that have been carried out for 3 consecutive years in August 2019, September-October 2020, and October 2021 during the covid-19 pandemic. This activity was attended by more than 20 cadres, health volunteers, and administrators from the NGO Jakarta Plus Center (JPC) Foundation, both Jakarta in 2019-2020 and Cirebon in 2021. The training time during capacity building was about 1 hour for each topic, with presentations, simulations and role plays. in field assistance in 2020 and 2021 for a full day. The method of measuring understanding and knowledge is done by pre-test and post-test, before and after the activity. The results of the research show that although there is a statistically significant difference between participants knowledge during the initial test and at the end of the training, the data shows an improvement in participants' knowledge in mentoring and outreach activities. It is necessary to follow up research activities in the following years in the form of research on more detailed field assistance on disaster management, special community communication field education for the empowerment of volunteers and cadres at the JPC Foundation during the pandemic and preparations after it.

Keywords: *cadres, educator, healthcare, learning assistance, hiv-aids volunteers*

I. INTRODUCTION

At the end of 2017 around 36.9 million people were living with HIV and about 1.8 million of them were newly infected. Africa was the continent with the highest number of HIV cases (25.7 million people) in 2017, and accounted for two-thirds of new HIV cases. While the highest AIDS cases from 2009 to 2019 were 12,214 cases. Based on WHO 2019 data, there were 78% of new HIV infections in the Asia Pacific region World Health Organization, 2019 the HIV virus (Human Immunodeficiency

Virus) attacks the immune system and weakens a person's immune system against infections and certain types of cancer. People infected with HIV will experience immune disorders which are characterized by reduced levels of CD4 cells in the blood. The most advanced level of infection with HIV is AIDS which will occur 2-15 years later. AIDS is characterized by the occurrence of cancer cell growth, infection, and other very severe clinical manifestations based on World Health Organization, 2018. [1][2]

The report of the Directorate General of Disease Prevention and Control in Indonesia shows that in the last three years there has been an increase in HIV cases in Indonesia. In 2015 there were 30,935 cases, while in 2016 it increased to 41,250. Meanwhile, in 2017, according to the report, it increased to 48,300 HIV cases. However, in 2017 the government managed to reduce the AIDS number to 9,280 from 10,146 in 2016.[3] The provinces of East Java, DKI Jakarta, and Papua were the areas with the highest HIV cases found in 2017. Based on the Data and Information Center of the Ministry of Health, data on HIV cases and fluctuates in Indonesia from year to year but tends to continue to increase in the range of 2009 to 2020. The number of HIV cases in Indonesia reached its peak in 2020, which was more than 50,282 cases.[4] DKI Jakarta Province is the region in Indonesia with the highest HIV cases (46,758 cases). Data in 2016 showed a significant increase of 6,019 cases from the previous year of 4,695 cases. Likewise, AIDS cases in 2016 increased to 555 cases, an increase of more than 4 times compared to 2015 which was 130 cases. The case rate for AIDS in DKI Jakarta is 66.15%. In Central Jakarta, Kemayoran district is an area with a high risk of HIV transmission.

Based on a report in the first quarter of 2018 this district has carried out more than 300 HIV tests in the first quarter of 2018, with positive results as many as 20 people. Most of the HIV tests were given to high risk (high risk) couples as many as 182 and 15 people who were positive. Meanwhile, HIV testing for FSW reached 92 people with 8 positive results. Based on these data, efforts to control HIV-Aids through HIV testing and PDP have not shown satisfactory results.[5][6] HIV/Aids cadres act as mediators between the community and health services. In carrying out their duties, HIV/Aids cadres try to create awareness and desire in the community to carry out HIV/Aids checks, direct and follow up on pregnant or breastfeeding women who have HIV, and ensure that they receive appropriate services and care. This role causes an HIV/Aids cadre to have good interpersonal communication skills. Interpersonal communication skills among volunteers and cadres are still not satisfactory. A study of posyandu cadres in handling cervical cancer in Kuningan district in 2018 showed that 50% were still lacking in counseling skills. In fact, communication is needed to support the duties of the cadres. Communication is an important capital for cadres to increase self-confidence, carry out counseling and make presentations.[7] Jakarta Plus Center Foundation (JPC) is a non-profit organization managed and run by people who have experienced social and health problems such as PLWHA and drug users.

Members, cadres and volunteers come from various social backgrounds, be it education, work, and social environment. The Jakarta Plus Center Foundation also agreed to focus more on social activities carried out by its volunteers and cadres on key populations at risk of transmitting and transmitting HIV-AIDS and people infected with HIV-AIDS to become productive and efficient communities for the wider community and the community in particular. In 2015, the JPC NGO expanded its social activities to groups of Narcotics addicts. At the beginning of 2015, the Jakarta Plus Center Foundation has established a Social Rehabilitation House to help the lives or families who have directly experienced drug addiction in the Jakarta and Cirebon Indramayu areas.[8] This rehabilitation house is funded voluntarily from the family, or donations from local residents and private donors and institutions who are very concerned in responding to the threat of increasing danger due to drug addiction and problems related to HIV-AIDS and in year 2018 this social rehabilitation house Jakarta Plus Center (JPC) which has obtained the Decree of the Minister of Social Affairs Number 43/HUK/2018 concerning the appointment of social rehabilitation institutions/institutions, has carried out recovery treatment for Inpatient and Outpatient.[9][10]

This institution has approximately more than 1500 (one thousand five hundred) assisted group members since its establishment, spread across Jakarta and Cirebon but this number decreased with the period of the pandemic and the emergence of AIDS which caused the loss of the number of old members, but also the addition of new members who were newly infected. The number of volunteers and cadres who accompany the group as well as become case management is about 20 (twenty) people. This amount is certainly not able to accommodate all the needs of assisted members, so the institution forms groups that also provide support for HIV/AIDS family members. Some of the activities carried out by institutions other than mentoring are providing job training in collaboration with social services, economic assistance to support the productivity of assisted group members.[11] Routine checks are also widely carried out both on members of the assisted group or in the support group. Routine discussions are also carried out on problems that arise, although sometimes they do not find solutions, but these efforts are to provide flexibility for members to complain about their problems. The Jakarta Plus Center (JPC) Foundation is one of the Community Institutions (NGOs) whose volunteers and cadres carry out outreach to HIV-AIDS sufferers to several key populations such as female sex workers and at-risk populations such as housewives.

Based on the results of discussions and identification with Mr. Adhy, the Head of the Jakarta Plus Center Foundation (JPC), the impact that arises is that ADHA will isolate themselves and stay away from information about HIV/AIDS.[12] This problem will cause ADHA's condition to worsen due to decreased immunity and prolonged stress will shorten life span, especially during the COVID-19 pandemic. Another impact is the lack of openness about HIV/AIDS, the spread of this infection is

increasingly uncontrolled and it is difficult to break the chain of transmission because the source of transmission is unknown so that the incidence of HIV/AIDS is like an iceberg phenomenon.[13] The JPC Foundation as a Non-Governmental Organization (NGO) was founded on the concern and it is known that most of the cadres do not have good interpersonal communication skills, so it is often the case that someone who is at risk of HIV is not willing to do a health check just because of communication problems.[14] In addition to those who suffer from HIV, cadres and volunteers fail to persuade them directly with good and directed communication, especially to carry out treatment at local health services. Whereas the key to the success of HIV/Aids cadres in providing awareness to people with HIV is good interpersonal communication also healthcare knowledge during pandemic.[15][16]

II. METHODS

This research is mix-methods with quantitative and qualitative research by presenting the facts that occurred in the implementation of mentoring and outreach, exploring the problems that occurred, and making solutions to the problems. Quantitative based on statistic, and qualitative approach is used because it can be analyzed in depth evaluating this activity and finding problems and their solutions from the point of view of the stakeholders involved in it.[5] The location of this research is at the JPC Foundation in the Jakarta and Cirebon areas, Indonesia with the criteria of having independent programmed activities in years 2019 to 2021. Data collection is carried out from April to October 2021. In selecting the informants in this study, the researchers paid attention to the stakeholders involved in the activities at the JPC Foundation by looking at the principles of suitability and adequacy in the selection of qualitative research informants.

The informants in this study were: 1 person in charge of the Foundation, 2 people in charge of the HIV/AIDS program from each area, 2 counselors or mentoring staff in each area, 1 admin staff at JPC office in Jakarta, and 14 cadres and volunteers. The method of data collection was carried out by in-depth interviews with informants using in-depth interview guidelines and secondary data analysis using a checklist. With this method, this research in maintaining the validity of the data uses source triangulation; where in this study the researchers confirmed the service to JPC and service providers, then triangulation of methods was also carried out; where the data obtained in in-depth interviews confirmed the completeness of the policy or related data involved.

Solutions offered

In this community service program activity, science and technology is carried out using the capacity building method, and PRA (Participatory Rapid Appraisal), namely a participatory empowerment method and a bottom-up approach, namely by providing the necessary equipment to support the training carried out and practice. and

gradual assistance in the field during the period before and during the covid19 pandemic.[17]

Problem Resolution Methods

The approaches offered to resolve problems within the JPC Foundation that have been mutually agreed upon include carrying out activities with partners in the form of: a. Providing knowledge about strengthening the competence of health assistants. b. Providing training on case management to Assistance for drug users who are HIV/AIDS. c. Provide assistance on case management by fieldwork in each area.

Stage Problem Solving

Stages of problem solving Stages of problem solving that should be implemented by the JPC Foundation must be able to solve problems faced by health assistant cadres and volunteers, including starting training, instilling the concept of self-confidence as a peer group that is able to provide examples of change for assisted groups, increasing competence as health assistants in detecting early signs of opportunistic infections as well as their treatment, to treatment, and more importantly is that the health assistant has character and personality that should be an example for the assisted group including in terms of good communication, system thinking based on case management and structured data collection. done only by using presentation techniques or au counseling (one-way) to HIV/AIDS key populations such as female sex workers and others, is not effective in influencing reproductive health behavior change. Behavior change will be effective if carried out in two directions in the form of interpersonal communication such as counseling and training. Studies on behavioral changes show that there is a relationship between counseling, training, and changes in the level of knowledge and attitudes in communication.[18] The initiation of the activity began with an intense discussion between the team from the Public Health Study Program at Esa Unggul University Jakarta and the Jakarta Plus Center (JPC) Foundation Indonesia in early 2019. The results of the discussion showed that there were still many organizational weaknesses in achieving outreach targets.

One of the obstacles to achieving these targets is the lack of skills of cadres in persuading key populations or at-risk populations to carry out HIV testing. Though the examination is provided free of charge. Cadres also often fail to persuade HIV sufferers to take ARV treatment in existing health services. Problem analysis produces a design that will be carried out by involving several other lecturers so that several topics are formed, one of which is Health Communication as a whole and the expected end result is Behavior Change which at this time is the results of activities from the topic of Health Communication, Interpersonal and Behavior Change. Capacity Building and Outreach Assistance activities in training are carried out in stages, first in August 2019, with an agreement to also develop field assistance events, follow-up training in September-October 2020 and October 2021. The training event starts from morning to evening, for the following topics, agreed topics according to the sequence of opening events, pre-post tests, interludes, focus group discussions and lunch and

group photos. The implementation of this activity is also supported by students of the public health study program who assist in the installation of banners, registration, distribution of printed materials, distribution of pre and post tests, consumption and documentation of activities.

III. RESULT AND DISCUSSION

Based on the statistic result on Fig. 1 and Fig. 2, there are significant differences in the knowledge of cadres about Behavior Change Communication. This can be caused by the number of samples, so the variations in the differences are not significant enough. However, if we look more closely at each number of questions, the biggest increase is in the first and fifth questions which increase by about 70% and 45%, respectively. There is an increase for questions number two and five. Where 75% of the participants, which is about 15 out of 20, answered correctly, which means that participants are able to understand and know about health communication and basic interpersonal communication. The results of this activity indicate that there is still a great need for follow-up, especially for cadres and volunteers to conduct training on interpersonal and sustainable communication skills. Based on questions and answers and discussions with participants, education about communication and its relation to HIV, especially among sex workers, is still not widely carried out by cadres.

(N=20)

Learning Assistance & Outreach (LAO)	Mean±SD	Mean difference	p-value*
Pre-test	3.80±1.09	-1.00±1.32	0.088
Post-test	4.87±0.83		

*wilcoxon signed rank test

Fig 1. Pre-Post Test Score Results LAO on Volunteer and Cadres at JPC Foundation

From the results and discussions that have been described previously, the researchers changed it into the form of a Logical Framework. It can be seen that in the input component, both human resources, procedures or policies, funds, and facilities are available from the JPC Foundation. The problem is the policy regarding confidentiality, where cadres or volunteers must emphasize the confidentiality of all information related to clients. They should be able to become counselors who also encourage clients to open up their status to their partners. If this continues, new hiv cases will continue to grow from the client's partner who only found out he had hiv when he was seriously ill or his partner died. According to JPC Foundation informants, people who are confirmed to be hiv positive will be accompanied by the Foundation. The JPC Foundation also treats hiv-aids patients who are discriminated against by their families, assists patients to take regular medication, and empowers people with hiv-aids. "During this pandemic, activities that are somewhat disrupted are outreach that is

mobile testing. June to October 2021 started again but the emergency PPKM was stopped. Now start again with healthcare protocol and the number is limited, not many,” informat explained.

The activity component of the training has been carried out in accordance with regulations issued according to the Ministry of Health standards that every human resource involved in mentoring must receive training. In coaching and supervision there are still data inaccuracies in inputting client data and in activities, lack of awareness from clients to check themselves, worries about expensive treatment, and unwillingness to open status to clients are the causes of problems in output, namely the target population of key populations who use it has not been achieved. After making the vertical logic of evaluating this activity, then horizontal logic is then made by looking at the indicators of each component, sources of information, assumptions, and also the results of the achievement of each component. In terms of sources of information, what can be proven by informants are monthly activity evaluation reports, staffing data, procedure or policy books, and completeness of facilities. It can be seen that the output components that have not been achieved are clients who use the foundation support, with the reasons for the input components and activities described previously. From the problems that have been found from the results of this study, the researchers made a problem analysis to describe the basis of this problem to make a solution. It can be explained that the main problem is the use of key populations, which are not in accordance with the target and the causes are as follows: lack of a maximal approach to the general population, data collection for key populations is not optimal, awareness of key populations to check themselves is still low in the area, especially Cirebon, and the existence of assumption that ongoing HIV/AIDS treatment is expensive.

Variables	n (%)
Gender	
Female	4 (80.0)
Male	16 (20.0)
Age years	35 (17-48) ⁵
Education	
Diploma	15 (75.0)
College	5 (25.0)
Communication & Outreach Training	
Once or Twice	12 (60.0)
Never	8 (40.0)
Length of work, months	19 (8-45) ⁵

¹N=20; ²N=6, ³N=9

Fig 2. Characteristics of the Volunteer and Cadres at JPC Foundation

IV. CONCLUSION

The real and successful contributions from the implementation of this research result from mentoring service are as follows:

- To raise awareness among the public and community, especially key populations and vulnerable populations, to be willing to check themselves early for HIV transmission through Voluntary Counseling and Therapy (VCT) services.
- Provide understanding to people living with HIV-AIDS (ODHA) about ARVs drugs, especially about dosage and resistance if they do not comply with taking these drugs. It is hoped that ODHA will be more obedient to taking drugs.
- Volunteers and cadres of the JPC foundation can better understand how to carry out disaster management in a pandemic situation, communicate effectively with key populations and vulnerable populations, so that outreach activities are increasing and in accordance with the expected targets.
- JPC foundation volunteers and cadres have independence and confidence in carrying out outreach activities for key and vulnerable populations, so they can be more effective in carrying out their duties.

In the future research and also community service program activities, it is proposed that efforts to increase outreach and mentoring capacity be carried out directly to JPC cadres and indirectly to key/vulnerable populations, especially after the pandemic and transition period. Such as community service in the form of capacity building which is carried out in stages and continuously can provide insight into the importance of better communication, for cadres and volunteers so that in order to create behavior change in risk populations and key populations as well as outreach. The behavior change is the awareness to carry out examinations in the nearest VCT service area and to be willing to take treatment with ARV therapy for HIV sufferers. The suggestions, steps and follow-up proposed for the Jakarta Plus Center (JPC) Foundation are:

1. Developing steps for mapping outreach programs and further mentoring, namely efforts to describe programs that will be carried out by the JPC Foundation comprehensively, including in other cities such as Cirebon and Jogjakarta where there are branches of the JPC Foundation.
2. Capacity building for cadres, namely efforts to provide retraining with advanced competencies, in the following year for cadres and volunteers in carrying out outreach and mentoring programs, including briefing on directed group communication and systems thinking.
3. Continuous guidance and field supervision, namely mentoring efforts by mentors for cadres and volunteers while carrying out activities in the field in the future even better, during the pandemic, transition, and preparation for the next new normal.

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