Management of HIV/AIDS Services in MSM Group
(Men Who Have Sex With Men)

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Abstract

The focus of the global problem that is of concern both in the world and in Indonesia is the HIV/AIDS case, that reported HIV/AIDS cases in districts/cities in Indonesia were 22,331 HIV cases and 4,534 AIDS cases. Meanwhile in NTB in 2022, there were 1471 accumulated AIDS cases and the addition of 192 new cases, in Central Lombok Regency there were 378 HIV cases and 220 AIDS cases as of September 2022, as well as 211 HIV cases in the MSM group. The strategy determined was to carry out in-depth interviews using the Snow Ball method with 4 informants, namely the VCT/KTH Mandalika Team at Praya Regional Hospital, Management at Praya Regional Hospital, MSM Clients at KTH at Praya Regional Hospital and the HIV Program Holder of the Central Lombok District Health Service. Test the validity of the data with Credibility, Continuous Observation, Triangulation, Transferability, Depreciability, Confirmability. This research has received ethical approval from the Ethics Committee of Qamarul Huda Badaruddin Bagu University with Number: 022/EC/FKES-UNIQHBA/YPPQH/VIII/2023. Management of HIV/AIDS Prevention Services in the MSM Group at KTH Mandalika RSUD Praya still needs to improve the effectiveness of HIV/AIDS prevention, more intensive strategic planning is needed to overcome the increase in HIV prevalence, involving an approach through a TEAM of Field Officers in providing more effective education and social support through VCT services and hotline counseling. Coordination and a stable organizational structure in KTH Mandalika RSUD Praya cannot be ignored, so that response efforts can run more focused. Staff training and development, especially those related to handling PLWHA, needs to be based on objective selection and unit needs, while the use of information technology, such as the SIHA 2.1 application and RS SIM, can be improved to ensure accurate recording and reporting. Management of BHP and ARV availability needs to be optimized through efficient coordination with the District and Provincial Health Services, and regular evaluations need to be carried out to increase distribution efficiency. Implementing the recommendations from 4 informants can have a significant positive impact in managing the management of HIV/AIDS prevention services at KTH Mandalika RSUD Praya, so as to reduce HIV transmission, and provide better support to PLWHA in the MSM community.
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Keywords: Service Management; HIV/AIDS; MSM; VCT

INTRODUCTION

The HIV/AIDS cases remain a pressing issue both globally and in Indonesia, with no definitive solution yet. From 2009 to July 2022, Indonesia has recorded 22,331 cases of HIV and 4,534 cases of AIDS. These numbers reflect the high level of spread of this deadly disease among the population. Delving deeper, when looking at specific data for the West Nusa Tenggara Province (NTB) in 2022, the figures depict a highly concerning situation. With an

accumulated 1471 cases of AIDS and an addition of 192 new cases, NTB Province has become one of the areas burdened with a high incidence of HIV/AIDS.(Assyifa. Dkk, 2022; UNAIDS, 2022; Wahyuningsih et al., 2017)

Special attention must be given to the MSM (Men who have Sex with Men) group, which is particularly vulnerable to the spread of HIV/AIDS. In the context of NTB, there were 736 documented cases of HIV in 2022, emphasizing the urgency to develop more effective prevention, diagnosis, and management strategies. Shifting focus to Central Lombok Regency, with 378 cases of HIV and 220 cases of AIDS as of September 2022, and 211 HIV cases specifically within the MSM group, this background underscores the need for in-depth research in managing HIV/AIDS services, especially for this vulnerable group. (Kemenkes RI, 2021; UNAIDS, 2022).

HIV/AIDS not only threatens individual physical health but also has social and economic impacts on communities. Therefore, a holistic and evidence-based approach to management is crucial. In this context, research on the management of HIV/AIDS services for the MSM (Men who have Sex with Men) group at KTH Mandalika RSUD Praya in Central Lombok Regency is both relevant and urgent. In-depth analysis of healthcare service management strategies, case handling, and prevention approaches for the MSM group in this region will provide a clear understanding of the success of implemented programs and identify areas that require improvement.(Dinas Kesehatan NTB, 2022; Ismayanti et al., 2022; Kemenkes RI, 2018, 2021; Kementerian Kesehatan RI, 2017; NTB, 2017; Pemda Lombok Tengah, 2021)

By delving deeper into and understanding the dynamics of HIV/AIDS cases, especially within the MSM group, it is expected that the findings of this research can provide concrete and data-driven recommendations to enhance the effectiveness and efficiency of HIV/AIDS healthcare services. These steps are anticipated to have a significant positive impact on efforts to achieve a healthy society free from the threat of infectious diseases. (Pemda Lombok Tengah, 2021).

This background underscores the urgency and relevance of this thesis in delving into the "Management of HIV/AIDS Services for the MSM Group at KTH Mandalika RSUD Praya in Central Lombok Regency." Therefore, it is expected that this research can make a tangible contribution to improving the quality of HIV/AIDS healthcare services and reducing the burden of this disease at both the local and national levels.(Kemenkes RI, 2021; Pemda Lombok Tengah, 2021)(Firdaus & Agustin, 2013; Ismayanti et al., 2022; Naima, Sudirman, 2018).

METHOD

Research design

This research is a descriptive study utilizing a qualitative approach. The focus of this research is to uncover the extent of the impact of healthcare service management at KTH Mandalika RSUD Praya in preventing the transmission of HIV. The established strategy involves in-depth interviews. Interviews were conducted with four key informants, namely the VCT Team at KTH Mandalika RSUD Praya, the management of RSUD Praya, clients from the MSM group, and the HIV Program Officer from the Central Lombok District Health Office

.Research location and time

The research is conducted at KTH Mandalika RSUD Praya, and the study period began in August and will continue until October 2023.

Data Collection :
Identity of Respondents

The respondents or informants in this research are personnel from the VCT Team at KTH Mandalika RSUD Praya who willingly participate as informants. Supporting informants include the management of RSUD Praya, clients from the MSM (Men who have Sex with Men) group at KTH RSUD Praya, and the HIV Program Officer from the Central Lombok District Health Office. The technique used in this research involves in-depth interviews using the Snowball method. The data collection method employed in this study is tailored to the research type, utilizing a questionnaire for basic data and in-depth interviews for qualitative data..

Implementation

In-depth interviews with the VCT Team personnel at KTH Mandalika RSUD Praya are conducted to obtain comprehensive responses from the research subjects at the research site (Getting

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Along). Additionally, the researcher seeks recommendations for other relevant characteristics (Network Expansion) that can be interviewed. The researcher gathers more information by conducting an interview with the HIV Program Officer at the Central Lombok District Health Office as triangulation for the initial data obtained from the VCT Team personnel at KTH. Subsequently, the researcher seeks recommendations from the HIV Program Officer at the Central Lombok District Health Office to interview the next set of respondents (MSM Clients). For MSM clients with HIV/AIDS (New Respondents), in-depth interviews are conducted at KTH RSUD Praya when the scheduled ARV (Antiretroviral) medication is being administered to the clients.

Data analysis

Data analysis by adopting the model of Miles and Huberman (1992) in (Gunawan, 2016) which consists of 3 activities namely: data reduction, data presentation, drawing conclusions and verification

RESULT AND DISCUSSION

Characteristics of Respondents

Informan Code	Age (Year)	Gender	Education Grade	Occupation	Subdivision Of Occupation
IF 1	42	Female	bachelor	PTT	Admin
IF 2	41	Male	bachelor	PNS	Nurse Manajement
IF 3	45	Male	bachelor	Swasta	-
IF 4	41	Male	bachelor	PNS	HIV programer

Table 1. Charateristics of Main Informan and Supprting Informan

Interview Result From The Informent

1. VCT TEAM/ KTH MANDALIKA PRAYA HOSPITAL

NO	QUESTION	No. IF	ANSWER	CORE ANSWER
	A. Strategic Planning for HIV/AIDS Prevention.			
1.	How does KTH Mandalika plan concrete strategies to prevent and curb the transmission of HIV/AIDS in the region?	1	*"If we only capture it from the room, there's no mobile or PITC anymore."*	• For now, KTH Mandalika is implementing activities to prevent HIV transmission using the PITC method, which involves HIV testing and counseling initiated by healthcare personnel in the hospital. This is because the service area of KTH Mandalika is becoming more limited, with the activation of VCT/KTH services at the community health center level and the discontinuation of MOBILE VCT services.
2.	How about clients who come voluntarily?	1	*"If voluntary, there are quite a few who come, not many though."*	
3.	Why are there not many voluntary client visits?	1	*"We're not like other hospitals that have field officers going to the services. That's why voluntary visits aren't too optimal, anywhere."*	• For voluntary client visits to KTH currently, there aren't many, mainly due to the absence of Field Officers (PL) like in other hospitals who are responsible for reaching out and directing clients to the KTH hospital services. Unlike before, the hospital used to have Field Officers from the community, which facilitated the outreach process.
4.	Then, with the absence of Field Officers (PL), does the role of KTH Mandalika diminish in preventing and suppressing HIV cases in this area?	1	*"It's not exactly like that, even though we, as a hospital, only receive referrals from community health centers (PUSKESMAS), and those community health centers get referrals from maternal and child health services (KIA) and tuberculosis (TB) services. If we receive cases from inpatient, outpatient, and the emergency department (IGD), our PITC program runs very well, especially with the presence of a pulmonary specialist. Our collaboration on TB is also going very well."*	
		1	*"Well, there's also one very important role we play." "Until now, KTH Mandalika is the one enforcing the diagnosis of HIV/AIDS in Central Lombok."*	• However, this situation does not diminish the role of KTH Mandalika in reducing and preventing HIV/AIDS cases. This is evidenced by the
		1	*"Because until now, only KTH Mandalika has the official permit (SK) and has been*	

			provided with 3 RDTs from the central for the diagnosis enforcement and therapy administration. If the community health center (PUSKESMAS) only has 1 RDT for screening, that's why they have to continue the process with us."	successful implementation of the PITC program at RSUD Praya, resulting in the detection of all HIV/AIDS cases at RSUD Praya. Furthermore, until now, the diagnosis of HIV/AIDS in Central Lombok can only be carried out at KTH Mandalika.
5.	What are the short-term and long-term goals of this strategic plan?	1	*"Well, as I mentioned earlier, for the short term, the most we can do is strengthen the coordination of what already exists and what we are doing."*	Currently, KTH Mandalika plans to strengthen coordination as part of the short-term goals in the strategic plan for HIV/AIDS prevention by implementing several concrete steps, although faced with internal challenges such as frequent personnel mutations. Identified steps include:
		1	*"And for the long term... well... it's proposing to the Local Government to create regulations that require testing for tourism participants. That's what the KPA has wanted for a long time, but it has never been implemented."*	
6.	How does KTH Mandalika plan to strengthen coordination as part of the short-term goals in the strategic plan for HIV/AIDS prevention, and are there any concrete steps that have been identified?	1	*"Until now, what we can do is implement PITC, PMTCT, and TB-HIV collaboration within the hospital. As for external efforts, we accept referrals from community health centers for the enforcement of diagnosis and treatment based on their screening results. Now, for concrete planning and steps, we haven't been able to formulate them yet because our current condition doesn't have a fixed organizational structure due to frequent internal hospital mutations, leading to frequent personnel changes at KTH Mandalika. Hence, coordination here is not optimal."*	a. Implementation of Internal Services: Implementing Provider-Initiated Testing and Counseling (PITC), Prevention of Mother-to-Child Transmission (PMTCT), and TB-HIV collaboration within the hospital as part of the HIV/AIDS prevention approach.
7.	So, how does KTH Mandalika overcome "communication rigidity" with new members?	1	*"We usually provide guidance for new members. We introduce them to the guide and SOP that we have, so they won't be confused. Then we ask them to observe our work, and once they are ready, we can let them go."*	b. Accepting Referrals from Community Health Centers (Puskesmas).
				c. Dynamic Organizational Structure: Acknowledging the dynamic organizational structure, with frequent internal hospital mutations leading to personnel turnover and changes in team dynamics.
8.	Is there any evaluation conducted? And how is it done?	1	*"Yes, of course, we usually have a meeting every 3 months to discuss what we have done, both the positive and negative aspects, as well as their solutions, and vice versa."*	d. Mitigating Constraints and Challenges.
		1	*"But this is still done internally."*	e. Developing Short-Term Strategies.
				f. Internal Coordination Expansion.
				g. Lack of Formulation of Concrete Steps.
				h. Commitment to Improvement.
				i. Periodic Evaluation.
				j. j. Seeking Adaptive Solutions.

B. Organization and Coordination.

#	Question		Response	Summary
9.	What is the organizational structure of KTH Mandalika involved in HIV/AIDS prevention efforts?	1	*"What?! There is no structure; it's just the two of us standing by here."*	• KTH Mandalika doesn't have an organizational structure and still operates based on old habits.
		1	*"The doctor who is under (Internal Medicine Specialist), the general practitioner who is on the permit is not here, not standing by here. So, how?!"*	• KTH Mandalika plans concrete steps to rebuild the organizational structure involved in HIV/AIDS prevention efforts, especially considering the previously mentioned staff limitations. Here are the strategies they are considering:
10.	How does KTH Mandalika plan to rebuild the organizational structure involved in HIV/AIDS prevention efforts, especially considering the previously mentioned staff limitations?	1	*"We are trying to create the organizational structure in KTH again, although we are still waiting for the situation, but the planning mechanism has started to be formulated. From calculating the staffing needs, then dividing the tasks, how we recruit them, to involving INSET personnel assigned to our KTH, and integrating them into our services."*	a. Resource Needs Assessment b. Role and Responsibility Development c. Recruitment and Training d. Establishment of a Flexible Organizational Structure e. Performance Stimulation and Recognition f. Collaboration with External Parties g. Consultation and Active Staff Participation.
11.	Has KTH Mandalika identified specific responsibilities and roles for each element of the planned organizational structure, especially in the context of the HIV/AIDS prevention program?	1	*"Yes, there used to be an organizational structure chart, but as I mentioned, because people have disbanded, and there's frequent turnover, so we dare not create it again."*	With these steps, KTH Mandalika hopes to rebuild a more resilient and responsive organizational structure to meet the demands of the HIV/AIDS prevention program, even with the existing staff limitations.
12.	Does KTH Mandalika have a plan to strengthen the organizational structure gradually, considering resource availability and minimizing the impact on services when the new structure is implemented?	1	*"Yes, we have a plan to strengthen the organizational structure gradually, even though it's still theoretical, but at least there is a concept."*	
13.	What are those plans?	1	*"Sure, we're developing a plan, then we assess the impact of the services we've provided, whether positive or negative. We also lobby with all parties, especially those involved with us like the Health Office (DIKES) and all friends, to ask for support to continue our unit. We've done this before when the previous director didn't understand and wanted to close this service. Also, don't forget the team development like training, monitoring and*	

			evaluation (MONEV), and making plans as flexible as possible, so that members can be active and not burdened."	
14	How is the collaboration between different departments or units ensured to ensure effective coordination in the implementation of prevention programs?	1	*"Of course, collaboration is key. At KTH Mandalika, we see that HIV/AIDS prevention programs involve various aspects and fields, ranging from healthcare services to management. Therefore, we believe it's essential to have good coordination among the relevant departments."*	Collaboration between different departments or units to ensure effective coordination in the implementation of HIV/AIDS prevention programs is a critical aspect in achieving the success of the program.

	C. Counseling and Diagnosis Service Management.			
15	How is the counseling service management process carried out by KTH Mandalika for individuals affected by HIV/AIDS?	1	*"In general, the initial steps we take involve recording and conducting an initial evaluation. When a patient first arrives, they undergo medical examinations and HIV testing to confirm their status. Additionally, we conduct interviews to gather information related to their medical history, psychological condition, and social aspects that may impact the needed care and support."*	• The counseling service management process conducted by KTH Mandalika for individuals affected by HIV/AIDS involves a series of crucial steps and principles, including: - Recording and Initial Evaluation - Holistic Treatment Plan Establishment - Individual Counseling Sessions - Group Counseling - Prevention and Health Education - Psychosocial Support - Crisis Intervention - Periodic Monitoring and Evaluation - Family Engagement and Support Network - Efforts to Prevent Transmission to Others - Long-term Monitoring
16	After the initial evaluation, how is the holistic treatment plan formulated for each patient?	1	*"The holistic treatment plan is crafted based on the results of the initial evaluation. Our care team, consisting of various specialists including doctors, counselors, and social workers, gathers to design a plan that encompasses aspects of medical treatment, mental health care, and social support. We focus on individual needs and strive to devise the most fitting strategies to enhance the well-being of the patients."*	
17	How does KTH Mandalika ensure efforts to prevent the transmission of HIV/AIDS to others during the service management process?	1	*"Throughout the service management process, we provide comprehensive education to individuals affected by HIV/AIDS about safe practices to prevent transmission to others. This includes the use of condoms, prevention of transmission through sexual relations, and educating partners or family members who may be affected. This support is an integral part of our efforts to break the chain of HIV/AIDS transmission."*	With this holistic approach, KTH Mandalika strives to provide comprehensive and supportive counseling services for individuals affected by HIV/AIDS, focusing on medical, psychological, social, and preventive aspects.

	D. Staff Training and Development Program			
18	Can you provide further insight into how this training is integrated into the daily work routines of the staff?"	1	*"Of course, the integration process of training is a crucial part of our HIV/AIDS prevention efforts. After the staff completes the basic training, they apply the acquired knowledge in every aspect of their work. For instance, cleanliness protocols and transmission prevention measures are implemented in every medical procedure and patient care service."*	Staf KTH Mandalika menerima berbagai jenis pelatihan yang dirancang khusus dalam konteks pencegahan HIV/AIDS.
19	How is specialized training	1	*"HIV/AIDS counseling is an integral part of*	For staff involved in counseling

	such as HIV/AIDS counseling integrated into daily patient services?		*patient care. Staff members who have undergone counseling training apply these skills in individual and group counseling sessions. They assist patients in understanding their condition, managing related stress, and providing much-needed emotional support."*	services, specialized training in individual and group counseling for individuals affected by HIV/AIDS is conducted. This includes empathic communication, stress management, and supportive counseling techniques.
	E. Use of Information Technology.			
20	How does KTH Mandalika use information technology to record and manage data of HIV/AIDS patients?	1	*"If here, every year we are requested for statistics, for sectoral data other than SIHA, later if they need annual data, just click, it will definitely be there. But the indicators are minimal, incomplete, only the quantity is there, data up to the sub-district level, and can be accessed at BPS (Statistics Indonesia) in collaboration with the Ministry of Communication and Information."*	KTH Mandalika integrates information technology in recording and managing data of HIV/AIDS patients through two main approaches: the use of internal applications and collaboration with external agencies. 1. Internal Application: SIHA 2.1 (HIV/AIDS Information System) and Electronic Medical Record Khanza. 2. Collaboration with External Agencies :Central Statistics Agency (BPS).
21	Can you explain how internal applications, such as SIHA 2.1, play a role in this process?	1	*"Of course, gladly. SIHA 2.1, or the HIV/AIDS Information System, is an internal application we use to efficiently record and manage data of HIV/AIDS patients. This application is specifically developed to meet our needs in caring for individuals affected by HIV/AIDS. Within SIHA 2.1, we can perform in-depth recording, including medical history, laboratory test results, treatment schedules, and long-term health monitoring."*	KTH Mandalika uses an internal application called SIHA 2.1 to centrally record and manage data of HIV/AIDS patients. This application is specifically designed to meet the organization's needs in caring for individuals affected by HIV/AIDS. Some features that may be included in SIHA 2.1 involve recording medical history, laboratory test results, treatment schedules, and long-term health monitoring.
22	Thank you for the explanation. How does the integration with Khanza Electronic Medical Record support the management of HIV/AIDS patient data at KTH Mandalika?	1	*"The integration with Khanza Electronic Medical Record is our strategic step in creating a comprehensive approach to health data management. Khanza is an extensive and flexible electronic medical record system, allowing us to access and manage patient data across various units or departments within an integrated system. With this, we can provide coordinated and comprehensive services to HIV/AIDS patients."*	The use of Khanza Electronic Medical Record reflects an integrated approach to health data management. Khanza is an extensive and flexible electronic medical record system, potentially covering various aspects of healthcare services, including HIV/AIDS.
23	Very interesting. How does engagement with external agencies, such as the Central Statistics Agency (BPS), play a role in data management at KTH Mandalika?	1	*"Involvement with BPS plays a crucial role in contributing data at the national level. Every year, we actively provide the data requested by BPS. This includes information related to HIV/AIDS patients and aids in epidemiological analysis as well as health policy planning at the national level. External collaborations like this ensure that our contributions have a broader impact beyond our internal scope."*	The data collected through this collaboration can assist in broader epidemiological analysis and health policy planning.

	F. Availability of Disposable Materials and ARV Drugs.			
24	We would like to gain further insights into how KTH Mandalika ensures the availability of necessary drugs and Disposable Materials (BHP) for HIV/AIDS prevention and treatment services. Can you explain the role of the SIHA 2.1 application in this process?	1	*"Of course, at KTH Mandalika, we have implemented the use of the SIHA 2.1 application as an integral part of drug and Disposable Materials (BHP) inventory management. This application allows us to regularly submit online reports for the needs of drugs and BHP."*	KTH Mandalika routinely utilizes the SIHA 2.1 application as an online platform to submit reports regarding the needs and availability of Disposable Materials (BHP) and drugs required for HIV/AIDS prevention and treatment services.
25	How does KTH Mandalika ensure the continuity of drug and Disposable Materials (BHP) supplies?	1	*"Through SIHA 2.1, we can identify needs in a timely manner and provide accurate information to relevant authorities at the district and central government levels. This ensures the continuity of drug and Disposable Materials (BHP) supplies for HIV/AIDS prevention and treatment services."*	Through the SIHA 2.1 application, KTH Mandalika can ensure the continuity of drug and Disposable Materials (BHP) supplies by identifying needs in a timely manner and providing accurate information to relevant authorities at the district and central government levels.

2. The Management of RSUD Praya, Central Lombok Regency.

NO	QUESTION	No. IF	ANSWER	CORE ANSWER
	A. Strategic Planning for HIV/AIDS Prevention.			
1.	Good afternoon, we would like to gain further insights into how KTH Mandalika's strategic planning for HIV/AIDS prevention has been integrated with the overall strategy of RSUD Praya. Can you provide further explanation?	2	*"Good afternoon. Certainly, the strategic planning of KTH Mandalika has been closely integrated with the overall strategy of RSUD Praya, creating a holistic approach to HIV/AIDS prevention."*	The integration of KTH Mandalika's Strategic Planning in HIV/AIDS Prevention with the Overall Strategy of RSUD Praya is Harmonization as Part of the Outpatient Care Services at RSUD Praya: - Description: The strategic planning of KTH Mandalika has been comprehensively integrated as an integral part of the outpatient care services at RSUD Praya.
2	How is KTH Mandalika aligned as part of the outpatient care services at RSUD Praya?	2	*"KTH Mandalika is aligned as an integral part of the outpatient care services at RSUD Praya. This means that the goals and HIV/AIDS prevention programs at KTH Mandalika are fully related and aligned with the overall mission and strategic objectives of RSUD Praya."*	
	B. Organization and Coordination.			
3	How does the organizational structure in the hospital support efforts for HIV/AIDS prevention?	2	*"In the hospital, we have an Integrated Health Unit (KTH) that plays a primary role in handling HIV/AIDS cases. The KTH not only focuses on medical services but also provides prevention, counseling, and HIV/AIDS-related treatment services."*	The KTH serves as a specialized service center that handles HIV/AIDS cases and is involved in prevention, diagnosis, and treatment efforts. - Function: Serving as the forefront in providing HIV/AIDS-

				related health services, including prevention, counseling, and treatment.
4	In addition to the KTH, are there any other units involved in HIV/AIDS prevention at the hospital?	2	*"Yes, we also have the Health Promotion Unit (PKRS). PKRS serves as a conduit to implement health promotion programs throughout the hospital. They integrate HIV/AIDS prevention messages into overall health promotion activities."*	• The PKRS functions as the hospital's conduit responsible for implementing health promotion programs throughout the hospital. Function: Integrating HIV/AIDS prevention messages into the hospital's overall health promotion programs.
5	How is inter-unit coordination organized in the hospital to support HIV/AIDS prevention efforts?	2	*"Inter-unit coordination is effectively conducted through the Hospital WhatsApp Group. There, we share information, updates, and engage in joint planning. Additionally, we also hold regular meetings to discuss strategies and progress reports."*	• Inter-Unit Coordination: Hospital WhatsApp Group: - Description: Inter-unit coordination, including KTH and PKRS, is conducted through the existing Hospital WhatsApp Group. - Function: The WhatsApp Group serves as an effective communication channel for sharing information, updates, and coordination among units related to HIV/AIDS prevention efforts.

C. Manajemen Pelayanan Konseling dan Penegakan Diagnosa

6	How is the management of counseling services for patients affected by HIV/AIDS integrated with the general services of the hospital?	2	*"Of course, gladly. So, we have taken a highly integrative approach in managing counseling services for HIV/AIDS patients in our hospital. One concrete step we have taken is by making the Integrated Health Unit (KTH) an integral part of the Outpatient Clinic services."*	Integrative Approach: This statement reflects an integrative approach by incorporating the Integrated Health Unit (KTH) into the structure of the hospital's outpatient clinic services. It signifies an awareness that the services of KTH are not a separate entity but have been fully integrated into the overall hospital services.
7	Is there any specific policy or guideline for the enforcement of HIV/AIDS diagnosis?	2	*"Yes, of course. In our hospital, the enforcement of HIV/AIDS diagnosis follows the protocols and official guidelines set by relevant health institutions and national health authorities. This policy includes testing procedures, counseling, reporting, and follow-up steps to be followed by our medical team. We highly prioritize patient safety and health, and every step we take aligns with applicable guidelines, emphasizing patient privacy and information security. Additionally, we also regularly ensure that all medical staff receive updated training to maintain compliance and ensure the best care for patients requiring HIV/AIDS-related*	In implementing the enforcement of HIV/AIDS diagnosis in our hospital, we adhere to specific policies and guidelines established by relevant health institutions and national health authorities. This policy encompasses several crucial aspects to ensure proper and safe management for patients. Here are some key points in our hospital's policy for the enforcement of HIV/AIDS diagnosis: 1. Screening Protocols. 2. Confidentiality Measures. 3. Counseling Services.

			diagnosis and treatment."	4. Laboratory Standards. 5. Reporting Requiremens. 6. Treatment Protocols. 7. Staff Training. 8. Community Engagement. These points collectively contribute to a comprehensive and effective approach to the enforcement of HIV/AIDS diagnosis in our hospital, aligning with national health standards and guidelines.
D.	**Staff Training and Development Program**			
8	How is the training and development program for staff involved in HIV/AIDS prevention organized and evaluated?	2	*"We typically search for or inquire with staff members who are interested in attending HIV training because HIV training is usually conducted at the center. After completing the training, the consequence is that the personnel involved must be willing to be stationed at the HIV Counseling and Testing Center (KTH)."*	In our hospital, the training and development program for staff involved in HIV/AIDS prevention is organized with an approach that focuses on identifying interests and implementing practical applications.
9	How does management ensure that staff have the knowledge and skills necessary to provide quality services related to HIV/AIDS?	2	*"By conducting compliance surveys."*	Implementing Compliance Surveys.
E.	**Use of Information Technology.**			
9	How is information technology used to manage HIV/AIDS patient data and track HIV testing?	2	*"At our hospital, we leverage various information technologies to manage HIV/AIDS patient data and track HIV testing. Currently, our hospital management system utilizes SIM-RS Khanza, which has proven effective in securely integrating and storing patient data. Additionally, there are initiatives to enhance data accessibility by online-connecting computers in the service units, where staff, including Ms. Indri, can directly input data into the SIHA 2.1 application. This step not only aids in faster data recording but also facilitates real-time tracking of HIV tests. Consequently, we can more efficiently manage and provide the best possible services for HIV/AIDS patients at our hospital."*	With the combination of SIM-RS Khanza and the SIHA 2.1 application, RSUD Praya Hospital presents a holistic information technology solution for the management of HIV/AIDS patient data, promoting service quality, and patient safety.
10	What challenges are faced in managing information technology systems related to HIV/AIDS?	2	*"The challenges in managing information technology systems related to HIV/AIDS at our hospital are quite evident. Only one person, namely Ms. Indri, has a deep understanding of the SIHA reporting in this hospital. This highlights uneven knowledge distribution, and we recognize the need for knowledge transfer. In this regard, the main challenge is to ensure that more staff members can comprehend*	Managing information technology systems related to HIV/AIDS at RSUD Praya Hospital is not without challenges. The following is an elaboration on these challenges: 1. Uneven Knowledge Distribution 2. Dependency on Specific Individuals

				3. Need for Knowledge Transfer 4. Data and System Integration 5. System Expansion 6. Data Security and Privacy 7. Handling Changes
	and handle this system. Efforts are required to transfer knowledge, involve more staff in SIHA reporting, so that we can reduce dependency on a single individual and ensure the sustainability of its functioning."			

F. Availability of Disposable Materials and ARV Drugs.

NO	QUESTION	No. IF	ANSWER	CORE ANSWER
11	How does hospital management ensure the availability of necessary medications and Disposable Medical Supplies (BHP) for HIV/AIDS services?	2	*"To ensure the availability of necessary medications and Disposable Medical Supplies (BHP) for HIV/AIDS services at our hospital, we have taken concrete steps. In the latest update, yesterday the hospital sent three or four staff members, including a pharmacist, to attend SIHA 2.1 training. The plan is for this pharmacist to be responsible for reporting on medications and BHP online and regularly. This way, management can more efficiently manage the inventory of BHP and ensure adequate availability to support HIV/AIDS services at our hospital."*	The management of the availability of medications and Disposable Medical Supplies (BHP) for HIV/AIDS services at RSUD Praya Hospital involves several concrete steps: 1. Participation in SIHA 2.1 Training 2. Appointment of a Pharmacist as Responsible Personnel 3. Online and Regular Reporting: 4. Efficient Inventory Monitoring 5. Utilization of Latest Information

3. MSM, HIV/ AIDS CLIENT

NO	QUESTION	No. IF	ANSWER	CORE ANSWER
A.	**Health Services and HIV/AIDS Prevention Programs.**			
1.	How do you know about KTH Mandalika and its programs related to HIV/AIDS prevention and management?	3	*"Initially, I learned about KTH Mandalika through information provided by my partner. He recommended that I come here for an examination after a few intimate encounters. He disclosed to me that he had recently found out he had HIV after getting tested here. After a few encounters, he revealed that he was HIV-positive."*	Based on his guidance from his boyfriend.
2.	What motivated you to seek information or services related to HIV/AIDS at KTH Mandalika?	3	*"I felt compelled to seek information and services related to HIV/AIDS at KTH Mandalika based on the advice given by my partner. After a few intimate encounters, my partner informed me that he had recently discovered his HIV status after testing at KTH Mandalika. This situation caused concern and uncertainty for me, and my partner's suggestion to come to KTH Mandalika seemed like a sensible step."*	This reflects the rational and responsive steps taken by individuals in addressing concerns and uncertainties related to HIV/AIDS. Here is a comprehensive review of the response: 1. Awareness of Risks. 2. Advice from a Trusted Source. 3. Health Considerations and Certainty. 4. Logic and Vernacular Considerations. 5. Importance of Self-Understanding and Management.

B. Strategic Planning.

3	Do you feel that the HIV/AIDS prevention program at KTH Mandalika has been on target? Why?	3	*"Yes, in my opinion, the program at KTH Mandalika has been on target because they provide very comprehensive information about HIV/AIDS. I just underwent testing there and received counseling beforehand that provided a good understanding of what HIV/AIDS is, how it is transmitted, and how to prevent it. This program helped dispel a lot of uncertainties and provided clear understanding."* *"But if possible, it would be sufficient to go to the community health center (Puskesmas) so that I don't have to travel far here."*	This provides valuable insights into the individual experiences with the HIV/AIDS prevention program at KTH Mandalika. Here are some key points that can be highlighted: 1. Comprehensive Information 2. Holistic Approach 3. Program Accessibility 4. Psychological Challenges 5. Suggestions for Improvement 6. Community Engagement 7. Importance of Awareness and Prevention
4	How do you perceive the effectiveness of the measures taken to prevent and curb the transmission of HIV/AIDS among men who have sex with men?	3	*"Yes, in my opinion, the steps taken are not yet sufficiently effective. Many of us, especially men who have sex with men, have personal reasons that may be difficult to discuss or understood by others. It may be related to stigma or other personal issues, making the current preventive measures less accessible or well-received."*	This provides crucial insights into an individual's perspective on the effectiveness of preventive measures and the reduction of HIV/AIDS transmission among men who have sex with men. Some additional points include: 1. Difficulty in Discussing Personal Reasons 2. Lack of Accessibility and Acceptance 3. Importance of Involving the LGBTQ+ Community 4. Sexual Education and Availability of Health Services 5. Creating a Safe and Supportive Environment 6. Involving the Community in Policy Design 7. Role of Public Education in Changing Public Perceptions 8. Eliminating Stigma 9. Hope for Positive Change

C. Counseling and Diagnosis Services.

5	Thank you for your willingness to talk about your experience with counseling services at KTH Mandalika related to HIV/AIDS. How do you assess the counseling services provided?	3	*"In my opinion, the counseling services at KTH Mandalika are very humane and informative. I feel that the counselors there pay good attention to individual needs and provide very comprehensive information about HIV/AIDS."*	This indicates that counseling services at KTH Mandalika not only provide medical information but also emphasize emotional and psychological aspects, creating a supportive environment and helping reduce stigma related to HIV/AIDS. With these positive messages, it is hoped that this interview can provide encouragement for those in need of similar assistance.
6	How was your	3	*"To be honest, I was afraid,*	Initially fearful, after

			considering my partner had already been affected." "But now, I feel relieved. What can I do? I have to continue living better, as you said earlier."	receiving counseling, the client's condition is much better.
D.	**Staff Training and Development**			
7	Have you ever received information or training from the staff at KTH Mandalika on how to prevent the transmission of HIV/AIDS? What is your opinion on the training?	3	"I haven't received any yet; this is my first time coming to KTH Mandalika. After meeting with Ms. Indri earlier and now talking to you, I'm starting to get some information."	This interview reflects that the friendly and informative approach of the KTH Mandalika staff has a positive impact on the respondent's understanding of HIV/AIDS, providing new insights, and stimulating awareness of the need for prevention. The respondent gives a positive response to the information delivery provided by Ms. Indri and the staff of KTH Mandalika.
8	Do you feel that the staff at KTH Mandalika have sufficient understanding in providing services related to HIV/AIDS for men who have sex with men?	3	"Firstly, they explained in great detail about the transmission of HIV/AIDS and preventive measures, especially in the context of men who have sex with men. They also addressed specific issues that this community might face, such as stigma and discrimination."	This interview indicates that the respondent feels the staff at KTH Mandalika have sufficient understanding related to HIV/AIDS for men who have sex with men. They express appreciation for the information provided and the support given by the staff.
E.	**Use of Information Technology.**			
9	How is your experience in using the information technology provided by KTH Mandalika to record data or access information related to HIV tests and medical histories?	3	"Honestly, I don't know much about the information technology provided by KTH Mandalika. It could be because this is my first visit, or maybe because I'm not very familiar with the system they use."	This interview reflects that the respondent is not very familiar with or hasn't used the information technology provided by KTH Mandalika much. Although having positive expectations regarding the potential benefits of this technology, the respondent also expresses concerns regarding privacy and data security. Suggestions are given to provide more detailed guidelines or training so that patients can make the most of this technology optimally.
10	What is your opinion on how much the use of this information technology helps or might facilitate access to your health information?	3	"Although I haven't tried it yet, the concept should help in tracking health data and facilitating access to information related to HIV tests and medical histories. If easily accessible, it could be a highly beneficial tool for personal health monitoring."	
F.	**Availability of Disposable Materials and ARV Drugs.**			
11	Have you ever experienced constraints related to the availability of drugs and Disposable	3	"I don't know yet because I'm about to start taking the medicine." "But it was explained earlier that drug shortages can happen."	The client has never taken ARV before, and the client is ready to be initiated to start ARV.

NO	QUESTION		ANSWER
	Medical Supplies (BHP) when using services at KTH Mandalika?		*"According to the lady earlier, the challenge is when the drug stock runs out... it happened earlier this year for about a month, if I'm not mistaken, in March. We were given an equal share of the medicine, around half a bottle, and we were asked to come back if the medicine is about to run out."*

4. HIV Program Manager for Central Lombok Regency.

NO	QUESTION	No. IF	ANSWER	CORE ANSWER
A.	**Strategic Planning for HIV/AIDS Prevention.**			
1.	How does the Health Office of Central Lombok Regency plan concrete strategies to prevent and reduce the transmission of HIV/AIDS in the region?	4	*"The current strategy is actually based on the targets of the RPJMD (Regional Medium-Term Development Plan). From there, there are several service enhancements and strengthening of cadres."*	Alignment with RPJMD: - The respondent's explanation regarding the strategy referring to RPJMD targets indicates that the HIV/AIDS prevention strategy is integrated with the regional development plan, demonstrating consistency and relevance to medium-term development goals.
	What is meant by service enhancement and cadre strengthening?	4	*"Now, the mobile services are directed to the Community Health Centers (Puskesmas); we guide them to be close to the population. The Community Health Centers near key populations are asked to strengthen their services. In addition to Operational Health Costs (BOK), there are also funds from the Global Fund (GF) and local NGOs."*	Direction of Services to Community Health Centers: - Service centers are directed to Community Health Centers to ensure better access for key populations. This step aligns with a prevention approach that prioritizes accessibility and service sustainability.
	Does the Health Office have specific performance evaluations or indicators to measure the success of this strategy?	4	*"Yes, we conduct regular monitoring and evaluation to measure the success of this strategy. Performance indicators include an increase in the number of people tested, an increase in the participation in prevention programs, and a decrease in the number of new cases."*	Evaluation and Performance Indicators: - The existence of monitoring and evaluation with clear performance indicators indicates the seriousness of the Health Office in measuring the success of the program. These indicators include HIV testing, participation in prevention programs, and the number of new cases.
	B. Organization and Coordination.			
	How is the organizational structure within the Health Office of Central Lombok Regency involved in HIV/AIDS prevention efforts?	4	*"In the Health Office of Central Lombok Regency, the organizational structure significantly influences how HIV/AIDS prevention initiatives are implemented. So, in general, this structure involves several levels of leadership."*	This interview provides a good understanding of the organizational structure of the Health Office of Central Lombok Regency in relation to HIV/AIDS prevention efforts. 1. Involvement of Top

				Leadership:
	Who is directly responsible for HIV/AIDS prevention efforts at the highest level within the Health Office?	4	*"The highest responsible authority is the Head of the Health Office, commonly referred to as Mr. Head of the Health Office. He plays a key role in setting the strategic direction and providing policy support for all health programs, including HIV/AIDS prevention."*	2. Delegation of Responsibilities: 3. Field Staff Participation: 4. Interdepartmental Coordination: 5. Challenges and Budget Coordination: 6. Staff Development and Awareness: 7. Messages and Aspirations.
	How is coordination carried out between different units to ensure the smooth implementation of HIV/AIDS prevention programs?	4	*"Within the Health Office, coordination is conducted with various parties, including Planning and the Regional Financial and Asset Management Agency (BPKAD). Decisions and budget allocations for HIV/AIDS prevention programs typically go through this coordination."*	

C. Management of Counseling and Diagnosis Services.

	How does the Health Office of Central Lombok Regency manage counseling services for individuals affected by HIV/AIDS?	4	*"If we talk about it, it's more of a service strengthening. If it's through the regency, we conduct training and guidance (BINTEK)."* *"So, our weakness is that we only focus on health facilities under the Health Office."* *"Yet, there are many private services that also support."* *"We should cross over to the Health Services Sector."* *"It should be the management in the Health Services Sector that issues the permits and gives priority."*	This in-depth interview provides a good overview of how the Health Office of Central Lombok Regency manages counseling services for individuals affected by HIV/AIDS. Some key points that can be highlighted are: 1. Service Strengthening: 2. Technical Guidance (BINTEK): 3. Collaboration with the Private Sector: a. 4. Coordination with the Health Services Sector:.
	What steps are taken to ensure that HIV/AIDS counseling services are conducted with empathy and confidentiality?	4	*"Of course, with pleasure. Ensuring that HIV/AIDS counseling services are conducted with empathy and maintaining confidentiality is a critical aspect of our services."*	This in-depth interview provides a comprehensive overview of the steps taken by the Health Office of Central Lombok Regency to ensure that HIV/AIDS counseling services are conducted with empathy and confidentiality.

D. Staff Training and Development Program.

	What types of training are provided to the staff of the Health Office of Central Lombok Regency in the context of HIV/AIDS prevention and management?	4	*"For On-the-Job Training (OJT) for People with Disabilities (PDP), and also training for 20 service HIV Cadres."* *"So now, for the Training of Trainers (TOT), some are sent from the sub-district health centers because there is a target from the juvenile penitentiary to train their residents to become cadres in the community."*	This interview provides a very good overview of the training efforts undertaken by the Health Office of Central Lombok Regency in the prevention and management of HIV/AIDS.
9	How does the staff	4	*"If that's the case, we have many of*	On-The-Job Training (OJT):

	development program help enhance understanding and skills related to HIV/AIDS?		*them. We create On-the-Job Training (OJT), and there is a data validation meeting scheduled for next September."*	- The OJT program provides staff with the opportunity to apply theoretical knowledge directly in the context of HIV/AIDS prevention and management.
	You mentioned the OJT program as part of staff development. How does OJT contribute to enhancing the understanding and skills of the staff related to HIV/AIDS?	4	*"The OJT program is designed to provide hands-on learning in the field. In the context of HIV/AIDS, OJT allows staff to apply theory directly in their day-to-day practices. They can learn from direct experience, which is often more effective than theoretical learning."*	
	E. Use of Information Technology.			
10	How does the Health Office use information technology to record and manage data on HIV/AIDS patients?	4	*"For the time being, we don't have a centralized data recording system in the Health Office, so what we use is the SIHA (HIV/AIDS Information System) software provided by the Ministry of Health, as it is online and integrated nationwide."*	In this interview, we gain a profound understanding of how the Health Office of Central Lombok Regency manages counseling services for individuals affected by HIV/AIDS and their efforts to enhance the quality of services.
		4	*"We also have a Health Office website, but it's rarely updated, only 2-3 times a year. It serves more as a promotional platform."*	
11	What type of system is used to track HIV tests and manage patient treatment records?	4	*"Of course, with pleasure. The main system used to track HIV tests and manage our patient treatment records is SIHA 2.1. Additionally, we also use ARK for specific purposes."*	This interview provides a profound understanding of the use of SIHA 2.1 and ARK in tracking HIV tests and managing patient treatment records. These systems are described as integral parts of HIV/AIDS management efforts, with an emphasis on data security and careful integration. Although they operate separately, they complement each other to meet specific information needs..
	F. Availability of Consumables and ARV Drugs.			
12	How does the Health Office of Central Lombok Regency manage the availability of Consumables (Bahan Habis Pakai, BHP) required for the HIV/AIDS prevention program?	4	*"The management is delegated to the District Pharmacy Warehouse (Gudang Farmasi Kabupaten, GFK), with daily monitoring of inputs into SIHA 2.1."*	"Central Lombok Regency manages the availability of drugs and consumables (Bahan Habis Pakai, BHP) for the HIV/AIDS prevention program. The District Pharmacy Warehouse (Gudang Farmasi Kabupaten, GFK) is identified as the entity responsible for this management, with daily monitoring through SIHA 2.1 to ensure consistent availability. Close coordination between the Health Office and GFK, periodic evaluations, and corrective measures if issues are identified create a

				responsive and effective framework. Challenges, future plans, and messages to staff and the community are also covered in this interview."
13	How is the management of Anti-Retroviral Drugs (ARV) inventory regulated to ensure that patients receive continuous treatment?	4	*"The evaluation of Drug and Consumables (Bahan Habis Pakai, BHP) availability involves daily monitoring through SIHA 2.1. If there is any discrepancy between demand and available stock, the District Pharmacy Warehouse (GFK) can take corrective measures promptly. This may involve adjusting orders, redistributing stocks, or other steps to ensure optimal availability."*	Central Lombok Regency manages the availability of drugs and consumables (Bahan Habis Pakai, BHP) for the HIV/AIDS prevention program. The District Pharmacy Warehouse (Gudang Farmasi Kabupaten, GFK) is identified as the entity responsible for this management, with daily monitoring through SIHA 2.1 to ensure consistent availability. Close coordination between the Health Office and GFK, periodic evaluations, and corrective measures if issues are identified create a responsive and effective framework. Challenges, future plans, and messages to staff and the community are also covered in this interview.

1. Analysis of the strategic planning of KTH Mandalika in preventing and suppressing the transmission of HIV/AIDS.

The SWOT analysis conducted by the author highlights crucial aspects that need attention in the efforts to prevent HIV/AIDS at KTH Mandalika. High commitment to improving internal coordination and the successful implementation of the PITC program provides a strong foundation. However, frequent personnel mutations and the dynamic structural dynamics of the organization can pose serious challenges in maintaining program consistency.

The successful implementation of the PITC Program at Praya Regional General Hospital (RSUD) demonstrates effectiveness in early detection of HIV/AIDS cases, providing a foundation for better management. Similarly, the positive impact of counseling programs at RSUD Praya emphasizes the crucial role of psychological support in achieving healthier behavioral changes.(Bitew & Derebe, 2022; Dwiyanti et al., 2022).

The frequent personnel mutations can create detrimental instability in maintaining program continuity and internal coordination. The dynamic organizational structure also poses challenges in formulating concrete and sustainable steps. Limited client visits due to the absence of Field Officers (FO) create accessibility barriers that can impede the achievement of HIV/AIDS prevention targets.

Opportunities to enhance the HIV/AIDS prevention program are evident in the periodic evaluation plan, the search for adaptive solutions, and the central role of KTH Mandalika in HIV/AIDS diagnosis enforcement in Central Lombok. Periodic

evaluations provide opportunities for assessing effectiveness and continuous improvement, while the central role in diagnosis enforcement offers opportunities to enhance efficiency and case monitoring.Dwiyanti, S. S., Dian, J., Sari, E., & Prayoga, D. (2022).

Threats to this program include difficulties in formulating concrete steps due to the lack of a stable organizational structure and structural complexities in internal coordination. Dependence on diagnosis enforcement at KTH Mandalika also poses a risk in case of system failure or case overload. The limitation of Field Officers (PL) may hinder outreach and education in the community, threatening the effectiveness of the prevention program.(Bitew & Derebe, 2022; Dwiyanti et al., 2022).(Andi et al., 2023; King et al., 2020; UNICEF, 2019)

2. **Analysis of the organization and coordination carried out by KTH Mandalika in the effort to prevent HIV/AIDS.**

KTH Mandalika demonstrates significant strengths in its high commitment to HIV/AIDS prevention programs, creating a strong foundation for structural changes. Deep commitment from relevant stakeholders is a critical asset that can overcome challenges in forming organizational structures. The successful implementation of the PITC program and the positive impact of the counseling program at RSUD Praya provide tangible evidence that the prevention program has been effectively executed, laying the groundwork for the next steps. (Andi, T., Fattah, S., & Kamariah, N. (2023).).

Nevertheless, the main weakness faced by KTH Mandalika is the frequent personnel mutations and the absence of an organizational structure that can lead to instability. This can jeopardize the consistency of the HIV/AIDS prevention program.

Therefore, careful planning steps are needed to address these weaknesses and ensure the sustainability of the program.

As for opportunities that can be leveraged, a thorough evaluation of human resources needs provides the opportunity to develop an organizational structure that is appropriate and adequate. Additionally, collaboration with external parties such as educational institutions or public health organizations can provide the additional support needed in structural changes.

The greatest threat faced is the impact on HIV/AIDS prevention services due to resistance to change from staff accustomed to old habits; therefore, risk mitigation should be the primary focus in implementation planning..(Azalia Anggel C, 2021; Kusmayadi et al., 2022; Liwun et al., 2023)

3. **Analysis of counseling service management and diagnostic enforcement.**

KTH Mandalika has identified several strengths that characterize the success of the counseling service management process for individuals affected by HIV/AIDS. Firstly, a holistic approach in designing a treatment plan stands out as a major strength, encompassing the integration of medical, mental health, and social support aspects. This aligns with the principles of comprehensive care and can enhance the effectiveness of treatment as well as patient well-being. Secondly, the implementation of group counseling sessions creates a positive social environment, reducing stigma, and enhancing psychosocial well-being through social support.

However, KTH Mandalika is also confronted with several weaknesses, particularly related to resource limitations. These constraints may restrict the institution's ability to provide additional support, especially on a large scale, potentially hindering the realization of its full potential in delivering services.

The identified opportunities include enhancing family involvement through a more structured family counseling program, as well as emphasizing long-term monitoring to improve the quality of life and patient care adaptation. Efficient resource management is considered a strategy that can support service sustainability, and the strengthening of education programs and community awareness is expected to reduce stigma.

The greatest threats faced by KTH Mandalika are stigma and discrimination against individuals with HIV/AIDS, which can impact the effectiveness of counseling and patient engagement. An increase in HIV/AIDS cases can exert additional pressure on the workload, demanding increased resources to maintain service quality.(Prawesti, 2018).

4. Analysis of staff training and development programs.

Firstly, the success of KTH Mandalika in providing Comprehensive HIV/AIDS Education is a major strength. Staff with a profound understanding of the basic aspects of HIV/AIDS can deliver more effective services in prevention and management efforts. Sharpened counseling skills through training also represent an advantage, as staff can provide more effective support to individuals affected by HIV/AIDS.

One significant weakness is the limitation of resources for training. This constraint may impede KTH Mandalika's ability to conduct comprehensive training, allowing for uneven development of staff skills. Efforts are needed to overcome these constraints so that all staff can benefit from training.

With ongoing advancements, there are opportunities for developing communication skills and enhancing the interpersonal skills of the staff. Through additional training, staff can continually strengthen their abilities to communicate with patients and the community. Furthermore, an

emphasis on Community Transmission Prevention opens opportunities to enhance the effectiveness of prevention efforts on a broader scale, expanding the positive impact on the community.

The main threat is client complaints or dissatisfaction with KTH Mandalika's services due to the slow understanding of staff regarding changes in Prevention and Treatment Protocols, which occurred during staff training. The necessity to adapt to changes in health protocols requires high flexibility and responsiveness. Another threat is Persistent Stigma towards HIV/AIDS, which can affect the effectiveness of training and hinder the implementation of sensitive and supportive practices in the community.(Kurniyawati, 2017; Nawangwulan, 2018).

5. Analysis of the effective use of information technology for recording patient data, tracking HIV tests, and managing treatment histories.

By integrating information technology into the management of HIV/AIDS patient data, KTH Mandalika demonstrates several advantages that can be optimized. The use of internal applications, particularly SIHA 2.1, provides an edge in recording and managing patient data with a focus on organizational needs. Integration with the Khanza Electronic Medical Record indicates efforts to achieve more holistic care coordination. Collaborations with external agencies, such as Office for National Statistics (BPS), illustrate active engagement in contributing data at the national level for epidemiological analysis.(Fajriana. Usman dan Herlina, 2023).

However, weaknesses arise from dependence on technological resources, which can make KTH Mandalika vulnerable to technical issues or system failures. Data security also poses a serious threat that can undermine public trust and the desired positive

impact. Limitations in accessing external data from BPS pose risks related to delays or constraints in obtaining information.

To maximize the potential of information technology integration, KTH Mandalika may consider enhancing the functionality of internal applications, such as SIHA 2.1, and exploring further technology integration, such as artificial intelligence. Strengthening data security should be a top priority, including the implementation of encryption and access monitoring. Technological capacity development and staff skills, through regular training, are crucial steps to improve efficiency and data availability.

Therefore, with the implementation of these recommendations, KTH Mandalika can strengthen its position in the management of HIV/AIDS patient data, ensuring the integrity, security, and better effectiveness of services for the population affected by HIV/AIDS. (Kementrian Kesehatan Republik Indonesia, 2013) (Liwun et al., 2023).

6. **Analyzing the availability of Disposable Goods (Bahan Habis Pakai or BHP) and Antiretroviral Drugs (ARV).**

The use of the SIHA 2.1 application at KTH Mandalika in managing the inventory of drugs and Disposable Goods (Bahan Habis Pakai or BHP) offers several significant advantages. Integration with the Ministry of Health (KEMENKES) provides a real-time monitoring advantage, enabling KTH Mandalika to respond promptly to changing needs and coordinate better with the Central Government. Efficient inventory management through SIHA 2.1 allows for stock optimization, preventing undesirable shortages or excess. Improved distribution coordination, especially with the District Pharmaceutical Warehouse as a distribution center, promises greater efficiency in distributing drugs and Disposable Goods (BHP) to local healthcare services.

Despite having significant advantages, KTH Mandalika also needs to consider some weaknesses. Dependence on technology, especially on the SIHA 2.1 application, can increase the risk of technical issues or system failures, given the importance of this application in effective inventory management.

Opportunities to enhance the functionality of SIHA 2.1 create the potential for increased effectiveness. Exploring additional technological integrations, such as the use of Radio-Frequency Identification (RFID) for inventory tracking, can open up opportunities for greater innovation. (Fajriana. Usman dan Herlina, 2023).

However, there are also threats that need to be addressed. Data security and patient privacy are top priorities against external disruptions (hackers), given the sensitivity of information embedded in the reports on drug and Disposable Goods (Bahan Habis Pakai or BHP) needs. Dependence on integration with the Ministry of Health (KEMENKES) carries the risk of limited external data accessibility, especially in the event of technical or administrative issues.(Andi et al., 2023; UNAIDS, 2022)

CONCLUSION

KTH Mandalika has shown a strong commitment to HIV/AIDS prevention, implementing programs like PITC and counseling at RSUD Praya. Challenges include staff turnover, organizational dynamics, and resource limitations. In counseling, strengths lie in holistic approaches and social support, but resource constraints and resistance to change are weaknesses and threats. The staff training program excels in HIV/AIDS education and counseling skills but faces challenges from limited resources, protocol changes, and resistance. The SIHA 2.1 application is

advantageous for drug and Disposable Goods inventory management but faces threats from data security issues. To strengthen prevention, KTH Mandalika should focus on organizational stability, family engagement, and external collaborations. In counseling, priorities include expanding family programs, emphasizing long-term monitoring, and addressing stigma. Staff training can be optimized with an efficient and flexible model, addressing resource constraints. Strengthening data security, enhancing staff technological capacity, and exploring new technology integrations are crucial. Implementation of these recommendations is expected to improve HIV/AIDS prevention, overcome challenges, and provide optimal support locally.

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