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The Implementation of the (Human Immunodeficiency Virus) / (Acquired Immune Deficiency Syndrome) Prevention Policy at the Kedungwaringin Community Health Center, Kedungwaringin District, Bekasi Regency

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ABSTRACT

This study aims to analyze the implementation of the HIV/AIDS prevention policy at the Kedungwaringin Community Health Center (Puskesmas), Bekasi Regency, based on the Van Meter and Van Horn policy implementation model, which includes six variables: policy standards and objectives, resources, inter-organizational communication, implementing characteristics, socio-economic-political conditions, and implementers' disposition. The research employed a descriptive qualitative method, with data collected through in-depth interviews with program managers, health workers, and PLWHA (People Living with HIV/AIDS). The results show that the implementation of the policy has a clear legal basis and standard operating procedures (SOPs), but they are not yet fully understood by all implementers, particularly cadres who have not received further training. Limited human resources, operational funds, and training are the main obstacles to program effectiveness. Vertical communication with the Health Office functions well through the SIHA 2.1 application, but horizontal communication with village authorities, NGOs, and the community remains suboptimal. In addition, social stigma against PLWHA and economic barriers among the community hinder sustainable access to health services. Program implementers' motivation tends to decline due to high workloads, lack of incentives, and insufficient supervision. In conclusion, the implementation of the HIV/AIDS prevention policy at the Kedungwaringin Community Health Center has been carried out but is not yet optimal. Strengthening human resource capacity, regional budget support, cross-sectoral coordination, and educational and inclusive approaches are needed to reduce stigma and expand service coverage. Support from all stakeholders is essential for the policy to be implemented effectively and sustainably.

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INTRODUCTION

Indonesia, as the fourth most populous country in the world with a decentralized government system across 54 regencies/cities and 34 provinces, faces unique challenges in controlling

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HIV/AIDS. The success of the government and society in curbing HIV and AIDS throughout the Republic of Indonesia will contribute significantly to global efforts, particularly in achieving the 95-95-95 target by 2030. In principle, this target reflects a global commitment to identifying 95% of HIV cases in the population, ensuring 95% of those diagnosed receive treatment, and achieving viral load suppression in 95% of people living with HIV (PLHIV).

In efforts to combat HIV/AIDS, the Ministry of Health's policies and strategies refer to achieving the "Three Zeros" target, namely: Zero new HIV cases—reducing new infections to zero; Zero HIV-related deaths—eliminating deaths due to HIV/AIDS; and Zero stigma—ensuring that no stigma or discrimination exists against PLWHA (People Living with HIV/AIDS).

Currently, no country in the world is free from HIV/AIDS. This epidemic has caused a multidimensional crisis, including health, national development, economic, educational, and humanitarian challenges. Discussing HIV/AIDS remains sensitive due to the disease's unique nature. Besides being like an iceberg phenomenon—where many cases remain undetected in the early stages and no cure yet exists—people living with HIV/AIDS and their families also experience significant stigma and discrimination. High social stigma leads to discriminatory practices in employment, healthcare, education, and other areas.

Globally, HIV prevalence remains significant. According to data from the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), around 38 million people worldwide were living with HIV in 2020, with over 1.5 million new infections each year. Current HIV prevention efforts—including awareness campaigns, condom distribution, antiretroviral (ARV) therapy, and improved health monitoring—are expected to reduce HIV prevalence. However, despite government policies and programs, challenges such as social stigma, lack of public awareness, and limited healthcare access in remote areas still hinder effective HIV prevention and control.

National data from 2017 reported 57,580 people living with HIV/AIDS, comprising 48,300 HIV cases and 9,280 AIDS cases. The highest proportion occurred among individuals aged 24–49 years (Directorate General of Disease Prevention and Control, Ministry of Health, 2018)—a productive age group whose declining health directly affects productivity. According to the HIV/AIDS Information System (SIHA 2.1), in Bekasi Regency during 2024, 916 individuals were diagnosed HIV-positive out of 45,363 people tested, covering both key populations and the general population. The number of HIV cases increased to 604 active patients—those currently undergoing ARV treatment—making Bekasi Regency the third-highest HIV case area in West Java. To provide legal certainty and protection for all HIV/AIDS prevention efforts, the Bekasi Regency Government established Regional Regulation No. 06 of 2022 concerning HIV Prevention and Control.

The high number of HIV cases at the Kedungwaringin Community Health Center, Kedungwaringin District, Bekasi Regency, remains concerning. In 2023, of 1,378 individuals tested for HIV, 22 new HIV-positive cases (PLWHA) were identified. In 2024, testing increased to 1,899 individuals, revealing 30 new HIV-positive cases, of which 25 received ARV treatment and 5 declined therapy.

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Based on the Minister of Health Regulation No. 23 of 2022 concerning HIV/AIDS Control, HIV/AIDS prevention includes promotive, preventive, diagnostic, curative, and rehabilitative efforts aimed at reducing morbidity and mortality rates, limiting transmission, preventing wider spread, and minimizing the negative impacts of the disease.

The HIV/AIDS prevention program at the Kedungwaringin Community Health Center refers to Bekasi Regent Regulation No. 06 of 2022 on the Prevention and Control of Human Immunodeficiency Virus–Acquired Immune Deficiency Syndrome. The purpose of this regulation is to improve public health by ensuring access to standardized and high-quality HIV testing and treatment services.

A preliminary study conducted by the researcher on the HIV/AIDS prevention program manager at the Kedungwaringin Community Health Center revealed several obstacles in implementing Minister of Health Regulation No. 23 of 2022 on HIV/AIDS Prevention. These include difficulties managing patients who discontinue ARV therapy (lost to follow-up), insufficient treatment support, and many patients refusing HIV testing. Other challenges include ineffective communication and information dissemination—such as health education, counseling, and outreach—resulting in patients' limited understanding of HIV/AIDS and ARV medication. Many patients remain indifferent even after being diagnosed, necessitating continuous education about the disease's risks and impacts.

Additionally, many high-risk key populations—female sex workers (FSW), men who have sex with men (MSM), and transgender individuals (TG)—often refuse HIV testing or feel ashamed to seek treatment. Another challenge is the difficulty of gathering these populations in localized areas for counseling and HIV screening (Voluntary Counseling and Testing/VCT).

The objective of this study is to explain the implementation of the (Human Immunodeficiency Virus)/(Acquired Immune Deficiency Syndrome) prevention policy at the Kedungwaringin Community Health Center, Kedungwaringin District, Bekasi Regency.

METHOD

This study employs a qualitative research approach using a descriptive method to understand the implementation of the HIV/AIDS prevention policy at the Kedungwaringin Community Health Center, Bekasi Regency. Informants were selected through purposive sampling, involving individuals considered knowledgeable and directly engaged in the collaborative HIV/AIDS prevention program. The selection was based on their direct involvement, as well as their sufficient knowledge and understanding of the program's implementation.

In this study, data collection techniques followed established research standards (Sugiyono, 2013:224), which include interviews, observation, documentation, and literature study. According to Miles and Huberman in Sugiyono (2013:246), activities in qualitative data analysis are conducted interactively and continuously until the data become saturated. Therefore, the data analysis technique in this study consists of three stages: data reduction, data display, and conclusion drawing/verification.

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RESEARCH RESULTS AND DISCUSSION

Research Findings Based on the Van Meter and Van Horn Model

This study applies the Van Meter and Van Horn model to analyze the implementation of the HIV/AIDS prevention policy, which consists of six main variables: policy standards and objectives, resources, inter-organizational communication, characteristics of implementing agencies, socio-economic and political conditions, and implementers' disposition.

1. Policy Standards and Objectives

The standards and objectives of the HIV/AIDS prevention policy have been established by the government through ministerial and regional regulations. The main objectives of this policy at the Kedungwaringin Community Health Center are to increase public awareness of HIV/AIDS, provide early detection services through Voluntary Counseling and Testing (VCT), and offer support and assistance for people living with HIV/AIDS (PLWHA).

Based on interviews with the Head of the Community Health Center and HIV/AIDS program officers, it was found that the Kedungwaringin Community Health Center already possesses standard operating procedure (SOP) documents that serve as guidelines for program implementation. The goals and success indicators have also been explicitly defined. However, not all implementers, especially community health cadres who have not received advanced training, fully understand these SOPs.

This has led to inconsistencies in program implementation in the field. For instance, there are variations in data recording methods, health education activities, and patient follow-up procedures. The lack of clear interpretation and uniform understanding of policy standards may reduce the overall effectiveness of the program's implementation.

2. Resources

The implementation of the HIV/AIDS policy at the Kedungwaringin Community Health Center continues to face challenges due to limited resources. Based on observations and interviews, it was found that the number of health workers specifically assigned to handle HIV/AIDS cases is very limited. The HIV/AIDS officers often hold multiple responsibilities across different programs, which prevents them from focusing entirely on HIV/AIDS activities and reduces their overall work effectiveness.

Supporting facilities, particularly trained personnel in HIV counseling, VCT testing, and ARV therapy, remain limited. In terms of infrastructure, there are no major issues regarding the availability and distribution of HIV testing tools (rapid test kits). However, the operational funding for the HIV/AIDS program is still insufficient, and financial support from the Bekasi Regency Regional Budget (APBD) has not yet been optimized.

3. Inter-Organizational Communication

Based on interviews with several key informants, it was found that communication among organizations implementing the HIV/AIDS program at the Kedungwaringin Community Health Center has been established but remains suboptimal. Informants stated that communication with the Bekasi District Health Office is carried out regularly through monthly reports and evaluation meetings, and data reporting via the SIHA 2.1 application system functions quite well. However, horizontal communication with village governments

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and community leaders is still lacking. Outreach and socialization activities related to HIV/AIDS have not been actively conducted, particularly in campaigns or patient tracing efforts. Collaboration with external parties such as NGOs and local youth organizations is still sporadic and not well structured.

The lack of intensive communication has resulted in the public not receiving accurate and educational information about HIV/AIDS. This situation exacerbates social stigma toward PLWHA and causes people to be reluctant to undergo testing or seek medical assistance, leading to HIV cases not being managed comprehensively.

4. Characteristics of Implementing Agencies

Interviews with one of the health promotion officers at the Kedungwaringin Community Health Center revealed that the implementation of the HIV/AIDS program still faces challenges related to the characteristics of the implementers. The officer explained that the readiness of implementers remains limited because not all have received adequate training. The HIV/AIDS program has not yet become a top priority, and there are still underlying stigmas among staff. While team coordination generally runs well, limited human resources lead to inconsistencies in service delivery.

These findings indicate that the characteristics of implementers remain a key challenge in policy implementation, particularly in terms of technical ability, commitment, and attitudes toward the HIV/AIDS program. Interventions such as regular training, strengthening the understanding of non-discriminatory values, and integrating the HIV/AIDS program into the overall priorities of the community health center are needed to improve implementation effectiveness.

5. Social, Economic, and Political Conditions

Based on interviews with the Head of the Kedungwaringin Community Health Center, it was found that the social, economic, and political environment has a significant influence on the implementation of the HIV/AIDS prevention policy in the area.

Social factors greatly affect the success of HIV/AIDS policy implementation. Communities in several villages still have misconceptions about HIV/AIDS. Social stigma persists, with many people holding negative perceptions toward PLWHA and high-risk groups. The informant explained that social factors, such as stigma and cultural values, remain obstacles in carrying out the HIV/AIDS program. Economic factors also hinder access, as limited financial resources prevent some community members from regularly accessing health services, while political support at the implementation level is still considered limited.

Economic barriers are also a major challenge. Some PLWHA patients cannot afford transportation to the health center for regular visits, medical checkups, or ARV refills. Although local government support exists in the form of regulations, the actual provision of social or transportation assistance for patients remains minimal. However, some NGOs have helped by facilitating ARV delivery directly to patients' homes.

The social, economic, and political environment in Kedungwaringin plays a crucial role in either supporting or hindering the implementation of HIV/AIDS policies. Without a contextual approach and concrete support from multiple sectors, even well-formulated

national and regional policies will not yield optimal impact at the primary healthcare level.

6. Implementer Disposition

The disposition of implementers includes their attitudes, motivation, and commitment toward policy implementation. Based on observations and interviews, most health workers demonstrated enthusiasm in carrying out the HIV/AIDS program. They possess a fairly good understanding of the importance of consistent treatment and community education.

However, a lack of training, high workloads, and limited incentives have caused some implementers to be less effective in performing their duties. Motivation tends to decline over time, particularly when there is no recognition or supervision from superiors.

The disposition of implementers at the Kedungwaringin Community Health Center toward the HIV/AIDS policy still needs strengthening. Their commitment has not yet fully aligned with the spirit of the policy. Therefore, strategies to enhance human resource capacity, provide mental development, and implement motivational approaches are needed to foster more positive, consistent, and inclusive attitudes in delivering services for people living with HIV/AIDS (PLWHA).

Strategy to Improve the Effectiveness of HIV/AIDS Response Policy Implementation at the Kedungwaringin Community Health Center

In an effort to enhance the effectiveness of HIV/AIDS prevention policy implementation at the Kedungwaringin Community Health Center, a comprehensive and well-directed strategy is required—one that not only focuses on the technical aspects of service delivery but also addresses institutional, social, and cultural dimensions. This strategy can be developed based on the theoretical framework of Van Meter and Van Horn, which emphasizes six key variables of policy implementation: policy standards and objectives, resources, characteristics of implementers, inter-organizational communication, implementers' disposition, and environmental conditions.

First, in terms of policy standards and objectives, alignment between national policies and local-level implementation must be strengthened. This can be achieved through intensive socialization of the HIV/AIDS Standard Operating Procedures (SOPs) to health workers, along with translating national targets into measurable and realistic work programs at the community health center level. Clarity of objectives and consistency in implementation are essential so that every implementer understands their role and the targets to be achieved.

Second, regarding resources, the Kedungwaringin Community Health Center needs to be strengthened with competent and well-trained medical personnel in HIV/AIDS services, including counseling, HIV testing (VCT and PITC), and ARV therapy. The procurement of testing equipment, medicines, and supporting facilities should also be prioritized. Additionally, the utilization of digital systems such as e-Puskesmas or online HIV reporting applications can enhance the efficiency of service delivery and data reporting.

Third, concerning the characteristics of implementing agents, it is important to establish a specialized HIV/AIDS handling team with a clear structure integrated within the

organization of the health center. Capacity building through regular training, technical assistance, and ongoing supervision will promote professionalism and accountability among implementers in carrying out the program.

Fourth, in terms of inter-organizational communication, the effectiveness of policy implementation largely depends on the coordination between the community health center and external stakeholders such as the District Health Office, referral hospitals, NGOs, and the Regional AIDS Commission (KPAD). Smooth communication—both formal through coordination meetings and informal through digital media—will accelerate responses to new cases and strengthen referral and reporting networks.

Fifth, the strategy must take into account the social, economic, and political environment surrounding the Kedungwaringin Community Health Center. The high level of social stigma toward PLWHA remains a major barrier to policy implementation. Therefore, continuous community education and outreach are needed to improve understanding and acceptance of the HIV/AIDS program. Support from community leaders, religious figures, and local government officials also plays a crucial role in creating a conducive environment for program success.

Lastly, the disposition or attitude of implementers is a key determinant of success. It is necessary to foster positive attitudes among health workers toward PLWHA through training on service ethics, understanding of non-discrimination principles, and motivation enhancement using humanistic approaches and performance-based incentives. Health workers who demonstrate strong commitment and empathy are more likely to provide consistent, friendly, and high-quality services.

Overall, the strategy to improve the effectiveness of HIV/AIDS prevention policy implementation at the Kedungwaringin Community Health Center must be collaborative, sustainable, and adaptive to local challenges. Synergy between internal capacity strengthening, digitalization of services, and community-based approaches is the key to achieving inclusive, effective, and sustainable healthcare delivery.

Discussion

The HIV/AIDS prevention program in Indonesia is one of the national health policy priorities aimed at achieving the “Three Zeros” target: zero new infections, zero AIDS-related deaths, and zero discrimination. In the local context, this policy is implemented through various services and programs at the community health center (Puskesmas) level as a primary healthcare facility. One of the implementing units at the sub-district level is the Kedungwaringin Community Health Center, which serves as the focus of this study.

Based on the research findings, it can be concluded that the implementation of the HIV/AIDS prevention policy at the Kedungwaringin Community Health Center has not yet been fully optimized. Although the policy framework and supporting instruments are already in place, numerous challenges persist in its implementation.

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Research Results Based on the Van Meter and Van Horn Model

1. Policy Standards and Objectives
   Formally, the HIV/AIDS prevention policy already has a clear legal foundation and operational guidelines, including standard operating procedures (SOPs) and success indicators. However, inconsistencies remain in implementation due to uneven understanding of the SOPs, particularly among community health cadres or field implementers who have not received advanced training. This has led to varied interpretations and differences in data recording and public education practices.
2. Resources
   Resource limitations are a structural issue that hampers program effectiveness. The number of officers handling HIV/AIDS cases is very limited, and many must also manage other programs, resulting in divided attention and reduced focus. While rapid test kits are available without logistical problems, funding from both national and local sources remains insufficient to fully support operational needs. Contributions from the Bekasi Regency budget (APBD) are still considered minimal.
3. Inter-Organizational Communication
   Vertical communication between the Community Health Center and the District Health Office has been established through regular reporting and the use of the SIHA 2.1 application. However, horizontal communication with village governments, community leaders, and NGOs remains suboptimal. This has led to low public understanding of HIV/AIDS and reinforced stigma toward people living with HIV/AIDS (PLWHA). The lack of strategic communication among stakeholders also weakens education and case-tracing efforts.
4. Characteristics of Implementing Agents
   Implementation at the Community Health Center level faces challenges in both technical knowledge and motivation. Not all staff members have received training, and HIV/AIDS is still not regarded as a priority program. Moreover, subtle discriminatory attitudes persist among some implementers, indicating that inclusive values have not been fully internalized. Although team coordination functions fairly well, limited human resources result in inconsistent service delivery.
5. Social, Economic, and Political Conditions
   Social and cultural factors—such as persistent stigma toward PLWHA—remain major barriers to program implementation. Low health literacy discourages people from undergoing HIV testing or disclosing their status. Economic challenges further exacerbate the situation, as many PLWHA struggle to access services due to a lack of regular transportation funds. On the political side, local government support is not yet optimal, both in terms of operational regulations and logistical or financial assistance.
6. Implementers' Disposition
   Although many health workers initially demonstrate enthusiasm for the program, limited training, heavy workloads, and inadequate incentives have led to declining motivation over time. The lack of recognition or supervision from superiors has caused

some implementers to perform below expectations. This indicates that both intrinsic and extrinsic motivation need to be strengthened through more targeted capacity building and empowerment initiatives.

The Van Meter and Van Horn model proves to be highly relevant in analyzing the complexity of HIV/AIDS policy implementation. The six variables are interrelated and mutually influential. Therefore, improvements must be carried out comprehensively rather than focusing on a single aspect.

Strategies to improve the effectiveness of HIV/AIDS prevention policy implementation at the Kedungwaringin Health Center, Kedungwaringin District, Bekasi Regency

Efforts to combat HIV/AIDS do not depend solely on the existence of well-formulated policies but also on how effectively those policies are implemented at the grassroots level. In the context of the Kedungwaringin Community Health Center, the effectiveness of policy implementation is strongly influenced by various structural and cultural factors. Therefore, the theoretical approach proposed by Van Meter and Van Horn serves as an important reference, as it provides a systematic analytical framework for understanding the variables that influence the success of policy implementation.

1. **Standards and Policy Objectives**

According to Van Meter and Van Horn (1975), the clarity and consistency of policy standards and objectives are the initial variables that must be considered in the implementation process. In practice, there is often a gap between national-level policy goals and their implementation at the local level. Therefore, alignment between national policies and local operationalization is crucial. At the Kedungwaringin Community Health Center, this can be achieved through the following measures:

a. Conducting intensive and regular socialization of HIV/AIDS Standard Operating Procedures (SOPs) for all health workers.
b. Translating national targets into realistic and measurable work indicators at the community health center level.
c. Developing technical guidelines that are easy to understand and applicable in the field.

Through these strategies, each policy implementer can fully understand their respective roles, ensuring that program implementation becomes more focused and well-directed.

2. **Resources**

In the policy implementation theory proposed by Van Meter and Van Horn (1975), resources are identified as one of the six key variables influencing the success of public policy implementation. These resources include human, financial, equipment, and informational resources necessary for effective policy execution. Without adequate resource support, policy implementers—no matter how committed—will face difficulties in achieving program objectives.

At the Kedungwaringin Community Health Center, the availability and optimal utilization of resources are crucial elements in enhancing the effectiveness of HIV/AIDS prevention efforts. Several measurable resource-strengthening strategies need to be

implemented, including:

1. Increase in the Capacity and Number of Health Workers.
   Health workers are the frontline in HIV/AIDS services, covering promotive, preventive, curative, and rehabilitative activities. Therefore, it is essential to ensure that the number of medical personnel, nurses, and HIV/AIDS counselors is sufficient and that they possess the appropriate competencies. Technical training such as VCT (Voluntary Counseling and Testing), PITC (Provider-Initiated Testing and Counseling), and ARV treatment management should be conducted regularly to enhance professionalism and understanding in handling people living with HIV/AIDS (PLWHA) (Ministry of Health of the Republic of Indonesia, 2022).
2. Provision of supporting facilities and infrastructure.
   The effectiveness of the HIV/AIDS prevention program is greatly influenced by the availability of early detection tools (rapid test kits), a sufficient stock of antiretroviral (ARV) drugs, and safe and comfortable counseling facilities. Limitations in logistics can cause delays in treatment and reduce public trust in community health center services. Therefore, health logistics management based on actual needs and continuous distribution monitoring is crucial.
3. Digitization of services and reporting
   The integration of information technology into the healthcare system has been proven to enhance operational efficiency and the accuracy of data reporting. The implementation of digital systems such as e-Puskesmas, SIMPUS, or the web-based HIV/AIDS reporting application SIHA 2.1 facilitates case tracking, monitors patient adherence to ARV therapy, and accelerates data-driven decision-making (WHO, 2021). Moreover, digitalization also creates opportunities for data collaboration between community health centers, the District Health Office, and other relevant institutions.

Optimizing these three aspects of resources will contribute to improved effectiveness, efficiency, and accountability in the implementation of HIV/AIDS prevention policies. Furthermore, strengthening resources will enhance public access to health services that are high-quality, equitable, and responsive to the needs of vulnerable groups.

3. Characteristics of policy implementers

From the perspective of public policy implementation, the characteristics of implementers play a highly strategic role. According to Van Meter and Van Horn, implementer characteristics refer to the attributes inherent in individuals or institutions responsible for carrying out policies, such as attitudes, educational background, technical competence, experience, and the level of commitment to policy objectives. The alignment between the implementers' capacity and the complexity of the policy largely determines the success or failure of a program's implementation.

In the context of the Kedungwaringin Community Health Center, the characteristics of the implementers of the HIV/AIDS prevention policy are one of the key factors influencing the program's effectiveness. Therefore, it is necessary to strengthen the implementer component

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to ensure readiness and alignment with the needs and challenges in the field.

1. Establishment of a Special HIV/AIDS Response Team
   The first strategy is to establish a dedicated implementation team specifically tasked with managing the HIV/AIDS program in a focused manner. This team should have a clear organizational structure consisting of a coordinator, counseling and testing officers, pharmacy personnel, and referral officers. Such a structure enables proportional task distribution and strengthens individual accountability in fulfilling each role. Research by Wulandari & Supriyanto (2019) shows that the presence of an organized work team in HIV services at community health centers improves work efficiency and the quality of services for people living with HIV/AIDS (PLWHA).
2. Capacity Building Through Technical and Non-Technical Training
   Continuous training is essential to ensure that implementers can keep up with advancements in knowledge and the latest policies related to HIV/AIDS. Technical training may include:
   a. HIV counseling (VCT and PITC)
   b. ARV treatment management
   c. Management of comorbidities

   Meanwhile, non-technical training should focus on:
   a. Service ethics toward PLWHA
   b. Interpersonal communication and empathy
   c. Managing stigma in the workplace

   A study by the Indonesian Ministry of Health (2022) emphasized that healthcare workers who receive intensive training demonstrate improvements in knowledge, attitudes, and skills in HIV/AIDS service delivery.
3. Regular Supervision and Evaluation
   Implementing a regular supervision and monitoring system is a vital strategy to maintain service quality and accountability among implementers. Performance evaluations based on HIV/AIDS service indicators—such as the number of tests conducted, active ARV patients, and patient retention rates—can serve as benchmarks for success.

In addition, a feedback mechanism or *feedback loop* should be established to allow implementers to reflect on challenges faced and propose participatory program improvements. Such implementer characteristics will strengthen the success of the HIV/AIDS program, not only in administrative aspects but also in ensuring services that are equitable, inclusive, and dignified.

4. Inter-organizational communication

Within the framework of policy implementation proposed by Van Meter and Van Horn (1975), communication is a key variable that serves as a bridge among policy actors at various levels. Effective communication enables the clear, consistent, and timely flow of information between policymakers, technical implementers, and supporting actors. Conversely, weak communication can lead to misunderstandings, overlapping policies, delays in

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implementation, and even policy failure.

At the local level, such as the Kedungwaringin Community Health Center, the HIV/AIDS prevention program cannot be carried out in a sectoral or isolated manner. Multisectoral collaboration involving the District Health Office, referral hospitals, non-governmental organizations (NGOs), and the Regional AIDS Commission (KPAD) is essential. The success of program implementation largely depends on the effectiveness of inter-agency communication—both in planning, execution, and program evaluation.

Effective Inter-Organizational Communication Strategies:

1. Formal and Informal Coordination
   Coordination should not be limited to official forums such as cross-sectoral meetings or technical HIV/AIDS task force gatherings but should also include informal, flexible, and responsive approaches. Informal communication—such as direct discussions between officers from different institutions—can accelerate responses to new cases or address technical obstacles in the field (Wahyuni & Prasetyo, 2020).
2. Utilization of Digital Media
   The use of digital communication technology greatly enhances the effectiveness of inter-agency coordination. WhatsApp groups among HIV service facilities, coordination emails, and online reporting dashboards such as SIHA (HIV/AIDS Information System) enable fast and well-documented information exchange. This is particularly important in the patient tracking and tracing process, helping prevent *lost to follow-up* cases in ARV therapy.
3. Regular Coordination and Evaluation Meetings
   Routine evaluation meetings are essential for aligning perspectives, updating data, and formulating solutions to operational challenges. These forums also serve as spaces for reflection and collective learning among institutions to continuously improve the quality of integrated HIV/AIDS services.

Research by Notoatmodjo (2020) indicates that intensive and high-quality cross-sectoral communication has a positive correlation with the speed and accuracy of HIV/AIDS patient referrals. This finding reinforces the importance of building a strategic and sustainable communication system within the context of community health services.

Inter-organizational communication is not merely an administrative element but a fundamental foundation for role synchronization and service integration in the HIV/AIDS prevention program. The success of the Kedungwaringin Community Health Center in addressing HIV/AIDS largely depends on how effectively communication and coordination are carried out among all stakeholders.

5. Social, economic, cultural, and political conditions.

Within the framework of policy implementation proposed by Van Meter and Van Horn (1975), the external environment is a crucial variable that can either strengthen or hinder the success of policy implementation. This environment encompasses the social, economic, cultural, and political conditions that shape the context in which a policy is applied. Policies are not implemented in a vacuum; rather, they interact closely with local values, social

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structures, community perceptions, and power dynamics at the grassroots level.

In the context of HIV/AIDS prevention at the Kedungwaringin Community Health Center, the main challenge lies in the persistent stigma and discrimination against people living with HIV/AIDS (PLWHA). This stigma affects the entire service cycle—from low participation in HIV testing, delayed initiation of ARV therapy, to the social isolation of PLWHA. The problem is exacerbated by cultural norms that associate HIV with morally deviant behavior, as well as by a lack of understanding about HIV transmission mechanisms and treatment options.

Responsive Strategies to Social and Cultural Contexts:

1. Community-Based Educational Campaigns
   These campaigns should be tailored to the local language, norms, and values to enhance their effectiveness. The main focus should be to emphasize that HIV is a chronic medical condition that can be managed through therapy, not a moral curse or a disease resulting from sin. This approach has been proven to increase the willingness of communities to undergo voluntary screening and treatment (UNAIDS, 2021).
2. Involvement of Community and Religious Leaders
   Community leaders hold a strategic position as opinion leaders who can shape public perceptions. Their involvement in outreach and awareness activities strengthens the legitimacy of the messages delivered and broadens the reach of interventions. Research indicates that interventions involving religious leaders have successfully reduced stigma at the community level and increased acceptance of people living with HIV/AIDS (PLWHA) (UNDP, 2020).
3. Economic Empowerment Programs for PLWHA
   HIV/AIDS affects not only health but also the social and economic conditions of those infected. PLWHA often face job loss, income reduction, and exclusion from economic activities. Therefore, economic empowerment programs are needed, such as job skills training, access to small business capital, or participation in productive social activities. This approach supports the self-reliance of PLWHA while reducing dependency and enhancing self-confidence.

The success of HIV/AIDS prevention policies is also influenced by local political commitment—at the village, sub-district, and regency levels. Budgetary support, local regulations, and the integration of programs into regional development priorities are crucial for sustaining interventions. Collaboration among community health centers, village governments, and local legislative councils (DPRD) is essential to ensure cross-sectoral and multi-source support.

Developing strategies that are responsive to local social, cultural, economic, and political contexts is a fundamental step in implementing HIV/AIDS prevention policies. This approach goes beyond the medical dimension, strengthening social inclusion, community empowerment, and cross-sectoral collaboration—all of which contribute to the long-term success and sustainability of the program.

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6. Disposition or attitude of the implementer

Within the theoretical framework of policy implementation by Van Meter and Van Horn (1975), the disposition of implementers refers to the attitudes, commitment, motivation, and level of acceptance that implementers have toward the policy being executed. This disposition not only influences how the policy is carried out but also determines the quality of its outcomes. In issues such as HIV/AIDS, which are heavily burdened with stigma and discrimination, the attitude of implementers becomes a key factor in ensuring inclusive and humane service delivery.

Implementers who demonstrate empathy, understanding, and strong dedication—especially when dealing with vulnerable patients such as people living with HIV/AIDS (PLWHA)—are better equipped to provide nondiscriminatory, patient-friendly, and holistic services that address medical, psychological, and social dimensions.

Strategies for Strengthening Implementers' Disposition:

1. Training on Service Ethics and Non-Discrimination Principles
   Healthcare workers need training that emphasizes patients' rights to equal services regardless of their HIV status. This training should include understanding service ethics, maintaining confidentiality, and developing empathetic communication with patients. A study by Susanti et al. (2021) found that healthcare workers trained in inclusivity principles showed significant improvements in their attitudes toward people living with HIV/AIDS (PLWHA).
2. Performance-Based Incentives
   Providing performance-based incentives or rewards—whether in the form of financial allowances or formal recognition—can serve as a motivational driver for implementers. Incentives also act as a form of appreciation for their dedication and workload in managing HIV/AIDS cases, which are often complex and require sustained engagement.
3. Humanistic Supervision Approach
   Supervision should not only focus on achieving indicators but also on maintaining the psychological well-being of implementers. High workloads, social pressure, and limited resources can lead to emotional exhaustion (*burnout*). Therefore, supervisory practices should include emotional support, opportunities for reflection, and constructive coaching.

Impact of Positive Implementer Disposition:

Research by WHO (2021) indicates that positive attitudes among healthcare workers are strongly correlated with patient retention in ARV therapy and improvements in the quality of life of PLWHA. When patients feel respected, valued, and supported holistically, they are more likely to adhere consistently to treatment and maintain their health.

The disposition of implementers is an internal factor that cannot be overlooked in the implementation of HIV/AIDS policies. Through ethical training, performance incentives, and humanistic supervision, the Kedungwaringin Community Health Center can strengthen the ethical, inclusive, and empathetic character of its implementers—an essential prerequisite for

delivering high-quality and equitable healthcare services.

CONCLUSION

The implementation of the HIV/AIDS prevention policy at the Kedungwaringin Community Health Center has been carried out but is not yet fully optimal. The program faces several challenges, including low community participation, social stigma, limited resources and training, suboptimal cross-sectoral coordination, and incomplete internal engagement. Although implementers demonstrate positive commitment and inclusive service delivery, additional capacity support and motivation mechanisms are still needed. To improve effectiveness, a comprehensive approach is required—one that integrates policy standards and objectives, resources, implementers' characteristics and dispositions, inter-organizational communication, and environmental conditions. This can be achieved through alignment between national and local policies, strengthening human resources and service facilities, establishing professional teams, enhancing cross-sectoral communication, addressing social stigma, and maintaining empathetic and non-discriminatory attitudes among implementers. The success of policy implementation depends on synergy between institutional systems, local culture, and the personal commitment of implementers.

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