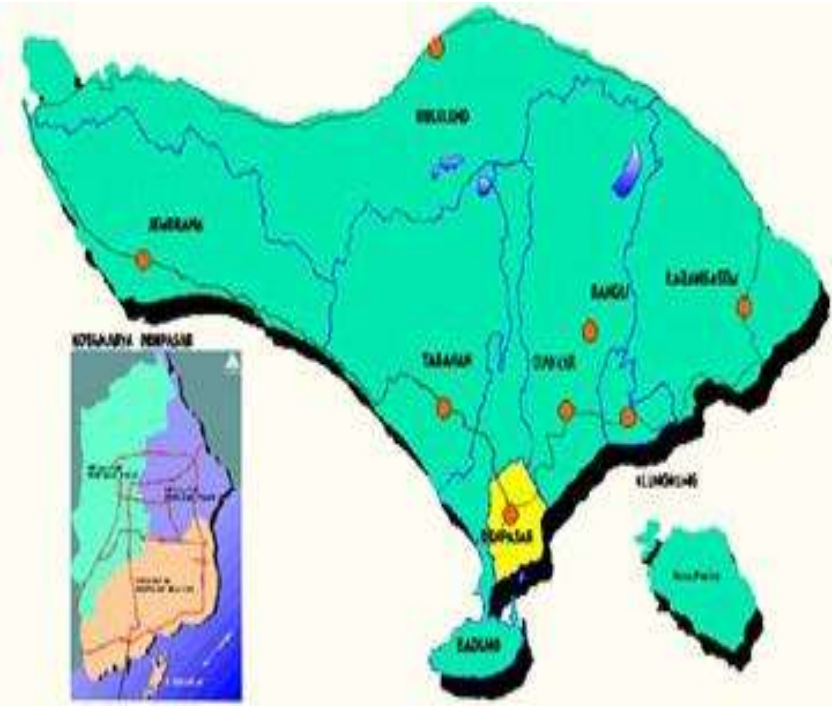
The Implementation of *Kader Desa Peduli AIDS* Program in Bali: What Lessons Can be Learned?



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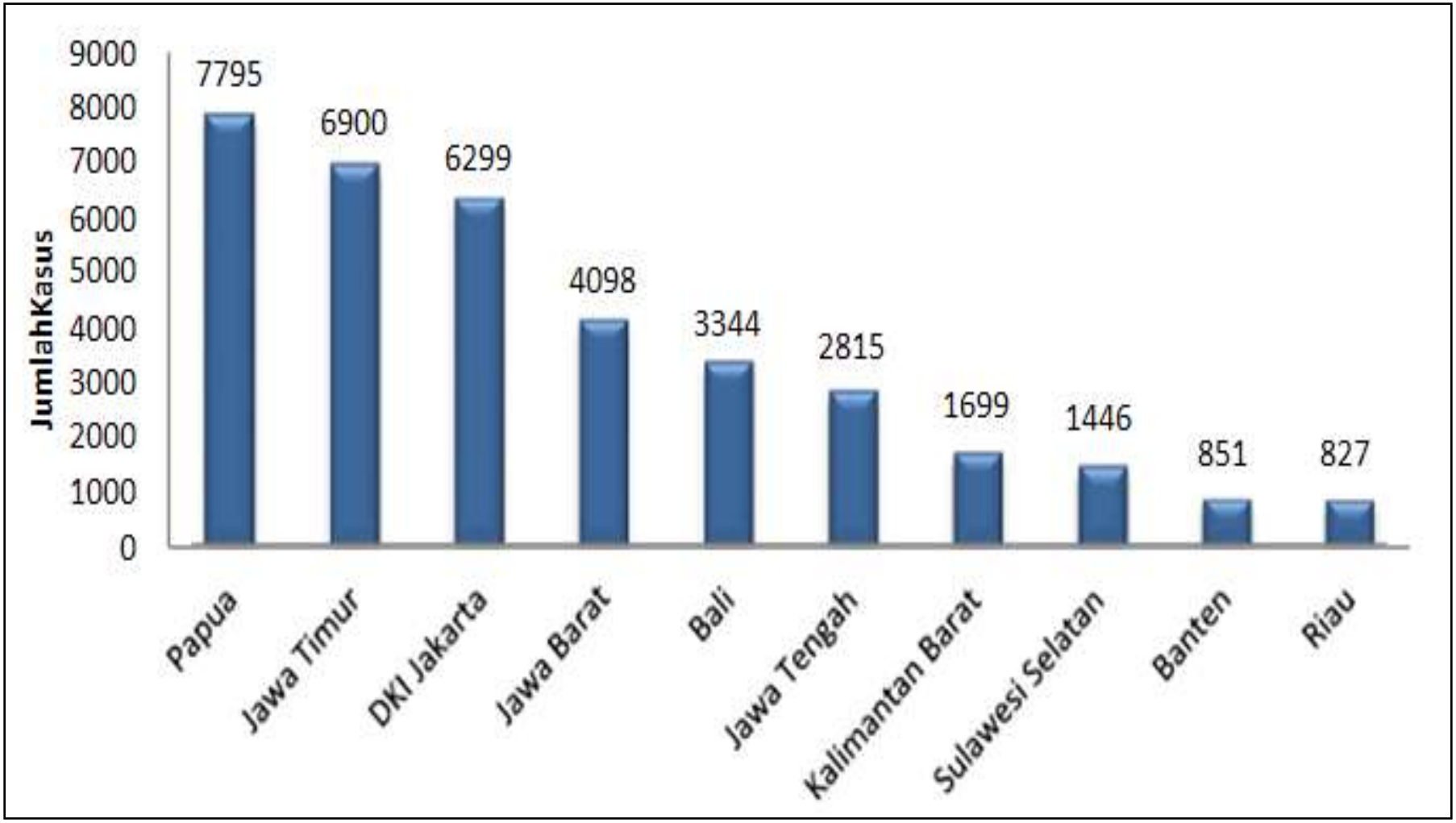
Outline

- Background
- Evaluation methods
- Results
- Recommendations

Background

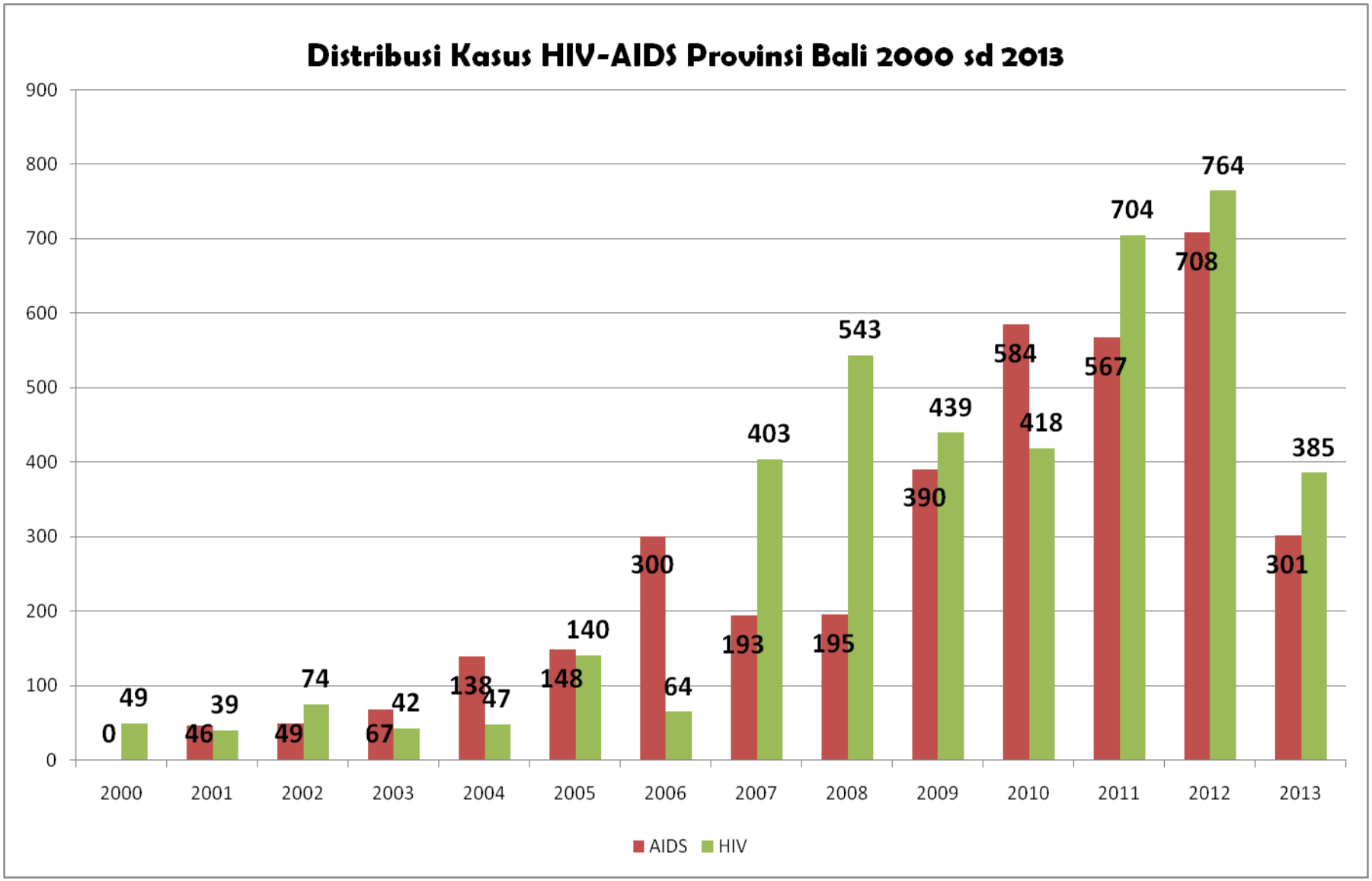
Ten Provinces with Highest AIDS Total Cumulative Cases Year 1987-2012



Source: Bali rovincial Health Office, 2012

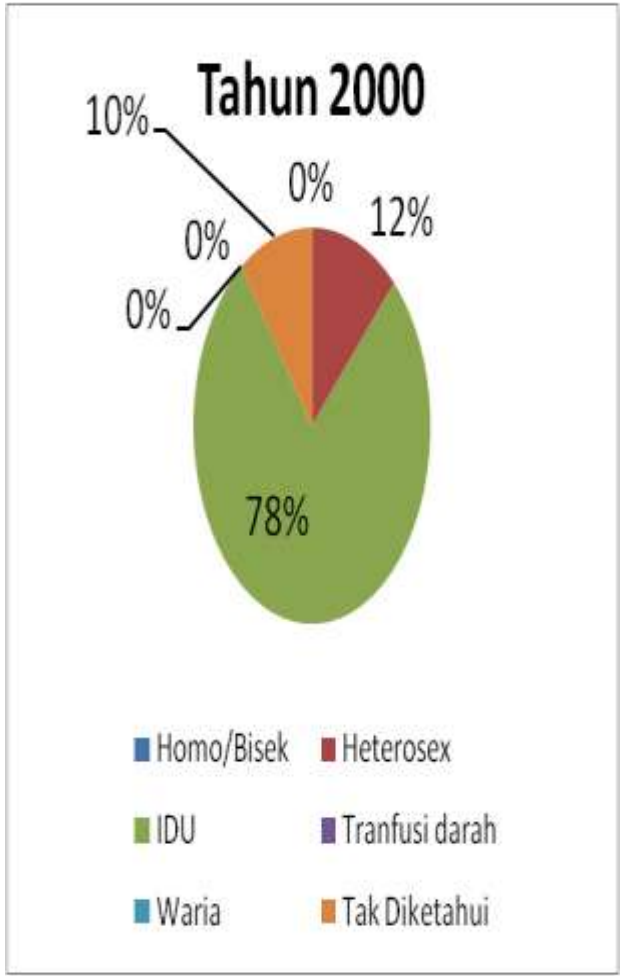
THE SITUATION OF HIV&AIDS IN BALI PROVINCE

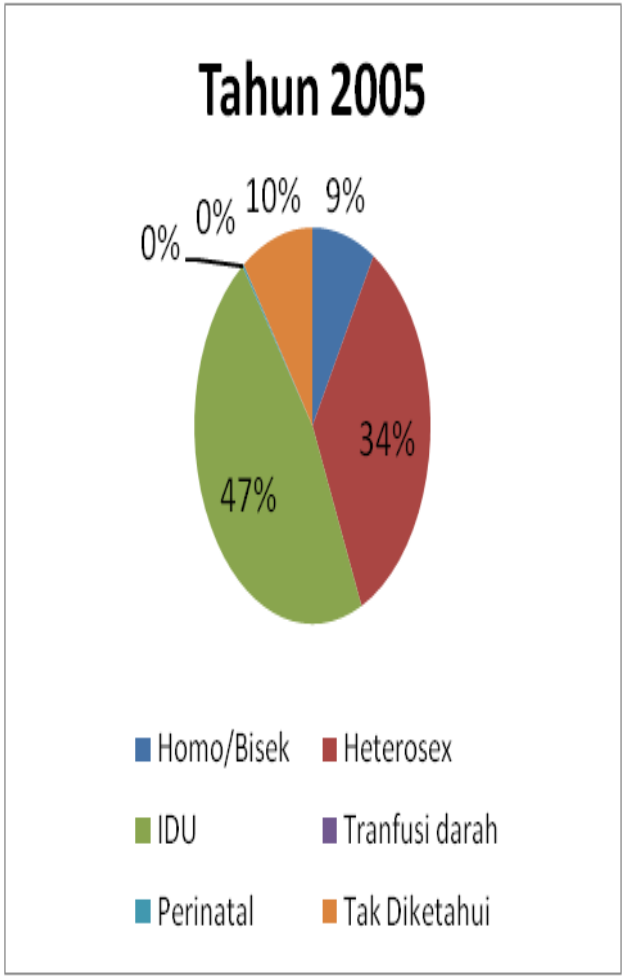
Source: Bali Provincial Health Office (2013)

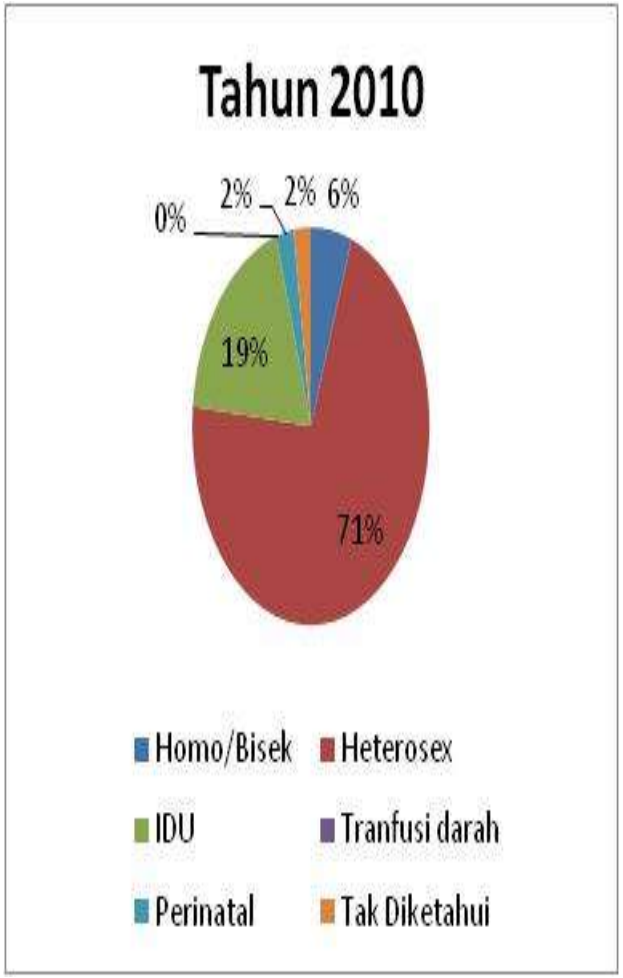


The HIV & AIDS Situation in Bali Province

Source: Bali Provincial Health Office, 2013







Background

- Increasing rate of HIV infection in pregnant women and babies → generalized epidemic???
- Uncontrollable growth of commercial sexual business
- Many efforts targeting high risk populations (e.g. FSWs) → ineffective → other approaches???
- Interventions targeting general population

Source: Bali Provincial AIDS Commission (2010)

What is KDPA program?

- A community health worker (CHW) program
- Community leaders as agent of changes
- Managed by district AIDS commissions
- Funding: district budget & expenditure, donors (Global Fund), village budget & expenditure

Source: Bali Provincial AIDS Commission (2011)[3]

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KDPA Program

- Cadres receive training on HIV
- Cadres are expected to be able to:
  - spread the knowledge of HIV&AIDS to the community;
  - clarify misperceptions regarding HIV & AIDS;
  - identify high risk behavior;
  - channel suspected HIV cases to VCT & CST services ;
  - provide support for PLWHA in community.

Source: Bali Provincial AIDS Commission (2011)[3]

Evaluation objectives

- Determine whether and to what extent:
  - program has reached its targeted population
  - program is being implemented as planned,
  - key stakeholders have been engaged in program implementation
  - program can be sustained
- Identify supporting & inhibiting factors of program implementation
- Determine the short term effectiveness of the program

Evaluation Methods

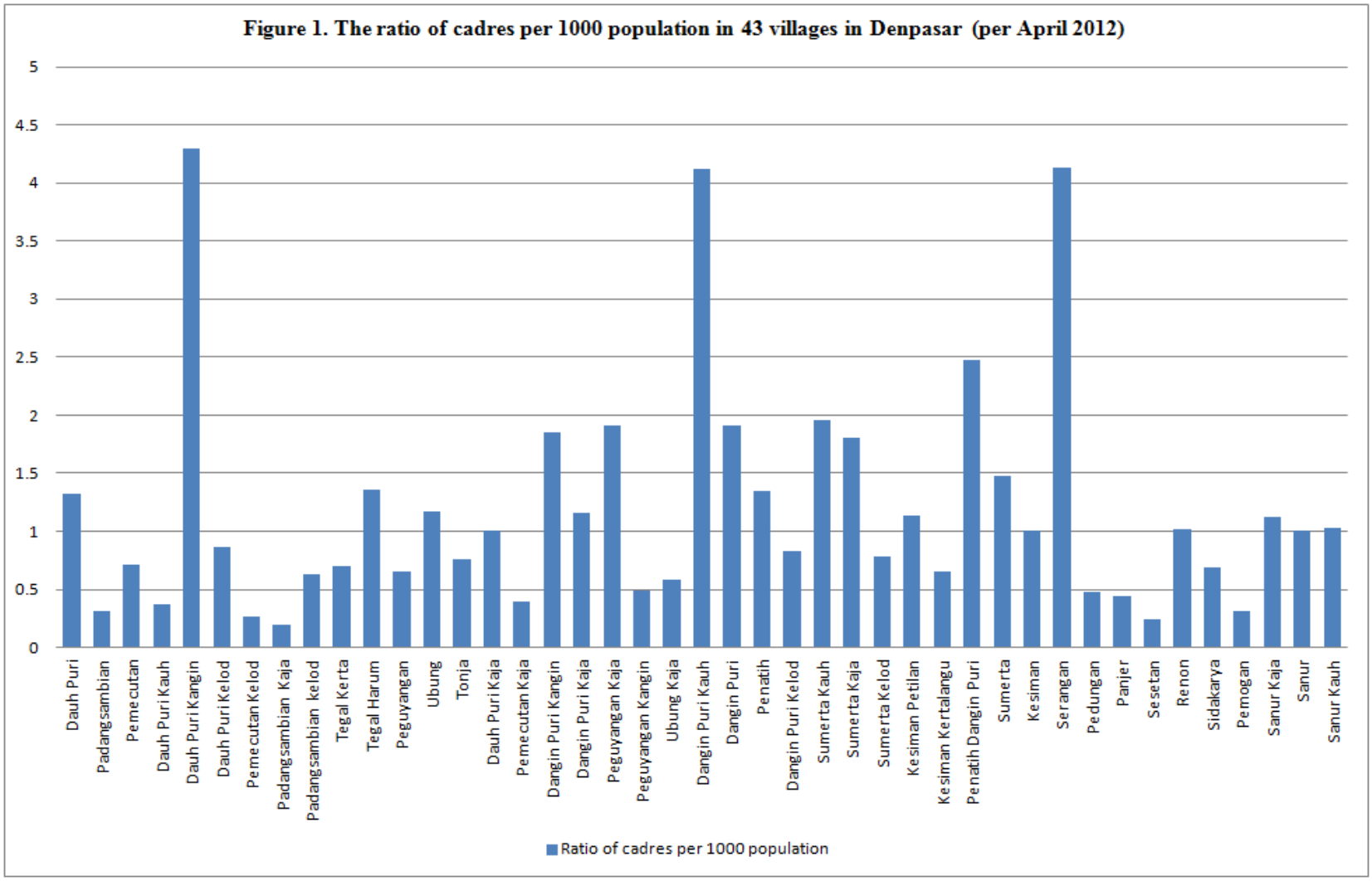
- Mixed methods- quantitative & qualitative
- Quantitative method:
  - Small telephone survey to 43 villages
  - Secondary quantitative data (database of cadres)
  - Data analysis: Microsoft excel
- Qualitative method:
  - In-depth interviews to 10 cadres & 2 program staff
    - Non probability (convenience) sampling
    - Semi-structured interview
    - Duration: 40 to 60 minutes
  - Data analysis: thematic analysis

Results

Program Reach

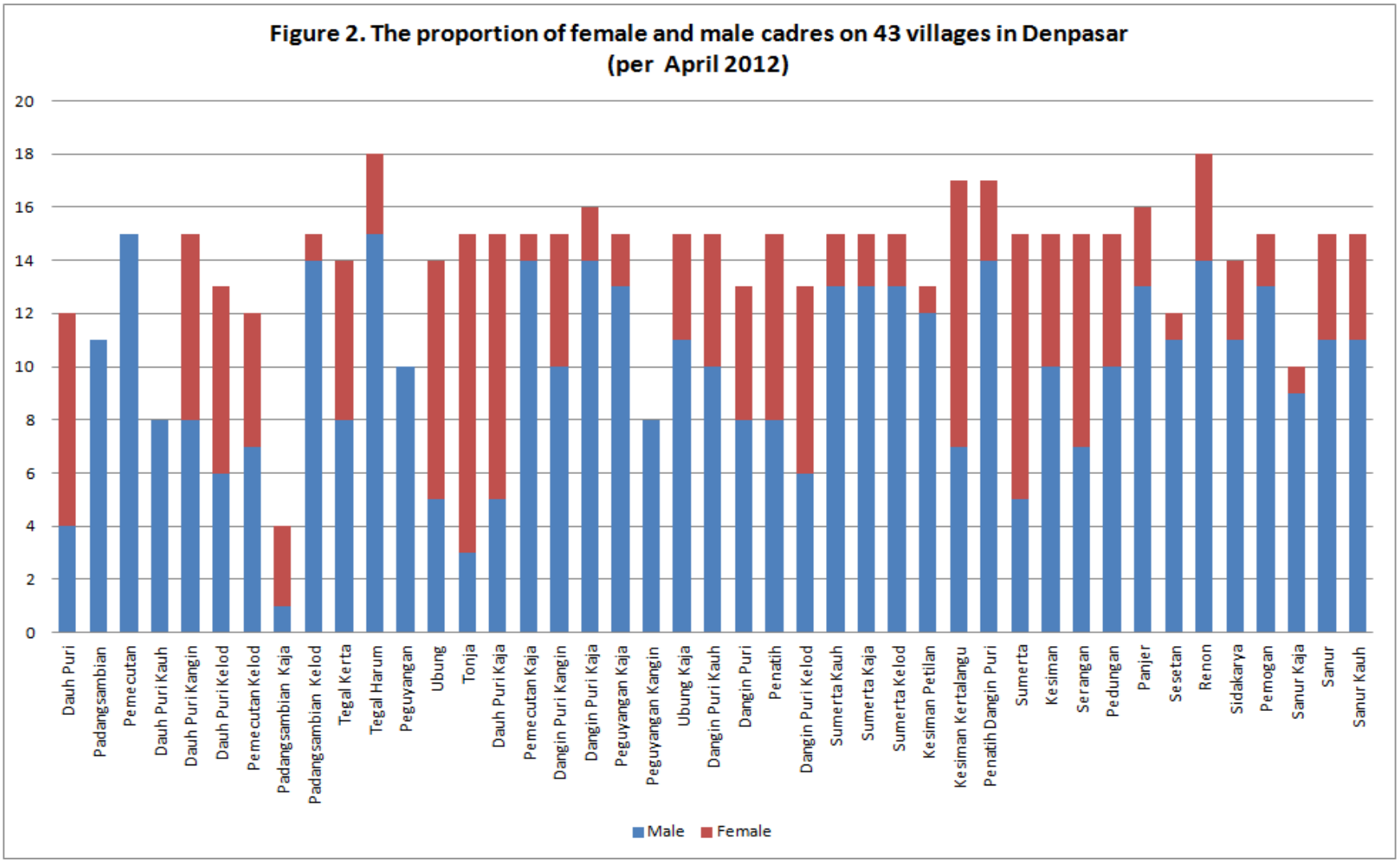
- All 43 villages in Denpasar have trained cadres
- 598 cadres (70 % male cadres)
- Most villages did not have trained youth cadres
- Cadres recruitment by appointment (not voluntary)
  - Recruitment considerations:
    - Convenience, capability, cooperativeness, no incentives
- 52% of villages have had KDPA decree

Program Reach



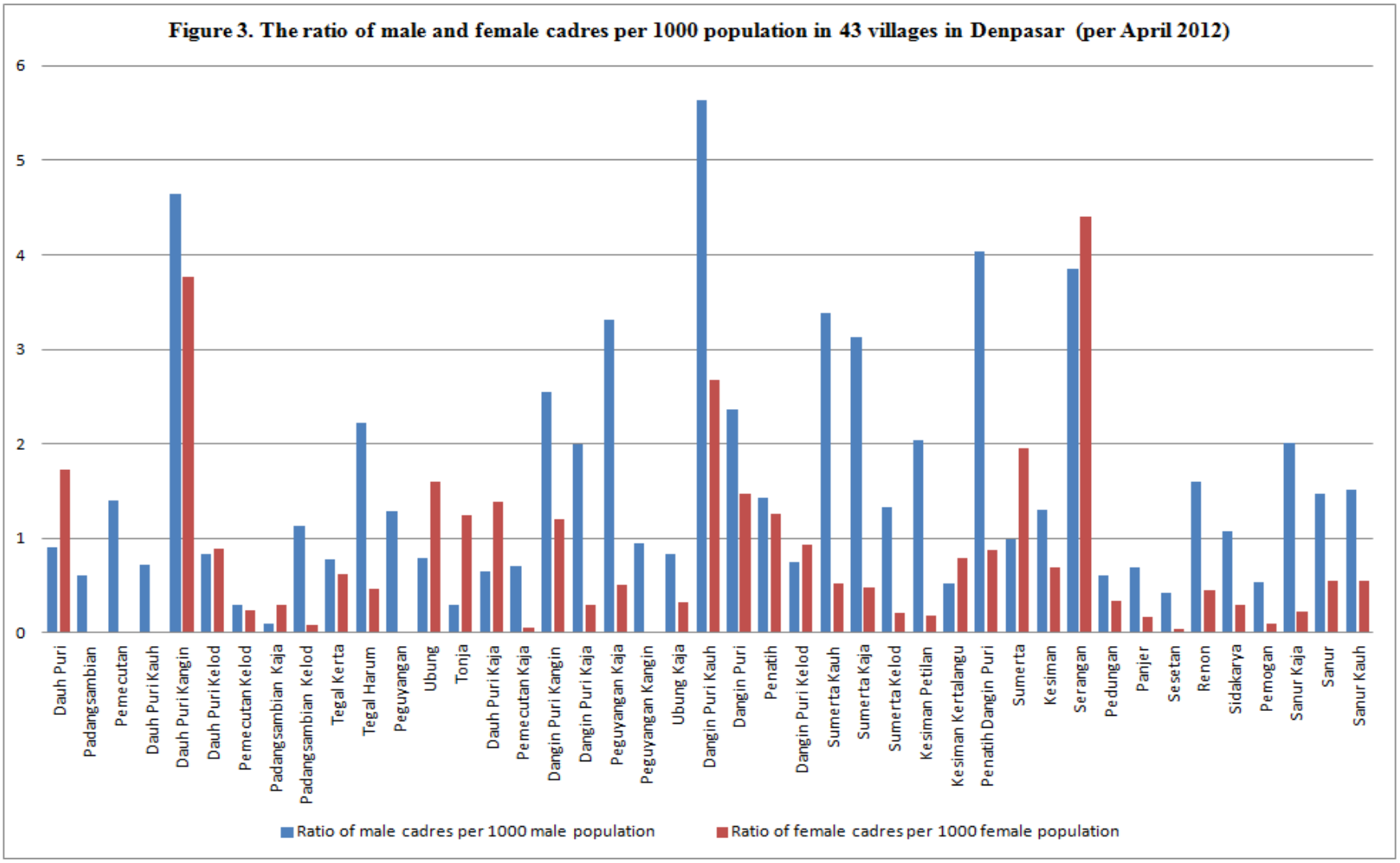
Source: Database of KDPA program (Denpasar District AIDS Commission 2012)

Program Reach



Source: Database of KDPA program (Denpasar District AIDS Commission 2012)

Program Reach



Source: Database of KDPA program (Denpasar District AIDS Commission 2012)

Program Effectiveness

- Cadres' knowledge improvement regarding mode of transmission, signs and symptoms, and also referral and treatment of HIV
- Cadres' awareness & attitude improvement towards HIV

" I feel inspired (to participate)as I am a cadre. Before being a cadre I don't care whether other people will be contracted (by HIV) or not, the important thing was I am not involved in any risky behavior. But now, I cannot be that careless."

(Male, 46yrs, head of KDPA)

Appropriateness & acceptability

- Existence of KDPA not widely known in some villages due to lack of socialization
- Considered appropriate to local HIV situation
- No negative reactions from community
- Sex education on HIV prevention is not taboo but inappropriate across different sex groups

Implementation

- About 44% villages have conducted HIV prevention activities

- Cadres were simply event coordinators.
  - Lack of confidence due to superficial knowledge
  - Non medical background

- Underutilization of cadres due to fear of status disclosure and shame

  "There are some (HIV) cases here but they are afraid to ask for assistance because they know me as the wife of head of hamlet. They are afraid of being reported…"

  (Female, 38 years old, KDPA member)

Incentives

- Cadres received no salary but;
  - Travel allowances, T-shirt, knowledge
- Program staff: unavailability to provide incentives disables reinforcement of program implementation
- Disincentives:
  - Lack of supervision and monitoring
  - Lack of capacity building

Supervision & monitoring

- Inadequate human resources to match workloads
  - limited supervision &monitoring
- No routine reporting of cadres' activities
- No predetermined evaluation indicators or explicit program-logic
- Poor data management system

Supporting Factors

- Strong commitment of Denpasar district government & DAC staff

  "We salute Denpasar AIDS committee because they can make it (health education session) even when we asked them just a day before."

  (Male, 41 years old, head of KDPA)

- Strong collaboration with local based NGOs (KPF, CUIF)

- Committed & influential cadres

Inhibiting Factors

- Limited human & financial resources
- Many inactive cadres
  - Lack of commitment to do voluntary work
  - Busy activities
  - Caused by weak recruitment process
- Lack commitment of head of villages
- Busy urban community and community's ignorance

Adoption & Maintenance

- KDPA program has not been being a part of villages' core businesses
- Villages rely on stimulant fund from DAC
- Only minorities of sample villages have allocated their village budget and expenditure for HIV prevention activities
  - Complex administrative procedures

Recommendations

- Developing logical framework with more reasonable expectations
- Recruitment process should consider:
  - Population demographics e. g. sex/age groups
- Incentives should be improved
  - Monitoring & supervision, trainings
  - In-kind payment
- A clear monitoring and evaluation framework should be developed

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Recommendations

- Improved community awareness of KDPA
- Integrated data management system
- Enhanced advocacy to key stakeholders for increased sourcing of program resources
- Further research on community's perspective towards KDPA

Thank You

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