

Aids Care Citizens Program Based Multidimence of Community in Kampung Sri Rahayu Karangklesem

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Abstract

The AIDS Care Citizen has been established in Srirahayu Village, Karangklesem at Banyumas District and AIDS Commission. The implementation of the AIDS Care Citizen began in 2012. The aim of the study was to analyze the AIDS Care Citizen in Karangklesem Village, South Purwokerto Subdistrict. Describe the components of input, process, and output in the evaluation of the AIDS Care Citizens. The method used in this study is a qualitative method that is descriptive, evaluative and explorative. The main informants are teenagers, couples of childbearing age, namely wives. The main informants in this study were 8 people. Comparative informants were AIDS Care Citizens cadres, puskesmas officers and community leaders, as many as 5 informants. The validity of the research was carried out through source triangulation using comparison informants. The method of collecting data in this study was carried out by in-depth interviews. AIDS Care Citizens related to input / input consists of the resources of the HIV-AIDS care cadres. Funds in implementing AIDS Care Citizens use independent funds, from kelurahan and sponsors. The method of carrying out activities is the dissemination of information through socialization and training as well as the assistance of AIDS Care Citizen administrators. The output of the AIDS Care Citizens implementation states that there has been no change in risk behavior, the understanding of the community regarding HIV and AIDS is getting better after the AIDS CARE CITIZENS program related to HIV-AIDS prevention in the community.

Keywords: AIDS, HIV, AIDS Care Citizens

Introduction

Data from the Banyumas District AIDS Commission in 2015 recorded that 10 pregnant women were infected with HIV, 11 infants and toddlers were infected with HIV and 18 children aged <15 years were infected with HIV. 10 sub-districts in Banyumas Regency are endemic areas for the discovery of HIV and AIDS cases. These districts include Sumbang, Wangon, Jatilawang, Lumbir, Baturraden, North Purwokerto, South Purwokerto, West Purwokerto and East Purwokerto.

The number of HIV and AIDS cases in Banyumas Regency continues to increase, making all parties important to take a decisive role. The health service center has been mandated to provide sexually transmitted infection (STI) screening services and Voluntary Consulting Testing (VCT), so it should be encouraged to provide optimal services to the community.

A person's behavior affects the spread of HIV and AIDS. The existence of differences in status and roles in the family makes access to information and prevention of the spread of sexual diseases. Information about HIV and AIDS remains low and the condom program has not been received by traditional leaders in Papua.

The community is an important part of the HIV and AIDS prevention program. Communities who are involved in prevention activities are able to increase independence in comprehensive services. Comprehensive services are efforts that include promotive, preventive, curative and rehabilitative services that cover all forms of HIV services. Real community participation through comprehensive HIV services on an ongoing basis is facilitated by cadres as the driving force [1].

Citizens Care for AIDS is a forum for community participation in HIV and AIDS prevention. The AIDS Care Citizen Program is a community participation movement, so that the approach taken is also based on community experience from personal experiences and the experiences of others. Socialization, among others, is through involving citizens to care about AIDS.

The results of research in the city of Surakarta, AIDS CARE CITIZENS activities were seen, among others, socialization from the District to community organizations. The knowledge of AIDS CARE CITIZENS officials about HIV AIDS is not good, because there are still cases of stigma in the community. The resources for the AIDS Care Citizens program are the core board authorized by the local Village Head. The information conveyed during the socialization included basic HIV information and health services. The form of commitment is that the community actively participates in HIV AIDS prevention and control activities. Motivational guidance and supervision is carried out by stakeholders in the form of providing training to the community on facilitation skills and awards every 6 months [2].

The implementation of HIV prevention and control that assigns prevention tasks to disease control and prevention centers through the combined intervention of a city hospital to a clinic in a village has a positive effect in reducing risky behavior. The intervention has a good effect on the prevention and control of HIV and AIDS in rural areas in China [3].

Implementation of AIDS Care Citizens in Kestalan Subdistrict, Banjarsari District, Surakarta City related to optimization of objectives has been running, this can be seen from the organization of people who care about AIDS, organized referrals for PLHIV, high risk of easy finding referral means, organized bureaucratic groups and the community in building HIV / AIDS prevention agreements, residents understand and know high risk conditions. One of the goals that is not yet optimal is that people do not understand how to get services, but there have been efforts to optimize it. The implementation of the AIDS Care Citizens movement is quite effective, even though there are some organizational goals from indicators that have not been maximized but there are efforts to optimize them.

The government of Banyumas Regency in handling the HIV and AIDS epidemic works in synergy with the Civil Society through various HIV and AIDS prevention and control programs. The formation of AIDS Concerned Citizens (AIDS CARE CITIZENS) in the Baturraden area was started with the Baturraden Youth Care for HIV and AIDS (PPHB) in 2011 so that the hope of HIV prevention and control feels more real.

The Banyumas District AIDS Commission (KPA) confirmed AIDS CARE CITIZENS Sri Rahayu Village, Karang Klessem Village, South Purwokerto District, Banyumas Regency on December 9, 2012. AIDS CARE CITIZENS is a form of community synergy with the government in the prevention and control of HIV and AIDS. AIDS CARE CITIZENS Kampung Sri Rahayu is the second in Banyumas Regency.

Sri Rahayu Village is an area that has various problems, both social, economic, political and cultural. With the complexity of the problems they have, the people of Sri Rahayu Village are

vulnerable to various health problems, especially the transmission of HIV and AIDS.

The importance of research on the evaluation of the AIDS Care Citizen Program using systems theory seeks to analyze management so that the current implementation can be identified so that the effectiveness of the implementation of these activities can be determined. Input assessment consists of the use of human resources, funds and available facilities. The assessment process is seen from the implementation of activities in accordance with the standards or guidelines used. Output Assessment assesses the results of the expected targets from the AIDS Care Citizen program activities.

Analysis of the health system seeks to determine the determinants of AIDS Care Citizen performance and is expected to develop more innovative programs and improve strategies for the effectiveness of activities that have been implemented. This research activity consisted of the following stages, namely evaluating the implementation of AIDS Care Citizens and then modifying the implementation of the AIDS Care Citizen.

The research objective was to analyze the implementation of the AIDS Care Citizens Program in Karangklesem Village, South Purwokerto District. Describe the input, process, and output components in the evaluation of the AIDS Care Citizen.

Method

The method used in this research is a qualitative method that is descriptive, evaluative and explorative, which means explaining the meaning by exploring emotionally what the research subjects are doing. Research subjects used in this study consisted of main informants and comparison informants. The main informants consisted of adolescents, couples of childbearing age, namely wives. The main informants in this study were 8 people. The validity of the research was carried out through triangulation of sources, namely by using comparative informants in this study. The comparative informants were 5 AIDS Care Citizen cadres, community health center unit promotion health officers and community leaders, non government organization officer.

This research was conducted in Karangklesem Village, South Purwokerto District in March-October 2018. The research flow consisted of a preparatory stage which included literature study, research licensing. The implementation stage includes determining the research subject and collecting data. The instrument used in the study was the researcher as the main instrument in the research process. Interview transcript sheet containing interview guides to key informants. A recording device for recording the results of interviews and writing instruments. This study uses triangulation techniques to obtain data validity. Triangulation is done by triangulating data and sources. Triangulation of data and sources in this study used data from in-depth interviews with supporting informants.

The primary data source in this study is a description of the results of interviews obtained from in-depth interviews with informants which include input, process and output. Secondary data in this study were obtained from urban village demographic data and HIV and AIDS data from Puskesmas Purwokerto Selatan and District Health Office Banyumas.

The method of data collection in this study was carried out by in-depth interviews using interview guidelines. Selection of informants using personal contact, namely looking for informants directly in the community.

Data analysis was carried out with the flow of activities, namely data collection, data reduction, data presentation and drawing conclusions. Research ethics includes providing consent forms before conducting research and ensuring the confidentiality of information that has been collected.

Result and Discussion

Table 1: Karakteristik Informan Utama

No	Informan	Age	Sex	Tingkat Pendidikan	Pekerjaan
1	A	25	Male	Junior High School	Labor
2	D	18	Male	Elementary School	Labor
3	F	18	Male	Junior High School	Labor
4	SA	32	Female	High Scholl	Housewife
5	SR	30	Female	High Scholl	Housewife
6	F	31	Female	High Scholl	Housewife
7	M	30	Female	High Scholl	Housewife
8	A	32	Female	High Scholl	Housewife

The main informants were in the age range 18-32 years. The main informants for adolescents are all male. The main informants of the housewives are women. All main informants, namely housewives and youth, have jobs as laborers.

Table 2: Characteristics of Supporting Informants

No	Informan	Age	Sex	Level Education	Profession
1	R (Ketua RW)	65	Male	Junior High School	Seller
2	W	36	Female	Bachelor	Health Promotion Officer
3	E	46	Male	Bachelor	Tuberculosis Treatment
4	D	45	Male	Bachelor	VCT Counselor
5	I	43	Female	Senior High School	AIDS Care Citizens Cadre
6	N	39	Male	Bachelor	Non Govenment Organization

The age of the supporting informants was in the age range of 36-65 years. Supporting informants consisted of community leaders, namely the RW head and AIDS Care Citizens cadres, Puskesmas officers.

Based on the results of in-depth interviews, it was found that there were still adolescents who did not understand about HIV-AIDS, while women / wives considered HIV-AIDS a dangerous and frightening disease. Informants stated that HIV is transmitted through unsafe sex, use of needles, transmission of HIV from pregnant women to their children. The following is the informant's statement:

- "What the heck ??? ... Never heard of it but don't know the cause..the transmission doesn't know either .."(D, 18 years old)
- "Yes, the cause of viruses or bacteria is like that..the cause as far as I know is because intercourse often changes partners ..." (A, 25 years)
- "The causes of HIV transmission can occur through changing partners, sharing needles, transmission of pregnant women and nursing mothers to their children. (S, 30 years)
- "The cause could be from injecting drugs and continuing to have unsafe sex ..." (A, 32 years old)

This is in accordance with the answers of supporting informants submitted by health cadres, community leaders and health workers from puskesmas who stated that the provision of information about HIV transmission that had been conveyed was about the causes of HIV-AIDS transmission.

- "Socialization about HIV prevention ... including at least HIV testing through VCT mba ... information is conveyed that HIV transmission can occur because of changing partners, using needles including those for tattoos (R, 65 years)
- Delivery of information about HIV transmission that can be transmitted through casual sex, needles, through pregnant women that can be transmitted to babies .. "(I, 43 years)

The stigma associated with HIV, according to the informant, is an effort to limit yourself because you have concerns about contracting HIV-AIDS. The informant also stated that he was open to HIV sufferers after learning information about HIV-AIDS. Previously, the informant stated that he often excluded people with HIV-AIDS before getting information about HIV-AIDS transmission. The following is the informant's statement:

- "In my opinion, I just feel anxious ... just keep my distance ... the problem is that there is still a sense of anxiety when it comes to HIV-AIDS cases ..." (F, 18 years)

- "Yes, it's normal for people with HIV, because both humans are not afraid of getting infected either, that's what causes us to get infected if we have sex ... if not, no, right ..." (A, 25 years old)
- "Sometimes people see how it is related to HIV-AIDS ... people have their own views ..," (A, 32 years)
- "From us, it's already open ... if you used to isolate you before knowing about HIV information" (SA, 32 years)

This is in accordance with the answers of the supporting informants, namely residents in Karangklesem Village, that the stigma has begun to decrease, meaning that they have been open since the complete socialization of HIV-AIDS was carried out. People started mingling without prejudice because the results of HIV testing through VCT were also kept secret. The following is the informant's statement:

- "There are a lot of HIV-AIDS cases in Banyumas..ya in Karangklesem there are also many, HIV test results were adapted from the VCT results, the results were kept secret, the residents also didn't know, so people could still mingle with PLWHA .." (R, 65 years)
- "If in the past the residents did not know the socialization, they were afraid to be excluded from being infected with HIV, now it's really open, mba .." (I, 43 years old)

Informants' understanding regarding the AIDS Care Citizen namely the informants stated that they did not fully understand the concept of AIDS Care Citizens. The concept of AIDS Care Citizens consists of individual, group and organizational participation, but the informant stated that he had heard before about the AIDS Care Citizens but did not know the concept of the limits and implementation of the AIDS Care Citizens. The following is the informant's statement:

- "I've heard about AIDS Care Citizens but forgot ... I don't understand about participating in AIDS Care Citizens ..." (D, 18 years)
- "I don't understand about AIDS Care Citizens ... at most, the participation of the puskesmas if that is it ..." (F, 18 years)
- "What I know is that there are cadres who are active in AIDS Care Citizens such as outreach activities through Family Welfare Empowerment for women .." A, 32 years)
- "The participation of citizens who care about HIV prevention can be from the Koran recitation group. There has also been a socialization of AIDS Care Citizens from NGOs ..." (M, 30 years old)

This statement was supported by the answers of the supporting informants who stated that the AIDS Care Citizens was formed in 2012. The formation of the AIDS Care Citizens was still active at that time, but recently activities have become less frequent but in some places activities are still carried out such as a gathering every 3 months.

- "AIDS Care Citizens used to be active, but now it's lacking because there is a lack of association from organizational participation and participation of village / sub-district officials ..." (R, 65 years)
- "There is socialization to the community, usually every 3 months .." (I, 43 years old)
- "What I know is that there is no AIDS Care Citizens special team, usually. If the activity is usually directly to the

community, AIDS Care Citizens is a bridge between the Puskesmas and people with risky behavior. (I, 36 years old Community Health Center for Health Promotion Officer)

The implementation of the AIDS Care Citizens program consists of inputs consisting of resources, funds, facilities / infrastructure, methods, targets and target audiences. Based on the results of the interview, it was found that the informants could not fully explain the implementation of the AIDS Care Citizens program related to the resources involved, they only knew that there were cadres concerned about HIV-AIDS who were actively involved in the community. The informant stated that the resources for cadres concerned about HIV-AIDS came from health cadres and youth. The informants stated that their source of funds did not understand, but there were informants who stated that the source of the funds came from the KPA and the government such as related institutions that are concerned with HIV-AIDS prevention efforts.

According to informants, the facilities and infrastructure related to the AIDS Care Citizens program stated that they did not understand the facilities and infrastructure in the implementation of the AIDS Care Citizens. Implementation usually uses facilities in the homes of community leaders such as RT/RW. The method of implementation is done by means of socialization, for example socialization to housewives, socialization of HIV exposure tests through VCT clinics. The target audience in this activity according to informants includes fertile age couples, adolescents, female sex workers, transgender women, drug users and street children. According to informants, the target or objective of AIDS Care Citizens activities was to find out about the dangers of HIV-AIDS and to eliminate stigma and discrimination. The following is the informant's statement: "There are from the RT and RW units ... the method is by socializing HIV identification through examinations through VCT clinics ... the target is that there are many street children too, vulnerable housewives too, we also know, especially if their husbands are far away (laughing) ... drug users.... The target / goal is like that so they know better about the dangers of HIV-AIDS, but it's not transmitted directly .. "(A, 32 years old) "I've never participated in a group so I don't know mba ... the methods, facilities, infrastructure, the target audience, I don't know either, mba I also don't know that target / goal" (D, 18 years) "Resources, yes, cadres care about HIV-AIDS ... but I also don't know, mba ... I don't know at all about the funding problem related to the AIDS Care Citizens program ... I don't know the means, infrastructure and methods ... Got a disease, for prevention, it's like that in my opinion ... the target audience, maybe I'm sorry, I'm sorry, yes, prostitutes, rich gay people ... (F, 18 years) "Usually, at the place where Pak RW is held, there are counseling activities, mba ... for example, socialization to the target housewives, yes to everyone ... if here all PUS, teenagers, AIDS Care Citizens and drug users ... The target / goal of AIDS Care Citizens is to remove stigma and discrimination, mbaa .. "(M, 30 years old)

This result is consistent with the answers of the supporting informants who stated that the AIDS Care Citizens related to input / input consisted of resources for cadres concerned with HIV-AIDS. Funds in the implementation of AIDS Care Citizens use independent funds, from the village and sponsors. The methods /

methods used are through outreach and outreach. The following is the informant's statement: "If the AIDS Care Citizens is here the cadre cares about HIV-AIDS ... I think there is, if there is not, the program will not run ... the AIDS Care Citizens program aims so that the community understands about HIV-AIDS ... the target audience is usually the cadres and later the cadres will deliver it to mothers mothers and other communities. ". (R, 65 years) "The resources are usually stakeholders, NGO volunteers, health center officers ... if the funds can come from KPA such as the APBN/APBD ... the infrastructure usually uses the house of Pak RW because Pak RW happens to be the head of the AIDS Care Citizens too ... the event is socialization and a condom campaign for HIV prevention ... the aim of the AIDS Care Citizens program is to eradicate stigma and discrimination, mba ... the target is that all members of the community are usually those who want to follow, we can't force people, usually those who have their own awareness ... "(I, 43 years old).

According to informants, some informants stated that they did not know the details of the implementation of AIDS Care Citizens, but some informants stated that the implementation of AIDS Care Citizens was carried out, including data collection activities for transgender women, drug users, adolescents, fertile age couples, pregnant women. Supporting event activities such as VCT services can be carried out in conjunction with August 17 celebrations. VCT service activities every few months can even be at least once a month. Dissemination of information usually goes directly to the community, which is divided into several groups. Training / outreach activities are carried out by the Office of Social Affairs, NGOs, Puskesmas or even collaborative activities that usually target groups of cadres and FSW. The following is the informant's statement:

- "I never knew and heard, mba .. I also don't know the activities, training, information and cooperation related to the implementation of AIDS Care Citizens because I don't know and the problem is that I have never participated in a gathering, mba .." (D, 18 years)
- "I don't know my sister..we usually take part in counseling, so usually HIV prevention training. I have never been involved in the training, Miss. In supporting events about AIDS Care Citizens, I have never known about AIDS Care Citizens .." (A, 25 years old)
- "Here all the data are transgender people, drug users, adolescents..pas Augustus, we are told about HIV disease. Usually, the community is grouped and given socialization. If there has been training from Social Affairs then there is also an NGO ... usually the cooperation with the same village officials. puskesmas .. "(N, 39 years)

- "Recording of recommendations for couples of childbearing age, transgender women, and pregnant women ... VCT checks are conducted every few months ... information dissemination directly to the community is sometimes grouped ... there has been training ... if the collaboration can be with the health center then the hospital ..." A, 32 years old)
- "The activity of conducting VCT is held once a month.. information is conveyed through the residents in the community. Usually there is a training for FSW conducted by the Social Service ... in collaboration with the puskesmas, usually conducts VCT activities .." (M, 30 years old)

The main informant's answer is in accordance with the answer from the supporting informant who stated that the organizing activities of the AIDS Care Citizens and NGO officials. Supporting event activities related to information dissemination through outreach and training as well as assistance from AIDS Care Citizens administrators.

- "AIDS Care Citizens assistance, if it is not the same as me, is an NGO, at most the activity is to disseminate information from individuals to community groups as well, mba, active cooperation from NGOs and the Health Office, the sub-district rarely even never .." (R, 65 year)
- "Socialization from NGOs through healthy walking events and horse braid events because there is a community here, training includes socialization using IEC media, training also involves cadres, but not often ... usually there is also assistance from community leaders .." (I, 43 years old)

The output related to the results of the implementation of AIDS Care Citizens according to the main informant and also supported by supporting informants stated that there had been no change in risky behavior, but the main and supporting informants stated that the community's understanding of HIV and AIDS was getting better after the AIDS Care Citizens related to HIV-AIDS prevention in the community. The following is the statement of the supporting informant:

- "The risky behavior is the same, sis, there is no fall and fall, it tends to go up, the trend of STI cases tends to increase, there are cases of pregnant women infected with HIV-AIDS, so far no one has been HIV positive" (W, 36 years)
- "The result is going well, mba ... it runs smoothly, mba, I'm part of the counselor ... the AIDS Care Citizens is good for people, before they didn't know, now they know more about it through PKK mothers, socialization is already walking, 70% of the people already understand about HIV-AIDS because every pregnant woman is now required to have a checkup .. "(E, 45 years)

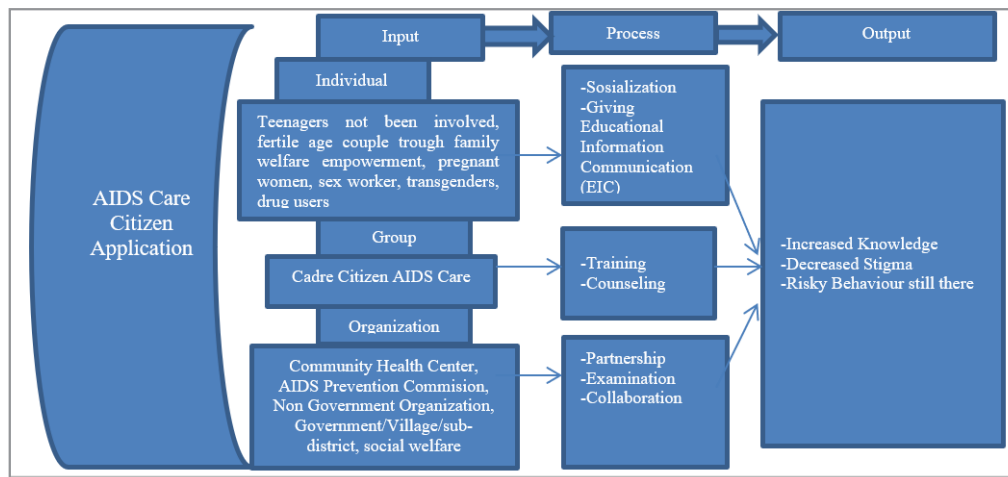


Figure 1: Flowchart “AIDS Care Citizen” Implementation Sri Rahayu Karangklesem

Informants have understood about the causes, transmission and stigma associated with HIV-AIDS. The AIDS Care Citizen that has been socialized to the community, as well as its implementation has been running in the community but there are still young informants who do not know about the AIDS Care Citizen. Involvement through partnerships with target groups is needed in the application of the AIDS Care Citizen concept, this has also been done in relation to the application of the AIDS Care Citizens concept in this study. The aspect of the involvement/partnership function does not difference between the target of youth and the target of adults. Efforts to reduce the level of drug use and delinquency at the community level can be maximized through efforts to involve target adults. Constraints in involving adolescents to support effective prevention strategies are difficulties in increasing youth participation, so that an approach is needed through creative activity scheduling and increased opportunities for adolescents to be directly involved [4].

Adolescent involvement is not maximal in the AIDS Care Citizens program, this can be seen from the answers of the main informants who do not really understand the concept of AIDS Care Citizens. The target of housewives is that they understand better because of the socialization they have received from AIDS Care Citizens cadres. Efforts to mobilize communities related to the AIDS Care Citizens program have not reached all target audiences in society. This was evident from the answers of informants who did not understand the concept of care and support, especially HIV and AIDS treatment.

Biomedical and behavioral HIV-AIDS related programs aimed at prevention, care and treatment, whose results are less than optimal, this is due to the lack of effective community mobilization. The social context in an effort to mobilize society includes material, symbolic and relational. The essence of effective HIV-AIDS management is increasing the reach and sustainability of the program. Approaches to changing behavior include the importance of cultivating HIV awareness, peer education and community mobilization [5].

Community empowerment is related to efforts to increase awareness and real efforts to prevent HIV-AIDS. In implementing this concept, it is necessary to pay attention to the efforts to use the

media as a learning tool and a tool for providing information in conveying messages related to HIV-AIDS prevention issues. It is hoped that the outcome of the AIDS Care Citizens program will increase knowledge and change risk behavior related to HIV-AIDS prevention efforts.

Media contributes to the learning process to address social and health challenges. The context of mobilizing knowledge determines the appropriate communication approach. The communication strategy includes support for systematic action and long-term mobilization. Communication to address public health problems can be developed through a didactic approach that engages the audience. This related approach enables ownership, critical thinking and knowledge mobilization for changing populations that are vulnerable to health problems [6].

The results of the study stated that the AIDS Care Citizens program related to the implementation of the activities carried out was only limited to socialization, training and partial mentoring. This activity has not been integrated with the HIV-AIDS prevention and control program which is carried out based on the Puskesmas program approach, namely providing care, support and treatment in a holistic manner to PLWHA. Judging from the answers of the informants, the data obtained from the health center states that STI cases are increasing, the presence of HIV-infected pregnant women needs to be collaborated with appropriate prevention practices so that these cases can be eliminated, this is a threat because risky behavior cannot be reduced / controlled.

The national AIDS program aims to reduce the spread of HIV, to improve care for the infected, and to minimize the social and economic impact on affected families and communities. These objectives are measured in several ways, namely through surveillance and monitoring. Surveillance, which includes routine tracking of disease and risky behavior. Monitoring includes routine tracking of program priority information, outputs and results. This is necessary to track program implementation and progress of the HIV epidemic [7].

Activities in the implementation of AIDS Care Citizens are only limited to certain events and have not been running continuously in the community. The implementation of the AIDS Care Citi-

zens program is closely related to the introduction of programs and the application of AIDS Care Citizens program activities. This requires continuous efforts so that people feel HIV-AIDS is a health threat so that an approach is needed for those who engage in risky behavior.

The implementation of IEC related to the HIV-AIDS prevention program is based on the evaluation of input points containing the introduction of HIV-AIDS prevention program approaches including HIV-AIDS awareness, promotion and distribution of condoms, prevention of transmission of HIV transmission from mother to child, VCT, male circumcision, and ARV / antiretroviral therapy program. Resources used in the implementation of this program include human, material and technological resources. Institutional support such as policies, budgets, training costs and outside support / sponsorship. The target audience / target participants include staff of related institutions, supporting sources, cadres and related community leaders. (Umunakwe et al., 2017).

The results showed that the input from the implementation of AIDS Care Citizens was appropriate, among others, the existence of resources, community self-help funds, but it was still insufficient, so it was necessary to seek funding from the urban village and outside sponsors. Assistance cooperation and the implementation of other AIDS Care Citizens programs have not yet collaborated with external parties, even though there are related agencies involved in this activity such as KPA, Social Services and NGOs.

Based on a trial evaluation study of the HIV-AIDS clinical system, input / input consists of community involvement, suitability of human resources, infrastructure, funds, policies, and procedures. The process stage includes the activity agenda, collaboration and communication as well as implementation management related to input / input in the activity program. The output stage includes the achievement of activities according to the objectives, the level of participation. The need for stakeholders to evaluate the input, process and output stages [8].

Conclusion

The AIDS Care Citizens program in Sri Rahayu Karanglesem Village was studied based on input, namely the existence of supporting resources such as adequate but not optimal AIDS Care Citizens cadres in carrying out their roles in AIDS Care Citizens, more funds came from community self-help, inadequate facilities and infrastructure because many activities were carried out by hitching a ride on homes [9-12]. Assessment is based on a process, namely the existence of socialization, training and mentoring activities. The assessment is based on the output, namely increasing knowledge and reducing stigma on the target housewives, but the target adolescents have not been maximally involved in AIDS Care Citizens activities.

From the results of the research, it can be suggested the need to collaborate with youth targets in the implementation of the

AIDS Care Citizens, increase collaboration with outside parties through collaborative efforts between related agencies in carrying out activities related to the AIDS Care Citizens.

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