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A STUDY ON PUBLIC BUDGET MANAGEMENT OF HIV/AIDS INTERVENTION

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ABSTRACT

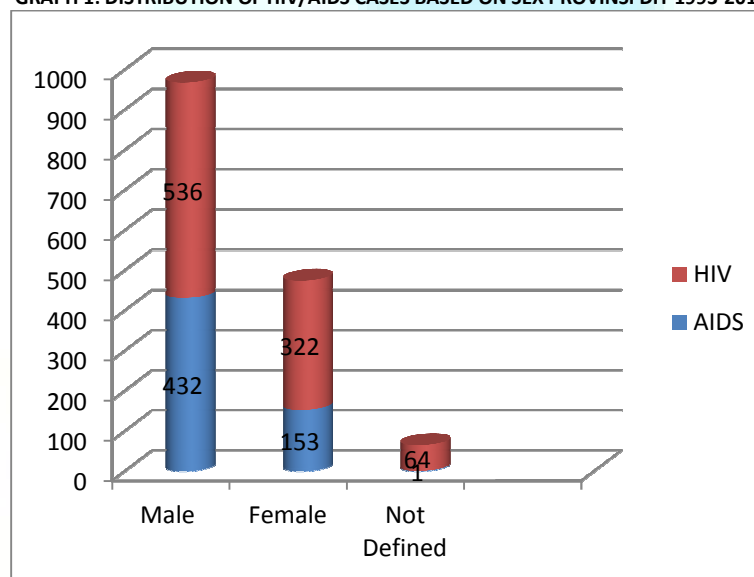
Prevention and intervention of Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome (HIV/AIDS) become one of world concerns and Indonesia government as well. In Indonesia, a few decades ago, HIV/AIDS is still taboo for public talk. Even for today, people still had negative stigma for ODHA (people who infected by HIV/AIDS). HIV/AIDS intervention, as national government program, was inversely proportional to negative stigma for ODHA. Government Data (including data from the Ministry of Health) describe that total numbers of Non Government Organization (NGO) that are concerned with HIV/AIDS show significant increases over the years. As an iceberg phenomenon, the HIV/AIDS growth rate is due to the increased. This research use qualitative methods with in-depth interview, observation and documentation studies for collecting data. Locus research is Province of Yogyakarta Special Region (Provinsi DIY) as a miniature of Indonesia. As an "education city", with a large of educational institutions Provinsi DIY attracted many students from various regions in Indonesia. Further this paper will discuss on the urgency of HIV/AIDS, the role of Yogyakarta Provincial Aids Committee (KPAP DIY), budget allocation management, budget conditions and problems, existence of Non Government organization (NGO foreigners) as HIV/AIDS program funding and political will of local government.

KEYWORDS

Public Budget Management, HIV/AIDS Intervention.

THE URGENCY OF HIV/AIDS INTERVENTION

HIV is a retrovirus attacked cells the human immune system and destroy or disturbing its function. A viral infection caused by the decreasing immune systems constantly, resulting in a immune deficiency¹. Whereas the AIDS (Acquired Immunodeficiency syndrome) and describes the various symptoms and infections associated with decreased immune system². The level of HIV in human body and variety of specific infections is an indicator that HIV infection has progressed to AIDS. During this program related to mitigation of HIV/AIDS undertaken tends to be on target groups, i.e. ODHA and high-risk groups. These groups are likely being marginal so that HIV/AIDS intervention program aims to give them strength to fight negative stigma and discrimination. On the other hand, society who give stigma still untouched, program share information about AIDS only. Number of HIV/AIDS cases in the province of DIY was high enough as shown on the graph 1 below:

GRAPH 1: DISTRIBUTION OF HIV/AIDS CASES BASED ON SEX PROVINSI DIY 1993-2011

Source : Dinas Kesehatan Provinsi DIY in www.aidsyogya.or.id, Purwanti, 2012.

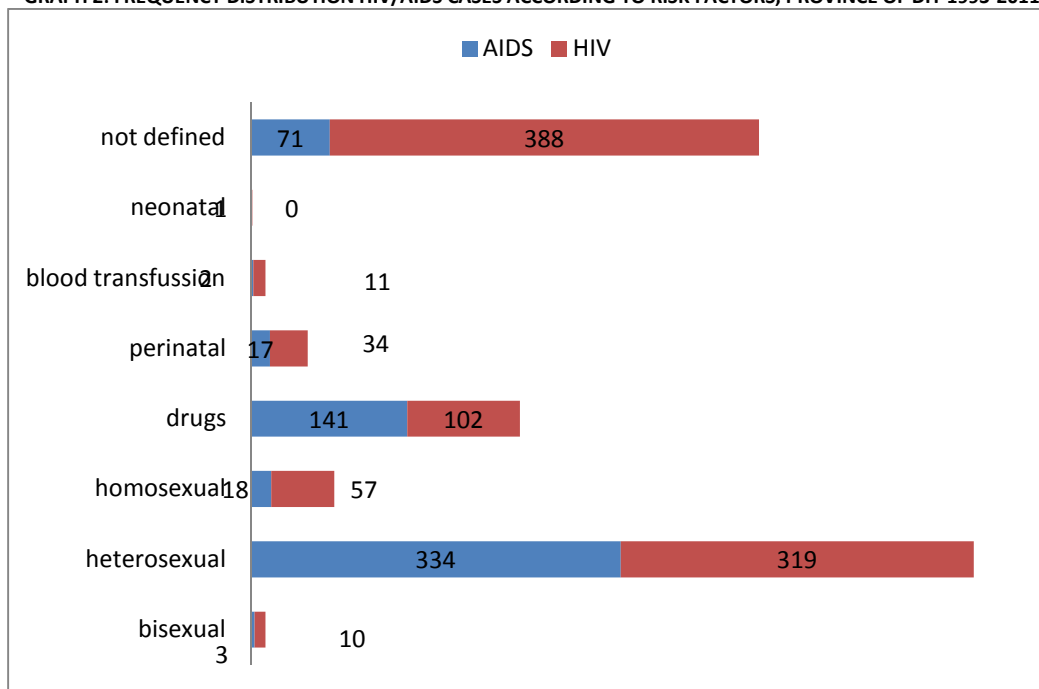
As a basic consideration in the Province of DIY Regulatory Region Number 12/2010 (Perda Provinsi DIY Nomor 12 tahun 2012) about HIV and AIDS Intervention, Provinsi DIY has HIV and AIDS epidemic category and level growth can become a generic epidemic level. According to that government, especially Province of DIY, must give more concern for HIV/AIDS intervention government. In addition, Commission for AIDS intervention was establish as regulated in Minister of Home Affair Regulation Number 20/2007 (Peraturan Menteri No. 20/2007) should be able to be government front guard of the HIV/AIDS intervention. However, lack of allocation and government fund delays became a classic problem in nearly all government agencies in Indonesia and Yogyakarta Provincial Aids Committee (KPAP DIY).

Meanwhile, the stigma that develops that HIV/AIDS merely identical with the a homosexual, or transgender, turns unquestionable back if looking from the data. Hiv transmission aids this spread, even highest main precisely to risk factors heterosexual, is also which is one reason urgency HIV/AIDS intervention because the number of pairs heterosexual is the highest in society. As shown by a graph 2. A frequency distribution HIV/AIDS cases according to risk factors DIY Province 1993-2011 as following:

¹ www.aidsyogya.or.id

² www.aidsyogya.or.id

GRAPH 2: FREQUENCY DISTRIBUTION HIV/AIDS CASES ACCORDING TO RISK FACTORS, PROVINCE OF DIY 1993-2011



Source: Dinas kesehatan provinsi DIY in www.aidsyogya.or.id, Purwanti, 2012

The consciousness of doing safety sex for a much needed to suppress HIV/AIDS spread. For example, users of the services are reluctant to use condoms PSK (commercial sex workers) which increases the risk of transmission and when returning home had a chance to pass their partner. That phenomenon eventually gave rise of HIV AIDS high rates transmission in heterosexual.

The high growth of HIV/AIDS cannot be directly defined deployment that the height is only within that area. The emergence of high numbers could be caused also by the awareness to do Voluntary, Counseling and Testing (VCT) that are known to anyone who has HIV or AIDS either. Different access for VCT is ranging from each region socio economic condition. This awareness is also not in spite of the many NGOs which actively promotes on the dangers of the spread of HIV/AIDS and raise awareness for the saw itself as one way of preventing transmission. On the other hand, a group of high risk high in accordance with population includes couples of fertile age, PSK (commercial sex workers), transgender, and drug users.

The importance of HIV/AIDS intervention is also strengthened by Sontag:

*"AIDS has become a new "universe of fear" (Sontag, 1988, p. 73) in our time, posing a remarkable challenge to the achievement of rapport and trust in the fieldworker's situation. Rapport in face-to-face relationships is never easy."*³

It means that aids also be "fear of universe" needed concern, both of community (civil society) and government to perform HIV/AIDS intervention including reduction stigma of ODHA discrimination.

THE ROLE OF KPAP DIY

The establishment of the National Commission on AIDS (KPAN) through the Presidential Decree (keppres) No. 36 1994 then updated through the Presidential Regulation No. 75 (Perpres) in 2006. Both the regulation states that the Commission of AIDS Intervention (KPA) established at the national level, provincial, and district/city. A final decision on the formation of the KPA in the level to clarify the province and district/city is Permendagri number 20/2007 which sets out clear tasks of KPA areas, membership, including sources of financing activities. For the areas that already had AIDS then formation of Perda KPA should be mandated in the change. This is what being a legal formation of KPAP DIY (currently renamed KPAP DIY, which became the Coordinator of the KPA Kabupaten/Kota.

Various parties must implement efforts to HIV AIDS intervention under sekretariat KPA coordination. Head of KPA in the region must be able to equalize vision with all SKPD (institution of local Government) members of planning and then all do together in a regional strategy plan (renstrada) of HIV AIDS intervention. The programs become work plan 2010 owned KPAP DIY e.g :review vision and mission 2005-2010 and set 2011-2015 KPAP DIY vision, drafting workshop, FGD for management strategic discussion, team ad hoc meeting, socialization, communication systems and coordination meeting, preparation of standard competence, conducted instrument appraisal performance and a system of rewards and punishment, program of capacity building for sekretariat, and monitoring evaluation workshop. Those activities divided into sub-sub the event is a form of being adjusted to funding requirements, as described by management program KPAP DIY. According to that, in HIV/AIDS intervention programs, KPA Province DIY as legal institutional must be strengthening not only through coordination with District (Kabupaten) and city (Kota), but also with internal (which consists of Field Service and rehabilitation, Harm Reduction and Field Staff), as well as areas of promotion and stakeholder involvement in Prevention. HIV/AIDS intervention still has lack of coordination with the Health Service and Social Service/BKKBN. KPAP DIY is need to conduct coordination also with another stakeholder such as Ministry of women's empowerment, Ministry of Community Service of Transportation, Communication and Informatics, Ministry of religious affairs, Ministry of Law and human rights.

BUDGET MANAGEMENT

HIV/AIDS Intervention cannot separate from the budget allocation as implentation support of various programs. In addition, budget defined by Suharyanto⁴ define as a plan drawn up systematically, covering all the activities of the Agency, which is used in the unit (Unity) and monetary policies for a period (period) certain to come. Budget is also intended as a statement regarding the estimation of performance to be achieved during the period of time stated in size financially.

Not much different, Hariadi Restianto and defining budgets as Bawono⁵ statement about estimation of performance will be achieved during a certain period stated in size financially. The process of preparation of the budget is called with the process of budgeting. The Government budget has several main functions, e.g. planning, fiscal policy, political communication and coordination tools, assessment tools, as well as motivation tools create public spaces.

³ Gilbert Herdt and Andrew M. Boxer, Ethnographic Issues in the Study of AIDS, *The Journal of Sex Research*, Vol. 28, No. 2, Anthropology, Sexuality and AIDS (May,1991), pp. 171-187, Penerbit:Taylor & Francis, Ltd. Page. 174

⁴ H. Suharyanto, *Anggaran Berbasis Kinerja –konsep dan aplikasinya-*, Editor: Wahyudi Kumorotomo dan Erwan Agus purwanto, MAP UGM bekerjasama dengan Asosiasi DPRD Kota Seluruh Indonesia (ADEKSI), 2005. Page 2

⁵ Pramono Hariadi, Y.E Restianto & Icuik R Bawono, *Pengelolaan Keuangan Daerah*, Salemba Empat, Jakarta, 2010. Page.7

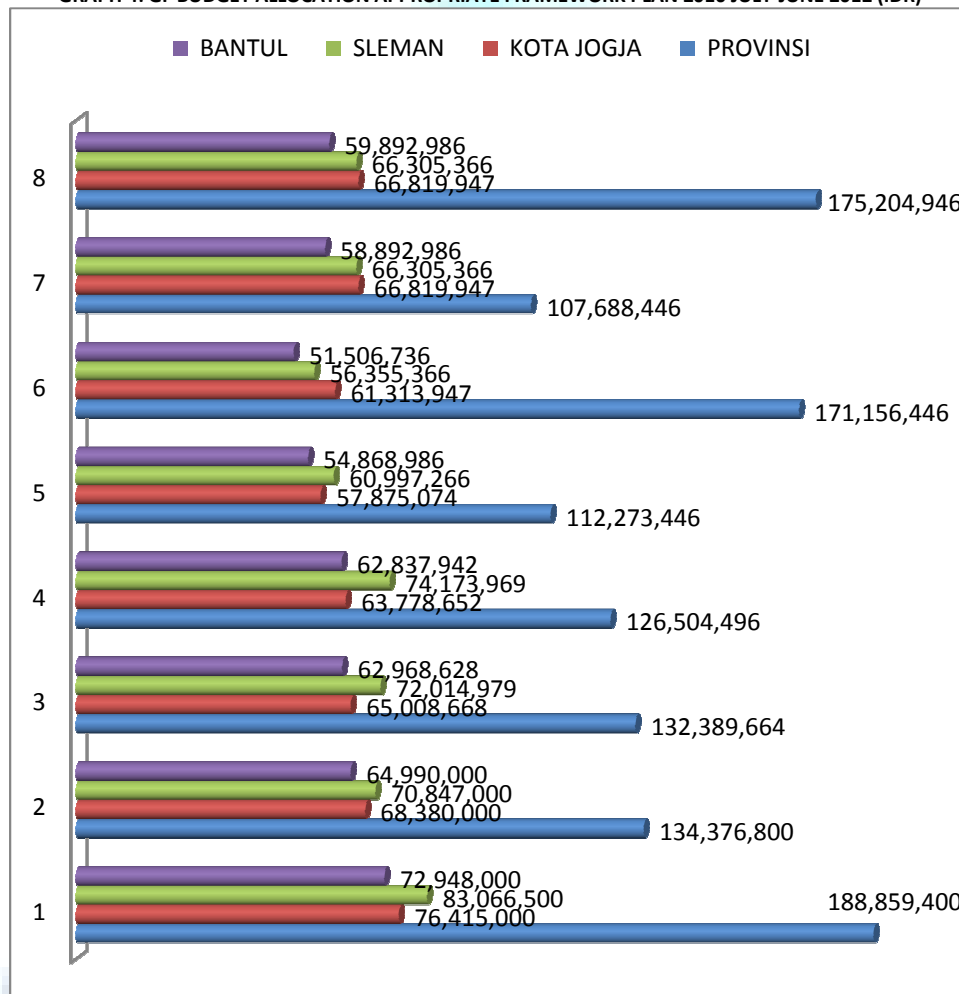
While Azwar⁶ said that health sector in Indonesia is still has problems of them are : 1 . The lack of the available budget 2 . The spread of the budget not according to needs 3 . The use of the budget not exactly 4 . The management of the budget perfect yet 5 . Increasing the cost of health care. According to that, authors can conclude that the allocation of HIV/AIDS intervention budget at least should be able to overcome that fifth problems. The proper management of the budget that is able to deal with conditions of limited funds, health costs are high, as well as being able to focus on the distribution of the budget according to the needs of the recipients of the program.

BUDGET PROBLEMS IN HIV/AIDS INTERVENTION

APBD as local Government annual financial plan is discussed and approved by the local government and legislative (DPRD) and then set out in Regulation (PERDA) is also an instrument in order to embody service and an increase in welfare of society to achieve the goal of State including HIV/AIDS intervention. The high growth figures for the spread of HIV/AIDS have been duly received more attention from all parties, including the Governments of both the Central Government and Governments in the region are reflected in regional financial instrument, namely the APBD.

Based on the interview to the management of KPA DIY , can be concluded that first , the fund source different namely of regional and funding . The APBD very minimal and most but used only to employee expenditure was still hampered by thawing the new funds disbursed after the middle of the fiscal year run. Second, even the activities of existing in KPAP DIY established in accordance with funding requirements. Third, the commitment of leaders and regional legislation determines HIV/AIDS budget allocation but with a required funding of Government concern (which is indicated by the presence of the budget appropriations, the funds companion) after the year 2011 are expected to be able to load government concern. Here are budget allocation appropriate framework plan KPA of Kabupaten Bantul , Sleman , Kota Yogyakarta dan Province of DIY :

GRAPH 4: GF BUDGET ALLOCATION APPROPRIATE FRAMEWORK PLAN 2010 JULY-JUNE 2012 (IDR)



Source: Purwanti 2012

Other barrier faced is the implications of fund delay from APBD allocation. A decrease in the number of budget allocations that are visible on the conditions of the budget plan. Political Will shown by the Government's commitment to allocate a budget for activities in HIV/AIDS intervention also gained a concern of the United Nations General Assembly Special Session (UNGASS). UNGASS is board of United Nation that creates measurement of Government's commitment and community partners in AIDS intervention. The measurement of this Government's commitment carried out using instruments of National AIDS Spending Assessment (NASA). NASA made only to gauge spending APBD, as a tool to take the Government source, whereas the allocation of the funding comes from, regardless of the cost was coordinated KPAN (e.g. from GF) .

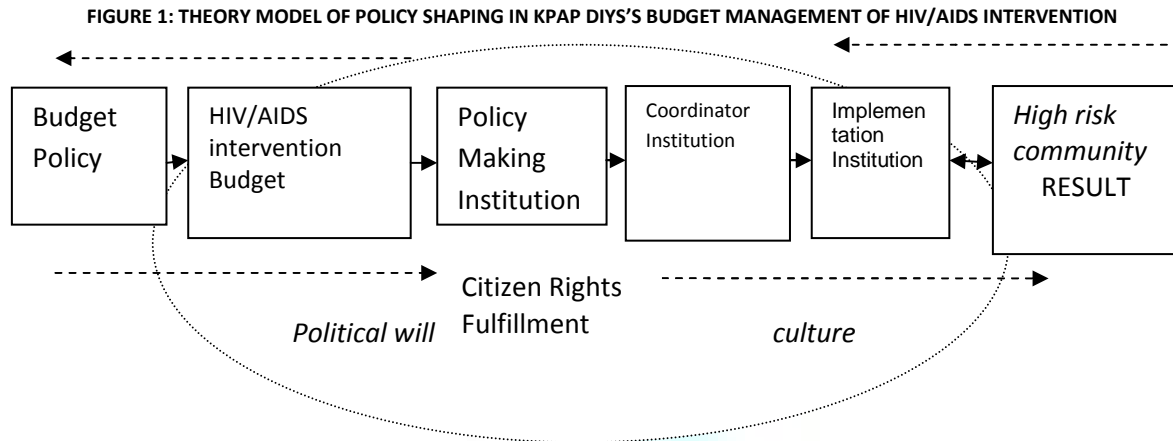
THEORY DEVELOPMENT: BUDGET MANAGEMENT OF HIV/AIDS INTERVENTION

The budget can be used as an instrument of coordination for all parts that are in the Organization, because of all the interrelated activities between one part with another part is set up properly. Coordination of functions P DIY-owned KPA is a synergy of activity demanding SKPD, KPA Kab/city and KPA P DIY. Coordination is necessary in order to create a right planning, which can show synergy of plan between them.

The budget for HIV/AIDS intervention that serves as the planning should be able to adjust the plans made for the various sections within the Organization, so plan an activity that one would be in synergy with the others. All budgetary policy processes are not only based on the process of current policy making, however there is a process of policy shaping also gave influence on overall budget cycle.

⁶ Azwar, Azrul, M.P.H., 1996, Pengantar Administrasi Kesehatan, Binarupa Aksara, Jakarta.

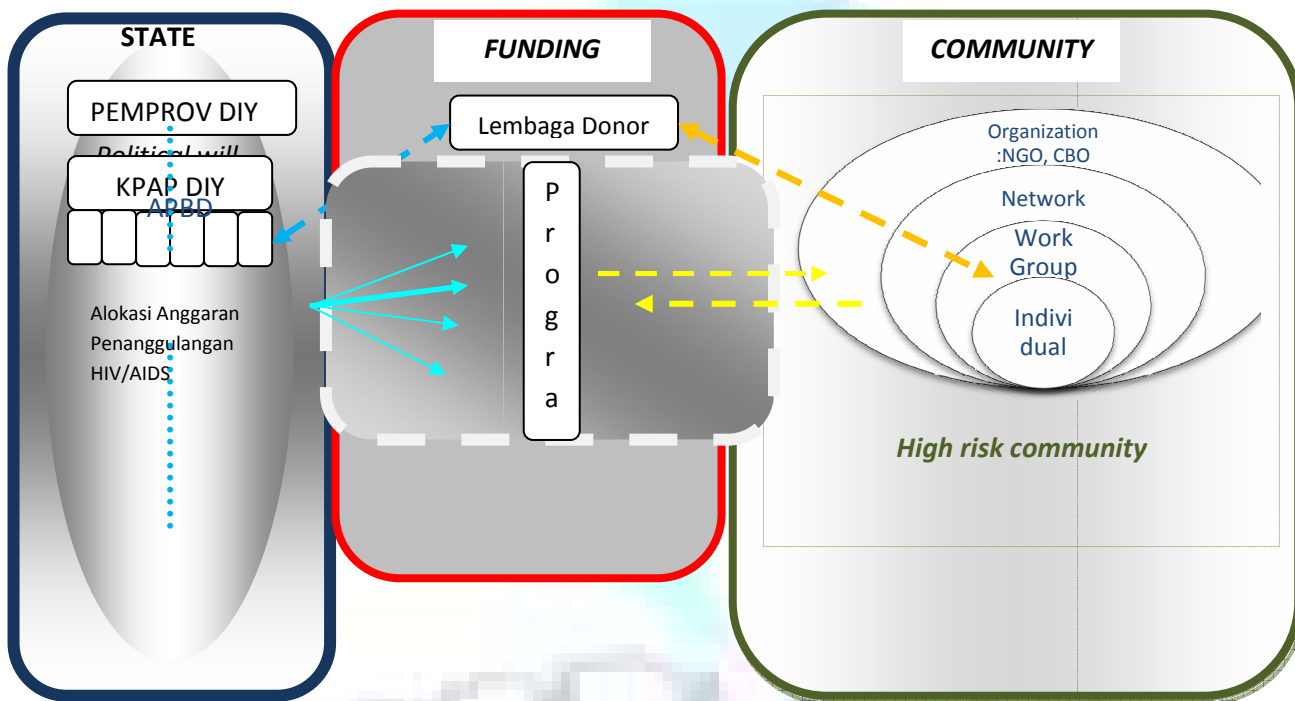
On the process of policymaking, political will was very important, negotiations conducted within the authority of the legislative to determine budget amount for HIV/AIDS intervention. Here is a model theory of policy shaping in KPAP DIYS's budget management of HIV/AIDS intervention:



Source: Purwanti, 2012

The model was explained that the process of shaping policy occurring concurrently with policy making process in HIV/AIDS budget management. Process policy shaping conducted by practitioners, community and NGO participation. More open access to do policy shaping, more current policy derived from processes and action policy society. More closed access to do policy shaping, more current policy derived from process policy making derived from the domain of government. Based on the analysis of data there are 3 domain in the management of the budget for HIV/AIDS intervention KPAP DIY: Government, funding and community.

FIGURE 2: DOMAIN OF BUDGET MANAGEMENT FOR HIV/AIDS INTERVENTIONS



Source: from konsep Nirinberg 1993 and Purwanti's Primer and Secondary research data 2012 in Purwanti, 2012

CLOSING REMARKS

HIV/AIDS intervention is cannot be separated from government and founding institutions budget allocation. On one side of HIV/AIDS committee has function as coordinator that manages and coordinates HIV/AIDS intervention activities. Strengthening of three main domain synergies, which is the domain of the state/government, funding and community. In the government domain, lack of budget is given, then an alternative reform a strategic position for HIV/AIDS Intervention Committee. It means that KPAP DIY must has independent budget allocation not inherent with another SKPD (Department of Health). If the strategic position is owned, although still in a number of budget allocation of limited but the coordination function is owned by the committee. Hence, budget for HIV/AIDS intervention would be able to run optimal.

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