Relation among Stakeholders in HIV/AIDS Response: Case Study Palu Municipality

Mustika Sari¹
Gabriel Lele²

Abstract
This study aims at acquiring data and information regarding why there is an increasing annual trend of HIV/AIDS in the city of Palu. In order to answer the aforementioned question, this research focused on the relation established among stakeholders involved in HIV/AIDS response. The ongoing trend of HIV/AIDS in the city of Palu has always been confronted with HIV/AIDS response policies in the form of: (1) finding as much cases as possible; (2) preventive measures; (3) policies on medication, support and treatment/care; and (4) empowerment policy. However, research results show that the increasing trend of HIV/AIDS found in the Palu Municipality is due to the poorly established relation among stakeholders, be it key stakeholders, primary stakeholders, or secondary stakeholders. In addition to the poor relationship established among stakeholders being observable through a number of negative characteristics seen in their interactional and relational patterns, it was also found that the said relation was influenced by each of the stakeholders’ power and interests.

Keywords:
relational patterns; HIV AIDS trends; stakeholders.

Abstrak
Penelitian ini bertujuan untuk mendapatkan data dan informasi mengenai mengapa tren HIV AIDS di Kota Palu mengalami peningkatan dari tahun ketahun?. Untuk menjawab pertanyaan tersebut, penelitian ini berfokus pada Relasi yang terbangun antara Stakeholders yang terlibat dalam implementasi penanggulangan HIV AIDS. Tren perkembangan HIV AIDS di Kota Palu selama ini disikapi pada kebijakan penanggulangan HIV AIDS berupa (1) Penemuan kasus sebanyak-banyaknya; (2) upaya pencegahan; (3) kebijakan pengobatan, dukungan dan perawatan serta (4) kebijakan pemberdayaan. Namun hasil penelitian menunjukkan naiknya tren HIV AIDS di Kota Palu karena buruknya relasi yang terbangun antar Stakeholders, baik Stakeholders kunci, Stakeholders primer dan Stakeholders sekunder. Buruknya relasi yang terbangun diantara stakeholders selain ditunjukkan dari beberapa karakteristik negatif dari pola relasi dan interaksi mereka ternyata juga dipengaruhi oleh power dan interest dari masing-masing stakeholders.

Kata kunci:
pola relasi; tren HIV AIDS; stakeholders.

¹ Universitas Gadjah Mada
Email: keybelawin@gmail.com
² Department of Management and Public Policy, FISIPO, Universitas Gadjah Mada
Introduction

The HIV/AIDS epidemic has brought about detrimental impacts on national development in Indonesia because not only has it influenced national health but national socio-economy, politics, and security defense as well. Additionally, it has also influenced individual social network, worsened life conditions, and led to discrimination which impacted the economy (Wallach and Brotman, 2012, Indonesian Ministry of Health, 2010). The Palu Municipality is not impervious to the issues of HIV/AIDS as the city has been witness to the annually rising trend in the amount of HIV/AIDS patients since the initial findings of HIV/AIDS case in 2002 which consisted of 3 HIV cases and 1 AIDS case. The cumulative data from the Palu Municipality Health Services shows that there were 429 cases of HIV, 199 cases of AIDS and 79 people who have died of HIV/AIDS between the period of 2002 until 2015 in the city of Palu. Meanwhile, as of January till June of 2016 there were 52 cases of HIV, 25 cases of AIDS and 6 deaths of HIV/AIDS (Palu Municipality Health Services, 2016).

Efforts in HIV/AIDS response has been undertaken by the Palu Municipality administration by involving several relevant stakeholders such as the Municipal Health Services, Social Services, and the Palu Municipality AIDS Commission. These efforts are not merely undertaken by the government, but nongovernment organizations and community groups concerned with HIV/AIDS mutually combine their efforts in prevention and community empowerment because HIV/AIDS is regarded as an issue which influences a lot of people, groups, or even organizations.

The issue often debated among stakeholders is the fact that a Regional Regulation (Peraturan Daerah – Perda) in the Palu Municipality is yet to be established as a legal umbrella in response to HIV/AIDS. In 2013, there was a hearing carried out between the Palu Municipality Regional People’s Representative Council (Dewan Perwakilan Rakyat Daerah – DPRD) and the People’s Solidarity for AIDS and Drugs (Solidaritas Masyarakat untuk AIDS dan Narkoba – Sekat) which was specifically aimed at identifying as well as mapping the issues surrounding HIV/AIDS in order to solve and provide a solution to the problems of HIV/AIDS in Central Sulawesi, particularly in the Palu Municipality which is the biggest contributor of HIV/AIDS cases (Sekat Sulteng in Radar Sulteng, 2013).

The lack of regional regulation in the city of Palu pertaining to HIV/AIDS response reflects the feeble commitment both the legislative and executive have towards HIV/AIDS response in the city of Palu. Not only should the legislative and executive be suspected, but the bargaining position of nongovernment institutions should also be questioned.

This study on the relation of stakeholders in HIV/AIDS response is aimed at finding an outlook on the actors involved, their knowledge, interests, power, strategies, positions, and obstacles in boosting support for the current HIV/AIDS response programs or policies, as well as finding out how the relations among these stakeholders in response to HIV/AIDS in the city of Palu work.

Literary Review

Stakeholder Analysis

Stakeholder analysis is very much needed for the success of a policy. Stakeholder analysis can detect issues and take action upon them in order to prevent any potential misunderstandings and/or oppositions against program or policy implementation. A program or policy will be presumably more successful
if stakeholder analysis were to be utilized in guiding its implementation. The theory of stakeholder analysis is a part of the management science discipline, particularly in business and economic science. The concept was initially published in the year 1984 by Freeman, in his publication regarding management strategies, wherein Freeman (1984) argued that stakeholder means “any group or individual who can affect or is affected by the achievement of the organization’s objectives”. Freeman’s study has become a basis for numerous scientists and other people of interest and the stakeholder theory has been implemented in various disciplines of science.

Stakeholder Definition

Bryson (2004) identified stakeholder with the following four definitions:

a. Stakeholder is any group that will affect or be affected by the organization’s strategy;

b. Any group or organization that can place a claim on the organization’s attention, resources, or output, or is affected by that output;

c. People or small groups with the power to respond to, to negotiate with, and to change the strategic future of the organization;

d. Individuals or groups who depend on the organization to fulfill their own goals and on whom, in turn, the organization depends.

Schmeer states that “stakeholders in a process are actors (persons or organizations) with a vested interest in the policy being promoted”. Based on the expert opinions above, it can be concluded that stakeholders are individuals or groups who can affect or even be affected by a policy.

In stakeholder analysis, the initial approach which must be undertaken is to identify the stakeholders so that the right means of their involvement can be planned. According to Mathur et al. (2007), there are 4 (four) ways or techniques of identifying stakeholders, namely: (1) the use of a generic list; (2) asking a set of questions; (3) using snowballing technique; and (4) stakeholder mapping. The first three techniques are generally oriented to identify stakeholders while the fourth technique not only can it indeed be used to identify stakeholders but it is also more strategic in the design and planning of the continuous involvement approach. This fourth technique of stakeholder mapping is also known as the stakeholder analysis technique.

Stakeholders can be categorized into several groups, wherein according to Putera and Suharto (2013) they can be distributed into 3 (three) groups, namely:

a. Key stakeholders, those who possess legal authority to make decisions. Key stakeholders cover the executive branch of government in accordance to its hierarchies, the legislative branch, and development program implementing institutions;

b. Primary stakeholders, those who possess direct connection of interest to a policy, program or project. They are usually involved in the process of decision making, particularly in order to take in public aspirations. Primary stakeholders may cover (1) the community identified to be impacted (either positively or negatively) by a policy, (2) community figures, and (3) public managers, public institutions or agencies responsible for determining and implementing a decision;

c. Secondary stakeholders, those who do not have direct connection of interest to a policy, program, or project but show their concern and attention which leads to advocating these concerns and attempting to influence the government’s legal decisions. Critic groups, professional NGOs, social organizations, and international financial institutions are categorized as secondary stakeholders.
Stakeholder Mapping

Stakeholder mapping is meant to anticipate the expectations of different stakeholders in various projects or policies. There are a number of techniques used for stakeholder mapping which are at times called stakeholder analysis technique. The most commonly used technique is by mapping stakeholders into a matrix with two of the stakeholders’ attributes serving as the axis, for instance by mapping them out based on the interest/influence matrix, impact/priority matrix, power/interest matrix, readiness/power matrix, support/opposition matrix (Mathur et al., 2007). The technique which utilizes the power/interest matrix is the most widely used.

Power versus Interest

Ackerman and Eden (2011) conducted stakeholder mapping of power vs interest in four grids, which are subjects, players, crowd, and context setters, as can be observed in the figure 1.

From the above figure it can be construed that Players are the ones with significant power and interest; secondly, the Subjects possess high level of interest but wield an insignificant amount of power; Context Setters wield substantial power but has little interest; as for Crowd, they possess insubstantial amount of both power and interest. The power vs interest grid specifically helps in determining which actors’ power and interest must be taken into consideration in determining existing issues. This can also be utilized to prioritize and highlight which coalition should be supported and which should be opposed, as well as which behavior should be maintained, what should be listened to, and who should be asked to engage in collaboration.

Relation among Stakeholders

According to Berko, Aitken and Wolvin (2010), relation is connection, association, or involvement, an emotional or other connection involving at least two people. In stakeholder analysis, relation becomes an important part of the study because once an individual engages in relation it leads to interaction which can increase commitment and loyalty to the relation.

1. Stakeholder Interaction

There are several definitions regarding “interaction” which cause confusion among scholars. The term interaction is often related to collaboration and cooperation yet in essence it has a whole different definition (Paatalo, 2014).
The term interaction can be defined simply as mutual influence of persons (MWOB in Paatalo, 2014).

As observed from stakeholder involvement in a dynamic context, interaction can be seen as a dynamic relation which connects person to person, group to group, or person to group. The interaction can take the form of collaboration or competition and conflict. There are two requisites necessary in order for interaction to take place, namely: (1) social contact and (2) social communication. Social contact is the relation between two persons or more through dialog with mutual understanding regarding their respective intent and objective (Sarwono W.S., 2000).

Paatalo (2014) elaborates 3 (three) important elements in stakeholder interaction, which are: (1) communication, which is the main element in collaboration and is defined as the mutual provision/sharing of information, opinions, thoughts through speech, research, symbols; (2) collaboration, which is defined as a synchronized and coordinated activity resulting from the effort of constructing and maintaining the conception of an issue; (3) integration, which is regarded as inter function orientation within the team referring to team and organization function.

2. Strength and Quality of Interaction

As elaborated by Apriyanti (2014), interaction can be assessed by two main criteria, which are strength of interaction and quality of interaction.

a. Strength of Interaction

There are a number of criteria utilized in assessing a strong interaction, namely:
1. Constant interaction frequency for a relatively long period of time. Strong interaction engages in frequent interaction through intense contact and communication within a long time period. The more frequent interaction is conducted through contact and communication, the stronger the interaction is among stakeholders. Conversely speaking, less frequent interaction will result in weaker bond of interaction.

2. Involving various forms of activities or events. Strong interaction is possible when stakeholders are involved in various activities together. The more variations there are in collaboration activities of stakeholders, the stronger the bond of interaction will become. While the less activities there are undertaken by stakeholders, the weaker the interaction is (Kelley, in Dayakisni Tri and Hudaniah, 2006).

b. Quality of Interaction

Robert in Ratri, S.A (2007) states that interaction quality is influenced by several factors such as transparency, accountability, and participation.
1. Transparency pertains to mutual openness of stakeholders in planning and implementation of activities. Stakeholders must mutually provide accurate and appropriate information, particularly to the Regional Government that must guarantee free and easy access of information to the community. Transparency is reflected in the ease of communication and information sharing process occurring among stakeholders. The higher the transparency level is, the better the quality of interaction will be.

2. Accountability, which is a form of responsibility the activity implementing actors have to other stakeholders who are hierarchically above or below their level.

3. Participation, which is the active involvement of all stakeholders and not merely passively joining in the activities.
Discussion
The Issue of HIV/AIDS in Palu Municipality

The city of Palu is one of the regions with a high level of HIV/AIDS transmission, the 3 cases reported throughout the year 2002 had become 52 cases reported between January and June of 2016 (Palu Municipality Health Services, 2016). The HIV/AIDS situation in Palu Municipality shows annual increase, wherein cumulative assessment of HIV/AIDS cases from 2002 until 2015 shows 429 cases of HIV, 199 cases of AIDS, and 79 deaths of HIV/AIDS. In the period between January and June of 2016, there were 52 cases of HIV, 25 cases of AIDS, and 6 deaths of HIV/AIDS reported.

HIV/AIDS Policy in the Palu Municipality

There are a number of policies implemented by the Palu Municipality administration in suppressing the number of HIV/AIDS transmission. These policies are based on the Ministry of Health Regulation Number 21 Year 2013 and Ministry of Home Affairs Regulation Number 20 Year 2007 as well as program implementation undertaken by the Palu Municipality administration. These policies are as follows:

1. Efforts in finding as much cases as possible
   
   In this stage, the Palu administration implements the Mobile VCT program to key populations. This is a program funded by GF (Global Fund) and has been renamed to New Funding Model (NFM). The main target of this program is reaching out to key populations.

2. Preventive Measures
   
   The HIV/AIDS policies apply to people who have contracted the illness and to those who haven’t. This policy is realized through seminars of peer educators, outreach by conducting mapping of key populations and populations at risk, as well as conduct activities such as AIDS contemplation night, field survey, prison survey, information dissemination at schools, program dissemination to HIV/AIDS free communities, program for pregnant women, and condom distribution.

3. Treatment/Care, Support and Medication
   
   As a coordinative effort among services aimed to strengthen and develop healthcare, the Palu Municipality administration has carried out treatment/care, support and medication programs. The Health Services along with the Social Services, Palu Municipality HIV/AIDS Commission, and NGOs concerned with HIV/AIDS have undertaken various efforts pertaining to treatment/care, provided support to PLWHA and provided medication. These programs are implemented in the form of mediating neglected PLWHA, providing referrals and medication for PLWHA, contacting assisting officers, opening clinics at prostitution areas, finding and providing medication and care for PLWHA, providing community health center services to HIV/AIDS patients, providing psychological support to PLWHA, conducting approach without discrimination, providing support to reactive or nonreactive patients.

4. Empowerment
   
   As stipulated in the Ministry of Home Affairs Regulation Number 20 Year 2007, empowerment means establishing the Citizens AIDS (Warga Peduli AIDS) program, forming a MSM Community, HIWARI (Himpunan Waria Indonesia – Indonesian Transgender Association) community, accomplishing targets of behavioral change, training key populations, carrying out VCT motivational activities, conducting capacity building and training activities.

Identification and Mapping of HIV/AIDS Response Stakeholders in the Palu Municipality

The most important issue in stakeholder analysis is conducting identification and
mapping of stakeholders, referring to Putera in Suharto (2006) the stakeholders can be identified in table 1.

The identification table above shows that in the city of Palu, there are several parties affecting and being affected by a policy pertaining to HIV/AIDS response. It can be observed to have started from the key stakeholders, which are the Mayor of Palu, the Vice Mayor of Palu, the Palu Municipality DPRD, Palu Municipality AIDS Commission (KPA), Health Services, Manpower and Social Services, and the Ministry of Religious Affairs. As for the primary stakeholders, they consist of Citizens AIDS (WPA), People Living with HIV/AIDS (Orang Dengan HIV/AIDS – ODHA), women sexual workers, customers, key population, pimps and the general public. Secondary stakeholders consist of AIDS Support Center (ASC), Central Sulawesi Indonesian Family Planning Association (PKBI), and Fatayat NU.

Table 1. Stakeholders of HIV/AIDS Response in the Palu Municipality

<table>
<thead>
<tr>
<th>No</th>
<th>Key Stakeholders Code</th>
<th>Primary Stakeholders Code</th>
<th>Secondary Stakeholders Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mayor of Palu W</td>
<td>Citizens AIDS (WPA) WP</td>
<td>AIDS Support Center (ASC) NG1</td>
</tr>
<tr>
<td>2</td>
<td>Vice Mayor of Palu WW</td>
<td>People Living with HIV/AIDS (ODHA) O</td>
<td>Central Sulawesi Indonesian Family Planning Association NG2</td>
</tr>
<tr>
<td>3</td>
<td>Palu Municipality DPRD D</td>
<td>Women Sexual Workers WS</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Central Sulawesi Provincial AIDS Commission KP1</td>
<td>Customers PL</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Palu Municipality AIDS Commission KP2</td>
<td>Key Population KL Fatayat NU NG3</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Palu Municipality Health Services DK</td>
<td>Customers PL</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Manpower and Social Services DS</td>
<td>Key Population KL</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Ministry of Religious Affairs KA</td>
<td>General Public MU</td>
<td></td>
</tr>
</tbody>
</table>

Source: Research results

Based on the analysis of key, primary, and secondary stakeholders, an illustration regarding the interest, influence, knowledge, resource, awareness, strategy and suggestion of the respective stakeholder in response to HIV/AIDS in the city of Palu can be observed. Upon this analysis, the following step is to categorize the stakeholders through a scoring technique by using the likert scale. The scoring is an assessment of the interest and power/influence of each stakeholder by using the following four parameters: (1) efforts in finding as much cases as possible; (2) preventive measures; (3) efforts in treatment/care, support and medication; and (4) empowerment efforts. Through this scoring process, a categorization of stakeholders was achieved in order to understand those that are really concerned or are influential to HIV/AIDS response policies in the city of Palu.

From the figure 2, there are four categories of stakeholders observed in the HIV/AIDS response activities in the Palu Municipality, namely Subjects (Box A), Players (Box B), Crowd (Box C), and Context Setters (Box D).

1. Subjects (box A) are stakeholders with high level of interest but low power.

This group consists of ASC, Fatayat NU, key populations, PLWHA, and WPA. The stakeholders found in this box are a part of primary and secondary stakeholders. ASC and Fatayat are nongovernment organizations grouped together as subjects. ASC has an interest in carrying out empowerment of PLWHA, providing input to the government.
regarding implemented policies pertaining to HIV/AIDS response, as well as attempting to conduct outreach for PLWHA. It is such a pity that ASC only has power in communicating and approaching key populations, yet it is rendered powerless in influencing policies implemented by key stakeholders.

Fatayat NU is a nongovernment organization that also possesses a high level of interest regarding the issue of HIV/AIDS despite its low level of influence. Fatayat's interest is visible in its efforts to provide care for women and children at the Tondo Kiri prostitution area in order to change their behavior. At the moment, Fatayat NU only has influence on easier access to a prostitution area. The chairperson of Fatayat has a good relationship with one of the pimps in Tondo Kiri making it easier to acquire information regarding women sexual workers, raids or other activities occurring in the area.

PLWHA are stakeholders with a high interest in the issue of HIV/AIDS. PLWHA are very dependent on the provision of medication and healthcare carried out by the government. Without availability of proper treatment and medication, the status of PLWHA can change from HIV to AIDS. Unfortunately, PLWHA do not have any influence or power in the implementation of HIV/AIDS policies.

In addition to PLWHA, WPA is also included in box A. As an institution established by the KPA (AIDS Commission), WPA is meant to provide understanding to the community regarding the danger and transmission of HIV/AIDS. Regarding HIV/AIDS response, WPA has easy access to prostitution areas and can easily communicate with the community particularly women of the household. Unfortunately, WPA does not have sufficient funding to engage in much more extensive outreach programs.

Key populations are also stakeholders who should be taken into consideration in HIV/AIDS response activities. This community has a high interest pertaining to the empowerment of their community members and advocacy, unfortunately, they do not have any influence to induce change in government policies.

2. Players (Box B) are stakeholders with not only a high level of influence or power but a high level of interest as well.
In the HIV/AIDS program, these stakeholders consist of the Mayor, the Vice Mayor, DPRD, Health Services, Provincial KPA, Palu Municipality KPA, PKBI, and Ministry of Religious Affairs.

The Palu Mayor as the head of the region and also as the Chairperson of the Palu Municipality KPA has high interest and influence. The Mayor of Palu wants prevention programs be implemented so that HIV/AIDS does not spread more extensively. The Mayor should be able to employ political coordination with other stakeholders and advocate the initiation of a regional regulation on HIV/AIDS in the Palu Municipality bearing in mind his role as a regulator.

Other stakeholders included in Box B or as Players is the Vice Mayor. In the same light as the Mayor, the Vice Mayor should be able to support the policy of the Mayor. The interest and influence of the Vice Mayor in the issue of HIV/AIDS is also very high. The Vice Mayor is keen on coordination and prevention efforts regarding HIV/AIDS. As the head executor of the Palu Municipality KPA programs, the Vice Mayor has the power to carry out coordination with relevant stakeholders.

As a legislative institution, DPRD has a substantial interest in the issue of HIV/AIDS. It is not merely a health issue but is also a political one which requires the influence of DPRD in bringing to fruition regulations pertaining to HIV/AIDS response and budget allocation.

The Provincial KPA also has significant interest and power in the issue of HIV/AIDS. The position it wields can be maximized to not merely coordinating relevant Regional Work Units (SKPD) but to realize locally based program initiatives keeping in mind that the Provincial KPA can intervene programs and conduct two-way communication.

The Palu Municipality KPA is also included in Box B or Players bearing a significant level of interest and power. As a key stakeholder, the Palu Municipality KPA is able to reach key populations and change their behavior by coordinating with relevant stakeholders. Regrettably, this position’s potential is not being maximized.

As one of the implementers of HIV/AIDS related programs, the Health Services has quite a substantial power and interest in finding cases, HIV/AIDS prevention, medication, support and treatment/care. Regarding its position, the Health Services can engage in communication with key populations and the community. Unfortunately, the Health Services remains unsatisfied with the budget allocation for addressing the issue of HIV/AIDS thus far.

As one of the nongovernment organizations, PKBI is included in Box B or assumes the role as Player. This is based on activities of advocacy, assistance and empowerment PKBI undertakes up till today, wherein PKBI is always in collaboration as partner or being involved in HIV/AIDS programs by the government.

The last stakeholder included in Box B is the Ministry of Religious Affairs. As one of the government institutions assuming a role in fostering moral and religious education, the Ministry of Religious Affairs has the power in communicating with all layers of society through the media of preaching (dakwah) conveyed by religious clerics in the city of Palu.

3. Crowd (Box C) are stakeholders with low level of power and interest in HIV/AIDS response.

This group consists of pimps, general public, women sex workers, and customers of prostitutes. The community in the city of Palu are very aware of the danger of HIV/AIDS, yet their awareness has yet able to encourage the community to become more actively involved in the efforts of addressing the issue of HIV/AIDS. The community merely desires a healthy environment. Additionally, the community’s
access to be actively involved in HIV/AIDS activities is not quite accessible yet.

Pimps are one of the stakeholders who deserve attention in the issue of HIV/AIDS as they have influence in controlling prostitution areas, women sex workers, and cafes. With the influence or power pimps wield, they are also capable of bribing officers so they would not be raided. The pimps interest basically lies in having income generated from the prostitution areas.

Aside from pimps, women sex workers and customers are also stakeholders with insignificant power and interest in HIV/AIDS response. While in fact, upon observation of the HIV/AIDS issue in the city of Palu, women sex workers and customers are one of the links of problematic chain in HIV/AIDS which must be severed.

4. Context Setters (Box D) are stakeholders with substantial power or influence but low interest, in which included in this box is the Social Services.

As stipulated in the Ministry of Home Affairs Regulation Number 20 year 2007, the Social Services is one of the members of Palu Municipality KPA. The influence of Social Services in HIV/AIDS response is quite significant as they have the capacity to coordinate the private and government sectors. It is such a pity that based on the analysis of this study, the Social Services’ interest in issues pertaining to HIV/AIDS remains to be regarded as low. The Social Services seems to lack concern towards PLWHA in the city of Palu. This is shown from complaints found which originated from the Health Services regarding PLWHA who had been neglected or had no fund to sustain themselves.

Figure 2.
Relation of Stakeholders Which Influence the Rising Trend of HIV/AIDS in the Palu Municipality

Source: Data processed in 2016
The Relation Established among Stakeholders regarding the Implementation of HIV/AIDS Response in the Palu Municipality

As mentioned in the previous passages, this study argues that the rising trend of HIV/AIDS in the city of Palu is caused by the relation among stakeholders in HIV/AIDS response. In periods when the relation of stakeholders ran smoothly, a decline in the trend of HIV/AIDS in the city of Palu was observed. On the contrary, in periods when the relation of stakeholders did not run well, a constantly rising trend of HIV/AIDS was obvious. In this section, the relation among all stakeholders, which are the key, primary, and secondary stakeholders, will be elaborated.

Generally, the relationship established among a number of stakeholders in the implementation of programs pertaining to HIV/AIDS in the Palu Municipality can be regarded as poor, which consequently influence the rising trend of HIV/AIDS per annum. This poor relationship can be observed in the following figure.

The above figure shows the relation established among key, primary, and secondary stakeholders in the implementation of HIV/AIDS response in the city of Palu. The Mayor, Vice Mayor, and DPRD have not maximized the power and interest bestowed upon them, thus budget support and regional regulation pertaining to HIV/AIDS response experienced program failures. In addition to that, the Provincial KPA, the Municipal KPA, the Health Services and Social Services formed relations that are limited to coordination during meetings, which leads implementation of programs to becoming reliant on central government programming which is not representative of the regional programs. The Ministry of Religious Affairs undertook efforts pertaining to HIV/AIDS response but merely limited to preaching activities. This has not been able to induce behavioral changes which is one of the factors exacerbating the transmission of HIV/AIDS.

The figure above also shows the relation established among the general public, PLWHA, WPA and key populations. These groups are not often involved in the several existing HIV/AIDS response activities causing them to lack understanding of government policies. It is interesting to note that among the primary stakeholders, there is a negative relation established, which is the relation between women sex workers, pimps, and customers.

This relationship only emphasizes satisfaction and material wealth. As a result, the number of PLWHA becomes unpredictable. Women sex workers, pimps, and customers are often considered as program targets who are left without any solution that can severe the chain of negative link established among them.

The final relation observed from the figure above is the relation among NGOs, namely ASC, PKBI, and Fatayat NU. These three nongovernment organizations have the same concern in regards to HIV/AIDS response. Regrettably, they tend to operate independently separate from each other, despite the fact that there are still numerous PLWHA who remain concealed and unreachable.

Of the various relations established above, it can be concluded that the relation which has been established as of current tend to be of poor quality. This can be observed by the use of two indicators, namely the failure and inability to accomplish the determined target, and the quality or strength of interaction established by the stakeholders. This poor relation can be seen using a number of indicators, among others are:

1. Communication. It is through communication that information can be mutually acquired among stakeholders. The lack of communication may increase distrust among stakeholders with varying interests and power. From the above explanation, the quality of communication fostered among stakeholders regarding
HIV/AIDS response in the Palu Municipality is quite obvious. Both vertical and horizontal communications have not been established effectively despite the fact that communication is highly influential for any policy to be accepted by the target groups. As a result, poor communication process will become a weak point in achieving an effective implementation of state policies.

2. Collaboration. HIV/AIDS response in the city of Palu also experiences issues regarding collaboration. Collaboration is a negotiation strategy employed to reach a mutual agreement from differing interests of persons or groups that actually have the same interest in a common goal. Munt (2003) is of the opinion that collaboration among actors is a process of carrying out program for establishing relations among organizations which creates a collaborative pattern aimed at achieving the goals intended by individuals, groups, organizations or institutions generating a meaningful and sustainable output.

3. Transparency. In the context of HIV/AIDS response in the Palu Municipality, transparency is one of the requisites used to assess the quality of interaction among stakeholders. As stated by Dwiyanto (2005), there are three indicators which can be utilized to measure transparency: (1) measuring the transparency level of public service implementation process. The assessment on transparency covers the entire process of public service including the necessary time requirement as well as the service procedure or mechanism which must be fulfilled; (2) referring to how easy or simple is a service procedure and regulation understood by users and other stakeholders; (3) regarding ease of access to information on various aspects of public service implementation. In order to realize such services, transparency, which refers to procedures, program planning or easy and open access to information is very much needed in supporting government policies.

4. Participation. In terms of HIV/AIDS response, participation is also a determining indicator of interaction quality. Participation should not only be considered as a yardstick in the relation between, for instance, the government and the community or between the government and the NGOs, as participation will also provide an illustration of the government’s efforts in running the country with principles of good governance. Burns, et al. (2004) assert that community participation refers to individual and community involvement in the decision making process of issues that influence their lives. There are people who at times do not want to be involved in the decision making process but are still of the opinion that everyone should have that opportunity. Burns assessed that participation is necessary to enhance democracy and service accountability.

5. Accountability. As stipulated in the Ministry of Home Affairs Regulation Number 20 Year 2007, accountability means that every implementation of community empowerment activities regarding HIV/AIDS response to local communities or all relevant parties can be accounted for in accordance to the prevailing rules and regulations. As Kumorotomo (2008) stated, accountability for the sake of check and balances is a gauge which indicates whether services or public bureaucratic activities conducted by the government are in line with the norms and values adhered to by the people and whether the provided public services can adequately articulate the real needs of the people.

Based on the indicators above, we can observe the relationship which has been established by the stakeholders in the Palu Municipality in response to HIV/AIDS. This poorly established relation will continue to
influence the rising trend of HIV/AIDS in the city of Palu.

**Conclusion**

The main focus of this study is to answer the question, why is there a yearly rising trend of HIV/AIDS in the Palu Municipality? By analyzing the established relation among stakeholders elaborated in the previous sections, it can be concluded that the rising trend of HIV/AIDS in the city of Palu is due to the poor relation established among all stakeholders, be it key stakeholders, primary stakeholders, or secondary stakeholders. In addition to the poor relationship established among stakeholders being visible through a number of negative characteristics seen in their interactional and relational patterns, it was also found that the said relation was influenced by each of the stakeholders’ power and interests.

Referring to the categorization of stakeholders based on the power and interest grid, it can be concluded that the stakeholders involved in HIV/AIDS response in the city of Palu were also influenced by the power and interests wielded by each of the stakeholder. The respective power and interest of the stakeholders in HIV/AIDS response actually determine their positions. Although bearing more or less the same high level of power the stakeholders’ positions can subsequently differ when mapped out according to their interests as every stakeholder has their own differing interests.

In addition to the power and interests of the respective stakeholder, the poorly established relation among them is also influenced by: (1) communication; (2) collaboration; (3) Transparency; (4) participation; and (5) accountability.

**References**


**Government Regulations**

Regulation of the President of the Republic of Indonesia Number 75 Year 2006 concerning the National AIDS Commission.
Regulation of the Ministry of Health of the Republic of Indonesia Number 21 Year 2013 concerning Response to HIV and AIDS.