Estimating the number of key affected population (KAP) and people living with HIV (PLWHA) in Bali Province:

Small initiative for big impact in planning and evaluating HIV prevention programs

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BACKGROUND

- KAP and PLWHA are targeted for HIV prevention programs, thus determining their numbers for planning and evaluation is critical.
- The 2012 national estimate for KAP and PLWHA for Bali resulted in 275,325 KAPs and 26,139 PLWHA, numbers that planners and programmers in the province considered too high.
- A local re-estimate was conducted at provincial and district level to gain the more appropriate number

METHODS

- We used several data sources:
- Local mapping; a 2010 estimate for IDUs; Local behavior surveys (2012, 2013, 2014), IBBS (2011), 2012 national estimate for KAP and PLWHA.
- Local mapping was conducted to estimate direct, indirect female sex workers (FSWs), and transgender.
- Mapping result, National data (IBBS 2011; 2012 National estimate for KAP and PLWHA), and local behavior surveys were used to estimate other KAPs including clients of FSWs and transgender, low risk men and women
- Estimation done for MSM used 2012 National estimation; while for IDUs was use 2010 local estimation
- PLWHA was calculated by multiplying KAP by documented HIV prevalence among sub-KAPs.

RESULTS

Table 1 Comparison of Re-estimation of KAP and PLWHA of Bali Province in 2014 and National estimation in 2012

Group	Number Key Affected Population		Number PLWHA	
	National	Bali Province	National	Bali Province
Direct FSWs	3.378	1.481	592	280
Client of FSWs	214.876	118.259	6.966	2.720
Indirect FSWs	3.464	3.521	491	176
Client of Indirect FSWs	15.502	115.209	278	922
Transgender	1.296	650	397	221
Client of Transgender	20.752	10.408	1.057	479
IDUs	1.959	546	706	306
MSM	14.098	14.098	949	949
Low risk man	-	-	3.388	1.674
Low risk women	-	-	11.317	5.508
Total	275.325	264.172	26.139	13.235

- Number of KAPs for Bali was slightly lower than national data (264,172)
- The estimate of PLWHA for Bali Province was reduced by almost half (13,235).
- Major source of differences: HIV prevalence figures that based on local surveillance and the numbers of clients of FSWs
- Number of client of direct FSWs in Bali was lower but the number of clients of indirect FSWs in Bali was seven times higher than estimated at national level; documented HIV prevalence for indirect FSW was lower than that used to develop the national estimate.

Distribution of KAP and PLWHA among districts were also differed from what have been estimated on 2012 National estimation.

Distribution of KAP among district showed the 4 highest district are 1. Denpasar (87.833), 2. Buleleng (55.876), 3. Badung (37.521) and Gianyar (24.040), while 2012 National estimation showed the forth highest Rank are 1. Denpasar, 2. Gianyar, 3. Badung, 4. Buleleng.

CONCLUSION

Despite lacking some data, this initiative provides crucial information for planning and allocating HIV program resources and provides more accurate targets for HIV prevention programs in Bali.

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