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Implementation Of Central Bengkulu Regency Regulations No 16 Of 2017 Concerning Implementation Of The Malaria Elimination Program (Case Study Of The Implementation Of The Malaria Elimination Program At The Sekayun Community Health Center, Bang Haji District, Central Bengkulu Regency)

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A B S T R A C T

This research aims to find out and analyze how the Central Bengkulu Regent's Regulation No. 16 of 2017 is implemented regarding the Implementation of the Malaria Elimination Program at the Sekayun Health Center and to find out and analyze the obstacles to the Implementation of Central Bengkulu Regent's Regulation No. 16 of 2017 concerning the Implementation of the Malaria Elimination Program at the Sekayun Community Health Center. This research is qualitative research with 4 informants. Data analysis uses stages of data reduction, data presentation, and drawing conclusions. The results of the research show that the implementation of Central Bengkulu Regent Regulation No. 16 of 2017 concerning the Implementation of the Malaria Elimination Program at the Sekayun Health Center, Bang Haji District, Central Bengkulu Regency in the Eradication, Pre-Elimination and Elimination stages has not been optimal. This is due to the lack of budget support from the Regional Government of Central Bengkulu Regency and the lack of cooperation or support from NGOs, professional organizations, and support from the community in implementing this program.

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INTRODUCTION

Malaria is an infectious disease that is a global public health problem. Based on data from the 2015 World Malaria Report, it was found that there were 214 million Malaria cases and 88% of them were in Africa and the number of deaths was 438,000 people (WHO, 2015). Currently, prevention of the spread of Malaria in geographical areas in Indonesia has begun in 2020, in accordance with the government's target that as many as 325 districts/cities in Indonesia must have Malaria-free certification.

The Ministry of Health of the Republic of Indonesia has set a target for the complete elimination of Malaria by 2030. Elimination of Malaria will be carried out in stages so that the expected goals can be achieved in line with expectations, where the Provinces in Indonesia have achieved the desired goal, namely the elimination of Malaria by 2030. In the Regulations President Number 2 of 2012 concerning the 2015-2019 National Medium Term Development Plan designated Malaria as a priority disease that requires treatment (Ministry of Health, 2017). The Malaria situation in Indonesia shows that 10.7 million people still live in Malaria endemic areas. This region mainly includes Papua, West Papua, and NTT. In 2017, 266 (52%) of the 514 districts/cities in Indonesia were Malaria free, 172 districts/cities (Directorate General of PP and PL Ministry of Health, 2019).

The Ministry of Health, (2011) said that to eliminate Malaria cases, the Indonesian government has set targets for eliminating Malaria in Papua Province, West Papua Province, NTT Province, Maluku Province, and North Maluku Province to detect early and provide appropriate treatment, namely through diagnostic tests. . The symptoms of Malaria that occur in each endemic area certainly vary. The three factors that influence the occurrence of Malaria cases are the host (humans and mosquitoes), the pathogen (parasite), and the environment.

Bengkulu Province is one of the Malaria endemic provinces because there are factors that support the breeding ground for Malaria vectors. According to Statistics Indonesia population estimates 2010-2035, Bengkulu Province had a population of 1,874,944 in 2015, which may indicate Malaria. Malaria is one of

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the top 10 diseases with 33,814 cases of Malaria 1.40 per 1000 population, while the death rate (CFR) is 00.4 and the morbidity rate has decreased so that in 2014 there was 25.3 Malaria per thousand population. There are 10 districts/cities under the administrative area of Bengkulu Province. In 2015, Bengkulu City was the largest city suffering from Malaria with a population of 8,292 people (Bengkulu Provincial Health Office, 2015).

In 2018-2020 Malaria cases still occurred in 4 (four) Community Health Centers with the highest cases being in the Sekayun Community Health Center. Even though the Health Service had previously announced the elimination of Malaria in 2018. However, during the preparation for the assessment and sampling from the Ministry of Health of the Republic of Indonesia, there was an increase in malaria cases in 2018 by 80 cases which caused the assessment to be cancelled, so that the 2018 Malaria Elimination target was not achieved.

Malaria incidence is decreasing based on routine reports, as seen in the annual parasite incidence rate (API). Central Bengkulu Regency in 2020 had an API value of 0.08 per 1,000 population or 9 positive cases of Malaria, in 2021 the API value decreased to 0.00 per 1,000 population or zero (0) cases, whereas in 2022 there were no cases , positive cases (0) zero cases per 1000 population (Bengkulu District Health Service, 2022).

Factors that influence the prevalence of Malaria in Central Bengkulu Regency include geographic location. Providing a breeding and resting place for Malaria mosquitoes. Central Bengkulu Regency is an area with quite a lot of population movement. Transportation activities between districts and provinces, economic activities, plantations, education and trade, as well as migration activities of people coming from outside the district. Central Bengkulu is quite high (BPS, 2020).

MATERIALS AND METHODE

This research uses a qualitative research approach. Qualitative research treats objects as dynamic objects, the result of mental construction and interpretation of phenomena observed as a whole, because every aspect of an image object has a unity that cannot be separated. Qualitative research is holistic in nature and focuses more on the process, so that qualitative research can look at the implementation of Central Bengkulu Regent Regulation No. 16 of 2017

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concerning the Implementation of the Malaria Elimination Program at the Sekayun Community Health Center.

In this research, 4 informants were taken.

1. Person in charge of the Malaria program for the Central Bengkulu District Health Service is 1 person
2. dr. Sekayun Health Center 1 person
3. Person in charge of the Sekayun Health Center Malaria program is 1 person
4. Head of household/family member positive for Malaria in the Sekayun Community Health Center working area. 1 person

Informants in this research were taken using a purposive sampling technique, namely informants who understand and are directly involved in the implementation of the Malaria Elimination Program at the Sekayun Community Health Center.

The research uses qualitative analysis. The activities in data analysis are data reduction, presentation of data and drawing conclusions.

1. Data reduction is an activity that summarizes the main and important aspects of interviews conducted with informants. Therefore, the results of the interviews obtained from the research informants are taken to the essence which is related to the information we need.
2. Presentation of data is the presentation of the results of interviews with informants who have carried out data reduction and subsequent analysis of answers from each informant to find out and find information to obtain conclusions in research.
3. Drawing conclusions is the drawing of conclusions from the results of interviews with several informants who have carried out data reduction and data presentation, so that research results are obtained in accordance with the objectives of the research.

RESULTS AND DISCUSSION

The results of the research show that the implementation of Central Bengkulu Regent Regulation No. 16 of 2017 concerning the Implementation of the Malaria Elimination Program at the Sekayun Community Health Center, Bang Haji District, Central Bengkulu Regency in the Eradication, Pre-Elimination and Elimination stages has not been optimal. This is due to the lack of budget support from the Regional Government of Central Bengkulu Regency and the lack of cooperation or support from NGOs, professional organizations, and support from the community in implementing this program.

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The results of this research are in line with research studies conducted by Ekky Ikhwansyah Asdar Siahaan Research (2018) which found that the implementation of iMalaria prevention policies in the Ujung iKubu iPuskesmas working area is still not optimal, there are several obstacles in dealing with iMalaria, namely, such as insufficient operational costs, the community Those who do not play an active role in preventing Malaria are because in the community's environment it is very rare for environmental clean-up to be carried out due to the blockage of water channels which are filled with waste and when the community receives the presentation regarding Malaria prevention by the health center staff, it is only listened to but is still not implemented in practice. run optimally, This means that there is a need for public awareness in preventing disease and also the role of the government in terms of operational costs, and increasing workforce.

In the Regulation of the Regent of Central Bengkulu No. 16 of 2017 concerning the Implementation of the Malaria Elimination Program, Article 6 explains the stages of malaria elimination as follows: 1) Eradication Stage (Not all health service units are able to examine cases laboratory (microscopically), service coverage and resources are limited; If all fever sufferers in the health service unit have had their blood smear checked, then the Positive Slide Rate (SPR) is still > 5% and there are intensive malaria control efforts to: achieve SPR < 5%; as well as the involvement of the government, regional government, private sector, NGOs, Professional Organizations, International Institutions and other Donor Institutions, 2) Pre-Elimination Stage (All health service units are able to examine cases laboratory (microscopically), all clinical malaria sufferers in health service units have had their blood smear checked and the SPR has reached <5% ; There is an increase in the quality and scope of malaria control efforts [surveillance, discovery and treatment, vector eradication) to achieve Annual Parasite Incidence (API) < 1/1000 population at risk, and 3) Elimination Stage (API has reached < 1/1000 population at risk in the minimum regional unit is equivalent to a sub-district; Surveillance has been running well including Active Case Detection (ACD); and Re-orientation of the program towards the Elimination stage for all government and private health workers involved in elimination has been achieved well and efforts to control malaria have been carried out intensively so that cases with local transmission (indegenous)

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have not been found in the last one year period.

In line with research by Gunawan (2021), he found that the implementation of the malaria elimination program in Indonesia has been quite successful in reducing malaria cases and increasing the number of malaria-free districts/cities. It is recommended to carry out advocacy to gain support in making regional regulations regarding malaria elimination, socializing SISMAL to health service facilities, and paying more attention to provinces with lower PE and PR percentages.

The research is also in line with research by Wahono et al (2021) which found that malaria elimination activities are in accordance with the Republic of Indonesia Minister of Health Decree Number 293/MENKES/SK/IV/2009, however there are several activities that have not been implemented and malaria control efforts are considered less than optimal because there are no regional regulations/ regent regulations regarding malaria elimination policies, varying human resource capabilities, and cross-sector collaboration that is not yet optimal due to limitations in the main tasks and functions of each sector.

According to the Ministry of Health (2017), Malaria prevention efforts include increasing awareness of the risk of Malaria, preventing mosquito bites, vector control and chemoprophylaxis. iPrevention of mosquito bites can be done by using mosquito nets, irrepellent, mosquito nets and other things. This is in line with the opinion of Subarsonoi (2011: 93) that the success of implementation is influenced by two variables, namely the content of the policy and the implementation environment, because implementation includes reviewing policies to make decisions that will ultimately influence the policy and changes that must be made which are closely related to achievement. research purposes. irescue. This is also in line with pens.

Ayuningtyas, (2018:31) said that policy implementation refers to the actions taken by the government and private sector, individuals or groups to achieve the goals set out in policy decisions.

Nugroho (2014:167) said that the Top Down model means a pattern carried out by the government for the people, where participation takes the form of immobilization. Conversely, Bottom Up means that even though the policy is made by the government, its implementation is carried out by the people. In the iTop iDown approach, the implementation of

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policies is centralized and starts from central level actors and decisions are also taken from the central level. This idown approach is based on the perspective that political decisions that have been determined by policy makers must be implemented by administrators or bureaucrats at the level below. So, the essence of the iTop idown approach is the extent to which the actions of the implementing officials in implementing the policy are in accordance with the procedures and objectives that have been outlined by the policy makers at the central level. The focus of the analysis of policy implementation revolves around the problems of achieving formal policy objectives that have been determined. iStreet level bureaucracy is not involved in Top Down policy formulation.

CONCLUSION

Implementation of Central Bengkulu Regent's Regulation No. 16 of 2017 concerning Implementation of the Malaria Elimination Program at the Sekayun Community Health Center, Bang Haji District, Central Bengkulu Regency in the Eradication, Pre-Elimination and Elimination stages has not been optimal.

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