Importance of Availability Resources in the Implementation of DHF Control Program

Sevilla Ukhtil Huvaid[1,2*], Nusyirwan Effendi[3], Yuniar Lestari[4], Hasmiwati[4]

[1]Doctor Program of Public Health, Faculty of Medical-Andalas University, Indonesia
[2]Lecturer of Public Health, Baiturrahmah University, Indonesia
[3]Professor of Social Anthropology, Faculty of Social and Political Sciences-Andalas University
[4]Lecturer of Medical Education, Faculty of Medical-Andalas University, Indonesia

Abstract
The success of the implementation process of the DHF Control Program is highly dependent on the availability of resources. The resource components include the number of implementers, the expertise of the implementers, relevant and sufficient information to implement policies and the fulfillment of related resources in implementing procedures, the existence of authority to ensure that policies can be directed as expected, as well as the presence of supporting facilities that can be used to carry out policy activities, such as funds and infrastructure. Knowing the importance of the availability of resources in the DHF Control Program in the City of Padang. This qualitative research uses the case study genre through a constructivist approach to finding weaknesses in implementing health policies. The research location was carried out at the Padang City Health Office, in the working area of Nanggalo Health Center, Pagambiran Health Center, and Rawang Health Center. The informants in this study were those in charge of the DHF program at the Health Service and Puskesmas, who were selected using a purposive sampling technique. The results of the study show that there is still a lack of guidance, monitoring, and supervision carried out by coordinators, supervisors, and health workers in the implementation of the DHF Control Program. Budget constraints also cause the number of activities that do not go according to plan. The work motivation of field officers is also low due to the limitations and lack of clarity of accepted onor. It is also known that recording and reporting are still not following the reality on the ground. It can be concluded that there are still many constraints in the aspect of resources in the DHF Control Program in the City of Padang.

Keywords: *DHF, Resources, Implementation, Program*

Introduction

Dengue Hemorrhagic Fever (DHF) is a disease caused by the bite of the Aedes aegypty mosquito vector that has been infected with the dengue virus. This disease can cause death due to bleeding and hemodynamic disorders. Dengue Hemorrhagic Fever (DHF) is a dangerous infectious disease that can cause death in a short time, has social and economic impacts, and has a high epidemic potential [1].

Dengue fever was first discovered in the Philippines in 1953 and then spread to various countries. The incidence of dengue has increased worldwide in recent years. The World Health Organization (WHO) reports that the incidence of dengue has increased dramatically in the last 50 years, and this virus infection continues to spread in various countries. WHO data states that the incidence of DHF in the world is around 390 million cases of dengue infection every year. There are 3.9 billion people in 128 countries at risk of contracting dengue virus infection [2].

The government has carried out dengue control with various efforts, including breaking the epidemiological triangle chain through efforts to control the transmission vector [3]. The eradication of the Aedes aegypti mosquito, the primary vector of DHF, is carried out because, until now, there is no effective vaccine available to prevent and cure the dengue virus in the human body. Eradication of Aedes aegypti can be carried out on adult

mosquitoes and their larvae. Currently, vector control efforts can be carried out in various ways, from natural methods to insecticides. People generally prefer to use insecticides to control the dengue vector population. This raises a new problem in the form of the emergence of resistance Ae. aegypti to insecticides [4]. ThereforeEradication of DHF mosquitoes Nests which focuses on eradicating Aedes aegypti larvae, remains at the forefront of breaking the chain of transmission and become a program of pthe priority for eradicating DHF that the government emphasizes is to be carried out by the whole community.

The success of efforts to eradicate dengue can only be achieved if the entire community plays an active role in the eradication of dengue mosquito nests. The DHF Mosquito Nest Eradication Program is the most important part of the entire family/community effort to eradicate DHF. The experience of several countries shows that the eradication of larvae through the activities of eradicating dengue mosquito nests can control the population of the Aedes aegypti mosquito, so that the transmission of dengue fever can be prevented/reduced [5].

Self-reliance is the ability to maintain and protect their own health. Self reliance is independence from an empowered community as a result of community empowerment which will then form an independent society [6]. The "One House One Jumantik" (Lawn Monitor) movement is a model of community empowerment developed by the government from the self jumantik concept using a family approach strategy. Self jumantik is a larva monitoring interpreter who is carried out independently by the community to protect their territory from dengue mosquito larvae, with basic techniques, namely draining the bath, closing water reservoirs, burying used goods, and using mosquito repellent or mosquito repellent, using mosquito nets while sleeping. , plant mosquito repellent plants, raise fish that can eat mosquito larvae, and avoid dark areas in the house so they are not occupied by mosquitoes by adjusting ventilation and lighting. With the existence of "One House One Jumantik" [7].

The implementation of the Eradication of Mosquito Nests with the "One House One Jumantik Movement" is carried out in the residential environment through the following efforts: first, inviting family and neighbors in the surrounding environment to become Home Jumantik and monitoring mosquito larvae as well as activities for eradicating dengue mosquito nests in their respective homes. respectively. Second, coordinate with the chairman or local RT management by establishing an environmental Jumantik and a Jumantik coordinator. Third, coordinate with the chairman/local administrator to form a Jumantik Supervisor [8]. Although the DHF Control Program has been campaigned by the government, through various activities and movements, these activities have not been implemented effectively in all levels of society in various regions. One of the important things in the success of this movement is the availability of resources as the main input in implementing a program [9].

Based on a preliminary survey conducted at the Padang City Health Office, it is known that the DHF Control Program has not been able to run optimally. Unavailable resources are an obstacle in implementing this policy. The resources referred to include human resources, budget, facilities, information and authority. Based on the description above, the author is interested in researching the importance of resource availability in the DHF Control Program in Padang City.

Methods

This research is a research with qualitative method.Qualitative research was conducted using the case study genre through a constructivist approach. Case studies are used to describe in detail and analyze the phenomenon (Implementation of the DHF Control Program) that is socially bound (in Padang City). While the constructivist approach is a pparadigm that emphasizes that reality is socially constructed, where individuals develop subjective meanings from their personal experiencesto look for causes or things that influence the occurrence of something [10]. In this study, indicators related to the factors that affect the running of the DHF Control Program were explored. The research method at this stage uses a qualitative approach with in-depth interviews.

In-depth interviews are interviews without alternative answer choices and are carried out to explore information from an informant [11].Researchers have prepared a set of interview guide questions (interview guidelines) according to the research theme before conducting interviews.The equipment used during the study were writing instruments, recording devices or tape recorders and digital cameras or smartphones.

The location of the qualitative research was carried out at the Padang City Health Office, in the working area of Nanggalo Health Center, Pagambiran Health Center, and Rawang Health Center which were designated as research areas, were used as puskesmas representing criteria because based on data obtained from the Padang City Health Office it was known that the Puskesmas is a good and routine Puskesmas in terms of reporting compared to 23 other health centers, but still has a fairly high Incidence Rate, namely 39.68 for Nanggalo Health Center, 33.03 for Pagambiran Health Center, and 22.53 for Rawang Health Center (this figure certainly higher than the national Incidence Rate = 14).

In qualitative research, the research subjects used are known as informants. Research informants are people who can provide information either about themselves or other people or an event or event or something that is needed by a researcher or interviewer which is carried out in depth [11]. Determination of informants in this qualitative research using purposive sampling technique, which means the selection of samples with a deliberate mechanism, is a technique of determining and selecting informants based on characteristics that are close to the phenomenon under study,conducted based on the principle of appropriateness with the research topic and the adequacy of the number of informants is considered sufficient if the data obtained have described all phenomena related to the research topic [12]. In-depth interview informants in this study were the person in charge of the DHF program at the Padang City Health Office,Person in Charge of the DHF Program at the Nanggalo Health Center, Padang City,Person in Charge of the DHF Program at Pagambiran Health Center, Padang City, andPerson in Charge of the DHF Program at the Rawang Health Center, Padang City

Results

The results showed thatthere are still manykconstraints in the aspect of resources in the DHF Control Program in the City of Padang. According to the person in charge of the DHF Control Program, the problem is the lack of guidance, monitoring, and supervision carried out by coordinators, jumantik supervisors, and puskesmas health workers to the community in program implementation, so that the community does not have sufficient capacity to implement the movement.Budget constraints are also an obstacle that causes thethe number of activities that do not go according to plan,the work motivation of field officers is also low due to the limitations and lack of clarity ofaccepted onor. AThe minimal budget also affects the available facilities, the facilities in question such as operational tools for both internal and external activities.Furthermore, it is known that not all jumantik coordinators and supervisors have received training from the local puskesmas. And in its implementation it turns out that there are also problems in information and authority, especially in recording and reporting activities, where according to the explanations of a number of cadres it is known that not a few reports from supervisors are still not in accordance with the reality on the ground, this is disclosed considering that there are still many people and cadres who do not carry out the movement but reporting is still available every month [13].

Based on the results of the study, the person in charge of the program stated that health workers rarely went out to the field, the informant also said that health workers did not provide a complete explanation of the activities in the DHF control program, this was proven by the large number of people who did not know about the activities of this program. According to the puskesmas, they are currently experiencing a shortage of health workers to carry out the DHF control program, this is indicated by the overlapping tasks of each section in the puskesmas, especially since it is known that until now there has been no formation of jumantik cadres in several

Puskesmas working areas. Even though it is known that jumantik cadres are the spearhead of the success of the DHF prevention program [14].

From the results of the research that has been described by the researchers above, it can be stated that policy resources must also be available in order to facilitate the administration of policy implementation, both human and financial resources. Lack or limited resources can lead to failure of policy implementation. Resources are important in implementing good policies. Resources are positioned as inputs in the organization as a system that has economic and technological implications. Economically, resources relate to the direct costs or sacrifices incurred by the organization that reflect the value or potential use in their transformation into outputs. While technologically, resources are related to the transformation ability of the organization [15].

Discussions

The success of policy implementation is highly dependent on the availability and ability to utilize the available resources. Humans are the most important resource in determining the success of a policy implementation. Each stage of implementation requires quality human resources in accordance with the work required by the established policies. In addition to human resources, financial resources, and time are important calculations in the success of policy implementation. Without resources, policies are just documents [16].

The indicators used to see the extent to which resources influence policy implementation consist of officers, information, authority, and facilities. Officers are the main resource in policy implementation. Based on the facts obtained in the field, it is known that not all puskesmas work areas have an adequate number of jumantik cadres. Of the total cadres, most of them are also not active in carrying out their duties, because apart from acting as jumantik cadres, they also act as posyandu cadres in the local area. In addition, based on information from the person in charge of the program, it is also known that there is no routine training provided to field officers, this of course will also affect their performance in the field. Failures that often occur in policy implementation, one of which is caused by inadequate, sufficient, or incompetent staff/employees in their respective fields. The addition of the number of staff and implementers is not enough to solve the problem of policy implementation, but it requires an adequate number of staff with the necessary skills and abilities (competent and capable) in implementing the policy.

The second indicator in policy implementation is information, information has two forms, namely first, information related to how to implement policies. Second, information on compliance data from implementers to established government rules and regulations. Information about the program is not obtained optimally because communication between the Health Office, Puskesmas and the community is still one-way so that the objectives of policy socialization are not achieved, many people do not know the policies regarding the DHF Control Program that will be implemented. Whereas in this movement it is known that it is the community who will be the spearhead of determining the success of the program.Communication should be created properly so that policy actors can understand what is the content, objectives, and direction of the policy, thus policy actors can prepare anything related to policy implementation, so that the policy implementation process can run effectively in accordance with the objectives.

The third indicator is authority. In general, authority must be formal in order for orders to be carried out effectively. Authority is the authority or legitimacy for implementers in carrying out politically determined policies. When the authority does not exist, then the power of the implementers in the eyes of the public is not legitimized, so that it can thwart the implementation of public policies. But in other contexts, when formal authority is available, there is often an error in seeing the effectiveness of the authority. On the one hand, the effectiveness of the authority is needed in implementing policies, but on the other hand, the effectiveness will decrease when the authority is misused by the implementers for their own interests or their groups. The last indicator is facilities. Physical facilities are an important factor in policy implementation. Implementors may

have sufficient, capable and competent staff, but without supporting facilities (facilities and infrastructure) the implementation of the policy will not succeed.

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