



Analysis Of Implementation Of Policy For Controlling Dengue Fever In West Manggarai Regency East Nusa Tenggara 2021

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Abstract

Dengue Hemorrhagic Fever is an infectious disease that is a public health problem and is endemic in all cities/districts in Indonesia. Since 1968 until now there has been an increase in cases and the spread of disease and the death rate is still relatively high and has the potential to become an extraordinary event.

The number of Dengue Hemorrhagic Fever in East Nusa Tenggara in 2009 was 4.3/10,000 population, this figure is still far above the 2010 Healthy Indonesia target of 2/10,000 population. In Semarang the number of Dengue Hemorrhagic Fever in the last 15 years (1996-2009) has increased, the highest number was in 2008 with 5,249 cases, then in 2009 the number of cases was 3,883 and in 2010 the number of cases reached 4,283.

The implementation of government policies in controlling dengue fever is considered to be still slow so that the morbidity rate of dengue hemorrhagic fever in West Manggarai Regency is still high, thereby decreasing the level of public health.

Key Words: Endemicity Of Dengue Hemorrhagic Fever, Habitat

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INTRODUCTION

Infectious diseases such as malaria, HIV/AIDS, Dengue Hemorrhagic Fever/Dengue Hemorrhagic Fever, Tuberculosis, are currently still a health problem in every society. Various efforts have been made by the government through several programs to reduce morbidity and mortality caused by infectious diseases. One of the infectious diseases that are often encountered in the community is Dengue Hemorrhagic Fever, which is commonly known by the general public as Dengue Hemorrhagic Fever (Gede, 2006).

Dengue Hemorrhagic Fever is a disease caused by the bite of female *Aedes aegypti* and *Aedes albopictus* mosquitoes that carry the dengue virus. The virus consists of 4 types, namely Den-1, Den-2, Den-3, and Den-4 viruses. This disease is a disease that is easily transmitted through the bite of *Aedes Aegypti* and *Aedes albopictus* mosquitoes. Dengue Hemorrhagic Fever has the potential to become an Extraordinary Occurrence because it can cause panic in the community and is at risk of causing death and its spread is very fast (Suryani, 2015). This is done seriously to encourage people to improve their health status in order to avoid Dengue Hemorrhagic Fever. The government's appeal is stated in Law Number 36 of 2009 concerning Health.

Based on Law Number 36 of 2009 concerning Health, it is stated in article 9 paragraph 2 that (1) everyone is obliged to participate in realizing, maintaining and improving the highest degree of public health, (2) the obligations referred to in paragraph (1) implementation includes individual health efforts, public health efforts and health-oriented development (Ministry of Health, Law Number 36 of 2009 concerning Health).

Data from the World Health Organization (WHO) in 2015 stated that 3.9 billion people in the world in tropical and subtropical countries in 128 countries are at risk of being infected with the dengue virus with 96 million cases. More than 136,000 cases of Dengue Hemorrhagic Fever in Thailand were reported in August 2016 which is the highest number of cases. for more than 20 years. Dengue Hemorrhagic Fever is a big problem in Southeast Asia, because during a 40-year period there were 67,295 deaths out of a total of 68,977 deaths worldwide, which means that there were 1682 deaths per year due to Dengue Hemorrhagic Fever. (Sandra, 2019)

The global spread of Dengue Hemorrhagic Fever began in Southeast Asia after World War II and has increased over the last 15 years. Spread caused by multiple serotypes (hyperendemicity) is more common. The geographic distribution of dengue virus continues to increase, so it also occurs and appears in the Pacific region and America. In Southeast Asia, the Dengue Hemorrhagic Fever epidemic first appeared in the 1950s, but it was not until 1975 that it became the main cause of these patients being hospitalized and causing death for children in many countries. In the 1980s, Dengue Hemorrhagic Fever began its second expansion into Asia when Sri Lanka, India and the



Maldives Islands experienced the largest and first dengue epidemics; and the state of Pakistan first reported the incidence of an epidemic of Dengue Hemorrhagic Fever in 1994. (Salim, 2012)

The geographic spread of mosquito vectors and viruses has led to a global epidemic of Dengue Hemorrhagic Fever and Dengue Hemorrhagic Fever emergencies in the last 25 years with the development of hyperendemicity in urban centers of the tropics. Around 2.5 billion people, which is 2/5 of the world's population, have a high risk of contracting Dengue Hemorrhagic Fever. Every year, around 50 to 100 million dengue patients and 500,000 dengue hemorrhagic fever sufferers are reported by the World Health Organization (WHO) worldwide, with a death toll of around 22,000, especially children. Around 2.5 to 3 billion people living in 112 tropical and subtropical countries are in a state of threat of Dengue Hemorrhagic Fever infection. (Ministry of Health, 2017)

Based on the Central Statistics Agency for East Nusa Tenggara, data from 2016 to 2018 in East Nusa Tenggara Province totaled 2258 cases of Dengue Hemorrhagic Fever with an IR of 87 per 100,000 population. 41 Per 10,000 population. If it is related to the achievement of the Strategic Plan of the East Nusa Tenggara Health Office, it has not yet reached the target that should have been 8/10,000.

People in West Manggarai Regency still lack awareness to visit health facilities, this is evidenced by the low number of community visits to hospitals, community health centers and other health facilities, it is influenced by several factors, among others, factors of work, income, distance, accessibility and human resources, the role of health workers in informing the activities of Dengue Hemorrhagic Fever Management. The above statement is supported by other research which states that the implementation of a program is influenced by geographical factors of the region, politics, socialization and program supervision. Based on the description above, it is known that the implementation of the Dengue Hemorrhagic Fever control program in West Manggarai Regency has not run optimally in accordance with the indicators of the success of Dengue Hemorrhagic Fever control that have been determined nationally. The success of the implementation of the Dengue Hemorrhagic Fever Control program is influenced by the understanding of standards and targets as well as social and political environmental factors surrounding policies (programs) and resources. Therefore, it takes the characteristics of implementers with adequate competence in the implementation of the Dengue Hemorrhagic Fever Control program. Everything is very much determined by the commitment of leaders and implementers to communicate information and utilize existing resources.



METHOD

This research is a type of qualitative research and presented in descriptive form is a type of research that aims to find something new in the form of grouping something new and grouping certain symptoms, facts and diseases (Arikunto, 2009). The approach used in this research is a participatory approach where the observations are made in the form of techniques in analyzing and managing data in this study using content analysis methods to document, record, observe what the research subjects do.

RESEARCH RESULTS AND DISCUSSION

In the analysis of the implementation of Dengue Hemorrhagic Fever Control in West Manggarai Regency, the research method uses the implementation of the van meter van horn policy. The Dengue Hemorrhagic Fever control program in West Manggarai Regency began in January 2021.

1. Communication

The communication factor is considered a very important factor, because it bridges between the community and the relevant government in implementing policies so that it can be seen whether the implementation of policies is running effectively and efficiently without anyone being harmed. Effective implementation will only occur if policy makers and implementers know what they are going to do because it can be obtained through good communication. In achieving the optimal implementation of the Dengue Hemorrhagic Fever control program, a good communication process is needed between implementers, implementers with the community, implementers with community health centers as well as implementers with sub-district governments and district governments. Policy implementation requires the implementor to know what to do, what will be the goal of the policy target, it must be conveyed to the target group so that there are no deviations and reduce implementation distortions. resistance occurs from the target group (Agustino, 2008), the right thing to deal with the threat of Dengue Hemorrhagic Fever and optimal implementation of activities is the existence of appropriate communication and according to conditions As the program implementer of the Dengue Hemorrhagic Fever Control team in West Manggarai Regency, communication is carried out by means of direct meetings by writing to stakeholders for meetings and discussing what will be done when controlling Dengue Hemorrhagic Fever in West Manggarai Regency. Appropriate communication needs to be implemented between the Dengue Hemorrhagic Fever Control team and the community which aims to create a society that understands and understands the prevention and control of Dengue Hemorrhagic Fever. Communication is carried out by the team with the community during the implementation of



the Dengue Hemorrhagic Fever control program in the community by regularly holding meetings to provide periodic education to the community. There are several obstacles found when conducting research on dengue hemorrhagic fever control, one of which is the absence of a special regional regulation that regulates dengue hemorrhagic fever but only in the form of a draft Certificate which has not been legalized. Although the regional regulations have not yet been ratified, the Health Office uses a draft of a Certificate of Dengue Hemorrhagic Fever to carry out and carry out activities to control Dengue Hemorrhagic Fever in West Manggarai district. Another obstacle is that stakeholders do not understand their role in controlling Dengue Hemorrhagic Fever, then the relevant agencies do not understand their role, and they think that the health office is a technical service to overcome all health problems that exist in the community.

The Dengue Hemorrhagic Fever control team at the Community Health Center needs to establish communication and coordination with relevant agencies including the Health Office, and local governments that include sub-district and district governments. Through the auxiliary Community Health Center that provides direct and permanent health services under the community health center, it must coordinate with the community health center to provide regular information to the Dengue Hemorrhagic Fever control team to immediately address problems regarding the control of Dengue Hemorrhagic Fever in West Manggarai Regency. according to the Certificate issued by the health department, namely:

- a. Establish partnerships with stake holders within the working area of the community health center to establish cooperation to implement dengue hemorrhagic fever control programs and identify community conditions in the work area.
- b. Conducting downward advocacy, namely to village heads in the area of public health centers as village level policy makers to optimize programs for controlling Dengue Hemorrhagic Fever.
- c. Carry out epidemiological investigations and mosquito nest eradication activities in optimizing the dengue hemorrhagic fever control program.

2. Characteristics

The success of program implementation is influenced by the availability of human resources in accordance with the characteristics needed in implementing the program. The implementing agency is concerned with the bureaucratic structure, norms, and patterns of relationships that occur in the bureaucracy that will affect the implementation of a program. The bureaucratic structure is concerned with the suitability of the bureaucratic organization that is the organizer of policy implementation. This shows that the organizational structure is very important in policy implementation. This is related to the policy context that will be



implemented in several policy implementing programs that are required to be disciplined and hardworking to be able to control Dengue Hemorrhagic Fever. In carrying out the Dengue Hemorrhagic Fever control program, each program must have standard operating procedures so that they can be used as guidelines in carrying out their duties. Standard Operating Procedures are used to harmonize actions and apply some rules.

The bureaucratic structure even though the resources for implementing a policy are sufficient and the implementers know what and how to do it, and they have the desire to do it, the implementation of the policy may not be effective, because there is an inefficiency in the existing bureaucratic structure. Such a complex policy requires the cooperation of many people. The bureaucracy as the implementer of a policy must be able to support the policies that have been decided politically by carrying out good coordination. According to George C. Edwar III, there are two characteristics that can boost the performance of the bureaucratic structure towards a better direction, namely by carrying out standard operating procedures, which are routine activities that allow employees or policy implementers to carry out various activities every day in accordance with predetermined standards (Gede, 2016). An organizational structure that is too long will tend to weaken red-tape supervision, which is a complicated and complex procedure. This in turn causes organizational activities to be inflexible. Fractionation is an effort to spread responsibility for employee activities and activities in several units (Suryani, 2012).

The Dengue Hemorrhagic Fever control program in West Manggarai Regency is carried out by the Dengue Hemorrhagic Fever control team. The formation of the team was carried out in a deliberation led by the West Manggarai Regent with members of the Police Chief, Liaison Officer, Head of the Public Health Section, PKK, Head of the Regency Ministry of Religion, Social Service, PKO Service, Environment Agency, Health Service, Housing Service, Public Works Service, Tourism Office, Head of Airport, Head of ASDP, Head of PELNI, Vikep, Chairman of MUI, Chairman of NU, Chairman of Muhammadiyah. The sub-district level is chaired by the Camat with members: Head of Welfare, Kapolsek, Koramil, District Office of Religious Affairs, PKK, Parish Pastor, Parish Council, Head of District MUI, Head of District NU, Head of District Muhammadiyah. Puskesmas, LKMD, Village Head. The village/kelurahan level is chaired by the village head or lurah with members: Head of Village Welfare, BPD, related sectors, Dusun, Rukun Warga, Head of RT. The RT level is chaired by the head of the RT with the following members: Health cadre Head of family. The Office / Agency level is chaired by the Head of the Office / Head of the Agency.

Based on the Draft Certificate of Appropriate division of tasks in controlling Dengue Hemorrhagic Fever, namely:

- a. District Level Working Group.



- 1) Conduct advocacy and outreach
 - 2) Mosquito Nest Eradication Movement.
 - 3) Conducting Supervision.
 - 4) Conducting coaching.
 - 5) Conducting Counseling in Public Places, Institutional Places.
 - 6) Conducting periodic larva monitoring Periodic larva monitoring in the sub-district.
 - 7) Analyzing reports from sub-district working groups.
 - 8) Monitoring and evaluating the work of the sub-district working group with an indicator of larvae-free rate 95%
 - 9) Provide technical guidance to sub-district working groups.
- b. District King Group
- 1) Conduct advocacy and socialization.
 - 2) Conducting guidance and supervision of village/kelurahan working groups
 - 3) Monitoring the movement of mosquito nest eradication to village/kelurahan working groups
 - 4) Analyzing reports from the Village/Urban working group.
 - 5) Carry out periodic larva monitoring in the village / urban village.
 - 6) Conduct monitoring and evaluation with larva free number indicator 95%.
 - 7) Provide technical guidance to the Village/Urban working group.
 - 8) Carry out technical training for monitoring dengue hemorrhagic fever larvae
 - 9) Facilitate technical training on dengue larvae monitoring
- c. Village/Urban Working Group.
- 1) Appoint a supervisor.
 - 2) Conduct advocacy and socialization.
 - 3) Monitoring the movement of mosquito nest eradication of the RT working group.
 - 4) Conducting guidance and supervision of RW/RT working groups kerja
 - 5) Conduct monitoring and evaluation with larva free number indicator 95%.
 - 6) Analyzing reports from villages/kelurahan.
 - 7) Provide technical guidance to the RW/RT working group.
 - 8) Carry out technical training for monitoring dengue hemorrhagic fever larvae.
 - 9) Facilitate technical training for monitoring dengue hemorrhagic fever larvae.
- d. RT . Level Working Group
- 1) Appoint larvae monitoring coordinator 1 (one) Coordinator for 10 Households.
 - 2) Propose larval monitoring training 1 R 1 J.



- 3) Carry out a work assessment of the household larvae monitor once a week and record the results of the monitoring card.
 - 4) Analyze data from the coordinator.
 - 5) The larva monitoring coordinator records the results of monitoring by the house larva monitoring interpreter. ladder on the recording format to the village/kelurahan working group.
 - 6) Mosquito nest eradication movement with 3M Plus.
 - 7) Monitor and evaluate the larva-free rate with an indicator of 95%.
 - 8) Facilitating technical training for monitoring dengue hemorrhagic fever larvae.
- e. Home Jumantik
- 1) Socializing 3M Plus Mosquito Nest Eradication to all family members/household occupants.
 - 2) Check/monitor mosquito breeding sites inside and outside the house once a week.
 - 3) Mobilize family members/household occupants to carry out the 3M Plus Mosquito Nest Eraser
 - 4) The results of larvae monitoring and implementation of the 3 MPlus Mosquito Attack Eradication
Recorded on the card flick.
 - a) For boarding house/dormitory, the owner/person in charge/manager of the place is responsible for larva monitoring and 3 MPlus.
 - b) For houses that are not inhabited, the head of the RT is responsible for the implementation of larva monitoring and 3 M Plus in that place.
- f. Environmental Jumantik.
- 1) Socializing 3M Plus Mosquito Nest Eradication in Institutional Places and Public Places.
 - 2) Inspect mosquito breeding sites and carry out 3M Plus Mosquito Nest Eradication in the environment once a week.
 - 3) The results of larva monitoring and the implementation of 3 M Plus Mosquito Nest Eradication are recorded on the larvae card.
- g. Jumantik Supervisor.
- 1) Check and direct the work plan of the Jumantik Coordinator.
 - 2) Provide technical guidance to the Jumantik Coordinator.
 - 3) Implement counseling
 - 4) Provide guidance and improvement of skills for larva monitoring activities and 3 M Plus mosquito nest eradication to the Jumantik coordinator.
 - 5) Processing larva monitoring data into larva-free numbers Angka



- 6) Reporting the larvae-free rate to the Community Health Center once a month.
- h. Friday Coordinator.
 - 1) Conducting periodic group socialization on the Eradication of 3M Plus Mosquito Nests to the community. One Jumantik coordinator is responsible for fostering a maximum of 10 household/environmental Jumantik people.
 - 2) Motivate the community to carry out the eradication of 3 M Plus mosquito nests in the environment where they live.
 - 3) Make plans/schedule visits to all buildings, both houses and public places or institutions in their working areas.
 - 4) Conducting visits and coaching to homes/residences in public places and institutions every 2 weeks.
 - 5) Monitoring larvae in uninhabited houses and buildings once a week.
 - 6) Make notes/recapitulation of larva monitoring results in houses, public places and institutions to the jumantik supervisor once a month.
 - 7) Report the results of larva monitoring to the Jumantik supervisor once a month.
- i. Community Health centers
 - 1) Coordinate with sub-districts and/or sub-districts/villages to carry out the eradication of 3M Plus mosquito nests.
 - 2) Provide technical training to Jumantik coordinators and supervisors.
 - 3) Fostering and supervising the performance of Jumantik's coordinators and supervisors.
 - 4) Analyzing the larva free number reports from the Jumantik supervisor.
 - 5) Reporting the recapitulation of larva monitoring results by Jumantik in its working area to the District Health Office once a month.
 - 6) Perform Periodic Larva Monitoring Periodic Larva Monitoring at least once every 3 months.
 - 7) Report the results of Periodic Larva Monitoring every three months of March, June, September, December to the District Health Office.
 - 8) Make a Jumantik Coordinator Decree on the proposal of the Community, Village/Ultimate Unit and report it to the District Health Office.
 - 9) Propose the name of the Jumantik supervisor to the District Health Office.
- j. West Manggarai District Health Office.
 - 1) Seek Jumantik support in the region.
 - 2) Provide technical guidance on recruitment and training of Supervisors.
 - 3) Analyzing the Periodic Larva Monitoring report from the Community Health Center.
 - 4) Provide feedback to the Community Health Center.



- 5) Report the recapitulation of the results of the Periodic Lartic Monitor from the Community Health Center every three months (March, June, September, December) to the Provincial Health Office.
- 6) Issue a Jumantik Supervisor Certificate and report and report to the Provincial Health Office.

In addition to the bureaucratic stages for program planning and implementation, program evaluation is carried out conditionally and directly with the community so that there is no official or written evaluation implementer. This will have an impact on the continuation of the dengue hemorrhagic fever control program. This is because there is a need for program evaluation as a material for consideration in accordance with the conditions of the people in West Manggarai Regency before any further decisions by policy makers. So that the decisions made next are appropriate and in accordance with the program being implemented. The criteria that need to be identified during the evaluation are efficiency, effectiveness, equity, adequacy, accuracy and responsiveness of program implementation so that program objectives can be achieved properly.

3. Human Resources (HR)

In implementing the policy, it must be supported by resources, both human resources, materials, and regulations/guidelines, goals, objectives and content of the policy even though they have been clearly and consistently communicated, but if the implementor lacks the resources to implement then the implementation will not go well and not in accordance with the contents of the policy. From the information obtained from the results of research and in-depth interviews with key informants and triangulation informants, it was found that: in carrying out the Dengue Hemorrhagic Fever Control Program, that Human Resources are still lacking and still limited, program managers in the health department and even at the puskesmas also have a shortage of personnel and even not in accordance with the required competencies, while from the aspect of Sufficiency and Completeness of Facilities and Infrastructure for Dengue Hemorrhagic Fever Control, it is also still very lacking, from the costs or funding of the Dengue Hemorrhagic Fever Program there are also no special funds for the handling of Dengue Hemorrhagic Fever. When asked about the procurement and how to fulfill the facilities and infrastructure to control Dengue Hemorrhagic Fever, the main informants answered that the service will propose to the Head of the Program Division of the office for the procurement of facilities and infrastructure in the regional budget section. From the obstacles obtained above, the success of an implementation depends on the ability and use of available resources, humans are the most important resource in determining success in the process of achieving



implementation. Certain stages of the entire implementation process require quality human resources, adequate funds, completeness of facilities and infrastructure.

Failures in implementation often occur due to a shortage of staff, namely Dengue Hemorrhagic Fever is lacking and incompetent, inadequate facilities and infrastructure, not prepared enough funds, the number and addition of staff is also not enough, but it is also necessary to have sufficient staff with skills and abilities. needed in carrying out the implementation of the policy, so that in carrying out the tasks to be achieved it is in accordance with the policy itself.

The success of a policy implementation is a resource which is very important in implementing a policy. Even though the contents of the policy have been communicated clearly and consistently, if the implementer does not implement, or does not implement, the policy will not run effectively. An important factor for policy implementation to be effective. Is sufficient resources. The resources referred to are adequacy of funds, adequacy of infrastructure, adequacy of manpower. who will support effective policies, and are qualified to implement policies.

4. Environment

In this case, the extent to which the external environment contributes to the success of public policies that have been established, the social, economic and political environment that is not conducive can be the root cause of the failure of policy implementation performance.

5. Community participation in controlling Dengue Hemorrhagic Fever

When asked about community participation in tackling Dengue Hemorrhagic Fever, the informant's answer was that the public did not understand about 3 m plus, their behavior was difficult to shape, today it was socialized, only that day they applied it, then the next day they ignored it. The answers from the main informants have similarities with triangulation informants who stated that public knowledge about Dengue Hemorrhagic Fever is still very lacking.

When asked about the role of public, private, and political interest groups, the main informants and triangulation informants stated that they were actually not serious because they considered it the duty of the health office.

When asked about environmental problems and solutions, the informants stated that environmental problems are also closely related to Dengue Hemorrhagic Fever, which is very complicated, both from the community, both from other parties, they do not know that the contributors to Dengue Hemorrhagic Fever are actually from the environment in the community, in fact they are less clean. puddles, draining the tub is also lacking, in fact if they don't prepare a mosquito breeding place there won't be any.



CONCLUSION

The implementation of the Dengue Hemorrhagic Fever Control Policy in Mangarai Regency has not run optimally. There are several things that have not been optimal in policy implementation, including:

1. Standards and Policy Objectives The policy implementers for the control of Dengue Hemorrhagic Fever have understood the objectives and programs for controlling Dengue Hemorrhagic Fever.
2. Human resources in implementing Regional Regulations for Dengue Hemorrhagic Fever are not sufficient, financial resources and equipment resources are already available.
3. The relationship between organizations in Disseminating the Regional Regulation on Dengue Hemorrhagic Fever in Manggarai Regency is not evenly distributed. Coordination in the control of Dengue Hemorrhagic Fever is good enough, to support the implementation of Regional Regulations for Dengue Hemorrhagic Fever from the City Government as well as the local government.
4. Social, political, and economic conditions The implementation of Dengue Hemorrhagic Fever control has been supported by a large number of people, but there is still resistance. In the implementation of dengue hemorrhagic fever control in the community using community self-help and the role of the kelurahan and RT/RW is quite good.
5. Disposition of the implementor (Attitude of the Implementer) The attitude of the implementor in controlling Dengue Hemorrhagic Fever in Manggarai Regency, from the local government, is quite good.
6. Bureaucratic Structure The bureaucratic structure in implementing the Regional Regulation on Dengue Hemorrhagic Fever in Manggarai Regency is in accordance with the existing Operational Implementation Standards.



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