

Evaluation Of Malaria Prevention Program In The Work Area Of Jalan Aplim Pukesmas Yahukimo Regency

Kokol Balyo

Dr. Dolfinus Bouway

Dr. Yacob Ruru

Faculty of Public Health, Universitas Cenderawasih

Abstract: Malaria is caused by the malaria parasite (which is a blood protozoan belonging to the genus Plasmodium) which is carried by the Anopheles Sp mosquito. There are four species of plasmodium that cause malaria in humans, namely Plasmodium vivax, Plasmodium falciparum, Plasmodium malariae, and Plasmodium ovale. The purpose of this study was to determine the evaluation of malaria prevention programs in the working area of Jalan Aplim Health Center, Yahukimo Regency in 2021. This type of research was a qualitative research with in-depth interviews with 8 informants consisting of Health Service Officers, Head of Public Health Centers, Malaria Program Managers, Village Midwives, Village Heads, Cadres, Pregnant women who have suffered from Malaria and People who have never suffered from Malaria. Data analysis using Miles and Huberman method. The results showed that the evaluation of the implementation of the Malaria Prevention Program at the Jalan Aplim Health Center was not optimal. This is indicated by counseling only if there have been cases concurrently with posyandu implementation, inadequate funds, inadequate health workers due to lack of training, and inadequate facilities and infrastructure, lack of coordination with cross-sectors, spraying on the walls of the house is only done when there are many malaria cases. It is hoped that the puskesmas can improve puskesmas services with early prevention and regardless of the presence of new cases, prevention and treatment are carried out and are expected to be able to complete supporting facilities for services to the community.

Keywords: Evaluation, Prevention program, Malaria.

I. BACKGROUND

Malaria is a parasitic infectious disease that is transmitted through the bite of a female Anopheles mosquito containing Plasmodium spp (Roser, 2013). This disease mainly occurs in tropical and subtropical countries. Morbidity and mortality in endemic areas mainly occurs in vulnerable groups in endemic areas, especially in vulnerable groups, namely children and pregnant women (CDC, 2020). The government views malaria as a threat to public health status, especially for people living in remote areas. this is reflected in the family's presidential regulation No. 4 of 2018 the national mid-term development plan of 2018 -2019 in which malaria is a priority disease that needs to be tackled.

Based on data from the World Health Organization

(WHO) in 2019 it was stated that malaria occurs in 104 countries, even 3.3 billion people in the world live in areas at risk of contracting malaria. The number of malaria sufferers in the world is 219 million cases, of which 28 million cases occur in ASEAN. Every year as many as 660 thousand people die from malaria, 6% of them are in Southeast Asia, including Indonesia (WHO, 2019).

Papua Province is one of the provinces that has made efforts to control malaria and is targeting malaria elimination in 2022, this is in accordance with the decree of the Indonesian Minister of Health in 2019, by 2020 the number of morbidity rates (API) of Papua Province is 1.30 per 1000 population, In North Sumatra, there are still several malaria-endemic districts/cities, including the districts of Mandailing Natal, Batubara, South Nias, Asahan, and North Padang

Lawas. (Ministry of Health, 2014)

Malaria in endemic areas has varied symptoms, with fluctuating incidence rates in a year. The occurrence of malaria cases is influenced by three factors, namely the host (humans and mosquitoes), the agent (parasites), and the environment. It is known that the characteristics of rain affect the breeding and growth of mosquitoes, as well as the places where mosquitoes live. To reduce the number of malaria, the Indonesian government is targeting elimination targets with different time limits for each region. Papua Province, West Papua Province, NTT Province, Maluku Province and North Maluku Province in 2030. Performing early recognition and proper treatment is the first strategy that can be carried out, it is important to carry out appropriate diagnostic tests (Susilowati, 2018).

The government views malaria as a threat to public health status, especially for people living in remote areas. This is reflected in the issuance of Presidential Regulation Number: 2 of 2015 concerning the National Medium-Term Development Plan 2015 – 2019 where malaria is a priority disease that needs to be tackled (Ministry of Health, 2017).

Factors that influence the incidence of malaria at Jalan Aplim Health Center, Yahukimo Regency, include the geographical location of Yahukimo Regency, which is located in the southern part with a population density of 342 m², with regional characteristics in some areas in the form of lagoons and swamps. According to records from the Meteorology, Climatology and Geophysics Agency (BMKG) of Papua, rainfall data in Yahukimo Regency in 2019 there were 110 rainy days with a rainfall volume of 1426 mm (Yuhukimo Health Office, 2019)

on their health in dealing with it, but behind that the community must know how to prevent it, this is where the role of health workers is

to immediately convey to the community what must be done so that malaria can be handled appropriately.

Based on this background, the researchers are interested in conducting research on the evaluation of malaria prevention programs in the working area of the Jalan Aplim Health Center, Yahukimo Regency in 2021.

II. METHOD

This type of research is a qualitative research with in-depth interviews with 8 informants consisting of Health Service Officers, Head of Community Health Center, Malaria Program Manager, Village Midwife, Village Head, Cadre, Pregnant women who have suffered from Malaria and People who have never had Malaria. Analysis of data using the Miles and Huberman method.

III. RESULTS

Evaluation of the implementation of the Malaria Prevention Program carried out at the Jalan Aplim Health Center was not optimal. This is indicated by counseling only if there have been cases concurrently with posyandu implementation, inadequate funds, inadequate health workers

due to lack of training, and inadequate facilities and infrastructure, lack of coordination with cross-sectors, spraying on the walls of the house is only done when there are many malaria cases. It is hoped that the puskesmas can improve puskesmas services with early prevention and regardless of the presence of new cases, prevention and treatment are carried out and are expected to be able to complete supporting facilities for services to the community.

IV. CONCLUSION

The only trained health workers were village midwives and program managers. The coordination carried out by the Jalan Aplim Health Center is cross-program coordination, namely coordination with the health office, health center and cross-sector coordination, namely coordination with the village head regarding all activities that will be carried out by the Jalan Aplim Health Center. With the counseling of malaria prevention programs to the community who make knowledge, behavior and attitudes of the community aware of the importance of malaria prevention so that people are able to be independent in handling and preventing malaria. The implementation of the malaria prevention program is evaluated once every 3 months in a year to find out the matrix of the incidence of malaria.

REFERENCES

- [1] Azwar A, (2013). Introduction to Health Services. Nuha Medika, Yogyakarta.
- [2] Ayuningtyas, D. (2018). HEALTH POLICY ANALYSIS Principles and Applications (1st ed). Depok: Rajawali Press.
- [3] Centers for Disease Control and Prevention (CDC). 2020. Coronavirus. <http://www.cdc.gov/coronavirus/index.html>.
- [4] Centers for Disease Control and Prevention (CDC). 2020. Symptoms and diagnosis. <https://www.cdc.gov/coronavirus/about/symptoms.html>.
- [5] Chan JF, Yuan S, Kok KH, To KK, Chu H, Yang J, et al. A familial cluster of pneumonia associated with the 2019 novel coronavirus indicating person-to-person transmission: a study of a family cluster. *Lancet*. 2020;395(10223):514-23.
- [6] Du Z, Xu X, Wu Y, Wang L, Cowling BJ, Meyers LA. Serial interval of COVID19 among publicly reported confirmed cases. *Emerging infectious diseases*. 2020;26(6).
- [7] Fadli, SA, Satria, AS, & Rohandi, B (2020). Factors that affect anxiety in health workers in efforts to prevent covid-19. *Indonesian Journal of Health e-ISSN 2477-3743 p ISSN 2541-0024*.
- [8] Hasanah, S. The Effectiveness of Large-Scale Social Restrictions in Indonesia in Combating the Covid-19 Pandemic. *Law and Justice Bulletin* 4.1 (2020) 115-20.
- [9] Kresno, EM and S. (2019). *Qualitative Research Methodology*. Jakarta: Rajawali Press. Ministry of Home Affairs (2020). *General Guidelines for Facing the Covid-*

19 Pandemic for Local Governments, Prevention, Control, Diagnosis and Management. Ministry of Home Affairs Working Team, Jakarta.
[10] Indonesian Ministry of Health. (2020). Guidelines for the Prevention and Control of Coronavirus Disease Covid-19.

Indonesian Ministry of Health, Jakarta. Liang X, Feng Z, Li L (2020). Guide to Coping with Corona Virus Disease 2019 Model PRC: Prevention, Control, Diagnosis and Management.

IJIRAS