Model Evaluasi Program Pemberian Obat Pencegahan Massal Filariasis dengan Ivermectin, Diethylcarbamazine citrate, Albendazole di Kota Pekalongan, Jawa Tengah, Indonesia = Evaluation Model of Filariasis Mass Drug Administration Program with Ivermectin, Diethylcarbamazine citrate, Albendazole Regimen in Pekalongan City, Central Java, Indonesia

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Abstrak

Latar Belakang: Saat ini terdapat 1,3 miliar penduduk di dunia berisiko tertular filariasis pada lebih dari 83 negara dan 50% orang terinfeksi tinggal di Asia Tenggara termasuk Indonesia. Indikator keberhasilan pengendalian filariasis yang telah ditetapkan Kementerian Kesehatan berdasarkan pedoman WHO yaitu kabupaten/kota endemis yang berhasil menurunkan angka mikrofilaria menjadi < 1% dengan menerapkan Mass Drug Administration (MDA) minimal cakupan pengobatan >65% populasi. Pemberian Obat Pencegahan Massal (POPM) dengan Diethylcarbamazine citrate dan Albendazole telah dilakukan di Kota Pekalongan sejak tahun 2011-2015 dengan cakupan pengobatan sebesar >65%, namun hasil evaluasi mini TAS tahun 2019 prevalensi antigen masih > 2%. Berdasarkan pedoman WHO, program POPM Kota Pekalongan harus diperpanjang selama 2 tahun dengan obat Ivermectin, Diethylcarbamazine citrate dan Albendazole (IDA), namun cakupan pengobatan IDA putaran pertama <65%. Perlu dilakukan penelitian untuk membuat model evaluasi POPM filariasis agar dapat dilakukan perbaikan dalam program serta meningkatkan cakupan pengobatan. Metode: Penelitian ini menggunakan desain mixed methods sekuensial eksplanatori dengan jumlah sampel sebanyak 646 sampel untuk data kuantitatif (pengambilan darah jari sebanyak 300µl untuk pemeriksaan antigen dan wawancara terstruktur kuesioner) dan 9 informan dari petugas kesehatan dan penduduk untuk data kualitatif (input, proses, out, outcome program, serta perilaku minum obat penduduk). Penelitian dilakukan pada total 10 kelurahan di daerah endemik Kota Pekalongan dengan teknik sampling menggunakan sistem cluster (40 cluster RW) dipilih secara consecutive sampling. Hasil: Didapatkan model evaluasi pada aspek input yang memerlukan perbaikan berupa evaluasi pendanaan, pada evaluasi aspek proses didapatkan evaluasi pendampingan petugas kesehatan pada masyarakat dengan kriteria tertentu dengan perbaikan komunikasi untuk sosialisasi pengobatan, didapatkan juga model evaluasi pada aspek output dan outcome. Kesimpulan: Model evaluasi program POPM yang tepat yaitu model evaluasi komprehensif (input, proses, ouput, outcome), pada bagian proses harus dioptimalkan pada evaluasi pendampingan petugas kesehatan pada praktik minum obat untuk masyarakat dengan kriteria tertentu dan perbaikan komunikasi untuk sosialisasi melalui pendekatan kuantitatif dan kualitatif, untuk dapat meningkatan cakupan pengobatan dan sosialisasi yang merata. Saran : Model evaluasi program Pemberian Obat Pencegahan Massal yang komprehensif (input, proses, output, outcome) perlu dilakukan agar dapat memperbaiki pendampingan petugas kesehatan dalam praktik minum obat dan perbaikan komuniasi sosialisasi pengobatan pada masyarakat dengan kriteria tertentu untuk dapat meningkatkan cakupan pengobatan di daerah endemik tipe perkotaan.

.....Background: Currently, there are 1.3 billion people in the world at risk of contracting filariasis in more than 83 countries and 50% of infected people live in Southeast Asia, including Indonesia. The indicators for

the success of filariasis control that have been determined by the Ministry of Health based on WHO guidelines are endemic districts/cities that have succeeded in reducing the number of microfilariae to <1% by implementing Mass Drug Administration (MDA) with a minimum treatment coverage of >65% of the population. Mass Preventive Drug Administration (POPM) with Diethylcarbamazine citrate and Albendazole have been carried out in Pekalongan City since 2011-2015 with a treatment coverage of >65%. However, the 2019 TAS mini-evaluation results showed that antigen prevalence was still >2%. Based on WHO guidelines, the Pekalongan City POPM program should be extended for 2 years with Ivermectin, Diethylcarbamazine citrate, and Albendazole (IDA) drugs, but the coverage of the first round of IDA treatment was <65%. Research needs to be conducted to create an evaluation model for POPM filariasis so that improvements can be made to the program and treatment coverage can be increased. Method: This study used a mixed methods sequential explanatory design with a sample size of 646 samples for quantitative data (taking 300µl of finger blood for antigen examination and structured questionnaire interviews) and 9 informants from health workers and residents for qualitative data (input, process, output, program outcome, and residents' medication-taking behavior). The research was conducted in 10 sub-districts in the endemic area of Pekalongan City using a sampling technique using a cluster system (40 RW clusters) selected using consecutive sampling. Results: An evaluation model was obtained for the input aspect that required improvement in the form of funding evaluation, in the process aspect evaluation an assessment of health worker assistance was obtained for the community with certain criteria with improved communication for treatment socialization, an evaluation model was also obtained for the output and outcome aspects. Conclusion: The appropriate evaluation model for the POPM program is comprehensive (input, process, output, outcome). The process section must be optimized in evaluating health worker assistance in taking medication for the community with certain criteria and improving communication for socialization through quantitative and qualitative approaches, to increase the coverage of treatment and socialization evenly. Suggestion: A comprehensive evaluation model for the Mass Preventive Drug Administration program (input, process, output, outcome) needs to be carried out to improve the assistance of health workers in the practice of taking medication and improve communication and socialization of treatment in the community with certain criteria to be able to increase treatment coverage in endemic urban areas.