Sibatik Journal
Jurnal Ilmiah Bidang Sosial, Ekonomi, Budaya, Teknologi, dan Pendidikan
E-ISSN: 2809-8544

IMPLEMENTATIONNON-COMMUNICABLE DISEASE MANAGEMENT POLICY IN PALU CITY

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Abstract

This research aims to analyze the implementation of non-communicable disease (PTM) prevention policies at the Sangurara Community Health Center, Palu City. Descriptive qualitative methods are used to explain the implementation of integrated PTM services with a focus on communication, resources, disposition and bureaucratic structure. The research location at the Sangurara Community Health Center was chosen because it will become a training center related to PTM after 2022. Data was obtained through in-depth interviews, field observations and documentation. The research results show that communication still faces obstacles in disseminating policies to the public. Human resources and physical facilities at the Sangurara Community Health Center are considered inadequate, while the disposition of the management and health workers is quite good. The bureaucratic structure shows the existence of SOPs and coordination, although attention needs to be paid to internal communication between units. In conclusion, the implementation of the PTM policy at the Sangurara Community Health Center is going well with obstacles, especially communication and resources. This research provides insight into increasing the effectiveness of PTM policy implementation.

Keywords: *Public Policy, Non-Communicable Diseases, Community Health Centers, Policy Implementation, Evaluation.*

INTRODUCTION

Non-communicable diseases (NCDs) are types of diseases that are not contagious and are not caused by the transmission of vectors, viruses and bacteria but are mostly caused by behavior and lifestyle. PTM is also known as Non Communicable Disease (NCD), which is a disease that is not transmitted directly from one person to another. Based on a report from the World Health Organization (WHO) in 2016, Non-Communicable Diseases (PTM) caused around 71% of the total number of deaths worldwide, namely 41 million deaths (Ministry of Health P2PTM, 2019).

These disease categories include heart disease and blood vessel disorders which accounted for 17.9 million deaths (31%), chronic respiratory diseases with 3.9 million deaths (6.8%), cancer cases with 9 million deaths (15.6 %), diabetes mellitus with a death rate of 1.6 million (2.8%), as well as various other types of diseases known as Other Types of Disease (PJPD), which contribute around 16% of total deaths or around 5.9 million deaths . In Southeast Asia, Non-Communicable Diseases (NCDs) caused around 51% of total deaths in 2003 and caused around 44% of DALYs (Disability Adjusted Life Years), a measure of disease burden that combines deaths and loss of quality of life due to disease. In 2010, the share of NCDs in total deaths increased to around 55%, with the number of deaths reaching 14.5 million. (Ministry of Health P2PTM, 2019).

Currently, the development of the health sector in Indonesia is facing a Triple Burden, a situation where communicable diseases are still a challenge in public health, while on the other hand, morbidity and mortality rates due to non-communicable diseases tend to

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DOI: https://doi.org/10.54443/sibatik.v3i1.1818

increase. Apart from that, society also faces challenges from re-emerging infectious diseases or the emergence of new diseases. The current situation regarding non-communicable diseases raises concerns because they can endanger the productive age group, especially in the 10-14 year age range. This situation has the potential to have a significant impact on human resources (HR) and the Indonesian economy in the future. This is due to the fact that in the 2030-2040 period, Indonesia is faced with a demographic bonus, where the productive age group will experience a significant increase compared to the non-productive age group (Kemkes.go.id, 2020).

Findings from the 2018 Basic Health Research (Riskesdas) show that the prevalence of Non-Communicable Diseases (PTM) has increased compared to the results of the 2013 Riskesdas. This increase can be seen in several types of NCDs such as cancer, stroke, chronic kidney disease, diabetes mellitus and hypertension. The prevalence of cancer has increased from 1.4% in Riskesdas 2013 to 1.8% in 2018. The prevalence of stroke has also increased from 7% to 10.9%. Chronic kidney disease rose from 2% to 3.8%. Based on the results of blood sugar examinations, the prevalence of diabetes mellitus increased from 6.9% to 8.5%. Meanwhile, based on blood pressure measurements, the prevalence of hypertension increased from 25.8% to 34.1% (Program Action Plan.2020).

The increase in NCD prevalence rates is related to lifestyle, including factors such as smoking habits, physical activity levels, and consumption of fruit and vegetables. Since 2013, the prevalence of smoking in the adolescent group (aged 10-18 years) has continued to increase from 7.2% in the 2013 Riskesdas to 8.8% in the 2016 National Health Service, and then reached 9.1% in the 2018 Riskesdas. Physical inactivity also increased from 26.1% to 33.5%, while 0.8% of the population consumed excessive alcohol. This trend is also in line with the increasing number of people in Indonesia who tend to be overweight or even obese from year to year. The overweight rate increased from 8.6% in 2007 to 13.6% in 2018, while the obesity rate increased from 10.5% in 2007 to 21.8% in 2018. Apart from that, the data results also noted that more than 95.5% of the Indonesian population over the age of 5 years consume less than 5 portions of fruit and vegetables a day (Program Action Plan. 2020). In 2021, Hasto Wardoyo, Head of the National Population and Family Planning Agency (BKKBN), said that the health aspect still indicated that it was the main cause of death in Indonesia.

It's not because of an infectious disease. Referring to data presented by WHO, around 66% of the total causes of death in Indonesia come from non-communicable diseases. This figure includes diseases that fall into the cardiovascular category, cancer, diabetes and various other types of non-communicable diseases (Mufarida, 2021).

Santika (2023) in katadata.co.id reported that based on data collected by the Central Statistics Agency in the period from January 1 2017 to 2020/2022, when the long form population census took place, it was found that non-communicable diseases had become the cause main cause of death in Indonesia. There were around 7.03 million cases of death caused by non-communicable diseases, followed by cases of infectious diseases with a total of 231 thousand, and traffic accidents with 131 thousand cases.

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The significant increase in the number of cases of Non-Communicable Diseases (NCDs) is expected to increase the burden on society and the government, because treatment requires substantial costs and high technology. In accordance with Republic of Indonesia Law no. 36 of 2009 concerning Health, efforts to prevent and control NCDs are an important aspect in improving public health. These steps involve promotive, preventive, curative and rehabilitative efforts for individuals and communities. Within the framework of carrying out efforts to prevent and control NCDs in Indonesia, the Ministry
Ri Health formed the Directorate for Prevention and Control of Non-Communicable Diseases (P2PTM). The P2PTM Directorate has prepared several regulations and NSPK related to P2PTM in Indonesia, synergizing the P2PTM program with the Healthy Indonesia Program with a Family Approach, BPJS Health and developing UKBM through Posbindu PTM as well as strengthening the health service system through Integrated Services (PANDU) for PTM at FKTP.

Central Sulawesi Province has implemented integrated services for non-communicable diseases since 2021. Risk factor management activities carried out include examining smoking behavior, obesity, blood pressure, instant blood sugar, cholesterol and women who have had sexual relations. In 2022, there will be 149 district/city health centers in Central Sulawesi Province that have been trained in integrated services for non-communicable diseases (PANDU PTM), this data is shown in table 1.

Table 1. Training on Integrated Services for Non-Communicable Diseases at District/City Health Centers in Central Sulawesi Province

No	Regency/City	Number of PKM	PKM who have been trained GUIDE	Percentage who have been trained GUIDE
1	Palu City	13	10	76.92
2	Sigi Regency	19	9	47.37
3	Donggala Regency	18	11	61.11
4	Parigi Moutong Regency	23	23	100
5	Poso Regency	24	16	66.67
6	Tojo Una-Una Regency	16	11	68.75
7	Morowali Regency	11	9	81.82
8	Banggai Regency	26	14	53.85
9	Banggai Islands Regency	13	7	53.85
10	Banggai Laut Regency	10	7	70.00
11	Buol Regency	14	12	85.71
12	North Morowali Regency	14	11	78.57
13	Toli-Toli Regency	15	9	60.00
	Central Sulawesi	**216**	**149**	**68.98**

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Based on Table 1, 100% of the community health centers in Parigi Moutong Regency have participated in training on integrated PTM services, while only around 47% of the community health centers in Sigi Regency have attended this because the PTM managers in Sigi Regency are still changing so that PTM integrated services are being transferred to other districts. Based on information from the Central Sulawesi Provincial Health Service in 2022, of the 149 community health centers that have been trained in integrated PTM services, it turns out that only 7 regencies/cities have actually implemented the integrated PTM service program, namely the community health center in Parigi Moutong Regency has succeeded in implementing integrated PTM services with an implementation level reaching 100%. Meanwhile, in Buol Regency, the PTM integrated service program was implemented with an implementation rate of 85.71%. Morowali Regency implements an integrated PTM service program with an implementation rate of around 81.82%. In North Morowali, the level of implementation of integrated PTM services reached 78.57%. Toli-toli Regency has an implementation level of the PTM integrated service program of around 60%. The level of implementation of integrated PTM services in Banggai Islands Regency is around 53.85%, while in Banggai Laut Regency, the level of implementation of integrated PTM services has only reached 10%.

Community Health Centers play an important role in reducing the incidence of Non-Communicable Diseases (NCDs). Community health centers are considered as facilities capable of treating this type of disease at the primary level. Apart from that, the role of community health centers is also significant in implementing preventive measures against complications of this disease, such as carrying out screening or early detection of PTM. The Puskesmas has taken various steps to prevent an increase in PTM cases, including: (1) monitoring NCD risk factors by the Puskesmas, District/City Health Service, and Provincial Health Service; (2) detecting the risk of PTM early by community health centers, District/City Health Services, and Provincial Health Services; (3) dealing with NCD risk factors through communication, information and education (KIE) organized by Community Health Centers, District/City Health Services, and Provincial Health Services; (4) implementing community-based efforts to prevent and control NCD risk factors through village health posts, posyandu and posbindu. (Indonesian Ministry of Health, 2014).

In 2022, Palu City will have 10 community health centers that have taken part in integrated PTM service training. However, only the Sagurara Community Health Center has implemented an integrated PTM service program. The Sangurara Health Center, which is located in Tatanga District, precisely in Duyu Village, serves residents in 5 sub-districts with a population in 2022 of 51,132 people. Sangurara main health center oversees 4 sub-health centers (1 lost due to disaster), 1 Polindes (damaged and unfit for use) and 1 Poskesdes (1 Poskesdes which is not used because it is close to the main health center) (Sangurara Health Center UPTD Profile, 2023). Based on data from the Sangurara Community Health Center, regarding PTM data for 2022, the number of cases at risk was 50 patients and for 2023 to Q2 II there were 20 patients.

Detecting and carrying out early intervention is the most effective step in preventing non-communicable diseases (NCDs). To anticipate the main risk factors for NCDs, it is

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important to pay attention to metabolic factors such as high blood pressure, high blood sugar levels, obesity, lipid balance disorders, kidney function problems, and malnutrition in mothers and children. In addition, behavioral factors such as diet, smoking, workplace health risks, lack of physical activity, and alcohol consumption also need to be considered, along with environmental factors such as air pollution, violence, and conditions of poverty.

Data regarding PTM cases and deaths in Palu City in 2020 is the basis for understanding the picture of the situation. However, the author's observations found a number of problems in implementing the NCD prevention policy in Palu City. Several aspects that cover the problem include unequal community access to NCD health services and gaps in this access. Public awareness of the risks of non-communicable diseases needs to be increased, and educational efforts are not always effective. Other challenges include the availability of adequate health resources and infrastructure, a shortage of medical personnel, and health service facilities that can hinder the response to NCDs.

Inter-agency coordination needs to be improved to achieve better results, while the level of community compliance with PTM policies still varies. Evaluation and monitoring of the PTM program needs to be improved to measure its effectiveness and impact. Changes in people's lifestyles are a significant challenge, and the role of public administration in supporting NCD policies needs to be evaluated to make them more effective. Socioeconomic factors also play an important role, and differences in these can result in inequalities in service access and outcomes. The involvement of the private sector and NGOs is an important factor, and effective cooperation with the government is necessary to achieve common goals.

Based on the background description above, the problem in this research is formulated, namely: Why is the Implementation of the Policy for Controlling Non-Communicable Diseases at the Sangurara Community Health Center Not Effective?

The aim of this research is to determine the implementation of the Policy for Controlling Non-Communicable Diseases at the Sangurara Community Health Center.

LITERATURE REVIEW

A number of previous studies related to the implementation of integrated service programs for non-communicable diseases have been carried out. For example, Damari & Heidari (2020) designed an implementation plan for integrated prevention and control of non-communicable diseases in Iran using qualitative analysis. The research findings include key strategies such as promoting health literacy, optimizing the utilization of primary care services, and cross-sectoral collaboration.

Another study by Aryal et al., (2018) evaluated health facilities in Nepal for the implementation of the WHO Package of Essential Non-Communicable Diseases. Although most hospitals have adequate equipment and medicines, there is a need to increase primary health centers and health posts to reach the maximum population. Non-communicable disease management training is also considered key to achieving program goals.

From these two studies, it was concluded that implementing an integrated service program for non-communicable diseases requires additional steps such as integration into

the national health plan, approval through state-level institutions, and the preparation of a provincial health plan based on the program.

Public policy

The term "policy" is often equated with "decision," "program," "goal," "law," "provision," and "grand plan," even though to policymakers, these terms refer to the same thing. Syafiie differentiates policy from wisdom as the embodiment of rules decided by authorized officials, taking into account local situations. According to Subarsono (2013), public policy is considered an effort to solve problems, become an advocate, innovator and leader for good and directed action.

Harold D. Laswell, David Easton, and Abraham Kaplan state that public policy includes plans to achieve goals, practices, and guiding values. Easton emphasized that public policy is the application of values to society through coercion and legal means. According to Suwitri (2008), government actions in achieving goals include everything from the formulation of community values to their distribution.

Keban's definition of public policy can be understood as a process, framework and philosophical concept. As a process, policy is considered a means of knowing the desires of the organization. As a policy framework, it involves a bargaining process to formulate problems and implementation methods. Policy can also be considered as a set of conditions or principles that are desired as a policy product, in the form of recommendations or conclusions (Santoso, 2012).

According to the Big Indonesian Dictionary, policy is defined as a collection of concepts and principles that are the main basis for carrying out work, leadership and ways of acting. Mustopadidjaja explained that the term policy is often used in government and state activities in general, which are expressed in the form of regulations. Koontz and O'Donnell define policy as a guiding pattern of thinking in decision making, while Dye states that public policy is whatever the government chooses or does not choose to do. Dye emphasized that policy involves all government actions, whether implemented or not, and has the same influence (Ramdhani & Ramdhani, 2017).

Understanding Implementation

Grindle (1980) suggests that implementation is an administrative action that can be studied at a particular program level. The implementation process begins after determining goals and objectives, preparing activity programs, and allocating funds to achieve targets. Van Meter and Horn (Wibawa, et al., 1994) added that policy implementation involves actions from the government and the private sector, both individually and in groups, with the aim of achieving a target.

Lane divides the implementation concept into two parts. First, implementation as a function of aims, objectives, results and impacts. Second, implementation is a functional equation of policy, formator, implementor, initiator, and time (Sabatier, 1986).

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There are several perspectives or approaches in looking at the implementation of public policy, one of which is the implementation problems approach introduced by Edwards III (1984). This approach asks two main questions: what factors support successful policy implementation, and what factors hinder it. The four main factors for successful implementation, according to Edwards III, are communication, resources, bureaucratic attitudes, and organizational structure.

Mazmanian and Sabatier (1983) stated that implementation analysis can be seen from the perspective of public administration and political science. The public administration perspective emphasizes the implementation of policies appropriately and efficiently, while the political science perspective focuses on pressure from interest groups and the political environment.

The success of implementation is assessed from two perspectives, namely process and results. From a process perspective, success is related to program implementation according to implementation instructions and provisions. From a results perspective, success is seen from the impact produced as desired.

Akib and Tarigan (2008) emphasize that implementation success is influenced by two main variables, namely policy content and implementation environment. Subarsono (2008) highlights four critical variables in program or policy implementation theory, including communication, resources, disposition, and bureaucratic structure.

Policy Implementation Model

Korten (in Tarigan, 2000) created a Conformity Model for implementing policies or programs using a learning process approach. This model has as its core the compatibility between the three elements in program implementation, namely the program itself, program implementation and the program target group.

Korten stated that a program will be successfully implemented if there is conformity of the three elements of program implementation. First, compatibility between the program and its users, namely the compatibility between what the program offers and what the target group (beneficiaries) need. Second, compatibility between the program and the implementing organization, namely the compatibility between the tasks required by the program and the capabilities of the implementing organization. Third, compatibility between the user group and the implementing organization, namely the compatibility between the conditions that the organization decides to obtain program output with what the program target group can do.

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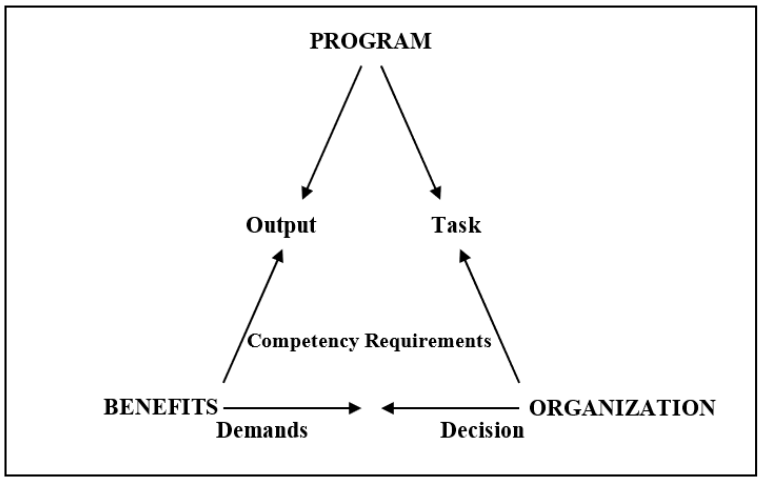

Figure 1. Conformity Model

(Quoted from David C. Korten (1988) in Tarigan, 2000)

Based on the pattern developed by Korten, it can be understood that if there is no compatibility between the three elements of policy implementation, the program performance will not be successful as expected. If the program output does not match the needs of the target group, it is clear that the output cannot be utilized. If the program implementing organization does not have the ability to carry out the tasks required by the program then the organization cannot deliver the program output appropriately. Or, if the conditions set by the program implementing organization cannot be fulfilled by the target group then the target group does not receive the program output. Therefore, compatibility between the three elements of policy implementation is absolutely necessary so that the program runs according to the plans that have been made.

The conformity model of policy implementation introduced by Korten enriches other policy implementation models. This can be understood from the suitability keywords used. However, elements that are adapted to each other - program, users and organization - are also included both in the policy content dimension (program) and the implementation context dimension (organization) as well as in the outcomes (beneficiaries) in Grindle's political and administrative process model.

Implementation, according to Edwards III (1984), is defined as a stage in the policy process that is between the stages of policy formulation and the results or consequences arising from the policy (output, outcome). According to him, implementation activities include planning, funding, organizing, hiring and firing employees, negotiating and so on.

In the model he developed, he stated that there are 4 (four) critical factors that influence the success or failure of implementation. The approach is taken by asking the questions: "What preconditions must exist for a successful implementation?" and "What are the main obstacles to the success of an implementation?" and finding these 4 (four) variables after reviewing several approaches taken by other authors.

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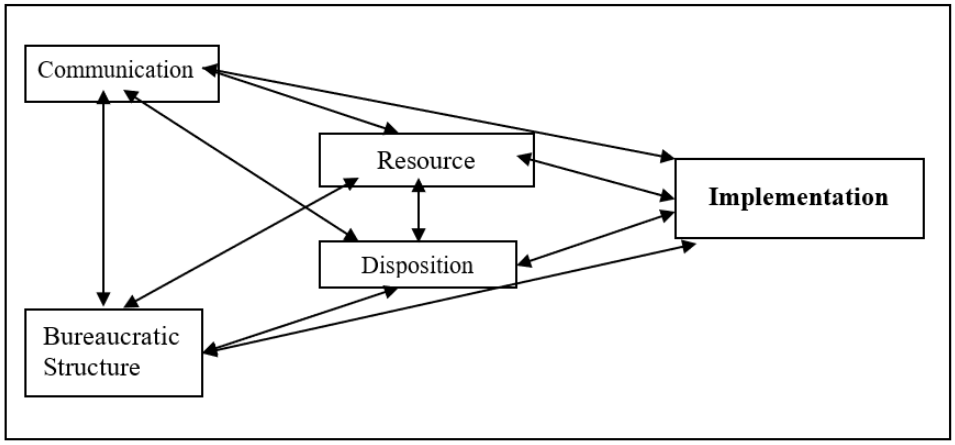

Figure 2. Model Approach to Implementation Problems

The four variables are: 1. Communication; 2. Resources; 3. Disposition or Attitude of the Implementer; 4. Bureaucratic structure, all of which are interconnected and influence each other in determining the success or failure of implementation. The interrelationship between these four variables in implementation results can be explained as follows:

Communication

There are three things in this communication that need attention:

a. Transmission
   A policy to be implemented must be distributed to the officials who will implement it. Often transmission problems occur when implementers do not agree with the policy (disposition) by distorting policy orders or even blocking necessary communications.
b. Clarity
   Clarity of objectives and methods to be used in a policy is absolutely essential so that it can be implemented as decided. But this doesn't always happen. There are various reasons why a policy is not formulated clearly, including: i). complexity in policy making that occurs between the executive and legislature, so that they tend to leave the details of implementation to subordinates; ii) There is opposition from society to the policy; iii). The need to achieve consensus between competing objectives when formulating such policies; iv). New policies whose formulators have not really mastered the problem (this is often said to be an attempt to avoid responsibility); v). This usually occurs in policies involving legal regulations.
c. Consistency
   Effective implementation not only requires clear but also consistent communication. A good transmission process but inconsistent commands will cause confusion for implementers. Many things can cause policy direction to be inconsistent, including: i). Complexity of policies that must be implemented; ii). Difficulties that usually arise when starting to implement a new policy; iii). Policies have various goals and objectives, or

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sometimes because they conflict with other policies; iv). The influence of various interest groups on the issues brought about by these policies.

Resource

What is meant by the resources needed for implementation according to Edwards III are:

a. Staff, whose numbers and skills (abilities) are in accordance with what is needed.
b. Information.
   Information is different from communication. What is needed here is: i). Information related to how to implement the policy (Juklak-Juknis) as well as, ii). Data related to the policy to be implemented.
c. Authority
   The authority required and must be available to implementers varies greatly depending on what policy must be implemented. This authority can take the form of: bringing cases to court; providing goods and services; authority to obtain and use funds, staff, etc. authority to request cooperation with other government agencies, etc.
d. Facility
   Even though the implementor has an adequate number of staff, understands what is expected of him and what must be implemented, and has obtained the necessary authority to implement the policy, without adequate physical facilities, implementation will not be effective. These physical facilities vary depending on policy needs: office space, computers, etc.

Disposition

What is meant by disposition is the attitude and commitment of implementers towards the policies or programs that they must implement because every policy requires implementers who have a strong desire and high commitment to be able to achieve the expected policy objectives. There are three main elements that influence the ability and willingness of implementing officials to implement policies, namely:

a. Cognition is the extent to which policy implementation is understood.
   Understanding policy objectives is very important for implementing officials, especially if the value system that influences their attitudes is different from the policy maker's value system, then policy implementation will not run effectively. The administrative incompetence of policy implementers, namely the inability to respond to the needs and expectations expressed by the community, can cause the implementation of a program to be ineffective. Implementation directions and responses, this includes how the implementer accepts, impartiality or rejection in responding to policies.
b. The intensity of the response or response of the implementer.
   The character of the implementer will influence the implementer's actions in implementing policies because implementers are individuals who cannot possibly be free from the beliefs, aspirations and personal interests they want to achieve. In implementing

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a policy, there is a possibility for the implementer to divert what has been determined for the sake of his personal interests, so that the implementer's attitude can distance the objectives from the actual policy.

Bureaucratic structure

What is meant by Edwards III Bureaucratic Structure is the work mechanism established to manage the implementation of a policy. He emphasized the need for a Standard Operating Procedure (SOP) that regulates the flow of work between implementers, especially if program implementation involves more than one institution. He also reminded that sometimes fragmentation is necessary when policy implementation requires many programs and involves many institutions to achieve its goals.

Criteria for Measuring Policy Implementation According to Grindle (1980) and Quade (1984), to measure the implementation performance of a public policy, one must pay attention to policy, organizational and environmental variables. This attention needs to be directed because through choosing the right policies the community can participate in making optimal contributions to achieving the desired goals. Furthermore, when the selected policy has been found, an implementing organization is needed, because within the organization there is authority and various resources that support the implementation of policies for public services. Meanwhile, the policy environment depends on whether it is positive or negative. If the environment has a positive view of a policy, it will produce positive support so that the environment will influence the success of policy implementation. On the other hand, if the environment has a negative view, there will be a clash of attitudes, so that the implementation process is threatened with failure. More than these three aspects, compliance with policy target groups is a direct result of policy implementation which determines its effect on society.

Korten's model of suitability for policy or program implementation is also relevant to use as a criterion for measuring policy implementation. In other words, the effectiveness of a policy or program according to Korten depends on the level of suitability between the program and the users, the suitability of the program and the implementing organization and the suitability of the benefit group program with the implementing organization.

METHOD

This research uses descriptive qualitative methods to explain the implementation of integrated services for Non-Communicable Diseases (NCDs) at the Sangurara Community Health Center. This approach was chosen because the issues studied are qualitative in nature. The aim is to reveal data related to the implementation of the program through a qualitative descriptive approach, enabling the generation of in-depth descriptive data. The research location was the Sangurara Community Health Center, Duyu Village, Palu City, chosen because it was the only one implementing training related to integrated PTM services after 2022. The research was carried out from September to October 2023.

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Data sources consist of primary data, obtained through in-depth interviews with informants and data triangulation. Meanwhile, secondary data comes from documents and documentation from the Palu City Health Service and Sangurara Health Center. Research informants were selected using a purposive sampling method, involving representatives from the Ministry of Health, Head of the Palu City Health Service, Head of the Sangurara Community Health Center, General Practitioners, community service users, as well as managers of the PTM integrated service program at the Sangurara Community Health Center and the Palu City Health Service.

The concept of implementing the PTM policy at the Sangurara Community Health Center was analyzed through several aspects, such as communication, resources, disposition and bureaucratic structure. Barriers to communication include ineffective transmission, lack of clarity, and policy inconsistencies. Limited resources include staff, information, authority and physical facilities at the Sangurara Community Health Center. Dispositional barriers include lack of understanding and motivation, implementer resistance, and low response intensity. Meanwhile, in the bureaucratic structure, there is a lack of clear SOPs and the potential for fragmentation.

The data collection process involves field observations, interviews, and documentation. Data analysis is carried out through qualitative steps, such as data condensation, data presentation, and drawing conclusions. The research instruments used include interview guidelines, observation guidelines, as well as documentation such as recordings and photos during the research. Thus, this research opens up insight into the implementation of the PTM integrated service program at the Sangurara Community Health Center.

RESULTS AND DISCUSSION

The location of the Sangurara Health Center in Tatanga District is precisely in the Duyu sub-district with a distance of about 11 km to the city center. The Sangurara Health Center building was first erected on November 12 1998, on the health road, kel. Duyu. Then the Sangurara Community Health Center building was moved to Jalan Pemandu, Duyu sub-district in 2016. It serves residents in 5 sub-districts with a population in 2021 of 50,698 people. The largest number was in Balaroa sub-district with 13,228 people with an area of 2.36 km2, and the fewest in Boyaoge sub-district with 8730 people with an area of 1.57 km2. With an area of 1.57 km2, the largest is Duyu sub-district (6.16 km2), and the smallest is Nunu sub-district (1.22 km2). use), and 6 Poskesdes (1 Poskesdes which is not used because it is close to the main Puskesmas), which is spread across 5 sub-districts. Staff at the main health center, Pustu, Poskesdes and Polindes total 43 people with the following details: Dentist 2 people, General Practitioner 2 people, 9 nursing staff, 20 midwives, 2 dental nurses, 4 sanitation workers, 1 pharmacist, 2 pharmaceutical analysts, 1 high school person.

To facilitate the implementation of workers, the Sangurara Community Health Center has determined tasks and functions to manage the success of the Sangurara Community Health Center's goals. As well as implementing the Central Sulawesi Province Regional Regulation (PERDA) policy Number: 8 of 2016 concerning the formation and composition

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of the Provincial Regional apparatus and Central Sulawesi Governor's regulation Number: 42 of 2020 concerning the duties, functions and work procedures of the Central Sulawesi Province Regional Personnel Agency (BKD). According to the Handbook of Regulation and Administrative Law, regulation can be interpreted as a process area involving three state institutions, namely the executive, legislative and judiciary in the context of public administration. Covers three important aspects, namely drafting regulations, implementation or enforcement, and adjudication. In the regulatory process, these three state institutions play a role in creating, implementing and enforcing the regulations that have been established to ensure compliance and consistency in their implementation.

According to Kyla Malcom, regulation can be interpreted as a field that focuses on the process of regulation, implementation and supervision. This definition is still in the context of public administration. Involves three interrelated areas. These three aspects are legal and institutional structures, enforcement, and supervisory activities.

The implementation of policies for controlling non-communicable diseases in Palu City, especially at the Sangurara Community Health Center, is regulated in the Republic of Indonesia Minister of Health Regulation No. 71 of 2015 concerning Management of Non-Communicable Diseases. It was explained that Non-Communicable Diseases, hereinafter abbreviated as PTM, are diseases that cannot be transmitted from person to person, whose development occurs slowly over a long period of time (chronic). PTM prevention is a health effort that prioritizes promotive and preventive aspects without ignoring curative, rehabilitative and palliative aspects aimed at reducing morbidity, disability and death rates which are implemented comprehensively, effectively, efficiently and sustainably.

PTM surveillance is a systematic and continuous observation activity of data and information about the occurrence of risk factors and NCDs as well as conditions that influence their increase in order to obtain and provide information to direct countermeasures effectively and efficiently.

In implementing PTM prevention, the Central Government, Regional Government and the community are responsible for implementing PTM prevention and its consequences. Implementation is carried out through Public Health Efforts (UKM) and Individual Health Efforts (UKP). The implementation of PTM prevention prioritizes types of NCDs that are a public health problem, with the following criteria:

a. High rates of death or disability
b. High rates of morbidity or high burden of medical costs
c. Has modifiable risk factors

Implementation of PTM prevention is carried out in a comprehensive and integrated manner between work units or management units at the central and regional levels. Implementation of PTM prevention is carried out by applying a thorough approach, an equalization approach and other approaches. In order to implement PTM in a comprehensive and integrated manner and the Central Government can provide support according to regional needs in stages in accordance with the results of regional development planning deliberations.

In implementing PTM Prevention, PTM Surveillance is carried out as a basis for determining prevention activities. PTM surveillance aims to obtain information about the situation, disease tendencies and risk factors as material for decision making in the context of implementing prevention programs effectively and efficiently. NCD surveillance is carried out through data collection activities, data processing and analysis, data interpretation, and dissemination of information on risk factors, diseases and causes of death.

The implementation of NCD prevention can carry out, Health promotion aims to realize PHBS by creating and making a tradition of CERDIK behavior in the community, namely:

a. Check your health regularly
b. Get rid of cigarette smoke
c. Have regular physical activity
d. Healthy diet and balanced nutrition
e. Get enough rest and manage stress.

Health promotion is carried out with advocacy, community empowerment and partnership strategies which are carried out in accordance with the provisions of health promotion laws and regulations carried out by health workers who have competence in the field of health promotion and PTM prevention.

To expedite the implementation of the Non-Communicable Disease Management policy at the Sangura Community Health Center, duties and functions have been set in implementing the policy as well as the organizational structure as follows:

Communication

Communication is a crucial stage in policy implementation, where the government has the responsibility to convey public policies quickly, accurately and relevantly. This aims to make information easily understood by the public and can increase their participation in information exchange. In the context of this research, communication includes how health workers at the Sangurara Community Health Center socialize policies for dealing with Non-Communicable Diseases (PTM) to the community.

Socialization is defined as an effort to disseminate policy content to increase the knowledge and understanding of various related parties, including target groups, so that they are able to carry out their roles and achieve the desired goals in the policy. Socialization is carried out after the policy is made to build a foundation of knowledge and understanding before the policy is implemented.

In an interview with the Head of the Sangurara Community Health Center, Suardi, it was revealed that every PTM program activity must be coordinated with the unit head first, because the PTM program is still in the development stage. There are also monthly activities such as Lokmin BOK and Lokmin Program, which aim to discuss program achievements at community health centers.

Interview with dr. Muhamad Asri Husaema, a doctor at the community health center, revealed that the obstacle was a lack of socialization to the community, so that understanding about PTM was still minimal. The management is also considered to have provided

insufficient education to the public, so that they do not understand the activities being carried out. People's non-compliance with doctors' recommendations to carry out re-examinations is also a problem.

Muhamad Irzam, as Head of the Palu City P2TM Section, said that the lack of coordination between the Palu City Health Service, the Provincial Health Service, and the PTM Program management at the Sangurara Community Health Center was an obstacle in implementing the PTM program. Missing synergies and incoherence between related parties also affect the implementation of the PTM program.

Based on the results of the interview, it can be concluded that the implementation of the PTM policy at the Sangurara Community Health Center is still in the development stage. Coordination between units and complete outreach to the community are challenges that need to be overcome in an effort to increase the success of PTM policy implementation.

Resource

Improving government performance is a task that must be carried out continuously to achieve optimal quality of public services. Every organization, including government organizations, requires facilities and infrastructure to carry out various functions and activities. Diversification of organizational tasks and activities requires a variety of appropriate and adequate facilities and infrastructure.

This research emphasizes resources as a physical aspect, especially facilities that support the prevention of non-communicable diseases (NCDs). Apart from that, human resources, which includes managing the implementation of PTM at the Sangurara Community Health Center, is also the focus of the research.

According to Suardi, Head of Sangurara Community Health Center, all health workers are involved in PTM activities, especially in the Healthy Palu Friday (JPS) program. In terms of budget, the situation is adequate, even more than adequate, and physical facilities are considered sufficient. However, problems arose regarding inputting PTM data via the ASIK Application (Sehat Indonesia Ku Application) due to network constraints and the need for more personnel to achieve the Minimum Service Standards (SPM) targets set by the Ministry of Health.

Dr. Muhamad Asri Husaema, a doctor at the Sangurara Community Health Center, revealed that the shortage of human resources, especially health workers, nurses and doctors, causes obstacles in daily activities, such as adding health workers to posyandu services. Facilities and infrastructure are also considered to be lacking, hampering the progress of health checks.

Muhamad Irzam, Head of the P2TM Section for Palu City, highlighted the lack of human resources, which resulted in double management and sub-optimal implementation of the PTM program. Even though the department does not want to add human resources, they chose to collaborate with other agencies in Palu City.

From the results of the interview, it can be concluded that human resources and physical facilities at the Sangurara Community Health Center are still very lacking, especially for health workers, nurses and doctors. These obstacles affect the performance

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DOI: https://doi.org/10.54443/sibatik.v3i1.1818

and development of the PTM program. Even though the budget and physical facilities are considered adequate, special attention needs to be paid to improving human resources and infrastructure so that the implementation of the PTM policy can run more effectively and efficiently.

Disposition

Disposition in the context of this research refers to the manager's attitude and commitment to the implementation of non-communicable disease (PTM) management policies at the Sangurara Community Health Center. Managers' attitudes and behavior reflect cooperation in achieving common goals. They are guided by organizational rules and procedures, interacting, influencing, and interdependent to achieve optimal results.

According to Suardi, Head of the Sangurara Community Health Center, understanding and responsibility for service is quite good, communication between employees is free without pressure, and there is a high commitment to achieving quality targets in providing PTM services. Services are provided door-to-door, and health workers receive incentives or capitation based on field attendance, with capitation funds coming from JKN.

The doctor at the Sangurara Community Health Center, dr. Muhamad Asri Husaema, stated that PTM managers and doctors were responsible and enthusiastic about the program. However, facilities and infrastructure are still obstacles in field activities.

Muhamad Irzam, Head of the P2TM Section for Palu City, commented that the sensitivity of section heads and managers to the PTM program was still lacking, as seen from the slow response to requests for data or the appointment of health workers to take part in training.

Overall, although there is high commitment from the management and health workers at the Sangurara Community Health Center, there are still obstacles, especially related to facilities and infrastructure. In addition, at the Palu City agency level, sensitivity to the PTM program needs to be considered to increase response and support for the implementation of the policy.

Bureaucratic Structure

In the context of implementing public policy, the responsibilities of public service providers must be accountable to the public and the leaders of government agency service units in accordance with statutory regulations. One aspect related to procedural simplicity is the clarity and ease of procedures that must be understood and implemented by all parties concerned. A good bureaucratic structure includes the existence of Standard Operating Procedures (SOP) and effective coordination between managers.

Researchers determined three criteria for bureaucratic structure in the implementation of non-communicable disease (PTM) management policies:

a. There is a Standard Operating Procedure (SOP) that regulates the stages of implementing the PTM policy.
b. Established cooperation between managers at the Community Health Center.

c. There is collaboration between the Community Health Center managing the PTM program, the city, Provincial and Central Health Services.

Suardi, Head of the Sangurara Community Health Center, stated that SOPs are considered program guidelines that are based on law and are considered service quality. Coordination between agencies is carried out through collaboration with schools, JPS support offices, labs, and Maxima sub-district and sub-district offices. The Community Health Center has the authority to make decisions, but this authority is not fully given to the unit head, who clearly has responsibility for developing programs and making suggestions.

The doctor at the Community Health Center, Dr. Muhamad Asri Husaema, emphasized the readiness of program managers and doctors to carry out activities related to screening for PTM risk factors in the field, always collaborating with PTM posbindu cadre officers.

Muhamad Irzam, Head of the P2TM Section for Palu City, stated that although there is a structure with leaders, section heads and PTM managers, good communication between section heads and PTM program managers is still lacking, so the PTM program does not yet have any prominent activities.

Overall, at the Sangurara Community Health Center, there is an organizational structure that involves various parties and coordination between agencies. However, more attention is needed to internal communication between units and PTM program managers to increase the effectiveness of PTM policy implementation.

CLOSING

Conclusion

The results of the research show that the implementation of policies for controlling non-communicable diseases (PTM) programs assessed from the variables of communication, resources, disposition and bureaucratic structure in policy implementation is in line with expectations. However, there are obstacles such as communication where the socialization of policies as employees is less responsive to the PTM program and the public still does not understand the activities carried out by the PTM program so that communication results are less than optimal. There is still a shortage of resources in terms of human resources, physical facilities and facilities and infrastructure in the PTM program, resulting in weak health services. The attitude of the Sangurara Community Health Center PTM program implementers was adequate and very responsive. Based on the research results, in general the implementation was carried out well, in accordance with standard operating procedures that met the objectives and in terms of timeliness and cost efficiency that met the provisions. Apart from that, the managers are also committed to implementing the PTM Program Management policy and creating good cooperation between managers. However, apart from that, there are obstacles in socialization and facilities and infrastructure in the PTM program.

Recommendation

1. The Palu City Health Service and the Sanggurara Community Health Center carry out outreach, advocacy and coordination with PKK activists to mobilize the community.

2. The Puskesmas coordinates with sub-district heads, sub-district health forums, TP PKK and other agencies and provides guidance to cadres to increase public knowledge about the function of the PTM posbindu as a forum for early screening for PTM risk factors.
3. Village heads and sub-district heads together with cadres are more active in conducting outreach to the community regarding PTM program activities at Posbindu PTM.

REFERENCES

Aryal, U. R., [et al.]. (2018). Evaluating healthcare facilities in Nepal for the implementation of the WHO Essential Package of Non-communicable Disease. Journal of Health Policy and Planning, 33(5), 689-697.

Damari, B., & Heidari, A. (2020). Implementation plan for integrated prevention and control of non-communicable diseases in Iran: A qualitative analysis. Iranian Journal of Public Health, 49(3), 432-443.

Edwards III, G. C. (1984). Implementation: What Makes Policies Work? Princeton University Press.

Grindle, M. S. (1980). Politics and Policy Implementation in the Third World. Princeton University Press.

Kamus Besar Bahasa Indonesia. (n.d.). Balai Pustaka.

Kemkes.go.id. (2020). Strategi Nasional Pengendalian Penyakit Tidak Menular. [Online] Tersedia di: https://www.kemkes.go.id/resources/download/pusdatin/infodatin-ptm.pdf [Diakses pada 12 Januari 2024].

Kementerian Kesehatan RI. (2022). Data Pelayanan Terpadu Penyakit Tidak Menular di Provinsi Sulawesi Tengah Tahun 2022.

Korten, D. C. (1988). Getting to the 21st Century: Voluntary Action and the Global Agenda. Kumarian Press.

Mufarida. (2021). Penyebab Utama Kematian di Indonesia, Bukan Penyakit Menular. [Online] Tersedia di: https://kesehatan.kontan.co.id/news/penyebab-utama-kematian-di-indonesia-bukan-penyakit-menular [Diakses pada 12 Januari 2024].

Mazmanian, D. A., & Sabatier, P. A. (1983). Implementation and Public Policy. University Press of America.

Profil UPTD Puskesmas Sangurara. (2023). Profil Puskesmas Sangurara Kota Palu Tahun 2023. Kota Palu: Puskesmas Sangurara.

Quade, E. S. (1984). Analysis for Public Decisions. North Holland.

Ramdhani, N., & Ramdhani, M. A. (2017). The Role of Communication in Policy Implementation: A Case Study of [Nama Program]. Journal of Public Administration and Policy Research, 9(2), 18-27.

Rencana Aksi Program. (2020). Rencana Aksi Program Pencegahan dan Pengendalian Penyakit Tidak Menular 2020-2024. Jakarta: Kementerian Kesehatan RI.

Santika. (2023). Penyakit Tidak Menular Jadi Penyebab Utama Kematian di Indonesia. [Online] Tersedia di: https://katadata.co.id/safrezi/berita/63d3c0d0-6c8d-494a-94a3-c8f55cd3a387/penyakit-tidak-menular-jadi-penyebab-utama-kematian-di-indonesia [Diakses pada 12 Januari 2024].

Santoso, P. B. (2012). Manajemen Birokrasi dan Kebijakan Publik. PT Pustaka Utama Grafiti.

Subarsono. (2013). Pengantar Ilmu Administrasi dan Manajemen. Rajawali Press.

Suwitri. (2008). Kebijakan Publik: Teori dan Proses. PT RajaGrafindo Persada.

Tarigan, A. (2000). Model Kesesuaian Implementasi Kebijakan. [Nama Penerbit].

Van Meter, D. S., & Horn, M. C. (Wibawa, dkk., 1994). The Policy Implementation Process: A Conceptual Framework. Administration & Society, 26(4), 445-466.

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DOI: https://doi.org/10.54443/sibatik.v3i1.1818