ANALYSIS OF PROLANIS POLICY IMPLEMENTATION DURING THE COVID-19 PANDEMIC IN 2021

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Abstract. Data from Basic Health Research (Riskesdas) in 2018 shows that Diabetes and Hypertension dominate chronic diseases. The Director of BPJS Kesehatan has issued Circular No. 14 of 2020 concerning health services for national health insurance participants during the COVID-19 prevention period, especially Prolanis. The policy contains an appeal to postpone the provision of services in the form of mass gathering activities such as Prolanis Gymnastics, Club Education, and other activities. Hence, this research is needed to describe the implementation of Prolanis policies during the COVID-19 Pandemic. The study used a descriptive research design with qualitative methods and George C. Edward III's theory of policy implementation model. The number of informants is 11 people. The data collection is done using observation, in-depth interviews, and document review. The study was conducted in May-June 2022 at the Krui Health Center, Pesisir Barat Regency, Lampung Province. The findings show that Prolanis activities, which were stopped during the COVID-19 Pandemic, resulted in uncontrolled hypertension and diabetes in the participants. There are also many Prolanis implementing officers and supervisors who are not aware of Circular 14 of 2020. This transmission failure resulted in implementing the policy not fully running correctly.

Keywords: Prolanis, Hypertension, Diabetes

INTRODUCTION

Humans are influenced by many factors that play a significant role in supporting activities in life, one of which is health. Therefore, the government's attention to health has also been included in the government's priorities, which can be noted in the vision and mission of the Long-Term Development Plan for Health (RPJP-BK) for 2005-2025. The government hopes that all Indonesian people can access quality health services and health insurance. Health Insurance is a guarantee of protection so that people can experience health benefits. Declared on January 1, 2014, the government approved the Health Social Security Administering Agency (BPJS Kesehatan), which aims to provide health coverage to meet basic needs in the form of proper health for all people in Indonesia. Registered as a member of BPJS Health based on humanity, utilization of the community, and justice [9].
One of the benefits obtained by BPJS Health participants is promotive and preventive health services, such as the Chronic Disease Management Program (Prolanis). Chronic diseases are recorded as the cause of millions of deaths yearly, even being Indonesia's highest cause of death [4]. Prolanis is specifically for BPJS health participants with chronic diseases such as hypertension and diabetes to obtain a quality and optimal life with an efficient and effective health budget [8]. Basic health research (Riskesdas) in 2018 shows that Diabetes and Hypertension dominate chronic diseases. The Hypertension rate increased in 2013 from 25.8% to 34.1% in 2018. This causes high mortality, approximately 8 million people in Indonesia every year. Likewise, with DM, the number rose from 6.9% to 8.5% per year in 2018. This condition causes a decrease in the chance of living for 5 to 10 years [4]. Based on the Data and Information Center (Pusdatin) of the Ministry of Health, Indonesia is ranked in the top 10 countries with the highest DM disease, precisely being 7th in the world at 10.7 million [5].

In Indonesia, Lampung Province has a DM prevalence of 1.4% of the average prevalence of 2%. In contrast, for Hypertension, Lampung Province has a prevalence of 29.94% of the total average prevalence of 34.11% in Indonesia [5]. More specifically, in Pesisir Barat Regency, the prevalence of DM is 0.54% of the average prevalence of other regencies in Lampung Province of 0.99% [10]. The President made decision No. 12 of 2020 regarding the spread of COVID-19, which was designated as a national disaster, so it is essential to have a policy related to Large-Scale Social Restrictions (PSBB) to suppress the broader spread of COVID-19 transmission. The Director of BPJS Kesehatan also issued circular letter number 14 of 2020 regarding health services for participants of the national health insurance during the COVID-19 prevention period.

The policy urges the Regional Deputy and Branch Head to coordinate with all health facilities, especially FKTP, to postpone the provision of services in the form of mass gathering activities such as gymnastics with agencies or business entities, Prolanis Gymnastics, Club Education, and other similar activities. The provision of services for Prolanis participants is focused on individual services such as health consultations and medical examinations, drug services, and supporting examinations according to the provisions until further notification [2]. The current condition affects all fields, including service issues in the implementation of Prolanis, which has resulted in the declining quality of this program.

After seeing the various problems that are currently happening, and judging that the Prolanis formed is one of the strategies made by the government a long time ago to reduce the number of Diabetes and Hypertension, there is great hope amid the COVID-19 Pandemic this number can be suppressed. Therefore, Prolanis during the Pandemic is very urgent to study because assessing and evaluating is not only carried out at the end of the activation process, but it would be better carried out since the beginning of program activities [7]. Thus, the theory that is suitable to be used is the model for implementing the rules of George C Edward III.

Based on Edward III's Theory, all factors are communication, resources, disposition, and bureaucratic structure. Those factors influence each other and work simultaneously to assist in implementing policies in an agency such as a health center. Hence, the four variables are very relevant to be used in analyzing the implementation of Prolanis policies in the COVID-19 Pandemic Era at Krui Health Center and Way Krui Health Center, Pesisir Barat Regency, Lampung Province.

**METHOD**

The research design used is descriptive with qualitative methods. It uses the theory of George C Edward III's policy implementation model. The research was conducted at the Krui Health Center, Pesisir Barat Regency, Lampung Province, from May to June 2022. The type of data used was primary data in the form of interviews and observations with related parties [3] and secondary data in the form of data sources, which were not directly obtained from the supporting literature. Then data collection is done utilizing observation, in-depth interviews, and document review. Instruments include interview guidelines and observation sheets (checklist), voice recorder, camera, and stationery. Informants (Head of Health Center, Doctor, Person in Charge, and 7 Prolanis participants) The total number of informants is 11 people.

Testing the validity of the data (Credibility) in this study is using triangulation (sources, methods, and data). Data analysis was carried out after all data was collected and processed. The research results were presented in the form of matrices and narratives. An ethical test was carried out with reference number Ket-237/UN2.F10.D11/PPM.00. 02/2022, issued by the Research Ethics Commission and Public Health Service, Faculty of Public Health, Universitas Indonesia. Besides that, as an application for permission to conduct research at the Krui Health Center by first submitting informed consent was delivered before
After collecting data. After getting the results of the ethical test and research permission, the researcher conducted interviews with the informants by first applying for informed consent by explaining the background, objectives, and benefits of the research and asking the informants for approval.

RESULTS AND DISCUSSION

On March 2, 2020, the first recorded history of COVID-19 disease was found in Indonesia. The transmission is high-speed, and it is also unexpected that the number of sufferers and deaths from this virus is increasing rapidly. This requires appropriate and fast countermeasures at national and provincial levels [16]. Pesisir Barat Regency is the Frontier, Outermost, and Disadvantaged (3T) affirmation area. Hence, it is impossible to implement virtual service activities, ranging from the unequal internet network in every village and the low economic capacity of the local community. It is difficult for them to procure cell phones and internet quotas, and many people are still not technology literate.

Policy implementation is also explained by [1], namely as a stage carried out by the government in order to assess the extent to which public policy has been implemented so that it can be seen whether it has gone according to plan or even there are obstacles and how to resolve these targets. This policy certainly needs to be considered in its implementation.

Communication

Communication is the delivery of messages carried out by communicators to communicants with various methods delivered so that information can be channeled properly. However, in its application, it turns out that many officers do not know the policy. This appears in the following interview conversations:

"I didn't know there was a circular. I didn't know how rich it was" (Informant 1, May 2022).

"I've read it, if I'm not mistaken, you can go online. If I'm not mistaken, each health facility is advised to make an announcement so that Prolanis participants or patients' families can consult their health online" (Informant 2, May 2022).

"Not really, I don't know. Usually, I look for it myself, if there is no circular letter from the service, it will be forwarded to the health center, usually it is like that" (Informant 3, May 2022).

"Yes there is, you know, suitable/can be implemented" (Informant 4, May 2022).

Every holder does not equally know this policy, the person in charge, and the supervisor of Prolanis at the Krui Health Center, so the temporary suspension of Prolanis activities at the Puskesmas refers to the Central Government Regulation, not the SE Director of BPJS number 14 of 2020. The same thing is also experienced by the Halmahera Health Center, that the transmission did not work due to the absence of special instructions regarding the implementation of Prolanis because the holder and the implementation of Prolanis think that this activity is a monthly routine that must be carried out (transmission). In addition, differences in understanding regarding standards and indicators in the implementation of Prolanis indicate no clarity and consistency in the communication carried out at the Halmahera Health Center [12].

Resource

Resources have non-physical and physical manifestations whose success rate is seen from the existence of something in order to achieve the desired goal [11]. There is no specific number set for the implementation of Prolanis. However, the interviews show that the number of Prolanis implementers at the Krui Health Center is sufficient, and the facilities are not yet complete. Here are the informants' answers:

"Instructor, the person in charge, there are 3. Complete facilities, we have diagnostic support tools" (Informant 1, May 2022).

"The officer who holds the program 1 is in charge, the doctor is the one who holds the recording and reporting program. If the person in charge has no training. There is no tool to measure BMI, fat and water content here, this is important" (Informant 2, May 2022).

"Usually there is a team, usually 3 or 4 people. The instructor from this health center is the one, the documentation, for the snacks, so far that's enough. I don't really understand the training, so far there isn't any. Our tools are borrowed from the lab staff, because the lab is not 24 hours." (Informant 3, May 2022).

"4 people, the person in charge, nurse, doctor and laboratory is enough for 4 people. There is no special training, there
really isn’t. The tools are quite complete” (Informant 4, May 2022).

Other studies state that, on average, they consist of four to five officers: the person in charge (nurse), the implementing doctor, laboratory staff, and additional health workers [6]. In addition, the person in charge of Prolanis has never attended any training or socialization related to the implementation of Prolanis. The budget for implementing Prolanis is also considered slightly hampered because of the claim for funds for Prolanis gymnastics. It can only be claimed with the condition that a minimum of 15 participants participate in the activity. When fewer than 15 participants attend the implementation of the Prolanis exercise, the budget is issued from personal money by the person in charge of Prolanis because the Puskesmas are also unable to provide a budget. Different from the Bungkus Teluk Kabung Health Center, related to the lack of verifiers in the PMP BPJS Health field, which only amounted to 2 people, resulted in a delay in the realization of funds. At the same time, there were many incoming claims [17].

Disposition

According to Edward III, if you want success in implementing policies (effective and efficient), then all implementers must also have the ability to understand and understand the policy until its implementation [15]. Submissions related to Prolanis policies at the Krui Health Center are still poorly coordinated, even though all elements involved in implementing Prolanis have committed to carrying out their duties and obligations properly. It follows the concept of the disposition from research [14] which states that leaders provide support and their role in program implementation to achieve effective and efficient goals. It would be better when this policy is conveyed with a clear flow, then staff commitment will run properly. On the other hand, although there has been an appeal from BPJS Kesehatan to implement Prolanis, the enthusiasm of Prolanis participants is considered to be decreasing, so until 2022 Prolanis activities are not running.

Bureaucratic Structure

Bureaucracy has a structure commonly referred to as an organization. A policy cannot be implemented if the bureaucratic structure itself has weaknesses. For example, the interview found that the Krui Health Center did not have an SOP related to the implementation of Prolanis. However, in terms of coordination, it was quite good. This can be seen from the following interview results:

"The SOP is there, the party coordinating the person in charge, the head of the health center and directly to BPJS. The coordination has been good and effective” (Informant 1, May 2022).

"Because accreditation is required, there is a RUK. BPJS will first coordinate with the department, then go to the health center” (Informant 2, May 2022).

"As long as I hold it, nothing. And I've never asked. The coordination is through Prolanis groups throughout the Regency, it's going smoothly” (Informant 3, May 2022).

"There is no SOP, it was only made in 2019, it's not done. Health centers and BPJS are good, simpler” (Informant 4, May 2022).

Cooperation in implementing inter-sectoral and inter-sectoral activities is also not very good, causing the implementation of Prolanis activities not to be good. Whereas inter-sectoral and cross-sectoral collaboration is beneficial in carrying out activities, according to a statement in a study that the Government and cross-sectors need cooperation to develop strategies for the prevention and control of non-communicable diseases, such as DM, hypertension, cardiovascular disease, and others [13].

CONCLUSION

The COVID-19 pandemic since 2020 has caused Prolanis activities to be temporarily suspended based on Circular No. 14 of 2020. However, the termination of Prolanis activities at the Krui Health Center was not based on this policy but on central government regulation. This results in the transmission of the Communication Variable not running. In the Resource Variable, the activity implementing officer has never attended any training or socialization regarding implementing Prolanis. The budget for implementing Prolanis is also considered slightly hampered because the claim for funds for Prolanis gymnastics can only be claimed with the condition that a minimum of 15 participants participate in the activity. Furthermore, in the Disposition process, the delivery of information, especially the Prolanis policy, is still poorly coordinated. Variable Bureaucratic Structure and cross-sectoral cooperation have not been fully implemented.
RECOMMENDATION

The success of Prolanis activities is a shared responsibility, so it is essential to continuously be updated on the latest policies and information related to the implementation of Prolanis so that they can take the proper steps and policies in their implementation. In addition, the target number of Prolanis participants must also be updated regularly because there is Prolanis participant data that has not been updated in the last two years. Furthermore, Prolanis activities during the COVID-19 Pandemic were also stopped, so other alternatives were needed to continue to monitor the health of DM and HT patients. Finally, when Prolanis activities are carried out normally again, it is hoped that Home Visit activities can be carried out because so far, the Home Visit activities at Prolanis have never been carried out. For other researchers, they can do the same research on the implementation of policies at other Puskesmas to find out how the implementation and implementation of the Prolanis policy during the COVID-19 Pandemic becomes a learning medium so that the policy implementation process can be even better.

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