



## Policy Analysis Of The ISPA Control Program For Toddlers In The Working Area Of The Ngegong Health Center Madiun City

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### Abstract

ARI is an infectious disease that causes the main cause of death in the world, especially in infants and children. In the Ngegong Community Health Center working area, in 2021 there were 957 ISPA cases recorded, and in 2022 this increased to 2288 cases with a total of 125 ISPA cases in toddlers in 2021-2022, which is still relatively high. The research used qualitative methods, carried out at the Ngegong Community Health Center, Madiun City from June to July 2023. The informants were determined using purposive sampling. Primary data was obtained from the results of in-depth interview texts, document reviews, and observations with informants. The data obtained was analyzed qualitatively and described descriptively. The research results showed that nursing staff, funds were still included in the program in general, facilities and infrastructure were available, and planning was carried out at the same UKP cadre and pramin refresher meeting, but there was no evidence of minutes, organization was already in place and those involved were midwives, nurses and doctor, there is an approach through the village head, monitoring the ISPA evaluation at the Puskesmas in the form of a visit by the health service and a report is made. The P2ISPA activity program at the Health Center is reported by the person in charge every month. It was concluded that the ISPA control program at the Ngegong Community Health Center in Madiun City had not been effective. It is hoped that the Health Center will prioritize controlling ISPA by increasing the public's understanding (mothers of toddlers) about ISPA on an ongoing basis, and the management and eradication of ISPA cases that have been implemented are expected to be further improved.

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### Introduction

ARI is an infectious disease that causes the main cause of death in the world, especially in infants and children. Acute infections of the respiratory system can affect all respiratory organs, including the sinuses, middle ear cavity, and pleura. According to the World Health Organization (WHO, 2016), the rate of Acute Respiratory Tract Infections in countries with high under-5 mortality rates (40 per 1000 annual life expectancy) is 15%-20%. According to data from the Indonesian Ministry of Health (2017), the incidence of ISPA in 2016 in 18 provinces was around 28.3% or 533,187 cases. Apart from that, according to the Regency/City of East Java Province in Madiun Regency, the incidence of ISPA was recorded at 1,702 cases. The success of an ARI disease control program (P2 ISPA) at the Puskesmas is not solely determined by the results of the ARI disease control program alone but is also strongly influenced by other programs that have

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the aim of achieving program objectives in disease eradication (P2 ISPA) such as Socialization, Discovery and Management of ARI Toddlers, Logistics Availability, Human Resources Capacity Building, Program Development, Monitoring, and Evaluation. This is in line with research conducted by (Sando, Kiswanto, and Alamsyah, 2019) that the lack of funds for the ISPA P2 program, lack of human resources, and inadequate facilities and infrastructure cause program intervention activities to not run effectively. The absence of improvement and development of human resources has resulted in a lack of trained personnel both in managing pneumonia through Integrated Management of Sick Toddlers or in verbal autopsies.

The Community Health Center has formulated steps to control ISPA, namely carrying out promotion of ISPA control, finding sufferers, carrying out standard management of sufferers with early detection, appropriate and immediate treatment, as well as carrying out monitoring and guarding against morbidity and mortality due to ISPA. Handling treatment for cases of acute respiratory infections is the key to success. Giving medication in the right dose, method and time helps speed up the healing process. Therapy management at Community Health Centers has been prepared by the Indonesian Ministry of Health. The choice of drug therapy is to use amoxicillin or cotrimoxazole, or you can use a mixture of both.

Based on the results of the initial survey, the ISPA control program for toddlers in the Ngegong Community Health Center working area in Madiun City is still not optimal, this is because there are still limited funds and health personnel, so ISPA control is still not being implemented optimally. This non-maximality is caused by the Ngegong Community Health Center's ISPA control still focusing on curative efforts only. The form of activity currently carried out is only recording and reporting ISPA sufferers. However, the service at the Ngegong Community Health Center is quite good, this can be seen from the percentage of patient visits to the Ngegong Community Health Center, Madiun City, this is in line with research (Novidayanti & Musiana, 2017) that the movement in the ISPA disease management program, namely the activities carried out are not fully following mobilization mechanism, although both informants have explained that it is related to the guidance process given to staff. Supervision in the ISPA disease management program has been carried out well because the Health Service always supervises the Community Health Center. Based on the results of the description above, researchers are interested in conducting research regarding policy analysis of ISPA control programs for toddlers in the working area of the Ngegong Community Health Center, Madiun City.

## Methods

This research used a qualitative method, carried out at the Ngegong Community Health Center, Madiun City from June to July 2023. The informants were determined using purposive sampling informants who have been determined by researchers based on research objectives in qualitative methods. The selection of informants is based on considerations that have been made by researchers based on the characteristics or characteristics of the population of health workers in the ARI control program for children under five in the working area of the Ngegong Health Center, Madiun City. Inclusion sample selection criteria are those involved in the implementation of the ARI control program in toddlers in the working area of the Ngegong Health Center, Madiun City, Able to communicate well, Being at the research location during the research, Willing to be an informant. For Exclusion Criteria namely Respondents who could not be met at the time of the study. Where researchers selected informants who were considered to be involved in implementing the ISPA control program policy for toddlers. Primary data was obtained from the results of in-depth interview texts, document reviews, and observations with informants. The data obtained was analyzed qualitatively and described descriptively, including transcriptions of interviews and observations. Data validity is carried out by triangulating the data, namely by cross-checking to ensure that the data obtained is correct. Interviews were conducted with the main informants (2 people) and supporting informants (2 people). The main informant was the Head of the Ngegong Community Health Center and the Person in Charge of the ISPA Program. Then the supporting informants were cadres and mothers whose toddlers suffered from ISPA. This research has been approved by the STIKES Bhakti Husada Mulia Madiun Research Ethics Code with Number: 007/E-KEPK/STIKES/BHM/VI/2023.

## Results

The Ngegong Community Health Center is in Madiun City with a total working area of 4.69 km<sup>2</sup>, consisting of several sub-districts, namely Patihan Subdistrict 0.84 Km<sup>2</sup>, Madiun Lor Subdistrict 0.74 Km<sup>2</sup>, Pangongangan Subdistrict 0.61 Km<sup>2</sup>, Sogaten Subdistrict 1.14 Km<sup>2</sup>, Ngegong Village 1.36 Km. The number of participants in this research was 4 people, the head of the community health center, the person in charge of the ISPA program, cadres, and mothers of toddlers who had children under five experiencing ISPA.

## Input Components

### Human Resources

Based on the research results, it was found that the staff or people carrying out the ISPA control program for toddlers in the working area of the Ngegong Community Health Center, Madiun City were sufficient, however, the staff responsible for the ISPA control program was only 1 person and only attended MTBS training.

**Table 1.** Triangulation Matrix (Human Resources)

In-depth Interview	Observation	Document Review	Conclusion
Number of personnel for the ISPA control program at the Community Health Center	Decree of the Head of the Community Health Center	Decree of the Head of the Community Health Center	The number of staff for the ISPA control program at the Ngegong Community Health Center is only 1 and has a nursing educational background

Factors that influence the inadequate human resources at the Ngegong Community Health Center, especially the staff in charge of the ISPA program, are caused by a large workload where quite a lot of patients visit the health center and staff who hold multiple positions, causing less than optimal discovery of ISPA cases at the health center, as well as a lack of staff. competent health such as doctors, specialist doctors, and also nurses. So the implementation of the P2ISPA program has not run optimally due to a lack of training for staff holding the P2ISPA program. The results of this research are comparable to research conducted (Susanti, 2017) at the Sungai Lansek Community Health Center, which found that the ISPA control management staff was insufficient.

### Fund

It was found from the research results that regarding the budget funds that had been provided by the regional government and the Provincial Health Service to support the implementation of the ISPA control program for toddlers at the Ngegong Community Health Center, Madiun City, information was obtained that there was no special budget for counseling related to ISPA material from the BOK budget. (Health Operational Assistance) but according to the head of the community health center, the budget for logistics, especially medicines, comes from BLUD funds and BKPSDM funds budgeted for training.

**Table 2.** Triangulation Matrix (Fund)

In-depth Interview	Observation	Document Review	Conclusion
The source of funds comes from BLUD funds	Budget for logistics	The source of funds from BLUD is that there is no special allocation for the ISPA program	The source of funds from BLUD is that there is no special allocation for the ISPA program

ISPA funds are not available for ISPA control programs and are still included in other programs in general. This is proven that counseling about ISPA is still integrated with general activities. The Ngegong Community Health Center should provide special funds for the ISPA control program

### Infrastructure

The research results showed that various strategies can be used to support the implementation of ISPA control programs for toddlers, such as through electronic media, brochures about ISPA, and guidebooks so that these facilities and infrastructure can support achieving the intended goals. Based on the results of research on the facilities and infrastructure supporting the ISPA control program available at the Community Health Center, only toddler scales, teaching aids, and sound-timers are available.

**Table 3.** Triangulation Matrix (Facilities and Infrastructure)

<b>In-depth Interview</b>	<b>Observation</b>	<b>Document Review</b>	<b>Conclusion</b>
Availability of facilities and infrastructure for implementing ISPA control	Based on the results of observations, the facilities and infrastructure for implementing the ISPA control program include scales, props, sound timers, and children's rooms.	Tool inventory card	It already has a children's room, but promotional media about ISPA is not available and there is nothing to distribute to counseling participants.

Regarding all the completeness of facilities and infrastructure that can be used to support the implementation of the ISPA management program for toddlers, such as electronic media, brochures about ISPA and guidebooks, to achieve the aims and objectives, information was obtained that according to the head of the community health center the availability of facilities and infrastructure for implementing the ISPA program enough, supporting facilities such as MTBS blanks to serve as a guide for diagnosis, then there is a soundtimer, stethoscope. However, promotional media at the community health center is not yet available and there is no promotional media to distribute to the public, either at the posyandu or in other public places. This is because there is no schedule for counseling about ISPA so the community health center does not create promotional media for the public regarding ISPA.

### Process Components

#### Socialization

Socialization is an important activity to gain political commitment and awareness from all decision-making parties and the entire community in efforts to control ISPA, especially pneumonia as the main cause of death in infants and toddlers. The meeting was held to obtain a commitment from all policymakers. Meanwhile, socialization aims to increase understanding, awareness, and independence and establish cooperation for stakeholders at all levels through regular meetings, and counseling/KIE.

**Table 4.** Triangulation Matrix (Socialization)

<b>In-depth Interview</b>	<b>Observation</b>	<b>Document Review</b>	<b>Conclusion</b>
Socialization has not been implemented	-	There is no evidence of implementation of the ISPA control program	Socialization is held at UKP pramin meetings once a month

From the table above, the research results show that socialization is carried out through refresher meetings with cadres and health workers and includes UKP pramin activities once a month to evaluate performance, and targets and evaluate PKP HR and not just ISPA. Socialization was also carried out at posyandu, but there was no evidence of implementation of the ISPA control program

#### Discovery and management of Pneumonia/ARI

The research results show that the discovery and management of ISPA at the Ngegong Community Health Center in Madiun City has been carried out passively and actively. came to visit again after 2 days of treatment involving cadres

**Table 5.** Triangulation Matrix (Discovery and management of ISPA)

<b>In-depth Interview</b>	<b>Observation</b>	<b>Document Review</b>	<b>Conclusion</b>
Active and passive discovery and management of ISPA	-	Supported by the ISPA discovery report	The discovery and management of ISPA at the Ngegong Community Health Center, Madiun City, was carried out by officers and involved cadres who were not yet active and trained.

#### Logistics Availability

In implementing ISPA control, logistical support is very necessary to support control. Following the division of authority between the center and the regions, the center will provide prototypes or examples of logistics that comply with standards (specifications) for health services. Meanwhile, regional governments are obliged to fulfill logistics needs according to needs.

**Table 6.** Triangulation Matrix (Logistics Availability)

<b>In-depth Interview</b>	<b>Observation</b>	<b>Document Review</b>	<b>Conclusion</b>
Logistics availability	-	Regulations related to the ISPA control program	There are no obstacles in providing logistics

Based on the table above, it shows that the results of research on the implementation of the ISPA control program at the Ngegong Community Health Center, Madiun City show that the availability of logistics is following statutory regulations and is already available.

### **Increasing human resource capacity**

The training aspect is an important part of ARI control in improving the quality of human resources, especially in case management and program management. The success of ISPA control for toddler pneumonia control is largely determined by community participation both in mobilizing the community to play a role in implementing the program (cadres, TOMA, TOGA, and so on) and in mobilizing the community to utilize health facilities and services. In developing and increasing the role of the community in ISPA control, ISPA control training is carried out for non-health workers.

**Table 7.** Triangulation Matrix (Increasing HR Capacity)

<b>In-depth Interview</b>	<b>Observation</b>	<b>Document Review</b>	<b>Conclusion</b>
Increasing HR capacity in the form of seminars, workshops	-	Supported by technical guidelines/operational guidelines for implementing ISPA control program activities	Human resources in the management of the ISPA control program at the Ngegong Community Health Center, Madiun City have only attended IMCI training and for a long time, the activities in the ISPA control program have not been effective.

Based on the table above regarding increasing human resource capacity, information was obtained that increasing human resource capacity is carried out every year by the provinces and districts, but this year there was no training for community health center officers, especially those in charge of the ISPA program.

### **Monitoring and evaluation**

Monitoring or surveillance of ISPA control and preparedness for influenza pandemics needs to be carried out to ensure that the implementation process is following previously determined pathways. If there is a non-conformity, corrective action can be taken immediately. Monitoring should be carried out periodically (weekly, monthly, quarterly). The evaluation focuses more on the results or outcomes needed for correction over a longer period, for example, 6 months, annually, and five years. The successful implementation of all ISPA control activities will become input for planning for the next year or period.

**Table 8.** Triangulation Matrix (Monitoring and Evaluation)

<b>In-depth Interview</b>	<b>Observation</b>	<b>Document Review</b>	<b>Conclusion</b>
Monitoring and evaluation are carried out periodically, monthly, quarterly, and trimesterly.	-	Puskesmas annual report 2023	Those involved in monitoring and evaluating the ISPA control program at the Ngegong Community Health Center, Madiun City are the head of the community health center and the relevant UKM coordinator, as well as the health service, while cadres in monitoring and evaluation activities are not involved.

Based on the table above regarding monitoring and evaluation, information has been obtained that those involved in the monitoring and evaluation program in the ISPA control program at the Ngegong Community Health Center, Madiun City are the heads of the community health center and related managers, as well as the health service, while cadres in monitoring and evaluation activities are not involved.

### **Output Components**

The success of the disease eradication program (P2) at the Community Health Center is not solely determined by the results of the ISPA Disease Eradication program but is greatly influenced by other programs, namely the environmental health program. Morbidity and mortality rates caused by environmental-based diseases, such as pneumonia, are still high and increasing, this is related to inadequate environmental conditions (Depkes RI, 2012). To achieve the objectives of the ISPA disease eradication program (P2), the Community Health Center has formulated steps, namely carrying out promotion of pneumonia control, finding sufferers, implementing standard management of sufferers with early detection, appropriate and immediate treatment, as well as carrying out monitoring and guarding morbidity and death due to pneumonia. Handling treatment for cases of acute respiratory infections is the key to success. Giving medication in the right dose, method and time helps speed up the healing process. Therapeutic management at Community Health Centers has been prepared by the Indonesian Ministry of Health. The choice of drug therapy is to use amoxicillin or cotrimoxazole, or you can use a financial mixture.

**Table 9.** Triangulation Matrix (Results)

<b>In-depth Interview</b>	<b>Observation</b>	<b>Document Review</b>	<b>Conclusion</b>
Case discovery is carried out by the person in charge of the P2ISPA program	View daily, monthly, quarterly, and yearly records	Case discovery has been supported by good recording and reporting	The ISPA control program at the Ngegong Community Health Center, Madiun City has not been running effectively, but its findings have reached the target.

The results of the implementation of the ISPA control program management at the Ngegong Community Health Center, Madiun City are reported by the person in charge of the program every month and the targets are sufficient and there are no obstacles.

## Discussion

### Input Components

#### Human Resources

Human resources are the most important aspect in supporting the success of a program. According to (Hasanah et al., 2020) workers are people who are responsible to the community in coordinating a program, therefore health workers must adjust their quality and quantity to their educational background, length of work, training they have attended, and adapt to their needs. required as well as trained ISPA Control management staff in both districts/cities and provinces. At the Ngegong Community Health Center, the staff or people who implement and manage the ISPA control program for toddlers, information was obtained according to the head of the community health center, the staff was sufficient, but the staff responsible for the ISPA program was only 1 person with a D3 nursing educational background and there had been no retraining, especially P2ISPA training. Factors that influence the lack of human resources at the Ngegong Community Health Center, especially the staff in charge of the ISPA program due to the large workload where there are quite a lot of patients visiting the community health center and the staff holding multiple positions, causing less than optimal findings in ISPA cases at the Ngegong Community Health Center, as well as the lack of health workers. competent ones such as doctors, specialist doctors, and also nurses. So the implementation of the P2ISPA program has not run optimally due to a lack of training for staff holding the P2ISPA program.

The results of this research are comparable to research conducted (Susanti, 2017) at the Sungai Lansek Community Health Center, which found that the ISPA control management staff was insufficient. For this reason, it is hoped that the relevant parties will carry out training for the staff responsible for the P2ISPA program so that finding ISPA cases in the field is more optimal and following ISPA disease control guidelines.

#### Fund

Fund has an important role in implementing the ISPA control program. The funding aspect includes sources of funds, availability of funds, and funds allocated in the P2ISPA program. The results of in-depth interviews regarding the budget funds that have been provided by the regional government and the Provincial Health Service to support the implementation of the ISPA control program for toddlers at the Ngegong Community Health Center, Madiun City, obtained information that there is no special budget for information related to ISPA material from the BOK budget. (Health Operational Assistance) but according to the head of the community health center, the budget for logistics, especially medicines, comes from BLUD funds and BKPSDM funds budgeted for training, as well as funds for the ISPA control program are not

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available because there is no detailed and specific program planning for ISPA control. This is proven that counseling about ISPA is still combined with general activities such as at posyandu.

The results of this research are comparable to research conducted by (Rizki Tri Putriarti, Anneke Suparwati, 2015) at the Pegandan City Health Center, which stated that funds were not specifically budgeted for the P2ISPA program because the program planning was not made in detail. Therefore, funding in 2024 for the ISPA control program will be clearer and more carefully considered and not just planned, so that if there is an ISPA case it can be handled quickly and precisely and the funds will be used to implement the P2ISPA program specifically.

### **Facilities and infrastructure**

In the aspect of facilities and infrastructure, it can be seen from the availability of equipment, both medical and non-medical, which are used to support ISPA control program activities, including *sound timers*, oxygen concentrators, antibiotics, antivirals, supporting medicines, PPE for officers, laboratories, surveillance kits, media. IEC (posters, leaflets, etc.), as well as recording and reporting forms.

From the results of in-depth interviews regarding all the completeness of facilities and infrastructure that can be used to support the implementation of the ISPA control program for toddlers at the Ngegong Community Health Center, Madiun City, information was obtained that according to the head of the community health center, the availability of facilities and infrastructure for implementing the ISPA program is good enough in terms of tools and facilities. support at the health center. This can be seen in the medical facilities at the Ngegong Community Health Center which have 3 sound timers but only 1 sound timer is functional and is rarely used because according to the person in charge of the program, it must be used when the toddler is calm and not crying so that the breath count is correct.

The Community Health Center has also submitted a request for the procurement of soundtimers to the Health Service but there has been no follow-up from the relevant department. The medicines at the Ngegong Community Health Center are very complete. Meanwhile, IEC media at the Puskesmas is not available in the form of posters or leaflets, because the promotional media was only made last year and some items have been lost there is no schedule for counseling about ISPA so the Puskesmas does not make promotional media for the public regarding ISPA. The health center has provided registration facilities for the health center and a register book made by the person in charge of the ISPA program to be submitted at the time of the monthly report.

The results of this research are comparable to research conducted by (Rizki Tri Putriarti, Anneke Suparwati, 2015) at the Pegandan City Health Center, which stated that the availability of facilities and infrastructure to support the implementation of the ISPA control program was not optimal. So for this reason, promotional media that is incomplete should be immediately completed and given to the public both in health service places such as posyandu and other public places that follow the ISPA control guidebook. Also, damaged props should be replaced immediately and used optimally so that the detection of ARI disease is more accurate.

## **Process Components**

### **Socialization**

Socialization is an important activity to gain political commitment and awareness from all decision-making parties and the entire community in efforts to control ISPA, especially pneumonia as the main cause of death in infants and toddlers. The meeting was held to obtain a commitment from all policymakers. Meanwhile, socialization aims to increase understanding, awareness, and independence and establish cooperation for stakeholders at all levels through regular meetings, and counseling/KIE.

As a result of in-depth interviews regarding socialization, information was obtained that the socialization carried out at the Ngegong Community Health Center had been carried out through refreshment meetings with cadres and health workers as well as including UKP pramin activities once a month to evaluate performance, targets, and evaluate HR PKP and not only ISPA. , but this has not run optimally because there is no evidence of the minutes of the meeting.

For this reason, community health centers must further improve and maximize aspects of socialization which aim to increase understanding, awareness, and independence and establish cooperation for stakeholders at all levels through regular meetings, counseling/KIE.

### **Discovery and management of Pneumonia/ARI**

The discovery and management of toddler pneumonia is the core activity in controlling toddler pneumonia. Discovery is carried out actively and passively, finding active and passive sufferers through the process of asking toddlers who are coughing and/or having difficulty breathing, carrying out examinations

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by looking at the lower chest wall pulling in (TDDK) and counting breaths, determining danger signs according to age group and actively involving cadres.

In the results of in-depth interviews regarding the discovery and management of ISPA, information was obtained that cadres had been involved in the discovery of pneumonia/ARI in toddlers but had not been active with the P2ISPA management officers.

Health workers and cadres should actively find and visit new sufferers and pneumonia sufferers who should come for a repeat visit 2 days after treatment. So it's not just cadres who remind them to revisit and find new sufferers so they can contribute to each other, for this reason, it is necessary to involve more active and trained cadres so that these core activities can run following the ISPA control guidebook.

### **Logistics Availability**

In implementing ISPA control, logistical support is very necessary to support control. Under the division of authority between the center and the regions, the center will provide prototypes or examples of logistics that comply with standards (specifications) for health services. Meanwhile, local governments are obliged to fulfill logistical needs according to needs, including medicines, tools, guidelines, IEC media, and recording and reporting media.

Based on information regarding the availability of logistics at the Ngegong Community Health Center, the results showed that there were no obstacles in the provision of logistics, especially medicines, in the provision of logistics, however, the availability of tools, guidelines, and KIE media had problems, namely lack of completeness. Providing logistics is the responsibility of the central and regional governments. It can be concluded that the availability of logistics to support the implementation of the ISPA control program at the Ngegong Community Health Center in Madiun City is still insufficient.

Therefore, the local government and community health centers are expected to be able to fulfill the lack of optimal logistics in the form of a sound timer which is still damaged, 1 set of ISPA control manuals consisting of an ISPA control manual, a toddler pneumonia management manual, a verbal autopsy manual, and an epicenter management manual. influenza pandemic, national response guidelines for dealing with influenza pandemics, IEC media in the form of posters, leaflets, flip sheets, advocacy kits, community empowerment kits, as well as recording and reporting media consisting of ISPA stamps, daily pneumonia registers (non-sentinel and sentinel), forms monthly reports (nonsentinel and sentinel).

Logistical monitoring is carried out at the first-level health service facilities (using a supervision form) by central, provincial, and district/city officers. At all levels, monitoring is carried out by the provisions for managing government property (Law No. 19 of 2003 concerning state-owned enterprises). Assessment of logistics adequacy can be seen from the logistics indicators for controlling ISPA.

### **Increasing HR Capacity**

The training aspect is an important part of ARI control in improving the quality of human resources, especially in case management and program management. The success of ISPA control for toddler pneumonia control is largely determined by community participation both in mobilizing the community to play a role in implementing the program (cadres, TOMA, TOGA, and so on) and in mobilizing the community to utilize health facilities and services. In developing and increasing the role of the community in ISPA control, ISPA control training is carried out for health workers and non-health workers. Training for health workers takes the form of training on ISPA management, management of ISPA control programs, and promotion of toddler pneumonia control. Meanwhile, for non-medical personnel, ISPA control training is carried out for non-health workers to convey correct information about pneumonia to parents/caregivers of toddlers and the general public.

Training can be defined as the activity of training or developing skills and knowledge for oneself or others, which are related to certain competencies that are considered useful. There are various definitions of training according to experts, but generally, training is related to efforts to improve worker performance in a particular job.

Increasing human resource capacity in this research is training that has been attended by health workers, especially those managing the ISPA control program at the Ngegong Community Health Center, Madiun City. Officers have only attended training once, namely IMCI training, and this has been implemented for a long time. Therefore, it is necessary to provide training for officers and cadres specifically regarding P2ISPA control to improve the quality of human resources

In the results of in-depth interviews regarding increasing human resource capacity, information was obtained that increasing human resource capacity is carried out every year by provinces and districts, but this year there was no training for community health center officers, especially those in charge of the ISPA program.



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## Monitoring and Evaluation

Monitoring or surveillance of ISPA control and preparedness for influenza pandemics needs to be carried out to ensure that the implementation process is following previously determined pathways. If there is a non-conformity, corrective action can be taken immediately. Monitoring should be carried out periodically (weekly, monthly, quarterly). The evaluation focuses more on the results or outcomes needed for correction over a longer period, for example, 6 months, annually, and five years. The successful implementation of all ISPA control activities will become input for planning for the next year or period. Meanwhile, for evaluation, the evaluation focuses more on the results or outcomes needed for correction over a longer period, for example, 6 months, annually, and five years. The successful implementation of all ISPA control activities will become input for planning for the next year/period.

Based on the results of in-depth interviews regarding monitoring and evaluation, information has been obtained that those involved in the monitoring and evaluation program in the ISPA control program at the Ngegong Community Health Center, Madiun City are the head of the community health center and related managers, as well as the health service, while cadres in monitoring and evaluation activities are not involved.

ISPA control monitoring is carried out to ensure the implementation process is on a previously determined path. This has also been done at the Ngegong Community Health Center, Madiun City. If the health center finds non-conformities, corrective action should be taken immediately, and monitoring carried out periodically (weekly, monthly, quarterly).

## Output Components

The success of the disease eradication program (P2) at the Community Health Center is not solely determined by the results of the ISPA Disease Eradication program but is greatly influenced by other programs, namely the environmental health program. Morbidity and mortality rates caused by environmental-based diseases, such as pneumonia, are still high and increasing, this is related to inadequate environmental conditions (Depkes RI, 2012).

To achieve the objectives of the P2ISPA disease eradication program, Community Health Centers need to formulate steps, namely carrying out promotion of pneumonia control, finding sufferers, implementing standard management of sufferers with early detection, appropriate and immediate treatment, as well as carrying out monitoring and guarding morbidity and death due to pneumonia. Handling treatment for cases of acute respiratory infections is the key to success. Giving medication in the right dose, method and time really helps speed up the healing process. Therapeutic management at Community Health Centers has been prepared by the Indonesian Ministry of Health. The choice of drug therapy is to use amoxicillin or contrimoxazole, or you can use a mixture of both.

The results of the implementation of the ISPA control program management at the Ngegong Community Health Center, Madiun City, are reported by the person in charge of the program every month and the targets are sufficient and there are no obstacles.

This research follows research conducted (Susanti, 2017) at the Sungai Lansek Community Health Center, which found that ISPA control was run by IMCI policies and guidelines, and reporting was reported by the person in charge of the program every month.

## Conclusion

Based on the results of this research, it was found that in terms of input, there is still a lack of human resources, especially for ISPA program holders, special funds for the ISPA program are not available, infrastructure such as sound timers is damaged, the availability of posters, leaflets/brochures in socializing ISPA disease, and the unavailability of cards. ISPA. In terms of process, there is no socialization of the ISPA control program, The discovery of ISPA sufferers at the Ngegong Community Health Center in Madiun City was carried out by officers and involved cadres but not yet active and trained, and the provision of logistics at the Ngegong Community Health Center in Madiun City was sufficient, increasing human resource capacity in the ISPA prevention program had not been implemented well, in the monitoring and evaluation program ISPA control at the Ngegong Community Health Center is the head of the community health center and related managers, as well as the health service, while cadres are not involved in monitoring and evaluation activities. In terms of output, the ISPA control program at the Ngegong Community Health Center, Madiun City has been running well but is not yet effective.

It is hoped that this research can provide input to Community Health Centers and Educational Institutions to be used as evaluation material for programs to control ISPA in toddlers, namely by prioritizing ISPA control by increasing understanding for oneself and also the community, especially mothers of toddlers, about ISPA to achieve the highest level of public health. and carried out on an ongoing basis, and the management and eradication of ISPA cases which have been carried out now, are expected to

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be further improved. As well as for policymakers to be able to provide policies related to handling ISPA, namely through a collaborative network of partnerships with various parties as well as improving service quality and accountability for program implementation through increasing human resource capabilities, coaching/supervision, program monitoring and evaluation systems as well as socialization and community empowerment.

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