

ABSTRAK

Latar Belakang: Papua menyumbang 89% kasus malaria nasional, dengan 10% kasus terjadi pada balita sebagai kelompok yang sangat rentan terhadap komplikasi dan kematian. Manajemen Terpadu Balita Sakit (MTBS) merupakan pendekatan komprehensif untuk menurunkan morbiditas dan mortalitas balita termasuk malaria. Pada tahun 2023, cakupan layanan MTBS di Kabupaten Jayapura 92%, namun hanya 42% yang diperiksa malaria. Kondisi ini menunjukkan belum optimalnya deteksi malaria dalam layanan MTBS.

Tujuan: Mengeksplorasi hal-hal yang berkontribusi terhadap rendahnya cakupan deteksi dan penanganan malaria dalam layanan MTBS di Kabupaten Jayapura.

Metode: Penelitian deskriptif kualitatif dengan desain studi kasus tunggal dilakukan di Puskesmas Sentani dan Harapan. Pengumpulan data dilakukan melalui wawancara mendalam, observasi, studi dokumen dan lembar *checklist*. Informan terdiri dari pembuat kebijakan 7 orang, pemberi layanan 7 orang dan penerima layanan 13 orang. Keabsahan data diperoleh melalui triangulasi sumber, triangulasi metode, dan metode *thick description*.

Hasil: Penelitian menemukan empat tema utama yang menjadi hambatan dalam implementasi layanan MTBS untuk deteksi dan penanganan malaria. Pertama, keterbatasan dukungan dan infrastruktur menghambat pelaksanaan layanan secara optimal. Kedua, terdapat kesenjangan antara kebijakan dan praktik di lapangan yang berdampak pada rendahnya cakupan deteksi malaria. Ketiga, sistem pelaporan serta monitoring dan evaluasi belum terintegrasi dengan baik, sehingga menyulitkan pemantauan dan perbaikan layanan. Keempat, persepsi pasien terhadap layanan MTBS dan terbatasnya dukungan eksternal turut memengaruhi rendahnya pemanfaatan layanan.

Kesimpulan: Implementasi layanan MTBS untuk malaria belum optimal, terutama pada komponen *input*, aktivitas, dan *output*. Penguatan peran Dinas Kesehatan dan Puskesmas diperlukan untuk meningkatkan efektivitas layanan MTBS sebagai strategi pengendalian malaria dan penurunan kesakitan balita.

Kata Kunci: evaluasi program, manajemen terpadu balita sakit (MTBS), malaria, balita sakit, studi kasus.

ABSTRACT

Background: Papua accounts for 89% of malaria cases in Indonesia, with approximately 10% occurring in children under five, a group highly vulnerable to complications and death. The Integrated Management of Childhood Illness (IMCI) is a comprehensive strategy to reduce child morbidity and mortality, including malaria. In 2023, 92% of sick children in Jayapura District received IMCI services; however, only 42% underwent malaria testing. This indicates suboptimal integration of malaria detection within IMCI services.

Objective: To explore factors contributing to the low detection and management of malaria within IMCI services in Jayapura District.

Method: A qualitative descriptive study using a single-case design was conducted at Sentani and Harapan Health Centers. Data were collected through in-depth interviews, observations, document reviews, and checklists. Informants included seven policymakers, seven health workers, and thirteen service recipients. Data validity was ensured through source and method triangulation, as well as thick description.

Results: The study identified four main themes hindering the implementation of MTBS services for malaria detection and treatment. Firstly, limited support and infrastructure hindered the delivery of optimal services. Secondly, a gap exists between policy and practice in the field, resulting in low malaria detection coverage. Thirdly, the lack of integration between reporting, monitoring, and evaluation systems makes it difficult to monitor and improve services. Fourthly, patients' perceptions of MTBS services and limited external support also contribute to low utilisation of services.

Conclusion: The implementation of IMCI for malaria management remains suboptimal, particularly in terms of inputs, processes, and outputs. Strengthening the roles of the District Health Office and primary health centers is crucial to improving IMCI effectiveness in malaria control and reducing child morbidity.

Keywords: program evaluation, integrated management of childhood Illness (IMCI), malaria, sick children, case study.