

ABSTRACT

Background: Mass Drug Administration (MDA) implementation in Indonesia has shown a significant progress in reducing the prevalence of lymphatic filariasis (LF). However, post-MDA surveillance failure has hampered its progress. South Bangka District which is located in Bangka Belitung Island Province has experienced this failure twice, thus additional rounds of MDA were needed. Furthermore, there is a need to investigate why there is a persistent transmission of LF despite eight rounds of MDA which reported sufficient coverage. One possible cause of this problem could be that the MDA programme was not carried out as prescribed.

Objectives: This study aimed to assess implementation fidelity and its potential moderators of the MDA programme for LF in South Bangka District.

Method: Qualitative method was used in this study. Data were collected through IDIs with four programme managers, one midwife, one paramedic, and one village secretary. Other IDIs were conducted with fourteen community members. FGDs were conducted with eight community health workers (CHWs) and five community members. In addition, programme documents were also collected and reviewed.

Results: There were some modification in terms of timeline, screening process of target population, implementation strategy, and monitoring process during the MDA in 2018. Community leader engagement and DOT-MDA strategy were reported to improve the community compliance. However, noncompliance and low participation in community-based health education were found as remaining challenges. In addition, bias may have occurred during the screening process. The implementation of training, intersectoral socialization and advocacy, and health education were suboptimal. Moreover, past failure experience, village's characteristic, and policy were found as contextual factors which affected the MDA implementation.

Conclusion: The implementation of MDA can be improved by focusing on community mobilization. The screening process of target population should be done carefully in order to cover whole eligible population. Besides, enhancing coordination with potential partners such as village authority, NGOs, and academic are also needed.

Keywords: *lymphatic filariasis, mass drug administration, post-MDA surveillance, failure, fidelity*

ABSTRAK

Latar Belakang: Implementasi Pemberian Obat Pencegahan Masal (POPM) filariasis di Indonesia telah menunjukkan kemajuan yang signifikan dalam mengurangi prevalensi filariasis limfatik. Namun, kegagalan surveilans pasca-POPM telah menghambat kemajuannya. Kabupaten Bangka Selatan yang terletak di Provinsi Kepulauan Bangka Belitung telah mengalami kegagalan ini dua kali, sehingga diperlukan adanya POPM tambahan. Selain itu, ada kebutuhan untuk menyelidiki mengapa ada transmisi LF yang persisten meskipun delapan putaran POPM dengan cakupan yang memadai telah dilaksanakan. Salah satu kemungkinan penyebab masalah ini adalah bahwa program POPM tidak dilaksanakan sesuai dengan pedoman yang ditentukan.

Tujuan: Studi ini bertujuan untuk menilai *fidelity* implementasi dan moderator potensial dari program POPM di Kabupaten Bangka Selatan.

Metode: Metode kualitatif digunakan dalam penelitian ini. Data dikumpulkan melalui wawancara mendalam dengan empat manajer program, satu bidan, satu mantri, dan satu sekretaris desa. Wawancara juga dilakukan dengan empat belas anggota masyarakat. Diskusi kelompok terarah dilakukan dengan delapan kader dan lima anggota masyarakat. Selain itu, dokumen yang berkaitan dengan program juga dikumpulkan dan ditinjau.

Hasil: Ada beberapa modifikasi dalam hal waktu, proses skrining populasi target, strategi implementasi, dan proses pemantauan selama POPM 2018. Keterlibatan pemimpin masyarakat dan strategi *DOT* dilaporkan dapat meningkatkan kepatuhan masyarakat. Namun, ketidakpatuhan dan rendahnya partisipasi dalam pendidikan kesehatan berbasis masyarakat ditemukan sebagai tantangan yang masih terjadi. Selain itu, bias mungkin terjadi selama proses skrining. Pelaksanaan pelatihan, sosialisasi dan advokasi lintas sektoral, dan pendidikan kesehatan masih belum optimal. Pengalaman kegagalan di masa lalu, karakteristik desa, dan kebijakan ditemukan sebagai faktor kontekstual yang mempengaruhi pelaksanaan POPM.

Kata kunci: filariasis limfatik, pemberian obat pencegahan masal, surveilans pasca-POPM, kegagalan, *fidelity*