The Barriers to the Implementation of the Getar Thala Innovation Program (Gerakan Tanggulangi Anemia Remaja Dan Thalasemia) in Sleman Regency During the Covid-19 Pandemic

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Abstract. During the Covid-19 pandemic, children, adolescent girls must maintain health, be free from anemia. The Sleman District Health Office has implemented an anemia prevention program for adolescent girls through the Getar Thala innovation program despite the Covid-19 pandemic. Objective: To find out the barriers to implementing the Getar Thala innovation program during the Covid-19 pandemic in Sleman Regency. Methods: Qualitative research design with a single case study holistic. The selection of participants used heterogeneous sampling with a total of 19 participants, consisting of 1 policymaker, 12 program implementers, 6 adolescent girls respondents with in-depth interviews conducted from October 2021 to August 2022. Results: Two themes were found in obstacles to implementing innovation programs during the Covid-19 pandemic which consisted of implementing programs during the Covid-19 pandemic, development of adolescent girls during the Covid-19 pandemic. Conclusion: The barriers to the implementation of the Getar Thala innovation program during the Covid-19 Pandemic in Sleman Regency were the limited implementation of the program during the Covid-19 pandemic, the management of adolescents in consuming blood-added tablets during the Covid-19 pandemic.

Keywords: adolescent anemia · program obstacles · Covid-19 pandemic

1 Introduction

The Covid-19 pandemic has had an impact on health aspects, one of which is a decrease in health service coverage [1]. In fact, during the Covid-19 pandemic, children and adolescent girls must maintain their health and be free from anemia [4]. Efforts to overcome adolescent anemia in Indonesia are carried out through the blood-added tablets supplementation program for adolescent girls with a target of 30% in 2019. Through this blood-added tablets supplementation program the coverage of giving blood-added tablets to adolescent girls in Indonesia in 2020 is 39.1% with a percentage The highest provision of blood-added tablets was North Maluku Province as much as 76.2% and the lowest percentage was East Kalimantan 7.8%, while the Special Region of Yogyakarta was the province with the third highest coverage of giving blood-added tablets in Indonesia [4].

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Based on interviews conducted by researchers at the Sleman District Health Office on November 5, 2021 with the public health sector, the Sleman District Health Office has carried out an anemia prevention program for adolescent girls through the Getar Thala innovation program. The Getar Thala program was able to increase the coverage of blood-added tablets supplementation in Sleman Regency from 28% in 2018 to 81% in 2019. The increase blood-added tablets in coverage through this innovation program shot down in 2020 with a coverage of only 36%, this was caused by the disruption of the distribution of blood-added tablets due to school closures during the Covid-19 pandemic.

[9] stated that on the results of the previous research which the anemia prevention program for adolescent girls during the Covid- 19 pandemic was carried out by optimizing the use of online anemia prevention education media. The success of the anemia-free movement is highly dependent on the success of the blood-added tablets supplementation program [6]. Therefore, it is necessary to modify, distribute, and promote the blood-added tablets to increase the compliance of adolescent girls in consuming it [2]. The lack of research on the obstacles to implementing the anemia prevention program in adolescents, especially during the Covid-19 pandemic, has resulted in a lack of depiction of obstacles to the implementation of the adolescent anemia control program during the Covid-19 pandemic. Therefore, the purpose of this study is to describe the obstacles to implementing the adolescent anemia prevention program during the Covid-19 pandemic through the critical Getar Thala innovation program.

2 Method

The research design was qualitative with a single case study holistic type of case study approach, the selection of participants used a purposive sampling technique heterogeneous type of sampling. The data collection instruments used in-depth interviews and documentation studies. Primary data sources in this study are based on the participants who were identified as being able to provide information regarding the implementation of the Getar Thala program, including the public health staff of the Sleman District Health Office, the manager of the Getar Thala program at Ngemplak Public Health Center 1, Gamping Health Center 2, Mlati Health Center 1, Public Health Center Ngaglik 1, Puskesmas Depok 3, Puskesmas Prambanan Sleman, program management teacher of the Getar Thala program at SMK Bina Tama, SMK Bina Harapan, SMKN 2 Depok, SMAN 1 Ngemplak, SMAN 1 Gamping, SMA Muhammadiyah 1 Prambanan. The secondary data sources in this study came from the reports on Puskesmas activities, notebooks on the distribution of blood-added tablets, and the results of anemia examinations, as well as the socialization of anemia on how to prevent anemia, screening for anemia, and distributing blood-added tablets in schools. The data analysis carried out was thematic analysis, by testing the validity of the data through triangulation of methods and sources, member checking, and audit trails in the form of logbooks and field notes.

3 Result

3.1 Participants Characteristic

In this study, the participants who were taken by researchers to become participants consisted of policymaker participant, service provider, and adolescent. The characteristics of the group of participants in this study are as follows (Table 1).

3.2 Thematic Analysis

Based on the results of the thematic analysis that researchers got 3 sub-themes of program implementation that the researchers presented as follows:

In the implementation of the program during the Covid-19 pandemic, there were obstacles in monitoring evaluation after screening and intervention for adolescents both anemia and thalassemia, this was explained by participant A.1: "…monitoring the evaluation after screening is still weak…" (A.1 Policymaker). Participant A.1 also added that: "…it's just screening, that's what we lack…" (A.1 Policymaker) (Fig. 1).

The main obstacle in implementing this program is The Covid-19 pandemic itself, during the Covid-19 Pandemic, the coordination was constrained between program implementers due to the implementation of PPKM (Pemberlakuan Pembatasan Kegiatan Masyarakat) which resulted in the absence of teaching and learning activities in schools, then the activity of consuming blood-added tablets in schools was less than optimal, as stated by participant P. 3: "…Yes, the pandemic, the implementation of PPKM earlier, so face-to-face is a bit difficult, this is an obstacle during the pandemic, it means that the pandemic is a problem…" (P.3 service provider).

The implementation of PPKM also resulted in the absence of students in the school which became an obstacle for this program, also stated by participant S.4: "… While, because of the pandemic, we can't have activities, it also obstacle the program…" (S.6 service provider) P.5 also stated the same thing: "…Schools are closed and the PPKM status continues…" (P.5 service provider).

Implementation of distance learning during the Covid-19 Pandemic 19 resulted in difficulties for program implementers to distribute blood-added tablets due to no activities at school because all activities were carried out at home, as S.1 participant explained that: "…because we were all online during the pandemic, it was a clear obstacle in the situation where we are powerless during the pandemic…" (S.1 Service provider).

Coordination constraints also occurred during the Covid-19 pandemic as stated by P.2 participant: "…Coordinator problem so far, because we are limited in our activities at that time, so we really can't go far to be able to carry out activities as we usually do…" (P.2 Service provider).

The same information from S. 3 participant: "…If the obstacle was the distribution of blood-added tablets, which during this pandemic was reduced, then monitoring the consumption of blood-added tablets because the students are learning from home so it is not effective because they are not face-to- face…" (S.3 Service provider).

Table 1. PARTICIPANTS CHARACTERISTIC

No	*KL*	*A*	*G*	*Ed u*	*Work*	*Participant*
1	A.1	40	F	D4	Public Health	Policymaker
2	P.1	33	M	S1	Nutritionist	Service provider
3	P.2	31	F	S1	Promkes	Service provider
4	P.3	40	F	DIII	Nutritionist	Service provider
5	P.4	40	F	DIII	Nutritionist	Service provider
6	P.5	49	F	DIII	Nutritionist	Service provider
7	P.6	52	F	DIII	Nutritionist	Service provider
8	S.1	55	M	SMA	UKS Coordinator	Service provider
9	S.2	48	F	S2	Teacher	Service provider
10	S.3	32	F	S1	Teacher	Service provider
11	S.4	34	F	S2	Teacher	Service provider
12	S.5	31	F	S1	Teacher	Service provider
13	S.6	58	F	S1	Teacher	Service provider
14	M.1	17	F	SMP	Student	Adolescent
15	M.2	18	F	SMP	Student	Adolescent
16	M.3	16	F	SMP	Student	Adolescent
17	M.4	16	F	SMP	Student	Adolescent
18	M.5	17	F	SMP	Student	Adolescent
19	M.6	17	F	SMP	Student	Adolescent

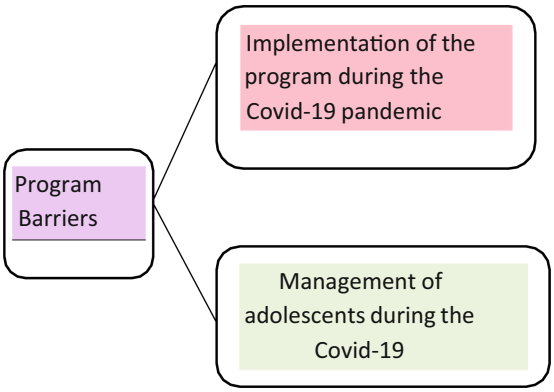

Fig. 1. Thematic Analysis

4 Discussion

One of the studies conducted by [5], regarding the obstacles to the implementation of the blood-added tablets program during the Covid-19 pandemic was the unavailability of blood- added tablets, then the solution must be done is to ensure the availability of blood-added tablets, strengthen supervision, ownership, training, and regular stakeholder meetings. However, the implementation of the Getar Thala innovation program during the Covid- 19 pandemic, the availability of blood-added tablets was ensured by planning the amount of blood-added tablets supply through the blood- added tablets supply mechanism, which was carried out by planning for nutritional drug needs by calculating the target number, then multiplied by 52 tablets added with buffer stock 10%. This is in accordance with the guidebook for the prevention and control of anemia in adolescents for ensuring the availability of the blood-added tablets, the total amount of the blood-added tablets must be added to 10% of the number of the blood- added tablets as buffer stock. Then the blood- added tablets were dropped off at the Puskesmas (Public Health) to be distributed to schools. During the Pandemic period, the blood-added tablets were also provided by the midwife for adolescents in the village. The availability of the blood-added tablets independently is also carried out in several schools placed in UKS (Usaha Kesehatan Sekolah) used the school's independent financial.

Monitoring of adolescents consuming the blood-added tablets at school was monitored directly by UKS teachers, but during the Covid-19 pandemic, monitoring of adolescents consuming the blood-added tablets is carried out by health coordinator in the village. Monitoring adolescents girls in consuming the blood-added tablets at home tends to be difficult compared to monitoring carried out at school by drinking iron tablets on Fridays, the statement found in the research conducted by [3], monitoring the blood-added tablets program during a pandemic still lacking due to adolescents girls taking the blood-added tablets at home, then there is a possibility of falsification of information, and the independent monitoring system of adolescents girls is not optimal.

Financial resources were needed for a program to implement the program [7]. In the implementation of the Getar Thala innovation program, the program's financial sources from the BOK, APBD, and BLUD. The identified of obstacles in financial budgeting

regarding the limited budget for checking hemoglobin levels in adolescent girls. The use of the budget is managed by the Puskesmas itself, the puskesmas is given the freedom to manage human resources and budgets [8].

There are several weaknesses and potential threats in the program implementing team, namely the number of target students who are quite a lot, as a strategy, in implementing this program, the Puskesmas collaborated with several institution such as health promotion at the Puskesmas to implement this program together. In addition, another weakness in the distribution of the blood-added tablets is the change in the distribution schedule, which can change according to the schedule of adolescents to come to school. The discrepancy in the distribution schedule also occurred in research conducted by [3], that after the program evaluation was carried out, it was obtained from process indicators that there was a discrepancy in distribution time because it was not given at the same time and had not been running to the schedule for giving the blood-added tablets, especially during the pandemic.

5 Conclusion

The barriers to the implementation of the Getar Thala innovation program during the Covid-19 Pandemic in Sleman Regency were limited program implementation including the blood-added tablets procedures, distance learning, and team coordination Covid-19 pandemic as well as the management of adolescents who are less than optimal in monitoring the consumption of the blood-added tablets during Covid-19 pandemic.

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