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*The Work Place Initiative: Health, Safety and Wellbeing
Regarding COVID-19*

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Hotline : +62711580068
Fax : +62711580089

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ANALYSIS OF DEWORMING PROGRAM IMPLEMENTATION IN ELEMENTARY SCHOOL STUDENTS IN WORK REGION OF PUSKESMAS AIR BELITI

Muhammad Prima Cakra Randana^{1*}, Misnaniarti², Rostika Flora², Benedictus Widodo³

¹Bunda General Hospital, Jl. Demang Lebar Daun No.70 Kota Palembang, 30151, Indonesia

²Faculty of Public Health Sriwijaya University, Jl. Palembang-Prabumulih KM 32 Ogan Ilir, 30662, Indonesia

³Master Program of Biomedical Science, Faculty of Medicine Sriwijaya University, Jl. Dokter Muhammad Ali Kota Palembang, 30114, Indonesia

* Corresponding email: muhpcr6@gmail.com

ABSTRACT

Worm disease is a chronic infestation which generally occurs in human, that affects one in three world's population. Public health related action in the form of deworming program has been implemented more than 100 years. Indonesia is tropical country which support STH's habitat. In that reason, Indonesia has regulation regarding deworming action. Musi Rawas Regency especially Public Health Centre of Air Beliti is a region that implement program. Nevertheless, there is no report related to program evaluation. The research aims to analyze deeply source factor and process factor of deworming program for elementary school students in work region of Air Beliti Public Health Centre. This is a qualitative research. The research is implemented during March 2021 in Public Health Centre of Air Beliti. The informants are chosen by criteria of every subject who related to deworming program. In the end of stage, content analysis is used. Human resource that mostly have a role is program director from public health centre. Infrastructure has minor constraint which is mineral water availability. Funding is distributed directly by regency health department and appropriately used. Program planning is always done three months before. Decree of team always is created to make sure the organizing running well. Certainty of elementary school student to taking medication became a minor problem during execution. The overseeing is implemented by monitoring and evaluation. Resource factor of deworming program in human resource aspect is enough, infrastructure aspect is enough, and funding aspect is enough. Process factor in deworming program is enough.

Keywords: STH, Public Health Centre, Program, Resource, Process

ABSTRAK

Kecacingan merupakan infeksi kronik paling umum pada manusia, yang menyerang sepertiga dari penduduk dunia. Aksi terkait kesehatan masyarakat berupa obat pencegahan massal kecacingan telah berjalan selama lebih dari 100 tahun. Indonesia merupakan negara tropis yang mendukung habitat cacing tanah telah memiliki permenkes penanggulangan kecacingan. Kabupaten Musi Rawas khususnya Puskesmas Air Beliti termasuk wilayah administrasi yang melaksanakan program. Meski demikian belum ada laporan yang spesifik mengevaluasi Program. Penelitian ini bertujuan menganalisis secara mendalam faktor sumber daya dan faktor proses program obat cacing pada anak sekolah dasar di Wilayah Kerja Puskesmas Air Beliti. Metode yang dipakai pada penelitian ini adalah kualitatif. Penelitian dilakukan pada bulan Maret Tahun 2021 di Puskesmas Air Beliti. Informan dalam penelitian dipilih berdasarkan kriteria yaitu informan merupakan subjek yang terkait dalam program obat cacing. Analisis yang digunakan pada tahap akhir adalah analisis isi. Sumber daya manusia yang paling berperan dalam keseluruhan adalah PJ program obat cacing. Sarana prasarana memiliki sedikit kendala berupa ketersediaan air minum. Pendanaan program disalurkan langsung oleh dinas dan sesuai peruntukannya. Perencanaan program obat cacing selalu dilakukan 3 bulan sebelum. SK Tim selalu dibuat untuk memastikan pengorganisasian berjalan lancar. Kepastian anak sekolah dasar minum obat menjadi sedikit masalah dalam pelaksanaan. Pengawasan dijalankan dengan cara monitoring evaluasi. Faktor sumber daya program obat cacing pada aspek sumber daya

manusia cukup, aspek sarana prasarana cukup, dan aspek sumber dana cukup. Faktor proses program obat cacing cukup

Kata kunci: Cacing Tanah, Puskesmas, Program, Sumber Daya, Proses

Introduction

Worm disease is a chronic infestation which generally occurs in human, that affects one in three world's population. Mass drug administration (MDA) or currently known as deworming program has been confirmed as the most feasible pathway to treat worm disease. Public health related action in the form of deworming program has been implemented more than 100 years. The most popular and well-recorded example in the beginning of deworming program was Rockefeller Campaigns. These events were implemented in the South of United States and many countries worldwide¹.

Infestation of Soil-Transmitted Helminths are generally occurred in tropics and subtropics. Appropriate humidity and temperature in those area which affected by climate will support larval life cycle. Poverty and bad sanitation including dirty water that generally happen in tropics is one of the predisposing factors. Number of morbidities is more than total of mortality. It makes sense now why worm disease become a neglected tropical disease². Unfortunately, Indonesia is located in tropical area which absolutely support development of Soil-transmitted helminths.

Digestive process especially an egg ingestion of infected soil is an entry port of *A. lumbricoides* or *T. trichiura*. Different with two previous worms stated before, hookworms enter human body by active penetration of larva trough skin. Unlethal manifestation in majority is felt by infected person/patient. Whether patient complain intestinal complaint such as diarrhoea, melena, and vomiting. It can be categorized as severe manifestation. Anaemia is a complaint that specific for infestation of hookworm³. Therefore, in some cases the worm disease will affect person's productivity and health status.

Worm disease is usually occurred during elementary school age. Since children at those age range are exposed more with soil than another age category. They love to play above ground surface outside the house. It can't be prevented because children commonly have the era of exploration. As has been stated in previous paragraph, Soil-transmitted Helminth's infestation is begun with soil exposure⁴. Based on this fact, World Health Organization (WHO) has prioritized Soil-transmitted Helminths infestation for one of elimination by 2020. WHO recommend MDA for elementary school students' group or well-known as School-based Deworming⁵.

Indonesia government itself has implemented the recommendation from WHO as tropic country

through *Permenkes RI No. 15 Tahun 2017*. According to the regulation, successfulness indicator of deworming program in each *kota/kabupaten* is decreasing of worm infestation to lower than 10%. The regulation reveals if deworming program can be implemented in sync with Filariasis elimination. Together with Diethylcarbamazine Citrate for Filariasis, Albendazole is given. Musi Rawas Regency has implemented *Permenkes RI No. 15 Tahun 2017*⁶. Based on report from Health Department of Musi Rawas Regency, deworming program for elementary school students has been conducted. Based on provided information, every public health centre (*Puskesmas*) in Musi Rawas Regency has conducted deworming program⁷.

Specifically, Air Beliti Public Health Centre as part of Musi Rawas Health Department's work region has conducted deworming program. Based on the official report, Public Health Centre of Air Beliti achieved 3876 total number of medicines which given for elementary school students⁷. Unfortunately, evaluation data has not yet been found. Program evaluation conducted has only focused in Filariasis elimination⁷. Azwar⁸ said that evaluation is an integral part of management process to improve a program. The research aims to analyse deeply source factor which consist of human resource, infrastructure, and funding. Also analyse deeply process factor which consist of planning, organizing, execution, and overseeing.

Methods

This is a qualitative study conducted in March 2021 in some elementary school under the Work Region of Air Beliti Public Health Center. Analysis was executed for deworming program implementation in work region of Air Beliti Public Health Center. Data retrieval based on purposive method with the criteria of the informant is a subject related to the program. The principles used in the selection of informants are suitability and adequacy.

Data was collected by means of in-depth interviews and field observations. Research instruments to support data collection are interview guidelines and voice recorder. Interviews were conducted with head of public health center, deworming program director, school faculty members, and parents. Triangulation technique was used in this study to ensure the validity of the data. From a few triangulation techniques, the researcher decided to use theoretical triangulation.

The qualitative data set was then listened to again. This whole process will support the stage of understanding and researching qualitative data. Before entering the final phase, it is content analysis.

Results

1. Informant Characteristics

Interview was conducted with head of public health center, deworming program director, school faculty member, and parents of students.

Twelve informants were involved. One informant was head of public health center, one informant was deworming program director, five informants were teachers who involved in school health center, and five informants came from parents of student.

Table 1. Informant Characteristics

	Informant	Initial	Agency	Position
Informant 1	P1	Public Health Centre	Head of Public Health Centre	
Informant 2	P2	Public Health Centre	Program Director	
Informant 3	S1	Elementary School	Health Unit Officer	
Informant 4	S2	Elementary School	Health Unit Officer	
Informant 5	S3	Elementary School	Health Unit Officer	
Informant 6	S4	Elementary School	Health Unit Officer	
Informant 7	S5	Elementary School	Health Unit Officer	
Informant 8	O1	-	Student' s parent	
Informant 9	O2	-	Student' s parent	
Informant 10	O3	-	Student' s parent	
Informant 11	O4	-	Student' s parent	
Informant 12	O5	-	Student' s parent	

2. Human Resources

The authors have concluded that program director from public health center plays crucial role and enough personnel were available for deworming program, based on interviews conducted:

“In deworming program, one person was appointed as program director each year with official capacity and rotated each years. Same thing happens also, involving staffs and village midwives. Schools were also involved, accompanying Musi Rawas regency health department” (P1).

“I think the personnel is enough, we don't have problems in terms of personnel, we have two staffs from school health center, also from regency health department team” (P2).

“We have enough staffs from public health center, usually they come and teachers are also involved, usually amounting four from public health center and two from school personnel” (S1).

“We have enough personnel from officials, but the program happened before I work here” (S2).

“We have enough. The officials came frequently, so I think it’s enough. We have four personnel that came. We also have health education from regency health department twice a year” (S3).

“We have team from teachers that was trained. We have no drawbacks. We have ongoing program for proper handwashing and healthy school cafeteria” (S4).

“Public health center has a good program. From this school, we have teachers trained in health matters. We also have health education program before worm medications was given” (S5).

But informants from parents said that not enough personnel involved, according to our interviews:

“As long as I know, six public health center staffs came and I don’t think that’s enough, because I think one staff is required per school” (O1).

“I don’t have enough knowledge” (O2).

“It’s enough, but we don’t see the program in school, but we have the program in public health center. But the personnel are not enough for everyone” (O3).

“We have no information, but we have seen medications for filariasis. For deworming, I never heard that” (O4).

“I have no knowledge on deworming program. I ever heard, but it’s filariasis eradication program, not deworming. But we give filariasis medication per six months” (O5).

Based on planning conducted by regency health department and public health center, enough personnel are available for the deworming program. Issues arising from personnel are lack of

training. Some informants said that deworming program were conducted after health education for personnel.

“Before we conduct deworming, we need to have seminars to update our knowledge” (P1).

Issue arising from the program was the program was headed by sanitarian, instead of nurse, as said below:

“I came from sanitary education, so better to have training before the program” (P2).

3. Infrastructure

Enough infrastructure is available from public health center, but lack of drinking water to support taking medication came as an issue. Based on interviews conducted:

“Thanks God, we have enough infrastructure available from public health center” (P1).

“For current infrastructure we don’t have, for this year’s deworming program we can’t commit yet, but we have surpassed targets determined. We don’t have special vehicle for deworming program, but public health center has car that can be utilized. We have enough laboratory instruments for the program” (P2).

“Thanks god it has been done... those deworming program, medicine’s availability is enough... things regarding medicine is already well” (S1).

“Yes its done... and well functioned and everything is good... the ambulance is okay... with the presence of infrastructure, deworming program is running well”. (S2)

“The infrastructure is enough... and well operated... medicine’s distribution is well enough... and has an effect for deworming program.” (S3)

“It’s available including brochure”. (S4)

“It’s on hand... such as washbasin and worm medicine”. (S5)

“Probably successful”. (O2)

4. Funding

For funding, every informant said that enough funding was available from regency health department. It’s also in accordance with allocation, as said below:

“Regarding a funding, it is from regency health department for transportation and have been allocated according to technical instructions” (P2).

“So far there is no constraint, because the medicine is all form department and enough and the regency health department is allocating based on public health centre’s report... also the funding will take effect for deworming program in case that involve many sectors especially in village and their cadre” (P2).

“In my opinion is enough... if you ask whether important or not... yes, it’s definitely important” (S1).

“Funding is enough... and those money is appropriate with the goal... and has relation with the program’s successfulness, because if there is no budget, the program won’t running” (S2).

“I think it’s enough... and have been allocated well... and of course have a role for deworming program. Because if the budget is not enough, the medicine will be not enough too” (S3).

“The budgeting is enough... it is allocated according to the purpose... it has an effect, because if there is no money, absolutely the program will not be running well” (O1).

“The money is enough... and used appropriately” (O2).

5. Planning

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Planning was good, as said by informants. Planning conducted at least three months from the start of program and involved different parties, as said below:

“Regarding the planning, it has been planned since November until December each month. It is started with event proposal including how much budget will be prepared” (P1).

“We in previous day has conducted cross-sector meeting with headman and principal and we also create a schedule. We aimed 5800 students as target. For the implementation, we planned 2 months of work. We also have teams... team for preparation and team for post-event” (P2).

“I think the planning is already correct... it’s seen by how deworming medication given... the coordination has been implemented well through dissemination of letter frequently to notify us... I see there is no obstacle during planning....” (S1).

“The planning is well enough... and there is no obstacle... because the communication has gone well...” (S2).

“Regarding the planning, it is good enough... I predict if obstacle must be present, but I don’t know exactly...” (S3).

“There is briefing before mass deworming program for elementary school students started...” (S4).

“Planning for related program is good... because there is notification letter... problem during planning is nothing...” (O1).

“The planning is well...teamwork is okay...and there is no problem” (O2).

“I don’t know exactly about the program since my time mostly in workplace” (O3).

6. Organizing

Organizing in deworming program has been conducted by decree of team establishment and worked perfectly, as said below:

“We have a person in charge team which confirmed by official decree” (P1).

“Already done well, in last five years the coordination is good and there is a ceremonial event from subdistrict head... discussing about organizing, I begin with offering some name to complete my team which consist of nutritionist, health promotion staff, and deworming program staff...” (P2).

“They are setting it well... the coordination is started from Health Department to Public Health Centre then continued to school... about the problem in organizing is nothing...” (S1).

“Regarding the organizing, If the worm medicine is available then it is directly distributed to students...no problem I think...may be just about distance and time” (S2).

“I see if the organizing is well enough because the public health centre will announce the program before it’s started...” (S3).

“The organizing is running well...” (S4).

“I never see a miss-communication between related officers...” (S5).

“The organizing is good... then the coordination also in accordance” (O1).

“They are organizing it well... they also showed great teamwork, it makes the obstacle can be minimized” (O2).

7. Execution

Execution has some hurdles, as said by informants below. Problems faced were lack of oversee in taking medications (some children taking the medications at home; thus, oversee is near impossible) and refusal to take medications by some children:

“The execution really can’t as same as plan, usually we sent a letter to headmaster to make sure the preparation” (P1).

“If the event’s schedule, subject who arrange from Department directly lead... I think there is obstacle during execution...Just a problem in drinking water availability...” (P2)

“The execution from Public Health Centre in the form of giving statement letter if a deworming program will be held... whether giving medication is directly to students... there is no obstacle during giving medication... but we can’t make sure if the medication is consumed or not” (S1).

“The medication is given by school and some of them are taken to home... and problem in execution is nothing but the certainty of taking medication...” (S2).

“The problem is only some students didn’t want to take medication...” (S3).

“For the deworming program execution’s problem is nothing...” (S4).

“For the dissemination in elementary school, some of them take it during school time but rest of them take it while back to home...the teamwork during execution is good, for example the school side is willing to provide place... the problem is while some students didn’t want to taking medication...” (O1).

“If the medication is given in school, there will be no problem...” (O2).

“The execution is done by twice a year...and in some case didn’t run well...” (O3).

8. Overseeing

Overseeing was great, with monitoring and evaluation from regency health department and village midwives, as revealed by some informants:

“We have monitoring and evaluation, then we can ensure 100% students have took medication. And If anybody didn't receive medication, we will sweep, and we'll report it to health department every six months...” (P1).

“We oversee it periodically... for example, nutritionist always implement overseeing action once in a month...If we are from Filariasis division control the incident...” (P2).

“The overseeing from headmaster and public health centre are available...in the process of giving medication...There is no problem during overseeing...” (S2).

“The overseeing is conducted by reporting to regency health department...possibly what needed to be improved is controlling of taking medication...” (S2).

“The controlling is well enough, form regency health department and our midwifery... and there is no problem...” (S3).

“For overseeing, it's conducted straight by Regency Health Department...” (S4).

“The overseeing is already good...” (S5).

“From the Regency Health Department, they are coming...for overseeing step whether the program is implemented or not...If there is an obstacle, we immediately report it to department” (O1).

“The overseeing is already good” ...(O2).

Discussion

1. Human resource

Based on our observation, the human resources which is prepared by government as person in charge has already enough. It is seen by the head of public health center who really understand about deworming program and appointed specific program director. Referring to our interview with the director of program, he conquers the mechanism of deworming program

progress. In school administration level, the principal also appointed health unit officer to support program. Research by Salamate *et al.*⁹ that analyzed health human resource showed if low competency will build low quality health service. Education and training are the most possible solution to improve human resource competency.

2. Infrastructure

For the infrastructure in deworming program is enough. The public health center has inventoried whole infrastructure before D-day of deworming medication. But not enough mineral water was available during previous event. Role of infrastructure is crucial since program implementation needs support that fulfill requirements. When we arrived at research location, the first semester of 2021 deworming program hasn't been started meanwhile last program has finished immemorial. So that, we couldn't conduct field observation in infrastructure aspect.

Infrastructure plays crucial role in the form of any health program. Because every program needs an adequate infrastructure. The research which conducted by Kartini¹⁰ concluded whether infrastructure support has significant effect for health program successfulness in Garut Regency, West Java.

3. Funding

Deworming program's funding is appropriate with allotment and given by government. It's seen by amount of deworming medication target as same as the output. Based on *Peraturan Presiden RI No.17 tahun 2012*, health program budgeting can be collected by various source¹¹. With the requirements of the budgeting are sustainable, rationally in allocating, efficient, and effective. Central government and local government must synchronize many money resources which is valid synergically. The research which is created by Arianto and Nantabah¹² revealed whether more than 50% of regency in Indonesia are depends form central government regarding health program budgeting. Good management of budget will support program successfulness perfectly.

4. Planning

The planning management is already good. It seen by preparation of deworming program was executed three months before program started. Then, all the parties who involved in program conducted cross-sector meeting. We checked from the report and concluded if the planning step is good because the outcome is same with proposal.

By function and task there are some subject who contribute for planning aspect smoothness of deworming program. It looks from all participant who attend the cross-sector meeting. Some of them are public figure that not categorized as health worker such as headman or sub-district head. These figures have important role to improve public participation and to persuade public whether the program is beneficial¹³.

Planning is a preparation about what will be achieved. Which later will give guideline regarding steps that is aimed. Execution of a program needs a well preparation. It can be defined as universal process of thinking even deciding maturely what will be done in order to achieve the goal¹⁴. The finding of this research has similarity with research that created by Ratnasari *et al.*¹⁵. They found if there is a significant correlation between planning function with *Perkesmas* (public health nursing service).

5. Organizing

While organizing deworming program, all the person in charge is agreeing to establish decree of team. So that hopefully the program will be running well. Organizing is managing next activity after the planning has been conducted. Usually in this step, person in charge will be appointed.

Organizing aspect during deworming program involve various institution started from highest administration level (Ministry of Health) until the lowest (Public Health Centre). Besides that, deworming program also involve Ministry of Education and Education Directorate of Religion Ministry. This collaboration will be useful if the organizing is well implemented. Well-structured organizing will support the execution especially for a deworming program which involve various sector⁶. This finding has same conclusion with the research which is designed by Irmawati *et al.*¹⁶. They said that if organizing function has role in health program.

6. Execution

Some issues are raised, such as lack of controlling to take medications because some children took the medication at home and refusal to take deworming medication by some children. Executing element becomes very important considering commonly a successfulness of program will be seen by how the program execution. Also, the execution will assist overseeing step. So that, POAC (planning, organizing, actuating, and controlling) concept in program management specifically in health policy will run systematically. Parties who involved in

deworming program execution are public health center officers, principals/headmasters, students' parents, and elementary school students. In his book, Handoko¹⁷ revealed if originally the execution element is really crucial regarding leadership process and program implementation.

7. Overseeing

Overseeing has been conducted in accordance with regulations, with monitoring and evaluation from regency health department and village midwives. Instead during planning, organizing, and execution are already well. But, it can't make sure if the goal will be achieved. Therefore, need of overseeing become a must. So that, whether there is a mistakes, it can be improved as soon as possible¹⁸. This research has similar finding with an article from Irmawati *et al.*¹⁶ which reporting if controlling has a significant effect for program implementation in public health center.

Conclusion

Resource factor of deworming program in human resource aspect is enough, infrastructure aspect is enough, and funding aspect is enough. Process factor of deworming program in planning aspect is enough, organizing aspect is enough, execution aspect is enough, and overseeing aspect is enough. The Health Department of Musi Rawas Regency should make a policy regarding effort to lower worm disease incidence. Then, Public Health Centre of Air Beliti is recommended to improve the infrastructure especially mineral water's availability. Also, the controlling certainty of students take medication.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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