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IMPLEMENTATION OF TB CONTROL POLICY: A CASE STUDY OF COMMUNICATION BARRIERS AND RESOURCE ALLOCATION IN THE CADRE EMPOWERMENT PROGRAM IN SOUTH TAPANULI REGENCY

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ABSTRACT

Tuberculosis (TB) remains a significant public health challenge in Indonesia, which ranks among the top three countries with the highest TB burden worldwide. The government has set a target of eliminating TB by 2030 through community empowerment as prevention subjects. This study aims to analyze the implementation of TB control policies with a focus on communication barriers and resource allocation in Batang Toru District, South Tapanuli Regency. Using a descriptive qualitative approach with a case study type, this study applies George C. Edwards III's implementation theory. Data were collected through technical triangulation including in-depth interviews, field observations, and documentation studies. The results showed significant communication barriers in the form of message distortion due to the use of overly technical medical terms, making it difficult for cadres to translate into the local language (Batak Angkola). In addition, constraints were found in resource allocation, including the phenomenon of "cadre fatigue" (volunteer fatigue) due to multiple tasks, minimal financial incentives, and limited supporting facilities such as personal protective equipment and local educational media. Weak budget support from the Village Fund and a lack of cross-sector synchronization with the private sector in industrial areas also hamper program optimization. This study recommends redesigning communication materials based on local wisdom, more stringent integration of Village Fund allocations, and strengthening strategic partnerships with the private sector through CSR programs to support the sustainability of the TB control program at the local level.

Keywords: *Policy Implementation, TB, Community Empowerment, Communication, Resources, Batang Toru.*

1. INTRODUCTION

Tuberculosis (TB) remains a significant public health challenge worldwide, including in Indonesia. As an infectious disease caused by the bacterium Mycobacterium tuberculosis, TB not only impacts the physical health of sufferers but also imposes a

significant social and economic burden. Indonesia consistently ranks among the top three countries with the highest TB burden in the world. This demonstrates that despite advances in medical technology, the chain of TB transmission has not been completely broken.

In the context of public policy, TB is not simply a clinical problem under the responsibility of doctors and nurses, but rather a "public problem" requiring comprehensive policy intervention. The Indonesian government has set a target of TB elimination by 2030. However, achieving this target depends heavily on how central policies are implemented at the regional level, particularly in regions with challenging geographic and social characteristics such as South Tapanuli Regency.

The government, through Presidential Regulation Number 67 of 2021 concerning Tuberculosis Control, has emphasized the importance of cross-sectoral and community involvement. The main strategy adopted is active case finding and treatment support through to completion. This is where Community Empowerment plays a crucial role. This policy mandates that communities should not be merely objects of treatment but rather subjects of prevention through the formation and empowerment of health cadres.

Health cadres are the spearhead of policy at the grassroots level. They are tasked with providing counseling, conducting close contact tracing, and even acting as Drug Swallowing Supervisors (PMOs). However, in practice, translating policy mandates into concrete actions on the ground is often distorted. The effectiveness of cadre empowerment depends heavily on how the policy is implemented by implementing agencies, in this case the South Tapanuli Regency Health Office and the Community Health Centers (Puskesmas) in Batang Toru District.

Batang Toru District holds a strategic yet complex position within the South Tapanuli health map. As a center of economic activity (mining and plantations), Batang Toru has a very high population mobility. This mobility is a major risk factor for accelerating TB transmission. Migrant workers, dense residential areas around industrial areas, and high levels of social interaction create unique challenges in case tracking.

Furthermore, the areas surrounding Batang Toru, such as Muara Batang Toru or Marancar Districts, have hilly topography and scattered settlements. The long distances between villages and limited transportation access for some residents present physical obstacles for health cadres to carry out their duties optimally. The agrarian nature of the community, still strongly rooted in traditional values, also influences how health information is received. Often, TB symptoms are dismissed as common illnesses or even associated with certain myths, leading to delays in medical examinations.

Referring to George C. Edwards III's implementation theory, one of the determining factors for policy success is communication. In South Tapanuli Regency, particularly in Batang Toru, there are indications of barriers in the transmission of policy information. Instructions regarding TB management procedures from the Health Office often lose their meaning when they reach the cadre level.

This communication problem manifests itself in several dimensions. First, the lack of clarity in policy messages. The provided counseling materials are sometimes too technical and medical, making it difficult for cadres to translate them into the local language (Batak Angkola) that is easily understood by villagers. Second, the consistency of information. The change in reporting from a manual to a digital system (SITB) is often not accompanied

by ongoing socialization, so that cadres in the field feel confused and burdened by reporting bureaucracy rather than focusing on field outreach.

The second factor in Edwards III's theory is resources. The empowerment of cadres in Batang Toru will not be optimal without adequate resource allocation. Currently, there is a gap between the cadre workload and the support they receive. Cadres are expected to reach remote areas and provide patient support for six months, but operational support or incentives are often minimal or even non-existent.

In addition to financial resources, facility support is also a critical issue. Cadres are often not provided with adequate personal protective equipment (PPE) or engaging educational media when conducting home visits to TB patients. Furthermore, the Village Fund budget allocation for the health sector in several villages around Batang Toru is still dominated by stunting management, while TB issues are often overlooked as village budget priorities. This indicates an imbalance in resources that hampers the implementation of TB control policies at the local level.

The attitude or commitment of implementers (disposition) is also important. Although formal policies have been established, the commitment of village officials or health center staff to fully support cadre activities varies. There is a tendency to view TB as merely a routine task at the Community Health Center (Puskesmas), ignoring the urgency of broader cross-sector collaboration.

From a bureaucratic perspective, the Standard Operating Procedures (SOPs) for community empowerment sometimes overlap. Coordination between the Health Office, the Batang Toru Community Health Center, and the Village Government regarding the division of TB control roles is not fully synchronized. As a result, health cadres often work sporadically without strong direction and structural support from the local government.

Based on the above description, there is a clear gap between the policy expectation (TB elimination through community empowerment) and the reality of implementation on the ground (communication barriers and limited resources). If these obstacles are not identified and addressed, the TB control program in South Tapanuli Regency, particularly in a dynamic region like Batang Toru, will become little more than a series of ceremonial activities without a significant impact on reducing disease prevalence.

This research is crucial in providing an objective picture of how the bureaucratic machinery and social systems in South Tapanuli respond to TB policy. The results of this study are expected to provide recommendations for the South Tapanuli Regency Government in designing a more effective policy communication model and a fairer resource allocation system for frontline health workers.

2. RESEARCH METHOD

This research uses a descriptive qualitative approach with a case study to explore the implementation of TB control policies in Batangtoru District and its surrounding areas. The focus of the research is on communication variables (transmission, clarity, and consistency of instructions) and resource allocation (financial, human resources, and facilities) based on the theory of George C. Edwards III. This location was chosen due to its strategic location as an industrial and plantation area with high population mobility, which impacts the complexity of TB management in South Tapanuli Regency.

Data were collected through technical triangulation, including in-depth interviews with key informants (the Health Office, Community Health Center staff, and health cadres), field observations, and documentation studies related to program and budget reports. Informants were selected using purposive sampling to ensure accurate data on operational barriers at the grassroots level. Data analysis was conducted interactively through data reduction, data presentation, and conclusion drawing to generate applicable policy recommendations for the local government.

3. RESULT AND ANALYSIS

Implementation of TB Control Policies

1. Analysis of Policy Communication Barriers

Based on in-depth interviews with the South Tapanuli Health Office and Batang Toru Community Health Center staff, it was found that the process of transmitting policy information was carried out through monthly coordination meetings and technical guidance (bimtek). However, problems arose during the dissemination of information from the Community Health Center to village health cadres.

1) Message Distortion and Language Barriers: Researchers found that TB education materials sourced from the Ministry of Health often used overly technical medical terms. In Batang Toru, where most cadres are housewives with varying educational backgrounds, terms such as "droplet nuclei," "drug resistance," or "systematic screening" were often difficult to translate into everyday language (Batak Angkola). As a result, when cadres provided community education, information was simplified, sometimes missing important information about the dangers of TB transmission.
2) Consistency and Frequency of Communication: Communication barriers were also evident in the inconsistent frequency of meetings. Due to the busy schedule of Community Health Center (Puskesmas) staff managing other health programs (such as stunting and immunization), special meetings to discuss TB are often delayed. Communication via digital media (WhatsApp Group) is also ineffective for cadres in remote areas due to unstable cellular signal in some areas of the Batang Toru hills.

2. Resource Allocation Analysis

Resource variables are the most crucial factor hindering community empowerment in Batang Toru.

1) Human Resources (Cadres): Quantitatively, the number of health cadres in Batang Toru is sufficient (at least 2-5 people per village). However, qualitatively, there is a problem of "volunteer fatigue." The same person is often appointed as a TB cadre, a Posyandu cadre, and a family planning cadre simultaneously. This results in divergent focus and suboptimal active TB case detection programs.
2) Financial Resources and Incentives: Field findings indicate that the specific budget allocation for TB cadre operations is very minimal. The incentives offered are often disproportionate to the work risks and transportation costs cadres incur in reaching remote hamlets. In some villages, researchers found that Village Funds

were allocated primarily for physical development and stunting management, while the TB program was considered the exclusive domain of the Health Office, thus receiving no financial support from the Village Budget (APBDes).

3) Facility Resources: Supporting facilities such as sputum pots and medical masks were often out of stock at the cadre level. Cadres in the field also reported a lack of engaging, locally-language educational media (leaflets or props), which should be their primary tool in outreach.

Discussion

Why Implementation Is Hampered

1. Communication Failures in a Fragmented Bureaucratic Structure
   Referring to George C. Edwards III's theory, effective communication requires clarity and consistency. In Batang Toru, communication failures occurred due to bureaucratic fragmentation. The Health Office, as the technical policymaker at the district level, often failed to consider the "local context" when developing communication materials. There was an assumption that one standard message applied to the entire South Tapanuli region. However, the people of Batang Toru needed a more persuasive and culturally relevant communication approach.
   This communication barrier created a "knowledge gap" between policy implementers and policy targets. Communities around the Batang Toru plantation often refrained from TB screening not because they were indifferent, but because of a fear of social stigma, for which cadres had not yet successfully communicated a solution. Without clear communication regarding privacy protection and the guarantee of free treatment, people tended to hide their chronic cough symptoms.
2. Resource Dilemma: Between Mandate and Capacity
   The discussion on resources revealed an imbalance between the tasks assigned to cadres and the available support capacity. From a public policy perspective, assigning significant responsibility without sufficient financial authority constitutes a form of "policy design failure." In South Tapanuli Regency, the TB control policy appears strong in terms of regulations (Regent's Regulation), but weak in budget execution at the village level.
   This misallocation of resources leads to low cadre motivation. Researchers analyzed that if cadres continue to work without support facilities (such as PPE and transportation costs), this community empowerment program will be short-term. The program's sustainability is threatened because cadres feel they are not professionally valued. Furthermore, reliance on limited Community Health Center (Puskesmas) facilities makes cadre mobility in searching for TB suspects very inactive.
3. Cross-Sector Policy Integration in Batang Toru
   Further discussion shows that TB control in Batang Toru requires the involvement of the private sector (mining and plantation companies). To date, policy implementation has tended to proceed solely through formal government channels. However, significant resources in the Batang Toru region reside in the private sector through Corporate Social Responsibility (CSR) programs. Synchronization between the South Tapanuli Regional Government's policies and the company's health programs has not

been seen to be optimal in supporting health cadres in the villages surrounding the mine.

4. CONCLUSION

The implementation of TB control policies in South Tapanuli Regency, particularly in Batang Toru District, still faces significant obstacles in communication and resources. Top-down communication without local language adaptations results in educational messages not being fully absorbed. Meanwhile, minimal budget allocation from Village Funds and limited facilities for cadres have slowed the progress of this community empowerment program amidst the high population mobility in industrial areas. Recommendations include: Communication redesign: The Health Office needs to produce TB education materials using the local dialect (Angkola) and simpler visual methods; Village Fund Integration: The South Tapanuli Regency Government needs to issue stricter instructions so that Village Governments in Batang Toru allocate a portion of health funds for incentives and operational costs for TB cadres; Private Partnerships: Establish formal collaborations with companies in Batang Toru to support the provision of personal protective equipment and transportation for health cadres in the industrial area.

References

Antara News. (2024, Maret 24). Pemkab Tapanuli Selatan Perkuat Sinergi Lintas Sektor Kejar Target Eliminasi TBC 2030. Diakses dari https://sumut.antaranews.com.

Anwar, K., & Sari, M. (2021). Hambatan Komunikasi dalam Implementasi Program Indonesia Sehat dengan Pendekatan Keluarga (PIS-PK). Jurnal Ilmu Administrasi Negara (JUAN), 9(2), 45-58. (Relevan dengan variabel komunikasi Edwards III).

BPS Kabupaten Tapanuli Selatan. (2024). Kabupaten Tapanuli Selatan Dalam Angka 2024. Tapanuli Selatan: BPS Tapsel. (Data kependudukan dan fasilitas kesehatan di Tapsel).

BPS Kabupaten Tapanuli Selatan. (2023). Kecamatan Batang Toru Dalam Angka 2023. Tapanuli Selatan: BPS Tapsel. (Data spesifik geografis dan sosial wilayah Batang Toru).

Dunn, W. N. (2019). Public Policy Analysis: An Integrated Approach (6th ed.). Routledge. (Buku utama mengenai metodologi analisis kebijakan publik).

Hardani, dkk. (2020). Metode Penelitian Kualitatif & Kuantitatif. Yogyakarta: Pustaka Ilmu. (Rujukan metodologi penelitian kualitatif deskriptif).

Harian Medan Bisnis. (2025, Januari 10). Optimalisasi Dana Desa Tapsel untuk Penanggulangan Penyakit Menular: Sebuah Harapan Baru. Diakses dari https://medanbisnisdaily.com.

Kementerian Kesehatan RI. (2020). Strategi Nasional Penanggulangan Tuberkulosis di Indonesia 2020-2024. Jakarta: Direktorat Jenderal Pencegahan dan Pengendalian Penyakit (P2P).

Kompas.id. (2023, September 15). Tantangan Berat Eliminasi TBC di Wilayah Lingkar Tambang dan Industri. Diakses dari https://kompas.id. (Relevan dengan konteks wilayah Batang Toru).

Lestari, P., dkk. (2022). Peran Kader Kesehatan dalam Penemuan Kasus TBC: Studi Implementasi Kebijakan Kesehatan di Daerah Pedesaan. Jurnal Kebijakan Kesehatan Indonesia (JKKI), 11(1), 12-25. (Sinta 2).

Pemerintah Kabupaten Tapanuli Selatan. (2023). Peraturan Bupati Tapanuli Selatan tentang Rencana Aksi Daerah Penanggulangan Tuberkulosis Tahun 2023-2026. Sipirok: Bagian Hukum Setdakab Tapsel.

Pratama, R. (2023). Alokasi Dana Desa untuk Sektor Kesehatan: Tantangan dan Hambatan di Tingkat Lokal. Jurnal Tata Kelola dan Akuntabilitas Keuangan Negara, 9(1), 89-105. (Sinta 2 - Relevan dengan alokasi sumber daya).

Republik Indonesia. (2021). Peraturan Presiden Republik Indonesia Nomor 67 Tahun 2021 tentang Penanggulangan Tuberkulosis. Jakarta: Sekretariat Negara.

Situmorang, N. (2020). Evaluasi Program Pemberdayaan Masyarakat dalam Pencegahan Penyakit Menular di Wilayah Sumatera Utara. Jurnal Kesehatan Masyarakat Nasional, 15(3), 210-218. (Sinta 2).

Subarsono, A. G. (2022). Analisis Kebijakan Publik: Konsep, Teori, dan Aplikasi. Yogyakarta: Pustaka Pelajar. (Buku rujukan utama implementasi kebijakan di Indonesia)