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EVALUATION OF THE IMPLEMENTATION OF TUBERCULOSIS CONTROL POLICIES AT THE PUSKESMAS SELABATU, SUKABUMI CITY

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Abstract

Tuberculosis (TB) remains a global health challenge, including in Indonesia, with the number of cases continuing to increase in various regions, including Sukabumi City. This study aims to evaluate the implementation of tuberculosis (TB) prevention policies at Puskesmas Selabatu in Sukabumi City using Daniel Stufflebeam's CIPP (Context, Input, Process, Product) evaluation theory. This descriptive qualitative research collected data through interviews with five key informants, observation, and documentation. The results showed that the TB control policy has been implemented with a comprehensive approach, but still faces several challenges. The results showed that tuberculosis (TB) prevention at the Selabatu Health Center was under regulations, namely Ministry of Health Regulation No. 67 of 2016 and Presidential Regulation No. 67 of 2021 and supported by the Regional Budget (APBD) and Health Operational Assistance (BOK). However, there are several obstacles in implementation, such as the capacity of medical personnel that is not yet optimal, a less effective monitoring system, and limited community education. Lack of training of TB cadres and patient monitoring that only relies on WhatsApp groups and monthly control has led to many patients being inconsistent in treatment. In addition, supporting facilities such as rapid molecular testing (TCM) are not yet available, resulting in slow early diagnosis and increasing the risk of treatment dropout. However, the DOTS approach and the active role of TB cadres helped improve patient adherence. Community participation is generally low, but if properly empowered, local communities have great potential in assisting with education, early detection, and patient monitoring. Cross-sector collaboration between Puskesmas, the Health Office, local government, and professional organizations is also important in strengthening service coordination and improving synergy in TB program implementation.

Keywords: Tuberculosis, Puskesmas Selabatu, Policy Evaluation, Public Health Policy

INTRODUCTION

The tuberculosis (TB) pandemic remains a significant global health issue. Tuberculosis is an infectious disease caused by the bacterium Mycobacterium tuberculosis.

Community health centers (Puskesmas) are implementing units of the District or City Health Office that play a role in promoting health in a region. According to Minister of Health Decree No. 128 of 2004, the function of a community health center is to provide services to the community. Mycobacterium tuberculosis can be transmitted through airborne particles from TB patients to high-risk individuals. According to the Indonesian TB Association, West Java Province is one of the provinces in Indonesia with a high prevalence of TB cases. TB cases continue to be a health issue, including in the city of Sukabumi. The following table shows the number of TB cases in Sukabumi City year by year.

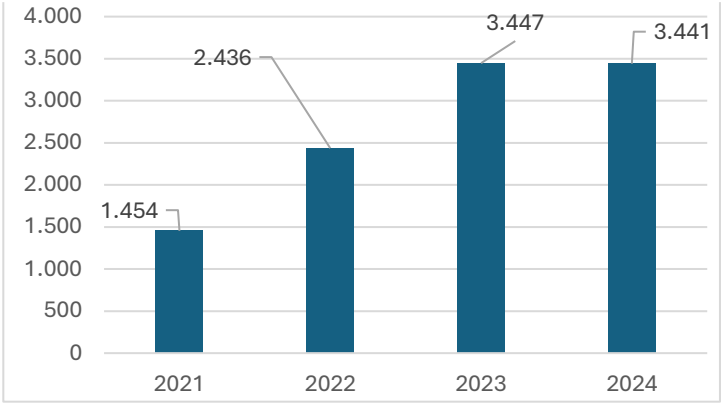

Figure 1. 1 Tuberculosis Cases in Sukabumi City from 2021 to 2024
Source: Sukabumi City Health Profile, Health Department, 2021–2024

Tuberculosis cases in Sukabumi City have increased from 2021 to 2024. From 1,454 cases recorded in 2021, the number increased to 3,441 cases in 2024. This increase in tuberculosis cases reflects the challenges in managing tuberculosis in the Sukabumi City area. One of the challenges faced is the cure rate for tuberculosis patients in Sukabumi City. Below is the data on the tuberculosis cure rate in Sukabumi City.

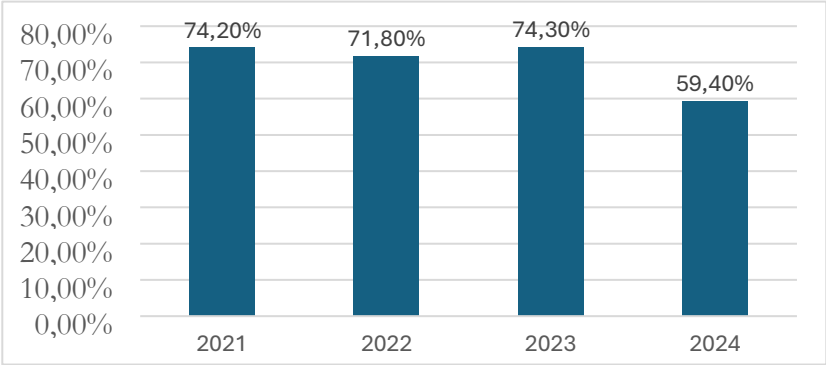

Figure 1. 2 Tuberculosis Patient Recovery Rates in Sukabumi City
Source: Sukabumi City Health Profile, Health Office, 2021 – 2023

The table above, which shows the tuberculosis (TB) cure rate in Sukabumi City from

2021 to 2023, reflects fluctuations that illustrate the dynamics of managing this disease. In 2021, the cure rate reached 74.2%, but in 2022, it dropped to 71.8%, indicating that there are still significant TB issues in this area. However, in 2023, the cure rate increased to 74.3%, and in 2024, it reached 59.40%, indicating a decline in patient recovery. This suggests that despite the tuberculosis treatment rate remaining below the desired target of 90%, as per the national target. This is due to low patient compliance with treatment and an inadequate monitoring system for tracking patients who discontinue treatment, transfer to another facility, or pass away. The distribution of tuberculosis cases at the Community Health Centers (Puskesmas) in Sukabumi City includes:

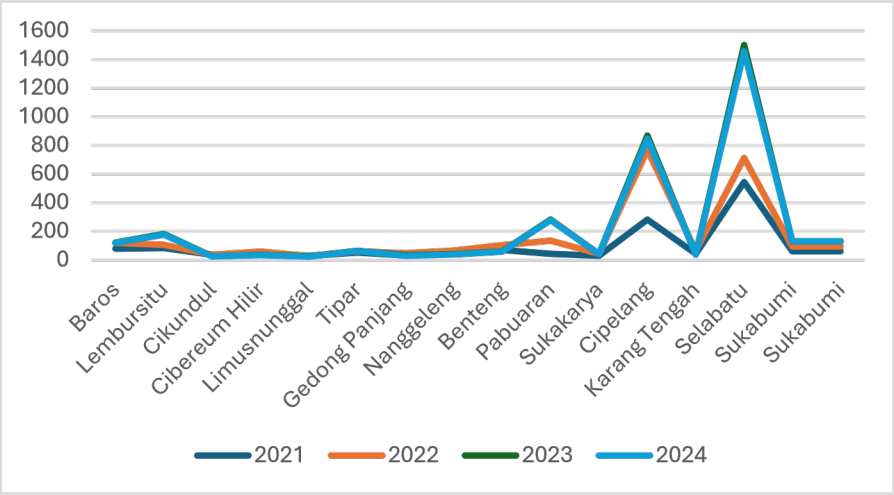

Figure 1. 3 Distribution of TB Cases in Community Health Centers in Sukabumi City
Source: Sukabumi City Health Profile, Health Office 2021-2024

Over the past three years, the number of tuberculosis (TB) cases in Sukabumi has shown significant differences between regions. The Puskesmas Selabatu and Puskesmas Cipelang recorded the highest number of cases in 2023, with 1,501 and 869 cases, respectively. Meanwhile, the Puskesmas Cikundul and Puskesmas Limusnunggal had the lowest number of cases, with only 25 people infected. Most other regions reported fewer than 200 cases. This uneven distribution highlights the need for more intensive interventions in areas with high case numbers, particularly in terms of treatment and prevention. One of the main factors in the increase of tuberculosis (TB) cases is the low recovery rate of patients. Many TB patients stop treatment prematurely because they think they have recovered, even though the bacteria that cause TB are still active in the body. This not only triggers relapse, but also increases the risk of transmission to others and encourages the emergence of drug resistance. Additionally, the cure rate is a crucial factor in evaluating the effectiveness of TB

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management in Sukabumi. The high cure rate indicates the success of medical interventions and treatment strategies, such as patient compliance with therapy, availability of anti-TB drugs, and support from health workers. Community health centers Puskesmas) are implementing units of the District or City Health Office that play a role in promoting health in a region. According to Minister of Health Decree No. 128 of 2004, the function of a community health center is to provide services to the community.

The following is data on tuberculosis cure rates at the Sukabumi City Community Health Center:

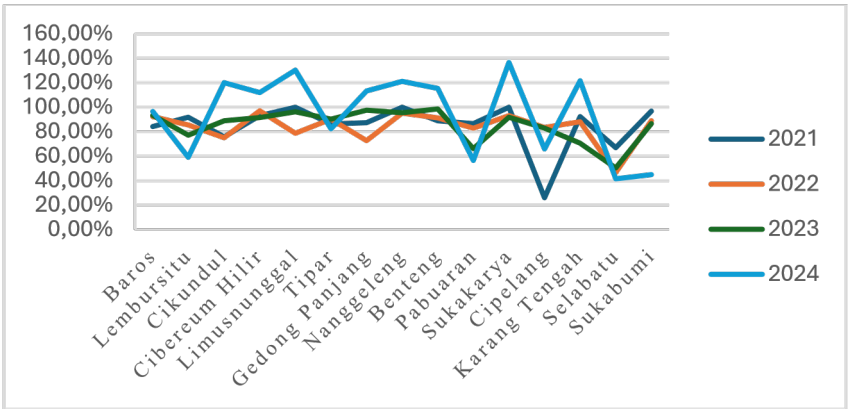

Figure 1. 4 Percentage of tuberculosis recovery rates
Source: Sukabumi City Health Profile, Health Office 2021-2024

The success rate of tuberculosis (TB) treatment in Sukabumi from 2021 to 2024 shows variations across regions. The Puskesmas Limusnunggal achieved a 160% cure rate, indicating a high success rate, with each health center exceeding the national target of over 90%, demonstrating the effectiveness of the treatment program. In contrast, the Puskesmas Selabatu in 2024 had a lower success rate of 41.50%, far below the average. While most areas achieved success rates above 80%, regions with lower rates require greater attention to improve treatment effectiveness and ensure more patients complete their therapy.

Considering this situation, the Sukabumi City Health Office and the Puskesmas Selabatu are implementing Presidential Regulation No. 67 of 2021 and Ministerial Regulation No. 67 of 2021 on Tuberculosis Control. The objective of Presidential Regulation No. 67 of 2021 and Ministerial Regulation No. 67 of 2016 is to address tuberculosis (TB) nationwide. Both regulations outline a comprehensive plan encompassing preventive, curative, rehabilitative, and promotive methods, and involve various sectors in their implementation. These regulations complement each other in the national effort to address TB through a systematic and sustainable approach. However, there are still challenges in

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their implementation, including the fact that the Puskesmas Selabatu does not yet have facilities for Molecular Rapid Testing and there is no collaboration with the local community. This research aims to evaluate the effectiveness of tuberculosis control policies implemented at the Puskesmas Selabatu Sukabumi City.

METHODOLOGY

This study uses a qualitative research method with a descriptive approach, so that the results of the study prioritize meaning over generalization (Sugiyono 2018:18). The primary data collection techniques in this study were obtained through observation and interviews with informants selected using snowball sampling. In analyzing the research data with NVivo 12, there are several features that can be utilized to improve the effectiveness of the analysis. The informants in this study are those related to the implementation of tuberculosis control policies at the Puskesmas Selabatu, as follows:

Table 1.1 Research agenda

Informan Code	Position	Reason	Interview Date
RM	Head of P2PM division of Sukabumi City Health Office	Have a complete understanding of TB policies and programs and experience in management and implementation	March 11, 2025
T	TB Poly Officer of Puskesmas Selabatu	Someone who has a strategic understanding of program and policy implementation.	April 16, 2025
RR	Head of Puskesmas Selabatu	A person directly involved in the treatment and management of TB cases	April 17, 2025
DC	TB Cadre	Someone who assists TB clinic staff in tackling TB	April 18, 2025
AA N	TB Patients	Someone who can provide perspective from the experience of getting TB treatment	April 18, 2025

Source*:* Researchers 2025

RESULTS AND DISCUSSION

This study aims to assess the effectiveness of policies implemented to reduce the spread of tuberculosis and improve the recovery rate of tuberculosis patients in Sukabumi City. The Puskesmas Selabatu in Sukabumi City serves as the frontline health institution in implementing these policies, while the Sukabumi City Health Department remains responsible for overseeing and controlling the implementation of these policies. In order to understand the effectiveness of tuberculosis control policies, it is important to examine how

various aspects of this disease are interconnected in previous research. Tuberculosis remains a global health challenge, especially in areas with high incidence rates. Analysis of keyword networks in research can provide valuable insights into trends and key focuses in the prevention and treatment of this disease. The following image illustrates the interrelationships between various terms that frequently appear in scientific studies on tuberculosis.

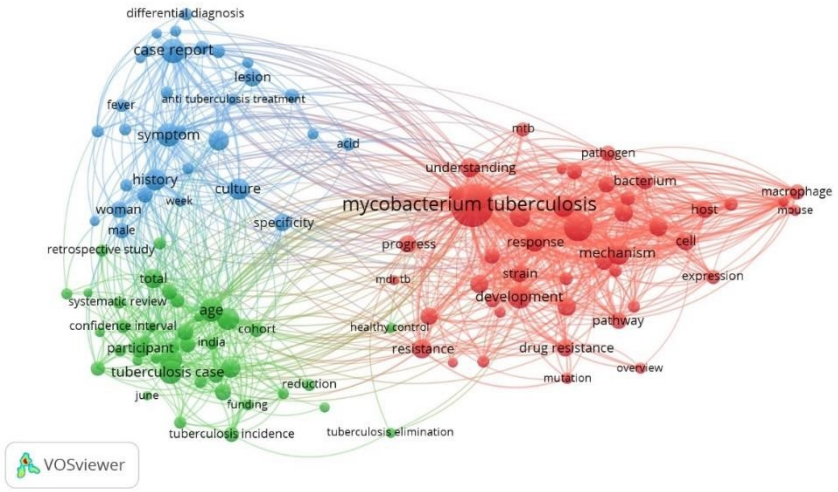

Figure 1.5 Keyword network for scientific studies on tuberculosis
Source: Vosviewers

The image depicts a network of keywords related to tuberculosis research. Research evaluating the implementation of tuberculosis control policies at the Puskesmas Selabatu can utilize keyword network analysis to understand the main focus of efforts to combat this disease. Mycobacterium tuberculosis is the main pathogen that causes tuberculosis, an infectious disease that remains a public health challenge in many countries, including Indonesia. By examining the relationships between keywords in previous research, policy evaluations can be conducted by identifying trends and the effectiveness of strategies that have been implemented. This analysis also aids in developing data-driven recommendations to enhance the effectiveness of tuberculosis control programs, including improving access to healthcare services, appropriate use of medications, and controlling antibiotic resistance.

Theoretically, this visualization is in line with bibliometric theory and network analysis, which explain how a field of knowledge can be mapped through co-occurrence analysis of keywords. Keyword network visualization using VOSviewer shows how the topic of tuberculosis is widely researched in various dimensions. In the image, the keyword

mycobacterium tuberculosis is the main hub connected to various terms such as drug resistance, mechanism, host, and macrophage, indicating that most studies still focus on the biomedical and pathophysiological aspects of this disease. However, other clusters contain terms such as tuberculosis case, systematic review, symptom, and case report, which highlight the importance of clinical and epidemiological dimensions as part of control strategies.

In evaluating tuberculosis control policies at the Puskesmas Selabatu, this keyword mapping can serve as an important basis for understanding the dominant direction of global research and research gaps that have not yet been explored, particularly in policy implementation at the local level. For example, an evaluation of the implementation of Presidential Regulation No. 67 of 2021 and Ministry of Health Regulation No. 67 of 2016 at the Puskemas Selabatu can be examined in greater depth by referencing the connection between field case data and research trends that highlight the urgency of issues such as drug resistance and low treatment success rates. Thus, the evaluation results are not merely administrative reflections but also have a strong scientific basis to drive sustainable policy improvements.

Based on a review of previous studies, several research gaps can be identified for the evaluation of tuberculosis control policies at the Puskesmas Selabatu in Sukabumi City using Daniel Stufflebeam's theory, which consists of four (six) dimensions, namely Context, Input, Process, and Product. Additionally, previous studies have not integrated policy evaluation aspects into their analysis, thereby opening opportunities to examine how multi-stakeholder collaboration influences the success of TB programs. Previous studies have tended to focus more on process and output aspects, but have not extensively examined outcomes and the long-term impacts of TB programs on public health more broadly. Although some studies have addressed community involvement, none have systematically evaluated the effectiveness of community participation in TB programs using CIPP evaluation criteria.

Evaluation of the implementation of tuberculosis control policies at the Puskesmas Selabatu, Sukabumi City, based on Daniel Stufflebeam's concept of evaluation. According to Daniel Stufflebeam, evaluation is defined as the process of describing, obtaining, and providing useful information for evaluating decision alternatives. Describing means determining, defining, and explaining the information needed by decision makers. Stufflebeam's evaluation model is a process of formulating, obtaining, reporting, and

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applying descriptive and evaluative information about the strengths, values, integrity, and significance of an object to guide decision-making, support accountability, disseminate effective practices, and enhance understanding of the phenomena involved. Evaluation is conducted through four main components: Context, Input, Process, and Product. This evaluation aims to assist in decision-making, ensure accountability, disseminate good practices, and understand a phenomenon more clearly. The four dimensions in the theory of policy implementation evaluation will be the result of this research and will be explained in more detail below:

Dimension Context

Context evaluation is a very important stage in program planning and implementation. Its purpose is to assess various fundamental aspects, such as needs, problems, assets, and opportunities, to ensure that the program developed is truly aligned with the actual conditions faced. In the CIPP Model, context evaluation forms the basis for those responsible for determining program objectives and priorities.

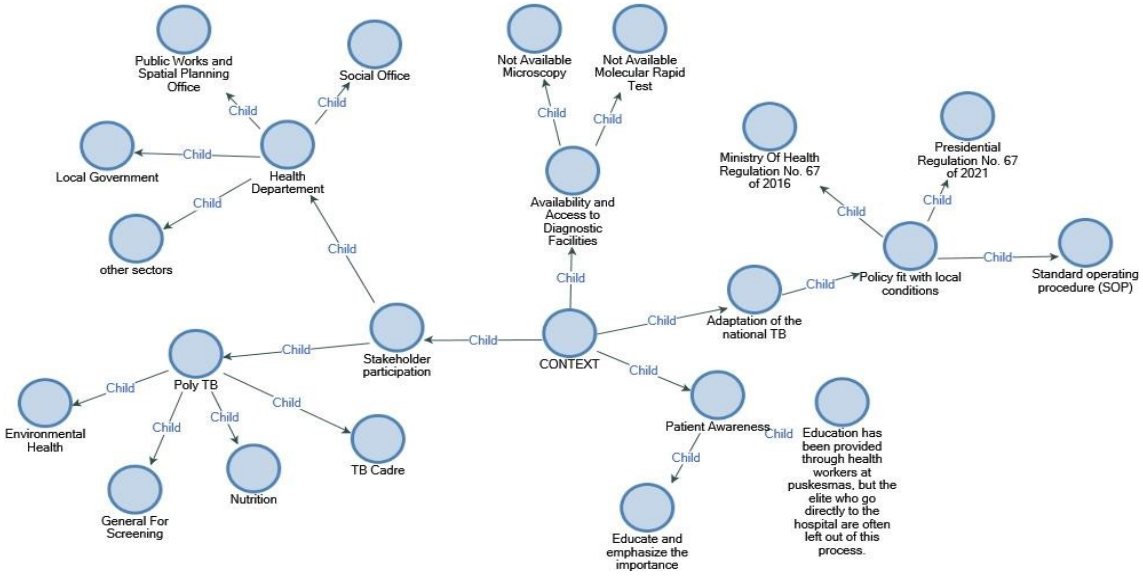

Figure 1.6 Data analysis on the Dimension Context
Source: analyzed by researchers using Nvivo 12

The image is a diagram depicting the context of tuberculosis (TB) control policy implementation at the Puskesmas Selabatu, which is influenced by various elements and stakeholders. At the center of the diagram is the "CONTEXT" element, which serves as the central node connecting other elements, highlighting the importance of context analysis in the implementation of tuberculosis control policies. The Context component is used to identify existing needs, issues, and opportunities within the program environment. The

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implementation of tuberculosis (TB) control policies in Sukabumi City has shown progress through cross-sector collaboration between the Health Departement, local government, Social Office, Public Work and Spatial Planning Office and Other. Meanwhile, the Puskesmas Selabatu has collaboration between the General Clinic, Nutrition Clinic, and Public Health Clinic. This synergy enables a multidisciplinary approach to early detection, community education, and treatment continuity. The involvement of various health professional organizations and other health programs in tuberculosis control efforts is an implementation of Indonesian Ministry of Health Regulation No. 67 of 2016, particularly

Article 5, which emphasizes the importance of a multisectoral approach in TB management.

However, several challenges still hinder the effectiveness of the program, including low patient awareness of the importance of completing treatment, particularly due to limited understanding of the risks of treatment interruption and drug side effects, which remain major obstacles. On the other hand, public participation and the involvement of local leaders in supporting the program remain limited, resulting in suboptimal efforts in early detection and education. Additionally, diagnostic facilities such as Molecular Rapid Tests (MRT) are not evenly distributed, with only two out of 15 community health centers (Baros and Sukabumi) having them. The unavailability of MRT at the Puskesmas Selabatu forces patients to be referred to other facilities, potentially delaying diagnosis and increasing the risk of transmission. The uneven distribution of diagnostic facilities highlights the need for strategies to improve access to more inclusive health services. This aligns with Presidential Regulation No. 67 of 2021, Article 8, which emphasizes the importance of enhancing access to quality TB services that are patient-centered. Although national policies have been adopted, such as Ministry of Health Regulation No. 67 of 2016 and Presidential Regulation No. 67 of 2021, adaptation to local socio-cultural conditions needs to be improved to make the program more inclusive and targeted. The implementation of these national policies includes the provision of supporting facilities for tuberculosis screening, a referral system directly linked to health departments, a national strategy as a guideline for tuberculosis control, procedures aligned with health standards, and health promotion efforts related to tuberculosis. By placing "CONTEXT" as the main node in the network, that image clearly reflects the CIPP evaluation concept developed by Daniel Stufflebeam, particularly in the context component, which is the analysis of the situation that forms the basis for program

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formulation and implementation. Therefore, that visualization not only illustrates the structure of relationships between actors and policy factors but also emphasizes the importance of understanding the local context as the primary foundation for implementing effective and sustainable TB control policies.

Dimension Input

Input evaluation is an important stage in program planning and development, focusing on assessing various strategic aspects that support successful implementation. The aspects evaluated include program strategy, action plans, human resource management, and budget allocation. The primary objective of this evaluation is to determine the feasibility and potential cost-effectiveness in meeting the targeted needs, while ensuring the optimal achievement of program objectives. Input evaluation can be conducted in a comparative manner, where the various alternatives or approaches available are analyzed and compared to determine the most effective option in achieving the objectives. In this context, evaluation plays a role in identifying the strengths and weaknesses of each program strategy, allowing for more informed and evidence-based decision-making. Apart from being a tool to assess the feasibility of program strategies, input evaluation also helps in designing an effective management framework.

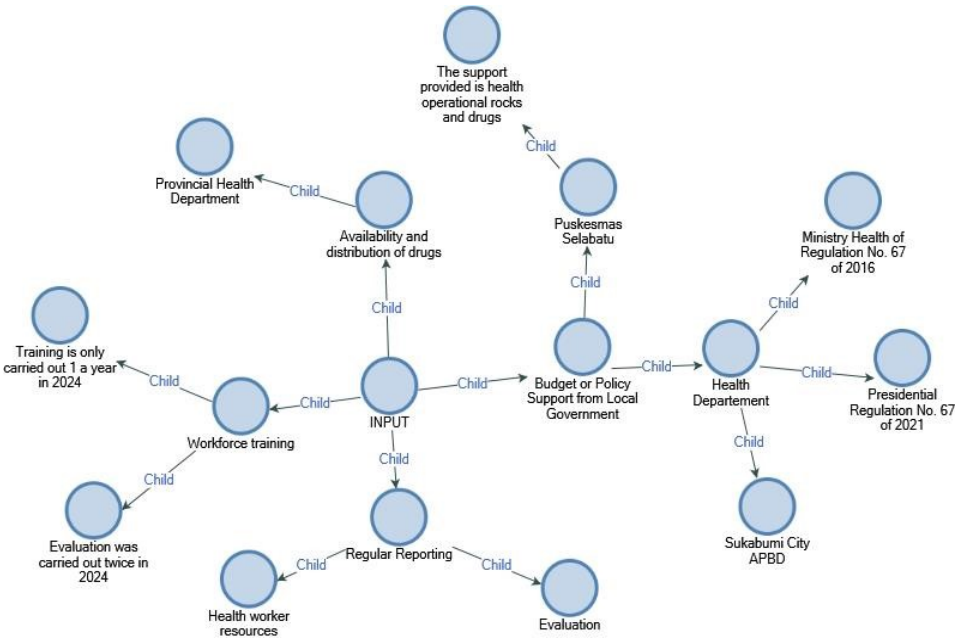

Figure 1.7 Data analysis on the Dimension Input
Source: analyzed by researchers using Nvivo 12

The image is network input image above is the result of Nvivo analysis showing various supporting elements (inputs) that are important factors in the implementation of TB

control policies in the Selabatu Community Health Center working area. The central element "INPUT" in the network image illustrates all the resources and strategies used to support the implementation of tuberculosis control policies. The local government of Sukabumi City supports the TB control program through funding from the local budget. However, to date, the city government has not established specific policies for TB control and continues to rely on national policies, namely Ministry of Health Regulation of the Republic of Indonesia No. 67 of 2016 and Presidential Regulation No. 67 of 2021, in implementing the program. However, the implementing agency, Puskesmas Selabatu only receives Operational Health Assistance (BOK) and medications. The health workforce at the Puskesmas Selabatu is considered adequate, with 1 TB clinic staff member and 1 TB cadre. The strength of this service lies in cross-program collaboration, such as the Nutrition Clinic, General Clinic, and environmental health, which enhances the effectiveness of TB management. TB screening is conducted daily at the General Clinic, enabling early detection without the need for a specific schedule, while the TB Clinic is available every Wednesday. Meanwhile, TB cadre training conducted by the Health Department aims to enhance capacity in prevention, early detection, and treatment of tuberculosis, in accordance with Presidential Regulation No. 67 of 2021, Article 20. However, the frequency of training, which is only once a year, remains a challenge in fostering sustainable skill development. In addition to training, the Health Department, through the Division of Prevention and Control of Communicable Diseases (P2PM), routinely conducts monitoring and evaluation of the TB program, as stipulated in Ministry of Health Regulation of the Republic of Indonesia No. 67 of 2016, Article 27, Paragraph 2. In 2024, evaluations were conducted twice: on August 8 by Division of Prevention and Control of Communicable Diseases (P2PM) and on May 30 by the Ministry of Health of the Republic of Indonesia to assess the effectiveness of the program and provide recommendations for improvement. The TB drug distribution system operates optimally, with stocks always available at every community health center. The Provincial Health Office, through the Sukabumi City Health Departement, distributes medications to all community health centers in Sukabumi City, including the Puskesmas Selabatu, ensuring patients receive medications according to their needs. The guaranteed availability of medications supports patient adherence to treatment, aids in disease control, and prevents drug resistance. With effective distribution, the effectiveness of the tuberculosis program can continue to improve. Overall, the image illustrates that the success of TB program

implementation is greatly influenced by the availability of adequate inputs, in terms of resources, funding, training, and regulations. The visualization supports the evaluation of the Input component in Daniel Stufflebeam's CIPP model, which assesses the extent to which supporting factors are implemented and optimally utilized to support the achievement of program objectives.

Dimension Process

Process evaluation is a fundamental aspect of program management that ensures that each stage of implementation proceeds according to the established plan. This evaluation involves systematic monitoring, assessment, and reporting on various program components. Process evaluation allows stakeholders to receive regular feedback, enabling them to adjust their strategies to improve the effectiveness and efficiency of implementation.

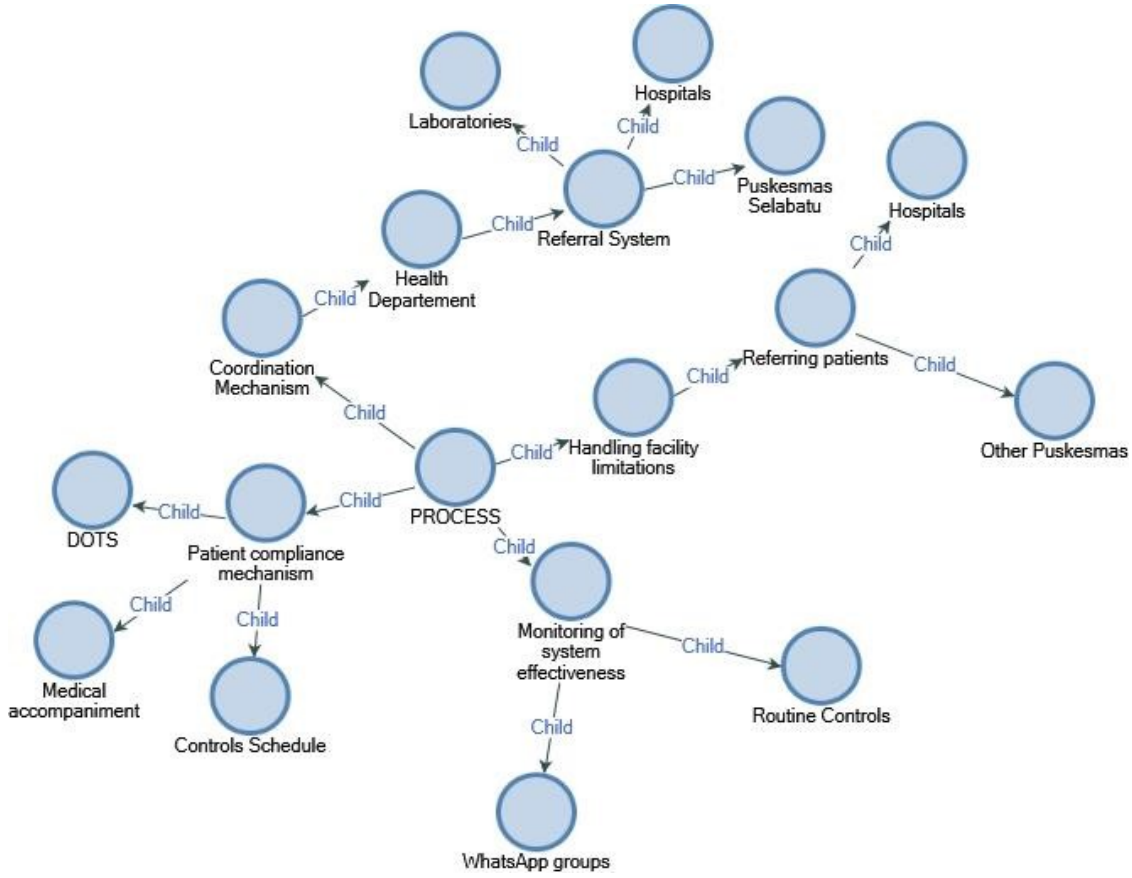

Figure 1.8 Data analysis on the Dimension Process
Source: analyzed by researchers using Nvivo 12

The image is network diagram produced by NVivo analysis above illustrates the implementation of the tuberculosis (TB) control program, which consists of four main aspects: coordination mechanisms, handling facility limitations, monitoring system

effectiveness, and patient compliance mechanisms. The effectiveness of the tuberculosis (TB) patient monitoring system still faces challenges, particularly in ensuring patient adherence to treatment. In accordance with Indonesian Ministry of Health Regulation No. 67 of 2016, Article 8, monitoring aims to detect and follow up on every TB case effectively. Puskesmas Selabatu have implemented monitoring through WhatsApp groups and monthly routine checks to ensure patients adhere to their treatment. However, monitoring coordination in hospitals is more complex because patients come from various regions. The main challenge in patient adherence is low adherence to treatment and lack of education about the importance of completing treatment. To address this, healthcare workers need to increase routine outreach, collaborate with medical staff, and involve families in supporting treatment. Social media can also be used as a broader educational tool, in line with Indonesian Ministry of Health Regulation No. 67 of 2016, Article 7, Paragraph 4 on Health Promotion. The Puskesmas Selabatu overcomes facility limitations by optimizing resources, collaborating with other health facilities, and using alternative diagnostic methods. If patients require further examination, they are referred to the Puskesmas Baros or Syamsudin Regional
General Hospital, which has Molecular Rapid Tests (MRT) for more accurate TB diagnosis.

To improve patient adherence to treatment, the health center implements strategies based on the National Tuberculosis Control Program and recommendations from the World Health Organization (WHO). One of the main methods is Directly Observed Treatment, Short-course (DOTS), where health workers directly supervise patients' medication intake to prevent treatment discontinuation. Additionally, routine education is provided during health facility visits, along with monthly follow-ups and support for patients with drug-resistant TB. Tuberculosis treatment coordination is carried out through an integrated referral system between health centers, hospitals, and laboratories managed by the Health Department, in accordance with Ministry of Health Regulation of the Republic of Indonesia No. 67 of 2016, Article 24. The Poly TB coordinates with the Health Department in case reporting, medication distribution, and program evaluation, while TB cadres play a role in detection, education, and patient support. Although coordination is already in place, communication between health workers, cadres, and patients still needs to be improved to ensure patients receive clear information and do not discontinue treatment. Additionally, strengthening coordination among healthcare facilities is necessary to ensure referrals

proceed efficiently without administrative barriers. The elements in the visualization show that the program implementation process involves inter-agency coordination, responses to facility constraints, and a participatory approach to patients. This is in line with the process component in Daniel Stufflebeam's CIPP evaluation model, in which the process is evaluated to see the extent to which the implementation of activities is going according to plan and can respond to challenges in the field in an adaptive and sustainable manner.

Dimension Product

Product evaluation is an important stage in assessing the success of a program by identifying and analyzing the costs and results achieved, both intentional and unintentional, in the short and long term. This evaluation provides feedback during implementation to ensure that the program's objectives remain focused and aligned with the needs of the beneficiaries. In the context of health and social services, product evaluation has a direct impact on the quality of life of patients.

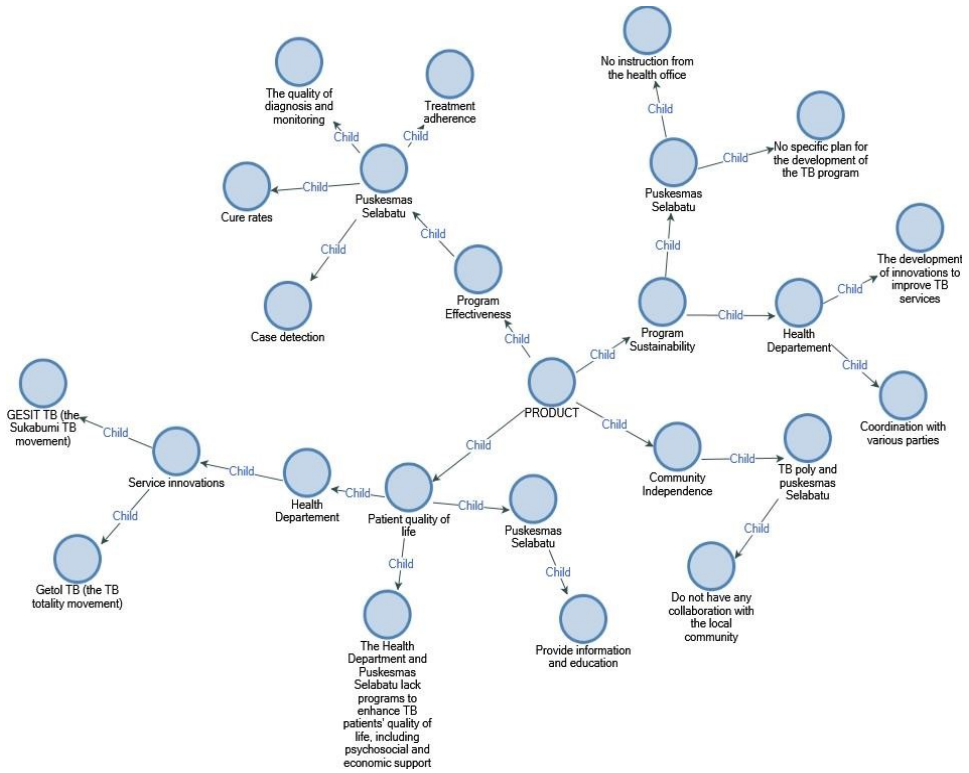

Figure 1.8 Data analysis on the Dimension Input
Source: analyzed by researchers using Nvivo 12

The image is NVivo analysis network diagram above shows the relationships between the elements that make up the product (outcome) of tuberculosis (TB) control policy implementation. In this visualization, the "PRODUCT" node is at the center of the

entire network, emphasizing that the ultimate outcome of a good program in terms of patient quality of life, program effectiveness, community independence, and sustainability are important benchmarks for assessing the success of policy implementation. Tuberculosis (TB) control still faces challenges in improving patients' quality of life, particularly in psychological, social, and economic aspects. There are currently no specific programs providing support in these areas. However, innovative services have been introduced to enhance the effectiveness of TB control, such as GESIT TB and Getol TB, which are based on Ministry of Health Regulation No. 67 of 2016, Article 16. GESIT TB is a program designed for 2024 and is still in the planning stage. Its objective is to improve early detection of TB cases and strengthen the treatment system. Meanwhile, Getol TB, which has been promoted since 2023, focuses on a pentahelix approach to increase awareness, support for patients, and treatment success. Although the Sukabumi City Health Department has developed these two programs as TB control strategies, the Puskesmas Selabatu has not yet implemented its own service innovations. Program implementation at the health center still follows guidelines from the health department without any local efforts to tailor services to the needs of the local community. To improve the quality of life for TB patients, the Puskesmas Selabatu assists in educating and providing information related to tuberculosis. This education aims to increase patients' understanding of the importance of completing treatment and overcoming challenges during therapy. Information is provided directly during visits to the Poly TB so that patients gain relevant and up-to-date understanding of their condition. Key indicators for assessing program effectiveness are based on the number of cases detected, treatment adherence, cure rates, and treatment monitoring. However, while TB case detection at the Puskesmas Selabatu is functioning well, there are still issues with treatment and patient monitoring. As a result, a significant number of patients have not completed their treatment fully, which could lead to the emergence and spread of drug resistance in the community.

To ensure the sustainability of the tuberculosis (TB) control program, periodic evaluations are conducted to assess the effectiveness of the program and improve the accessibility of services and the effectiveness of treatment for patients. Evaluation results serve as the basis for improvements and innovations, while coordination with various stakeholders, including healthcare workers and local governments, is continuously strengthened to enhance synergy in TB services. However, program development faces

challenges, as there is currently no specific plan for improving TB services at the Puskesmas Selabatu, as further guidance from the Health Department is still pending. This lack of clarity in guidance makes it difficult to design more effective strategies, so that the innovations being pursued cannot yet be optimally implemented. In terms of community autonomy in the prevention and treatment of tuberculosis (TB), the Sukabumi City Health Departement and Puskesmas Selabatu have not established cooperation with local communities to support these efforts independently. This indicates that the Puskesmas Selabatu has not implemented Presidential Regulation No. 67 of 2021, Article 17, which emphasizes the importance of community involvement in tuberculosis control efforts. However, community engagement could serve as a solution to the limitations of instructions from the Health Department, as communities have significant potential to support education, raise awareness, and expand access to health services for the community. Overall, the visualization reflects the results of TB policy implementation that has not yet been fully maximized. This is in line with the Product component in Daniel Stufflebeam's CIPP evaluation model, which serves to assess the extent to which program objectives have been achieved, both in terms of outputs and outcomes. The figure emphasizes that the achievements of the TB program are not only measured by medical success but also by long-term efforts in community empowerment, sustainable innovation, and improving the quality of life for TB patients.

CONCLUSION AND RECOMMENDATIONS

An evaluation of tuberculosis (TB) control policies at the Puskesmas Selabatu in Sukabumi City shows that Presidential Regulation No. 67 of 2021 and Ministry of Health Regulation No. 67 of 2016 have been implemented using a comprehensive approach, but there are still several challenges that must be overcome to improve the effectiveness of their implementation so that they can provide good service to tuberculosis patients. To achieve the 2030 TB elimination target, the Puskesmas Selabatu in Sukabumi City requires the provision of Molecular Rapid Test (TCM) facilities, increased frequency of training for health workers and outpatient services, direct education to the community, and stronger collaboration between the government, health workers, and the community. Comprehensive improvements in facilities, education, participation, and service innovation are key to ensuring the program's impact is more optimal and sustainable. To improve the effectiveness of tuberculosis control, future research should explore collaborative governance and network governance models involving health agencies, local governments, health

organizations, and communities. This cross-sector coordination aims to optimize policies and improve disease management. The Puskesmas Selabatu is expected to develop innovative services, strengthen patient monitoring systems, and strive to procure Molecular Rapid Test (TCM) facilities to accelerate diagnosis and treatment. The Sukabumi City Health Department also needs to conduct regular evaluations of the TB program, particularly in community health centers with low cure rates, and strengthen coordination with referral hospitals and community organizations. Additionally, tuberculosis patients need to understand the importance of adhering to treatment schedules to prevent drug resistance and improve recovery chances, by maintaining good communication with healthcare workers to address treatment side effects early on.

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