



RESPONSIBILITY OF THE GOVERNMENT OF THE CITY OF BANDA ACEH IN FACILITATING MEDICAL WASTE MANAGEMENT

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Abstrak

Article 13 Permenkes No. 18 of 2020 states, Local Governments have the responsibility to facilitate the management of medical waste. In reality, the Banda Aceh City Government has not provided facilitation in the management of medical waste in Banda Aceh City. The purpose of the study was to determine the form of facilitation provided by the Banda Aceh City Government and the policies taken in the management of medical waste. The main data of this study is secondary data and is supported by primary data. Secondary data was obtained from legislation, scientific journals and books, while primary data was obtained through interviews. The results showed that the facilitation provided by the Banda Aceh City Government was only in the form of socialization and advocacy to cross-sectors and monitoring and evaluation of Health Service Facilities. The medical waste management facilitation policy has not been implemented in accordance with the Minister of Health Regulation No. 18 of 2020 and the Banda Aceh City Sanitation Strategy 2010-2025.

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I. INTRODUCTION

Environmental issues are an interesting topic to discuss because they involve human life issues. Environmental problems are not the responsibility of the government alone, but also require public awareness and the responsibility of local governments and other relevant stakeholders. Various efforts continue to be made to prevent environmental pollution and increase environmental damage.

With increasing public knowledge and concern for health, the community's need for health service facilities, such as hospitals (Purwanti, AA 2018) will also increase. The government continues to improve various services to the community through health service facilities (Fasyankes). Health Service Facility is a place and/or tool used to organize health service efforts, whether promotive, preventive, curative or rehabilitative carried out by the central government, local government, and/or the community. This can be seen from the large number of hospitals in Indonesia, both public and private hospitals, including in Banda Aceh City. Apart from hospitals, there are also other health facilities located in the sub-districts.

Hospitals are health facilities that carry out health services as well as educational institutions for health workers and research that have a positive impact (Yahar, 2011). However, in addition to having a positive impact, it also causes negative impacts such as producing waste from hospital activities called Medical Waste which is also included in the category of Hazardous and Toxic Waste (B3) (Andarnita, A. 2012). The activities of hospitals and health centers have produced various kinds of hazardous waste. B3 is “substance, energy, and/or other components which due to their nature, concentration, and/or quantity either directly or indirectly, can pollute and/or damage the environment, and/or endanger the environment, health, and survival. humans and other living things”.

1. Infectious Waste

“Waste contaminated with pathogenic organisms (bacteria, viruses, parasites, or fungi) that are not routinely present in the environment and these organisms are in sufficient numbers and virulence to transmit disease to humans. Laboratory cultures, waste from isolation wards, cotton, material or equipment touched by infected patients, excreta”.

2. Pathological Waste

“Waste comes from breeding and stockpiling of highly infectious materials, autopsies, experimental animal organs and other materials that have been inoculated with infected or in contact with highly infectious materials. Pathological waste is generated from Human and animal body parts (anatomical waste), blood and other body fluids, fetuses”.

3. Cytotoxic waste

“Being infected or in contact with highly infectious material. Waste from contaminated materials from the preparation and administration of cytotoxic drugs for cancer chemotherapy that have the ability to kill or inhibit the growth of living cells. This waste is generated from materials that were contaminated during the preparation and administration of drugs, such as syringes, ampoules, packaging, expired drugs, residual lauratn, urine, feces, vomit of patients containing cytotoxics.

4. Sharp object

“It is a material that can cause cuts or stab wounds. All of these sharp objects are potentially dangerous and can cause injury through a tear or puncture. Discarded sharps may be contaminated with blood, body fluids, microbiological materials, toxic or radioactive materials. Objects that fall into the category of sharp objects are: Needles, syringes, scalpels, scalpels, surgical saw infusion equipment, and broken glass.”

5. Pharmaceutical Waste

“Pharmaceutical waste includes pharmaceutical production. This category also includes items that will be disposed of after being used to handle pharmaceutical products, such as bottles or boxes containing residue, gloves, masks, blood or liquid connecting tubes, and drug ampoules..

Pharmaceutical waste consists of: Expired, unused, spilled and contaminated drugs, vaccines and serums that are no longer needed.”

6. Chemical Waste

“Contains chemicals in solid, liquid, or gaseous forms originating from diagnostic and experimental activities as well as from maintaining hospital cleanliness by using disinfectants. Objects that are chemical waste such as reagents in the laboratory, films for roctgen, expired or no longer needed disinfectants, solvents”.

7. Radioactive Waste

“Material contaminated with radiotope originating from medical use or radio nucleide research. This waste can come from: nuclear medicine, radio immunoassay and bacteriology, can be in the form of solid, liquid and gas. Examples of radioactive waste such as unused liquids from radioactive or research laboratories, glassware, contaminated absorbent paper, urine and excreta from patients treated or exposed to radionuclides.”

8. Heavy Metal Waste or High Pressure

“Waste containing heavy metals in high concentrations is included in the subcategory of hazardous chemical waste and is usually very toxic. An example is mercury waste that comes from leaks of damaged medical equipment. Heavy metal waste comes from thermometer, blood pressure measuring device, residue from dental examination room, and so on”

9. Pressurized container

“Waste from various types of gases used in hospitals. Gas cylinders, aerosol cans containing residue, gas cartridges are some gases that fall into the category of pressurized container waste”.

If medical waste is not managed properly and correctly, it will have a direct impact on human health and the environment. Therefore, medical waste must be managed according to applicable regulations. Management of medical waste aims to reduce/eliminate the hazardous nature of medical waste. The management has two ways, thermal and non-thermal management.

1. Thermal management using tools such as:

- a. Autoclave;
- b. Microwave;
- c. Frequency Irradiation; and
- d. incinerators.

2. Non-thermal management without using tools include:

- a. Encapsulation before stockpiling;
- b. Inertization before stockpiling; and
- c. Chemical Disinfection.

Management of medical waste in the form of infectious waste must use an incinerator.

In an effort to manage area-based medical waste, the Government has issued Permenkes Number 18 of 2020 concerning Medical Waste Management for Regional-Based Health Service Facilities. The Banda Aceh City Health Office released data, a Puskesmas produces approximately 0.5 kilograms of medical waste per day. Currently, the City of Banda Aceh has 11 Puskesmas. If it is assumed that a Puskesmas produces 0.5 kg per day, then out of the eleven Puskesmas it will produce 5.5 kg of medical waste per day. When multiplied in one month, it will produce 164 kg of medical waste or equivalent to 1.98 tons per year.

1. Based on the results of the initial research and information obtained from scavengers at the Gampong Jawa TPA, medical waste was found which allegedly came from health service facilities, such as health centers, hospitals, and clinics. The above facts are reinforced by media reports which state that residents of Gampong Jawa in Banda Aceh City found medical waste in the vicinity of the Final Disposal Site (TPA). The medical waste found consisted of expired drugs, used syringes and infusions. In addition, there are still problems in terms of medical waste management, such as medical waste management that is not in accordance with procedures or indiscriminate disposal of medical waste as found in the Gampong Jawa TPA, Banda Aceh City. Because of this, the responsibility of the Banda Aceh City Government is needed in facilitating the management of medical waste.

Based on the various problems described above, it is important to conduct research related to the form and facilitation provided by the Banda Aceh City Government in the management of medical waste and the facilitation policies provided by the Banda Aceh City Government in solving medical waste problems.

II. RESEARCH METHOD

This research is a type of normative legal research. The data in this study are secondary data and are supported by primary data. Secondary data collection uses documentation studies obtained from books, laws and regulations, and scientific journals. Primary data were obtained through interview and observation techniques. After the primary and secondary data are collected, then the data is processed and analyzed using qualitative methods.

III. RESULTS AND DISCUSSION

3.1. The Form of Facilitation of the Banda Aceh City Government in Medical Waste Management

Local governments and related agencies are also responsible for the implementation of health development. The Regional Government or in this case the Banda Aceh City Government has the responsibility to facilitate Health Service Facilities that are unable to manage their medical waste. Provisions regarding the responsibilities of local governments are contained in the Minister of Health

Regulation of the Republic of Indonesia No. 24 of 2016 concerning Technical Requirements for Hospital Buildings and Infrastructure Jucnto Minister of Health Decree No. 18 of 2020 concerning Regional-Based Medical Waste Management.

Health service waste is the final waste from the results of activities from health service facilities, it can be in the form of solid, liquid, or gas (Adhani, Rosihan. 2018). The Banda Aceh City Government as part of the Regional Government based on the Permenkes above, has the responsibility to facilitate the health facilities in its area in managing the medical waste produced. The form of local government responsibilities in facilitating Health Service Facilities are as follows:

1. Provide Land for the Implementation of Medical Waste Management Area-Based Health Service Facilities.

The Banda Aceh City Government has developed a City Sanitation Strategy, abbreviated as SSK. This SSK contains a document on planning that functions as a guideline for implementing and developing urban sanitation in a sustainable, complete, and participatory manner to achieve the minimum target for sanitation services that refers to the Millennium Development Goals (MDGs) Standards, Minimum Services (SPM) and other regulations issued by the Ministry of Health. central or local government. A brief description of Banda Aceh City's long-term sanitation development strategy until 2025 is contained in SSK Volume 1. One of the Banda Aceh City Sanitation Strategies for 2010-2025 is medical waste management. This strategy was made because there is still medical waste disposal to the landfill. SSK plans to develop a special place/land as a medical waste disposal site at the Gampong Jawa TPA. The person in charge of this activity is the Office of the Environment, Cleanliness and Beauty of the City (DLHK3) Banda Aceh in collaboration with the United Nations Development Program (UNDP). SSK plans to develop a special place/land as a medical waste disposal site at the Gampong Jawa TPA.

The results showed that the special land for medical waste as contained in the Banda Aceh SSK document had not been realized at the Gampong Jawa TPA. Facilities, infrastructure and facilities currently available at the Gampong Jawa TPA are Garbage Disposal, Leachate Ponds, Wastewater Treatment Plants (IPAL), Gardens, Sludge Treatment Plants (IPLT), and supporting facilities, which consist of transfer stations, compost houses. , leachate ponds, monitoring wells, canals, gates, fences, etc.

The Gampong Jawa TPA area has an area of 24.17 Ha. The area currently used is only 5.24 Ha which is used as a waste disposal site with a capacity of 1 million tons. While the remaining 12.44 hectares of land has not been utilized. The unused land should be used as a special land for medical waste management.

2. Forming a Business Entity or Collaborating with Private Parties to Organize Medical Waste Management Area-Based Health Care Facilities

In accordance with the provisions of Article 59 paragraph (1) of Law no. 32 of 2009, every person who produces B3 waste is obliged to manage the B3 waste it produces. In paragraph (3) it is stated that for any person who is unable to manage B3 waste independently, the management can be handed over to a third party. The party authorized to manage B3 waste is in the form of a company, technical implementation unit (UPT), regional company, regional-owned company, or state-owned company.

It is not easy to manage medical waste in Indonesia. This is because to carry out waste management, Health Facilities are required to follow the rules contained in the regulations, including PP No. 101 of 2014 concerning Management of Hazardous and Toxic Waste (B3) which was replaced by PP. 22 of 2021 concerning the Implementation of Environmental Management Protection, PERMEN LHK No. 56 of 2015 concerning Procedures and Requirements for Waste Management in Health Facilities, and Kepmenkes No. 1204 of 2004 concerning Hospital Environmental Health Requirements. The above regulations not only regulate management, but also the tools used and all permits. As a result of the large number of permits, it becomes an obstacle for Health Service Facilities to manage their own medical waste.

The difficulty of the licensing process results in the minimal number of agencies and/or medical waste management tools. The lack of institutions and/or limited waste management tools has an impact on the ineffectiveness of medical waste management so far. Therefore, Health Service Facilities that do not yet have incinerators or do not have permits for their use cooperate with third parties, namely medical waste management agencies that have pocketed/obtained permits from the Ministry of Environment and Forestry (KLHK). The third party is located on the island of Java. This collaboration costs a lot of money. The costs incurred are not always the same because there are many variables that determine the cost, such as the volume of medical waste and the distance it is transported.

If you look at the cost and distance of transportation, medical waste management should be carried out in your own area. Regional-based medical waste management can minimize costs for medical waste management, reduce the risk of environmental pollution and adverse health impacts, misuse of medical waste, and can improve medical waste management in an area. Medical waste management for Regional-Based Health Service Facilities is regulated in the Minister of Health of the Republic of Indonesia No. 18 of 2020 concerning Regional-Based Medical Waste Management.

The Banda Aceh City Government has the responsibility to facilitate Health Service Facilities that are not yet able to manage their own medical waste. One of the responsibilities of the Banda Aceh City Government in facilitating health care facilities is to form a Regional Owned

Enterprise (BUMD) or cooperate with the private sector to manage medical waste. The results of the study show that the Banda Aceh City Government does not facilitate cooperation with the private sector or third parties, but only encourages cooperation. And the Banda Aceh City Government has not yet formed a BUMD to carry out medical waste management. Medical waste management problems should be resolved more quickly if health care facilities have their own medical waste management tools and permits to operate them.

3. Formulate Regional Policies in the Field of Medical Waste Management for Health Service Facilities;

In order to overcome the problem of medical waste, the Banda Aceh City Government should formulate a policy on medical waste management. There is no policy regarding Medical Waste Management until this research is conducted. In the absence of a policy, it will become a separate problem for the Banda Aceh City Government to handle medical waste. On the other hand, the facts show that the volume of medical waste generated by health service facilities in Banda Aceh City from time to time continues to increase.

Kategori (Kode)		Fasilitas	Apes	Limbah Medis Umum	Limbah Medis Covid-19	Limbah Medis Umum	Limbah Medis Covid-19	Limbah Medis Umum	Limbah Medis Covid-19
1.	Banda Aceh	RS Jember Talawa Alifia	A	13.978	700	11.777	794	11.281	802
2.	Banda Aceh	RS Sultan Baband Aceh	A	81,3				81,3	
3.	Banda Aceh	RS H. Didi Amirudin Suka	B	292		292		292	
4.	Banda Aceh	RS B. P. Suka	B	292		292		292	
5.	Banda Aceh	RS H. H. Suka	B	292		292		292	
6.	Banda Aceh	RS D. H. Suka	B	292		292		292	
7.	Banda Aceh	RS E. H. Suka	B	292		292		292	
8.	Banda Aceh	RS F. H. Suka	B	292		292		292	
9.	Banda Aceh	RS G. H. Suka	B	292		292		292	
10.	Banda Aceh	RS H. H. Suka	B	292		292		292	
11.	Banda Aceh	RS I. H. Suka	B	292		292		292	
12.	Banda Aceh	RS J. H. Suka	B	292		292		292	
13.	Banda Aceh	RS K. H. Suka	B	292		292		292	
14.	Banda Aceh	RS L. H. Suka	B	292		292		292	
15.	Banda Aceh	RS M. H. Suka	B	292		292		292	
16.	Banda Aceh	RS N. H. Suka	B	292		292		292	
17.	Banda Aceh	RS O. H. Suka	B	292		292		292	
18.	Banda Aceh	RS P. H. Suka	B	292		292		292	
19.	Banda Aceh	RS Q. H. Suka	B	292		292		292	
20.	Banda Aceh	RS R. H. Suka	B	292		292		292	
Total				20.128	41	18.240	41	18.240	41

From the data above, within a period of 3 months (January, February, March) Hospitals in Banda Aceh City produced 106,824 kg of general medical waste or the equivalent of 106.824 Tons. If it is added to the Covid-19 waste, it will reach 109,186 kg or 109,186 tons. This data has not been combined with medical waste from other health care facilities such as health centers and clinics. If the amount of medical waste is not managed properly, it will create a nest of dangerous diseases and have an impact on environmental pollution. Therefore, a special policy regarding medical waste is needed so that medical waste management can be carried out properly.

Based on information provided by Banda Aceh DLHK3 officials and Banda Aceh City Health Office, the Banda Aceh City Government does not yet have a specific policy regarding medical waste management. The Banda Aceh City Government only has a Waste Management Qanun. Waste Management Qanun is stipulated by Qanun No. 1 of 2017. The definition of waste in the Banda Aceh City Qanun No. 1 of 2017 is contained in Article 1 point 6, and in that sense

medical waste does not include it. Thus, it can be ascertained that the regulation of medical waste is not regulated in the Banda Aceh City Qanun on Waste Management.

The absence of specific regulations governing medical waste management will have an impact on the emergence of problems regarding medical waste management in Banda Aceh City, such as the vulnerability of indiscriminate disposal of medical waste. Management of medical waste that does not comply with the rules and SOPs as well as the disposal of medical waste indiscriminately such as direct disposal in landfills will create a nest of dangerous diseases and have an impact on environmental pollution.

4. Socialization and Advocacy to Cross Sectors and Related Stakeholders

Problems that occur such as the disposal of medical waste to final disposal (TPA) have become a common problem that occurs because medical waste is not managed properly. The difficulties and incompetence experienced by health care facilities in managing medical waste are understandable, because their initial goal is to provide health services. Therefore, medical waste management cannot only depend on health care facilities, plus the difficulty of the licensing process and limited medical waste management tools. So, in the management of medical waste, it is not only the responsibility of health service facilities as waste generators, but also the responsibility of the local government and other relevant stakeholders. In order to achieve harmony between health service facilities, local governments, and other relevant stakeholders in the management of medical waste, socialization and advocacy are needed so that all parties understand their respective roles and responsibilities. Socialization is a learning process to provide information related to something that is being discussed. The socialization of medical waste management is very important, in addition to understanding the roles and responsibilities of each relevant stakeholder, as well as providing information on good and correct medical waste management in accordance with the laws and regulations and Standard Operating Procedures (SOPs) specifically related to medical waste management. storage, collection, utilization, processing, and stockpiling/destruction. and other relevant stakeholders in the management of medical waste, socialization and advocacy are needed so that the parties understand their respective roles and responsibilities. Socialization is a learning process to provide information related to something that is being discussed. The socialization of medical waste management is very important, in addition to understanding the roles and responsibilities of each relevant stakeholder, as well as providing information on good and correct medical waste management in accordance with the laws and regulations and Standard Operating Procedures (SOPs) specifically related to medical waste management. storage, collection, utilization, processing, and stockpiling/destruction. and other relevant stakeholders in the management of medical waste, socialization and advocacy are needed so that the parties understand their respective roles and responsibilities. Socialization is a learning process to provide information related to something that

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In accordance with the provisions of Article 13 letter d of the Minister of Health of the Republic of Indonesia No. 18 of 2020, the Regional Government makes socialization and advocacy to cross sectors and related stakeholders. In this case, the Banda Aceh City Government must make socialization and advocacy to stakeholders in the Banda Aceh City area. Relevant stakeholders who have a major role in medical waste management activities by Health Service Facilities include the Ministry of Environment and Forestry (KLHK), Ministry of Health (KemenKes), Ministry of Transportation (KemenHub), Local Government (Pemda), Health Service Facilities (Fasyankes).), B3 Waste Management Service Companies (transporters and processors), Non B3 Waste Collection Companies, Associations, health organizations, related Non-Governmental Organizations (NGOs), and the community.

The Banda Aceh City Government through the Banda Aceh City Health Office has conducted socialization at the Kryad Hotel which was attended by 60 participants. Participants in the socialization were from hospitals, health centers and major clinics in Banda Aceh City. The socialization discussed how to properly manage medical waste. In the socialization, not all clinics are invited. Only large clinics were invited, because the organizing committee had limited funds. In socialization activities, the invited parties should not only come from health service facilities, but also invite other stakeholders in the health sector. The problem of medical waste is not only related to health care facilities, but also related to other stakeholders.

5. Increase the Capacity of Responsible Officers in Medical Waste Management.

Medical waste is infectious waste which is very dangerous if not managed properly and properly. In handling and managing it, competent sanitarian officers are needed to manage medical waste generated by Health Service Facilities. Sanitarian workers need to equip themselves with aspects of legality, competence and ethics in carrying out their duties. To become a Sanitarian Officer, you must have a professional environmental health certificate, a Sanitarian Personnel Registration Certificate (STRTS), and a Sanitarian Work Permit (SIKTS). Sanitarian staff must have these three requirements in order to carry out their duties in terms of managing medical waste properly and professionally.

Medical waste that is not handled properly and properly can endanger the personnel who handle medical waste, such as the risk of being infected with sharp objects. The behavior and skills of officers who handle medical waste should receive special attention. Because if the sanitarian officer does not do the proper sorting of medical waste, it will not only endanger the health of the officers, but also endanger the community and the surrounding environment. The local government in accordance with the Indonesian Minister of Health Regulation No. 18 of 2020, is responsible for increasing the capacity of officers who handle medical waste in health care facilities. The capacity building of these officers can be done by orienting the health facilities medical waste.

Medical waste management such as sorting and transporting medical waste must be carried out by officers who have received training in handling B3 waste and officers must use adequate protective clothing and equipment. With the increasingly complex state of medical waste, it is necessary to have a better workforce and number of health workers. Therefore, Fasyankes and the local government must provide training for medical waste management officers. The capacity building of these officers can be done by orienting the medical waste of the health facilities. In the future, it will have an impact on increasing the attitude and knowledge of officers who handle medical waste, which must comply with regulations and comply with standard operating procedures.

According to the TFU program manager at the Health Office, the increase in staff is the responsibility of the hospital itself because it has the status of a Public Service Agency (BLU). However, for puskesmas, it is financed by the Health Office because it is under the Health Office. Health service facilities such as the Meuraxa Regional General Hospital continue to strive to increase the capacity of their human resources/officers by participating in trainings organized by the Central Government and Provincial Governments in the health sector. The costs of the training attended by these health workers have generally been borne by the trainees themselves.

6. Monitoring and Evaluation and Technical Guidance

Medical waste problems that often occur are the result of not being managed properly. Therefore, it is necessary to prepare regulatory instruments and the participation of relevant

stakeholders. One of the important plans is to develop a road map for medical waste management. This roadmap is needed to provide direction to Health Service Facilities and related stakeholders because medical waste management is not only the responsibility of Health Facilities, but also the responsibility of the Government and other relevant stakeholders.

This roadmap has been prepared by the Ministry of Environment and Forestry on November 22, 2018 to provide a reference to Health Service Facilities and parties who have an interest in efforts to improve medical waste management in the next 10 (ten) years starting from 2019-2028. To gain a common understanding, this roadmap will be disseminated to relevant stakeholders, and the results of the review and revision of related regulations will be carried out annually. There are four steps carried out within a certain period of time, namely planning, implementation, development of facilities and support, and strengthening and evaluation and monitoring.

The first step in 2019 is intended as a planning year to carry out activities such as consolidation in the form of regulatory studies, socialization, inventory and updating of B3 waste generation data from Health Facilities, coordination and planning of investment cooperation, as well as strengthening information and education communication facilities. The next step starts from 2020. Implementation activities begin with the preparation of technical instructions for each stage of B3 waste management in 2019, so that in the following year (2020) implementation can begin. Then the third step in this activity is intended to support various activities at the implementation stage, such as the development and maintenance of a B3 waste database as well as means of communication, information, education and capacity building for B3 waste management human resources.

The fourth step is strengthening monitoring and evaluation every year. Monitoring is in the form of a series of activities to provide information on the causes and effects of a policy related to the activities being implemented. While evaluating the process of assessing the achievement of objectives and the success of the activities carried out. The monitoring will later become a reference for the targets set in the program planning. And evaluation aims to determine the final results of the program activities carried out. Monitoring and evaluation is carried out to determine targets to be implemented and what the results of these targets will be after implementation.

To find out the implementation of the target of implementing B3 waste, health care facilities can be managed with adequate management facilities, for this reason, the Ministry of Environment and Forestry has strengthened monitoring and evaluation of the local government, in this case the Banda Aceh City Government. From the results of the evaluation and monitoring reports, it can be reviewed the achievements obtained from the implementation of medical waste management.

The person in charge of environmental health at the Kopelma Darussalam Health Center said that they only submit the report when the 3rd party transport officer transports the medical waste. The report is given to the Health Office because the puskesmas is under the Health Office.

The Banda Aceh City Government also facilitated an incinerator for the Meuraxa Regional General Hospital. However, according to the Head of the Sanitation Environmental Sanitation Installation (IPLS) at the Meuraxa Hospital, the Banda Aceh City Government only provided incinerators without issuing a permit to use them. And because the Meuraxa Hospital has BLU status, the Banda Aceh City government handed over the permit for the use of the incinerator to the Meuraxa Hospital itself. Meuraxa Hospital has already taken care of the permit to use the incinerator. But until now,

3.2. Banda Aceh city government policy in facilitating medical waste management

This medical waste problem must receive special attention by the Health Service Facility and the Banda Aceh City government because it is directly related to health and environmental hygiene. If not handled properly and correctly, medical waste has a negative impact on environmental hygiene and human health. For example, the risk of transmission of infectious diseases and the chemicals used. Medical waste problems are also often found, such as direct disposal to a final disposal site (TPA), processing without a permit and management that is not in accordance with the rules or SOPs. This is because the health care facilities do not have special land for medical waste management and also the lack of tools such as incinerators.

Handling medical waste is often not the main concern of the Banda Aceh City Government and the leadership of health care facilities. Then it takes a large amount of budget in the treatment of medical waste is also a problem faced by Health Service Facilities. In addition, the difficulty of obtaining permits using medical waste management tools is also an obstacle faced. For this reason, the Banda Aceh City Government should develop policies related to medical waste to be a reference for health service facilities, third parties, and other relevant stakeholders in managing medical waste. (Abdoellah, Awan, Y., & Rusfiana, Yudi. 2016). Policies in the management of B3 waste generated involve various parties, such as the government's role in making policies, regulations, licensing, conducting guidance, inspection, assessment and facilitating activities related to the development and infrastructure of B3 waste management facilities from health service facilities (Fasyankes). (Latif, M. 2020)

However, currently the Banda Aceh City Government does not yet have specific policies and regulations governing the management of medical waste. The policy in question can be in the form of actions, decision making or rules made by the government to be a reference for medical waste managers and to solve medical waste problems. (Abdoellah, Awan, Y., & Rusfiana, Yudi. 2016). The only rules that exist are Qanun No. 1 of 2017 concerning waste management. In the Qanun it is stated that waste is the result of household waste or the like which is the rest of human daily activities/natural processes in solid form. From this understanding, medical waste is not included in the category of waste. Therefore, this Qanun does not discuss medical waste but only discusses waste.

Meanwhile, in terms of medical waste management procedures, the City of Banda Aceh refers to PERMEN LHK No. P/56/MENLHK-SETJEN/2015 concerning Procedures and Technical Requirements for Management of Hazardous and Toxic Waste from Health Service Facilities.

In the absence of a policy established by the Banda Aceh City Government, the problem of medical waste cannot be resolved according to Permenkes No. 18 of 2020 concerning Regional-Based Medical Waste Management. Therefore, there is still management that is not in accordance with the procedures and the indiscriminate disposal of Medical Waste continues to occur as in the Gampong Jawa TPA. Medical waste in the form of syringes and expired drugs are often found at the Gampong Jawa TPA. The results of the field survey, researchers did not find a syringe. However, based on the information provided by 2 (two) scavengers who were there, Mr. Razali and Rusli, that among the piles of garbage, syringes and expired drugs were often found. For that reason, policies are needed that will later solve the problem of medical waste. This medical waste problem must receive special attention by the Health Service Facility and the Banda Aceh City government because it is directly related to health and environmental hygiene.

IV. CONCLUSION

The form of facilitation that has been carried out by the Banda Aceh City Government in the management of medical waste is only outreach and advocacy to cross-sectors and monitoring and evaluation of Health Service Facilities for Hospitals, Puskesmas, and clinics. Meanwhile, there are 4 (four) other forms of facilitation, namely providing land for the implementation of regional-based medical waste management for health care facilities, forming a business entity or collaborating with the private sector to organize regional-based medical waste management for health service facilities, formulating regional policies in the field of medical waste management. Health Service Facilities, and capacity building of officers responsible for medical waste management have not been implemented.

The medical waste management facilitation policy has not been carried out in accordance with the provisions of the Minister of Health No. 18 of 2020 and the Banda Aceh City Sanitation Strategy 2010-2025. The Banda Aceh City Government also does not have a specific policy regarding medical waste management, so that the problem of medical waste management in Banda Aceh City has not been resolved according to the provisions of Minister of Health Regulation No. 18 Year 2020.

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