Analisis kegiatan pengendalian pneumonia balita pada puskesmas dan dinas kesehatan di kabupaten Tangerang tahun 2013

Asmah

Abstrak

Penelitian ini bertujuan mengkaji pelaksanaan pengendalian pneumonia balitadilihat dari komponen input, proses, dan output. Penelitian ini menggunakan pendekatan kualitatif, berlokasi di dinas kesehatan dan 2 puskesmas. Hasil penelitian menunjukkan di dinas kesehatan sarana dan dana cukup. Untuk perencanaan, pelaksanaan dan monitoring kegiatan belum maksimal dilaksanaka nkarena keterbatasan SDM dimana pemegang program ISPA merangkap program diare sehingga tidak fokus dan kesulitan untuk memantau 43 puskesmas. Data kelengkapan laporan sebesar 97,09% dan ketepatan laporan baru mencapai 6,01%.Hasil penelitian di puskesmas masih ada sarana yang belum lengkap dan petugas di BP anak puskesmas belum terampil dalam tata laksana kasus dan menggunakan alat sound timer. Perencanaan kegiatan pneumonia balita belum ada di POA (PlanOf Action) puskesmas. Diperlukan penambahan SDM kesehatan dan workshop MTBS serta bimbingan teknis untuk petugas puskesmas. Kata kunci : pneumonia balita, puskesmas, dinas kesehatan, sistem<hr /> This study aims at assessing the implementation of pneumonia control for under-five children. From input, process and output components. This study usesqualitative approach in district health office and two public health centers(puskesmas). The results show that there is enough equipment, materials andsufficient fund in district health office. But, planning, implementation, andmonitoring activities have not been implemented well since there is one staff onlyat district health office who is responsible for managing acute respiratoryprogram. She also needs to manage diarrhea program and monitor 43 puskesmas.The report completeness at district health office reaches 97.09%, but timelinessreaches 6.01% only. In contrary with the condition at district health office, atpuskesmas where the achievement is low, there is still lack of equipment andmaterials. The personnel also lacks of skill in managing the pneumonia case andusing sound timer. The plan of action of pneumonia control program for under-five children has also not been written in the puskesmas plan of action. Morehuman resources, capacity building on integrated management of childhoodillnesses, and technical assistance for puskesmas personnel are needed. Keywords: pneumonia, under-five children, puskesmas, district health office,IMCI, system