

ABSTRAK

Evaluasi Implementasi Program Penemuan Kasus Pneumonia Balita di Kabupaten Bantul Tahun 2021

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Latar Belakang: Selama Tahun 2015-2021, Kabupaten Bantul belum mencapai target penemuan kasus pneumonia balita sehingga beban penyakit pneumonia balita belum tergambarkan dengan baik. Penelitian ini bertujuan mengevaluasi implementasi program penemuan kasus pneumonia balita di Kabupaten Bantul yang meliputi evaluasi surveilans pneumonia balita, evaluasi pelaksanaan program jejaring dan kerjasama penemuan kasus, serta sensitivitas surveilans pneumonia balita dengan metode *capture re capture*. **Metode:** Desain penelitian adalah observasional deskriptif menggunakan data primer dan sekunder. Data primer pada sub studi evaluasi surveilans dan evaluasi program diperoleh melalui wawancara kepada pengelola program ISPA dan petugas tatalaksana balita sakit, sedangkan pada sub studi analitik sensitivitas surveilans menggunakan data primer berupa data individu kasus pneumonia balita dari puskesmas dan rumah sakit. Data sekunder meliputi dokumentasi pendukung terkait evaluasi surveilans dan program. **Hasil:** Sub studi evaluasi surveilans menunjukkan kurangnya keterlibatan fasilitas kesehatan di luar puskesmas dalam penemuan kasus. Permasalahan lain adalah deteksi melalui MTBS belum optimal, selisih pada registrasi kasus, ketepatan waktu pelaporan, serta kurangnya fleksibilitas dan keterwakilan sistem surveilans. Hasil sub studi evaluasi program jejaring dan kerjasama menunjukkan permasalahan pada aspek input dan proses dalam mendukung penemuan kasus yaitu tidak terdapat alokasi anggaran oleh puskesmas untuk Program ISPA, alur penemuan kasus baru terdapat pada satu rumah sakit, serta masih kurangnya kegiatan *care seeking*, diseminasi program, dan penguatan jejaring melalui monitoring dan evaluasi, supervisi, hingga advokasi. Pada sub studi analitik sensitivitas surveilans pneumonia balita dengan metode *capture re capture* ditemukan kasus pneumonia balita sebanyak 992 kasus dengan distribusi kasus terbanyak di rumah sakit mencapai 872 kasus (87,9%). *Sensitivitas* puskesmas, rumah sakit, dan kedua sumber data masing-masing sebesar 2,9%, 21,7%, dan 23,9%. Penelitian ini juga menemukan mayoritas kematian pneumonia balita (85,7%) didiagnosa sebagai *congenital pneumonia*. **Kesimpulan:** Penemuan kasus dan sensitivitas surveilans pneumonia balita di rumah sakit lebih tinggi dibandingkan dengan di puskesmas. Berdasarkan hal tersebut, melibatkan rumah sakit dalam surveilans pneumonia balita dapat meningkatkan kinerja penemuan kasus. Tingginya kasus *congenital pneumoniae* menjadi masukan bagi dinas kesehatan untuk meningkatkan intervensi program terkait *congenital pneumoniae*.

Kata Kunci: pneumonia balita, sensitivitas, *capture recapture*, *congenital pneumoniae*.

ABSTRACT

Evaluation of the Implementation of the Pneumonia Under Five Case Finding Program in Bantul Regency, 2021

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Background: During 2015-2021, Bantul Regency has never reached the target of finding pneumonia under five cases, so the burden of pneumonia under five has not been well described. This study was aimed to evaluate the implementation of the under-five pneumonia case finding program which includes evaluation of under-five pneumonia surveillance, evaluation of case finding network program, as well as the sensitivity of under-five pneumonia surveillance using the *capture recapture* method. **Methods:** The research design was descriptive using primary and secondary data. Primary data in the surveillance evaluation and program evaluation sub-study were obtained through interviews with Acute Respiratory Infection (ARI) program managers and health workers providing services for sick toddlers, while in the surveillance sensitivity of under-five pneumonia sub-study the primary data consisted of individual data on pneumonia under-five cases from Public Health Centers (PHCs) and hospitals. Secondary data consists of supporting documentation related to the sub-study evaluation of surveillance and the program. **Results:** The surveillance evaluation sub-study showed a lack of involvement of health facilities outside the PHCs in case finding. Other problems include detection through Integrated Management of Childhood Illness (IMCI) was not optimal, discrepancies in case registration, timeliness of reporting, and the lack of flexibility and representativeness of the surveillance system. The results of the sub-study evaluation of the case finding network program showed problems in the input and process in supporting case finding. There was no budget allocation by PHCs for the ARI program, the case finding flow was only found in one hospital, and there was still a lack of care seeking activities, program dissemination, and strengthening networks through monitoring and evaluation, supervision, and advocacy. In the sensitivity sub-study of under-five pneumonia surveillance using the *capture recapture* method, it was found that there were 992 cases of under-five pneumonia with the highest of cases in the hospital reaching 872 cases (87.9%). The sensitivity of the PHCs, hospital, and the two data sources were 2.9%, 21.7% and 23.9%, respectively. This study also found that the majority of under-five pneumonia deaths (85.7%) were diagnosed as congenital pneumonia. **Conclusion:** Case finding and sensitivity of under-five pneumonia surveillance at the hospital was higher than at the PHCs. Based on this, involving hospitals in under-five pneumonia surveillance can improve case finding performance. The high number of congenital pneumoniae cases provide input for the health office to improve program interventions related to congenital pneumoniae.

Keywords: pneumonia under five, sensitivity, *capture recapture*, congenital pneumoniae.