

ABSTRAK

Latar Belakang: Berdasarkan laporan dari Global TB Report Tahun 2022, diperkirakan ada 969.000 kasus TB di Indonesia. Kasus TB merupakan salah satu prioritas di Kabupaten Sleman disebabkan jumlah kasus yang terus meningkat, sementara temuan kasusnya menurun karena pandemi covid-19. Puskesmas Mlati 1 merupakan puskesmas dengan suspek TB terbanyak di Kabupaten Sleman.

Tujuan: Untuk melakukan evaluasi TOSS TB dalam penanggulangan kasus TB di Puskesmas Mlati 1 Kabupaten Sleman, menggunakan kerangka evaluasi CDC.

Metode: Penelitian ini menggunakan metode evaluasi kualitatif dengan rancangan studi kasus deskriptif. Lokasi Penelitian di Puskesmas Mlati 1. Penentuan informan dilakukan dengan teknik *purposive sampling* dengan total informan sebanyak 21 orang. Data dikumpulkan melalui wawancara mendalam, telaah dokumen, dan observasi. Keabsahan data melalui triangulasi, *member checking* dan *peer debriefing*. Analisis data menggunakan software Opencode versi 4.03.

Hasil: Program TB: Pelaksanaan program penanggulangan TB di Puskesmas Mlati 1 dilakukan sesuai dengan peraturan dan pedoman yang ada di Indonesia. Kegiatan terdiri dari kegiatan pelayanan dan kegiatan non pelayanan. Penemuan kasus dan suspek TB tahun 2020 dan 2021 belum memenuhi target karena dipengaruhi pandemi COVID-19, yang menyebabkan kegiatan penemuan terhambat. Banyak pasien TB di Puskesmas Mlati 1 yang merupakan pendatang seperti mahasiswa yang tinggal di kos. TOSS TB terdiri dari penemuan dan pengobatan sampai sembuh. Penemuan secara aktif dengan investigasi kontak dan skrining massal, penemuan secara pasif di poli ISPA dan pasien HIV serta DM. Pengobatan dilakukan sesuai standar dengan konsep pengobatan yang berpihak pada pasien. Kesembuhan ditentukan dari hasil pemantauan pengobatan dan *follow up* BTA pada bulan kedua, kelima dan keenam. Capaian penemuan suspek TB Tahun 2020: 39,73%, 2021: 43,11%, 2022: 306,33%. Capaian penemuan kasus Tahun 2020: 25,93%, 2021: 31,34%, 2022: 108,82%. Capaian keberhasilan pengobatan Tahun 2021: 38%, 2022: 61,29%. Permasalahan yaitu pengambilan sampel sputum tidak sesuai pedoman, capaian penemuan suspek TB dan kasus TB tidak proporsional, mahasiswa kos sulit diinvestigasi, stigma penyakit tuberkulosis masih kuat, persediaan tes mantoux terkadang kehabisan, aplikasi SITB yang lambat, dan banyak kader TB yang tidak aktif bertugas. Stakeholder yaitu Tim DOTS, kader TB, jejaring, LSM Sinergi, dinas kesehatan, pasien TB, PMO, Faskes rujukan TCM, dan instansi/Faskes penyelenggara rontgen gratis.

Kesimpulan : Pelaksanaan TOSS TB Puskesmas Mlati 1 sesuai dengan peraturan dan pedoman nasional terkait TB. Akan tetapi masih ada beberapa permasalahan yang terjadi. Untuk mengatasi permasalahan tersebut, puskesmas sebaiknya memberikan pelatihan kepada kader, meningkatkan sosialisasi/ edukasi TB, melakukan kerjasama dengan perguruan tinggi untuk mengatasi masalah TB mahasiswa, dan Dinas Kesehatan serta Kementerian Kesehatan agar melakukan perbaikan sistem informasi TB.

Kata kunci: Evaluasi program; CDC *evaluation*; Program TB; TOSS TB;

ABSTRACT

Background: According to the 2022 Global TB Report, there are an estimated 969,000 TB cases in Indonesia. TB cases are one of the priorities in Sleman Regency due to the increasing number of cases, while case findings are decreasing due to the COVID-19 pandemic. Puskesmas Mlati 1 is the health center with the most TB suspects in Sleman Regency.

Objective: To evaluate TOSS TB in overcoming TB cases at the Mlati 1 Health Center in Sleman Regency, using the CDC evaluation framework.

Methods: This study used a qualitative evaluation method with a descriptive case study design. Determination of informants was carried out using purposive sampling technique with a total of 21 informants. Data were collected through in-depth interviews, document review, and open observation. Data validity through triangulation, member checking and peer debriefing. Data analysis used Opencode software version 4.03.

Results: TB Program: Implementation of the TB control program at Puskesmas Mlati 1 is carried out in accordance with existing regulations and guidelines in Indonesia. Activities consist of service activities and non-service activities. The discovery of TB cases and suspects in 2020 and 2021 has not met the target due to the COVID-19 pandemic, which has hampered discovery activities. Many TB patients at Puskesmas Mlati 1 are migrants such as students who live in boarding houses. TOSS TB consists of discovery and treatment until recovery. Active discovery with contact investigation and mass screening, passive discovery in the ISPA clinic and HIV and DM patients. Treatment is carried out according to standards with the concept of treatment in favor of the patient. Cure is determined from the results of treatment monitoring and BTA follow-up in the second, fifth and sixth months. TB suspect discovery outcomes in 2020: 39.73%, 2021: 43.11%, 2022: 306.33%. Case finding rate in 2020: 25.93%, 2021: 31.34%, 2022: 108.82%. The achievement of successful treatment in 2021: 38%, 2022: 61.29%. Problems include sputum sampling not according to guidelines, disproportionate TB suspects and TB cases, difficult to investigate boarding students, strong stigma of TB disease, sometimes running out of mantoux test supplies, slow application of SITB, and many TB cadres who are not actively on duty. Stakeholders include the DOTS team, TB cadres, networks, NGO Sinergi, health offices, TB patients, PMOs, TCM referral facilities, and agencies/facilities that provide free X-rays. **Conclusion:** The implementation of TOSS TB at Puskesmas Mlati 1 is in accordance with national regulations and guidelines related to TB. However, there are still some problems that occur. To overcome these problems, the puskesmas should provide training to cadres and increase TB socialization/education, collaborate with universities to address the problem of TB among students, and the health department and ministry of health are expected to improve the TB information system.

Keywords: Program evaluation; CDC evaluation; TB program; TOSS TB;