



Latar Belakang: Penyakit gigi dan mulut merupakan penyakit prioritas karena menempati ranking ke 4 dari 10 penyakit terbanyak di Kota Bengkulu, sehingga memerlukan penanganan yang lebih intensif. Untuk dapat menangani problem kesehatan gigi dan mulut diperlukan sistem informasi yang akurat, tepat waktu dan relevan. Tujuan penelitian ini adalah untuk mengevaluasi pengelolaan data kesehatan gigi dan mulut di Puskesmas Kota Bengkulu.

Metode: Penelitian ini merupakan penelitian observasional dengan rancangan *cross sectional*, menggunakan metode kuantitatif dan kualitatif, bersifat evaluatif. Populasi penelitian adalah seluruh pengelola data kesehatan gigi dan mulut di Puskesmas dalam wilayah Kota Bengkulu, dengan subyek penelitian Kepala Puskesmas, dokter gigi, perawat gigi dan koordinator SP2TP Puskesmas. Data kuantitatif diperoleh dari hasil kuesioner dan cek dokumen diseluruh Puskesmas dalam wilayah Kota Bengkulu. Data kualitatif diperoleh dari hasil wawancara mendalam dengan subyek penelitian serta hasil observasi langsung pengelolaan data kesehatan gigi dan mulut di Puskesmas Lingkar Timur Kota Bengkulu.

Hasil: Jumlah SDM pengelola data kesehatan gigi dan mulut cukup, sebagian besar mempunyai masa kerja lebih dari 2 tahun dan seluruhnya adalah pegawai negeri sipil, tetapi umumnya mereka belum pernah mengikuti pelatihan tentang pengelolaan data. Sarana untuk pengelolaan data berupa formulir dan register cukup, namun komputer tidak ada, sehingga pengelolaannya dilakukan secara manual. Dana untuk pengelolaan data tersedia dari dana operasional Puskesmas. Proses pengumpulan dan pengolahan data belum dilaksanakan dengan baik dan benar sehingga tidak akurat dan tidak tepat waktu. Penyajian data belum dilaksanakan. Puskesmas yang tidak memanfaatkan data untuk perencanaan sebanyak 66,7%, Puskesmas yang membuat perencanaan tidak memanfaatkan rencana tersebut sebagai panduan kerja. Pemantauan program dilakukan melalui stratifikasi Puskesmas, tetapi stratifikasi tersebut hanya disimpan dan tidak dijadikan bahan koreksi. Evaluasi dilakukan dalam bentuk pembuatan laporan tahunan, tetapi laporan tahunan tersebut hanya untuk dikirim ke Dinas Kesehatan tanpa ditindak lanjuti di Puskesmas. Seluruh (100%) dokter gigi dan perawat gigi serta 93,3% koordinator SP2TP menyatakan bahwa waktu merupakan faktor penghambat dalam pengelolaan data kesehatan gigi dan mulut, sedangkan faktor pendukungnya adalah selalu tersedianya sarana dalam pengelolaan data.

Kesimpulan: Data program kesehatan gigi dan mulut belum dikelola dengan benar, walaupun SDM, sarana dan dana selalu tersedia. Pemanfaatan data untuk perencanaan, pemantauan dan

Background: Mouth and dental diseases are the main diseases that rank the 4th out of 10 biggest diseases in the city of Bengkulu. Therefore, they need a more intensive care. To cope with mouth and dental health problems there should be accurate, up to date, and relevant information system. This study was aimed at evaluating the management of data of mouth and dental health in Public Health Centers in the city of Bengkulu.

Methods: This was an evaluation observational study with a cross-sectional design using qualitative and quantitative method. The population were all staff of mouth and dental health data in Public Health Centers in the city of Bengkulu. The subjects were the heads of Public Health Centers, dentists, dental nurses and coordinators of SP2TP of Public Health Centers. The quantitative data were obtained from questionnaires and document analysis in all Public Health Centers in the city of Bengkulu. The qualitative data were obtained from in-depth interviews with the subjects and observation in the mouth and dental health data management in Public Health Centers of the Lingkar Timur, Bengkulu city.

Results: The number of staff managing mouth and dental health data was sufficient. Most had worked for more than 2 years and all were civil servants but they had never attended data management training. The facilities for data management were forms and registers and they were sufficient, but there was no computer so that the data management was done manually. The budget for data management was from operating budget of the Public Health Centers. The process of gathering and managing data had not been done so well and correctly so that the data were not accurate and up-to-date. Data presentation had not been done. There were 66.7% Public Health Centers that did not use data for planning. The center did not plan and did not make use of the planning as a work guideline. Program monitoring was done through Public Health Center stratification, but the stratification was kept and was not used as correction sources. Evaluation was done by preparing an annual report, but the report was only sent to the health district without any follow-up in the Public Health Centers, 100% dentists and dental nurses and 93.3% coordinators of SP2TP said that time was the threatening factor for mouth and dental health data management; while the supporting factor was the availability of facilities for data management.

Conclusion: The data of mouth and dental health program has not been managed correctly although the human resources, facilities and budget are always available. The data for planning, monitoring and evaluation are only for official use of the health district purposes and not for Public Health Centers.