

ABSTRAK

Evaluasi Kepatuhan Petugas Kesehatan dalam Implementasi Program Manajemen Terpadu Balita Sakit (MTBS) Pneumonia di Kabupaten Sleman Tahun 2022 – 2023

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Latar Belakang: Penelitian ini bertujuan untuk mengidentifikasi kekuatan dan kelemahan pencatatan dan pelaporan sistem surveilans ISPA-Pneumonia dan implementasi program MTBS, serta mengidentifikasi faktor yang mempengaruhi kepatuhan petugas kesehatan dalam menerapkan program MTBS.

Metode: Pada penelitian sistem surveilans menggunakan desain studi survei cross-sectional dengan responden sebanyak 26 orang dari dinas kesehatan dan puskesmas. Penelitian evaluasi program MTBS menggunakan desain studi mix-method dengan pendekatan sekuensial eksplanatori. Penelitian analitik menggunakan desain cross-sectional menggunakan data primer dengan jumlah responden sebanyak 308 orang petugas kesehatan di puskesmas Kabupaten Sleman.

Hasil: Hasil evaluasi sistem surveilans pencatatan dan pelaporan ISPA-Pneumonia pada balita menunjukkan kekuatan dalam efisiensi pencatatan online, validasi data rutin, kemudahan komunikasi, dan akses internet. Namun, terdapat kelemahan dalam bimbingan teknis yang belum optimal, pemanfaatan jejaring surveilans yang kurang, dan aplikasi pelaporan yang terlalu rumit. Pelaksanaan program MTBS di puskesmas Kabupaten Sleman menghadapi hambatan, seperti rangkap tugas petugas, sarana prasarana yang belum merata, dan pelatihan MTBS yang belum optimal. Tatalaksana balita sering tidak sesuai dengan bagan MTBS, penggunaan formulir belum maksimal, dan pelaporan hanya berupa data agregat. Pelaksanaan MTBS di puskesmas masih kurang karena cakupan pengobatan standar masih di bawah target Renstra Kemenkes 2020 – 2024. Hasil sub-studi analitik menunjukkan sikap positif terhadap penerapan MTBS (OR=4,24; $p<0,001$) dan kelengkapan logistik (OR=1,69; $p=0,038$) berhubungan dengan kepatuhan petugas kesehatan dalam menerapkan MTBS.

Kesimpulan: Implementasi sistem surveilans pencatatan dan pelaporan ISPA-Pneumonia pada balita dan program MTBS di puskesmas Kabupaten Sleman menghadapi berbagai tantangan. Meskipun tersedia SDM dan efisiensi pencatatan online, masih ada kelemahan dalam bimbingan teknis, pemanfaatan jejaring surveilans, dan kompleksitas aplikasi pelaporan. Kolaborasi yang belum optimal antar petugas kesehatan, pelatihan yang belum memadai, dan kualitas pelaksanaan yang kurang juga menjadi masalah dalam program MTBS. Perlunya peningkatan bimbingan teknis, pengawasan dan pemerataan sarana prasarana untuk meningkatkan efektivitas dan kepatuhan dalam pelaksanaan program.

Kata Kunci: Evaluasi, sistem surveilans ISPA-Pneumonia, program MTBS, pneumonia balita, pediatrik.

ABSTRACT

Evaluation of Health Worker Compliance in the Implementation of Integrated Management of Childhood Illness (IMCI) Pneumonia Program in Sleman District in 2022 - 2023

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Background: This study aimed to identify the strengths and weaknesses of the recording and reporting of the ARI-Pneumonia surveillance system and the implementation of the IMCI program, as well as identify factors that influence health workers' compliance in implementing the IMCI program.

Methods: The surveillance system research used a cross-sectional survey study design with 26 respondents from the health office and public health center (PHC). The IMCI program evaluation research used a mix-method study design with an explanatory sequential approach. Analytical research using a cross-sectional design using primary data with a total of 308 respondents from health workers at the Sleman District health center.

Results: The evaluation of the surveillance system for recording and reporting ARI-pneumonia in children under five showed strengths in the efficiency of online recording, routine data validation, ease of communication, and internet access. However, there were weaknesses in suboptimal technical guidance, underutilization of surveillance networks, and overly complicated reporting applications. The implementation of the IMCI program at PHC in Sleman District faces obstacles, such as concurrent duties of officers, unequal infrastructure, and unoptimal IMCI training. Management of toddlers is often not in accordance with the IMCI chart, the use of forms has not been maximized, and reporting is only in the form of aggregate data. The implementation of IMCI at PHC is still lacking because standard treatment coverage is still below the target of the Ministry of Health Strategic Plan 2020-2024. The results of the analytic sub-study showed that a positive attitude towards IMCI implementation (OR=4.24; $p<0.001$) and logistic completeness (OR=1.69; $p=0.038$) were associated with health workers' compliance in implementing IMCI.

Conclusion: The implementation of the surveillance system for recording and reporting ARI-pneumonia in children under five and the IMCI program in Sleman District PHC faces various challenges. Despite the availability of human resources and the efficiency of online recording, there are still weaknesses in technical guidance, utilization of surveillance networks, and the complexity of reporting applications. The lack of collaboration among health workers, inadequate training, and poor implementation quality are also problems in the IMCI program. There is a need to improve technical guidance, supervision and equitable distribution of infrastructure to increase effectiveness and compliance in program implementation.

Keywords: Evaluation, ARI surveillance system, IMCI program, pneumonia in children under five years, pediatrics