



INTISARI

Latar Belakang. Penyakit tuberkulosis masih menjadi masalah kesehatan masyarakat. Indonesia menduduki peringkat 3 dunia penyumbang penyakit tuberkulosis setelah India dan China. Di Indonesia penyakit tuberkulosis merupakan penyebab kematian nomor tiga setelah penyakit kardiovaskuler dan penyakit saluran pernapasan dan nomor satu untuk golongan penyakit infeksi. Penemuan pasien tuberkulosis di Kabupaten Muaro Jambi belum merata di semua puskesmas karena sulitnya akses pasien ke puskesmas. Untuk mengatasi masalah akses pasien ke pelayanan kesehatan di Kabupaten Muaro Jambi dibuat suatu kebijakan yaitu pelatihan pembuatan preparat BTA bagi Bidan desa.

Tujuan. Penelitian ini bertujuan untuk mengetahui keterlibatan bidan desa dalam program tuberkulosis di Kabupaten Muaro Jambi.

Metode. Penelitian merupakan penelitian deskriptif dengan metode kualitatif dengan rancangan studi kasus. Subjek penelitian ini adalah Kepala Bidang P2M-PL, Wasor tuberkulosis, Kepala Puskesmas, Petugas tuberkulosis, Petugas Labor dan Bidan Desa.

Hasil Penelitian. Peranan bidan desa dalam pelaksanaan program tuberkulosis di puskesmas dalam kecamatan Sungai Bahar sudah cukup baik. Bidan ikut melakukan penemuan pasien dengan cara mengadakan penyuluhan, pemeriksaan kontak, pembuatan fiksasi preparat, merujuk sputum atau pasien. Desain organisasi pelaksanaan program tuberkulosis di puskesmas adalah *adhocracy*. Bidan desa sebagai *Support staf* dan dokter, petugas tuberkulosis, petugas labor sebagai *operating core* Wasor tuberkulosis sebagai *Middle line*. Dana Program tuberkulosis berasal dari *funding* luar yaitu GF-ATM dan APBD dati II. Supervisi sudah dilaksanakan secara rutin untuk pengambilan data untuk membuat laporan.

Kesimpulan. Desain organisasi keterlibatan bidan desa dalam program tuberkulosis di puskesmas Sungai Bahar adalah *adhocracy* namun belum didukung oleh sistem support yang baik. Supervisi program tuberkulosis belum maksimal karena hanya bersifat administratif untuk kebutuhan laporan. Belum tersedia dana yang mendukung keterlibatan bidan desa dalam program tuberkulosis.

Kata Kunci : Desain organisasi, Bidan, supervisi dan Program TB.



ABSTRACT

Background: Tuberculosis still becomes a public health problem. Indonesia placed in the 3rd rank in the world after India and China that considered as a great contributor in tuberculosis transmission. In Indonesia, tuberculosis is considered as the third death cause factor after cardiovascular and respiratory disease and the first for infection. The finding of tuberculosis patient in the district of Muaro Jambi was not evenly spread out in Primary Health Cares as the consequence of access difficulty of patient to the Primary Health Care. In order to solve the problem of patient access to the health service in Muaro Jambi district, a policy on training of creating BTA preparat for village midwife is necessary.

Objective: This research was aimed to investigate the involvement of village midwife in tuberculosis program in Muaro Jambi district.

Method: This was a descriptive research with qualitative method that used case study design. The research subject was head of P2M-PL, wasor of tuberculosis, head of Primary Health Care, tuberculosis officer, Labor officer and village midwife.

Result: The role of village midwife in the implementation of tuberculosis program in Primary Health Care in the sub district of Sungai Bahar was quite good. The midwife found the patient through health information, health check up, *fiksasi preparat*, and sputum referral of patient. The organization design of the implementation of tuberculosis program in the Primary Health Care was adhocracy. Village midwife acted as supporting staff and doctor, tuberculosis officer and labor officer acted as operating core, and Wasor tuberculosis acted as middle line. In addition, funding of tuberculosis program was originated from external funding such as GF-ATM and APBD Dati II. Indeed, supervision was routinely implemented for collecting data in order to make a comprehensive report.

Conclusion: The organization's design of midwife's involvement in tuberculosis program in Primary Health Care of Sungai Bahar was adhocracy and yet it was not supported by a good support system. The supervision of tuberculosis program was not yet maximum as this was only administrative for report's need. Furthermore, there was no funding available for village midwife's involvement in tuberculosis program.

Keyword: Organization design, midwife, supervision and TB program