

ABSTRAK

Pendahuluan: Tuberkulosis merupakan penyebab utama kesakitan dan kematian di dunia. Penemuan suspek TB MDR di Kabupaten Boyolali masih rendah dan hanya pada beberapa puskesmas saja. Penelitian ini bertujuan untuk mengetahui bagaimana implementasi strategi penemuan suspek TB MDR di Kabupaten Boyolali.

Metode: Penelitian ini merupakan penelitian deskriptif kualitatif dengan melakukan evaluasi secara formatif. Subyek penelitian ditentukan secara purposive. Wawancara mendalam dilakukan terhadap orang-orang yang dipandang tahu tentang situasi sosial penelitian. Analisis data dilakukan dengan menggunakan analisa data kualitatif

Hasil: Beberapa hal yang perlu mendapat perhatian pada aspek komitmen politik, diantaranya adalah belum terlatihnya SDM pengelola program TB, tugas rangkap yang lebih dari 3 program serta anggaran di Puskesmas belum mencukupi. Dari aspek penemuan penderita strategi penemuan suspek pada puskesmas yang sudah menemukan TB MDR baru difokuskan pada pemeriksaan kasus TB relaps, sedangkan pada puskesmas yang belum menemukan TB MDR masih fokus pada pencarian penderita TB. Pada pengelolaan penderita sudah berjalan baik dan sesuai protap. Sarana dan OAT secara umum mencukupi, hanya pot sputum yang pernah terjadi kekurangan di Puskesmas yang belum menemukan TB MDR.

Kesimpulan: SDM belum terlatih serta memiliki tugas rangkap yang berlebih, anggaran di Puskesmas masih belum mencukupi. Pencarian suspek TB MDR belum dilaksanakan sesuai petunjuk teknis. Secara umum OAT dan sarana penunjang sudah mencukupi hanya pot sputum pernah mengalami kekurangan.

Kata Kunci: MDR TB, Implementasi, Evaluasi.

ABSTRACT

Introduction: Tuberculosis have been the main cause of morbidity and mortality in the world. Finding suspect of MDR TB in Boyolali still low and only at some health centers. This study was aimed to knowing how the implementation of a strategy to finding suspect of MDR TB in Boyolali Regency.

Methods: This was descriptive qualitative study by performing formative evaluation. The subject of the study was determined purposively. Observation and in depth interview was performed to the peoples who were considered knowing on the social situation of the study. Data was analyzed by performing analysis of qualitative data.

Results: Several things that need to get attention in political commitment aspects is not trained HR managers of TB programs, double duty more than three programs at the health center as well as insufficient budget. From the finding case aspect, the strategy to find new case at the health center has found MDR TB only focused on relapse TB, whereas in health centers have not found MDR TB is still focused on finding tuberculosis patients. In the sufferer management, have been running finely. Infrastructure and facilities was sufficient, only sputum pot that ever experienced a shortage in PHC.

Conclusion: Human resources was not trained yet and had over multy tasking, budget in PHC was not sufficient yet. The effort to find new MDR TB suspect has not been implemented according to the technical instructions. Drug and the supporting facilities was already sufficient, only sputum spot that was ever experience shortage.

Keywords: MDR TB, implementation, Evaluation