

Intisari

Latar Belakang : Penyakit ISPA merupakan salah satu penyebab utama kesakitan dan kematian balita di Indonesia, termasuk di Kabupaten Bengkulu Utara. Seluruh puskesmas di Kabupaten Bengkulu Utara telah melaksanakan program P2 ISPA balita, namun cakupan penemuan pneumonia masih rendah (65,2%). Kinerja puskesmas yang dinilai dari hasil stratifikasi bervariasi dari kinerja baik, sedang dan rendah. Penelitian ini bertujuan untuk mengetahui pengelolaan program P2 ISPA balita di puskesmas dengan kinerja dan cakupan pneumonia tinggi, sedang maupun rendah.

Metodologi : Penelitian observasional dengan rancangan *cross sectional* serta pendekatan kualitatif dan kuantitatif. Subjek penelitian adalah 3 kepala puskesmas, 3 petugas pengelola P2 ISPA, 3 petugas BP puskesmas dan semua tenaga medis dan paramedis di masing-masing puskesmas serta Kasi P2 dan Kasubdin P2P-PL. Variabel yang diteliti adalah variabel *input* yang meliputi tenaga, sarana, dana, metode dan kebijakan program P2 ISPA Balita; variabel proses meliputi perencanaan (P1), penggerakan pelaksanaan (P2) dan pengawasan, pengendalian dan penilaian (P3) serta variabel *output* yaitu cakupan program P2 ISPA dan tingkat kepatuhan petugas terhadap penatalaksanaan kasus. Alat penelitian berupa kuesioner, panduan wawancara, *check list* observasi dan *check* dokumen

Hasil Ketersediaan dan ketercukupan *input* di puskesmas kinerja tinggi memadai, puskesmas kinerja sedang kurang memadai dan di puskesmas kinerja rendah sangat kurang memadai. Proses pelaksanaan program P2 ISPA balita yang meliputi P1, P2 dan P3 di puskesmas kinerja tinggi sudah dilaksanakan dengan baik, di puskesmas kinerja sedang belum semua proses dilaksanakan dan di puskesmas kinerja rendah hampir sebagian besar proses belum dilaksanakan. Cakupan pneumonia balita di puskesmas kinerja tinggi melebihi target, di puskesmas kinerja sedang cakupan penderita pneumonia rendah dan puskesmas kinerja rendah cakupan penderita pneumonia sangat kurang. Tingkat kepatuhan petugas di puskesmas kinerja tinggi hasilnya baik, di Puskesmas kinerja sedang masih rendah dan di puskesmas kinerja rendah sangat rendah.

Kesimpulan : Semakin baik kinerja puskesmas, semakin baik pengelolaan program P2 ISPA balita.

Abstract

Background: Acute Respiration Infection (ARI) still considered as one of the main causes of mortality and morbidity of children under five years old in Indonesia, included in the district of North Bengkulu. All of the health centers in North Bengkulu have done ARI disease control on program for children under five years old, but the coverage of pneumonia finding is still low (65,2%), less than national target (86%). The performance of health center that is valued from stratification result varies from good, average to bad. The aim of this research was to find out the management of ARI disease control program in health center with performance and pneumonia coverage high, medium and low.

Method: This was an observational research that used cross sectional design as well as qualitative and quantitative approaches. The subjects of this research was 3 heads of Health center, 3 Health Care Providers of ARI disease control program, 3 Health Care Providers of treatment institution in the health center and all Health Care Providers in each health center as well as head of disease control program division and head of disease and environmental control program sub division. Variable being examined was input variable that consist of officer, facility, funding and program policy of ARI disease control program of children under five years old, process variable that consist of planning (P1), movement of realization (P2) and observation, control and measurement (P3) as well as output variable with coverage of ARI P2 program and officer's compliance level toward case implementation. Research instruments were questioner; interview guidance, observation and document check lists.

Result: The availability and sufficiency of input in the health center with high work performance was sufficient, health center with medium work performance was less sufficient and the health center with low work performance was very insufficient. The process of ARI disease control on program for children under five years old that consisted of P1, P2 and P3 in the health center with high work performance has already well implemented, in the health center with medium work performance was not all of the process has been implemented and in the health center with low work performance indicated that almost most of the process was not yet implemented. The coverage of pneumonia in children under five years old in the health center with high work performance was over the target, the coverage of pneumonia patient in the health center with medium work performance was low and primary health care with low work performance had very insufficient pneumonia patient coverage.

Conclusion: The better of work performance of health center, the program management of ARI disease control on program for children under five years old was getting better.