

Evaluasi implementasi program penanggulangan tuberkulosis di lembaga pemasyarakatan narkoba kelas IIA Jakarta = Evaluation of implementation tuberculosis coped program in jakarta class IIA narcotic correctional center

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Abstrak

Lembaga pemasyarakatan (lapas) sebagai tempat pembinaan para narapidana tidak akan berjalan efektif apabila para narapidana tersebut menderita sakit. Salah satu penyakit tersebut adalah tuberkulosis. Tuberkulosis adalah penyakit yang menular melalui percikan dahak diudara. Dalam tiga tahun terakhir, angka kesakitan dan kematian akibat tuberkulosis di Lapas Narkoba Klas IIA Jakarta masih tinggi. Penelitian ini bertujuan untuk mengevaluasi dan menganalisis implementasi program dengan teori implementasi program Mary Ann Scheirer serta faktor-faktor yang menjadi kendala program penanggulangan tuberkulosis di Lapas Narkoba Klas IIA Jakarta. Penelitian ini menggunakan metode penelitian kualitatif dengan teknik pengumpulan data menggunakan metode wawancara dan dokumentasi yang berkaitan langsung dengan pelaksanaan program penanggulangan tuberkulosis di Lapas Narkoba Klas IIA Jakarta.

Hasil penelitian menunjukkan bahwa program penanggulangan tuberkulosis di Lapas Narkoba Klas IIA Jakarta telah dilaksanakan sesuai Pedoman Nasional Penanggulangan Tuberkulosis dan Rencana Aksi Nasional Program TB di Lapas, Rutan dan Bapas Tahun 2012-2014 meskipun belum seluruhnya efektif karena dalam proses implementasi program terdapat komponen, proses dan variabel yang belum terpenuhi. Selain itu, belum tercapainya getting to zero case tuberkulosis, menandakan implementasi program belum efektif. Faktor-faktor yang menjadi kendala internal adalah faktor sumber daya manusia untuk dokter spesialis, perawat khusus, analist, apotecker dan administrator; fasilitas terbatas, seperti ruang isolasi, laboratorium, rontgen, ventilasi dan pembuangan limbah medis, termasuk kesulitan akses keluar lapas; tidak ada dukungan dana, norma kerja yang menghambat, tidak ada perencanaan, pengawasan dan pengorganisasian program yang baik, tidak ada SOP, kelompok beresiko dan perilaku beresiko warga binaan. Faktor eksternal meliputi keterlambatan pengiriman obat, keterbatasan kelompok pendukung, pengawasan yang kurang dari induk organisasi dan kebijakan merujuk pasien keluar Lapas.

Untuk itu direkomendasikan kepada pemerintah menyediakan fasilitas layanan kesehatan yang memadai untuk pengendalian infeksi di Lapas, menyediakan sumber daya manusia dan pelatihan, membuat perencanaan, pengorganisasian, dan pengawasan terhadap program penanggulangan tuberkulosis, menyediakan sumber daya termasuk pendanaan, meningkatkan upaya pencegahan tuberkulosis dan pendeteksian dini, mengendalikan infeksi, meningkatkan peran serta seluruh petugas dan narapidana.

.....Correctional Center is as place for inmates to develop character building. It will not run effectively if convict gets illness. One of the diseases is tuberculosis, the disease have been transfered by droplet nuklei. At three years ago, in high position of ill and death range in Jakarta Class IIA Narcotic Correctional Center although tuberculosis coping program has held since 2005. This research aims to evaluate and investigate

implementation program with implementing program Mary Ann Sheirer's theory and the factors which relates to the problems of tuberculosis coped program in Jakarta Class IIA Narcotic Correctional Center. The writer does a research using qualitative method and data collection procedures are interview and documentation that relates directly to the implementation of tuberculosis coped program in Jakarta Class IIA Narcotic Correctional Center.

The result of this research is point out that tuberculosis coped program in Jakarta Class IIA Narcotic Correctional Center has been appropriate to Coped Tuberculosis National Directive and National Action Plan on TB Program in Prisons, Detention Centers, and Parole Offices in 2012 - 2014 though it is not all of the program going effectively yet because the processes of implementing program are not completely in components, processes and variables. Then, not going to the goal getting to zero case tuberculosis, its sign that implementing program going effectively yet. Internal factors problem are humman resources for specialist docters, specialist nurses, analist, apoteker and administrator; inadequate facilities for isolation rooms, laboratory, x-ray, poor ventilations and medist rubbishes banishment, include dificultly acces to hospital facilities, not supported of budgeting, problem of work norms, lack of planning, controlling and organizing good program, no Standard Operational Procedure, risk group and beharvioral risk of inmates. External factors are lated delivery of tuberculosis medicine from government, less of supports group, lack of controlling from central organization and policy of hospittaly inmates outside of prisons.

For those reasons, the writer suggest to Government to provide the best health facilities to control the infection in prison, provide the human sources for helping this program and hold training for inmate. The writer also suggest to official correctional center should arrange planning and controlling concern with tuberculosis coped program, provide the budget, give knowledge to prevent of tuberculosis, control the spread of infection, and increase the role of people in prison, the officials and inmates.