

Perbandingan pengelolaan program P2TB pada dua puskesmas dengan pencapaian CDR TB tinggi dan rendah di Wilayah Kota Administrasi Jakarta Timur tahun 2015 = The comparative TB program management between two community health centers with high and low CDR of TB achievement in East Jakarta year 2015

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Abstrak

[Penelitian ini bertujuan membandingkan pengelolaan program P2TB pada dua Puskesmas kecamatan dengan pencapaian CDR TB tinggi dan rendah di Wilayah Kota Administrasi Jakarta Timur. Metode penelitian adalah kualitatif didukung dengan data kuantitatif faktor individu dan sosial dengan pendekatan cross sectional.

Hasil penelitian menunjukkan perbedaan manajemen dimana Puskesmas dengan pencapaian CDR TB tinggi mempunyai kepala puskesmas dengan kemampuan manajerial program P2TB yang lebih baik, mekanisme transfer of knowledge yang lebih baik (Komponen Input); mempunyai perencanaan target berdasarkan permasalahan yang ada dan bertujuan meningkatkan CDR TB, melakukan penjangkaran kasus secara aktif dengan melibatkan kader dan lintas sektor, adanya antisipasi hasil mutu laboratorium serta monitoring dan evaluasi yang lebih baik (Komponen Proses); telah memenuhi seluruh target indikator penemuan penderita TB (Komponen Output). Perbedaan pada sisi manajemen diperkuat dengan hasil penelitian dimana faktor individu (pengetahuan, sikap suspek terhadap bahaya dan cara pencegahan TB, persepsi suspek terhadap pelayanan kesehatan) dan faktor sosial (dukungan kader, KIE oleh petugas) lebih baik pada Puskesmas dengan pencapaian CDR TB tinggi. Disarankan agar melaksanakan pelatihan TB kepada top manajemen, melakukan penjangkaran kasus secara aktif dengan melibatkan kader dan sektor non kesehatan, serta meningkatkan jejaring dan kerjasama lintas sektor.

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This study examined the comparison of TB program management between two Community Health Centers (CHC) with high and low CDR of TB achievement in East Jakarta. This is a qualitative study supported by quantitative study on individual and social factors with cross sectional study design.

From the management point of view, CHC with high CDR of TB achievement was proven has the CHC's head which is better capability in TB management, better mechanism on transfer of knowledge (Input Component); the planning based on fields problem analysis, active case finding involving cadres and related stakeholders, there is anticipation on laboratory results's quality, better monitoring and evaluation (Process Component); achieved all target indicators of TB case detection (Output Component). The differences on TB management strengthened by different result between the value of individual factors (knowledge, attitudes, and TB suspect perception of CHC service) and the value of social factors (support by cadres, Communication Information and Education by CHC officers) which was better in CHC with high CDR of TB achievement. This study suggested to carry out trainings on TB management for top management, to conduct active case finding by involving cadres and non-health sectors, and promoting networking and

cross-sector cooperation., This study examined the comparison of TB program management between two Community Health Centers (CHC) with high and low CDR of TB achievement in East Jakarta. This is a qualitative study supported by quantitative study on individual and social factors with cross sectional study design. From the management point of view, CHC with high CDR of TB achievement was proven has the CHC's head which is better capability in TB management, better mechanism on transfer of knowledge (Input Component); the planning based on fields problem analysis, active case finding involving cadres and related stakeholders, there is anticipation on laboratory results's quality, better monitoring and evaluation (Process Component); achieved all target indicators of TB case detection (Output Component). The differences on TB management strengthened by different result between the value of individual factors (knowledge, attitudes, and TB suspect perception of CHC service) and the value of social factors (support by cadres, Communication Information and Education by CHC officers) which was better in CHC with high CDR of TB achievement. This study suggested to carry out trainings on TB management for top management, to conduct active case finding by involving cadres and non-health sectors, and promoting networking and cross-sector cooperation]