

Evaluasi Pelayanan Kesehatan Lingkungan di Puskesmas Wilayah Kecamatan Bogor Barat Kota Bogor Tahun 2021 (Studi Kualitatif) = Evaluation of Environmental Health Services in Primary Health Care of West Bogor District, Bogor City in 2021 (A Qualitative Study)

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Abstrak

Latar Belakang: Pada tahun 2019 Kecamatan Bogor Barat merupakan kecamatan yang memiliki jumlah kasus dari empat penyakit berbasis lingkungan terbanyak di Kota Bogor yaitu penyakit diare, pneumonia, DBD, dan tuberkulosis yang mana beberapa penyakit tersebut meningkat jumlah kasusnya dari tahun sebelumnya. Dalam mengatasi dan menurunkan jumlah kasus penyakit berbasis lingkungan diselenggarakanlah Pelayanan Kesehatan Lingkungan melalui Puskesmas. Tujuan: Mengetahui hasil evaluasi komponen input yang terdiri dari ketersediaan sumber daya manusia, sarana prasarana, pendanaan, sistem pelaporan dan pencatatan, serta pedoman pelaksanaan; komponen proses terdiri dari perencanaan, pengorganisasian, pelaksanaan kegiatan, dan pengawasan; serta komponen output yang terdiri dari cakupan pasien yang dikonseling, cakupan tindak lanjut hasil konseling ke lapangan, dan cakupan pasien yang melaksanakan saran inspeksi kesehatan lingkungan. Metode: Jenis penelitian ini adalah penelitian kualitatif dengan teknik pengambilan data yaitu melalui wawancara mendalam, observasi, dan telaah dokumen. Hasil: Penyelenggaraan Pelayanan Kesehatan Lingkungan di Puskesmas wilayah Kecamatan Bogor Barat belum maksimal. Dilihat dari petugas kesehatan lingkungan yang belum pernah mendapatkan pelatihan mengenai klinik sanitasi, terdapat sarana prasarana yaitu ruangan konseling yang tidak berfungsi sebagaimana mestinya, pendanaan untuk kegiatan pasca konseling sanitasi di beberapa Puskesmas belum memadai, sistem pencatatan dan pelaporan kegiatan Pelayanan Kesehatan Lingkungan belum terintegrasi dengan Sistem Informasi Puskesmas, masih adanya petugas kesehatan lingkungan yang merangkap pekerjaan, belum semua pasien PBL yang datang ke Puskesmas mendapatkan konseling sanitasi, terdapat dua Puskesmas yang belum memenuhi target cakupan pasien PBL yang dikonseling yaitu Puskesmas Semplak dan Gang Kelor, hanya Puskesmas Gang Kelor yang mendata cakupan tindak lanjut hasil konseling ke lapangan, dan cakupan pasien yang melaksanakan saran inspeksi kesehatan lingkungan belum didata oleh kelima Puskesmas. Kesimpulan: Penentuan prioritas masalah berdasarkan hasil evaluasi didapatkan bahwa variabel yang harus dilakukan perbaikan yaitu sumber daya manusia di mana belum adanya pelatihan klinik sanitasi untuk petugas kesehatan lingkungan di Puskesmas, sarana dan prasarana yang mana belum adanya laboratorium kesehatan lingkungan, ketersediaan pendanaan untuk klinik sanitasi yang masih kurang memadai, pengorganisasian berupa pemberian tugas tambahan di luar tupoksi sanitarian yang seharusnya, pelaksanaan kegiatan klinik sanitasi yaitu konseling dan inspeksi kesehatan lingkungan yang belum berjalan optimal, serta indikator cakupan klinik sanitasi yang masih harus ditingkatkan pencapaiannya dan target yang belum dibuat dimasukkan ke dalam indikator keberhasilan klinik sanitasi.

..... Background: In 2019 West Bogor District was the district that had the highest number of cases of four environmental-based diseases in Bogor City, there are diarrheal diseases, pneumonia, DHF (Dengue Hemorrhagic Fever), and tuberculosis. Where some of these diseases, the number of cases increased from the previous year. In overcoming and reducing the number of cases of environmental-based disease, an

Environmental Health Services was held through the Primary Health Care. Objective: To find out the results of the evaluation of input components there are availability of human resources, infrastructure, funding, reporting and recording system, and implementation guideline; process components there are planning, organizing, implementing activities, and supervising; and output components there are coverage of patients being counseled, coverage of follow-up results of counseling (environmental health inspection), and coverage of patients who carry out environmental health inspection recommendation. Methods: This research is qualitative study with data collection techniques are indepth interview, observation, and document review. Results: Implementation of environmental health services in West Bogor District Primary Health Care has not been maximized. Judging from the environmental health officers who have never received training about sanitation clinic, also there is counseling rooms that do not function properly, funding for post-sanitation counseling activities in several health centers is not adequate, the recording and reporting system for environmental health services has not been integrated with the information system oh Primary Health Care, there are still many of environmental health officers that have concurrent work out of environmental health services, there are not all PBL patients who come to the Primary Health Care receive the sanitation counseling, there are two Primary Health Care that have not met the target coverage of PBL patients who are counseled, namely Semplak and Gang Kelor Primary Health Care, only Gang Kelor Primary Health Care that records the environmental health inspection coverage of the counseling patients, and the coverage of patients who carry out the recommendation for environmental health inspection has not been recorded by the five Primary Health Care. Conclusion: Determining the priority of the problem based on the evaluation results found that the variables that must be improved are human resources where there is no sanitation clinic training for environmental health workers at the Primary Health Care, facilities and infrastructure where there is no environmental health laboratory, the availability of funding for sanitation clinics that are still lacking. inadequate, organization in the form of providing additional tasks beyond the supposed sanitarian duties, implementation of sanitation clinic activities, namely counseling and environmental health inspections that have not been running optimally, as well as indicators of sanitation clinic coverage that still need to be achieved and targets that have not been made are included in the indicators of success. sanitation clinic.