

Analisis kepatuhan petugas puskesmas terhadap tatalaksana manajemen terpadu balita sakit di Puskesmas DKI Jakarta tahun 2001 = Analysis on the compliance rate of health personnel towards the integrated management of childhood illness

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Abstrak

Analysis on the Compliance Rate of Health Personnel towards the Integrated Management of Childhood Illness at DKI Jakarta Health Center Year 2001 The Ministry of Health Republic of Indonesia in collaboration with the World Health Organization, since 1997, has developed an approach in managing sick child under-five at the primary health services known as Integrated Management of Childhood Illness (IMCI). Today, IMCI has been implemented in 26 provinces (of 30 provinces present) covering 128 districts/municipalities in Indonesia.

The province of DKI Jakarta, using regional budget 2000, has started socializing the IMCI to 14 health centers in 5 regions of Jakarta. How is the compliance of health worker in implementing the IMCI has never been studied.

The objective of this study is to have a outline information on factors related to the health worker's compliance towards IMCI implementation at HC in Jakarta. The study will use "cross-sectional" design with quantitative and qualitative approach and total sample of 23 IMCI-implement health workers. Data collection is conducted by direct observation to the health workers during sick child examination using a checklist. After the observation, the health workers will fill in a questionnaire. Some secondary data will also be collected using the checklist for Monitoring IMCI record and checklist for supporting facilities.

The result of the study shows that of 23 IMCI-implement health workers in DKI Jakarta 21.72% comply with interval value 58.61% - 90.28%, with cut off point value 80. The Internal factors is proven to have significant correlation with health worker's compliance with $p = 0.04$. While the external factors is proven to have significant correlation with human resources/MMCI facilities with $p = 0.02$ and leader's commitment with $p = 0.009$.

In conclusion, the compliance rate of HC personnel in DKI Jakarta towards IMCI has not adequate. It is suggested to the Provincial Health Services DKI Jakarta to provide a health policy in managing sick child under-five using IMCI approach and at the same time improving quality of its monitoring and supervision.

Health Center needs to have a clear task description for each of their personnel and a continued monitoring/supervision. A reward system should also be considered. The Ministry of Health needs to review the IMCI Monitoring and Supervision Checklist also considers Cut of Point of IMCI compliance rate and finalizing the Essential Drug for IMCI.