

## Analisis Kegiatan Pengendalian Pneumonia Balita Pada Puskesmas dan Dinas kesehatan di Kabupaten Tangerang Tahun 2013 = Analysis of Control Activities Pneumonia Toddlers in the public health center and department of health in Tangerang District in 2013

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### Abstrak

Penelitian ini bertujuan mengkaji pelaksanaan pengendalian pneumonia balita dilihat dari komponen input, proses, dan output. Penelitian ini menggunakan pendekatan kualitatif, berlokasi di dinas kesehatan dan 2 puskesmas. Hasil penelitian menunjukkan di dinas kesehatan sarana dan dana cukup. Untuk perencanaan, pelaksanaan dan monitoring kegiatan belum maksimal dilaksanakan karena keterbatasan SDM dimana pemegang program ISPA merangkap program diare sehingga tidak fokus dan kesulitan untuk memantau 43 puskesmas. Data kelengkapan laporan sebesar 97,09% dan ketepatan laporan baru mencapai 6,01%. Hasil penelitian di puskesmas masih ada sarana yang belum lengkap dan petugas di BP anak puskesmas belum terampil dalam tatalaksana kasus dan menggunakan alat sound timer. Perencanaan kegiatan pneumonia balita belum ada di POA (Plan Of Action) puskesmas. Diperlukan penambahan SDM kesehatan dan workshop MTBS serta bimbingan teknis untuk petugas puskesmas.

.....This study aims at assessing the implementation of pneumonia control for under-five children. From input, process and output components. This study uses qualitative approach in district health office and two public health centers (puskesmas). The results show that there is enough equipment, materials and sufficient fund in district health office. But, planning, implementation, and monitoring activities have not been implemented well since there is one staff only at district health office who is responsible for managing acute respiratory program. She also needs to manage diarrhea program and monitor 43 puskesmas. The report completeness at district health office reaches 97.09%, but timeliness reaches 6.01% only. In contrary with the condition at district health office, at puskesmas where the achievement is low, there is still lack of equipment and materials. The personnel also lacks of skill in managing the pneumonia case and using sound timer. The plan of action of pneumonia control program for under-five children has also not been written in the puskesmas plan of action. More human resources, capacity building on integrated management of childhood illnesses, and technical assistance for puskesmas personnel are needed.