

## Analisis fungsi manajemen dalam program penanggulangan penyakit tuberkulosis paru di tiga puskesmas kota Bandar Lampung tahun 2002

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### Abstrak

Penyakit Tuberkulosis masih merupakan masalah kesehatan masyarakat, dimana 75% penderita adalah kelompok usia produktif, ekonomi lemah dan berpendidikan rendah.

Di Kota Bandar Lampung telah dilakukan upaya-upaya untuk menanggulangi penyakit TB dengan mengadopsi strategi DOTS (Directly Observed Treatment Shortcourse) dan pengembangan Kelompok Puskesmas Pelaksana (KPP) Program P2TB. Sehingga 22 Puskesmas yang ada telah melaksanakan program TB. Tetapi hasil pencapaian program sampai tahun 2002 belum efektif, hanya 3 Puskesmas yang mencapai target yaitu Puskesmas Kedaton, Satelit dan Kampung Sawah.

Tujuan penelitian ini adalah untuk mendapatkan gambaran tentang fungsi manajemen dalam program TB Paru yang dibhat dari masukan, proses dan keluaran di 3 Puskesmas yang telah mencapai target program.

Rancangan penelitian adalah kualitatif, berupa wawancara mendalam, observasi dan pemanfaatan data sekunder. Informan adalah Kepala Puskesmas, petugas TB, petugas laboratorium, Wasor TB, Pengawas Menelan Obat (PMO) dan penderita.

Penelitian ini menemukan bahwa tiga Puskesmas ini memiliki kecukupan input untuk pelaksanaan program TB, kekurangan biaya diatasi dengan dana JPSBK Puskesmas. Proses manajemen Puskesmas yang terdiri dari P1 (Perencanaan), P2 (Penggerakan, Pelaksanaan), P3 (Pengawasan, Pengendalian dan Penilaian) dengan menggunakan instrumen Perencanaan Tingkat Puskesmas, Lokakarya mini Puskesmas dan Evaluasi Kinerja Puskesmas telah berjalan, sehingga pengelolaan program TB di 3 Puskesmas ini dapat mencapai hasil yang diharapkan. Bahkan Puskesmas Kedaton melakukan pencarian aktif penderita baru TB di Kampung Bayur yang merupakan kantong TB. Puskesmas Satelit menyelenggarakan Penyuluhan Kesehatan Terpadu dengan melibatkan Camat, Lurah, PKK dan tokoh masyarakat sebagai panitia penyelenggara. Sedangkan Puskesmas Kampung Sawah menetapkan jadwal pengambilan obat bagi penderita TB untuk memudahkan pemantauannya.

Lokakarya mini tribulanan sebagai forum yang membahas pelaksanaan dan monitoring kegiatan Puskesmas yang melibatkan lintas sektor, organisasi masyarakat dan tokoh masyarakat belum ditaksanakan dengan optimal karena kurangnya koordinasi Puskesmas dan kecamatan.

Dari hasil penelitian ini disarankan perlu dipertimbangkan peningkatan status Puskesmas menjadi Puskesmas Unit Swadana, agar Puskesmas melakukan koordinasi dengan Camat tentang pelaksanaan lokakarya mini tribulanan, penemuan penderita secara aktif dapat dilakukan sesuai situasi dan kondisi, Dinas

Kesehatan Kota perlu melakukan sosialisasi dan advokasi ke berbagai pihak untuk mendapatkan dukungan dalam penanggulangan TB.

Tuberculosis (TB) disease has been a public health problem in which there are 75% of the patients are productive age group, short of economy, and having low education.

In the City of Bandar Lampung had been conducted the efforts to alleviate TB disease using DOTS (Directly Observed Treatment Short course) Strategy and the development of Worker Health Center Group for P2TB Program. There were 22 health centers that had conducted TB program. However, the result of program until 2002 was not effective yet. There were only three Health Centers that had reached the target namely Kedaton Health Center, Satelite Health Center, and Kampung Sawah Health Center.

The objective of the study was to obtain the description of management function of Lung TB Program that assessed from input, process, and output in three Health Centers that had reached the program target.

The study used qualitative research design that conducted through in-depth interview and observation. In this study, collecting secondary data was also done. The informants of the study were the head of health center, TB program staff, laboratory staff, vice supervisor, taking TB medicine controller, and TB patients.

The study resulted that three health centers had the adequacy input to conduct the TB program; and the lack of fund was covered by Social Safety Net in Health Division for health center. The process of health center management that consisted of P1 (planning), P2 (actuating, implementing), P3 (monitoring, controlling, and evaluating) using the instrument for health center level planning, health center mini workshop, and health center performance evaluation. Even the Kedaton Health Center actively conducted the search for new TB patients in Kampung Bayur where the TB patients were more exist. Satelit Health Center carried into integrated health education that involved the sub district head, village head, and community leaders as steering committee, while Kampung Sawah Health Center set the schedule of getting drugs for TB patients to monitor them easier.

Three-monthly mini workshop was used as forum to discuss the implementation and monitor of health center activities that involved inter sector, community organization, and community leader, had not been applied optimally due to lack of coordination between health center and sub district office.

From the result of the study, it is recommended to maintain health center status as self-funding unit health center. In order to health center could carry out the coordination with sub district office about implementing three-monthly mini workshop and finding the patients that conducted appropriate with situation and condition, the City Health Office should socialize and advocate toward many important sides to obtain the encouragement on alleviating TB.