

Faktor-faktor yang berhubungan dengan kinerja puskesmas dalam kegiatan sistem kewaspadaan dini-kejadian luar biasa diare, di Kabupaten Tasikmalaya tahun 1997 = The factors relating the performance of community health center, in activities of early warning system for diarrheal outbreak in district of Tasikmalaya, in 1997

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Abstrak

Di wilayah Kabupaten Tasikmalaya, selama empat tahun terakhir terjadi 33 kasus KLB Diare, dengan 4.200 penderita, dan dengan jumlah kematian 17. Diare akut disebabkan oleh berbagai macam mikroorganisme. Umumnya dalam KLB diare, khususnya di Tasikmalaya, yang jadi penyebab tersering adalah kuman vibrio kholera. Banyak faktor yang berperan dalam peristiwa KLB diare, seperti kurangnya kualitas kesehatan lingkungan dan sanitasi dasar, kurangnya penggunaan air bersih, faktor adat istiadat dan perilaku masyarakat, dan juga faktor program atau kegiatan kesehatan. Sistem Kewaspadaan Dini-Kejadian Luar Biasa (SKD-KLB) Diare adalah salah satu kegiatan penting dari program Pencegahan dan Penanggulangan Diare (P2 Diare).

Pada prinsipnya, kegiatan SKD-KLB Diare merupakan kegiatan pengamatan, suatu sistem yang menghasilkan informasi dan merupakan bagian dari sistem informasi kesehatan. Informasi tersebut sangat penting, dan mungkin mampu mencegah KLB diare dan mengurangi tingkat kesakitan dan kematian, karena informasi tersebut dapat berfungsi sebagai "tanda dini" yang mampu mendeteksi KLB diare di tahap awal, dan sebagai penuntun untuk menyetujui kegiatan pencegahan atau kegiatan lain yang diperlukan informasi diperoleh dengan melakukan proses dan analisis berbagai macam data yang sengaja dikumpulkan. Informasi tersebut sebagai output SKD dihasilkan dari berbagai macam sumber data. Maka output SKD tersebut dihasilkan oleh aktivitas kelompok antara petugas-petugas kesehatan atau bersarna leader.

Tujuan penelitian ini untuk memperoleh informasi yang menggambarkan kinerja Puskesmas di Kabupaten Tasikmalaya dalam kegiatan SKD-KLB Diare dan untuk mengetahui faktor yang berhubungan, dan faktor yang menentukan kinerja tersebut, yang dibutuhkan untuk perbaikan. Penelitian ini bersifat deskriptif-analitik, dengan rancangan potong lintang. Penelitian dilakukan di Kabupaten Tasikmalaya di mana sebagai unit analisis adalah Puskesmas. Seluruh Puskesmas sebagai populasi diambil sebagai sampel penelitian.

Hasil penelitian menunjukkan bahwa dalam kinerja SKD-KLB Diare, tidak satupun Puskesmas yang termasuk kategori "baik", jumlah Puskesmas berkategori "kurang?", hampir dua kali lebih banyak dari pada Puskesmas dengan kategori "sedang". Penelitian mengidentifikasi faktor-faktor utama yang menentukan kinerja Puskesmas dalam SKD-KLB Diare yaitu faktor insentif, pengetahuan/pemahaman tugas dari tenaga surveilan, pembinaan dari DT II dan pembinaan di Puskemas.

Penelitian ini menyarankan langkah untuk perningkatan kinerja melalui upaya perbaikan pada faktor penentu tersebut.

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In district of Tasikmalaya, as in generally district of Indonesia, diarrhea disease is still a mayor public health problem, because diarrhea is the most widely spread among communicable disease, endemism, with high morbidity and mortality. Diarrhea, was also the main caused of communicable disease's outbreak. In destrict of Tasikmalaya, during period of the last four years, there were 33 cases of diarrheal outbreaks, total 4,200 cases of diarrhea and total of death was 17. Acute diarrhea caused by various microorganism. Generally, in outbreak of diarrhea, especially in district of Tasikmalaya, the most frequent aetiology was *Vibrio Cholera*.

Many factors were considered in diarrhea! outbreak, such as poor environmental and basic sanitation, with lack of clean and safe water supply, factors of manners, custom and community behavior, and also public health program and its activities. Early Warning System for Diarrheal Outbreak was the important activities in Diarrhea! Control! Program. In essence, Early Warning System, as the surveillance, was a part of health information system that produced health information. The information was very important, and probably was able to prevent outbreak and minimize the grade of morbidity and mortality, because the information was able to function as "early" warning sign to detect diarrheal outbreak in early stage, as guidance to direct the action for prevention or other activities required. The information as the output of Early Warning System, was produced by z processing and analyzing a number of certain data, which purposely collected, and was got from various data resources. So, the output of system was produced by activities of a group, either between health workers or with volunteers.

The objective of this research was to obtain the information described the performance of Community Health Center (Puskesmas) in district of Tasikmalaya, in Early Warning System for Diarrheal Outbreak, and to indentify the factors related and determined the performance, which need for improvement. This study was descriptive-analytic in nature, with the cross-sectional design. This study was conducted in district of Tasikmalaya, and Community Health Center (Puskesmas) was the unit of analyzed. All Community Health Center (Puskesmas) were used as population sample.

The result of-this research indicated that, there was none of Community Health Center (Puskesmas) has "good" grade category in performance in Early Warning System, and number of Community Health Center (Puskesmas) with "less-- grade category approximate twice more than the "moderate" grade category. The research identified the main factors determined the performance of Community Health Center (Puskesmas) in Early Warning System. Those were incentive, knowledge and skill of surveillance, supervision and care of District Health Departement and chief of Community Health Center (Puskesmas). This research recommended to improve the performance of Community Health Center (Puskesmas) in Early Warning System, by improvement in these determinant factor.