

## Analisis sistem informasi program penanggulangan penyakit diare di Jakarta Selatan

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### Abstrak

Penyakit Diare masih menjadi masalah di masyarakat, karena bersifat endemis dan masih tersebar di seluruh Indonesia. Di DKI Jakarta penyakit Diare masih merupakan penyakit yang selalu berada dalam peringkat 10 Penyakit terbanyak, demikian pula yang terjadi di wilayah Jakarta Selatan. Untuk mengatasi permasalahan penyakit Diare diperlukan suatu sistem informasi yang akurat, handal dan tepat waktu. Sedangkan di Jakarta Selatan terdapat berbagai formulir pelaporan yang isinya saling tumpang tindih, disamping itu juga terdapat sumber data yang belum terkelola dengan baik. Dan juga yang perlu diketahui, bahwa sistem informasi yang selama ini dikelola hanya mencatat penderita yang berobat ke sarana kesehatan pemerintah.

Tujuan penelitian ini adalah mengidentifikasi sistem informasi penyakit Diare yang berguna bagi para pengambil keputusan di berbagai jenjang administrasi baik yang berkaitan dengan perencanaan, pemantauan maupun penilaian program P2D. Penelitian ini bersifat Deskriptif Analitik dan dilakukan di Wilayah Jakarta Selatan dengan mengambil sampel secara purposif, yaitu Suku Dinas Kesehatan, 2 Puskesmas Kecamatan, 4 Puskesmas Kelurahan dan 8 Posyandu. Dengan melihat jenis formulir & Item data, mekanisme Pencatatan pelaporan serta indikator yang digunakan diberbagai jenjang administrasi.

Hasil penelitian menunjukkan terdapat berbagai masalah pada jenis formulir dan item data, antara lain terdapat formulir yang tak diketahui alur lapornya, data yang terkumpul tidak dapat menginformasikan tentang besar masalah, data yang terkumpul berasal dari sarana kesehatan pemerintah saja dan sumber data dari sarana kesehatan swasta tidak terkelola dengan baik. Dari mekanisme pencatatan dan pelaporan ditemukan pengisian format dari posyandu dan puskesmas masih terdapat kesalahan dan petugas kurang mendapat pelatihan tentang apa yang akan dikerjakan. Dari indikator yang digunakan masih terdapat kerancuan antara indikator program dengan indikator proyek, selain itu terdapat indikator yang dikembangkan oleh Sudinkes Jakarta Selatan dan indikator yang seharusnya ada tidak digunakan.

Penelitian ini menyarankan pengaturan interpretasi dari laporan yang ada, "enforcement" kebijakan dalam menggali sumber data yang hilang, pelatihan bagi para petugas pengumpul data, serta pengembangan model pengumpulan data sebagai pembanding ("back Up") dari sistem yang sudah ada.

*Because of its endemism and high prevalence through-out Indonesia, diarrhea was still a problem in our community. In the Greater Jakarta Area (DKI), diarrhea still ranked tenth among the most prevalent diseases. In South Jakarta, it occupied the same rank. In order to combat the Diarrhea problem, an accurate, reliable and timely information was required. Unfortunately, different report forms containing overlapping information were in use in Jakarta. In addition, the data sources were not properly maintained. The existing information system kept track only of patients who sought help at Government-provided facilities.*

The Objective of this research was to identify an effective Diarrhea Information System, which could be used by decision makers at various administration levels who were in charge of Planning, Monitoring and Assessment of the P2D program. This Study was Descriptive-Analytic in nature and was conducted in South Jakarta. A purposive sample was used, consisting of Town level Health Office (SUKU DINAS

KESEHATAN), 2 sub district-level Community Health Centers (PUSKESMAS KECAMATAN), 4 local Health Centers (PUSKESMAS KELURAHAN), and 8 integrated Community Health Service Centers (POSYANDU). The Research also involved examination of the type of forms used and their data items, the record keeping mechanism, and all the Indicators utilized at various levels of administration.

The Result of the research indicated several problems in the types of the forms in use as well as in their data items. Among others, some forms did not show a clear flow of reports, and accumulated data failed to indicate the scope of the problem. Furthermore, the accumulated data originated only from health facilities provided by the government, while- data from private-owned health centers was poorly managed. In relation to record-keeping mechanism, it was discovered that there were errors in filling in the forms both at the integrated community health service centers and the community health centers. The Staff still lacked training in their respective tasks. As far as indicators in use were concerned, there was confusion between program-based and project based indicators. In addition, there were also indicators developed by the Town-level Health Office of South Jakarta. Because of this, some of the indicators that were supposed to be used were not included.

This research recommended a redefinition of the interpretation of existing reports, enforcement of policy on data collection, training for data collectors, and development of back-up system that would serve to verify the existing system.</i>