



IMPLEMENTATION OF PROMOTIVE AND PREVENTIVE MANAGEMENT FUNCTIONS FOR ACUTE RESPIRATORY INFECTIONS IN TODDLER

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ABSTRACT

Background: Acute Respiratory Infectious Disease (ARI) is an acute infectious disease that affects one or more parts of the airway.

Objective: This study aims to obtain information related to the implementation of promotive and preventive management functions for acute respiratory infections in Toddler.

Method: The method used is qualitative with a case study approach. The informants consisted of the head of the Puskesmas, officers of the ARI and surveillance programs, health promotion efforts officers, environmental health effort officers, heads of administration, and several mothers of children under five who had suffered from ARI.

Result: The results showed that the management function of the promotive and preventive ARI program was still part of the P2PL program in general. This is evidenced by the absence of a special plan made by the Puskesmas regarding the promotional efforts to prevent ARI so that management functions such as planning, organizing, mobilizing, monitoring, funding, and evaluating have not been able to minimize the number of ARI sufferers in children under five.

Conclusion: The extension program in the community is still not evenly distributed around the work area of Puskesmas X. The head of the Puskesmas should make policies related to special planning and Standard Operating Procedures (SOP) related to the prevention and control of ARI in children under five.

INTRODUCTION

Acute Respiratory Infectious Disease (ARI) that is of most concern to public health is pneumonia because this disease causes the most deaths among children under five among other ARI diseases (World Health Organization, 2015). The term ARI stands for acute respiratory infection which was introduced in 1984. (Qiyaam et al., 2016) Deaths due to ARI (99.9% especially pneumonia) occurred in less developed and developing countries such as Sub-Saharan Africa and Asia, especially Southeast Asia and South Asia. The incidence of ARI in Sub Sahara was 1,022,000 cases per year while in South Asia it reached 702,000 cases per year. (Pusdatin, 2016)

According to the health profile of South Sulawesi, the highest estimated data on ARI cases in children under five are in three districts / cities, namely Makassar (1,282,945), Bone (600,848), and Gowa (406,472). After collecting the initial data at the Makassar City Health Office, data was obtained that the highest ARI cases were found at Puskesmas X, namely in 2015 the number of ARI cases increased from 4,781 cases to 5,011 cases in 2016 and again increased in 2017, namely 5,197 cases. (Dinkes Sulsel, 2016)

Based on the description above, the researcher is interested in seeing the Implementation of Management Functions for Promotional and Preventive Programs for the Toddlers at Puskesmas X Makassar City.

METHODS

This research is a qualitative research using a case study approach. Determination of informants using purposive sampling method consisting of 1 key informant, 4 main informants and 12 supporting informants. The data collection technique was carried out by in-depth interviews and processed using content analysis, after which triangulation was carried out.

RESULT

Following are the results of research related to the management function of Promotive and Preventive Management of ARI in Toddler :

Table 1. Characteristics Of Informants

Initial	Type of Informant	Age (Years)	Status / Occupation
MJ	Key Informants	58	Head Of Puskesmas
WY	Additional	53	Head Of Administration
SA	Additional	38	Management Of ARI
HZ	Additional	34	Management Of Environmental Health
HR	Additional	42	Management Of Health Promotion
SS	Supporting	27	Mother Toddler/Lecturer
NM	Supporting	22	Mother Toddler /Housewife
MI	Supporting	34	Mother Toddler/ Housewife
EW	Supporting	37	Mother Toddler /Civil Serv
RD	Supporting	19	Mother Toddler/ Housewife
CD	Supporting	22	Mother Toddler/ Housewife
SM	Supporting	21	Mother Toddler/ Housewife
NB	Supporting	41	Mother Toddler/ Housewife
YES	Supporting	28	Mother Toddler/ Housewife
HW	Supporting	28	Mother Toddler/ Housewife
ST	Supporting	40	Mother Toddler/ Housewife
AR	Supporting	39	Mother Toddler /Civil Servants

Source: primary data, 2018

Planning

"There are no plans specific to the ARI program in toddlers, so we focus on surveillance and curative efforts, for the preventive promotion itself is more directed towards controlling infectious diseases (P2PL) in general.

(SA, 38 years old, Manj. Surveillance)

"ISPA is included in the general program at P2PL, the control does not focus on promotional efforts to prevent ARI only, environmental health efforts are in general, we do data collection that includes several other diseases"

(HZ, 34 years old, Environmental Health)

"Planning for ARI preventive efforts if at planning Of Action (POA), it's only counseling for toddlers, so we sometimes do counseling about cough etiquette so it doesn't spread"

(HR, 42 years old, Health Promotion)

"Planning in December 2017 has been carried out by SMD/L (village community survey). The results were carried out in January 2018 in the form of a planning of action (POA).

(WY, 53 years old, Head of Administration Unit)

"... in January, a cross-program mini workshop was conducted, each person in charge would explain what health problems need to be controlled or improved, according to the target. determined, but if there is no specific program for the ARI preventive promotive, he will be included in the P2PL program (Prevention & Control of Infectious Diseases) "

(MJ, 58 years old, Head of Puskesmas)

Organizing

"Every week there is a priority program schedule, then we (health workers) both go to the field, if we don't do counseling, we will monitor of course with cross-sector cooperation"

(HZ, 34 years old, Environmental Health)

"There is no promotional and preventive program to control ARI. There has also been no special education for ARI that has been continuous so far. Yes, but it is intensive, if we do mostly reports. So after the meeting, we will decide what priority programs for next month, if it remains high we will not intervene again, we will intervene again with high disease after that.

(SA, 38 years old, Manj. Surveillance)

"For organizing, each one is in accordance with their qualifications in the organizational structure, if promkes are ideally a public health graduate".

(WY, 53 years old, Head of Administration Unit)

"Every program has a person in charge, for example the health promotion has been appointed by one person but for its implementation, all of them are directly involved, such as doctors, midwives, nurses, students as well as street vendors and apprentices.

(MJ, 58 years old, Head of Puskesmas)

"Everyone is involved in helping, so for example I am an Management ARI, surveillance ell, I do everything myself, we are here to help each other. But there is a person in charge who appoints and directs. That is all".

(HZ, 34 years old, Environmental Health)

Actuating

"There is no specific ARI control program for preventive promotion, so he is included in P2PL. Because we find more ARI at the Puskesmas".

(MJ, 58 years old, Head of Puskesmas)

"There is no specific program for promotive and preventive efforts for the management of ARI, but the programs are interrelated for diarrhea, ARI, DHF, all of which are related to behavior and the environment"

(HZ, 34 years old, Environmental Health)

"There are various forms of counseling, sometimes about knowledge of ARI, immunization, nutrition education, family health care and environmental health"
(HR, 42 years, Health Promotion)

"The steps are taken every week, especially on Mondays, we go to the field, on Friday and Saturday we make the report so if we go to the field we are the same, all sectors or agencies we want to visit are also involved"
(SA,38 years old, Manj. Surveillance)

"We start from planning then we map out who is responsible for each program, well this PJ will be given the authority to regulate where he will go first, whether to make initial observations regarding the target to go down the field, it's up to him how the system will be. the implementation of our activities empower all the human resources of Puskesmas X to jointly carry out priority programs then to additional programs "
(WY, 53 years old, Head of Administration Unit)

Controlling

"Forms of program oversight at the health center there, right after the POA form is given each person in charge of the program".
(MJ, 58 years old, Head of Puskesmas)

"There are forms of supervision, some are done in the field and some are carried out in the Puskesmas through monitoring monthly reports carried out by each person in charge of the program".
(WY, 53 years old, Head of Administration Unit)

"There is a form of supervision. Some are done in the field, and some are done in the Puskesmas in the form of a monthly report made by each person in charge of the program "
(SA,38 years old, Manj. Surveillance)

"The form of program supervision in the case of ARI promotive and preventive efforts is related to household PHBS. So we do check lists of supervision."
(HZ , 34 years old, Environmental Health)

"... every time we conduct field visits, I always direct the team to pay attention to cleanliness at the location and see the procedures for other health workers in conducting counseling"
(HR, 42 years, Health Promotion)

Budgetting

"The preventive promotive funds are budgeted from the BOK funds, so if we go to the field, there will be road transport".
(HR, 42 years, Health Promotion)

"If there is a matrix of activities for the financing, for example what field counseling activities and so on we include it in BOK financing".
(WY, 53 years old, Head of Administration Unit)

"Funds originating from the BOK have been determined by the city government regarding the amount, if we usually carry out activities for disbursement first, make a report, send it to the Health Office and then wait again until the funds are paid"
(HR, 42 years, Health Promotion)

"There are no special funds for ARI disease, deck. There is no money for transportation alone for us, health workers even though we are tired of going to the same field at the Puskesmas. "
(SA,38 years old, Manj. Surveillance)

" Preventive promotional funds come from BOK (Health Operational Assistance) funds, so every After the activity, a report is made on how much funds were spent, then collected at the Puskesmas financial subdivision, the Head of the Puskesmas then sends it to the Health

Office and finally the funds are disbursed, the final activity proposal funds must match the funds given from the BOK”

(HZ , 34 years old, Environmental Health)

Evaluation

“... in form of monthly reports that the monthly, quarterly 3-month report, if the annual report until december convened to plan the next year's program”

(HZ , 34 years old, Environmental Health)

“Evaluation is done by looking at reports every month, how many targets, how much coverage per urban village, how many were achieved, what obstacles were found, what needs to be improved, all that was discussed was the same during the evaluation ”.

(WY, 53 years old, Head of Administration Unit)

“Evaluation is usually done every month to be precise at the end of the month, so we discuss what needs to be improved, what needs to be improved. Then we do it for the technical program the following month. Every month at the end of the month an evaluation is carried out through a meeting so that every month we accumulate what are the obstacles, what needs to be improved, what needs to be maintained and as a basic material for planning the next year ”.

(MJ, 58 years old, Head of Puskesmas)

“... evaluation of the ISPA program is the same as evaluation of other programs, so during the evaluation meeting at the end of the month each person in charge will explain the progress of the program that has been implemented, now all meeting participants have the authority to give Related advice ”

(HR, 42 years, Health Promotion)

“.... So here is the monthly meeting schedule at the end of the month, so there we hold an evaluation meeting related to the ongoing program, it's the job of each to convey, well after he explained, the others could give

suggestions, what needs to be improved, what needs to be changed and what needs to be maintained ”

(SA,38 years old, Manj. Surveillance)

DISCUSSION

Planning

Planning is an activity to determine goals or objectives. to be achieved and determine how to achieve goals by utilizing available resources. (Robins, 2017) A continuous monitoring system so that an optimal relationship can be achieved between the resulting plan and the system adopted.

(Fianty, 2014)

Based on the results of research conducted at Puskesmas X Makassar City, there is no specific ARI control activity, especially for toddlers, but is part of the P2PL program and has not specifically related to planning for its promotive and preventive programs. Problem identification is only based on the records of visits to sick toddlers at the Puskesmas with complaints of ARI such as coughs, fever, or colds for days.

The planning of the ARI control program is still integrated into the P2PL program so that there is no clear time when and

how the form of counseling will be carried out and the target community that will be intervened on under-five health even there are still many mothers under five who claim to have never received child health education, especially about ARI disease but The puskesmas still said that there was a form of ARI control planned in the P2PL program and interventions had been made to the community in the form of health education.

In its implementation, the activity refers to an area-based infectious disease management approach or in other words directed to comprehensively address the factors associated with morbidity and mortality of under-five including environmental risk factors, population risk factors and case handling carried out in an integrated manner with work partners. related issues supported by good surveillance and reflected in integrated health planning and budgeting (P2KT).

Organizing

Based on the results of research at Puskesmas X Makassar City regarding the form of Human Resources determination of

ARI activities for children under five based on the stipulation of the organizational structure at the Puskesmas, each program has each person in charge. However, based on the results of observations made by researchers, there are some health workers who work not in accordance with their fields in the Puskesmas organizational structure, there are also multiple positions.

According to Mu'rifah (2012) Concurrent positions at the Puskesmas are sometimes a problem in the organizing process, but this can be accepted by health workers as long as they feel free and are able to carry out their responsibilities and are willing to implement the program. So this is not an obstacle for them to achieve the program objectives.

Actuating (Movement)

Movement is the whole effort, means, techniques, and methods to encourage members of the organization to be willing and sincere to work their best in order to achieve organizational goals effectively and economically.(Siagian, 2007)

Obstacles to health workers such as providing encouragement or motivation in carrying out program activities / functions of movement or implementation. All of this is an effort to move group members in such a way that they are willing and trying to achieve the goals that have been planned together. (Terry, 1993)

Based on the results of research conducted at Puskesmas X Makassar City, the function of managing ARI management in children under five has been carried out although it is not optimal because they are still part of the P2PL program. The P2PL program has been implemented according to the agreed schedule in the planning program at the health center level (PTP) which was approved and signed by the Head of the Puskesmas marked by the issuance of a SK for each field and implemented according to the target every month.

This is in line with research by Rizki Tri Putriarti, Anneke Suparwati, Putri Asmita Wigati (Analysis of the P2 ISPA Management System at Puskkesmas Pangandan Kota 2015) that the mobilization

function has been carried out according to the schedule listed in the POA which has been approved by the Head of the Puskesmas. Because the input is less than optimal, the process cannot run optimally either. This is also in line with Susanti's research (Analysis of the ARD Control Program for toddlers at the Puskesmas Lansek in 2017) that the movement of the ARD control program in toddlers has gone according to what was planned but due to lack of human resources, the health worker only focuses on one activity.

Controlling (Supervision)

Supervision is the discovery and application of methods and tools to ensure that the plan has been implemented in accordance with what has been determined, with good supervision will assess whether planning, organization and movement have been carried out correctly so that organizational goals can be achieved in accordance with what has been set. (Halimah, 2001)

Based on the results of research conducted at Puskesmas X Makassar City,

the supervision of the P2PL program has been carried out both in the puskesmas building and in the field. Monitoring of activities is carried out by each person in charge (PJ) who is known to the Head of the Puskesmas.

According to Syaddad, 2008 The supervisory function is the control of all activities from the planning, organizing and implementation processes, whether all these activities provide effective and efficient results as well as useful and effective.

This is in accordance with the opinion of Marison which states the urgency of supervision because it is an activity carried out in an effort to control, so that program implementation can run according to plan and ensure whether organizational goals are achieved, if there is a deviation where the deviation is and how the actions are taken. needed to solve it.

Budgetting

Based on the results of research conducted at Puskesmas X Makassar City, the budget for promotional and preventive programs for the Prevention and Control of

Infectious Diseases (P2PL) does exist and comes from BOK (Health Operational Assistance) funds. However, this budget is only 30% and is divided for the control of ARI, diarrhea, dengue and malaria, so that the intervention program to control ARI in children under five in the community is still not evenly distributed because this activity is not carried out continuously, there is no specific schedule related to the control of ARI in children under five. in society.

Regarding health services in the National Health Insurance regulated in the Minister of Health Regulation No. 71 of 2015 article 13 which states that "Every participant has the right to receive health services which include promotional, preventive, curative, and rehabilitative services including medicinal services and consumable medical materials in accordance with the necessary medical needs"

The distribution of BOK funds is The general public at the Puskesmas comes from the District / City government which is then distributed to the District / City Health Office, and then an estimate of funds is made to the

Puskesmas according to the size of the health problem that occurs and the size of the Puskesmas' working area. (Hilma, 2011)

Evaluation (Assessment)

evaluation as a management function consists of an evaluation of the inputs, processes and outputs. Input evaluation is usually carried out before program activities begin. Process evaluation is carried out while the activity is ongoing to find out whether the method chosen has been effective, whether motivation and communication have developed well. Meanwhile, the output evaluation is carried out after the work is completed to find out whether the output, affect, or come out of the program has met the predetermined target

Based on the results of research conducted at Puskesmas X Makassar City, the evaluation function of the P2PL program already exists but has not run optimally. This is evidenced by the evaluation of activities that have been presented in the form of reports every month, quarterly, and annually. Evaluation is carried out by recording and

reporting programs for completeness of Puskesmas administration.

The results of this study are supported by Umar's research, regarding the evaluation of the implementation of the ARI disease control program at Puskesmas X in 2016, that only two programs are running out of the ten programs that have been set. (Umar, 2016) The results of this study were also reinforced by the research of Putriarti, Suparwati, and Wigati (2015) that the ARD prevention and control program at Puskesmas Peganda was not optimal, this was indicated by the limited human resources for the ARI program, the unavailability of IEC facilities at the Puskesmas, and no detailed planning was made. because officers who have multiple workloads so have limited time.

CONCLUSION

Based on the research conducted, it can be concluded that: (1) The function of planning for promotive and preventive programs for the management of ARI in children under five is still part of the P2PL program (Prevention and Control of Infectious Diseases), (2) The head of the Puskesmas has carried out the duties according to the SOP by coordinating all

health workers to carry out their duties in accordance with the organizational structure of the Puskesmas. (3). The implementation of the program has not been realized evenly in the working area of the Puskesmas. This is because there is no special planning program related to the prevention and control of ARI in toddlers (4). The program's supervisory function includes supervision and monitoring related to promotive and preventive programs for ARI in toddlers. (5) Program budgeting comes from BOK (Health Operational Assistance) as much as 30% for curative efforts as much as 70% promotive and preventive. (6). The program evaluation function is carried out through monthly reports, quarterly reports, and annual reports.

SUGGESTION

The implications of this research are as follows: (1) For the Makassar City Health Office to further intensify supervision of the preventive promotive program carried out by the Puskesmas by looking at the technical implementation of the program. (2). For Puskesmas X to make a special preventive

promotive program to control ARI, especially for toddlers. (3). For further researchers to conduct a more in-depth study of the variables related to the management function of promotive and preventive programs for the management of ARI.

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