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ABSTRAK

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Analisis Kinerja Program Pengendalian Penyakit Demam Berdarah Dengue (P2DBD) di Puskesmas Mabelopura dan Tipe Kota Palu Provinsi Sulawesi Tengah

xxi + 169 halaman + 48 tabel + 10 gambar + 13 lampiran

Kota Palu merupakan daerah endemis DBD dengan kasus tergolong tinggi. Pengendaliannya masih bergantung pada program P2DBD Puskesmas. Tujuan penelitian adalah untuk menganalisis kinerja program P2DBD pada Puskesmas dengan kasus DBD tertinggi dan terendah, serta faktor-faktor yang mempengaruhinya.

Penelitian ini merupakan penelitian observasional dengan pendekatan kualitatif. Data dikumpulkan dengan observasi dan wawancara mendalam. Informan utama adalah kepala puskesmas dan pengelola program (P2DBD, promosi kesehatan, penyehatan lingkungan) di kedua Puskesmas. Uji validitas dengan triangulasi sumber kepada kepala seksi pengendalian penyakit dan pengelola program P2DBD Dinas Kesehatan kota Palu serta FGD kelompok masyarakat.

Hasil penelitian menunjukkan kinerja program P2DBD Puskesmas Mabelopura (kasus DBD tertinggi) belum berjalan maksimal pada kegiatan penyelidikan epidemiologi, fogging fokus, pemberantasan sarang nyamuk dan penyuluhan kesehatan, sedangkan pada Puskesmas Tipe (kasus DBD terendah) kinerja program telah berjalan maksimal kecuali kegiatan fogging fokus. Selain itu, faktor yang mempengaruhi kinerja program P2DBD pada kedua Puskesmas ditemukan dana belum mencukupi, sarana dan prasarana tersedia kecuali alat fogging dan belum ada SOP. Perbedaannya adalah pada Puskesmas Mabelopura ditemukan kualitas SDM belum optimal dan kepemimpinan kepala Puskesmas cukup baik. Sedangkan pada Puskesmas Tipe, kualitas SDM telah optimal dan kepemimpinan kepala Puskesmas sangat baik.

Dinas Kesehatan disarankan membuat pelatihan tata laksana kasus DBD dan penyusunan SOP, mengalokasikan dana untuk kader jumantik dan tenaga surveilans kesehatan, melengkapi kebutuhan sarana dan prasarana program P2DBD di Puskesmas, dan menyelenggarakan evaluasi tahunan program P2DBD. Bagi Puskesmas Mabelopura agar meningkatkan koordinasi dan kemitraan lintas sektorserta partisipasi aktif petugas dalam penyuluhan. Bagi Puskesmas Tipe agar konsisten dan meningkatkan kinerja program P2DBD.

Kata kunci :Demam Berdarah Dengue, P2DBD, Kinerja, Puskesmas,
Kota Palu
Kepustakaan :49 (1992 – 2016)

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ABSTRACT

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Performance Analysis of Dengue Haemorrhagic Fever Control Program (P2DBD) at Mabelopura and Tipo Health Centres in Palu City in Province of Central Sulawesi

xxi + 169 pages + 48tables + 10figures + 13 appendices

Palu City is an endemic area of Dengue Haemorrhagic Fever (DHF) categorised as high cases of the disease. Controlling of DHF still depends on a program of P2DBD at a health centre level. This study aimed at analysing the performance of the P2DBD program at health centres with highest and lowest DHF cases and the factors that influenced them.

This was an observational study using a qualitative approach. Data were collected by observing and conducting indepth interview. Main informants were heads of health centres and the implementers of some programs like P2DBD, health promotion, and environmental sanitation at both health centres. A test of validity was performed by collecting data for triangulation purpose to a head of disease control section and the implementers of P2DBD program at Palu City Health Office and by conducting Focus Group Discussion to a community group.

The results of this research showed that the P2DBD program at Mabelopura Health Centre (highest DHF cases) had not been optimally implemented particularly in the activities of epidemiological investigation, focus fogging, mosquito's breeding place eradication, and health education. In contrast, the P2DBD program at Tipo Health Centre (lowest DHF cases), almost all programs had been well implemented except the activity of focus fogging. In addition, factors influencing the performance of the P2DBD program in both health centres were insufficient funding, unavailable equipment for fogging, and unavailable SOP. At Mabelopura Health Centre, quality of human resource and leadership of the head of the health centre was fairly good. In contrast, quality of human resource and leadership of the head of the Tipo Health Centre was excellent.

Health Office needs to conduct training of DHF cases management and SOP arrangement, to allocate budget for jumantik cadres and workers of health surveillance, to provide facilities for implementing the P2DBD program at health centres, and to evaluate the P2DBD program annually. In addition, the Mabelopura Health Centre needs to improve coordination and partnership with inter-sectors and to actively participate in providing health education. The Tipo Health Centre needs to consistently improve the performance of the P2DBD program.

Keywords : Dengue Haemorrhagic Fever, P2DBD, Performance, Health Centre
Bibliography: 49 (1992-2016)