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## **ABSTRAK**

**Dwi Sulistyawati**

**Evaluasi Proses Pembinaan Posyandu oleh Tenaga Kesehatan di Wilayah Kerja Puskesmas Kota Singkawang Kalimantan Barat Tahun 2011**

**xiv +138 halaman + 14 tabel + 4 gambar + 20 lampiran**

Angka Kematian Bayi (AKB) di Singkawang Tahun 2011 masih tinggi yaitu 9/1000 Kelahiran Hidup (Nilai Absolut 44 kematian). Di Posyandu, pelayanan dasar yang bermanfaat bagi penurunan AKB adalah program Gizi dan Penanggulangan diare. Sementara perkembangan Posyandu di Kota Singkawang Tahun 2011 masih belum optimal, Jumlah Posyandu Aktif 9,7 % dari 134 Unit. Kasus Balita BGM dan Balita gizi buruk yang berhasil ditemukan di Posyandu pada Tahun 2011 masih kecil yaitu 5,1% dan 1,09% dari jumlah kasus di lapangan. Kebijakan di Singkawang tentang Posyandu yaitu mendelegasikan kegiatan pembinaan kepada bidan di wilayah kerjanya. Kendala yang dialami bidan dalam pembinaan Posyandu yaitu Pelaksanaan pembinaan 5 meja posyandu kurang optimal, jarang dilaksanakan kunjungan rumah, kader mengalami masalah dalam kegiatan penyuluhan, Dana pembinaan Posyandu kecil.

Metode Penelitian ini bersifat kualitatif. Informan utama adalah bidan pembina, informan triangulasi kader, ibu pengguna posyandu dan koordinator posyandu. Pengumpulan data dilakukan dengan wawancara mendalam menggunakan pedoman wawancara. Metode analisis yang digunakan adalah *Content Analysis* (Analisis isi).

Hasil penelitian dalam hal kegiatan pembinaan posyandu, terdapat ketidaksesuaian dalam pelaksanaan rapat koordinasi, Pembinaan SIP (Sistem Informasi Posyandu) dan pembinaan pencatatan pelaporan, yaitu hanya terjadi antara koordinator posyandu dan kader tanpa melibatkan bidan pembina posyandu tersebut. Umur tenaga kesehatan yang muda membuat pengunjung kurang percaya karena anggapan kurangnya pengalaman yang dimiliki petugas, terdapat suku tertentu masih sulit mengimunisasikan balitanya di posyandu, tenaga kesehatan dari puskesmas induk datang terlambat, belum tersedianya tempat yang layak untuk posyandu, tenaga kesehatan yang belum mendapatkan pelatihan serta belum ada kebijakan berupa uraian tugas dan alur kerja dalam pembinaan posyandu.

Perlu dilakukan koordinasi antar tenaga kesehatan terutama koordinator posyandu dengan bidan di lapangan dalam kegiatan pembinaan, melibatkan tenaga kesehatan yang relatif muda, pendekatan kepada sesepuh suku tertentu, pengaturan waktu petugas puskesmas agar tidak datang terlambat, bersama masyarakat mengupayakan tempat yang layak untuk posyandu , pengadaan pelatihan dan perumusan kebijakan terkait pembinaan posyandu.

Kata Kunci : Evaluasi Proses, Pembinaan Posyandu Oleh Tenaga Kesehatan, Sistem Informasi Posyandu.

Pustaka : 46 (2004-2012)

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Majoring in Health Policy Administration  
Sub Majoring in Maternal and Child Health Management  
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## **ABSTRACT**

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**Evaluation on Integrated Health Post Monitoring Process by Health Workers in Singkawang City Primary Healthcare Centers, West Kalimantan**

**xiv +138 pages + 14 tables + 4 figures + 20 enclosures**

Infant mortality rate (IMR) in Singkawang in 2011 was high, 9/1000 live births (absolute number of death was 44). In the integrated health service post (Posyandu), basic services that would reduce IMR were nutritional program and diarrhea control. The development of posyandu in Singkawang in 2011 was not optimal, and the total number of active posyandu was 9.7% of 134 units. Cases of under-five children with 'below the red line (BGM)' and with severe malnutrition found in the posyandu in 2011 were still low; it was 5.1% and 1.09% respectively from all cases in the field. Policy regarding posyandu in Singkawang was to delegate supervision activity to local midwives. Problems faced by midwives in the posyandu supervision were the implementation of supervision for 5 tables was not optimal, home visits were rarely conducted, cadres had difficulty in conducting education activities, and funding for posyandu supervision was insufficient.

This was a qualitative study. Main informants were midwives supervisors, and triangulation informants were cadres, mothers who participated in the posyandu, and coordinator of posyandu. Data collection was done by conducted in-depth interview using interview guidelines. Method of analysis used was content analysis.

Results of the study showed that there was inappropriate implementation of coordination meeting; supervision of posyandu information system (SIP) and supervision of reporting and recording were not properly done; this supervision was only between posyandu coordinator and cadres; it did not include midwives who were the supervisors of the posyandu. Young health workers who served in the posyandu made posyandu participants uncomfortable. The participants of posyandu felt that health workers had insufficient experiences. There was a tribe that was reluctant to have their children immunized in the posyandu. Health workers from the main puskesmas came late; no proper place for posyandu was provided; health workers who had not received training, and there was no job description and work procedure in the supervision of posyandu.

Coordination among health workers are needed specifically for posyandu coordinator and midwives in the field during supervision, and it includes relative young health workers; an approach to key persons are needed; time management for puskesmas workers is required to avoid they come late in the posyandu; appropriate place for posyandu should be provided together with the community; training and formulation of policies related to posyandu supervision are required.

**Key words : evaluation of the process, supervision of posyandu by health workers, posyandu information system**

**Bibliography : 46 (2004-2012)**