

ABSTRAK

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Analisis Sistem Manajemen dalam Kegiatan Penjaringan Kesehatan Anak Sekolah Dasar di Puskesmas Kabupaten Demak

Salah satu faktor penting keberhasilan sistem penjaringan kesehatan anak SD adalah peran manajemen Puskesmas dalam pengelolaan program tersebut. Peran manajerial Puskesmas terkait program tersebut adalah dalam perencanaan, penggerakan dan evaluasi. Di puskesmas kabupaten Demak hasil cakupan yang dihitung adalah hanya berdasarkan jumlah SD yang dilakukan penjaringan. Langkah persiapan Tim Penjaringan, Puskesmas dan DKK Kabupaten Demak belum menyusun perencanaan yang baik dan terstruktur. Pelaksanaannya juga belum baik, pengawasan dan evaluasi pelaksanaan kegiatan belum dilaksanakan, pencatatan-pelaporan akhir kegiatan juga belum berjalan. Akibat aspek *input* yang belum dikelola baik maka akan berpengaruh terhadap berjalannya fungsi manajemen di Puskesmas, yang akhirnya menentukan *ouput* dan *outcome* dalam sistem penjaringan kesehatan tersebut.

Jenis penelitian ini adalah deskriptif eksploratif melalui observasi dan wawancara mendalam. Informan utama penelitian ini adalah 8 orang terdiri 4 orang penanggung jawab UKS dan 4 orang pelaksana UKS dan informan triangulasi terdiri dari 4 orang Kepala Puskesmas, 4 orang Guru UKS, 4 orang Kepala UPTD Pendidikan Kecamatan, 1 orang Kasi UKS DKK yang diambil secara *purposive*. Pengolahan dan analisis data penelitian menggunakan metode *content analysis*.

Hasil penelitian ini menunjukkan bahwa dalam sistem manajemen penjaringan kesehatan anak SD di Puskesmas Kabupaten Demak pada 1) aspek input, a) petugas penjaringan yang terlibat langsung masih kurang, belum pernah ada yang mengikuti pelatihan; b) dana khusus untuk penjaringan dari dana BOK untuk transportasi tim penjaringan; c) sarana prasaranaberupa set THT, set gigi, timbangan, tensimeter, stetoskop, alat periksa mata, senter; sarana dikelola oleh bendahara barang namun tidak dilakukan pemeliharaan berkala dan kalibrasi; 2) Aspek proses : a) perencanaan dengan pembentukan tim, menyusun anggaran, penyusunan jadwal dan pengumpulan alat-alat dilakukan oleh penanggung jawab program penjaringan. b) Tim melakukan pemeriksaan keadaan umum, fisik, gigi dan mulut, penilaian status gizi, pemberian obat cacing untuk semua anak namun tidak melakukan pemeriksaan anemia dan kecacingan, mental emotional, kesegaran jasmani dan pemberian garam beryodium. Apabila tim tidak lengkap/berhalangan maka tugasnya dikerjakan oleh anggota tim yang hadir. Kepala Puskesmas sebagai supervisor jarang melakukan pemantauan langsung kegiatan. c) Mekanisme pencatatan dan pelaporan dengan merekap per SD. 3) Aspek *output*, penyakit yang ditemukan pada penjaringan adalah ISPA, penyakit kulit, gigi caries dan kadang-kadang penyakit gondok. Kendalanya masih ada siswa yang tidak masuk sekolah.

Kata kunci : Input, proses, penjaringan kesehatan

ABSTRACT

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Analysis on Management System in Elementary School Children Health Screening at Primary Healthcare Centers in Demak Regency, 2012

One of important factors for the successfulness of health screening system for elementary school children was the managerial role of primary healthcare center (puskesmas) in managing that program. The managerial role of puskesmas related to health screening activities included planning, actuating, and evaluation. Calculation of coverage result in puskesmas of Demak district was based only on the number of screened elementary schools. In the preparation phase: screening team, puskesmas, and Demak district health office did not make proper and structured planning. Implementation of the plan was still inadequate. Supervision and evaluation of activities were not done. Final recording and reporting of activities were not performed. Inadequacy of input aspect that was not managed properly affected management function of puskesmas; consequently, it determined the output and outcome of the health screening system.

This was a descriptive-explorative study. Data were collected through observation and in-depth interview. Main informants were 8 people: 4 people responsible for UKS, and 4 staffs of UKS. Triangulation informants were 4 heads of puskesmas, 4 UKS teachers, 4 heads of sub-district education UPTD, and 1 head of UKS section in the district health office. Informants were selected purposively. Content analysis was applied in the management and data analysis.

Results of the study in the input aspect of health screening system for elementary school children indicated that a) the number of screening staffs who directly involved in the activities was insufficient, and they had not received training; b) Funds for screening activities were from BOK funds, and it was used for transportation expenditure of the screening team; c) facilities were in the form of THT set, dental set, body weight scales, spigmomanometer, stethoscope, eye examination instruments, flashlight; facilities were managed by property treasurer; however, examination of facilities and calibration were not done periodically. The process aspect showed a) planning with team establishment, budget formulation, schedule formulation, and instrument collection were done by person responsible for the screening program; b) team conducted examination of general conditions, physical, dental and mouth, nutritional status assessment, mental and emotional, body fitness, distribution of iodized salt, distribution of helminthic medication to all school children, however, team did not conduct examination for anemia and worm diseases. If a member of the team was absent, his/her works were done by other team members who were not absent. Head of puskesmas as a supervisor of the activities was hardly to conduct direct supervision. c) Recording and reporting mechanism were done by summarizing the data for each elementary school. The output aspect showed that diseases found during screening were ISPA, skin disease, dental carries, and sometimes thyroid disease. The study constraint was students who did not attend in the school when the study.

Key words : input, process, health screening