

ABSTRAK

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**Pelaksanaan Program Penanggulangan Tuberkulosis Paru dengan Strategi DOTS di Wilayah Kerja Puskesmas Kabupaten Waropen Provinsi Papua
xi + 115 halaman + 3 tabel + 2 gambar + 7 lampiran**

Tuberkulosis Paru (TB-Paru) merupakan masalah utama kesehatan masyarakat di Indonesia. Upaya menemukan dan menyembuhkan pasien merupakan langkah terbaik dalam pencegahan penularannya. Puskesmas di Kabupaten Waropen telah melaksanakan program TB strategi DOTS sejak 2006, namun tiga tahun terakhir mengalami penurunan persentase tingkat kesembuhan (*success-rate*), yaitu 26,2%; 19,2% dan 16,5% dari target >85%, meski obat dan alat laboratorium tersedia. Tujuan penelitian menganalisis pelaksanaan program penanggulangan TB-Paru dilihat dari aspek perencanaan, pengorganisasian, kerjasama, pengawasan & pembinaan serta dukungan unsur lingkungan.

Penelitian menggunakan metode kualitatif. Informan utama penanggung jawab program TB-Paru Puskesmas. Informan triangulasi yaitu Kepala Puskesmas, Wasor DKK, tokoh agama/masyarakat dan penderita. Pengumpulan data dengan wawancara mendalam. Analisis menggunakan *content analysis*.

Hasil penelitian menunjukkan aspek perencanaan belum dilakukan oleh semua penanggungjawab TB puskesmas karena tidak melacak kasus dan belum menyusun target penyuluhan karena ketiadaan dana, Penyusunan obat & alat laboratorium dikerjakan sendiri oleh petugas, meski melalui POA puskesmas. Belum ada sosialisasi bagi kader, toma/toga dan aparat distrik/kampung. Aspek pengorganisasian belum dilakukan oleh semua petugas TB puskesmas.karena belum menyusun pokja kader/toma, tidak ada pembagian tugas dan pemberian motivasi. Belum ada kerjasama baik dengan sesama puskesmas, lintas program maupun lintas sektoral. Petugas tidak mendapatkan pembinaan rutin dari Puskesmas maupun DKK. Kendala lingkungan terutama keterbatasan akses geografis dan transportasi. Dukungan toma/toga dan aparat distrik kurang karena tidak tahu dan belum ada sosialisasi.

Saran agar DKK mengalokasikan insentif khusus bagi petugas TB Puskesmas, advokasi pada Pemda terkait pembiayaan, ketersediaan obat, alat dan sarana prasarana. Puskesmas membuat jadwal rutin pembinaan secara teratur.

Kata kunci : Aspek Manajemen, Penanggulangan TB-Paru, Puskesmas.

Kepustakaan : 37 (1996 – 2013)

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**The Implementation of a Pulmonary Tuberculosis Intervention Program using a DOTS Strategy at Work Areas of Health Centers in District of Waropen in Province of Papua
xi + 115 pages + 3 tables + 2 figures + 7 enclosures**

Pulmonary Tuberculosis (PTB) is a main public health problem in Indonesia. The efforts of case finding and treatment of patients are the best methods to prevent the disease transmission. Health Centers in District of Waropen have been implementing the PTB programs using a DOTS strategy since 2006. Unfortunately, the percentage of success-rate decreased gradually during the past three years, namely 26.2%, 19.2%, and 16.5% from the target of more than 85 percent even though medicines and laboratory equipment were available there. This research aimed to analyze the PTB intervention programs viewed from the aspects of planning, organizing, cooperating, monitoring, developing, and supporting from the environment.

This was qualitative research. Main informants were persons in charge of the PTB programs at Health Centers. Meanwhile, informants for triangulation purpose were head of health centers, deputy supervisors at District Health Office, religious leaders, community leaders, and PTB sufferers. Data were collected using indepth interview. Furthermore, data were analysed using content analysis.

The results of this research revealed that all persons in charge of PTB at health centers had not conducted the aspect of planning because they had not actively found PTB cases and not arranged a target of counselling due to no funding. In addition, arrangement of medicines and laboratory equipment was only done by health officers even though it had to be through Plan of Action of health centers. Additionally, socialization for cadres, religious leaders, community leaders, and village officers had not been conducted yet. Similarly, the aspect of organization had not been implemented by all PTB officers at health centers because they had not formed work groups of cadres or community leaders, there were no job descriptions and no motivating. Moreover, there was no good cooperation between health centers, cross-programs, and cross-sectors. Health workers also did not obtain routinely training from either health centers or the District Health Office. There also had some environmental barriers such as limitation of geographical access and transportation. In addition, there was also lack of support from religious leaders, community leaders, and village officers because they did not know and there was no socialization.

As a suggestion, District Health Office needs to allocate incentive especially for PTB officers at health centers and to advocate the local government in terms of the funding, availability of medicines, and means. Health Centers need to arrange a routine schedule for developing.

Key Words : Management Aspects, PTB Intervention, Health Center

Bibliography : 37 (1996-2013)