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**Fakultas Kesehatan Masyarakat**

**Program Studi Magister Ilmu Kesehatan Masyarakat**

**Konsentrasi Kesehatan Ibu dan Anak**

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**ABSTRAK**

**Ika Diyan Mariyani**

**Evaluasi Manajemen Program Penanganan Kasus Balita Gizi Buruk di Dinas Kesehatan Kota Semarang Tahun 2012**

**xvi + 108 halaman + 6 tabel + 3 gambar + 13 lampiran**

Kurang energi dan protein (KEP) pada anak masih menjadi masalah gizi dan kesehatan masyarakat di Indonesia. Upaya pemulihan anak gizi buruk di Kota Semarang telah dilaksanakan, namun tidak semua anak yang mengikuti program pemulihan meningkat status gizinya. Penelitian ini bertujuan untuk mengevaluasi pelaksanaan program penanganan kasus balita gizi buruk di wilayah kerja Dinas Kesehatan Kota Semarang tahun 2012.

Jenis penelitian ini adalah deskriptif kualitatif. Pengumpulan data dilakukan dengan teknik wawancara mendalam, dan observasi. Informan utama pada penelitian ini adalah 4 staf gizi Dinas Kesehatan Kota Semarang, dan Informan triangulasi yaitu Kepala Dinas Kesehatan, Kepala Bidang Kesga, Kepala Seksi gizi,1 petugas gizi puskesmas, 1 ibu balita gizi buruk. Analisa data dilakukan dengan metode analisa isi.

Hasil penelitian tentang faktor input menunjukkan jumlah petugas gizi masih kurang, belum memiliki Ruang Pemulihan Gizi, Alat Permainan Edukatif serta food models tidak digunakan secara maksimal untuk kegiatan penyuluhan, hanya ada satu alat pengukur tinggi badan serta berat badan. Faktor proses menunjukkan masih ada petugas gizi belum terampil dalam pengukuran antopometri, Dinas Kesehatan belum memiliki tim pemantau pemanfaatan PMT, jenis susu hanya ada untuk umur 1 tahun, PMT masih digunakan untuk keperluan lain, pemantauan status gizi tidak dilakukan di rumah pasien. Penilaian dilakukan pada akhir program penanganan. Peningkatan status gizi balita sebesar 74,06% dan balita yang tidak naik status gizinya sebesar 25,94%.

Kesimpulan bahwa manajemen penanganan kasus balita gizi buruk di Dinas Kesehatan sudah baik tetapi masih ada kekurangan seperti terdapat pada hasil penelitian. Disarankan kepada Dinas Kesehatan untuk menyediakan sarana prasarana lebih lengkap, menunjuk petugas khusus pemeriksaan antopometri, memaksimalkan kegiatan konseling, serta membentuk tim pemantau pemanfaatan PMT.

Kata kunci : Evaluasi Program, Kasus Balita Gizi Buruk, di Dinas Kesehatan

Kepustakaan : 29 (1996 – 2012)

**Diponegoro University**

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**ABSTRACT**

**Ika Diyan Mariyani**

**Management Evaluation of Prevention Program of Malnutrition in Children under Five Years Old at Semarang City Health Office in 2012**

**xvi + 108 pages + 6 tables + 3 figures + 13 appendices**

Protein Energy Malnutrition among children was being nutritional and public health problems in Indonesia. Recovery efforts for cases of malnutrition in children under five years old in Semarang City had been made. Notwithstanding, not all children who followed a recovery program increased their nutritional status. The aim of this study was to evaluate the implementation of a prevention program of malnutrition in children under five years old at work area of Semarang City Health Office (CHO) in 2012.

This was a descriptive-qualitative study. Data were collected by conducting indepth interview and observation. Main informants consisted of four nutrition staffs at Semarang CHO and informants for triangulation purpose consisted of head of CHO, head of family health department, head of nutrition section, a nutritionist at a health centre, and a mother of child under five years old with malnutrition. Data were analysed using a method of content analysis.

The results of this research showed that regarding input factor, there was insufficient number of nutritionists, no nutritional recovery room, not optimal in using educative toys and food models to disseminate information, and only one height and weight measuring device available. Regarding process factor, there were some incapable nutritionists in measuring anthropometry, CHO did not have a team to monitor the utilisation of supplementary feeding, available milk was only for children aged one year, supplementary feeding was also used for other necessities, and monitoring of nutritional status was not conducted at a patient’s house. Assessment was done in the end of the program. The increase of nutritional status occurred among 74.06% of children under five years old, otherwise as many as 25.94% of children under five years old remained constant.

In conclusion, CHO has well managed the program. However, there are still any problems. CHO needs to complete means, appoint special officer to conduct anthropometric measurement, optimise counselling activities, and form a team to monitor the utilisation of supplementary feeding.

Keywords : Program Evaluation, Malnutrition In Children Under Five Years

Old, Health Office

Bibliography: 29 (1996-2012)