

Acute Respiratory Infection Control Program District Health Officer Mimika

Dwi Crisdiyantoko¹, Arry Pongtiku², A.L. Rantetampang³, Anwar Mallongi⁴

¹Magister Program of Public Health, Faculty of Public Health, Cenderawasih University, Jayapura.

^{2,3}Lecturer of Master Program in Public Health Faculty of Public Health, Cenderawasih University, Jayapura

⁴Environmental Health Department, Faculty of Public Health, Hasanuddin University, Makassar, Indonesia

Corresponding Author: Dwi Crisdiyantoko

ABSTRACT

Background: The control program of ARI disease of Mimika Regency Health Office in achieving the target and objectives of ARI control, the control strategy of ARI is described in human resources capacity, availability of facilities and infrastructure, funding, partnership, promotion, discovery and management of case, surveillance and recording and reporting. From the data available in Mimika Regency coverage of ARI program is still low and does not reach the target set.

Purpose of research: to understand ISPA disease control program in Work Area of Mimika Regency Health Office.

Research Method: Qualitative with survey study approach conducted in May 2018 in the District Health Office of Mimika Regency with the number of informants as many as 7 people. The data obtained is processed by descriptive qualitative.

Result of research: Human resource capacity in Disease Control Program ARI is not maximal with lack of doctors. Inadequate facilities and infrastructure include ARI sound timer and forms. There is no special allocation fund in the Acute respiratory infection Disease Control Program. The partnership works well with partnering with Posyandu cadres. Promotion is not optimal, due to the lack of media outreach. Discovery and Management of Cases in the Acute respiratory infection Disease Control Program are not with MTBS, due to the absence of MTBS forms, ARI control guide books and availability of

doctors. Surveillance is done manually based on existing case data and recorded in the service. Reporting and reporting are not reported to run optimally or reported monthly within the specified time.

Keyword: Control program Acute respiratory infection disease, Mimika

1. INTRODUCTION

Acute Respiratory Infection (ISPA) is still one of the important public health issues to note, because it is an acute illness and can even lead to death in infants in various developing countries including Indonesia. Acute respiratory tract infections are caused by viruses or bacteria. Anatomically, ARD can be divided into two parts, namely upper respiratory infection and lower ARI (Maryunani, 2013). The disease begins with heat accompanied by one or more symptoms: sore throat or sore swallow, runny nose, dry cough or phlegm (Kemenkes RI, 2013). The World Health Organization (WHO) reports in 2017 that Acute Respiratory Infections (ISPA) and pneumonia are among the most common causes of death among children in the world. This acute respiratory infection causes deaths in children under 5 years of age each estimated at 4 out of 15 million and as many as two-thirds of these deaths occur in infants (WHO, 2017). Ministry of Health of Indonesia in the year 2017 reported the Mortality Rate of BCI or AKABA equal to 27 per 1000 live birth (BPS, 2017). The cause of infant mortality due to ARI (7.60%) with the incidence of

ARI nationally in infants (57.84%). ARI incidence in Papua Province in 2017 as a whole reached 31% (MoH RI, 2017).

Efforts made by the government through the Department of Health in the prevention of ARI disease by establishing the ARPA Disease Control Program (P2). Acute Respiratory Infection Control Program Acute Respiratory Tract Infection is an eradication program for infectious diseases aimed at reducing illness and death rates from acute respiratory infections, especially pneumonia (an acute pulmonary infection) under the age of five years. The ISPA P2 program is developed by referring to the concept of integrated management of infectious diseases and regional environmental sanitation. The concept includes the handling of disease sources, environmental risk factors, behavioral risk factors and disease incidence by taking into account local conditions (Ministry of Health RI, 2015). Based on data obtained from health service sector of ARI cases in Mimika District In 2014, the number of ISPA cases is 44,579 cases, 2015 cases are 64,529 cases, 2016 cases are 51,644 cases and in 2017 are 53,888 cases. Reports from 23 Puskesmas, 5 Puskesmas that reported the discovery of the number of cases of pneumonia balitayang found and 128 people (5.8%) (Health Office Mimika, 2017). The purpose of this study is to understand the Acute Respiratory Infection Control Program (ISPA) in the Work Area of the Mimika Regency Health Office ".

2. MATERIALS AND METHODS

Qualitative approach with survey study conducted in May 2018 in the District Health Office of Mimika Regency with the number of key informants as many as 7 people. The data obtained is processed by descriptive qualitative.

3. RESULTS AND DISCUSSION

3.1. Human Resource Capacity in Disease Control Program (P2) of ARI in Work Area of Mimika Regency Health Office

a. Human resources in the implementation of ISPA P2

Based on the results of interviews that human health resources exist, five informants said enough available including with doctors, while two other informants said there is no doctor in the ARI handling, there is only nurses in the implementation of ARI. Human resources is the most important element or capital in an organization because HR plays a role in determining the direction and objectives of the organization, organizational progress and determine the success of the organization and the role of implementing management activities (Fathoni, 2006; Satrianegara, 2009). The condition of puskesmas personnel can affect the quality of puskesmas servants. The condition of personnel owned by the puskesmas can be seen from the number of workers, educational background, the training that has been followed, the skills and special skills possessed, the working period, the workload, and the occupation history. In this study, the evaluation of human resources inputs supporting the implementation of the discovery of pneumonia infants is focused on the number of P2 ISPA owned by the puskesmas and the availability of trained personnel of ISPA P2 at the Puskesmas. This is because both of them are indicator of puskesmas have ready to give service of P2 ISPA to public.

Based on the results of the study note that the number of P2 ISPA at the health center does not comply with existing guidelines. The number of manpower available is 1 person, while according to the guidance of P2 ISPA at puskesmas should consist of 1 medical person and 2 paramedics. This is acknowledged by three informants from puskesmas (Informants 1,2 and 3) who stated that there are no doctors. This incompatibility is due to the limited number of puskesmas staff and the number of health programs or efforts to be implemented by the puskesmas so that they can not meet the standards. In order to find the activities of pneumonia sufferers at the

community health center still running then in the daily execution of the discovery of pneumonia infants of the officers holding program P2 ISPA assisted by all health workers in the health center.

b. Training of ISPA P2 personnel

Based on the interviews that the training of ISPA P2 personnel, three informants said that there had been P2 ISPA training but it was a long time ago and implemented in 2013, 1 informant said that there had been training but never trained about filling the form in MTBS and reporting while 2 informants others say there has never been any training provided by the Health Office. The availability of trained puskesmas in program and technical management of ISPA P2 is in accordance with the guidelines, although the type of training that has been obtained does not match the guidelines. Because according to the guidance of ARI control control that should be received by health personnel at puskesmas in the form of ARI management training, ISPA control program management training and verbal autopsy training of pneumonia death of toddlers, but in reality the trained personnel only get training of ARI management and ISPA management. The officers who have received the training are the officers holding the ISP P2 program who served before and the program officer of ISPA P2 who currently has not attended the training but has attended the verbal autopsy work on premature death from pneumonia. In ARI control activities, training for health workers is the most important part of ISPA P2 program in improving human resources capability especially in case management and program management (Ditjen P2PL, 2011).

Although there are available puskesmas personnel trained management program and technical P2 ARI but the number is still lacking. Because the program holders of P2 ISPA puskesmas only amount to 1 person per puskesmas. The availability of trained personnel in the puskesmas is in line with the results of the evaluation of the

implementation of MTBS pneumonia at puskesmas of Lumajang Regency in 2013 conducted by Diah P. and Lucia Y.H. (2013). From the research it is known that the number of health workers who have been trained MTBS by the Health Office the number is still less to provide services pengery sickness so that the implementation of MTBS has not run secaramaksimal. One effort that can be done by Mimika Regency Health Office in improving the quality of program officer P2 ISPA and solve problems faced by officers in the field that is by conducting routine meeting / workshop / refreshing antartetisi program holders P2 ISPA. Hal same can also be done in the level of puskesmas among health officials. Thus the obstacles and problems encountered during the implementation of the patient's discovery activities can be solved well so as not to affect the quality of services provided.

3.2. Availability of facilities and infrastructure in Disease Control Program (P2) of ARI in Work Area of Mimika Regency Health Office

a. Facility in this case logistic for activity of discovery and management of patient

Based on the interviews, two informants said that the available logistics is sufficient, while five other informants said logistics are available, but still minimal and insufficient. Logistics is a science and or art and process of planning and determining the needs of procurement, storage, distribution and maintenance and removal of materials / tools. Logsitik in ISPA P2 program according to control guidance of ARI, that is drugs include availability of antibiotics,, antiviral (oseltamivir), medicines supporting (fever, etc). In addition the second is the tools include ARI sound timer, concentrator oxygen, the availability of PPE for laboratory personnel, health center and field. the third is the KIE and audio-visual media and the sixth is the availability of recording and reporting forms (Kemenkes RI, 2011). Be aware of the results of the

logistic interviews for the discovery and treatment of patients consisting of the availability of ATK, the availability of pneumonia surveillance manuals, the availability of KIE pneumonia infants, the availability of surveillance kits, the availability of ISPA P2 data collection forms, and the availability of classification tools (ARI sound timer) in accordance with existing guidelines. Although the availability is appropriate but there are still some problems, namely the manual used by the program officer P2 ISPA Puskesmas in the form of pneumonia management manual, ARI control guide manual and MTBS manual. Ideally, the guidebook used by health workers to carry out pneumonia surveillance consists of ARI disease control manuals, guidebooks for under-five pneumonia management, and surveillance manuals.

The result of the informant statement stated that the availability of the manual only one informant said there was, but the old guidance while the five informants said the absence of manuals in the implementation of ARI. In addition the available form and used by the officer holders of ISPA P2 program to collect data that is MTBS form and monthly P2 ISPA report form whereas according to the manual there is form implementation of activity of pneumonia toddler consisting of form stamp of ISPA, form care seeking, PWS pneumonia, and monthly P2 ISPA report form. The lifetime of ARI sound timer at the Puskesmas level does not match the existing guidelines. Because according to the guidelines, the maximum lifespan of the tool is 2 years or 10,000 times usage while based on the research results ARI sound timer used will be replaced if the tool has been used for 3 years or has been damaged. So in the informant statement that two informants stated the sound timer in the implementation of P2 ISPA is old and not functioning properly and there are no officers who fill out the ISPA form in the implementation of ARI due to unavailability of MTBS form.

b. Logistics for activities of communication and information dissemination activities

Based on the interviews, three informants stated that the facilities in counseling exist, but still very minimal, especially media in counseling such as leaflets and posters in information delivery. While four informants stated that the media in counseling is not existed. The printed media logistic provided by P2ISPA program for communication and information dissemination activities are from guidebook of ISPA P2 program, verbal guideline, management book of ISPA patient (integrated with MTBS), ARI handbook for posters, and back sheets (MoH RI, 2011). Media communication, information and education, one of which is a flipchart is an effective means of communication, which has been tried especially in developing countries for positive change. As for extension media (Electronic and Print) ISPA is the availability of DVDs for children under five years of age, spot TV and spot radio on pneumoniabalita, poster, leaflet, flipchart, advocacy kit and community empowerment kit (Kemenkes, 2012). Counseling given at the health center in the form of counseling using the lecture method and the media used is leaflets. So the use of electronic counseling is never done. Availability of leaflets by Puskesmas is a program of health promotion, but not specific in P2 ARI program because it does not have a special budget, so the lack of media availability and information dissemination related to the availability of funds provided. This has an impact on the community's lack of knowledge about ARDs in the prevention of ARI and the discovery of people with pneumonia, because the family knows the disease pneumonia.

It is also revealed by Marlinawati Research (2015) that Puskesmas that have printed material about ISPA have the opportunity to be more qualified in case management than Puskesmas that do not have printed material about ISPA. Research Isroyati (2015) states that there is a

significant relationship between the availability of printed matter at puskesmas pelaksana MTBS with the discovery of patient pneumonia. Besarnya possibility of interrelation of the availability of printed goods with the scope of the findings of pneumonia sufferers is caused because printed matter important as one of information material and reference materials in the management case.

3.3. Funding in the ARPA Disease Control Program (P2) in the Working Area of the Mimika Health Office.

Based on the interview result that all informants said there is no special fund for ISPA program. in this case the existing funds in the form of BOK funds available at Puskesmas. Komponen funding (money) is one element that is also important to support the sustainability of the implementation of programs or activities. The availability of funds can affect the quality of health services provided by a health service (Azwar, 2010). Based on the result of research, the fund source of puskesmas to run its programs do not have special fund according to the existing guidance, that is fund allocation for ISP P2 program. The absence of allocation of funds for the implementation of P2 ARI programs, especially pneumonia due to the discovery of patients with pneumonia is still passive or no tracking activities in the field. Unavailability of funds allocated specifically for P2 ISPA / Pneumonia program in place or community home.

This study is in line with the results of a study from Pane (1998) which states that the costs and policies are relatively less favorable towards the implementation of P2 ARI programs, especially for the category of pneumonia in Bogor Municipality, and Diah P. and Lucia Y.H. (2013) also stated that a special budget for pneumonia is not available for the implementation of the MTBS Pneumonia program. The unavailability of special fund allocations does not mean that program implementation can not work. This is in line with Nurhayati

(2011) research, although there are activities / programs in Puskesmas that do not have allocation of funds, the implementation of these activities is still running even though the result is less than the maximum.

In order to implement the P2 ISPA program at the puskesmas where the research is still running, the head of puskesmas and the financial manager have a special strategy to overcome the problem that is if there are activities related to P2 ISPA program (pneumonia) that require funding then the activity will be included in the activities of the program others with funding allocations.

3.4 Kemitraan dalam Program Pengendalian Penyakit (P2) ISPA di Wilayah Kerja Dinas Kesehatan Mimika

a. Partnership in ISPA P2 program

Based on the interviews, two informants said that there were no partners in the implementation of the ARI program, while five informants said there was a partnership in the implementation of the ISPA P2 program, the posyandu cadres who assisted in the implementation of the finding of ARI cases in toddlers held at posyandu. Partnership is an important factor to support the success of the development program. Partnerships within the ISPA Control program are directed to enhance community participation, across programs, across related sectors and decision-makers including funders. Thus the partnership building is expected to be further improved, so that the approach to control of ARI especially Pneumonia can be implemented in an integrated and comprehensive manner. The ISPA control interventions are not only focused on the patient but on the risk factors (environment and population) and other factors that influence through the active role support of other competent sectors. Partnership activities include regular meetings with: cross-program and related sectors, civic organizations, community leaders, religious leaders, universities,

health professional organizations and the private sector (Ministry of Health RI, 2011). Partnership that is run in ISPA P2 program is not optimal yet, which from statement of partner informant in case invention cooperates with cadre related to mobilizing function. Focus Group discussion (FGD) result to 15 cadre personnel revealed that 4 people have attended training of case invention ARI given by puskesmas officers, while 11 cadres have never received training in finding ARI cases. This suggests that partnerships built with cadres have not been strong in mobilizing case finding in families.

b. Partnerships run in the ISPA P2 program

Based on the interviews, two informants said that there were no partners in the implementation of the ARI program, while five informants said there was a partnership in the implementation of the ISPA P2 program, the posyandu cadres who assisted in the implementation of the finding of ARI cases in toddlers held at posyandu. FGD interview result with health cadres and health officer of Puskesmas got some methods of prevention and care of children with ISPA at home that is doing healthy life habit such as always mencucitangan after treating ISPA patient, using mask when exposed to ARI and from FGD result also known that cadres have not been able to detect symptoms ISPA Pneumonia. This indicates that the function of the P2 ISPA program in Puskesmas has not been maximal, where partnership with cadres is still minimal knowledge in the finding of ARI cases in toddlers, especially the discovery of pneumonia in balita. Kader health is the energy of the community selected from the community and work together for the community volunteered and trained to handle both public and private health issues and to work in close relationships with health care providers, especially on prevention and care of infants with ARI. Lack of training on health cadres led to the discovery of cases of pneumonia in toddlers becomes difficult.

c. Barriers in partnership in ISPA P2 program

Based on the interviews, all informants said that there were no obstacles in the partnership, where two informants said that in the absence of partnership and five informants said that the partnership was done by kader and they agreed and agreed to do it because they live in the area and are the activator of posyandu cadres.

Partnerships and networks are important factors to support the success of the program. Network partnerships in the ISPA P2 program are directed to enhance community participation, across programs, across relevant sectors and policy makers including funders. The increase of network is needed to improve the coordination of the implementation of ARI disease control among various levels ranging from planning to evaluation of the program. In addition, the increase in networking can also help officers holding ISPA P2 program to determine appropriate interventions and follow-up in accordance with field conditions and risk factors (DG P2PL, 2011). In the control of ARI through efforts to build partnerships and networks with several parties have been implemented properly. Puskesmas parties are cooperating with puskesmas and across sectors. Efforts to improve the capacity of human resources (HR) undertaken by the Puskesmas less than the maximum. if there is no specific training effort for the ARI program.

Based on the results of the research, it is known that the target of the results of the surveillance of the discovery of pneumonia infants at the puskesmas consists of the heads of puskesmas, puskesmas officers, TB program holders of puskesmas and Mimika Regency Health Office. The availability of market results of the implementation of surveillance activities discovery of patients with pneumonia under five has been in accordance with existing guidelines. Partnerships and networks established by ISP program officer P2 can be said to be not maximized, because it only involves Mimika District Health Office,

head of puskesmas and responsible for TB program of puskesmas. So that the intervention and follow-up of ISPA hanay disease control is done by puskesmas only without home visit, in this case the patient with severe pneumonia and patient who do not do the re-visit and re-examination of patient of pneumonia that there is suspicion of TB.

3.5 Promotion in the ARPA Disease Control (P2) program in the Working Area of Mimika Regency Health Office

a. Activity Guidance of ISPA P2 Program

Based on the results of the interviews, all informants said that the extension activities were conducted at the Puskesmas and Posyandu and in accordance with expectations, but the obstacles mentioned about the media that became obstacles in the delivery of extension. The target information is where the organization marketing and disseminate its products (information) (Handoko, 2011). The purpose of the promotion is to create partnerships and networking. According to the surveillance manual, involved in the infant pneumonia surveillance system is a prog that is closely related to morbidity and mortality of infants, such as: imusisation, kesling, nutrition, KIA, Promkes, other diseases such as pulmonary TB, diarrhea, malaria, HIV / AIDS; Local government with related offices (Dinas Kesehatan); and NGO, PKK, Health Cadre, Higher Education, etc. (Ditjen P2PL, 2011)

Based on the results of the interviews, all informants said that the activity of penyuluhan was done in Puskesmas and posyandu and in accordance with the expectation, but the obstacle mentioned about media which become obstacle in extension delivery. Sleainitu existing obstacles are gathering people or the community in extension activities, so more counseling in patients who seek treatment with pneumonia, so the promotion is not running effectively.

b. Obstacles in giving counseling of ISPA P2 program

Based on the interviews, four informants said that there were obstacles in counseling, where 2 informants said the number of limited extension workers and extension workers only 1 person, while 2 other informants said the obstacle is gathering the person to be given counseling and must be checked first the number of existing targets before giving counseling. The other three said no obstacles. Health Promotion Strategy according to Ottawa Charter strategy conducted by Health Office of Mimika Regency through strengthening health-oriented policy where in Mimika Regency Health Office itself there is no written policy of ISPA special health insight, only through himbaun to community to do PHBS and when going out of house. Creating a supportive environment. Health promotion efforts through a strategy to create a supportive environment conducted by Mimika Regency Health Office is not optimal. Health Centers Mimika District Health Office so far in its implementation only in assisting by health cadres through community movement with PHBS training. In an effort to develop individual skills undertaken by the District Health Office Mimika less than the maximum. Puskesmas did not do special training. One of the causes of the absence of special training due to lack of support from the Dinas Kesehatan.

In an effort to generate community participation is also done through health cadres. Puskesmas provide knowledge to health cadres. The training will be given by the cadres, so that knowledge will be gained from the cadres through their experience with health workers at posyandu and cadres who attend training and refresher of posyandu cadres. Posyandu cadres from FGD interviews conducted activities to increase knowledge and awareness of balitapneumonia family in the search for health services. Activities are follow-up or tracking of pneumonia patients who do not control again after two days of treatment

and at the time of patient visit, health officer / ISPA conducting counseling about pneumonia to family of sufferers.

3.6 Invention and Management of Case in Disease Control Program (P2) of ARI in Work Area of Mimika Regency Health Office

a. Guidelines for implementation of case discovery and management

Based on the results of interviews that five informants said that there are obstacles in the implementation of discovery findings and case management is the absence of ARI guidebook. One informant said he used the old book in the implementation of P2 ISPA and 1 informant said it was running and done in Polik conducted by doctor or nurse.

Efforts of discovery and management of pneumonia at Health Center of District Health Office of Mimika Regency is not maximal is passive, where patient come to Puskesmas there is no active discovery from Puskesmas. Efforts to provide logistics at Mimika Regency Health Office are in conformity with ISPA control guidelines, where medicines provided by Puskesmas are commonly used for various diseases so that their provision is integrated with other programs and proportion as needed. IEC equipment and media in Puskesmas is inadequate. Supervision activities on ARD disease control in Mimika Regency are not in accordance with ISPA control guidelines.

Training conducted only through the extension of PHBS conducted to health cadres. Mimika Regency Health Office did not implement the program development effort. This is because in Mimika Regency Health Office there is no specific program for the implementation of ARI control. Mimika Regency Health Office in an effort to verbal autopsy for ARI disease control is less than the maximum.

The steps taken by Health Center of Mimika Regency Health Office in searching the cause of a sickness or death due to a disease first, there are reports from the

community, then Puskesmas conducting epidemiological investigation (PE). According to ISPA control guidelines that should be carried out by the Puskesmas in the verbal autopsy effort, the Puskesmas asks for information or information about various events related to morbidity or death. Efforts made by Mimika Regency Health Office related to monitoring and evaluation of ARI control program is less than the maximum.

This is because there are some components that are not done monitoring and evaluation. The health promotion Strategy according to WHO conducted by Mimika Regency Health Office, Mimika District Health Office has advocated to the construction, community leaders and the District. The advocacy effort that was undertaken by the Mimika Regency Health Office was not maximal. The Strategy of Mina Bina is not optimal, the Puskesmas does not approach all related parties such as community leaders. Mimika Regency Health Office in doing health promotion efforts with community empowerment strategy can be quite good because it is done through extension activities. The Mimika District Health Office involves the health worker in the counseling to improve the awareness, ability and the willingness of the community in conducting PHB especially in the household to prevent the risk factors of ARD.

b. Implementation of MTBS in Puskesmas in the management of ARI cases

Based on the results of the interviews that the whole said in case management was handled, 4 people said it was handled by doctors and 3 informants said it was handled by nurses. of the seven informants, 4 informants said according MTBS and three other informants not appropriate MTBS. The result of observation of other factors influencing the coverage of pneumonia under five is the management system of MTBS. The results of interviews with program officials and observation of padapoli KIA indicate that

some community health workers have not claimed special MTBS, limited MTBS forms even some officers do not use MTBS form and the long-term service of MMTBS to override non-compliance officers in MTBS approach. Integrated Management of Childhood Illness (MTBS) or Integrated Management of Childhood Illness (IMCI) is an integrated approach in the management of infant under-five with a focus on health of children aged 0-59 months (toddlers) as a whole. MTBS is a management of infants and sick children for 2 age groups, namely: age group 7 days to 2 months and age group 2 months to 5 years (MOH, 2010).

In Integrated Management of Toddler Pain, the management model can include the assessment of the signs and symptoms of a disease by asking, seeing and hearing, touching with other words can be done by physical examination on the basis and anamnesa. Make a classification, by determining the gravity of a disease used to determine the action not the specific diagnosis of the disease. Determine the action and treat, which is to provide treatment measures in health facilities make prescriptions and teach mothers about drugs and actions to be done at home. Provide counseling by assessing how to feed and when the child should return to a health care facility. Providing follow-up services on revisit (MOH, 2010). The most important activity in the discovery of cases of pneumonia toddlers is the case management or currently better known as MTBS.

Through the MTBS can be known a toddler menderitapneumonia or not. Because the management of pneumonia with MTBS is the spearhead of the discovery of pneumonia cases under five at the Puskesmas Puskesmas in Mimika Regency that failed to achieve the national target based on the results of the study, it is known that the management is done, if there is a case of pneumonia. However, as explained earlier, cases of pneumonia at the Puskesmas are not found. This is due to the absence of trained officers on the disease pneumonia, the information is submitted by

one of the heads of public health that failed to achieve the national target. Treatment of pneumonia under five at the Puskesmas that failed to achieve the national target was performed by a GP and assisted by a midwife or nurse. If the doctor does not perform the services at the Puskesmas, then the treatment is a midwife and nurse. However, the midwife or nurse at the Puskesmas, has never received training or has not understood the details of pneumonia toddlers. As a result in the activity was not found cases of pneumonia toddlers.

Thus, in this study found the similarities in terms of management activities pneumonia under-five among Puskesmas yang not successful in achieving national targets. Because all healthcare not all conduct management or MTBS. Differences can be found in the management officer. Similarly, the quantitative research done by Hidayati and Wahyono (2011), it is known that there is a relationship between the management of MTBS services with the occurrence of pneumonia toddlers or case invention. This happens because of the large number of steps or stages of the process of inspection until treatment based on MTBS services, especially pneumoniadilaksanakan entirely by authorized or trained officers. It is supported by a statement from expert informants. According to key informants at the time of the management of pneumonia balita.seharus submitted to the authorities of doctors and personnel who have been trained in the management of pneumonia toddler or MTBS. Meanwhile, for the discovery of cases of toddler pneumonia may be done by anyone who has gained knowledge about pneumonia toddlers. Therefore, health center officers are expected to implement the management of pneumoniabalita or MTBS in accordance with the procedures established by the Ministry of Health, in order to find cases of underfive pneumonia as possible in the Puskesmas.

3.7 Surveillance in the ARPA Disease Control Program (P2) in the Work Area of the Mimika Regency Health Office

a. The recommended method in the implementation of ISPA P2 program

Based on the interviews that one informant said that the implementation with the MTBS method has been implemented and the data is recorded, four informants said that the data collection is collected by the ISPA responsible and in the police then alerted and sent to the service. One informant said the MTBS is already running but needs to be checked again before it is reported. The collected ARI collected data is one of the methods of this pneumonia surveillance system to know the description of pneumonia events in epidemiologic distribution according to time, place and person in sentinel region, knowing the number of deaths, case fatality rate (CFR) pneumoniausia0 - 59 months (Balita) and ≥ 5 year, availability of data and risk factor information for alertness of epidepressant pandemic influenza infection epidepressant of the implementation of ISPA program in its implementation, the main obstacle faced is accuracy and reporting. In addition, monthly report submissions are sent through reports and soft files resulting in early detection delays, data analysis and feedback.

Reports to prevent Extraordinary Diseases (KLB) and according to Government Regulation No.40 of 1981 on the Control of Infectious Disease Outbreaks are the occurrence or incidence of epidemiological or epidemiological morbidity in an area, over a period of time and is a condition that can lead to an outbreak. The Influenza pandemic is an outbreak influenza disease that affects many countries in the world established by WHO. While surveillance sentinel pneumonia is preservative epidemiological surveillance in population and limited areas to know: the magnitude of the incidence of pneumonia and risk factors; Whether or not there is a signal of a pandemic Influenza in a wider

population or region (Ministry of Health RI, 2011).

Reporting of surveillance of pneumonia that has been reconstructed is distinguished between age group from puskesmas location every month in monthly report by Puskesmas to Mimika Regency Health Office based on ISPA case report found in examination in polic of Puskesmas.

b. Processing and data analysis in ARP P2 program

Based on the interviews that six iforman said processing and data analysis in ISPA P2 program after data collected and recorded manually in the form of tables and sent to the District Health Office Mimika, while one informant said after the data collected in the Health Department and conducted analysis of appropriate or findings ratio Data processing and analysis were performed by the health office through data reported from the Puskesmas and hospitals and other health institutions to find out the number of deaths, the case fatality rate (CFR) of pneumoniausia0 - 59 months (Balita) and ≥ 5 years. The data that has been collected both from the institution itself and from the outside institution then perform processing and analysis. Processing and data analysis is performed by Puskesmas, districts / cities and provinces. At the level of Puskesmas processing and data analysis is directed for the purpose of direct corrective action and annual operational planning. At the district / municipality level, it is directed for the purpose of assisting the action and determining the control policy as well as the annual / 5 annual planning in their respective working areas.

Through the support of accurate ISPA data and information resulted in the study and evaluation of sharp programs so that appropriate corrective action and annual and mid-year planning (5 years) can be done. Possible trends or potential problems can be well anticipated, especially in the control of pneumonia.

c. Presentation and feedback data in ISPA P2 program

Based on the interviews that one processing and data analysis in the ISP P2 program all informants said that after the data is collected and recorded manually and then sent to the service and made in the form of a ratio table as the continuation of the ISP P2 program implementation.

Methods are rules, policies and or working procedures that govern the course of the implementation of activities in order to run in accordance with the expected. In the implementation of surveillance, the discovery of pneumonia sufferer consist of target of pneumonia toddler detection, technical guidance of ISPA P2 and data management of ISPA P2 program. Based on the results of the method research in the implementation of surveillance of the discovery of pneumonia sufferers consisting of the availability of the target of pneumonia detection, the availability of technical guidance, and the management of the P2 ISPA program data have been in accordance with the existing guidelines. Target is a benchmark in the form of a nominal number or percentage that must be reached at the end of the year (MOH, 2006).

Target of pneumonia toddler detection is the number of pneumonia infants to be reached in a region within 1 year in accordance with the policies that apply every year nationally (Ditjen P2PL, 2011). The availability of targets for the discovery of pneumonia under five at the puskesmas is also an indicator that indicates that the puskesmas are ready to carry out the discovery activities of pneumonia infants.

Technical guidance is the regulation of matters relating to technical activities, not related to authority and procedures of implementation. Technical guidance used by program officer of ISPA P2 Puskesmas to find patient of pneumonia toddler that is MTBS chart, according to recommendation and mutual agreement between program holder P2 ISPA Puskesmas with program officer of P2 ISPA of Mimika Regency

Health Office. Availability of technical guidelines P2 ISPA in puskesmas becomes an important thing in running the program P2 ISPA especially for the discovery of patients with pneumonia toddlers as it helps facilitate the officer to prepare and carry out surveillance activities discovery of pneumonia sufferers toddlers properly and correctly.

3.8 Recording and reporting in the ARPA Disease Control Program (P2) in the Work Area of the Mimika Regency Health Office.

a. recording of ARI Patients

Based on the results of interviews that one ISPA disease report is all done in the clinic polyclinic of the puskesmas and the subsequent subsequent recapitalization. One informant from the Health Office said the data that had been taken by the puskesmas was then recorded into one. Recording activity in the case of pneumonia balitaharus should be done routinely, to monitor the number of pneumonia cases under five at the Puskesmas. Recording and reporting activities conducted by the person in charge of the program, this is done to know the achievement of program targets that have been made. In this study, conducted in-depth interviews and observation media recording and reporting to support the information obtained. Based on information obtained from the head of Disease Prevention and Disease Mimika District Health Office Puskesmas and responsible P2 ISPA in Puskesmas that failed to achieve the national target, it is known that the recording and reporting activities carried out by the responsible P2 ISPA. Recording is done after hours of service on a regular basis, this can be known from the register P2 ISPA at the time of observation.

Recording and reporting activities at Puskesmas are not maximal, because records are done manually done by disease prevention and control officers, especially those responsible in ISPA section after the data collected and then made in tabular form without any explanation. While in the

Health Department conducted an analysis for the next policy.

b. Timeliness of the reporter in the ISP P2 program

Based on the results of the interviews that the whole said the report was given after the data was collected or had been recorded, where three informants said the data was completed on the 25th and then reported while four other informants said the 5th to be reported to the Office. One informant from the Health Department disclosed the data that has been captured and then made one using the excel application by the responsible program. In addition, the report P2 ISPA experiencing delays, especially for puskesmas far distant because of inadequate transportation facilities, so the report is given within 1 month. Those who experience a minimum delay of 1 month are reported to be at the same time as the next monthly report.

c. Recording and reporting is complete

Based on the interview result, 2 informants said the data that have been recorded and then reported every month, while 4 informants said the data has been recorded, but often experience delays and reported within 1 month because the data is not complete and the distance is far. This is in accordance with the statement of one informant from the health department who said that the data is often experienced delays and usually they send when it is complete within 1 month and if late submitted simultaneously next month. To implement ISPA control activities, baseline and complete and accurate data are needed. The baseline data or information is obtained from routine tiered reporting from health service facilities to the center every month. Reporting of routine cases of pneumonia is not only sourced from Puskesmas sajatetapi from all health services facilities both private and government, sentinel surveillance reporting pneumonia all age groups from the sentinel site every month

and influenza case reports during the pandemic (Kemenkes RI, 2011).

4. CONCLUSION

Based on the research results can be concluded as follows:

1. Human Resource Capacity in Disease Control Program (P2) of ARI in Work Area of Health Office of Mimika Regency not yet maximal with shortage of doctors at remote health center.
2. Availability of facilities and infrastructure in Disease Control Program (P2) of ARI in the Work Area of Health Office of Mimika Regency is inadequate covering ARI sound timer, MTBS form and guide book in ARI handling.
3. Funding in the ARPA Disease Control Program (P2) in the Working Area of the Mimika Health Office there is no special allocation of funds, so that more services are done at the puskesmas without visiting the patient for ARI.
4. Partnership in Disease Control Program (P2) of ARI in Work Area of Mimika Health Office can run well by partnering with posyandu cadre in giving counseling and finding of ARI cases.
5. Promotion in Disease Control Program (P2) of ARI in the Work Area of Health Office of Mimika Regency is not optimal yet, due to the lack of extension media and the community in giving counseling, so the counseling is done at puskesmas especially for patient who have treatment.
6. Discovery and Management of Cases in Disease Control Program (P2) of ARI in the Work Area of Mimika Regency Health Office has not been maximal yet, ie not all puskesmas implement MTBS, due to lack of form and availability of doctors.
7. Surveillance in the ARI Disease Control Program (P2) in the Work Area of Mimika Regency Health Office is done manually based on existing case data and recorded in the service. Then

analyzed by Health Department in policy making of ISPA P2 program.

8. Recording and reporting in the ARPA Disease Control Program (P2) in the Working Area of the Mimika Regency Health Office reported to be not running maximally due to delay in accordance with the stipulated time.

REFERENCES

- Alamsyah. D., (2012). *Manajemen Pelayanan Kesehatan*. Nuha Medika, Yogyakarta.
- Azwar, A.,(2013). *Pengantar Administrasi Kesehatan*. Bina Rupa Aksara, Tangerang.
- Badriah. (2013). *Gizi Dalam Kesehatan Reproduksi*. Nuha Medika, Yogyakarta.
- Bertha Kamo, Yermia Msen, A.L. Rantetampang, Anwar Mallongi, 2018. The Factors affecting with Four Visited at Public Health Centre Sub Province Mimika Papuan Province. *International Journal of Science and Healthcare Research*. Vol.3; Issue: 2; April-June 2018
- Bustami, (2012). *Penjaminan Mutu Pelayanan Kesehatan & Akseptabilitasnya*. Erlangga, Jakarta.
- Choiriyah, S., (2015). *Evaluasi Input Sistem Surveilans Penemuan Penderita Pneumonia Balita di Puskesmas*. Unnes Journal of Public Health. <http://journal.unnes.ac.id/sju/index.php/ujph>. diakses 20 Maret 2018.
- Diah P. dan Lucia YH., (2013). *Evaluasi Pelaksanaan MTBS Pneumonia Di Puskesmas Di Kabupaten Lumajang Tahun 2013*, *Jurnal Berkala Epidemiologi*, Volume 1, No. 2, September 2013, hlm. 291-301
- _____Dinkes Prov. Papua, 2016. *Profil Kesehatan Prov. Papua*.
- _____Dinkes Kab. Mimika, 2017. *Profil Kesehatan Kabupaten Mimika*.
- Handayani, L., (2009), *Peran Tenaga Kesehatan Sebagai Pelaksana Pelayanan Kesehatan Puskesmas*, Laporan Penelitian, Puslitbang Sistem dan Kebijakan Kesehatan, Surabaya.
- Fathoni, A., (2006). *Organisasi dan Manajemen Sumber Daya Manusia*, Rineka Cipta, Jakarta.
- Fitriani, (2013). *Promosi Kesehatan*. Giri Ilmu, Surabaya.
- Hartono dan Rahmawati. (2012). *ISPA. Gangguan Pernafasan Pada Anak. Panduan Bagi Tenaga Kesehatan dan Umum*. Nuha Medika, Yogyakarta.
- _____Kemenkes RI, (2013). *Informasi Pengendalian Penyakit dan Penyehatan Lingkungan*. Jakarta: Kementerian Kesehatan.
- _____Kemenkes RI, (2015). *Buletin Pneumonia*. Jakarta: Kemenkes RI.
- _____Kemenkes RI, (2017). *Pusat Data dan Informasi. Kondisi Anak*. Jakarta: Kemenkes RI.
- Marhamah. (2013). *Faktor Yang Berhubungan Dengan Kejadian Ispa Pada Anak Balita Di Desa Bontongan Kabupaten Enrekang*. <http://www.unhas.co.id>. Diakses 20 Maret 2018.
- Mubarak, W., (2011). *Promosi Kesehatan*. TIM, Jakarta.
- Muninjaya, IGD., (2011). *Manajemen Kesehatan*. EGC, Jakarta.
- Muslihatun. W., (2011). *Asuhan Neonatus, Bayi dan Balita*. Fitramaya, Jakarta.
- Ngastiyah, (2012). *Perawatan Anak Sakit*. Jakarta: EGC.
- Notoatmodjo, S., (2011), *Ilmu Kesehatan Masyarakat, Perilaku dan Seni*. Edisi Revisi 2. Jakarta: Rineka Cipta
- Nurhidayah. (2009). *Upaya Keluarga Dalam Pencegahan Dan Perawatan Ispa (Infeksi Saluran Pernafasan Akut) Di Rumah Pada Balita Di Kecamatan Ciawi Kabupaten Tasikmalaya*. <http://www.unpad.co.id>. Diakses 23 Maret 2018.
- _____Permenkes RI No. 75 Tahun 2014 tentang Puskesmas
- Putriarti, RT., (2014). *Analisis Program P2 ISPA di Puskesmas Pegandan Kota Semarang*. <http://www.unnes.ac.id>. diakses 20 Maret 2018.
- Satrianegara, M. Fais, 2009, *Buku Ajar Organisasi dan Manajemen Pelayanan*

- Kesehatanserta Kebidanan*. Jakarta: Salemba Medika.
- Sigalingging (2013). *Karakteristik Penderita Penyakit Pneumonia Pada Anak Di Ruang Merpati II Rumah Sakit Umum Herna Medan*.<http://www.udarma.co.id>.diakses 23 Maret 2018.
 - Sugiyono, (2013). *Metode Penelitian Manajemen*.Jakarta: Pustaka Pelajar.
 - Suparyanto. (2011). *Infeksi Saluran Pernapasan Akut*. Diakses 23 Maret 2015 dari<http://www.suparyanto.co.id>.
 - Swarjana, (2013). *Metodologi Penelitian Kesehatan*. Yogyakarta: Andi.
 - Umar, SJ., (2016). *Evaluasi Pelaksanaan Program Pengendalian Penyakit Infeksi Saluran Pernapasan Akut (ISPA) di Puskesmas Kolaka Kecamatan Kolaka*. Fakultas Kesehatan Masyarakat Universitas Halu Oleo. diakses 20 Maret 2018.

How to cite this article: Crisdiyantoko D, Pongtiku A, Rantetampang AL et al. Acute respiratory infection control program district health officer Mimika. International Journal of Science & Healthcare Research. 2018; 3(2): 166-179.
