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Prevention Program Performance Improvement Strategy and Control of Non-Communicable Diseases at Blega Health Center, Bangkalan District

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ABSTRACT

The increase in cases of Non-Communicable Diseases (NCDs) will significantly increase the burden on society and the government because handling them requires a short time, large costs, and high technology. NCD cases are not transmitted but are deadly and result in individuals becoming less or less productive but NCDs can be prevented by controlling risk factors through early detection. Overall, this residency was carried out to provide an overall picture of the Strategy for Improving the Performance of the Non-Communicable Disease Prevention and Control Program at the Blega Health Center, Bangkalan Regency. In this article, the method used is the residency method, which is the process of exploring the place, condition, and situation of the residency and determining problems using the Fishbone method Implementation and strategies in improving services The Non-communicable disease program has been carried out well, but there are still some weaknesses, namely restrictions on activities in the Covid-19 pandemic, the program coordinator is still new, Program regulation is still partial, budget constraints and lack of community participation.

Keywords: Non-Communicable Diseases, Prevention programs, Residency

INTRODUCTION

Indonesia is currently facing a double burden of diseases, namely communicable diseases and non-communicable diseases. Changes in disease patterns are strongly influenced by environmental changes, people's behavior, demographic transitions, technology, economy, and socio-culture. The increase in the burden of NCDs is in line with the increase in risk factors which include increased blood pressure, blood sugar, body mass index or obesity, unhealthy eating patterns, lack of physical activity, and smoking and alcohol.

The significant increase in PTM cases is expected to add to the burden on society and the government because handling them requires a lot of money and requires high technology.

This can be seen from the data from the Health Social Security Administration Agency (BPJS) in 2017, as many as 10,801,787 million people, or 5.7% of JKN participants received services for catastrophic illnesses and spent health costs of 14.6 trillion rupiahs or 21.8% of all health service costs with a rating composition of heart disease of 50.9% or 7.4 trillion, chronic kidney disease of 17.7% or 2.6 trillion rupiahs.

The increase in cases of Non-Communicable Diseases (PTM) will significantly add to the burden on society and the government because handling them requires a lot of time, a lot of money, and high technology. PTM cases are indeed not transmitted but are deadly and result in individuals becoming unproductive or less productive. However, PTM can be prevented by controlling risk factors through early detection.

Services for the Prevention and Control of Non-Communicable Diseases at the Blega Health Center have been implemented, but the results tend to decrease compared to last year. Results of Performance Evaluation of Prevention and Control of Non-Communicable Diseases at the Blega Health Center in 2021

Reducing PTM cases through controlling PTM risk factors in the community, requires equal effort and understanding of the division of roles and management support for PTM control programs, increasing the knowledge of program coordinators, compiling program regulations, allocating sufficient funds, and increasing community participation.

METHODS

In this article, the method used is the residency method, which is a process of exploring places, conditions, and residency situations and determining problems using the fishbone method or fish skeleton. A fishbone diagram is a tool that makes quality control easier. Fishbone is used as a tool to find the root cause of a result that occurs.

RESULTS

A. Description of Location and Population

UPT Puskesmas Work Area Blega is the only Public health center parent in the District Blega and UPT Puskesmas Blega is in the village area Blega. UPT Health Center Blega was Established in 1976 and initially _ built following standard Public health center take-care stay One floor in the later 1980s experience renovation into two floors and added take-care stay and PONED in 2007. UPT Puskesmas Blega based on a permit operational Public health center Number: 503/02/433.114/XI/2019. Administrative boundaries are as follows: Next Northwith Subdistrict Konang , Southside with Subdistrict Modung , East of Sampang district, West side with Subdistrict Galis with an area of 102.27 Km2 and a total population of 5382) people, meanwhile based on card 14599 families.

1.1 Population Table

No	Component	Amount
1	Number of Population Total Poor	10,566 Souls
2	Number of Heads of Poor Families	5,814 families
3	Number of Poor Family Members	21,687 people
4	Number of pregnant women	950 people
5	Number of poor pregnant women	156 people
6	Number of babies (<1 year)	810 people
7	Number of children under five (1-4 years)	1,092 people
8	Number of fertile women	14,114 people
9	Number of couples of childbearing age	10,551 people
10	Number of mothers giving birth	907 people
11	Number of postpartum mothers	907 people
12	Number of breastfeeding mothers	810 people

B. Vision, Mission, and HR Data

Vision Public health center Blega namely " The Realization of the District Community Healthy blega _ through service quality health, professionalism, and empowerment _ society ". Whereas For a mission that is to increase service health in individuals, families, groups, and communities, improve quality service health following standards, increase competence source Power health, improve empowerment role as well as public

Table 1.2 Human Resources of the Blega Health Center

No	Strength	Amount
1	Doctor	3 people
2	Dentist	1 person
3	Bachelor of Public Health	1 person
4	Midwife	44 people
5	Nurse	48 people
6	Dentist	1 person
7	Sanitarian	1 person
8	Nutrition officer	1 person
9	Pharmacist	1 person
10	Medical analyst	4 people
11	Administration staff	26 people
12	Driver	3 people
13	Cleanliness	4 people
14	Security guard	6 people

C. Health Program

Table 1.3 Improvements in nutrition

No	Repair nutrition	Amount
1	Amount existing toddlers _ (S)	4326 people
2	Amount toddlers who have KMS (K)	4326 people
3	Amount toddler weighed (D)	3652 people
4	Toddler gaining weight body (N)	3412 people
5	Amount the toddler stays / down the heavy body	56 people

Table 1.4 Health environment

No	Health Environment	Amount
1	Number of existing/registered landfills	1
2	The number of landfills that meet a condition	1
3	The number of existing/registered TPS	9230
4	The number of polling stations that meet a condition	8633
5	Number of existing/registered TPUs	83
6	The amount of TPU that meets a condition	69
7	Number of Sat	3224
8	The number of SABs that meet a condition	2116
9	Number of existing/registered TPMs	203
10	Number of existing / working GUYS	9212
11	Number of existing/functioning SPALs	7410
12	Amount existing house _	10958
13	Amount fulfilling house _ condition	8262

Table 1.5 Eradication disease infectious

No	Disease infectious	Amount
1	Diarrhea	1572 people
2	Diarrhea in toddlers	351 persons
3	Toddler pneumonia	70 people
4	Referred toddler pneumonia _	3 people
5	leprosy newly found & treated (MDT)	25 people
6	leprosy new child (age < 15 years)	2%
7	the sufferer of leprosy new with disability	Kindergarten II 1 person
8	sufferer leprosy PB's new RFT	3 people
9	sufferer leprosy new MB that is RFT	8 people
10	suspect tested TB patients' sputum	482 people
11	patient new AFB-positive treated	26 people
12	Amount patient new AFB positive conversion	14 people
13	only smear-positive recovered _	26 people
14	smear positive who are treated completely (PL)	19 people
15	STI	1 person
16	DHF	135 people

Table 1.6 Morbidity Data

No	Disease	Amount	%
1	Pen on the system muscle & network binder	**4013**	**10,6**
2	Disease other	**3133**	**8.36**
3	Disease other eyes	**2677**	**7,10**
4	Abnormalities refraction	**2657**	**7.04**
5	Disease High Blood Pressure	**2404**	**6,38**
6	Gingivitis and Disease Periodontal	**2399**	**6,36**
7	Disease skin allergy	**2296**	**6,10**
8	Disease cavity mouth, glands spit, jaw, etc	**2061**	**5,47**
9	Infection another acute the canal breathing on	**1957**	**5,19**
10	Diarrhea	**1417**	**3.76**

Table 1.7 Achievement of non-communicable disease performance

No	Variable	Target	Sasa Ran	Total Target	Target	Penca Pain	% Ttl	% Tgt	40,66
1	Schools in the Puskesmas area or Public health centers carry out KRT	65%	school	78	51	9	11.5	17,8	
2	Percentage smoke residents ages 10-18 years	9%	person	9554	860	700	7,3	81.4	
3	Puslesmas and their network/health facilities in his territory serve Effort Stop Smoking (UBM)	50%	person	26	13	15	57,7	100.0	
4	Age Health Services Productive	100%	person	33827	33827	3430	10,1	10,1	
5	Factor Early Detection PTM risk age ≥ 15 years	80%	person	41014	32811	9971	24,3	30,4	
6	Detection of early cancer breast and cancer cervix in women aged 30-50 years or woman who has a history sexual active	80%	person	7724	772	33	0.4	4,3	

The results of the analysis above, it was found the cause of the problem:

1. No exists treatment
2. PTM Program Coordinator is still new
3. Knowledge public Still not enough
4. Lack of role as well as public
5. Lack of promotional media management
6. Lots of broken equipment
7. Coordinator Not yet understand compile regulation
8. medium no follow development
9. Lack of coordination across programs
10. No exists stimulation treatment
11. Wait for Procurement of promotional media
12. Procurement material limited

13. Place Integrated Healthcare Center moving around
14. No understands the importance of educational media

IE Metrics Analysis (Internal-External Matrix)

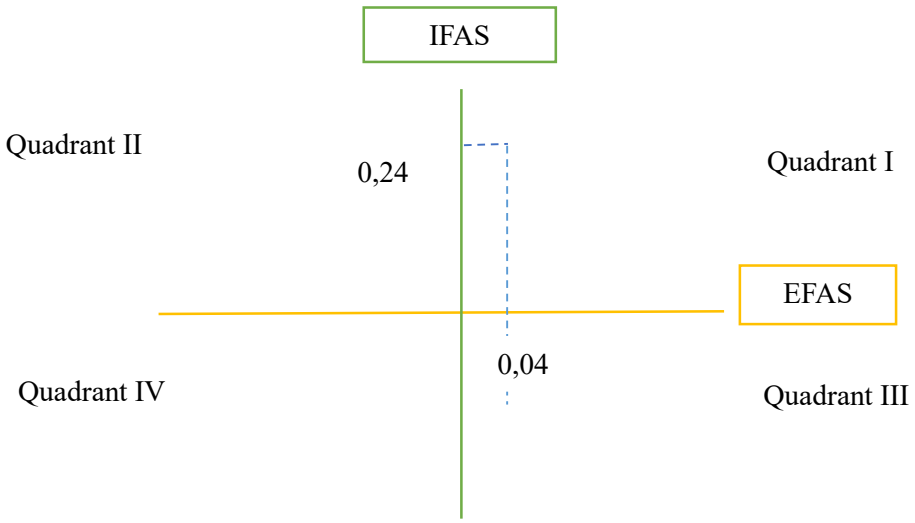
Table 1.8 Internal Factor Analysis Summary

No	Internal Strategy Factors (IFAS)	Mark						Weight	Value × Weight
		-3	-2	-1	+1	+2	+3		
1	Has a program coordinator					+2		0.13	+0.26
2	New coordinator			-1				0.10	-0.10
3	Program coordinator skills		-2					0.13	-0.26
4	Health Center Network					+2		0.11	+0.21
5	Discipline and officer performance		-		+1			0.10	+0.10
6	Puskesmas level planning				+1			0.10	+0.10
7	Regulations supporting activities		-2					0.10	-0.20
8	Cross program support				+1			0.08	+0.08
9	Program guide			-1				0.05	-0.05
10	Activity Support Fund (BOK)				+1			0.10	+0.10
Total								**1**	**+0.24**

Table 1.9 External Factor Analysis Summary

No	External Strategy Factors (EFAS)	Mark						Weight	Value × Weight
		-3	-2	-1	+1	+2	+3		
1	Public perception of PTM is still lacking			-1				0.12	-0.12
2	Support from the village government			-1				0.10	-0.10
3	Posyandu PTM locations that move around			-1				0.12	-0.12
4	Prolanist Group Activities					+2		0.12	+0.24
5	Community health care forum support					+1		0.13	+0.13
6	Utilization of facilities and infrastructure					+2		0.08	+0.16
7	Affordability of location or access to services				+1			0.09	+0.09
8	Community knowledge level			-1				0.07	-0.07
9	Cross-sector support			-1				0.07	-0.07
10	Community participation			-1				0.10	-0.10
Total								**1**	+0.04 _

SWOT Analysis Results



Based on the results of the analysis, it can be seen that the Blega Community Health Center is located in quadrant I, meaning a fast/aggressive growth strategy. Quadrant I is a favorable situation because the Blega Health Center has good opportunities and strengths and can be optimized by minimizing all weaknesses and threats.

The strategy used is to support an aggressive strategy that aims to advance the program and minimize weaknesses that come from human resources. The methods used include:

1. Increase understanding of the PTM program at the PTM Puskesmas coordinator Blega
2. Do guidance drafting regulation Public health center Blega includes: KAP, KAK, and SOP PTM Program
3. Carry out Posyandu PTM is the appropriate standard.
4. Do counseling on the target of PTM about the importance of Posyandu PTM.

CONCLUSION

The implementation and strategies for improving services for the Non-communicable Diseases Program have been implemented well, but there are still several weaknesses, namely restrictions on activities during the Covid-19 pandemic, program coordinators are still new, program regulations are still partial, budget constraints and lack of community participation

Efforts to improve services for Non-communicable Diseases have been carried out, including a common understanding of the division of roles and support for the management of PTM control programs, increasing the knowledge of program coordinators, drafting program regulations, allocating sufficient funds, and increasing community participation.

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