

**ANALISIS KOMPARASI PELAKSANAAN KLINIK SANITASI
ANTARA PUSKESMAS PENCAPAIAN TINGGI DAN PUSKESMAS
PENCAPAIAN RENDAH DI KOTA JAMBI TAHUN 2018**

Tesis



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ANALISIS STUDI KOMPARASI PELAKSANAAN KLINIK SANITASI ANTARA PUSKESMAS PENCAPAIAN TINGGI DAN PUSKESMAS PENCAPAIAN RENDAH DI KOTA JAMBI TAHUN 2018

Oleh : FITRIA SUSANTI (1620322004)

(Pembimbing : Dr. dr. Yuniar Lestari, M.Kes, FISCM, FISPH dan Abdiana, SKM, M.Epid)

ABSTRAK

Klinik sanitasi di puskesmas Kota Jambi sudah berjalan dari tahun 2005 sampai tahun 2018. Namun, pencapaian klinik sanitasi yaitu pelaksanaan konseling dan inspeksi lingkungan belum mencapai target. Puskesmas yang belum mencapai target menunjukkan peningkatan persentase penyakit berbasis lingkungan. Penelitian ini bertujuan mengkomparasi pelaksanaan klinik sanitasi antara puskesmas pencapaian tinggi dan puskesmas pencapaian rendah di Kota Jambi tahun 2018.

Penelitian ini merupakan penelitian kualitatif dengan pendekatan studi komparasi dengan metode wawancara mendalam, FGD dan observasi di Puskesmas Tanjung Pinang, Simpang Kawat, Paal Lima dan Aur Duri. Informan penelitian ini berjumlah 15 orang dan 32 orang peserta FGD. Validasi data dilakukan dengan triangulasi sumber, metode dan teori.

Hasil penelitian kebijakan klinik sanitasi di semua puskesmas mengacu pada Permenkes No 13 tahun 2015. Tenaga di semua puskesmas sesuai rasio, Metode pelaksanaan puskesmas pencapaian tinggi dan rendah adalah konseling, inspeksi dan intervensi lingkungan, puskesmas pencapaian tinggi sudah mengalokasikan dana klinik sanitasi, puskesmas pencapaian rendah belum, sarana puskesmas pencapaian tinggi lebih lengkap daripada puskesmas pencapaian rendah. Perencanaan klinik sanitasi sudah ada pada puskesmas pencapaian tinggi, pada puskesmas pencapaian rendah belum ada. Puskesmas pencapaian tinggi sudah mempunyai struktur organisasi khusus klinik sanitasi, puskesmas pencapaian rendah belum. Pelaksanaan klinik sanitasi sesuai buku pedoman pada puskesmas pencapaian tinggi, pada pencapaian rendah belum sesuai, monev sudah dilakukan pada puskesmas pencapaian tinggi, pada puskesmas pencapaian rendah belum dilakukan. Output target intervensi lingkungan tercapai, target konseling dan inspeksi belum tercapai baik pada puskesmas pencapaian tinggi maupun pencapaian rendah.

Pelaksanaan klinik sanitasi di Puskesmas pencapaian tinggi dan pencapaian rendah di Kota Jambi hasilnya masih dibawah target yang ditetapkan. Untuk itu Puskesmas pencapaian tinggi perlu meningkatkan komitmen sedangkan puskesmas pencapaian rendah tidak memberikan beban tugas rangkap, menambah sarana dan dana yang masih kurang, pelaksanaan sesuai buku pedoman serta meningkatkan monitoring dan evaluasi.

Kata kunci : Pelaksanaan, Komporasi, Klinik Sanitasi, Puskesmas
Kepustakaan 41 (2009-2018)

ANALYSIS OF COMPARATIVE ON THE IMPLEMENTATION OF SANITATION CLINICS BETWEEN HIGH-ACHIEVING HEALTH CENTERS AND LOW-ACHIEVING HEALTH CENTERS IN JAMBI CITY IN 2018

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ABSTRACT

Sanitation clinics in the health center of Jambi City has been running from 2005 until 2018. However, the achievement of sanitation clinics, namely the implementation of counseling and environmental infections has not reached the target yet. Health Centers that have not reached the target show an increase in the percentage of environmental-based diseases. This study aims to compare the implementation of sanitation clinics between high-achieving health centers and low-achieving health centers in Jambi City, in 2018.

This research was a qualitative study with a comparative approach with in-depth interview, FGD, and observation methods. The components studied were inputs, processes and outputs at the Health Center of Tanjung Pinang, Health Center of Simpang Kawat, Health Center of Paal Lima, and Health Center of Aur Duri. There were 15 research informants and 32 participants of the FGD. Data validation was done by triangulation of sources, methods and theories.

The results showed that the clinic sanitation policy in all health centers referred to the regulation of health minister number 13 in 2015. Workers in all health centers according to the ratio. The methods of health centers high and low achievement were counseling, inspection and environmental intervention. High-achieving community health centers had allocated funds for sanitation clinic activities, while low-achieving health centers had not budgeted. Facilities at high-achieving health centers were more complete than those in low-achieving ones. Planning for sanitation clinics already existed in high-achieving health centers, whereas there was none in low-achieving ones. High-achieving health centers already had an organizational structure for sanitation clinics, while there were none in the low-achieving ones. High-achieving health centers carried out activities. Monitoring and evaluation had been carried out, while in low-achieving health centers all not yet implemented.

The target output of environmental interventions was achieved, yet the target of counseling and inspection had not been achieved at neither in high health centers nor in the low-achieving ones. The results obtained were still below the expected target. For this reason a high achieving Health Center necessary to increase commitments. While the low achieving health center not to provide dual tasks for sanitation workers, to add facilities and to add insufficient funds, to carry out a sanitation clinic according to the guidebook and to improve monitoring and evaluation.

Keywords: Implementation, Comparative, Sanitation Clinics, Health Centers
References 41 (2009-2018)