



Evaluation Of Integrated Management Of Childhood Illness Implementation In Hospital In The Health Center Of Sleman Special Region Of Yogyakarta

Casnuri¹, Puspito Panggih Rahayu¹

¹Program Studi Diploma III Kebidanan Universitas Respati Yogyakarta
Jl. Laksda Adisucipto No.KM 6,3, Ambarukmo, Caturtunggal, Depok, Sleman, Yogyakarta
Email: casnuri.unriyo@gmail.com

Abstrak

Manajemen Terpadu Balita Sakit (MTBS) adalah suatu pendekatan yang terpadu yang tata pelaksanaannya dilakukan pada balita sakit dengan fasilitas rawat jalan. MTBS digunakan sebagai standar pelayanan bayi dan balita sakit sekaligus sebagai pedoman bagi tenaga keperawatan (bidan dan perawat) khususnya di fasilitas pelayanan kesehatan dasar. Pada tahun 2006 sosialisasi program MTBS dan pelatihan kepada petugas puskesmas telah dilakukan, dimana masing-masing puskesmas diwakili oleh 1 orang tenaga medis dan 2 orang tenaga paramedis. MTBS bertujuan menurunkan angka kesakitan serta kematian yang disebabkan karena diare, pneumonia, DBD serta infeksi. AKB di Kabupaten Sleman sudah lebih baik dari target angka secara nasional. Pada tahun 2015 tercatat bayi lahir hidup 14.134 dan kematian bayi lahir 51 (3,61%). Hal ini cenderung berkurang dari tahun 2014 dimana bayi lahir hidup sejumlah 14.406 dengan jumlah kematian bayi 67 (4,65%). Kematian tersebut disebabkan karena diare, pneumonia, DBD serta infeksi. Hal ini menunjukkan masih perlunya peningkatan peran lintas program dan lintas sektor dalam upaya penurunan angka kematian bayi, yaitu melakukan evaluasi implementasi MTBS atau MTBM di Puskesmas Kabupaten Sleman D.I Yogyakarta. Tujuan Penelitian mengetahui faktor dalam implementasi MTBS di Puskesmas Kabupaten Sleman D.I Yogyakarta. Metode Penelitian adalah deskriptif kualitatif. Sebagai informan utama adalah 25 petugas MTBS, 25 kepala Puskesmas, dan 1 Kasie Kesga Dinas Kesehatan Kabupaten Sleman D.I Yogyakarta dengan wawancara mendalam. Hasil Penelitian Seluruh puskesmas di Kabupaten Sleman telah melaksanakan pelayanan MTBS sesuai prosedur pelayanan dengan pencapaian yang berbeda-beda di setiap puskesmas. Hal ini disebabkan tidak tertibnya petugas dalam melakukan rekapitulasi data. Adapun pencapaian program MTBS di Kabupaten Sleman sebesar 65,39%. Program MTBS di puskesmas Kabupaten Sleman telah terlaksana dengan baik karena beberapa faktor yaitu Sumber Daya Manusia baik dari jumlah tenaga kesehatan yang terlatih maupun kualitas dari kompetensi tenaga kesehatan, dukungan pimpinan dalam bentuk tersedianya fasilitas sarana dan prasarana serta dukungan dana dalam peningkatan kompetensi.

Kata Kunci: evaluasi ,implementasi MTBS, puskesmas

Abstract

Integrated Management of Childhood Illness (IMCI) is an integrated approach whose governance is carried out on sick children with outpatient facilities. IMCI is used as a service standard for sick infants and children as well as a guideline for nursing staff (midwives and nurses) especially in primary health care facilities. In 2006 the IMCI program socialization and training for public health center staff were conducted, where each public health center was represented by 1 medical staff and 2 paramedics. IMCI aims to reduce morbidity and mortality due to diarrhea, pneumonia, DHF, and infections. IMR in Sleman District is better than the national target. In 2015 there were 14,134 live

births and 51 (3.61%) stillbirths. This tends to decrease from 2014 when the number of live births was 14,406 with 67 infant deaths (4.65%). The death was caused by diarrhea, pneumonia, DHF and infections. This shows that there is still a need to increase the role of cross-program and cross-sectoral efforts to reduce infant mortality, which is to evaluate the implementation of IMCI in the Sleman Special Region of Yogyakarta Public Health Center. Investigate the factors in the implementation of IMCI at the Sleman Special Region of Yogyakarta Public Health Center. Is descriptive qualitative. The main Informants were 25 IMCI officers, 25 Public Health Center heads, and 1 Head of Family Health District Health Office, Sleman Special Region of Yogyakarta with in-depth interviews. All public health centers in Sleman District have implemented IMCI services according to service procedures with different achievements in each public health center. This is due to the disorderly officers in conducting data recapitulation. The achievement of the IMCI program in Sleman Regency was 65.39%. The IMCI program at the Sleman district health center has been implemented well due to several factors, namely Human Resources, both the number of trained health workers and the quality of the competencies of health workers, leadership support in the form of facilities and infrastructure, as well as funding support in increasing competence.

Keywords: evaluation, implementation of IMCI, public health center

Article info:

Article submitted on March 06, 2020

Articles revised on April 12, 2020

Articles received on May 09, 2020

DOI: [http://dx.doi.org/10.21927/jnki.2020.8\(2\).152-159](http://dx.doi.org/10.21927/jnki.2020.8(2).152-159)

INTRODUCTION

One of the parameters of a country's health status is the death of infants and children. Every year there are 12 million children die before the age of 5 years and 70% die from pneumonia, diarrhea, measles, malnutrition, and not a few of these deaths are a combination of the disease(4).

The results of the 2017 Preliminary Report on Indonesia's Demographic and Health Survey (IDHS) show the under-five mortality rate in Indonesia is 32 per 1,000 live births(5). The death rate decreased compared to 2012, which was 40 deaths per 1,000 live births. According to the 2007 Basic Health Research (Riskesdas) data, the main cause of infant mortality in Indonesia is acute respiratory infections (mainly pneumonia) (15%), diarrhea (25%)(5). IMR in Sleman Regency is better than the national target. In 2015 there were 14,134 live births and 51 (3.61%) stillbirths. This tends to decrease from 2014 when the number of live births was

14,406 with 67 infant deaths (4.65%). The death was caused by diarrhea, pneumonia, DHF, and infections. This shows that there is still a need to increase the role of cross-program and cross-sectoral efforts to reduce infant mortality in Special Region of Yogyakarta(3).

One of the efforts in reducing IMR in Indonesia, the government Integrated Management Of Childhood Illness Implementation strategy which is an approach to prepare health workers, especially paramedics (midwives and nurses) in public health center as basic health care facilities by conducting assessments, making classifications, and provide activities to children against diseases that are generally life-threatening such as pneumonia, diarrhea, measles, malaria, ear infections and malnutrition (6).

The public health center is said to have implemented IMCI at least 60% of the number of sick children visiting the public health center who received IMCI services according to

the standard (6). IMCI achievement target is 100% which means that every sick children must have an IMCI approach. For the IMCI application to run as expected, systematic and comprehensive steps are needed, including human resources (public health center staff/ program implementers), service management, supporting facilities (availability of equipment and medicines), development of a tiered training system, monitoring post-training by leaders and local health offices, technical guidance and others. Until now the implementation of IMCI still needs to be developed gradually and sustainably so that the quality assurance service of IMCI can be reached and covers a broad target(1).

Based on survey data conducted through in-depth interviews, that there were 25 inpatients public health centers in Sleman District and all public health centers had implemented the IMCI program. However, the implementation of these achievements varies greatly in each public health center. Therefore, an evaluation is needed related to the implementation of the IMCI program at the Sleman Special Region of Yogyakarta public health center(3). Investigate the factors in the implementation of IMCI at the Sleman Special Region of Yogyakarta Public Health Center.

MATERIALS AND METHODS

This study used descriptive qualitative method. The study uses free interview methods and structured interviews to obtain reliable truth information and a complete picture of certain information. The research was conducted at the Sleman Yogyakarta Public Health Center which runs the IMCI from September to October 2019. As the main informants were 25 IMCI officers, 25 heads of community health centers, and 1 Head of Family Health from the Yogyakarta Special Region of Yogyakarta Health. Office with in-depth interviews. This research was conducted in 25 health centers in Sleman Regency.

RESULT AND DISCUSSION

1. Characteristics of the Informant

The main characteristic of the Informant from the Head of Family Health obtained was 35-year-old with his last education S1.

Characteristics of key Informantts from public health center heads in Sleman District.

From the results of the interview, the youngest informant was the head of the health center, 38 years old, and the oldest age was 58 years, with the highest education being the average doctor profession.

From the results of the interview, the youngest age of the informant was from an IMCI officer of 29 years and the oldest age was 57 years with the highest education being the majority of D3 Midwifery with the longest work experience of 36 years.

IMCI Implementation

Integrated Management of Childhood Illness (IMCI) has been carried out in all inpatient public health centers in Sleman District. But the implementation of the achievement varies greatly in each public health center with the achievement. The achievement of IMCI in Sleman District was 65.39%. This has been explained by Head of Family Health Sleman District Health Office in box 1.

Box 1

"If in Sleman, all public health center, in Sleman there are 25 public health center, now all public health center has implemented IMCI, but later the achievements will be different."

"If each one is a lot ..., this is said to be a lot, there are 25 public health centers in total. In Sleman District, 65.39 percent is achieved, but if ... one sees, one per 100 public health center, 83 percent, there are 63, there are 17. This is 17, this is the possibility that they are carrying out ..., just because the polices are sometimes singular, yes, so it will not be locked up, this seems like the achievements are 17 because they are not clasped, because actually when we do monitoring and evaluation there

Table 1. The age frequency distribution of Informants from the Head of Public Health Center

Informant	Age	Position	Education
Informant 1	49	Head of Public Health Center	S2 Health
Informant 2	40	Head of Public Health Center	S2 Nursing
Informant 3	51	Head of Public Health Center	S2 Health
Informant 4	54	Head of Public Health Center	Doctor's profession
Informant 5	41	Head of Public Health Center	Dental Education
Informant 6	44	Head of Public Health Center	Doctor's profession
Informant 7	47	Head of Public Health Center	S2 Health
Informant 8	44	Head of Public Health Center	Doctor's profession
Informant 9	51	Head of Public Health Center	Doctor's profession
Informant 10	57	Head of Public Health Center	Doctor's profession
Informant 11	50	Head of Public Health Center	Doctor's profession
Informant 12	45	Head of Public Health Center	Doctor's profession
Informant 13	50	Head of Public Health Center	Dental Education
Informant 14	48	Head of Public Health Center	Doctor's profession
Informant 15	51	Head of Public Health Center	Specialist
Informant 16	44	Head of Public Health Center	Doctor's profession
Informant 17	50	Head of Public Health Center	Doctor's profession
Informant 18	53	Head of Public Health Center	Doctor's profession
Informant 19	51	Head of Public Health Center	S2 Health
Informant 20	50	Head of Public Health Center	S2 Health
Informant 21	54	Head of Public Health Center	Dental Education
Informant 22	52	Head of Public Health Center	S1 Public Health
Informant 23	58	Head of Public Health Center	Dental Education
Informant 24	38	Head of Public Health Center	Doctor's profession
Informant 25	57	Head of Public Health Center	S1 Health Environment

Source: Primary data 2019

Table 2. Age-frequency distribution of MTBS Informant Officers

Informant	Age	Position	Education	Work Periode
Informant 1	29	Implementing Midwife	D3 Midwifery	7 year
Informant 2	33	Implementing Midwife	D3 Midwifery	11 year
Informant 3	41	Implementing Midwife	D4 clinic of midwifery	14 year
Informant 4	53	Implementing Midwife	D3 Midwifery	29 year
Informant 5	30	Implementing Midwife	D3 Midwifery	8 year
Informant 6	53	Implementing Midwife	D3 Midwifery	25 year
Informant 7	53	Implementing Midwife	D4 clinic of midwifery	29 year
Informant 8	46	Implementing Midwife	D3 Midwifery	10 year
Informant 9	53	Implementing Midwife	S2 Public Health	15 year
Informant 10	53	Implementing Midwife	D3 Midwifery	30 year
Informant 11	57	Implementing Midwife	D3 Midwifery	34 year
Informant 12	48	Implementing Midwife	D3 Midwifery	25 year
Informant 13	57	Implementing Midwife	D4 clinic of midwifery	36 year
Informant 14	40	Implementing Midwife	D3 Midwifery	10 year
Informant 15	38	Implementing Midwife	D3 Midwifery	14 year
Informant 16	39	Implementing Midwife	D3 Midwifery	13 year
Informant 17	56	Implementing Midwife	D3 Midwifery	33 year
Informant 18	53	Implementing Midwife	D3 Midwifery	28 year
Informant 19	40	Implementing Midwife	D3 Midwifery	20 year
Informant 20	48	Implementing Midwife	D3 Midwifery	29 year
Informant 21	49	Implementing Midwife	D4 clinic of midwifery	29 year
Informant 22	50	Implementing Midwife	D3 Midwifery	29 year
Informant 23	43	Implementing Midwife	D3 Midwifery	23 year
Informant 24	38	Implementing Midwife	D3 Midwifery	8 year
Informant 25	31	Implementing Midwife	D3 Midwifery	7 year

Source: Primary data 2019

continue to see e ... the data ... the original data, which is still in the book there are achievements, and not this small",

Achievement of Integrated Management of Young Babies, has not been identified separately. This is caused by the data becoming one with IMCI. However, the service has adjusted to case management. This was justified by the Head of Family Health Sleman District in box 2.

Box 2

"If we include IMCI here because of the public health center ... come on. Integrated Management of Young Babies is rarely if you are at the public health center, usually, the hospital is directly an Integrated Management of Young Babies hospital yes ... but you don't want to use it too ... yeah, for the time being, the data Integrated Management of Young Babies does not yet exist because all of them are included in IMCI, even though they are different ... if Integrated Management of Young Babies is still young, it's 0 until ... how come .. ?? 2 years, yes ... but it seems that the friends of the public health center still include this IMCI, the data look ... if the service is under IMCI procedures like what, what kind of Integrated Management of Young Babies, but for the data themselves they still make one".

Official knowledge of IMCI can be described as follows:

Based on the results of interviews with key informants, it was found that the knowledge of IMCI officers had good knowledge about IMCI. This is influenced by several factors that can improve competence to increase the knowledge of IMCI staff, namely training(8). The training aims to produce health workers who are skilled in handling infants and sick child's using IMCI(1).

Knowledge about IMCI includes IMCI stands

IMCI is an abbreviation of Integrated Management of Sick children (1). Almost all IMCI officers know the extension of IMCI. This

is consistent with the results of the presentation delivered by Informant 1 in the box 3.

Box 3

"Integrated Management of childhood Illness "(Informant 1)

However, there are still IMCI officers who are not yet perfect in explaining the length of the IMCI. This is consistent with the results of the presentation delivered by Informant 5 in the box 4.

Box 4

"Integrated Monitoring of Sick Toddler is yes yes .. "(Informant 5)

That is because the officers have never attended IMCI training. After all, there are no training activities related to IMCI (8). This is a condition that is less supportive in the implementation of the IMCI program because IMCI services are carried out by paramedics (midwives and nurses), so training on standardizing IMCI to paramedics implementing IMCI needs to be done(9).

a. Knowledge of age restrictions on the implementation of IMCI

The age limit for the management of Integrated Management of Young Babies is less than 2 months and Integrated Management of Childhood Illness is 2 months to 5 years (1). This is different from the explanation of Informant 5 which combines Integrated Management of Young Babies and Integrated Management of Childhood Illness in box 5.

Box 5

"Less than 2 months and 2 months to 5 year MBA "(Informant 5)

b. Knowledge of IMCI governance steps

The IMCI management procedure begins with anamnesis through interviews with parents of infants and children which includes the main

complaints, duration of illness and treatment that has been given and a history of other diseases, then examines sick children (10). This is consistent with the explanation given by Informant 9 in the box 6.

Box 6
"Eee ... for the steps in the process, we will anamnesis the cases for the initials, age, address, parents' name, date of birth, weight, height, we measure to weight, height, and pain after that. enter the classification" (Informant 9)

c. Knowledge of treatments that can be carried out by mothers at home

One of the objectives of Integrated Pain Management is to improve family and community practices in-home care(11). This is applied by officers to the family when giving counseling, so it can be applied at home. The statement was made by Informant 12 in the box 7.

Box 7
Oh yeah ... that was conveyed to you ... thousands of patients, for example, cough... for example, coughs can use lime and honey as well as soy sauce simple treatment at home and make your own ORS liquid (Informant 12)

Box 8
Education of sick children at home. For children who have diarrhea, we usually recommend to keep giving fluids to avoid dehydration, usually when an ORS has been given ORS, it has been prescribed ORS, but if the mother herself wants to make it at home, the guideline is ... if it is taken with the mother, usually from the Maternal and Child Health Book, in the Maternal and Child Health Book, there are procedures for giving e to make a solution or ORS solution, yes, if you use salt sugar, use it with zinc, right? (Informant 1)

d. Knowledge of diseases included in the IMCI program?

IMCI includes various efforts that are closely related to the healing of diseases in infants in the

form of pneumonia, diarrhea, measles, malaria, ear infections, malnutrition, as well as efforts to improve health services, prevention of diseases such as immunization, provision of vit K, Vit A and counseling of breastfeeding or feeding(1).

This is in accordance with what is explained by Informant 24 in box 9, although it is incomplete.

Box 9
Eemmmm..pneumonia, diarrhea, fever, malaria, dengue fever ... yeeeeeeeeeeeeeeeeee ... that could also be a baby with less weight, then measles.. (Informant 24)

Box 10
Pneumonia, then dengue fever, measles.. eemmm, what else is it..it's like that already .. (Informant 12)

e. Knowledge of the classification of pneumonia in infants younger than 2 months

Rapid breathing classifications are classified according to the age of the child. Where children aged 2 months to less than 12 months are classified as fast breathing if the frequency of breath 50 times per minute or more and ages 12 months to less than 5 years are classified as fast breathing if the breathing frequency is 40 times per minute or more(12). This is justified by Info 20 in box 11.

Box 11
"It depends on the age of the child ... if the age of the child is 2 months to 11 months ... that is breathing 50 times per minute or more yes yes ... but if the age of the child is one year to 5 years 40 times or more per minute (Informant 20).

However, there are still officers who have not been right in classifying fast breath in the application of IMCI. This was explained by Informant 3 in the box 12.

Box 12
"Breathing more than 60 times per minute ... does it really work? And then ... fast breathing more than 40 times per minute, what do you do 60 times...accompanied by fever breathing difficulties" (Informant 3).

2. Support IMCI program

The implementation of the IMCI program needs to get support in the form of Human Resources in terms of both quantity and quality, facilities available especially leadership support. In order for the IMCI application to run as expected, systematic and comprehensive steps are needed, including human resources (public health center staff/program implementers), service management, support facilities (availability of equipment and medicines), development of a tiered training system, monitoring after training by the leadership and the local health department, technical guidance and others (13).

This has been done by the head of the public health center (Informant 15) in the form of providing service facilities at the auxiliary health center and traveling public health center in box 13.

Box 13

“Supporting only for the auxiliary health center and traveling public health center, I support the supporting and pusling clinics, but for outpatient care, the general clinic somewhat overlaps with the existing auret document procedures. Because here the doctor is Stanbay. IMCI was originally made if there were no doctors, whereas for Sleman Regency, for all of the public health center we had all of the doctors. So, we already have clinical authority given to midwife nurses, so we apply IMCI more in sub-health centers with no doctors and mobile health centers.” (Informant 15)

Eeemmm ... the first team determination, now the second logistical, printing IMCI form, now the third, we allocate a special room in one place in general poly there is a special area for the examination of sick children. Then monitoring every month during the mini workshop, monthly public health center” (Informant 15).

Support in the form of training activities related to IMCI standardization is also very important to support the skills of officers in IMCI services. The main human resources in the

implementation of Integrated Management of Childhood Illnes (IMCI) is training. The competence expected from IMCI training is that health workers can carry out the process of managing cases of sick childs in health care facilities. Competence regarding IMCI training for health workers, shows that staff who are trained are better in terms of handling than officers who did not receive IMCI training(13). However, this still does not support the implementation of IMCI, because there are officers who have never attended IMCI training. This is explained by Informant 4 in box 14.

Box 14

“Has never been miss ... ah ... no training miss has been held yet” (Informant 4).

3. IMCI Implementation Evaluation

The application of the IMCI program needs to be evaluated. Evaluation can be done in one month, three months or six months or when there is a problem. This was done by the public health center (Informant 15) in box 15.

Box 15

“Implementation evaluation is conducted every month when there is a mini public health center workshop”(Informant 15).

“Usually, if there is a problem, it is only conveyed by the program holder, yeah ... what is my name, because there are so many things that need to be discussed. Then in addition to through our training committee there is also a special meeting of midwives and nurses there are also important matters related to IMCI delivered” (Informant 15).

CONCLUSIONS AND RECOMMENDATIONS

IMCI has been implemented in all public health center Sleman District Yogyakarta with achievement of 65.39% Knowledge of health workers about IMCI in the implementation of IMCI in public health center Sleman District Yogyakarta in the good category. IMCI officers have attended IMCI training with costs from the

public health center budget. IMCI implementation received good support from the leadership. For public health office of Sleman District

Improving the quality of human resources of health workers through training related to the handling of sick children who visit the public health center. For the public health center of Sleman District. Conduct training for officers who have attended training by way of on the job training with the aim of refreshing

Acknowledgments

The authors thank the Directorate of Research and Community Service Directorate General of Research and Service Strengthening Ministry of Research, Technology, and Higher Education who have funded this research.

REFERENCES

1. Depkes, R.I., *Manajemen Terpadu Balita Sakit Modul 1-7 Edisi 2*. 2006, Dirjen Kesehatan RI: Jakarta.
2. Depkes, R.I., *Pedoman Pemantauan Wilayah Setempat Kesehatan Ibu dan Anak (PWS-KIA)*. 2006, Direktorat Bina Kesehatan Anak: Jakarta.
3. Dinkes, S., *Profil Kesehatan Kabupaten Sleman Tahun 2016*. 2016, Dinas Kesehatan Kabupaten Sleman: Sleman.
4. Depkes, R.I., *Pentingnya Manajemen Terpadu Balita Sakit*. 2011, Depkes RI: Jakarta.
5. BPS, *Preliminary Report Survei Demografi dan Kesehatan Indonesia 2017*. 2017, Badan Pusat Statistik: Jakarta.
6. Mann, C.J.A.p., *A new era for state Medicaid and Children's Health Insurance Programs*. 2011. **11**(3): p. S95-S96.
7. Moleong, L.J., *Metode Penelitian Kualitatif Edisi Revisi*. 2013, Bandung: PT Remaja Rosdakarya.
8. Gibson, J.L., J.M. Ivancevic, and J. DonnellyJh, *Organisasi : Perilaku, Struktur, Proses, Jilid 1. Edisi 8*. Dr.Lyndon Saputra ed. 1996, Jakarta: Binarupa Aksara.
9. Depkes, R.I., *Manajemen Terpadu Balita Sakit Modul-3 Menentukan Tindakan dan Memberi Pengobatan*. 2006, Depkes RI: Jakarta.
10. Suparmi, S., et al., *Pelayanan Manajemen Terpadu Balita Sakit (MTBS) pada Puskesmas di Regional Timur Indonesia*. 2018. **28**(4): p. 271-278.
11. Depkes, R.I., *Manajemen Terpadu Balita Sakit Modul-7 Penerapan MTBS di Puskesmas*. 2006, Depkes RI: Jakarta.
12. Depkes, R.I., *Manajemen Terpadu Balita Sakit Modul-2 Penilaian dan Klasifikasi Anak Umur 2 Bulan sampai 5 Tahun*. 2006, Depkes RI: Jakarta.
13. Wardani, A.T.A., *Analisis Penerapan Manajemen Terpadu Balita Sakit (MTBS) Terhadap Kejadian Pneumonia Balita di Puskesmas Halmahera Kota Semarang*. 2016, Universitas Negeri Semarang: Semarang.