

ANALYSIS OF P2 SERVICE STANDARDS IN DIARRHEA INCIDENTS TODDLERS IN THE WORK AREA OF THE PUSKESMAS UPT BUILDING ORDER

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ABSTRACT

In 2021, diarrhea services in Pesawaran Regency, Lampung Province, ranked 9th among 15 provinces, with 1,304 cases reported and a service coverage of only 14.5%. A pre-survey at UPT Gedong Tataan Health Center showed that toddler diarrhea service coverage was low, decreasing from 14.24% in 2020 to 7.05% in 2021. Objective: This study aims to assess the service flow of the P2 diarrhea program for toddlers in the working area of UPT Gedong Tataan Health Center, Pesawaran Regency, in 2023. Method: A qualitative descriptive approach was employed to gather detailed insights into the program's implementation. Results: The findings indicate that the P2 diarrhea program for toddlers at UPT Puskesmas Gedong Tataan is not functioning optimally. The screening system, counseling, and health promotion activities are not regularly scheduled, leading to low community awareness and knowledge among mothers of toddlers with diarrhea. Additionally, the diarrhea incident reporting system is inadequate and primarily reactive to outbreaks rather than proactive. Conclusions: To enhance the effectiveness of the P2 diarrhea program for toddlers, it is crucial to improve the scheduling of health education initiatives and strengthen the reporting and screening systems. This will help increase community engagement and knowledge, ultimately reducing the incidence of diarrhea among toddlers.

Keywords: diarrhea services; p2 diarrhea program; toddler diarrhea

INTRODUCTION

According to the Health Profile of Lampung Province in 2021, diarrhea services in Pesawaran district ranked 9th among 15 provinces, with a case detection of 1,304 and a service coverage of 14.5%. Based on data from a pre-survey obtained at the UPT Puskesmas Gedong Tataan over the last three years, in 2020, the coverage of diarrhea services for toddlers was only 14.24%, with 152 cases of diarrhea found annually, which is in stark contrast to the diarrhea service coverage for toddlers in the Indonesian health profile of 2020, which was 28.9%. In 2021, the coverage for diarrhea services for toddlers decreased to 7.05%, with 76 cases detected annually, while the service coverage for toddlers according to the health profile was 23.8%. In 2022, the coverage for diarrhea services for toddlers was at 15.05%, with 99 cases detected annually and a case detection rate of 9.18%. These data indicate that the coverage of diarrhea services for toddlers does not align with the health profile that has established annual service coverage targets; preliminary data from UPT Puskesmas Gedong Tataan still falls short of the established targets.

According to the Health Profile of 2021, LINTAS DIARE (Five Steps to Overcome Diarrhea) recommends that all diarrhea patients should receive oral rehydration solution (ORS), aiming for a target usage of 100% for all diarrhea cases treated at health centers. In 2021, nationally, ORS usage across all ages and toddlers remained below 100%, with rates of 90.1% for all ages and 91.2% for toddlers. The failure to meet this target is due to health service providers at health centers not administering ORS according to treatment standards, which require six packets per diarrhea patient. Additionally, the community remains largely unaware of the benefits of ORS as a fluid that should be given to every patient with diarrhea to prevent dehydration. Besides ORS,

toddlers are also given zinc, which is a micronutrient that helps reduce the duration and severity of diarrhea, decreases the frequency of bowel movements, reduces stool volume, and prevents recurrent diarrhea in the following three months. The use of zinc for ten consecutive days during toddler diarrhea is considered a treatment method for toddler diarrhea. In 2021, the coverage of zinc administration for toddlers with diarrhea was reported at 90.7% (Health Profile 2021).

METHOD

The research design for the analysis of standard diarrhea services in toddlers in the working area of UPT Puskesmas Gedong Tataan in 2023, The research was conducted during June to July 2023, the research is a qualitative study using descriptive methods. This is aimed at understanding experiences and exploring the social situations identified comprehensively, broadly, and deeply through interviews, observations, and documentation. The technique for determining the sample uses purposive sampling, and data collection in this study is conducted directly by interviewing respondents in depth as well as observing in the working area of UPT Puskesmas Gedong. The data collected includes primary and secondary data. The term informant refers to subjects of research who can provide information regarding the phenomena or issues being investigated. In qualitative research, informants are divided into three categories:

1. Key Informants: These are the program managers responsible for diarrhea programs at UPT Puskesmas Gedong Tataan in 2023.
2. Main Informants: These are individuals directly affected or involved in the implementation of the P2 diarrhea program for toddlers, specifically mothers who have toddlers suffering from diarrhea, totaling 5 individuals.
3. Supporting Informants: This includes one health worker at UPT Puskesmas Gedong Tataan.

The informants in this study consist of individuals who meet the inclusion criteria as follows:

1. Informants involved in the implementation of the P2 diarrhea program for toddlers at UPT Puskesmas Gedong Tataan in 2023.
2. Willing to participate in interviews that may require a significant amount of time.
3. Agree to be interviewed and documented during the interview process.

Data Source

1. Primary Data

The primary data in this research is obtained from direct surveys at UPT Puskesmas Gedong through in-depth interviews with informants, using an interview guide containing questions posed to the research informants, as well as observation checklists.

2. Secondary Data

Secondary data is obtained from program managers related to diarrhea, including data on diarrhea cases, severity levels, or dehydration in the UPT Puskesmas Gedong area, data on diarrhea service provision, coverage of diarrhea services, data on diarrhea patients, and other sources considered relevant to the research objectives, such as books, archives, scientific journals, libraries, and others.

RESULT AND DISCUSSION

In terms of the process, there is already a P2 diarrhea program for toddlers specifically at UPT Puskesmas Gedong Tataan, which includes an oral rehydration corner and a diarrhea management initiative. However, there is no specific program outside the health center, and the provision of

medications such as ORS and zinc is only available at the health center, meaning that community health workers do not possess or provide medication to toddlers suffering from diarrhea. The policies and standard operating procedures implemented at UPT Puskesmas Gedong Tataan are in accordance with government recommendations. There are no special diarrhea services for toddlers; they only follow the general service flow. In supporting activities, the facilities and infrastructure used by staff to input data or go into the field still rely on personal resources, which hinders the process during ongoing activities. The P2 diarrhea program for toddlers has not yet been optimally implemented due to a lack of structured organization, resulting in suboptimal performance from both program managers and community health workers. This begins from the screening process, implementation, and supervision, which are only conducted during scheduled health education sessions rather than on a routine basis. UPT In 2022, UPT Puskesmas Gedong Tataan reported only 99 cases detected out of 192 total cases, with a service coverage rate of 15.05% against a target of 25%. The low detection rate and service coverage are attributed to mothers' knowledge; when their children experience diarrhea, they often only provide over-the-counter medications or consult the nearest village midwife. Additionally, toddlers still do not have National Identification Numbers (NIK), resulting in suboptimal reporting and case entry.

CONCLUSION

Recommendations for Program Managers of Diarrhea

It is hoped that the program managers responsible for the P2 diarrhea program at UPT Puskesmas Gedong Tataan will be more active and innovative in building and developing the P2 diarrhea program for toddlers, as this research indicates that it has not yet been optimally implemented at UPT Puskesmas Gedong Tataan. The program managers for the P2 diarrhea initiative for toddlers are encouraged to schedule specific case screenings in the near future so that the program can run optimally and the community can participate in enhancing awareness and knowledge for mothers of toddlers who have experienced diarrhea. During the research, many informants did not understand or follow health education and promotion regarding diarrhea in toddlers. The responsible staff for the P2 diarrhea program are expected to conduct routine activities such as health education and promotion to ensure the program operates optimally.

Recommendations for Community Health Workers

Community health workers are encouraged to engage actively in providing services related to the P2 diarrhea program for toddlers, such as offering health education and promotion as a means of awareness and learning for mothers of toddlers suffering from diarrhea. Community health workers should actively participate in case screenings, especially for toddlers with diarrhea. Community health workers are encouraged to participate in training related to the P2 diarrhea program for toddlers.

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