

ABSTRACT

The purpose of this study are efforts to lowering pilgrim death rate by means of recommendation to perfecting pilgrim health screening system and by on-journey health monitoring (assistance) at Embarkasi Haji Surabaya/Surabaya Pilgrim Embarkation, based on health screening sensitifity grade, studied on multi-characteristic death pilgrim, studied on health screening standard operational procedure at Puskesmas (Health Centre) and implementation of on-journey health monitoring (assistance). Design model used in this study is observational research, implemented with *cohort retrospective*. Population are taken from 115 death pilgrims at Surabaya Embarkation in whole 2001. As sample are 95 death pilgrim from East Java Province in whole 2001, and then as respondent are 87 medical doctors at Health Centre in East Java Province whom did the health screening for pilgrim and the other respondent are 53 medical doctors whom did on-journey health monitoring (assistance) for each flight group from Surabaya Embarkation. Data collection technique using indepth interview and data collection form sheet.

Results of this study are distribution of pilgrim origin/source location in East Java Province in year 2001, almost 80% of pilgrims came from fanatic Moslem area such as Karesidenan (residency) Surabaya 30.09%, Karesidenan Malang 18,76%, Karesidenan Madura 15,38% and Karesidenan Besuki 13,55%. From 37 regency/city in East Java Province, there are pilgrim deaths in 29 regency/city. Meanwhile, 19 from those 29 regency/city has higher pilgrim death rate than East Java Province itself (0,21%). Death percentage of high health risk pilgrims is 0.4% and for death percentage of healthy pilgrims is 0.07%. Reason of death are vary, such as, inaccurate category choosing at health screening, lack of health guidance by Health centre when pilgrims are waiting for their departure, lack of health monitoring during the journey and cause of death some pilgrims are intended to die in Saudi Arabia. Male pilgrims death shows inclined graph, while female are declined. Death rate increase equal with age (more old more higher death rate). Reason of death in descending order, from most to rare, is *cardiovascular disease*, *pulmonary disease* and *liver disease*. The most location of death are in Saudi Arabian Hospital, housing and Balai Pengobatan Haji Indonesia (Indonesian Pilgrim Medical Treatment). City with most death pilgrim is Makkah, followed by Madinah, Mina and Jeddah.

At health screening standard operational procedure, the fact is 97% of its implementation are not formerly passed training and implementation phase given in check-up implementation and training instruction book which is published by Ministry of Health. 89% of Health centre which did health screening wasn't implemented health screening with many reason, such as: pilgrim's house was far away from Health centre, already join another pilgrim guidance, afraid their disease was recognize and then canceled to go abroad, pilgrim's opinion that if they already got check-up implementation and training instruction book pass the health screening. Recommendation to perfecting pilgrim health screening system are, before health screcning implementation, (1)Regency/city should implement a training program for Health centre which did the health screening, (2) should implement a health training program to all pilgrim in their area, based on technical guidance by kind of disease, and then regency/city must monitor and evaluate it, (3) Result of this health screening is applied as one of the prerequisite

point to deposit journey fee, and its will be an appropriate information for pilgrim health implementation subsystem in the next stage.

During health assistance implementation at flight group, high health risk pilgrim monitoring cannot entirely done as mentioned in standard operational procedure because of many reasons, (a) medical doctor assistant dont know/familiar pilgrims in their responsibility yet, (b) seat placement on airplane, (c) high risk pilgrim placement on bus and in housing, (d) separate housing area, (e) difficulty to get transportation to refer sick pilgrims, (f) lack of medicine quantity and kind. Recommendation to perfecting standard operational procedure are, (1) recruit medical doctor from the same area/region with pilgrims in their responsibility, (2) The training of doctor and nurse assistant are should take seriously about substantial management of decreasing health risk factor during the journey, (3) According to principles of justice and equity, established a special flight for high health risk, with specific assistant and equipment, specific housing, a tight diet rule, shorter time of journey at Saudi Arabia, (4) upgrading teamwork in flight group, force group moderator and group chief to take part in monitoring high health risk pilgrims.

Keyword :

Pilgrim, health screening, high risk monitoring, standard operating procedur

