ABSTRACT

Non-communicable diseases (NCD) are still a problem in Indonesia even in the world. The main cause of deaths due to NCD is cardiovascular disease. The main risk factor that cause cardiovascular disease is hypertension. In Jombang, hypertension ranks second out of the 10 most diseases in 2017. One of the effort to overcome hypertension is by monitoring risk factor and hypertension case through strengthening the NCD surveillance system, although the completeness of the SPM hypertension report in Jombang still low. The purpose of this research is to analyze the implementation of NCD surveillance to monitor risk factor and case of hypertension in the Jombang District Health Office in 2018 based on component and attribute surveillance.

This research is an evaluative descriptive research. The research subject is NCD surveillance special to monitor risk factor and case of hypertension in the Jombang District Health Office. Determination of informant using purposive sampling. The research informants consist of NCD officer at the Jombang District Health Office, NCD officer in 2 select puskesmas, and volunteer posbindu in 4 select posbindu. Data collection technique using interview guideline and document observation, data analysis was carried out descriptively.

The results showed that an assessment of the surveillance components at the data collection process which is assessed were the types of data available were incomplete, the data sources were appropriate, the availability of forms were complete, the frequency of data collection was poor. In the process of data processing and analysis not implemented, interpretation of data not implemented, information dissemination was implemented. Assessment of surveillance attributes, namely Simplicity, Acceptability, Predictive Value Positive, Data Quality, and Stability results were low. While Flexibility, Sensitivity, Representativeness, and Timeliness can not be assessed.

The conclusion of this research is that the components and attributes of surveillance good enough, but there are still problems in their implementation. That is, no attendance record has been held, completeness of the report is still low, data validation is not appropriate, and so on. The alternative solution that can be done is to implement attendance records in each unit, implement a rewarding system, and reconfirm each quarter to the health centers that have reported.

Keywords: surveillance, hypertension, surveillance component, surveillance attribute

ABSTRAK

Penyakit Tidak Menular (PTM) masih menjadi masalah di Indonesia bahkan di Dunia. Penyebab utama kematian akibat PTM adalah penyakit kardiovaskular. Faktor risiko utama yang menyebabkan penyakit kardiovaskular adalah hipertensi. Di Kabupaten Jombang penyakit hipertensi menempati urutan kedua dari 10 penyakit terbanyak pada tahun 2017. Salah satu upaya penanggulangan penyakit hipertensi yaitu dengan pemantauan faktor risiko dan kasus hipertensi melalui penguatan sistem surveilans PTM. Namun kelengkapan laporan SPM hipertensi di Kabupaten Jombang masih rendah. Tujuan penelitian ini yaitu menganalisis pelaksanaan surveilans PTM untuk memantau faktor risiko dan kasus hipertensi di Dinas Kesehatan Kabupaten Jombang tahun 2018 berdasarkan komponen dan atribut surveilans.

Penelitian ini merupakan penelitian deskriptif evaluatif. Subjek penelitian adalah surveilans PTM khusus untuk memantau faktor risiko dan kasus hipertensi di Dinas Kesehatan Kabupaten Jombang. Penentuan informan menggunakan *purposive sampling*. Informan penelitian terdiri dari petugas PTM di Dinas Kesehatan Kabupaten Jombang, petugas PTM di 2 puskesmas terpilih, dan kader posbindu di 4 posbindu terpilih. Teknik pengumpulan data menggunakan pedoman wawancara dan observasi dokumen, analisis data dilakukan secara deskriptif.

Hasil penelitian menunjukkan penilaian komponen surveilans pada proses pengumpulan data yang dinilai adalah jenis data yang tersedia kurang lengkap, sumber data sudah sesuai, ketersediaan form lengkap, frekuensi pengumpulan data kurang baik. Pada proses pengolahan dan analisis data serta interpretasi data tidak dilaksanakan, sedangkan diseminasi informasi dilaksanakan. Penilaian atribut surveilans yaitu kesederhanaan, akseptabilitas, Nilai Prediktif Positif, kualitas data, dan stabilitas hasilnya rendah. Sedangkan fleksibilitas, sensitivitas, representatif, dan ketepatan waktu tidak dapat dinilai.

Kesimpulan dari penelitian ini adalah komponen dan atribut surveilans sudah cukup baik, namun masih ada hambatan dalam pelaksanaannya. Yaitu belum diadakan catatan absensi, kelengkapan laporan masih rendah, validasi data tidak sesuai, dan lain sebagainya. Alternatif solusi yang dapat dilakukan adalah menerapkan catatan absensi di masing-masing unit, menerapkan sistem *rewarding*, serta melakukan konfirmasi ulang setiap tribulan kepada puskesmas yang telah melaporkan.

Kata Kunci: surveilans, hipertensi, komponen surveilans, atribut urveilans.