

ABSTRACT

Input and Process Factors of Cadre Performance Phenomenon in Non-Communicable Disease Integrated Development Post (Posbindu PTM) In Review Of Ottawa Charter (Case Study of Posbindu PTM's Cadres in Gadingrejo Community Health Center, Pasuruan City)

Most posbindu activities are carried out by cadres as a manifestation of community participation. The series of PTM prevention and control activities through Posbindu was evaluated based on the scope of Activity Performance Indicators (API). The coverage of the high posbindu number is not accompanied by the achievement of the posbindu performance that meets the IKK target. The complex and difficult task of posbindu's cadres has the potential to cause problem implementation of posbindu activities in Pasuruan City.

The aim of this research is to provide a comprehensive study covering the input and process of activities for uncovering the phenomenon of the performance of the Posbindu PTM type Basic in the Gadingrejo Community Health Center's area and formulating recommendations based on the opinions and input of experts.

The type of research used is descriptive research using a qualitative approach (case study). The study was conducted in all Posbindu in Gadingrejo Community Health Center, which amounted to 14 (fourteen) Posbindu. The number of main informants and triangulation was 38 people. Data is processed and a holistic analysis is carried out to understand the complexity of the case. The results of the analysis are taken into consideration for formulating the solution.

The results showed the causes of low posbindu performance due to being forced into cadres, multiple roles, training obtained by cadres who were less effective, lack of confidence in cadres, feeling embarrassed, depressed / scared, inadequate posbindu kits, inappropriate schedules, less active cadres, participants' doubts, low level of support from stakeholder, lack of Posbindu assistance, and limited funding sources. The findings of the problem at the process stage include: There is no posbindu activity plan, Cadres do not report / contact stakeholders, lack of post-activity innovation, and levelled problems at the reporting stage.

The conclusion of this study is that the phenomenon of Posbindu's cadre performance arises because of problems in the input and process of Posbindu's activities and carried out by each level of the implementer (cadres, assistants, health centers, health offices, stakeholders and the Ministry of Health). The proposed alternative solution is in accordance with the Ottawa Charter, which is based on healthy public policy, community action and personal skills.

Keyword: Posbindu, NCD, Cadre, Performance

ABSTRAK

Faktor Input Dan Proses Fenomena Kinerja Kader Pos Pembinaan Terpadu Penyakit Tidak Menular (Posbindu PTM) Dasar Dalam Tinjauan *Ottawa Charter* (Studi Kasus Kader Posbindu Ptm Dasar Di Wilayah Puskesmas Gadingrejo Kota Pasuruan)

Kegiatan posbindu sebagian besar dilaksanakan oleh kader sebagai wujud peran serta masyarakat. Rangkaian kegiatan pencegahan dan pengendalian PTM melalui Posbindu dievaluasi berdasarkan cakupan Indikator Kinerja Kegiatan (IKK). Cakupan jumlah posbindu tinggi tidak disertai dengan capaian kinerja posbindu yang memenuhi target IKK. Tugas kader posbindu yang kompleks dan berat berpotensi menyebabkan tidak maksimalnya pelaksanaan kegiatan posbindu di Kota Pasuruan.

Penelitian bertujuan memberikan kajian menyeluruh meliputi input dan proses kegiatan dalam mengungkap fenomena kinerja Posbindu PTM Dasar di wilayah Puskesmas Gadingrejo dan merumuskan rekomendasi berdasarkan pendapat dan masukan para ahli.

Jenis penelitian yang digunakan adalah penelitian deskriptif dengan menggunakan pendekatan kualitatif (studi kasus). Penelitian dilakukan di seluruh posbindu di Wilayah Puskesmas Gadingrejo yang berjumlah 14 (empat belas) Posbindu. Jumlah informan utama dan triangulasi adalah 38 orang. Data diolah dan dilakukan analisis holistik untuk memahami kompleksitas kasus. Hasil analisis menjadi bahan pertimbangan untuk merumuskan usuan solusi.

Hasil penelitian menunjukkan penyebab rendahnya kinerja posbindu dikarenakan adanya keterpaksaan menjadi kader, peran ganda, pelatihan yang didapatkan kader kurang efektif, ketidakpercayaan kader, perasaan malu, tertekan/takut, posbindu-kit kurang memadai, jadwal tidak sesuai, kader kurang aktif, keraguan peserta, rendahnya Dukungan lurah/camat, kurangnya pendampingan Posbindu, dan terbatasnya sumber pembiayaan. Temuan masalah pada tahap proses antara lain : Tidak adanya rencana kegiatan posbindu, Kader tidak melaporkan/menghubungi *stakeholder*, kurangnya inovasi posbindu, dan masalah berjenjang pada tahap pelaporan kegiatan.

Kesimpulan dari penelitian ini adalah fenomena kinerja kader Posbindu muncul dikarenakan adanya masalah pada input dan proses kegiatan posbindu. Masalah ini terdapat pada tiap level pelaksana (kader, pendamping, puskesmas, dinas kesehatan, *stakeholder* dan Kementerian Kesehatan). Usulan alternatif solusi yang diajukan sudah sesuai dengan *Ottawa Charter* yaitu berbasis *healthy public policy*, *community action* dan *personal skill*.

Keyword : Posbindu, PTM, Kader, Kinerja