



## Evaluation of the Completeness and Timeliness Nutrition Surveillance Data Reporting in Wonogiri District, Central Java Province, 2017

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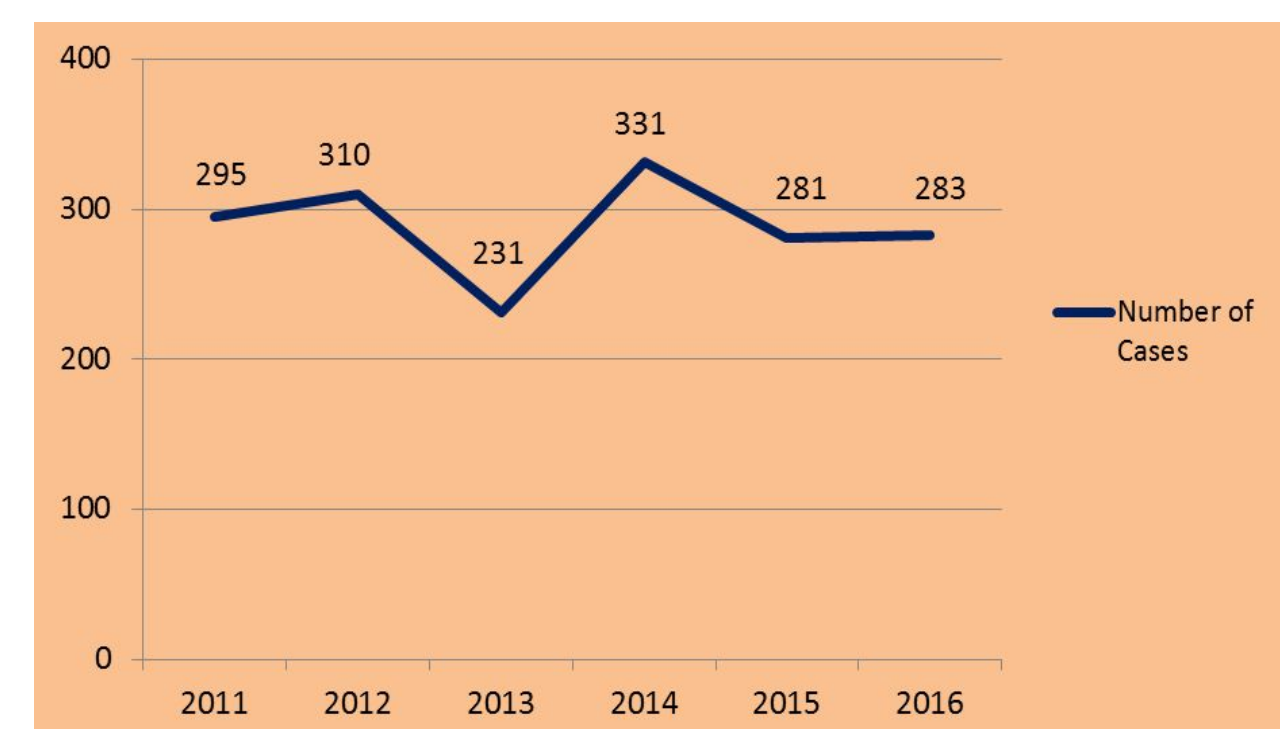
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### AIM / OBJECTIVE

Nutrition problem still be an important of public health problem in Indonesia. The nutrition problem which still found in Indonesia like malnutrition, stunting, anemia and low birth weight babies (BBLR). Wonogiri district, Central Java Province also had the nutrition problem.

Malnutrition problem was one of the nutrition problem that exist in Wonogiri every year. Based on Health Province Profil Data year 2014 and 2015, malnutrition cases in Wonogiri district showed the sixth highest cases in Central Java.

The other nutrition problem which occur in Wonogiri was anemia in pregnant women. Anemia in pregnant woman increased from 889 cases in 2015 to 1.013 cases in 2016. Case of low birth weight babies from 2014 to 2016 was 562, 558, and 488 cases.



**Picture 1**  
Number of Malnutrition Cases Among Children under Five Years of Age based on Weight per Age Indicator by Year in Wonogiri District

Nutrition surveillance is need to be done to give an information as the basis for making policy appropriately. Completeness and timeliness of the nutrition surveillance system is very useful to achieve that purpose.

Evaluation of nutrition surveillance system was conducted to evaluate completeness and timeliness of the nutrition surveillance data reporting in Wonogiri district, Central Java.

### METHODS

1. Design Study → Evaluative Study
2. Time → Desember 2017 to January 2018
3. Subject → Nutritionist in District Health Office and 25 Primary Health Care (PHC). Samples from PHC calculated using Slovin Sample Size and selected randomly
4. Data Collection → Interviews and observation on surveillance data reporting form
5. Analysis → Quantitative descriptive analysis

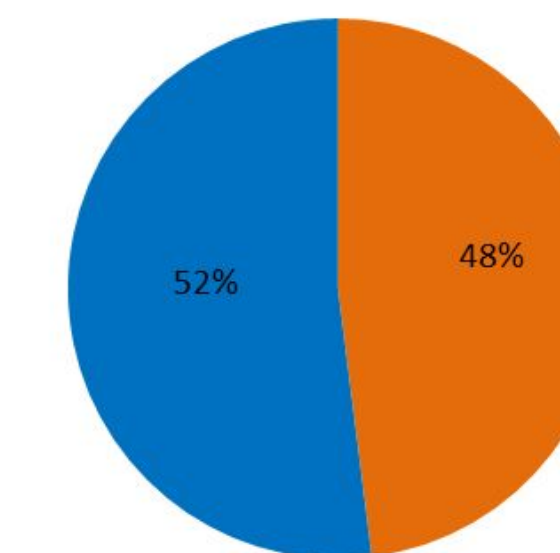
### RESULTS

PHC that reported complete data were 6 PHC (24%). One PHC (4%) did not report malnutrition data due to poor of time management. Ten Puskesmas (40%) did not report Hb data because they assumed that it was the duty of the laboratory officer or midwife. Three PHC (12%) did not report exclusive breastfeeding data every month, because they consider that the data should be collected only once every six months. Nine PHC (36%) did not report goiter data because they considered that it was no need to report if no cases.

Most PHC (52%), never report the data timely. Most nutritionists (84%) had another duty that inhibits them to finish the surveillance data timely. Only two PHC (2%) whom the nutritionists had another duty but always report the data timely.

Case Registration	N	%
<b>MONTHLY DATA</b>		
F3 Form		
Yes	25	100
No	0	0
Malnutrition Form		
Yes	24	96
No	1	4
Hb form		
Yes	15	60
No	10	40
Exclusive Breastfeeding Form		
Yes	22	88
No	3	12
<b>TRIMESTER DATA</b>		
Goiter Form		
Yes	16	64
No	9	36
<b>SEMESTERS DATA</b>		
Vitamin A		
Yes	25	100
No	0	0
<b>ONCE A YEAR</b>		
Iodized Salt Form		
Yes	19	76
No	6	24

**Table 1**  
Completeness of Nutrition Surveillance Data



**Picture 2**  
Timeliness of Nutrition Surveillance Data Reporting

### CONCLUSIONS

Completeness and timeliness of the nutrition surveillance data reporting were still unsatisfying. Some of the Primary Health Care (PHC) did not collect and report the data completely and timely due to misunderstanding of the data collection procedures. Having another duty also inhibits them to report surveillance data timely.

PHC should be encouraged to collect data completely and timely. The data collection procedure should be fixed on the indicator collected and the time period in the data collection.

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