Surveillance System Evaluation of Non-Communicable Disease through Integrated Community-Based Intervention in Wonosobo District, Central Java Province, Indonesia

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INTRODUCTION

Non-communicable diseases are leading cause of the global death, especially from cardiovascular, cancer, chronic obstructive pulmonary disease, and diabetes. Prevention and primary detection of non-communicable disease in Indonesia were done through integrated community-based interven-tion called Pos Pembinaan Terpadu Penyakit Tidak Menular (Posbindu PTM). Implementation of this surveillance system needed to be evaluated.

AIM

The aim of the study was to evaluate the structure, main function, support function and quality of surveillance system in non-communicable disease surveillance system

Figure 1. Interviewing non-communicable disease programmer in public health center

METHODS

- Descriptive study
- Primary data collected through interview
- Secondary data collected through online and offline data from programmer
- Respondent were programmer in district health office (n=1) and programmer in primary health care in Wonosobo (n=24)
- Surveillance system evaluation based on WHO program evaluation (structure, main function, support function, and quality of surveillance system).

Table 1. Respondent Characteristics

Characteristics		PHC		DHO	
		n	%	n	%
Gender	Male	5	20.83		
	Female	19	79.17	1	100
Age	20-29	1	4.17		
	30-39	17	70.83	1	100
	40-49	4	16.67		
	> 50	2	8.33		
Education level	Senior High School	1	4.17		
	Diploma	19	79.17		
	Graduate	4	16.67		
	Master	0	0.00	1	100
Length of work	< 1 years	2	8.33	1	100
	1-2 years	9	37.50		
	> 3 years	13	54.17		
Multitask	Yes	24	100.00	1	100
	No	0	0.00		
Training participation	Yes	9	37.50		
	Not yet	15	62.50	1	100

Figure 2. Part of activity in a Posbindu PTM

RESULTS

- The weakness of NCD Surveillance System in Wonosobo District were lack of knowledge in the regulation, networking, collaborating, risk factor detecting and reporting; not availability of technical guidebook; low training participant; low monitoring and evaluation activity; also complex reporting system.
- 84% Posbindu PTM had not reported on time and 87,50 % programmer had not done the analysis, interpretation, and dissemination.
- This was related to the completeness of the report caused too many data that needed to be collected and that affect the timeliness of the report.

CONCLUSIONS

Strengthening Posbindu PTM should be done in the reporting system aspect, especially in the timeliness and analysis of the report. Monthly reminder and refreshing in reporting system were done to improve the reporting system aspect.

BIBLIOGRAPH

1. GBD 2015 Mortality and Causes of Death Collaborator, 2016. Global , regional , and national life expectancy , all-cause mortality , and cause-specific mortality for 249 causes of death , 1980 – 2015 : a systematic analysis for the Global Burden of Disease Study 2015. *Lancet*, (388), pp.1459–544.
2. Kementerian Kesehatan, 2015a. *Petunjuk Teknis Surveilans Penyakit Tidak Menular*, Kementerian Kesehatan Republik Indonesia.
3. Kementerian Kesehatan, 2015b. *Rencana Strategis Kementerian Kesehatan 2015-2019*, Indonesia.
4. WHO, 2002. *Active Ageing A Policy Framework*, Geneva: WHO Press.
5. WHO, 2013. *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020*, Geneva: WHO Press.
6. WHO, 2010. *Global status report on noncommunicable diseases 2010*. Geneva: WHO Press
7. WHO, 2014. *Global Status Report on noncommunicable diseases 2014*. Geneva: WHO Press
8. WHO, 2015. Noncommunicable Disease Factsheet.

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