Acceptability and Adoption of Health-Facility Based Non-communicable Diseases Surveillance in Kulon Progo District, Yogyakarta

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INTRODUCTION

Non-communicable diseases (NCD) have been recognized as the new disease pandemic to the developing world in recent years.
In 2020, it is estimated that 70% of NCD-related deaths will occur in developing countries.
Since 2012 Indonesia MoH was established two main surveillance system i.e. health facility- and community-based NCD surveillance systems.
MOH report on 2015 showed those reporting from Health Centre (HC) less than 25%.

AIM

This study aim to evaluate the implementation of health-facility based NCD surveillance and develops recommendations for increasing coverage NCD surveillance in Kulon Progo District

METHODS

Mix method using the RE-AIM framework.
Unit Analysis : Primary Health Care
Subjects :
- PHC NCD team (doctor, nurse, program manager and laboratory staffs)
- stakeholder at PHC and DHO.

Focus RE-AIM only Reach and Adoption
Data collection :
- Quantitative : interview and observation using questionnaire and checked list.
- Qualitative : indept interviews and FGDs

Data analysis :
- Quantitative : distribution frequency
- Qualitative : content analysis

RESULTS

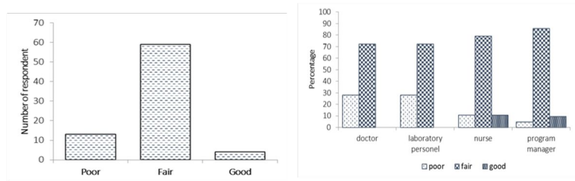
Only 5% of 83 HC officer has good knowledge on web based NCD surveillance.
There are 19 HC with the completeness of the data entry on web based NCD surveillance

Characteristics of Respondent

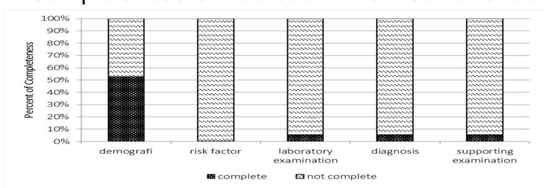
No	Characteristics	F n = 83	%
1	Education		
	Academy	49	59.0
	Bachelor	7	8.4
	Post Graduate	20	24.1
	Other	7	8.4
2	Sex		
	Male	20	24.1
	Female	63	75.9
3	Age groups		
	20-30 yo	12	14.5
	31-40 yo	34	40.9
	41-50 yo	30	36.1
	51-60 yo	7	8.4
4	NCD Team		
	Yes	65	78.3
	No	18	21.7

No	Characteristics	F n = 83	%
4	Working Duration		
	< 1 year	8	9.6
	1 - 10 year	20	24.1
	11-20 year	30	36.1
	21-30 year	24	28.9
	31-40 year	1	1.2
5	Professional Background		
	Nurse	34	40.9
	Doctor	20	24.1
	Laboratory	19	22.9
	Public health	1	1.3
	Nutrition	1	1.2
	Other	8	9.6
6	NCD Training		
	Trained	51	61.5
	Not yet	32	38.5

Knowledge on Web Based NCD Surveillance



Completeness of web based NCD surveillance



Implementation by NCD Team :

Variables	MD	Nurse	Analist	Programer
Got information portal web	23 %	34 %	25 %	100 %
Know account and password	0	15 %	0	80 %
Small score of	ECG : 17%	Write the family history : 33%	Lab result send to patient : 50%	

No	Implementation of NCD Surveillance by programmer	Ya(%)
1	Colleting data of NCS risk factors	71.4
2	Conduct data validation	52.4
3	Analyze data of NCD risk factors	14.3
4	Reporting to head office	23.8
5	Sending monthly report to DHO	47.6

QUALITATIVE STUDY RESULT :

Comprehension

1. Existence of NCD portal web surveillance : Most of stakeholder at HC just know the program after socialization plan of this research and some of them has got those information but never open the web
2. Necessity for HC : Some of stake holder said those not necessary because they had the another information system (SIMPUS & PCare)
3. Benefit : top-down system but can used as source information for health promotion

Barier

1. Human resources limitation : multiple job for programmer
2. Double RR : many system but not connected each other
3. No budged for NCD surveillance compare PCare (source of BPJS Capitation funding calculation)
4. No monitoring and feed back from DHO
5. Infrastructure not optimum : low internet signal

Availability of Infrastructure

Variables	None	Had but not enough	Had and enough
examination Form	10	20	70
Risk Factor Form	5	20	85
PHC offline Form	0	10	90
Documen storage	10	10	80

Variables	None	not max	max
Komputer	15	50	35
Internet	0	65	35
NCD Clinic	85	15*	0
program room	85*	10	5
Display of NCD data	40*	20	40

CONCLUSIONS

Implementation of Health Facility Based NCD Surveillance in Kulon Progo :

1. NCD Team member capacity is moderate : D3, 66% work >10 y and 61% got NCD training
2. Lack of Acceptance of HC for NCD surveillance
3. Knowledge is sufficient but low participation because less comprehension, multiple job and multiple entry data
4. Adoption is good, supported by complete infrastructure of PHC is complete but not optimum
5. Improving coverage visible to apply on the aspect of *man, material, method, machine and money* and conducted by DHO/PHO or MOH

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ACKNOWLEDGEMENTS

3rd UGM Public Health Symposium
Yogyakarta, 8-9 May 2018

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