

Analisis Kebijakan Integrasi Pelayanan Kesehatan Primer di Puskesmas pada Lokasi Intervensi Awal dengan Pendekatan Realist Evaluation

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Abstrak

Transformasi pelayanan kesehatan primer merupakan Pilar Pertama dalam Transformasi Kesehatan. Pendampingan Integrasi Pelayanan Kesehatan Primer di Puskesmas (ILP) untuk mewujudkan fokus transformasi pelayanan kesehatan primer dilaksanakan pada bulan Juli sampai Oktober 2022. Penelitian bertujuan melakukan analisis kebijakan ILP di lokasi intervensi awal, mewakili karakteristik wilayah Puskesmas. Lokasi penelitian adalah Puskesmas Kebonsari, Kota Surabaya, Puskesmas Jereweh, Kabupaten Sumbawa Barat, Puskesmas Banjarwangi, Kabupaten Garut, dan Puskesmas Niki-Niki, Kabupaten Timor Tengah Selatan. Penelitian menggunakan metode penelitian kualitatif dengan desain studi kasus eksploratif. Dalam penelitian ini digunakan pendekatan realist evaluation dengan empat tahap yaitu pengembangan teori program, pengumpulan data, pengujian teori program serta interpretasi dan perbaikan. Data primer diperoleh dari wawancara mendalam, FGD, telaah dokumen dan observasi. Informan penelitian ini sejumlah 73 orang mulai dari tingkat Pusat dan daerah (Dinas Kesehatan Provinsi, Kabupaten/Kota, Puskesmas dan Desa). Di seluruh lokasi, durasi pelayanan bertambah akibat skrining antara lain disebabkan kurangnya dokter. Di perkotaan, terdapat sistem pendaftaran online dan batasan durasi pelayanan yang berpengaruh. Posyandu Prima dan Posyandu mewujudkan tersedianya akses di tingkat desa melalui pemenuhan sumber daya termasuk bidan, perawat dan kader. Belum semua lokasi melaksanakan Posyandu dusun terintegrasi satu waktu. Pelaksanaan Posyandu integrasi perlu memperhatikan jumlah sasaran dan SDM yang bertugas. Sosialisasi dengan pendekatan sesuai karakter masyarakat dapat meningkatkan utilisasi layanan dalam ILP. Dashboard untuk mewujudkan Pemantauan Wilayah Setempat masih belum optimal. Koordinasi kasus antar Puskesmas sampai desa dilakukan manual via telepon maupun kartu kontrol. Tingginya komitmen ditunjukkan oleh para aktor tingkat Pusat, Daerah dan Desa dibuktikan secara verbal, regulasi pendukung maupun alokasi anggaran termasuk insentif kader. Daerah siap mereplikasi ILP namun menyampaikan kebutuhan kejelasan regulasi. Penelitian ini menghasilkan teori program pelaksanaan ILP mengacu pada tiga fokus transformasi pelayanan primer serta regulasi, integrasi kebijakan dan dukungan stakeholders. Dalam konteks berbeda, pendekatan ILP akan mengalami mekanisme berbeda dalam menghasilkan outcome peningkatan utilisasi layanan. Diperlukan percepatan kebijakan untuk mendukung pendekatan ILP serta harmonisasi kebijakan pendukung untuk konsistensi dukungan daerah dalam replikasi ILP.

Transformation of primary health services is the first pillar of Health Transformation. Pilot of Integrated Primary Health Care in Puskesmas (ILP) to implement the focus of the transformation of primary health services carried out from July to October 2022. This research aims to conduct a policy analysis of ILP at the initial intervention location, representing the characteristics of the Puskesmas. Research locations were in Puskesmas Kebonsari in Surabaya, Puskesmas Jereweh in Sumbawa Barat, Puskesmas Banjarwangi in Garut, and Puskesmas Niki-Niki in Timor Tengah Selatan. This research used qualitative method with an exploratory case study design. The study was conducted using a realist evaluation approach in four stages:

development of program theory; data collection; testing the program theory; interpretation and refinement. Primary data were obtained from in-depth interviews, FGDs, document reviews, and observations. The informants for this study were 73 people from the central and regional levels (Provincial, District/City Health Offices, Puskesmas, and Villages). In all locations, the duration of service increased as a result of screening, in part because of a lack of doctors. In urban areas, there is an online registration system, and service duration limits that matter. Posyandu Prima and Posyandu provide access at the village level through the fulfillment of resources including midwives, nurses, and cadres. Not all locations performed integrated Posyandu at one time. The implementation of integrated Posyandu needs to pay attention to the number of targets and the health staff involved. Socialization with an approach depending on community character can increase service utilization of ILP. The dashboard for accomplish Local Area Monitoring is still not optimal. Coordination of cases between Puskesmas and villages was done manually via telephone or control card. Actors at the Central, Regional, and Village levels showed a high level of commitment as evidenced verbally, supporting regulations and budget allocations including cadre incentives. Several regions are ready to replicate the ILP, but convey the need for regulatory clarification. This research create program theories of ILP referring to the three focuses of primary service transformation as well as regulation, policy integration, and stakeholders support. In different contexts, the ILP approach will experience different mechanisms in producing service utilization improvement outcomes. Policy acceleration is needed to support the ILP approach and harmonize supporting policies for consistent local government support in ILP replication.</div>