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Integration of Primary Health Care Services at Puskesmas in East Pekalongan Sub-district with a Formative Evaluation Approach

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***Abstrak*:** *Primary care integration (ILP) is a pillar of health transformation to strengthen primary health care by bringing health services closer to the village level, targeting the entire life cycle, and strengthening local area monitoring (PWS). The purpose of the study was to analyze the implementation of Primary Care Integration (ILP) at Puskesmas in East Pekalongan District. The research method used qualitative analysis with a case study approach. Data collection was carried out at the Puskesmas in the East Pekalongan sub-district of Pekalongan City. Data collection with in-depth interviews involving 20 informants and data processing using thematic analysis with CIPP variables. This study found that in the context aspect, the goal has not been achieved optimally to bring health services closer and expand due to the lack of cadres, influential factors are family support and officer involvement and infrastructure, targeting the entire life cycle. In the input aspect, human resources are not sufficient, especially medical personnel and cadres for many targets, funding is insufficient for activities, infrastructure for tools is sufficient but the place of implementation is still not large enough and health test kits are still lacking. In the process aspect, planning has gone well, organizing is well structured, it's just that the number of cadres and health workers is still lacking to serve all life cycles, for Pekalsanaan it is still running as much as possible and for evaluation it still refers to the old mechanism and for evaluations carried out regularly every month. In the product aspect, the results of activities can increase the level of visits and the community becomes more enthusiastic in participating in the ILP posyandu.*
Keywords : ILP; Puskesmas; CIPP; Formative Evaluation

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INTRODUCTION

Health is the right of every citizen and the purpose of health development is to foster awareness, desire, and ability of each individual to implement healthy living in order to optimize health status (Yuningsih, 2014). Of course, this requires efforts from all forces, both public and private sectors, as well as central and regional governments. Based on Presidential Regulation No. 18 of 2020, the health sector has targets such as improving maternal, child, family planning and reproductive health; accelerating

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improvements in community nutrition; improving disease control; community movement for healthy living (GERMAS); strengthening the health system; and drug and food control (Perpres, 2020).

Primary health care is a fundamental part of the health system and aims to provide affordable, comprehensive and sustainable health services to the community (Kemenkes, 2023). Integrating primary health care with other health services, such as secondary and tertiary health care, is an important strategy to improve the quality of health services. This integration is expected to improve coordination between health care facilities, use resources more efficiently and make services more accessible to the community.

The Ministry of Health is committed to transforming the health system through six pillars of transformation that support Indonesia's health, including primary care transformation, referral service transformation, health security system transformation, health financing system transformation, health human resources transformation and health technology transformation. One of these pillars is the transformation of primary care, this service will focus on health services towards prevention or promotive and preventive. This aims to provide education on disease prevention and increase the capacity and capability of health human resources in primary care (Yulyuswarni, Mugiati dan Isnenia, 2023)

Meskipun pelayanan kesehatan primer memegang peranan penting dalam sistem There are many challenges in implementing health services, especially in terms of service integration. Common problems include lack of coordination among health providers, limited staff and technology, and barriers to implementing integrated measures. These problems can hinder the achievement of the main objectives of primary health care such as effective and efficient health care delivery. Primary health care is not a specialized service or a medical discipline, but a generalist health service that is accessible to all groups in the community (Hendrawan, Nurcahyo dan Afdal, 2021)

The focus of primary health care transformation includes 1) Life cycle as the focus of health service integration as well as the focus of strengthening promotion and prevention, 2) Bringing health services closer through networks to the village and hamlet levels, including to strengthen promotion and prevention, and 3) Strengthening Local Area Monitoring (PWS) through digitization and monitoring with a dashboard of the health situation per village, as well as family visits (Kemenkes RI, 2023)

This study focused on understanding how to effectively implement integrated primary health care based on context and problem identification. The study investigated the factors that influence successful integration of services and the challenges faced in this process.

Pekalongan City in 2024 has implemented the integration of primary health services (ILP). This activity is in the form of integrated posyandu services at posyandu in the working area of the puskesmas. Based on the background description above, the author is interested in analyzing the integration of primary health services in the work area of the puskesmas in East Pekalongan District, Pekalongan City

METHOD

This research is a qualitative research with a case study approach in which the researcher will only analyze the selected problem topics. This research was conducted at 4 health centers in the East Pekalongan sub-district of Pekalongan City in June-July 2024. The informants in this study amounted to 20 informants consisting of main informants, supporting informants, and triangulation informants. Data collection methods used observation, in-depth interviews and documentation with research instruments such as interview guidelines, recording devices, stationery, and documents. Data analysis used thematic analysis with CIPP variables.

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RESULTS AND DISCUSSION

Based on the research results, the following results were obtained:

A. (context)

1.Purpose

Based on researcher observations regarding the objectives of ILP at the Puskesmas, namely bringing health services closer to the community and health detection to the community becomes easier. However, there are still obstacles in community attendance, this makes the program objectives also less than optimal due to lack of awareness and inadequate space in some posyandu. The Decree of the Minister of Health of the Republic of Indonesia Number 2015 of 2023 concerning the technical guidelines for the integration of primary health services considers that primary health care is one of the pillars of health transformation focused on meeting health needs based on a life cycle that is easily accessible and affordable to the community, family and individual levels.

This is in line with the results of research from Liestiana Indriyati, et al (2023) also said the same thing that the results of the evaluation of the primary service transformation program at the Puskesmas showed that the level of community attendance was still experiencing ups and downs so that the results of the activities that had been carried out were also not optimal and resulted in the objectives of this ILP posyandu not being met (Indriyati, Wahyudin dan Sulistyowati, 2023)

Thus, judging from the indicators of the objectives of the ILP Posyandu program at the Pekalongan City Health Center, it shows that it has not been achieved optimally because some people still lack awareness to follow and the place is not adequate for the large number of ILP posyandu participants. Therefore, special attention is needed by program implementers and local officials regarding the place of posyandu implementation in order to maximize the implementation of the ILP program at Puskesmas, especially puskesmas in the East Pekalongan sub-district of Pekalongan City.

2.Influencing Factors

Family or environment is one of the factors that influence the success of a program. Based on the results of the study, it shows that the factors that influence the activeness of ILP posyandu participants in East Pekalongan Sub-district, Pekalongan City are family support that is influential in achieving the benefits of the ILP posyandu program such as health measurements and examinations. This family support is in the form of reminders regarding posyandu activities, taking them to activities, and participating in maintaining health. Based on the attendance book of posyandu activities, researchers obtained information about the reasons why participants did not attend activities due to lack of support from the family environment and busyness.

Family support is one of the important things in supporting the success of the objectives of the ILP posyandu program. Assistance from the family is needed for the community in participating in this ILP posyandu activity in accompanying activities. This is in line with the research of Endra et al (2019) who said that many mothers who are active at home as housewives spend most of their time doing housework and office work which makes it less likely for mothers to come to Posyandu because the posyandu schedule coincides with their work (Amalia, Syahrida dan Andriani, 2019)

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3.Target

Every health program is found to have a target group, that is, to whom the health program is addressed. Based on the results of the study, it shows that the targets in ILP activities at Puskesmas in East Pekalongan District, Pekalongan City are all life cycles ranging from infants, toddlers, adolescents, productive age, and the elderly.

Based on KMK Kemenkes RI Number 2015 Year 2023, it shows that the integration of posyandu primary health services is aimed at targeting all life cycles, from infants to the elderly. Activities are carried out at one time to all these targets according to the schedule at each posyandu. Activities include health measurement and examination as well as health education or counseling. The community comes to the posyandu at the time of implementation, if there are people who are not present then the posyandu cadre sweeps home visits or door to door. This is in line with the research of Kusnul Khatimah and Suryaningsi (2024) who said that the target of posyandu is the entire community, especially: Toddlers, infants, pregnant women, nursing mothers and postpartum mothers, couples of childbearing age (PUS) (Khatimah & Suryaningsi, 2024).

B. Input

1.Human Resources (HR)

Based on the results of the study, it shows that the quantity of health workers and posyandu cadres is currently still lacking and inadequate. This can be seen from in-depth interviews that they feel overwhelmed or difficult with the number of cadres only 5 people per posyandu who serve all life cycles within the scope of the posyandu. In terms of quality, the human resources of health workers in this program have taken an education level in accordance with the expertise in their field. Health cadres at the posyandu have conducted training conducted by the Noyontaan Health Center. The division of tasks of each human resource is carried out based on educational background and adjusted to their expertise. But there are still many officers who do not understand the implementation of ILP.

In ILP posyandu activities, health workers who accompany the implementation of posyandu include midwives, nurses, nutrition or MCH, and promkes officers. Health cadres who carry out this activity are selected cadres who have conducted training or education related to posyandu.

Based on research results from Andira et al. (2020) that training has a significant effect on the performance of posyandu cadres and ultimately has an impact on posyandu performance. Cadre training is an effort to increase the knowledge, ability, and dedication of cadres in providing health services in posyandu (Rusmalayana, Muhlis Hafel and Muh. Jamal, 2023). Thus, there are similarities regarding human resources, namely health workers who assist in the implementation of posyandu and on the quantity or limitations of human resources, namely posyandu cadres. Health cadres at the East Pekalongan puskesmas posyandu are still lacking and find it difficult to implement the ILP posyandu which now serves all life cycles in the area of each posyandu.

1.Fund

The funding system in a program is important in preparing the allocation of costs needed for each activity. Based on the results of interviews, it is known that the funding system for ILP posyandu activities is sufficient to cover posyandu activities. These funds come from BOK, BLUD, APBN and APBD puskesmas funds. The funding system for posyandu activities is allocated once a month. The allocation of

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funds is needed for the production of PMTs for posyandu targets as well as transport funds for posyandu cadres. In addition, there are also klentungan funds or donations as much as possible from posyandu participants at each posyandu implementation. These funds are put into the cash for any shortages or other needs. This is in line with research by Wisnuwardani (2010), that cash incentives are very influential on the performance of cadres because they increase the enthusiasm of cadres and become evidence of coaching from the puskesmas. Providing incentives can encourage the enthusiasm of cadres in providing services. Therefore, incentives have a positive effect on the performance of posyandu cadres (Indah Sari & Indrawati, 2021)

2.Infrastructure Facilities

Facilities are an important factor in supporting the achievement of the objectives of a program. Based on the results of research through observations and interviews, it is known that the infrastructure in this ILP posyandu activity is not sufficient. The Puskesmas, which is also obtained from the Pekalongan City Health Office, facilitates a set of anthropometric tools at each health center, but there are still equipment that is still lacking, including examination tools. According to Fanggidae et al (2023) that complete posyandu facilities and infrastructure must be balanced with knowledge about preparation procedures and checking the feasibility of posyandu infrastructure facilities so that the quality of service becomes better. It's just that there are still obstacles to this ILP posyandu activity, namely the place of implementation. There are several posyandu implementation places that are not yet adequate. The place of posyandu implementation cannot accommodate the capacity of many participants.

C. Process

1.Planning

Based on the results of the study, it shows that ILP planning at the Puskesmas still refers to old planning patterns. Planning involves all health center employees and stakeholders. For ILP Posyandu Planning refers to the Ministry of Health's KMK regarding ILP posyandu planning (2023). In the preparation of ILP Posyandu planning, it must refer to guidelines, for example, the community conducts early detection of health condition checks at the nearest posyandu, then if further action is needed, a referral will be made to the auxiliary health center (pustu) and then if the pustu also still requires more action, a referral will be made to the main health center. This is in accordance with the guidelines that have been standardized by the puskesmas and in accordance with the Ministry of Health's KMK regarding ILP posyandu planning (2023).

2.Organizing

The ILP posyandu program is a program of the Indonesian Ministry of Health which is implemented in collaboration with first-level facilities (Puskesmas). The division of tasks or the person in charge of the ILP posyandu technically already has rules that are carried out during the implementation of the program. Regarding the number of ILP posyandu implementing officers, it has also been determined and in accordance with the direction of the government so that the implementation of activities can be carried out by cadres as implementers and assisted by health workers in accompanying during the activity. Based on the results of the interview, it is known that the organizing system for the implementation of the ILP posyandu consists of the chairman, secretary, treasurer, and members of the posyandu cadres. Each part has carried out its duties in accordance with its duties and functions. However, the implementation of posyandu

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activities is still carried out together. It is intended that all cadres can master the procedures for implementing activities. However, the recording section is only held by one person who is competent in recording and data collection and so that no data errors occur when carried out by different cadres.

3.Implementation

Based on KMK Kemenkes RI Year 2024, there are 5 steps in the implementation of the ILP posyandu. This is in line with the results of the study, where the ILP posyandu at the Pekalongan City Health Center has carried out the implementation in accordance with these directions. The implementation of ILP posyandu activities at the Puskesmas is registration in step 1, weighing in step 2, recording and examination in step 3, counseling in step 4, and data validation in step 5. The implementation has gone well, but it is still found that there are some obstacles caused by the limited number of cadres that are not proportional to the number of posyandu participants.

4.Monitoring and Evaluation

In the implementation of program policies so that implementation is in accordance with standards and objectives, coordination with the parties involved in policy implementation is needed, so that it will minimize the occurrence of errors. Based on the results of the interviews, it is known that the form of monitoring and supervision activities from posyandu cadres is carried out at the end of the activity to see the implementation of the activities that have been carried out as evaluation material in the following month. The person in charge of the program also reports the results of posyandu activities to the puskesmas monthly Lokmin. This is in line with research by Amelia et al (2023) that evaluation and monitoring are very important after program implementation and this provides good results.

D. Product

Product is describing the results of program implementation. Product evaluation relates to the results of ILP implementation such as the coverage or results of ILP Posyandu activities at the Pekalongan City Health Center. The scope or results of this activity is to see the coverage of participants, the number of participants, the results of activities. Based on researcher observations regarding the coverage or results of activities, it was found that the coverage of the results of activities can be measured through the level of attendance of participants. The community became more enthusiastic with the running of this ILP posyandu because of the wider target. In addition, there are also obstacles, namely targets that have not been achieved, for this year the Puskesmas, one of the health centers in East Pekalongan District, namely the Noyontaan Health Center, has a target of 3 ILP posyandu as a pilot for other posyandu. However, only 2 ILP posyandu have been implemented properly. Coverage for cadres that posyandu cadres have gained more knowledge and knowledge since the implementation of this ILP posyandu due to transformation for the better with a lot of training and education provided.

CONCLUSIONS

This study found that in the context aspect, the goal has not been achieved optimally to bring health services closer and expand because the number of cadres is only 5 people to serve many participants, influential factors are family support and officer involvement and sarpras, targeting the entire life cycle. In the input aspect, human resources are not sufficient for many targets, funding is not sufficient for activities, infrastructure for tools is sufficient but the place of implementation is still not large enough and inspection

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tools are still lacking. In the process aspect, planning still refers to old planning patterns, the organization is structured, it's just that the number of cadres is not optimal and is still lacking in serving all life cycles, the implementation of activities is running well and smoothly, then the evaluation of activities is running well. In the product aspect, the results of the activity can increase the level of visits and the community becomes more enthusiastic in participating in the ILP posyandu.

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