

ABSTRAK

LATAR BELAKANG

Peningkatan prevalensi penyakit tidak menular di Indonesia khususnya Diabetes Melitus 4,1% dan hipertensi 9,4% di tahun 2013. Daerah Istimewa Yogyakarta masuk dalam 10 provinsi dengan PTM terbanyak di Indonesia dan kabupaten Sleman merupakan tertinggi kedua di DIY. Pemerintah melalui BPJS Kesehatan membuat program pengelolaan penyakit kronis untuk memberikan edukasi, untuk mencapai kualitas hidup yang optimal dengan biaya pelayanan kesehatan yang terjangkau melalui fasilitas kesehatan tingkat pertama. Prolanis di puskesmas Kabupaten Sleman mengalami beberapa kendala diantaranya segi pelaksanaan program, SDM, kebijakan BPJS yang sering berganti, kurang akuratnya monev dan komitmen peserta Prolanis. Hal tersebut yang berdampak pada cakupan prolanis yang relatif rendah.

METODE

Penelitian deskriptif dengan metode kualitatif. rancangan penelitian yang digunakan adalah study kasus untuk mengidentifikasi faktor-faktor cakupan prolanis di puskesmas Kabupaten Sleman. Penelitian menggunakan *purposive sampling* dengan subjek penelitian berjumlah 17 orang. Pengumpulan data dengan wawancara mendalam, observasi dan telaah dokumen.

HASIL

Prolanis di kabupaten Sleman sudah berjalan dengan baik dengan cakupan prolanis di atas 50%. Dua puskesmas tempat penelitian ini Depok 3 dan Prambanan memiliki cakupan rasio peserta 50% sampai 70%. Faktor penghambat yang harus diperbaiki keterbatasan SDM, sarana prasarana ruangan prolanis, kebijakan yang berganti-ganti dan belum ada standar angka cakupan prolanis, komitmen petugas dan motivasi peserta untuk rutin berkunjung mengikuti prolanis.

KESIMPULAN

Rasio cakupan prolanis masih harus ditingkatkan dengan petugas prolanis lebih memiliki motivasi dan komitmen, perbaikan kebijakan, komunikasi dan koordinasi antar fasilitator prolanis. Lebih inovatif merancang sebuah program agar peserta lebih tertarik untuk datang ke prolanis

KATA KUNCI

Coverage, Prolanis, Diabetes Melitus, Puskesmas, Chronic Disease Prevention Management

ABSTRACT

BACKGROUND

The increase in the prevalence of non-communicable diseases in Indonesia, especially 4.1% of Diabetes Mellitus and 9.4% of hypertension in 2013. The Special Region of Yogyakarta is included in the 10 provinces with the most PTM in Indonesia and Sleman regency is the second highest in DIY. The Government through the BPJS Kesehatan creates a chronic disease management program to provide education, to achieve optimal quality of life with affordable health care costs through first-rate health facilities. Prolanis in Sleman District Health Center experienced several obstacles including aspects of program implementation, human resources, frequent changes in BPJS policies, inaccurate monitoring and evaluation and commitment of Prolanis participants. This has an impact on relatively low prolanis coverage.

METHOD

This research is a descriptive study with qualitative methods. The research design used was a case study to identify Prolanis Coverage factors in the Sleman District Health Center. The study used purposive sampling with research subjects totaling 17 people. Data collection is done by in-depth interviews, observation and document review.

RESULT

Prolanis in Sleman Regency has been running well with prolanis coverage above 50%. The two health center where the study was Depok 3 and Prambanan had a participant ratio of 50% to 70%. Inhibiting factors that must be improved are limited human resources, prolanis room infrastructure, policies that are alternating and there are no standards for prolanis coverage, the commitment of the officers and the motivation of participants to routinely participate in prolanis

CONCLUSION

Prolanis coverage ratio still needs to be improved with prolanis officers having more motivation and commitment, improving policies, communicating and coordinating between pro-facilitators. More innovative and preferred programs for participants to be more interested in coming to prolanis

KEYWORDS

Coverage, Prolanis, Diabetes Mellitus, Health Center, Chronic Disease Prevention Management