

INTISARI

Latar Belakang: Pandemi telah menunjukkan keterbatasan kapasitas sistem pelayanan kesehatan Indonesia. Di level nasional, Direktorat P2PTM Kemenkes RI melaporkan, hanya 2 dari 52 kabupaten yang melakukan deteksi dini faktor risiko PTM $\geq 80\%$ pada populasi usia ≥ 15 Tahun. Di Kabupaten Sleman, terjadi penurunan capaian SPM PTM di masa Pandemi. Serangkaian upaya setelah dilakukan, salah satunya melalui percepatan vaksinasi. Sepanjang fase vaksinasi, level PPKM di Kabupaten Sleman berubah-ubah dan pelaksanaan program kesehatan baru masif dijalankan kembali pada akhir Oktober 2021. Hal ini mengindikasikan bahwa pada masa level PPKM 4 dan 3 (Juli-Oktober 2021), pelaksanaan program PTM masih mengalami gangguan sehingga belum mampu berjalan optimal.

Tujuan : Untuk menjelaskan resiliensi sistem pelayanan penyakit tidak menular terhadap pandemi Covid-19 di Puskesmas Kabupaten Sleman pada fase vaksinasi.

Metode Penelitian: Penelitian kualitatif dengan desain *rapid assessment*. Lokasi penelitian di Dinas Kesehatan dan 4 puskesmas di Kabupaten Sleman. Subjek penelitian berjumlah 12 orang dipilih menggunakan teknik *purposive sampling*. Pengumpulan data dengan wawancara dan telaah dokumen.

Hasil : Pandemi Covid-19 menyebabkan pelaksanaan Posbindu/Posyandu Lansia dan kunjungan rumah dihentikan sementara sedangkan kegiatan dalam gedung masih dapat berjalan namun jumlah kunjungan pasien menurun. Faktor yang menyebabkan terganggunya pelayanan PTM antara lain kebijakan PPKM, ketakutan masyarakat dan kader, *refocussing* anggaran, penambahan beban kerja pada SDM PTM, belum maksimalnya pemanfaatan *telemedicine* dan pelaksanaan *homevisit*, beberapa Kepala Puskesmas dan *programmer* PTM tidak progresif dan inovatif, serta belum maksimalnya pelaporan dari faskes jejaring. Seluruh Puskesmas yang diobservasi tidak memiliki program darurat kesehatan. Respon sistem pelayanan PTM antara lain mengurangi jam kerja dan pelayanan, memisahkan alur pelayanan pasien, bekerjasama dengan bagian promkes untuk mengajak masyarakat kembali kontrol, merangkaikan kegiatan screening PTM sekaligus dengan screening Covid-19, vaksinasi dan kegiatan penimbangan balita serta memaksimalkan pendataan pasien melalui program kerjasama tersebut, mengikuti workshop manajemen PTM dan mengaktifkan kembali Posbindu institusi saat kasus sudah melandai. Beberapa Puskesmas menerapkan telekonsultasi via telepon dan mengajak pasien kontrol melalui grup Whatsapp.

Kesimpulan: Pandemi Covid-19 menyebabkan disrupsi pada pelayanan PTM di Puskesmas Kab. Sleman baik di dalam maupun luar gedung. Subsistem yang terdampak antara lain pembiayaan, SDM, informasi kesehatan dan *service delivery*. Serangkaian respon telah dilakukan untuk ketahanan program namun hasilnya belum optimal.

Kata Kunci : Covid-19, Pelayanan Kesehatan, Penyakit Tidak Menular, Puskesmas

ABSTRACT

Background: The pandemic has demonstrated the limited capacity of Indonesia's health care system. At the national level, the Directorate of Prevention and Control of Non-Communicable Diseases of the Ministry of Health of the Republic of Indonesia reported that only 2 out of 52 districts carried out early detection of NCD's risk factors 80% in the population aged 15 years. In Sleman Regency, there was a decline in the achievement of NCD's Minimum Service Standard during the Pandemic. After a series of efforts were made, one of them was through the acceleration of vaccination. During the vaccination phase, the level of community restriction in Sleman Regency changed and the implementation of a new massive health program was resumed at the end of October 2021. This indicated that during Community Restriction levels 4 and 3 (July-October 2021), the implementation of the NCD's program was still experiencing problems so that not able to run optimally.

Aim : To explain the resilience of the non-communicable disease service system to the Covid-19 pandemic at the Sleman District Health Center during the vaccination phase.

Methods: Qualitative research with rapid assessment design. The research location is in the Health Office and 4 Public Health Centers in Sleman Regency. The research subjects were 12 people selected using purposive sampling technique. Data collection by interview and document review.

Results: The Covid-19 pandemic has caused the implementation of Posbindu/Posyandu for the Elderly and home visits to be temporarily suspended, while activities in the building can still run but the number of patient visits has decreased. Factors that cause disruption of NCD's services include community restriction policies, fear of the community and cadres, budget refocusing, increased workload on NCD's health human resources, not yet maximal use of telemedicine and the implementation of home visits, several Heads of Health Centers and NCD's programmers are not progressive and innovative, and reporting from network facility. All of the observed health centers do not have a health emergency program. The response of the NCD's service system includes reducing working hours and services, separating the flow of patient care, collaborating with the health promotion department to invite the community to return to control, Combining NCD's screening activities as well as Covid-19 screening, vaccination and weighing activities for toddlers as well as maximizing patient data collection through the collaboration program, attending NCD's management workshops and re-activating institutional Posbindu when cases have sloped. Some Public Health Centers implement teleconsultation by telephone and invite patients to continue their routine control through Whatsapp groups.

Conclusion: The Covid-19 pandemic has caused disruption to NCD's services at the Public Health Centers of Sleman Regency both inside and outside the building. The affected subsystems include financing, health human resources, health information and service delivery. A series of responses have been carried out for program resilience but the results have not been optimal.

Keywords: Covid-19, Health Services, Non-Communicable Disease, Public Health Center