

ABSTRAK

Latar belakang: Secara global, diperkirakan lebih dari 900.000 ibu hamil terinfeksi sifilis. Program *triple* eliminasi (HIV, sifilis dan hepatitis B) telah berjalan sejak tahun 2018. Pemeriksaan *triple* eliminasi dilaksanakan di setiap puskesmas saat kunjungan *antenatal care* (ANC). Tujuan penelitian ini untuk melakukan evaluasi program triple eliminasi pada ibu hamil selama pandemi COVID-19 di DIY.

Metode: Penelitian dengan kualitatif deskriptif observasional dan kohort retrospektif. Penelitian ini terdiri dari studi evaluasi program, evaluasi sistem surveilans dan analitik. Penelitian dilakukan pada pengelola program HIV, sifilis dan hepatitis B di enam instansi yaitu Dinas Kesehatan DIY, Dinas Kesehatan Sleman, Bantul, Gunungkidul, Kulonprogo dan Kota Yogyakarta dengan menggunakan kuesioner melalui wawancara mendalam. Analisis data dilakukan menggunakan regresi data panel dan disajikan dalam bentuk narasi, tabel dan gambar.

Hasil: Sumber daya manusia dan sarana yang digunakan pada aspek *input* sudah sesuai pedoman standar layanan. Aspek proses pada anggaran, perencanaan estimasi ibu hamil dan ketersediaan layanan telah dilakukan. Aspek *output* capaian indikator pemeriksaan sifilis belum mencapai target pada tahun 2019 hingga Maret 2023 (73%, 83%, 88% dan 87%). Evaluasi surveilans terhadap kesederhanaan dapat dilakukan dengan aplikasi SIHA dan SIHEPI, fleksibilitas dalam pengumpulan data dilakukan dengan menyederhanakan formulir, kualitas data masih terdapat kendala pada sinkronisasi dan validasi yang belum rutin dilakukan, terdapat upaya untuk menjaga ketepatan waktu agar tidak melebihi batas waktu yang ditentukan, stabilitas surveilans dapat diakses secara *real time online* melalui aplikasi SIHA, SIHEPI maupun SIMKIA dan tersedianya keluaran data berupa *excel* bantu yang dapat digunakan untuk analisis data. Model *fixed effect* menunjukkan bahwa Jumlah COVID-19 dan Jumlah ibu hamil ANC memiliki pengaruh (P value=0,000) terhadap pemeriksaan HIV, sifilis dan hepatitis B pada ibu hamil di Daerah Istimewa Yogyakarta.

Kesimpulan: Kualitas data dan stabilitas sistem surveilans dapat ditingkatkan dengan ketersediaan SDM yang terlatih program triple eliminasi, serta anggaran yang cukup untuk melakukan monitoring serta umpan balik tiap bulannya untuk meminimalisir kesenjangan pemeriksaan, terutama pemeriksaan sifilis. Pengaruh pandemi COVID-19 dan jumlah ibu hamil ANC diharapkan dapat menjadi pertimbangan dalam mempertahankan surveilans triple eliminasi HIV, sifilis dan hepatitis B pada ibu hamil di Daerah Istimewa Yogyakarta.

Kata kunci: ibu hamil, *triple* eliminasi, COVID-19, regresi data panel

ABSTRACT

Background: Globally, it is estimated that more than 900,000 pregnant women are infected with syphilis. The triple elimination program (HIV, syphilis and hepatitis B) has been running since 2018. Triple elimination testing is carried out at public health center (PHC) during antenatal care (ANC) visits. The purpose of this research is to evaluate the triple elimination program for pregnant women during the COVID-19 pandemic in DIY.

Methods: Research with descriptive cohort observational study and retrospective cohort study. This research consisted of program evaluation studies, surveillance system evaluation and analytics. The study was conducted on HIV, syphilis and hepatitis B program holders in six agencies namely DIY Health Office, Sleman Health Office, Bantul, Gunungkidul, Kulonprogo and Yogyakarta City using a questionnaire through in-depth interviews. Data analysis was conducted using panel data regression and presented in the form of narratives, tables and figures.

Results: Human resources and facilities used in the input aspect are in accordance with standard service guidelines. Process aspects of the budget, planning for estimating pregnant women and service availability have been carried out. The output aspect of the syphilis screening indicator achievement is still the lowest in 2019 to March 2023 (73%, 83%, 88% and 87%). Evaluation of surveillance on simplicity can be done with the SIHA and SIHEPI applications, flexibility in data collection is done by simplifying the form, data quality there are still obstacles to synchronization and validation that have not been routinely carried out, there are efforts to maintain data entry time so as not to exceed the specified time limit, surveillance stability can be accessed in real time online at any time through the SIHA, SIHEPI and SIMKIA applications and the availability of export data in the form of excel aids that can be used for data analysis. The fixed effect model shows that the number of COVID-19 and the number of pregnant women ANC have an influence ($P\text{-value} = 0.000$) on triple elimination testing among pregnant women in the Special Region of Yogyakarta.

Conclusion: Data quality and stability of the surveillance system can be improved with the availability of human resources trained in the triple elimination program, as well as sufficient budget to conduct monitoring and feedback every month to minimize gaps in testing, especially syphilis testing. The influence of the COVID-19 pandemic and the number of pregnant women ANC is expected to be taken into consideration in maintaining triple elimination surveillance of HIV, syphilis, and hepatitis B in pregnant women in the Special Region of Yogyakarta.

Keywords: Pregnant women, triple elimination, COVID-19, panel data regression