

Latar Belakang: Kematian neonatal di Kabupaten Banyumas mengalami peningkatan dari tahun 2019 – 2023. Upaya pemerintah dalam penyediaan layanan kesehatan neonatal ternyata belum dapat menurunkan angka kematian neonatal. Hingga saat ini belum ada penelitian kualitas pelayanan kesehatan neonatal di Kabupaten Banyumas yang melihat secara komprehensif dari program, surveilans hingga faktor yang mempengaruhinya. Penelitian ini bertujuan untuk mengevaluasi kualitas pelayanan kesehatan neonatal di puskesmas wilayah Kabupaten Banyumas.

Metode: Penelitian ini terdiri dari 3 sub studi. Sub-studi Evaluasi program dan sub-studi evaluasi surveilans menggunakan desain studi deskriptif observasional dengan subjek penelitian yaitu 20 bidan koordinator puskesmas dan 2 pegawai Dinas Kesehatan Banyumas menggunakan *purposive sampling*. Sedangkan sub-studi analitik menggunakan desain studi *crosssectional* dengan subjek penelitian 462 ibu yang dipilih dengan *consecutive sampling*. Kualitas pelayanan dinilai dari 8 standar pelayanan kualitas dari WHO yang mana dinyatakan bagus apabila $\geq 96,29\%$. Penelitian dilakukan pada Februari – April 2025 di Puskesmas wilayah Kabupaten Banyumas dan Dinas Kesehatan Kabupaten Banyumas. Data primer didapatkan dari wawancara menggunakan kuesioner terstruktur dan data sekunder didapatkan dari Buku Kesehatan Ibu dan Anak (KIA) dan Register Kohort Bayi. Analisis deskriptif digunakan pada sub-studi evaluasi program dan evaluasi surveilans sedangkan sub-studi analitik menggunakan univariat, bivariat, dan multivariat dengan regresi logistik.

Hasil: Dalam menunjang program pelayanan kesehatan neonatal, puskesmas di Kabupaten Banyumas telah memiliki pedoman, sumber daya yang mencukupi, anggaran, SOP, dan pelatihan SDM. Namun masih ditemukan stok vitamin K yang kosong dan pengukur panjang bayi yang rusak di salah satu puskesmas. Cakupan paket layanan neonatal dan cakupan kunjungan neonatal tidak mencapai 100%. Pada studi evaluasi surveilans didapatkan kelengkapan pengisian kategori baik (91,75%); kelengkapan laporan kunjungan masuk dalam kategori kurang (69,65%); register buku kohort lebih sederhana, berguna, dan dapat diterima oleh responden dibandingkan e-kohort; terdapat jejaring dan kerjasama serta koordinasi dalam surveilans pelayanan kesehatan neonatal. Pada sub-studi analitik didapatkan bahwa 72% ibu mendapatkan kualitas pelayanan neonatal bagus. Selain itu, ibu yang melahirkan secara sesar memiliki kesempatan 41,6% (aOR: 0,584; 95% CI: 0,364 – 0,939) lebih rendah untuk mendapatkan pelayanan kesehatan neonatal yang berkualitas.

Kesimpulan: Pelayanan kesehatan neonatal di puskesmas wilayah Kabupaten Banyumas sudah memiliki kerangka program yang baik. Namun, tantangan dalam pelaksanaannya terdapat pada proses implementasi di tingkat puskesmas, proses pencatatan data dan pemberian kualitas layanan yang sama terutama bagi mereka ibu yang melahirkan secara sesar. Dinas kesehatan dapat memberikan pelatihan berkelanjutan pentingnya kelengkapan dan ketepatan data, supervisi ketersediaan sarana dan prasarana serta mengembangkan program pelatihan bagi tenaga kesehatan yang lebih terfokus pada ibu yang melahirkan secara sesar.

Kata Kunci: Kualitas, Neonatal, Program, Surveilans, Bidan

Background: Neonatal mortality in Banyumas District increased from 2019 to 2023. Despite government efforts to provide neonatal healthcare services, the neonatal mortality rate has not decreased. To date, there has been no comprehensive research evaluating the quality of neonatal healthcare services in Banyumas District, covering programs, surveillance, and influencing factors. This study aimed to evaluate the quality of neonatal healthcare services in public health center across (Puskesmas) Banyumas District.

Methods: This study comprised three sub-studies. The program evaluation sub-study and the surveillance evaluation sub-study utilized an observational descriptive study design. The subjects for these sub-studies were public health center (Puskesmas) midwife coordinators and 2 Banyumas Health Office staff, selected using purposive sampling. The analytical sub-study employed a cross-sectional study design with 462 mothers as subjects, selected through consecutive sampling. Service quality was assessed based on 8 WHO quality service standards, with a score of $\geq 96,29\%$ indicating good quality. The research was conducted from February to April 2025 at public health centers and the Banyumas District Health Office. Primary data were collected through interviews using structured questionnaires, while secondary data were obtained from Maternal and Child Health (MCH) Handbooks and Infant Cohort Registers. Descriptive analysis was used for the program evaluation and surveillance evaluation sub-studies, whereas the analytical sub-study employed univariate, bivariate, and multivariate analyses with logistic regression.

Results: To support neonatal healthcare program, Puskesmas in Banyumas District have established guidelines, sufficient resources, budgets, Standard Operating Procedures (SOPs), and human resource training. However, some Puskesmas still reported stockouts of vitamin K and damaged infant length measuring tools. The coverage of neonatal service packages and neonatal visit coverage did not reach 100%. The surveillance evaluation study revealed good completion of data categories (91,75%) but poor completion of visit reports (69,65%). The manual cohort register book was found to be simpler, more useful, and more acceptable to respondents than e-kohort. There were also networks, collaboration, and coordination in neonatal healthcare surveillance. The analytic sub-study showed that 72% of mothers received good quality services. Additionally, mothers who delivered via C-section had a 41,6% lower chance (aOR: 0,584; 95% CI: 0,364 – 0,939) of receiving quality neonatal healthcare services.

Conclusion: Neonatal health services in community health centers within Banyumas District already have a robust program framework. However, implementation challenges persist at Puskesmas level, particularly concerning data recording processes and ensuring equitable service quality, especially for mothers who deliver via C-section. The District Health Office can address these by providing sustainable training on the importance of data completeness and accuracy, supervising the availability of facilities and infrastructure, and developing more focused training programs for health workers attending to mothers who deliver via C-section.

Keywords: Quality, Neonatal, Program, Surveillance, Midwife