

## INTISARI

### INTEGRASI DATA BERBASIS PROGRAM KESEHATAN DI DINAS KESEHATAN DAERAH ISTIMEWA YOGYAKARTA

Penulis: Niko Tesni Saputro

**Latar Belakang:** Disintegrasi data kesehatan masih terjadi tidak hanya di tingkat pusat, melainkan juga di tingkat provinsi hingga kabupaten/kota, termasuk di dinas kesehatan di Daerah Istimewa Yogyakarta. Disintegrasi data bisa berdampak terhadap kualitas kebijakan kesehatan yang dihasilkan, maka perlu dilakukan integrasi data. WHO menyerukan penggunaan *data repository* untuk integrasi data. DHIS2 hadir sebagai *data repository* yang dapat memenuhi kebutuhan daerah dan pusat. Belum pernah dilakukan penelitian terkait integrasi data berbasis program kesehatan di dinas kesehatan di Daerah Istimewa Yogyakarta, khususnya menggunakan aplikasi DHIS2.

**Tujuan:** Mengeksplorasi proses integrasi data berbasis program kesehatan di dinas kesehatan tingkat provinsi maupun kabupaten/kota di Daerah Istimewa Yogyakarta.

**Metode Penelitian:** Jenis penelitian yang digunakan adalah penelitian *action research*. Penelitian ini dilakukan di Dinas Kesehatan Daerah Istimewa Yogyakarta, juga termasuk dinas kesehatan kabupaten/kota di Daerah Istimewa Yogyakarta. Penelitian ini dilakukan pada bulan Juli 2018 – Februari 2019.

**Hasil:** Rangkaian kegiatan integrasi data menggunakan aplikasi DHIS2 dilaksanakan dengan melibatkan pengelola program kesehatan di masing-masing dinas kesehatan dalam tiga tahapan kegiatan, meliputi: tahapan sosialisasi, pelatihan dan analisis kebutuhan, tahapan pengembangan dan tahapan diseminasi dan evaluasi. Sumber data yang terkumpulkan pada tahapan analisis kebutuhan, sosialisasi dan pelatihan meliputi KIA, Gizi, Surveilans, SDMK, Promkes, Keswa, LB1 dan LB4, Imunisasi, Diare, ISPA dan DBD. Masih ada kendala teknis yang apabila tidak diatasi, maka akan menambah waktu yang diperlukan untuk integrasi data menggunakan aplikasi DHIS2, yakni tata desain formulir pelaporan rutin belum terstandar. Kendala non-teknis yang utama yakni terkait standarisasi dan regulasi tertulis yang mengatur tentang integrasi data.

**Kesimpulan:** Integrasi data berbasis program kesehatan di Dinas Kesehatan Daerah Istimewa Yogyakarta dilaksanakan melalui strategi berupa pelaksanaan pertemuan-pertemuan dalam rangkaian kegiatan integrasi data menggunakan aplikasi DHIS2. Terdapat kendala-kendala pada pelaksanaan kegiatan integrasi data menggunakan aplikasi DHIS2 yang dapat dikelompokkan menjadi kendala teknis dan kendala non-teknis. Solusi untuk masing-masing kendala pada pelaksanaan kegiatan integrasi data menggunakan aplikasi DHIS2 perlu dilakukan. Diperlukan peningkatan atau perbaruan strategi integrasi data yang dapat dilakukan pada siklus selanjutnya.

**Kata Kunci:** Integrasi, Program Kesehatan, DHIS2

## ABSTRACT

### DATA INTEGRATION BASED ON HEALTH PROGRAM IN THE HEALTH OFFICE OF SPECIAL REGION OF YOGYAKARTA

Author: Niko Tesni Saputro

**Background:** *Disintegration of health data still occurs not only at the central level, but also at the provincial to district / city level, including in the health offices in the Special Region of Yogyakarta. Data disintegration can have an impact on the quality of health policies produced, data integration needs to be done. WHO calls for the use of data repositories for data integration. DHIS2 comes as a data repository that can meet regional and central needs. No research has been conducted regarding data integration based on health programs in the health offices in the Special Region of Yogyakarta, specifically using the DHIS2 application.*

**Objective:** *Explore the process of integrating data based on health programs in provincial and district/city level health offices in the Special Region of Yogyakarta.*

**Methods:** *The type of research used is action research. This research was conducted at the Yogyakarta Special Region Health Office, also including the district/city health offices in the Special Region of Yogyakarta. This research was conducted in July 2018 - February 2019.*

**Results:** *The series of data integration activities using the DHIS2 application is carried out by involving health program managers in each health office in three stages of activities, including: stages of socialization, training and needs analysis, development stages and stages of dissemination and evaluation. Sources of data collected at the stage of socialization, training and needs analysis include MCH, Nutrition, Surveillance, HRH, Promise, Health, LB1 and LB4, Immunization, Diarrhea, ARI and DHF. There are still technical constraints that if not addressed, it will add to the time needed for data integration using the DHIS2 application, namely the design of routine reporting forms that have not been standardized. The main non-technical constraints are related to written standardization and regulations governing data integration.*

**Conclusions:** *The integration of data based health programs at the Yogyakarta Special Region Health Office was carried out through a strategy in the form of conducting meetings in a series of data integration activities using the DHIS2 application. There are obstacles to the implementation of data integration activities using DHIS2 applications that can be grouped into technical constraints and non-technical constraints. The solution for each obstacle in carrying out data integration activities using the DHIS2 application needs to be done. It is necessary to increase or update the data integration strategy that can be done in the next cycle.*

**Keywords:** *Integration, Health Program, DHIS2*