

ABSTRAK

Latar belakang: Indonesia menjadi salah satu negara dengan beban TB dan HIV tinggi. Sebagai respon, negara mengadopsi pedoman kolaborasi TB-HIV yang merekomendasikan layanan terintegrasi termasuk skrining diagnostik dan perawatan untuk pasien TB-HIV. Di Kulon Progo hanya setengah dari target dilakukan tes HIV pada pasien TB dan berupaya meningkatkan layanan dibawah sumber daya sistem kesehatan yang ada, sangat penting memahami kapasitasnya memberikan layanan TB-HIV secara terpadu.

Tujuan: Penelitian ini bertujuan menilai kesiapan integrasi layanan TB-HIV di Puskesmas untuk sistem kesehatan di Kabupaten Kulon Progo.

Metode: Metode penelitian menggunakan *mixed methods explanatory sequential design*. Unit analisis adalah Puskesmas. Observasi *cross sectional* menggunakan kuesioner modifikasi SARA dilanjutkan wawancara mendalam mengeksplorasi hambatan dan peluang integrasi layanan TB-HIV di Puskesmas.

Hasil: Secara keseluruhan dari 21 Puskesmas, 93,3% (95%CI: 92,7 - 93,9) Puskesmas memiliki kesiapan memberikan layanan kesehatan dasar, 63,8% (95%CI: 60,7 - 66,8) Puskesmas memiliki kesiapan layanan TB, 80,9% (95%CI: 73,6 - 88,2) Puskesmas memiliki kesiapan layanan konseling tes HIV, hanya 1 Puskesmas (4,7%) memiliki kesiapan baik untuk kedua layanan. Berdasarkan penilaian domain, hanya 40,4% Puskesmas memiliki petugas terlatih diagnosa dan pengobatan TB dan 61,9% Puskesmas memiliki petugas terlatih dan pedoman konseling tes HIV. Keterlibatan pimpinan mempunyai pengaruh positif menguatkan kesiapan integrasi sebaliknya respon negatif dari akses pengetahuan dan pelatihan melemahkan kesiapan integrasi layanan. Tema utama hambatan diidentifikasi sistem kepegawaian tidak mendukung, kapasitas sumber daya manusia belum optimal, koordinasi dan kerjasama tim lemah dan sistem monitoring dan supervisi belum komprehensif. Dukungan pimpinan memobilisasi pendanaan, ketersediaan sarana menjadi peluang layanan TB-HIV terintegrasi dijalankan.

Kesimpulan: Puskesmas memiliki kesiapan baik untuk layanan umum dan layanan konseling HIV, namun kesiapan layanan TB suboptimal, hanya satu puskesmas memiliki kesiapan kategori baik untuk kedua layanan. Keterlibatan pimpinan mengkoordinasikan kedua layanan dan mengarahkan dukungan manajemen menguatkan kesiapan integrasi. Petugas terlatih dan ketersediaan pedoman TB-HIV harus dipenuhi untuk mendukung integrasi layanan TB-HIV.

Kata Kunci: Kesiapan, Integrasi, TB, HIV

Abstract

Background: Indonesia is a country with a high burden of TB and HIV. In response, countries adopted TB-HIV collaboration guidelines that recommend integrated services. It includes diagnostic screening and care for TB-HIV patients. In Kulon Progo, only half of the target for HIV testing of TB patients.

Objective: This study aimed to assess the readiness of the integration of TB-HIV services in the Primary Health Care (PHC) facility in Kulon Progo District.

Methods: The research method used mixed methods explanatory sequential design. The unit of analysis was the PHC. Cross-sectional observations used SARA modified questionnaires followed by in-depth interviews to explore barriers and opportunities for integration of TB-HIV services in PHC.

Results: Overall, of 21 PHC, 93% (95%CI: 92.7 - 93.9) PHC was prepared to provide basic health services, 63% (95%CI: 60.7 - 66.8) PHC have TB service readiness, 80% (95%CI: 73.6 – 88.2) PHC have HIV test counseling readiness, only 1 PHC (4%) has good readiness for both services. Based on the domain assessment, only 40% of the PHC had trained TB diagnosis and treatment officers and 61% of the PHC had trained staff and HIV testing counseling guidelines. Leadership involvement has a positive influence on strengthening integration readiness, while negative responses from access to knowledge and training weaken service integration readiness. The identified main obstacles were the staffing system was not supportive, human resource capacity was not optimal, coordination and teamwork were weak. The monitoring and supervision system was not yet comprehensive. The leadership supports mobilizes funding, the availability of facilities becomes an opportunity for integrated TB-HIV services to be carried out.

Conclusion: PHC have good public service readiness and HIV counseling services, but readiness for suboptimal TB services. Only one PHC has good category readiness for both services. The involvement of the leadership coordinates both services and directs management support to strengthen readiness for integration. The main challenges are the lack of trained TB service personnel and the unavailability of TB-HIV guidelines and weak access to knowledge and training.

Keywords: Readiness, Integration, TB, HIV