ANALYSIS OF THE IMPLEMENTATION OF NON-COMMUNICABLE DISEASES INTEGRATED HEALTH AT UPT PURUK CAHU HEALTH CENTER

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Abstract To control non-communicable diseases, the NCD Posyandu (integrated service post) monitors and detects possible risk factors for non-communicable diseases in the community. This study used qualitative research methods with in-depth interview questionnaires for informants at the NCD Posyandu, UPT Puruk Cahu Health Center. The study’s results comparing the NCD Posyandu implementation standards for 2014 showed that the NCD Posyandu work area had good and competent cadres, with patients getting NCD services and counseling for free. Recommendations are needed to improve partnerships, funding support, and NCD Posyandu implementation tools, increase the number of cadres, and provide training to all NCD Posyandu cadres and meetings for the community on non-communicable diseases so that coordination among all parties in NCD Posyandu, including the community, runs optimally both in quality and quantity.

Keywords: PHC • Cadre • Posyandu • NCD • Puruk Cahu.

Introduction Non-communicable diseases (NCD) as shown by data as the causes of death of 36 million people each year, as much as 71% of all deaths worldwide in 2016. Until 2018, it was recorded based on WHO data that non-communicable diseases have a very high percentage of deaths, including heart and blood vessel diseases, cancer, chronic respiratory diseases, and diabetes.

Non-communicable diseases are the burden of disease in Indonesia today, with risk factors for environmental changes, community behavior, demographic, technological, economic, and sociocultural shifts significantly impacting disease patterns. Although the burden of infectious diseases is still high, there have been substantial changes in epidemiology over the past two decades, with the emergence of non-communicable diseases. Indonesia experiences non-communicable diseases and infectious diseases simultaneously, creating a double disease burden. Cancer, hypertension, diabetes mellitus, and chronic obstructive pulmonary disease (COPD) are the most common non-communicable conditions. They proactively visit targets because most are unaware that they have non-communicable diseases. The implementation of the Integrated Non-communicable Disease Control Development Post, which aims to monitor and detect risk factors earlier for non-communicable diseases in the community, is one way of controlling Non-communicable Diseases (NCDs) (Kemenkes, 2012; Kemenkes, 2014; Kemenkes, 2019).
NCD Posyandu (integrated service post) has grown to 7225 Posyandus throughout Indonesia (Ratnasari, 2020; Yudha, 2022). Analysis of the Medan City Health Office expects implementation after the integrated non-communicable disease development program in 2018 to complete facilities and infrastructure and provide regular training to cadres. Regulating NCD integrated health posts expects the establishment of cooperation and coordination with various parties so that the quantity and quality of Posyandu activities increase (Astuti & Ariyanto, 2016; Yovi, 2018; Ramadhan, 2020).

A study by Yovi (2018) found that the working area of Matsum City Health Center faces several challenges in the implementation of integrated service NCD, including the lack of cadres, lack of trained cadres, low operational costs, limited facilities and infrastructure, and lack of public enthusiasm for health. According to Sari (2018), The utilization of NCD Posyandu in the working area of Setiabudi PHC (Public Health Center) still needs to be higher. Some of the reasons are cadre support, community knowledge, accessibility, availability of facilities, and family support.

According to the findings reported in the study by Soleha (2017), communication factors influence the implementation of the integrated development post program in Java village, Samarinda Ulu sub-district. These factors include aspects of gender diversity, cadres, and community participants in NCD Posyandu who usually share information, knowledge, and experiences between communities, as well as aspects of target age groups that are still not diverse, where groups of men and adolescents have not actively participated. Implementing this program could be more varied in visitors and Posyandu cadres. Meanwhile, according to a study by Indah (2015) and Eka (2020), the availability of input from implementing officers from human resources (HR) could be more optimal in following existing guidelines in running NCD posyandu. Based on this description and the importance of health against non-communicable diseases, it is necessary to conduct analysis research on the implementation of integrated health NCD (non-communicable diseases) at the UPT Puruk Cahu health center, Beriwit Village, Murung District, Murung Raya Regency, Central Kalimantan.

Materials and Methods
This research is descriptive and uses a qualitative approach. Observation of NCD posyandu and interviews with informants are the key to knowing and having various basic information needed in research (Azwar, 2010; Bungin, 2010). The key informants in this study were the program coordinator at the Puruk Cahu PHC for infectious diseases as well as parties directly involved in the social interactions studied, such as the Head of the Puruk Cahu Health Center, the implementing officer of the Puruk Cahu health center, one cadre, and one NCD participant (Sugiyono, 2012; Sugiyono, 2015).

Results and Discussion
NCD Posyandu Observation
Posyandu, in the working area of UPT Puruk Cahu, organizes five NCD Posyandu every month in Beriwit Village. Posyandu One, with a population of 15-59 years, has 11,874 people. Posyandu Two has a population of 1,979 people, and posyandu Three has a population of 19,790 people, namely the Integrated Health Post, called the NCD Bajakah Integrated Health Post. Posyandu Four, Juking Panjang villages, has a population of 15-59 years, as many as 1,029 people. Posyandu Five is in Muara Jampai and Muara Bumbans. Bajakah NCD Posyandu in Beriwit sub-district has many residents aged 15 to 60 years from several villages in the UPT working area.

Qualitative Description of NCD Posyandu
In the activities of the Bajakah NCD Posyandu, it was found that the number of officers and cadres in the organization varied greatly. Of the implementing officers on duty, 3 to 4 people usually accompany five cadres of the Bajakah NCD Posyandu during the implementation of activities. It follows the standards of implementing officers according to technical guidelines for implementing NCD Posyandu in 2014 (Directorate of Non-communicable Disease Control, 2014). Posyandu cadres consist of 5
people with their respective roles and duties. They can be independent or accompanied by health workers, as well as one program implementation staff at the PHC.

Based on the results of the interview, the data of Bajakah NCD Posyandu cadres, facilities, and infrastructures showed that the Posyandu used in the activities of the Bajakah NCD Posyandu is the facilities and infrastructure facilitated by Puruk Cahu PHC. While the village provides the place and media for implementation, the Posyandu tools used in the activities of the Bajakah NCD Posyandu are also Posyandu facilities and infrastructure facilitated by UPT Puruk Cahu Health Center.

Operational costs for financing NCD Posyandu are from the operational assistance fund for health transportation activities (BOK) for implementing officers taken from transportation costs, and for cadres from village funds and according to the budget, financing NCD Posyandu activities are still assisted by the village and village officials. Technical services are available and free of charge to use the health services of the Bajakah posyandu.

PHC is still budgeted to get funds in the APBD (Regional Revenue and Expenditure Budget). Bajakah NCD posyandu cadres receive assistance from the village government for the community when visiting Bajakah Posyandu in getting services to detect non-communicable diseases and the use of health counseling in NCD posyandu activities in the Bajakah area (doctors and health promotion team members carry out this counseling activity). Community counseling is carried out only sometimes because cadres still need help to carry out health education. However, as stated in health promotion literature, the Puruk Cahu health promotion team consistently prepares promotional materials, such as videos, leaflets, and posters (Notoatmojo, 2003; Notoatmojo, 2007). Counseling that has yet to be available routinely is because of the problem of time, in which the implementation of counseling in the community is still carried out during posyandu activities. Through a mechanism where patients before health examinations get counseling about health activities such as sports, gymnastics, and other services, information on patients who visit NCD posyandu or participate in counseling is collected.

Cooperation with other participants in Bajakah Posyandu activities based on the results of interviews shows that the people who serve in NCD Posyandu handle the socialization of Posyandu. Cross-sectoral collaboration between Posyandu Bajakah, village government, and surrounding communities has implemented a five-table system for Bajakah NCD posyandu activities according to its monthly schedule. The cooperation is carried out with other parties, for example, with the sub-district for Posyandu activities and counseling in collaboration with the women of the empowerment of family welfare.

The five-table system has been used to carry out the activities of Bajakah NCD Posyandu. However, cadres are still accompanied by Puruk Cahu PHC workers, health counseling activities at the Bajakah NCD Posyandu still need to increase in intensity, such as activities with routine and periodic health checks (Rina, 2021), gymnastics, participating in competitions, and undergoing physical examinations. Based on the research results, some recommendations are

1. The need for counseling provided by officers and cadres;
2. The need for the support of village officials;
3. Increase in the number of medical personnel and paramedics;
4. The change of NCD Posyandu cadres is an inhibiting factor for health services, so new cadres must meet health standards related to NCDs;
5. There is a solution to the limited funds by capturing incoming fund planning from various parties;
6. The need for coordination of activity results with stakeholders;
7. Provision of essential medicines to cope with chronic diseases;
8. Refresher training for cadres, especially those who change frequently;
9. Health workers need to maintain continuity of knowledge about NCD health.

**Conclusion**

The NCD posyandu working area of UPT Puruk Cahu Health Center has good and competent cadres, where patients getting free NCD services
and counseling. Recommendations are needed for equipment, number, and training for NCD posyandu cadres so that the coordination of all parties in the NCD posyandu to the community runs optimally both in quality and quantity.

Compliance with ethical standards
Conflict of interest
The authors declare that they have no conflict of interest.

References


