

Gambaran Implementasi Kebijakan Penanganan COVID-19 Di Tingkat Puskesmas (Literature Review) = Overview of the Implementation of COVID-19 Handling Policy at the Primary Health Care (Literature Review)

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Abstrak

Dinamika kasus COVID-19 hingga tahun 2022 masih berlangsung di berbagai dunia dan mengakibatkan fluktuasi angka morbiditas dan mortalitas yang tinggi. Berbagai ledakan kasus akibat Variant of Concern (VOC) berdampak secara langsung kepada puskesmas sebagai layanan primer. Untuk melakukan penguatan terhadap puskesmas diperlukan strategi kebijakan pengendalian COVID-19 berupa prevent, detect, dan respond yang diikuti dengan optimalisasi implementasi kebijakan yang dilakukan di lapangan. Penelitian ini bertujuan untuk mengetahui gambaran implementasi kebijakan pada tingkat puskesmas di era pandemi COVID-19 berdasarkan literature review. Analisis yang digunakan dalam penelitian ini adalah literature review dengan pendekatan PRISMA. Kebutuhan penelusuran literatur menggunakan online database berupa google scholar dan GARUDA sehingga didapatkan 14 literatur terinklusi. Selain itu, berbagai kepustakaan yang diperoleh dalam penelitian berbentuk artikel jurnal, report lembaga kesehatan, text book, dan website berbahasa Inggris dan Indonesia. Hasil penelitian menunjukkan bahwa implementasi kebijakan di puskesmas masih ditemukan berbagai permasalahan serta hambatan antara lain pembuatan SOP yang tidak komprehensif diikuti kurangnya sosialisasi terkait SOP kepada petugas puskesmas, adanya keterbatasan jumlah petugas surveilans di puskesmas, pelatihan dan sosialisasi untuk melakukan tracing dan surveilans masih belum memadai, serta keterbatasan logistik kesehatan berupa obat-obatan terapi COVID-19 seperti oseltamivir, azitromisin, dan favipiravir. Kesimpulannya implementasi kebijakan di puskesmas masih belum berjalan dengan baik dikarenakan belum optimalnya penerapan kebijakan prevent, detect, dan respond dalam pengendalian COVID-19. Oleh karena itu, saran yang dapat diberikan yaitu pembuatan SOP penanganan COVID-19 yang komprehensif, memperkuat strategi komunikasi dan community engagement, melakukan perencanaan mengenai estimasi petugas surveilans, dan memfasilitas petugas kesehatan untuk mendapatkan program pelatihan.

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The dynamics of COVID-19 cases until 2022 are still ongoing worldwide and resulting high fluctuations in morbidity and mortality rates. Various explosions of cases due to Variant of Concern (VOC) have a direct impact on puskesmas as primary care. To strengthen puskesmas, a policy strategy for controlling COVID-19 is needed in the form of prevention, detect, and response, followed by optimizing the implementation of policies carried out in the field. This study aims to describe the implementation of policies at the puskesmas level in the era of the COVID-19 pandemic based on a literature review. The analysis used in this study is a literature review with the PRISMA approach. The need for literature searches using online database in the form of Google Scholar and GARUDA so that 14 included literatures are obtained. In addition, various literatures obtained in the research are in the form of journal articles, reports from health institutions, text books, and websites in English and Indonesian. The result showed that the implementation of policies at the puskesmas still found various problems and obstacles, including the making of SOPs that were not

comprehensive followed by a lack of socialization related to SOPs to puskesmas officers, the limited number of surveillance officers at the puskesmas, training and socialization for tracing and surveillance were still inadequate, and limited health logistics in the form of COVID-19 therapeutic drugs such as oseltamivir, azithromycin, and favipiravir. In conclusion, the implementation of policies at puskesmas has not gone well due to the lack of optimal implementation of preventive, detect, and response policies in controlling COVID-19. Therefore, suggestions that can be given are making a comprehensive SOP for handling COVID-19, strengthening communication strategies and community engagement, planning for surveillance officer estimates, and facilitating health workers to receive training programs.