**Universitas Diponegoro**

**Fakultas Kesehatan Masyarakat**

**Program Magister Ilmu Kesehatan Masyarakat**

**Konsentrasi Kesehatan Ibu dan Anak**

**2015**

**ABSTRAK**

**Surati Ningsih**

**Analisis Implementasi Program Pelayanan IMS dalam Pencegahan HIV di Puskesmas Kabupaten Sukoharjo**

**xvi + 243 halaman + 7 tabel + 4 gambar + 15 lampiran**

Kejadian IMS pada populasi kunci yang ditemukan di kabupaten Sukoharjo pada Januari – Desember tahun 2014 didapati 36 kasus. Sedangkan temuan kasus HIV dan AIDS di kabupaten Sukoharjo berdasarkan kelompok resiko tahun 2014 didapatkan pada kelompok WPS sebanyak 2 kasus, waria 6 kasus, LSL 27 kasus, pelanggan 12 kasus dan pasangan risti 9 kasus. Dinas Kesehatan Kabupaten Sukoharjo telah menetapkan 2 puskesmas sebagai klinik IMS, penelitian ini bertujuan untuk menganalisis pelaksanaan program pelayanan IMS dalam pencegahan HIV oleh Puskesmas.

Jenis penelitian ini adalah kualitatif dengan menggunakan wawancara mendalam, observasi dan telaah dokumen. Informan utama dalam penelitian ini adalah delapan petugas pelaksana program yaitu dokter, perawat / bidan, petugas laboratorium dan petugas administrasi. Informan triangulasi kepala puskesmas, Kasi P2 DKK, penjangkau dan populasi kunci. Teknik analisis data dengan analisis konten, meliputi wawancara mendalam dengan informan diolah kemudian dilakukan analisis data.

Hasil penelitian menunjukkan bahwa di Puskesmas Pelayanan IMS sudah mempunyai stuktur organsasi, satu petugas pelaksana program yang kurang mendukung, SDM secara kuantitas sudah memadai dan secara kualitas satu petugas belum mendapat pelatihan dan didapati keterlambatan pelaporan. Sosialisasi melalui kerjasama dengan LSM, mobilisasi berupa pelayanan IMS di puskesmas maupun *mobile clinic* IMS belum berjalan optimal, kelompok waria cenderung lebih aktif terlibat dalam pelaksanaan program IMS. Jarak dari populasi kunci ke Puskesmas sama dekat, pembinaan dari DKK belum rutin dan umpan balik belum menyelesaikan kendala di lapangan.

Saran yang direkomendasikan adalah mengoptimalkan peran lintas sektoral untuk sosialisasi, optimalisasi SDM, pengalokasian dana khusus oleh Pemda untuk pemenuhan sarana prasarana, penertiban pelaporan dari Puskesmas dan pembinaan yang intensif dengan pemberian umpan balik oleh DKK kepada Puskesmas di Kabupaten Sukoharjo.

Kata kunci : Implementasi, Program Pelayanan IMS, HIV

Referensi : 40 (2002-2014)

**Diponegoro University**

**Faculty of Public Health**

**Master’s Program in Public Health**

**Majoring in Maternal and Child Health**

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**ABSTRACT**

**Surati Ningsih**

**Implementation Analysis of Sexually Transmitted Infections (STIs) Program in Preventing HIV at Health Centres in Sukoharjo District**

**xvi + 243 pages + 7 tables + 4 figures + 15 enclosures**

Occurrence of Sexually Transmitted Infections (STIs) among key population found in Sukoharjo District during the period of January – December 2014 was 36 cases. Meanwhile, number of HIV and AIDS cases in Sukoharjo District based on high-risk group in 2014 among prostitutes, transgender, men who have sex with men (MSM), customers, and high-risk couples respectively was 2, 6, 27, 12, and 9 cases. Sukoharjo District Health Office (DHO) had determined two health centres as STIs clinics. The aim of this study was to analyse the implementation of STIs service program in preventing HIV by health centres.

This was a qualitative study by conducting indepth interview, observation, and document review. Main informants consisted of eight implementing officers of the program, namely physician, nurse/midwife, laboratory technician, and administrator. Informants for triangulation purpose consisted of head of health centres, head of P2 section at DHO, field officers, and key population. Data were analysed using content analysis.

The results of this research showed that at health centres, STIs services had an organisational structure, one implementing officer did not support, human resource was quantitatively sufficient but there was any one untrained officer, and reporting was late. Socialisation was done by cooperating with NGO, kinds of mobilisations consisted of STIs services at health centres and mobile clinic of STIs had not been optimally implemented, transgender group tended to involve actively in the STIs program. Distance from key population to health centres was close, guidance from DHO was not routine, and feedback had not solved problems in the field.

As suggestions, a role of inter-sector needs to be optimised for socialisation and human resource optimisation. Specific budget needs to be allocated by local government to provide facilities. Reporting from health centres and intensive guidance followed by feedback from DHO to health centres in Sukoharjo District needs to be applied.

Key Words : implementation; STIs service program; HIV

Bibliography : 40 (2002-2014)