Evaluation of the Elderly Integrated Health Service Post Empowerment Program at the Somba Opu Health Center During the Covid-19 Pandemic**

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ABSTRACT:

Purpose: The purpose of this study was to evaluate the IHSPP program for the elderly that had been implemented in the working area of the Somba Opu Public Health Center during the COVID-19 pandemic.

Material and Methods: Material and Methods: This qualitative research was conducted from 7 to 11 March 2022 at the Somba Opu Health Center. The subjects in this study were Health center personnel and cadres as well as IHSPP targets with a total of 12 informants, each consisting of 5 health workers from Health center Somba Opu, 4 cadres and 3 elderly people. The instrument in this study used interview guidelines and documentation

Results: Effectiveness criteria in three components (Input, Process, and Output) can be said to be quite effective. For the efficiency criteria, it cannot be said to be efficient. For the Sufficiency criteria, it can be said to be sufficient because the materials used in the IHSPP for the elderly are sufficient to support the needs of the elderly. For the smoothing criteria, it can be said to be evenly distributed. The responsiveness criteria have been responded positively by the elderly. For the Accuracy criteria, it is right on target for the elderly aged 60 years and over.

Conclusion: Based on the result it can be concluded that in general it can be said to be good because in the implementation of the integrated service post program for the elderly, it has fulfilled several indicators both from input, process and output.

Keywords: Evaluation, Elderly Integrated health service post Program, The COVID-19 Pandemic

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**This study was presented as a journal presentation at the International Congress of Gerontology held by the Sivas Cumhuriyet University 18.03.2020 and 20.03.2020.

INTRODUCTION

According to the Law of the Republic of Indonesia Number 13 of 1998 concerning the welfare of the elderly, what is meant by Elderly (elderly) is someone who has reached the age of 60 years and over. The increasing number of elderly people in Indonesia brings both positive and negative impacts. Positive impact, if the elderly population is in a healthy, active and productive condition. On the other hand, the large number of the elderly population becomes a burden if the elderly have health problems which result in an increase in the cost of health services, a decrease in income/income, an increase in disability. The 21st century is a special challenge in the health sector from the continuously increasing number of elderly, namely the emergence of degenerative problems and non-communicable diseases. These diseases, will cause problems if not addressed or prevention is not done, because this will become a chronic and multi-pathological disease (Indonesian Ministry of Health, 2013).

The World Health Organization (WHO) noted, in the Southeast Asia region in 2013 the elderly population was 8% or around 142 million people. In 2050 it is
estimated that the elderly population will increase 3
times from this year. In 2010 the number of elderly
people was 24,000,000 (9.77%) of the total
population and in 2020 it is estimated that the
number of elderly people would reach 28,800,000
(11.34%) of the total population. While in Indonesia
alone in 2020 it is estimated that the number of
elderly people will reach 80,000 people (Indonesian
Ministry of Health, 2020).
The number of elderly population shows an increase
from year to year. This is in line with the increasing
life expectancy and is a sign of improving levels of
community welfare. On the other hand, the increase
in the elderly population results in an increase in
degenerative diseases in the community. Without
being balanced with promotive and preventive
efforts, the resulting social burden and costs will be
incurred for services. Health services will be quite
large, one of the service facilities for the elderly is
carried out through the Elderly Integrated Health
Service Post Program (IHSPP). In 2016 the number
of elderly people in Gowa Regency was 36,188 people
and the coverage of elderly health services was
21.1% (Gowa District Health Office, 2017).
The problem that often occurs in empowering the
elderly IHSPP is the lack of cadres because there are
still many people who lack confidence and feel that
they do not have the ability to provide health
services to the elderly at IHSPP. Not only that,
coaching for elderly IHSPP cadres is also still lacking
due to the lack of human resources that can handle
the problems of the elderly IHSPP in a certain
pustesmas (Fitriahadi and Utami, 2020).
In addition, the inactivity of the elderly community is
a problem in carrying out routine control at the
IHSPP for the elderly and knowledge about the
spiritual and mental is still lacking. And if the
problem is not resolved, it will have an impact on the
sustainability of the IHSPP for the elderly and will
also affect the welfare and health of the elderly.
(Fitriahadi and Utami, 2020)
The Integrated Health Service Post Program (IHSPP)
for the elderly is the embodiment and
implementation of development programs from
government policies through health services for the
elderly, as a communication forum in the form of
participation of the elderly community, families,
community leaders, and social organizations in the
implementation, in an effort to increase the level of
optimal health (Rusmin et al., 2017).
The Integrated Health Service Post Program (IHSPP)
for the elderly was launched by the Indonesian
government in 2010, specifically serving and
handling various public complaints regarding health
in the elderly. The program is intended so that
elderly people who are susceptible to disease can
live healthy, independent and efficient lives so they
don’t become a burden to their families and
surrounding communities. Based on the
Government Regulation of the Republic of Indonesia
Number 43 of 2004 concerning Implementation of
Efforts to Improve the Welfare of the Elderly. Social
welfare is an integral part of the ideals of
independence and the estuary of the economic
development agenda. Efforts to improve the welfare
of the elderly are carried out through a series of
activities carried out in a coordinated manner,
between the government and the community to
empower the elderly so that they can carry out their
social functions (PMK No.25).
So far, most people think that IHSPP is only
important for toddlers and pregnant women.
Because according to them, it is the toddlers and
pregnant women who must pay attention to their
development and health status. However, this is not
the case, the aging process will have an impact on
various aspects of life. Judging from the health
aspect of increasing age, the elderly will be
more susceptible to various physical and psychological
complaints. For this reason, the government has
provided health services for the elderly in the form
of IHSPP for the elderly to pay attention to the health
status of the elderly in Indonesia.
In implementing the Elderly IHSPP Program, they can
participate in health services such as blood pressure,
measurement of weight and height. and can get a
free health check from a doctor at the Pucang Sewu
Health Center. They can even get free medicines
according to their complaints. In addition to being
able to take part in health programs provided by the
elderly, they can also take part in gymnastics
activities held by elderly IHSPP cadres every week
(Nilasari and Prabawati, 2018).
However, during this pandemic, the implementation
process needs to adapt to reduce the impact of COVID-19, as in the guidebook published by the Ministry of Health's Health Ministry that the implementation of the Elderly IHSPP is postponed and information on the delay is conveyed through the Puskesmas network. The IHSPP for the elderly can be held again if the situation is considered possible by taking into account the rules and orders of the Government, both central and regional, by implementing the protocol to prevent the transmission of Covid-19. During the postponement of the IHSPP for the elderly, optimizing the role of cadres in monitoring the health of the elderly by remote communication to the elderly or their families/elderly companions, for example WhatsApp or SMS (Director general of health services, 2020).

Based on the results of a study conducted by Nilasari and Prabawati, 2018, the Sekar Melati Elderly IHSPP includes an evaluation of the Welfare of the Elderly in which the evaluation criteria according to Dunn (1999) include six variables, including Effectiveness, Efficiency, Adequacy, Fairness, Responsiveness, and Accuracy. Data collection techniques used in evaluation research on the welfare of the elderly are interviews, observations, and documentation studies (Nilasari and Prabawati, 2018).

The essence of community empowerment through the elderly IHSPP program is to improve the social welfare of the elderly through community empowerment and provide convenience in obtaining social welfare services, increase the level of knowledge of elderly health through the elderly IHSPP and the factors that influence whether or not the implementation of the elderly IHSPP is running. The Elderly IHSPP program is evaluated to determine the achievement of the program’s objectives. The evaluation of the Elderly IHSPP Program is regarding the accuracy of program implementation and the implementation of the Elderly IHSPP Program is expected not only to be carried out once a month, but twice in one month. Where the target of this program is the elderly who need special attention regarding health checks. so that the expected goals and benefits can be felt by the elderly who participate in the implementation of the IHSPP Program. This is the basis for the need for the elderly Posyandu and can be used as material to correct deficiencies for the activities of the elderly Posyandu in the future. So, based on the background above, we are interested in evaluating the IHSPP program for the elderly that has been implemented in the working area of the Somba Opu Public Health Center.

MATERIAL and METHODS
Purpose and Type of the Study
The purpose of this study was to evaluate the posyandu program for the elderly that had been implemented in the working area of the Somba Upu Public Health Center during the COVID-19 pandemic.

Sampling and participant
This observation was carried out at the Somba Opu Health Center from 7 to 11 March 2022. The subjects in this study were Puskesmas personnel and cadres as well as the targets in the IHSPP with a total of 12 informants, each consisting of 5 health workers from the UPT Puskesmas Somba Opu. 4 IHSPP cadres and 3 elderly people.

Data Collection Tools
Sources of data used in this study are primary and secondary data, primary data collection in this study was carried out by in-depth interviews with informants related to the implementation of the IHSPP program for the elderly at Kumanis Health Center and supported by the results of observations and document reviews conducted by researchers. While the secondary data used is data from the results of recording and reporting on the health of the elderly at the Somba Opu Health Center.
Statistical Analysis
The instrument in this study used interview guidelines, observation forms and documentation. Data analysis by means of interview results which include input, process and output which are transcribed in written notes and grouped according to evaluation indicators according to Dunn (1999) to be analyzed then interpret in narrative and interpretation then compared with theories from various literatures or previous and similar research.

Ethical Approval
For research to be carried out, written permission received from the Gowa district health office, then the permit was disseminated to the Somba Opu Health Center to conduct observations related to the elderly integrated health service post empowerment program.

RESULTS
Primary data collection in this study was carried out by in-depth interviews with informants related to the implementation of the IHSPP program for the elderly at the Somba Opu Health Center and supported by the results of observations and document studies conducted by researchers. The characteristics of in-depth interview informants can be seen in the following table:

<table>
<thead>
<tr>
<th>Informant Code</th>
<th>Name</th>
<th>Informant Subject</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>TL</td>
<td>Nasraeni, S.ST</td>
<td>Lab Personnel</td>
<td>S1-Applied</td>
</tr>
<tr>
<td>TF</td>
<td>Agustini, S. Farm</td>
<td>Pharmacist</td>
<td>S1</td>
</tr>
<tr>
<td>TP</td>
<td>Megawati Baso, AMK</td>
<td>Nurses</td>
<td>D3</td>
</tr>
<tr>
<td>TPr</td>
<td>Hasnah, SKM</td>
<td>Promoter Power</td>
<td>S1</td>
</tr>
<tr>
<td>TPTM</td>
<td>Hj. Mustanah, SKM</td>
<td>Non-communicable disease power</td>
<td>S1</td>
</tr>
<tr>
<td>KD1</td>
<td>Samsiah</td>
<td>Cadre 1</td>
<td>junior high school</td>
</tr>
<tr>
<td>KD2</td>
<td>Novianti</td>
<td>Cadre 2</td>
<td>D2</td>
</tr>
<tr>
<td>KD3</td>
<td>Mulati</td>
<td>Cadre 3</td>
<td>senior High School</td>
</tr>
<tr>
<td>KD4</td>
<td>Rosnaeni</td>
<td>Cadre 4</td>
<td>senior High School</td>
</tr>
<tr>
<td>L1</td>
<td>With Juping</td>
<td>Senior 1</td>
<td>-</td>
</tr>
<tr>
<td>L2</td>
<td>Mardiana</td>
<td>Seniors 2</td>
<td>senior High School</td>
</tr>
<tr>
<td>L3</td>
<td>Hj. St. Arfa</td>
<td>Elderly 3</td>
<td>junior high school</td>
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INPUT
1. Power
The implementation of the Elderly IHSPP program at the Somba Opu Health Center requires an input, namely personnel, especially. On the input of energy, the existing staff must be in accordance with the required needs, quantity and capability. On the aspect of educational background, participating in self-development such as participating in training, and length of work. The results of the study show that the UPT Puskesmas Somba Opu has 8 IHSPP units, where each IHSPP unit has 5 health workers who coordinate and are responsible for the Elderly IHSPP program from the UPT Puskesmas Somba Opu, namely nurses, promoters, laboratory assistants, pharmacists, and PTM officers, and some of them have S1 and D3 educational backgrounds, such as AMK (Nurse), SKM (Promoter) S. ST (Laboran), S.Farm (Pharmacist), SKM (PTM Officer).

"Yes, PJP training is like long-term care" ......(TP)

Based on the results of interviews from informants, the number of cadres on duty at the IHSPP is 5 people in each elderly IHSPP, these cadres are very active in helping the elderly program run and paying attention to the presence of the elderly.

"This cadre is very active, he's the one who went to announce that the IHSPP is anyway, when the time comes, sometimes he's the one who weighs, but not forever...and basically the health workers get there, the place is neat, the table has been arranged, anyway we come just follow the activities.” (TF)
and training to cadres to support their knowledge and abilities.

“For the elderly, it is like training on non-communicable diseases such as training for hypertension, heart disease, and there are exercises for the elderly. Well.. a lot of activities” (Kd4)

2. Means

Based on the results of research conducted at UPT Puskesmas Somba Opu, Gowa Regency, it was found that the availability of facilities to support the IHSPP program for the elderly was not good enough. As for the facilities available at the Elderly IHSPP, namely only scales provided by each IHSPP originating from the kelurahan. So, in the implementation, there are still some facilities that are covered by the puskesmas such as stomach meter, Easy Touch GCU (Glucose, Cholesterol, Uric Acid), and also Hematology Analyzer (HA). However, the GCU examination strips are still lacking. In addition, infrastructure such as chairs and tables are provided by the cadres.

“At this time, those at the IHSPP, from the PTM manager, there are scales, the same that measures the circumference of the abdomen, so he usually does this every time he goes to the IHSPP, then from the lab examination, we have prepared from the PTM manager there is a tool for examination. blood sugar, uric acid and cholesterol, previously because there were none, we usually only checked Hb to , So now we can check 4 parameters, Hb, Sugar, Cholesterol and uric acid. Now it’s complete but we’re limited to the strips that we have prepared too little, so usually there are still a few patients who want to have it checked, but they’re out of stock”...(TL).

The results of the study also show that the availability of infrastructure is not sufficient, especially at the Hasanuddin IHSPP, Kalegowa Village, such as, the seats are still lacking, the IHSPP space is narrow because some elderly IHSPP still join the toddler IHSPP, so the participants who attend are still crowded and there are still those who have not got a place. sitting and the elderly had to queue and sit outside the IHSPP. There are even chairs that are no longer suitable for use by the elderly.

“Actually, there are still a lot of lack of facilities. Half of it, just look at the mako for yourself, we are still confused, because there are not enough seats because the new seats are narrow because we are joining the IHSPP for toddlers "....(KD2.)

“There are so many, especially the toilets where there is no water, because the engine was lost, it was stolen by poor people, we also need this canopy so that the sun does not get hot in front of the IHSPP, and it also accumulates inside. So if the shortcomings are many”....(KD3)

“Alhamdulillah, that’s enough, maybe the location that you want to add, ... yes, it’s expanded because there are already many people, every month more and more people check anyway”... (L2.)

3. Fund

The results showed that the source of funds used by UPT Puskesmas Somba Opu for the implementation of the elderly empowerment program used BOK funds (Health Operational Assistance) which only covered the transportation costs of health workers to visit every IHSPP for the elderly.

"If the funds are from the BOK, then the funds prepared for the IHSPP will be for officer transport, for cadres there is also transportation but it is prepared by the local government”....(TPTM).

"If we are from the puskesmas, we only have personnel, but the source of the funds is from the BOK”....(TP).

The funds used to support the facilities in each IHSPP for the elderly are obtained from the local government and if the funds are still lacking, the cadres will participate in collecting funds.

“So it’s also normal for us from the kelurahan to give us this, after all, it’s also normal for us to have joint cadres to raise funds if we don’t have enough”...(KD2).

Each cadre gets an allowance from the kelurahan in the amount of Rp. 150,000.- per three months which each month only gets Rp. 50,000.-.

"Oh yeah, there is an incentive, every three months the village gives it, every three months it’s one hundred and fifty, so five per month. (KD1).

In the implementation of this program, the elderly do not need to spend money to get health services, they only need to be present at the IHSPP, they can already get health services and health checks according to the complaints they feel for free on
condition that they bring a JKN card (KIS or BPJS). However, for the elderly who do not have a JKN card, a fee of Rp. 2,500 will be charged for all examinations and medicines.

“Except for this one, yes... those who don’t have BPJS, we usually apply it as applied at the health center, pay two thousand and five hundred” ... (TL).

"If you want to come here, you can bring your ID card with your KK, if you don’t have it, it can also be Askes or BPJS" ... (L3).

4. Ingredient
The materials needed to support the process of the IHSPP for the elderly are medicines and vitamins. Where the medicines and vitamins are sufficient, and if there are elderly people whose medicines have run out after the IHSPP, but there has been no change in their illness, they will be directed for further examination at the puskesmas.

"Because this IHSPP is not a continuous treatment anyway, so we ordered them to come for treatment at the Puskesmas" ... (TF).

"So that’s the medicine from the IHSPP to three hariji, if it’s finished, it’s sent to the puskesmas if you’re still sick" ... (L1).

**PROCESS**

1. Planning
In this study, the type of activity that will be carried out is carrying out physical activities, then proceed with examination and counseling and ends with providing education related to GERMAS, namely PHBS. The implementation of IHSPP in each kelurahan is carried out once a month and each IHSPP has its own implementation schedule.

“So the flow of activities includes physical activity, health checks, and education for germs, besides that we also hold counseling, not just germs, we listen to a lot of complaints from parents, so the IHSPP is held once a month” ...(TPr).

To support the success of the IHSPP program for the elderly, the kelurahan implements an MMK (Ultimate Community Meeting) which is held once a year to discuss UKBM (Community-Based Health Efforts) for health programs at the kelurahan level, especially for the elderly IHSPP program.

"For example, there is no special meeting, only every year, there is such a thing as a village community meeting, but if the village people say it is a musrembang, if we are MMK, we will discuss some SME activities there, we will discuss programs related to UKBM here” ... (TPr).

As for the way that the cadres will call the elderly before the IHSPP is held, the cadres invite the elderly through mosque speakers, whatsapp groups, and visit the homes of the elderly by inviting them to attend the IHSPP.

"Yes, we are usually called through the mosque prayer hall, there is also a wa group, and if we approach the IHSPP schedule, we usually go to his house to remind him and we usually pick him up, like the daeng juping" ... (KD 1).

2. Implementation

a. Distribution
The results showed that there was a cross-sectoral collaboration involving PKK, Kecamatan, Kelurahan, RW, and also RT women with the aim of achieving and optimally running the IHSPP program for the elderly.

This is known from the results of interviews with informants of health workers and cadres.

"Yes, it is clear that there is, because usually the PKK who help us there are usually the ones whose houses are also sometimes occupied by RT & RW” ...(TPr).

"Yes, there are RT & RW, PKK too, so for this program it is all included in POKJA 4 PKK." ...(KD 3).

The innovation made specifically by the puskesmas for the elderly is INOVASI SALEHA (Healthy Elderly Saturday), which includes elderly gymnastics and also education for the elderly which is held every Saturday at the Somba Opu health center.

"For Usila, there is already an innovation, the Saleha Innovation, so there are gymnastics, there is education, so there is collaboration with cross-sectors as well" ... (TPTM).

b. Monitoring
Health monitoring carried out during the Elderly IHSPP program included measurements of abdominal circumference and weight measurement. And if there are elderly who cannot visit the elderly IHSPP because the elderly are disabled or have certain diseases, then usually the officers and cadres
usually visit the elderly's house which is usually called Homecare.

“Yes, there is monitoring, weight, abdominal circumference and especially blood pressure monitoring,” (TPr).

“Actually, there used to be homecare that was prolanis, but during the pandemic, there was no adami. So the officers used to come with the medicine and put them under pressure too, so actually there is such a thing as Perkesmas, so there is a home visit”… (TPTM).

“Yes, his house is definitely visited, so we continue to control it, if there are patients who can’t come”…. (KD 4).

c. Recording and Reporting

The results showed that all the officers and cadres of the elderly IHSPP were recorded according to their respective divisions. The flow of recording from the IHSPP to the Puskesmas and then from the Puskesmas is reported to the Health Office. The reporting related to PTM (non-communicable diseases) is carried out by PTM officers, then the data is inputted directly online to the central

“Everything is actually recorded, if I also input in the PTM, the old officer inputs it, so each part of the report … we will report to the office, if I go directly to the service and the center again, what now is onlineji”…. (TPTM)

“Yes, there are all of them, so there is a card. The puskesmas saw that too, so it was reported to the puskesmas again”…(KD 2).

OUTPUT

1. Target Accuracy

The results of the study show that all activities have been carried out and their implementation is right on target. The main target is the elderly aged 60 years and over. However, it is possible that residents other than the elderly, especially pre-elderly who want to have their health checked, will be served as services for the elderly.

“During the examination of the elderly, we usually have young people who come and we serve, there are family members from the elderly, we also serve them. When we're tired, we just don't serve. There are also some pre-elderly who check themselves”......(TF).

2. Program Coverage

The results of the evaluation of the work performance of the IHSPP program for the elderly at UPT Puskesmas Somba Opu there are some that are still very far below the target. The coverage of the elderly who visited the IHSPP for the elderly as secondary data obtained from the Somba Opu Public Health Center UPT, male elderly visits as much as 25% and female elderly as much as 13% of the total target. The classification of the elderly age starts from pre-elderly (45-59 years), elderly (≥60 years), and high-risk elderly (≥60 years with health problems).

“So the classification starts from the elderly starting from 45 to 59 years, if the elderly are more than 60 years old, and there are also seniors who are at high risk but have health problems”....(TP)

DISCUSSION

INPUT

1. Power

Based on the evaluation of the IHSPP program for the elderly regarding the input of personnel, the UPT Puskesmas Somba Opu has 5 officers who coordinate and are responsible for the Elderly IHSPP program and one of the officers has received special training regarding the IHSPP program for the elderly, namely Longcare Care (Long-Term) training. The educational background of each officer is S1 and D3, such as AMK (Nurse), SKM (Promoter) S. ST (Laboran), S.Farm (Pharmacist), SKM (PTM Officer). Based on the evaluation of the IHSPP program for the elderly from the input of the facilities of the UPT Puskesmas Somba Opu, the health officer of the UPT Puskesmas Somba Opu once provided guidance and training to cadres to support their knowledge and abilities. This is in line with research conducted by Kasma et al., (2019) After conducting interviews with respondents through questionnaires, information was found that in the implementation of the elderly IHSPP there are cadres and health workers as well as elderly programmers who are tasked with running the program and helping the welfare of the elderly, has attended training, is able to work together between programmers and cadres, provides responsive, polite, and friendly service, is able to be an educator, is able to teach elderly gymnastics
which is done every Friday at Batua Health Center, and is able to mobilize the elderly on service days. (Kasma et al., 2019)

This is also a form of actualization of the hadith of the Prophet of Allah sallallahu ‘alayhi wa sallam which said: “Whoever conveys only one knowledge and there are people who practice it, even though the one who conveys it is dead (died), he will still get a reward” (HR. Al Bukhari).

Through his knowledge, Allah will make it easy for him to do good deeds. As is known, good deeds are a way for every servant to get closer to Allah SWT. Useful Knowledge until the End of Life

Rasulullah SAW also emphasized the virtue of useful knowledge, both while still in this world or after death.

“When a person dies, his deeds are cut off, except for three things: almsgiving, useful knowledge or a righteous child who prays for him.” (HR. Muslim).

2. Means

Based on the evaluation of the IHSPP program for the elderly from the input of the facilities of the Somba Opu Health Center, the availability of facilities to support the IHSPP program for the elderly is not good enough. Where only the scales were prepared by the kelurahan so that there are still some facilities that are borne by the puskesmas such as, stomach meter, Easy Touch GCU (Glucose, Cholesterol, Uric Acid), and also Hematology Analyzer (HA). The availability of infrastructure is also not sufficient, especially at the Hasanuddin IHSPP, Kalegowa Village, such as, the seats are still lacking, the IHSPP is narrow because some elderly IHSPP are still joining the toddler IHSPP, so that the participants who attend are still crowded and there are still those who have not got a seat and the the elderly have to queue and sit outside the IHSSP.

This is in line with research conducted by Widodo et al., (2020) The availability of facilities and infrastructure at the Elderly IHSPP Program in the Harapan Raya Health Center Work Area, Bukit Raya District, Pekanbaru City is in line with Law no. 36 of 2009 concerning Health, article 138. However, in its implementation it has not been implemented optimally due to limited facilities and infrastructure as well as funding (Widodo et al. 2020).

This is also in line with research conducted by Hano (2019) for the funds provided for the IHSPP services for the elderly in the Bongomeme Health Center area. IHSPP for the elderly with a budget taken in the Operational Health Assistance (BOK) activity (Hano, 2019).

3. Fund

In the evaluation of the IHSPP program for the elderly at UPT Puskesmas Somba Opu, the funds used by UPT Puskesmas Somba Opu for the implementation of the elderly empowerment program used BOK funds and only covered transportation costs. The funds used to support the facilities in each IHSPP for the elderly are obtained from the local government and if the funds are still lacking, the cadres will participate in collecting funds. This is in line with research conducted by Widodo et al., (2020) Financing for the Elderly IHSPP Program in the Harapan Raya Health Center Work Area, Bukit Raya District, Pekanbaru City has not been adequate because there is no special allocation of funds to run the program, so that in its implementation only money is used. non-governmental organizations and these funds are also not sufficient to carry out the activities of the IHSPP for the elderly. Policies on the Elderly IHSPP Program in the Work Area of the Harapan Raya Health Center, Bukit Raya District, Pekanbaru City are in line with Law no. 36 of 2009 concerning Health, article 138. However, in its implementation it has not been implemented optimally due to limited facilities and infrastructure as well as funding (Widodo et al. 2020).

This is also in line with research conducted by Arnis (2019) Health workers give medicines to the elderly who are sick. Most of the elderly suffer from hypertension, rheumatism, diabetes mellitus, cough,
and some even post stroke (Arnis, 2019).

If it is reviewed based on Dunn (1999) evaluation theory, it can be concluded that, for the Effectiveness criteria, it can be said to be effective, because in terms of personnel it is very good to support the running of the program. The health workers and cadres have attended training to improve their abilities and knowledge related to the implementation of IHSPP for the elderly. However, if viewed from an efficiency perspective, it cannot be said to be efficient, because the funds in implementing the IHSPP have not been efficient to support the program, as we saw earlier that to meet the needs of the IHSPP it still depends on cadres who work together to collect money to meet the needs of the IHSPP. at IHSPP and occasionally there are funds from the kelurahan. However, from a adequacy perspective, it can be said to be sufficient because the materials used in the IHSPP for the elderly such as medicines and vitamins are sufficient to support the needs of the elderly. In terms of responsiveness, with this program, the elderly responded very positively because they did not need to spend money and were only present in the implementation of the program to get health services.

**PROCESS**

**1. Planning**

Based on the planning for the IHSPP program for the elderly at UPT Puskesmas Somba Opu, the type of activity to be carried out is carrying out physical activities such as elderly gymnastics, then continued with examinations and counseling such as weighing body weight and measuring abdominal circumference and ending with providing education related to Germsas, namely PHBS. And the implementation of the IHSPP in each kelurahan is carried out once a month and each IHSPP has its own implementation schedule. This is in line with research conducted by Kasma et al., (2019). Elderly programmers measure blood pressure, simple lab tests, cholesterol, uric acid and blood sugar during the implementation of the IHSPP for the elderly. Cadres who provide services at the registration section, measuring TB and weighing weight, and filling out KMS, Collecting data related to the lives of the elderly, Arranging types of activities according to what has been agreed. or in accordance with the manual for the elderly IHSPP, cadres who help elderly programmers to carry out IHSPP activities, planning activity costs, developing activities according to the needs of the elderly, implementation is carried out in accordance with agreed implementation instructions or in accordance with the IHSPP manual, IHSPP done every month (Kasma et al., 2019).

Meanwhile, based on the results of the evaluation of the elderly IHSPP program in supporting the success of the elderly IHSPP program, the kelurahan implements the MMK (Ultimate Community Meeting) which is held once a year to discuss UKBM (Community Based Health Efforts) for health programs at the village level, especially the elderly IHSPP program.

This is not in line with research conducted by Kurniasari et al., (2018) The coordination between the internal IHSPP management and the puskesmas can be said to be good because there are always regular monthly meetings at the puskesmas. Likewise, coordination meetings between internal IHSPP officials are also held every month. However, in the working area of the Bandarharjo Health Center, not all IHSPP hold internal coordination meetings for the management (Kurniasari et al., 2018).

**2. Implementation**

**a. Distribution**

The results of the evaluation conducted on the elderly IHSPP program at UPT Puskesmas Somba Opu showed that there was cross-sectoral collaboration involving PKK, Sub-district, Kelurahan, RW mothers, and also RT so that the goals were achieved and the elderly IHSPP program could run optimally.

This is in line with research conducted by Hano (2019) In the implementation of the IHSPP for the elderly in the working area of the Bongomeme Health Center in accordance with the informant's statement that the IHSPP activities for the elderly are supported by local parties because this is one of the important things in the implementation of the IHSPP. These elderly people, the people in the working area are very enthusiastic, especially the Village Head, cadres, and PKK movers in the village (Hano, 2019).
The results of the evaluation carried out on the elderly IHSPP program at the UPT Puskesmas Somba Opu, an innovation made specifically from the puskesmas for the elderly, namely the SALEHA Innovation (Healthy Elderly Saturday), which includes elderly exercise and education for the elderly which is carried out every Saturday at the Somba Opu health center.

This research is in line with research conducted by A.Yulia Kasma et al., (2019). The activities of the elderly IHSPP are not only carried out on IHSPP days but there are other additional activities carried out by programmers and cadres, namely doing elderly gymnastics at the puskesmas every Friday (Kasma et al. 2019).

b. Monitoring
The results of the evaluation regarding health monitoring carried out during the implementation of the Elderly IHSPP program included measurements of abdominal circumference and weight measurement. And if there are elderly who cannot visit the elderly IHSPP because the elderly are disabled or have certain diseases, then usually the officers and cadres usually visit the elderly's house which is usually called Homecare.

This is in line with research conducted by Arnis (2019). Health cadres who have been trained will then become Pokja Elders who are tasked with proactively assisting the elderly in their respective RW areas. In addition, the working group is also tasked with facilitating the elderly who need health services, for example taking the elderly to the puskesmas if the elderly need treatment but are unable to reach health care facilities. The Pokja also visits the elderly door to door if the elderly cannot go to the IHSPP or puskesmas, and reports the data to health workers (Arnis, 2019).

c. Recording and Reporting
Based on the evaluation conducted regarding the elderly IHSPP program at the UPT Puskesmas Somba Opu, it showed that all the officers and cadres of the elderly IHSPP were in accordance with their respective divisions. The flow of recording from the IHSPP to the Puskesmas and then from the Puskesmas is reported to the Health Office.

This is in line with research conducted by Gustin and Rosantri (2017). Based on in-depth interviews recording the activities of the elderly IHSPP carried out by cadres then recapitulated by local managers and then reported to the puskesmas, if there is a delay in reporting then there are sanctions received by local managers such as village midwives in the form of delay reduction (Gustin and Rosantri, 2017). If it is reviewed based on Dunn (1999) evaluation theory, it can be concluded that, for the effectiveness criteria in the process of implementing the IHSPP for the elderly, it can be said to be effective, because in its implementation there are three main components carried out as the Germas program, namely Physical Activity (Elderly Gymnastics), Health Checkup & Counseling, and PHBS Education to support the health of the elderly. In terms of adequacy, it can be said that it is sufficient because the elderly have received health services such as measuring blood pressure, simple lab tests, cholesterol, uric acid and blood sugar during the implementation of the IHSPP for the elderly. If we look at it in terms of smoothing, it can be said that it is evenly distributed because in practice the elderly who attended have received the same health services. From the point of view of accuracy.

OUTPUT
1. Target Accuracy
The results of the evaluation conducted regarding the IHSPP program for the elderly at UPT Puskesmas Somba Opu regarding the activities that have been carried out and the implementation is right on target. The main target is the elderly aged 60 years and over. However, it is possible that residents other than the elderly, especially pre-elderly who want to have their health checked, will be served as services for the elderly.

This study is in line with research conducted by Kurniasari et al., (2018). However, there is still a discrepancy in the target aspect where there are several main informants of the Krobokan Health Center who think that the target for the elderly IHSPP is only the elderly aged 60 years and over. At the Krobokan Health Center, the elderly are not the target of the IHSPP, but if they want to have their
blood pressure checked, they will be served.

5. Program Coverage
Based on the evaluation that has been carried out regarding the IHSPP program for the elderly at UPT Puskesmas Somba Opu, the work performance of the IHSPP program for the elderly at UPT Puskesmas Somba Opu is still very far below the target. This is in line with research conducted by Gustin and Rosantri (2017). The results of the implementation of the IHSPP program for the elderly in the working area of the Kumanis Health Center have not been implemented properly and the coverage of elderly health services has not reached the target. Based on the number of existing elderly targets, it is not proportional to the number of elderly visits each month. In this case, if you look at the geographical conditions of the Kumanis Health Center working area, which is mostly a hilly area, the distance between the residents’ houses and the location for the elderly IHSPP is quite far, and in general the people’s livelihood is farming and gardening.

In terms of effectiveness, it cannot be said to be effective because in its implementation there are still many elderly people who are not present at the IHSPP due to the lack of enthusiasm of the elderly. When viewed in terms of accuracy, it is right on target, where the main target is the elderly aged 60 years and over. However, it is possible that residents other than the elderly, especially pre-elderly who want to have their health checked, will be served as services for the elderly.

CONCLUSION
Based on the above discussion (Input, Process & Output) it can be concluded that in general it can be said to be good because in the implementation of the integrated service post program for the elderly, it has fulfilled several indicators both from input, process and output based on the technical book for implementing the integrated service post program for the elderly in Indonesia. However, in terms of input, it is still necessary to add more adequate facilities at the integrated service post for the elderly and in terms of funds that need to be considered by the local government.

Limitations of the study
Limitations in this study are the lack of participation from the elderly as informants and physical limitations such as impaired hearing are also a limitation for providing further questions by the elderly as informants in this study, so assistance from health cadres is needed to provide clear answers.

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https://doi.org/10.31004/prepotif. v4i1.540