

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 IHSP 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 IHSP 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 IHSP 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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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 (IHSP). 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 IHSP 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 IHSP. Not only that, coaching for elderly IHSP cadres is also still lacking due to the lack of human resources that can handle the problems of the elderly IHSP in a certain puskesmas (Fitriahadi and Utami, 2020).

In addition, the inactivity of the elderly community is a problem in carrying out routine control at the IHSP 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 IHSP for the elderly and will also affect the welfare and health of the elderly. (Fitriahadi and Utami, 2020)

The Integrated Health Service Post Program (IHSP) 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 (IHSP) 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 IHSP 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 IHSP for the elderly to pay attention to the health status of the elderly in Indonesia.

In implementing the Elderly IHSP 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 IHSP 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 IHSP is postponed and information on the delay is conveyed through the Puskesmas network. The IHSP 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 IHSP 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 IHSP 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 IHSP 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 IHSP and the factors that influence whether or not the implementation of the elderly IHSP is running.

The Elderly IHSP program is evaluated to determine the achievement of the program's objectives. The evaluation of the Elderly IHSP Program is regarding the accuracy of program implementation and the implementation of the Elderly IHSP Program is expected not only to be carried out once a month, but also twice a 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 follow the implementation of the Elderly IHSP Program. This is the basis for the need for the elderly IHSP and can be used as material to correct deficiencies for the

activities of the elderly IHSP in the future.

The Elderly Integrated Health Service Post Program (IHSP) is evaluated to determine the achievement of the program's objectives. Evaluation of the IHSP Program is regarding the accuracy of program implementation and the implementation of the IHSP is expected not only to be carried out once in one 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 IHSP 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 IHSP 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 IHSP with a total of 12 informants, each consisting of 5 health workers from the UPT Puskesmas Somba Opu. 4 IHSP 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 IHSP 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 IHSP 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:

Tabel 1. Respondent characteristics

Informant Code	Name	Informant Subject	Education
TL	Nasraeni, S.ST	Lab Personnel	S1-Applied
TF	Agustini, S. Farm	Pharmacist	S1
TP	Megawati Baso, AMK	Nurses	D3
TPr	Hasnah, SKM	Promoter Power	S1
TPTM	Hj. Mustanah, SKM	Non-communicable disease power	S1
KD1	Samsiah	Cadre 1	junior high school
KD2	Novianti	Cadre 2	D2
KD3	Muliati	Cadre 3	senior High School
KD4	Rosnaeni	Cadre 4	senior High School
L1	With Juping	Senior 1	-
L2	Mardiana	Seniors 2	senior High School
L3	Hj. St. Arfa	Elderly 3	junior high school

INPUT

1. Power

The implementation of the Elderly IHSP 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 IHSP units, where each IHSP unit has 5 health workers who coordinate and are responsible for the Elderly IHSP 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 IHSP is 5 people in each elderly IHSP, 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 IHSP 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)

Based on the results of interviews from one of the informants, it was found that the health workers of UPT Puskesmas Somba Opu had provided coaching

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 IHSP program for the elderly was not good enough. As for the facilities available at the Elderly IHSP, namely only scales provided by each IHSP 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 IHSP, 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 IHSP, 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 IHSP, Kalgowa Village, such as, the seats are still lacking, the IHSP space is narrow because some elderly IHSP still join the toddler IHSP, 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 IHSP. 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 IHSP 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 IHSP, 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 IHSP for the elderly.

"If the funds are from the BOK, then the funds prepared for the IHSP 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 IHSP 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 IHSP, 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 IHSP 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 IHSP, but there has been no change in their illness, they will be directed for further examination at the puskesmas.

"Because this IHSP 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 IHSP 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 IHSP in each kelurahan is carried out once a month and each IHSP has its own implementation schedule.

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

To support the success of the IHSP 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 IHSP 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 IHSP 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 IHSP.

"Yes, we are usually called through the mosque prayer hall, there is also a wa group, and if we approach the IHSP 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 IHSP 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 IHSP program included measurements of abdominal circumference and weight measurement. And if there are elderly who cannot visit the elderly IHSP 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 IHSP program were recorded according to their respective divisions. The flow of recording from the IHSP program 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 IHSP 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 IHSP program 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 IHSP 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 IHSP program and one of the officers has received special training regarding the IHSP 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 IHSP 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 IHSP 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 IHSP program for the elderly from the input of the facilities of the Somba Opu Health Center, the availability of facilities to support the IHSP 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 IHSP, Kalgowa Village, such as, the seats are still lacking, the IHSP is narrow because some elderly IHSP are still joining the toddler IHSP, 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 IHSP.

This is in line with research conducted by Widodo et al., (2020) The availability of facilities and infrastructure at the Elderly IHSP Program in the Harapan Raya Health Center Work Area, Bukit Raya District, Pekanbaru City is not adequate because there are still limited medical equipment such as the absence of a height gauge, thermometer. , KMS, as well as places used for IHSP activities for the elderly are still joined by toddlers (Widodo et al., 2020).

3. Fund

In the evaluation of the IHSP 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 IHSP 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 IHSP 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 IHSP for the elderly. Policies on the Elderly IHSP 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 Hano (2019) for the funds provided for the IHSP services for the elderly in the Bongomeme Health Center area. IHSP for the elderly with a budget taken in the Operational Health Assistance (BOK) activity (Hano, 2019).

4. Ingredient

Based on the evaluation of the IHSP program for the elderly, the materials used to support the ongoing process of the IHSP for the elderly, namely drugs such as cholesterol, gout, hypertension, and other drugs, as well as vitamins, are sufficient and if there are elderly people whose medicine has run out after IHSP, but there is no change. If the patient is diagnosed with the disease, they will be directed for further examination at the puskesmas.

This is in line with the 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 IHSP for the elderly. However, if viewed from an efficiency perspective, it cannot be said to be efficient, because the funds in implementing the IHSP have not been efficient to support the program, as we saw earlier that to meet the needs of the IHSP it still depends on cadres who work together to collect money to meet the needs of the IHSP. at IHSP 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 IHSP 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 IHSP 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 Germas, namely PHBS . And the implementation of the IHSP in each kelurahan is carried out once a month and each IHSP 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 IHSP 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 IHSP, cadres who help elderly programmers to carry out IHSP 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 IHSP manual, IHSP done every month (Kasma et al., 2019).

Meanwhile, based on the results of the evaluation of the elderly IHSP program in supporting the success of the elderly IHSP 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 IHSP program.

This is not in line with research conducted by Kurniasari et al., (2018) The coordination between the internal IHSP 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 IHSP officials are also held every month. However, in the working area of the Bandarharjo Health Center, not all IHSP hold internal coordination meetings for the management (Kurniasari et al., 2018).

2. Implementation

a. Distribution

The results of the evaluation conducted on the elderly IHSP 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 IHSP program could run optimally.

This is in line with research conducted by Hano (2019) In the implementation of the IHSP for the elderly in the working area of the Bongomeme Health Center in accordance with the informant's statement that the IHSP activities for the elderly are supported by local parties because this is one of the important things in the implementation of the IHSP. 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 IHSP 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 IHSP are not only carried out on IHSP 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 IHSP program included measurements of abdominal circumference and weight measurement. And if there are elderly who cannot visit the elderly IHSP 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 IHSP or puskesmas, and reports the data to health workers (Arnis, 2019).

c. Recording and Reporting

Based on the evaluation conducted regarding the elderly IHSP program at the UPT Puskesmas Somba Opu, it showed that all the officers and cadres of the elderly IHSP were in accordance with their respective divisions. The flow of recording from the IHSP 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 IHSP 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 IHSP 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 IHSP 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 IHSP 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 IHSP is only the elderly aged 60 years and over. At the Krobokan Health Center, the elderly are not the target of the IHSP, 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 IHSP program for the elderly at UPT Puskesmas Somba Opu, the work performance of the IHSP 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 IHSP 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 IHSP 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 IHSP 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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