

ABSTRAK

Calon pengantin adalah sasaran strategis untuk peningkatan kesehatan pada masa prakonsepsi. Kesadaran masyarakat tentang kesehatan prakonsepsi masih rendah. Konseling, informasi dan edukasi sangat dibutuhkan oleh calon pengantin khususnya dalam mempersiapkan kehamilan yang sehat.

Metode penelitian dilakukan dengan pendekatan kualitatif deskriptif. Data dikumpulkan melalui wawancara menggunakan pedoman wawancara terstruktur. Data divalidasi menggunakan triangulasi data. Berdasarkan indikator *input*, staf administrasi yang dibutuhkan seperti bidan, dokter, analis laboratorium, promkes, perbekel/staf desa. Kompetensi SDM yaitu pengetahuan, alur pemeriksaan catin, SOP, tarif pemeriksaan. Kinerja pelaksana program dinilai oleh pemegang program kesehatan reproduksi, penanggung jawab kluster 2, bidan koordinator serta kepala puskesmas. Sumber dana berasal dari APBN dan APBD mencakup pelaksanaan program skrining pranikah. Sasaran sangat mendukung program skrining.

Berdasarkan indikator proses, prosedur pengawasan belum ada. SOP perencanaan disahkan oleh kepala puskesmas. Pengorganisasian berdasarkan SOP pengorganisasi sesuai program kerja dalam kluster 2. Cakupan program skrining pra-nikah diukur melalui pelaporan aplikasi Kescatin.

Berdasarkan indikator *output*, syarat program skrining pra-nikah sudah tercapai ataupun tidak, hanya dinilai berdasarkan surat keterangan kesehatan calon pengantin yang dikeluarkan Puskesmas. Puskesmas diharapkan perlu meningkatkan mutu program skrining pra-nikah dengan cara mengatur rancangan strategi untuk meningkatkan kinerja pelaksana program dan fasilitas, bekerja sama dengan lintas sektor untuk dapat mencapai target dan sasaran yang ditetapkan.

Kata kunci: *input*, *output*, proses, skrining pra-nikah

ABSTRACT

The prospective bride and groom are strategic targets for health improvement during the preconception period. Public awareness of preconception health is still low. Counseling, information, and education are highly needed by prospective brides and grooms, especially as they prepare for a healthy pregnancy.

The research method was conducted using a descriptive qualitative approach. Data was collected through interviews using a structured interview guide. The data was validated using data triangulation. Based on input indicators, the administrative staff needed includes midwives, doctors, laboratory analysts, health promotion personnel, and village heads/village staff. HRM competencies include knowledge, the premarital screening process, SOPs, and screening fees. The performance of program implementers is evaluated by the reproductive health program holders, cluster 2 managers, coordinating midwives, and health center heads. The source of funds comes from the State Budget and Regional Budgets, including the implementation of the premarital screening program. The target group is very supportive of the screening program.

Based on process indicators, there are no supervision procedures yet. The planning SOP is approved by the head of the health center. The organization follows the SOP, which aligns with the work program in Cluster 2. The coverage of the premarital screening program is measured through reporting from the Kescatin application.

Based on output indicators, whether the premarital screening program requirements have been met or not is only assessed based on the health certificates issued by the Puskesmas for the prospective bride and groom. It is hoped that the Puskesmas (Community Health Centers) will need to improve the quality of the premarital screening program by arranging a strategic plan to enhance the performance of program implementers and facilities and by collaborating with various sectors to achieve the set targets and goals.

Keywords: *input, output, process, premarital screening*