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Utilization of Community-Based Health Centers (Puskesmas) to Improve Accessibility of Health Services and Early Detection of Kidney Disease

Lintong Hottua Simbolon¹, **Rosinta Hotmaida Purba**²

¹Department of Law, Alumnus of University of Lampung, Indonesia

²Department of PKPM, Ministry of Bappenas, Indonesia

Objectives: More than 713 thousand of Indonesia's population are Chronic Kidney Disease (CKD) patients. CKD disease is the tenth most prominent cause of death for the elderly in Indonesia so that become one of the highest government social insurance burdens. The MoH utilizes Community-Based Health Centers (*Puskesmas*) to be early detection for kidney disease. However, little is known about the effectiveness of *Puskesmas* in the framework of controlling kidney disease.

Methods: We utilize a longitudinal survey dataset from the 2014 Indonesia Family Life Survey (IFLS) to analyze and evaluate the effectiveness of the *Puskesmas* in improving the function of early kidney disease detection. IFLS covers 83% of the Indonesian population.

Results: The analysis shows that the kidney disease prevalence among observations is 1,9%. However, the percentage increases in senior citizens by two times or 3,8%, and 60% are men. The elderly with kidney disease, whether they have government social insurance or not, tend to access treatment at the *Puskesmas*. Given that Indonesia uses the Gate-Keeper system, the first-level health facilities are at the sub-district or community level. In addition to this, *Posyandu Lansia*, as an extension of *Puskesmas*, is also utilized by older people for routine health checks, obtaining food/supplements, and various meetings and counseling. Various integrated services can be accessed by the elderly from 80,353 *Posyandu Lansia* spread across 81,616 villages in Indonesia. The *Posyandu Lansia* is also a space for the elderly to access savings and loan financial services, religious activities, and political activities. *Puskesmas* is highly effective in improving the senior QoL in various aspects of life.

Conclusions: *Puskesmas* outreach program is carried out by trained cadres. *Posyandu Lansia* carries out early detection of kidney disease and other preventive programs to improve elderly QoL through various services. It also needs to address the covered social insurance for treatment and caregivers.