International Journal of ChemTech Research
CODEN (USA): IJCRGG, ISSN: 0974-4290, ISSN(Online):2455-9555
Vol.11 No.08, pp 199-203, 2018

Policy Implementation of Healthy Indonesia Program Through Family Approach (PIS-PK) In Community Health Center of Polewali Mandar Regency

Kuntum Hartomo Pujosiswanto[1]*, Sukri Palutturi[2], Hasanuddin Ishak[3]

[1]Graduete Student Program, Faculty of Public Health,Hasanuddin University Makassar, South Sulawesi Indonesia
[2]Lecturer of Departement of Administration and Health Policy, Faculty of Public Health, Hasanuddin University Makassar, Indonesia
[3]Lecturer of Departementof Environmental Health, Faculty of Public Health, HasanuddinUniversity , Makassar Indonesia

Abstract : As a step towards strengthening efforts of primary health care quality in health centers in the framework of the embodiment of "health for all" the Ministry of Health of the Republic of Indonesia issued Minister of Health Regulation No. 39 of 2016 on Guidelines for the Implementation of Healthy Indonesia Program with Family Approach (PIS-PK), by visiting the family as a goal to improve their access to health services. The purpose of this study is to know the process of program implementation and the factors that support and barrier the process of implementation of PIS-PK in Community Health center of Polewali Mandar District. This research uses qualitative design with a case study approach, analysis results obtained by the theory of policy implementation Edward III that the factors that support the implementation of the program is on the communication factor that is already well underway with their dissemination both internally and externally, while inhibiting factors terms of resources is the limited infrastructure and budget in running the program. we recommend, that method of communication policy more can be varied in order to reach all targets, as well as planning budgeting the program, facilities and infrastructure in support of program implementation.
Key words: Family Approach, Policy Implementation, Community Health Center.

Introduction

"Health for all" as the realization of human rights in the Declaration of Alma Ata in 1978,The Alma-Ata Conference mobilized a “Primary Health Care movement” of professionals and institutions, governments and civil society organizations, researchers and grassroots organizations that undertook to tackle the “politically, socially and economically unacceptable” health inequalities in all countries. [1], In this

DOI= http://dx.doi.org/10.20902/IJCTR.2018.110823

era of globalization this we face various threats of health problems, ranging from still high maternal and infant mortality rate, the number of stunting events, not to mention the problem of infectious diseases and not infectious that ever increasing, as well as efforts to equitable services with universal health coverage targets that until now still not reached, it took an approach more to maximize primary health care to achieve equity in health.

Indonesia's health development targets to be achieved by 2025 are increasing public health status, with indicators of increasing life expectancy , decreasing infant mortality, declining maternal mortality, and decreasing the prevalence of underweight children under five . considering some of the above problems it is necessary health development efforts. Based on Law no. 36 On the health of theIndonesian government focuses on health development policies of 2015-2019 on strengthening quality primary health care, one of which is conducted through a family approach . [2]

Family approach has become one of the approaches that have been implemented in some countries are based on the study of Siddharudha Shivali found that the family care approach has increased public perceptions and practices on health and related issues [3] , whereas in Brazil the results of the study show that there is found a consistent effect of family health programs on decreasing mortality over the age distribution, especially at an early age . Evidence suggests that the Family Health Program is a very cost-effective tool for improving health in poor areas . [4]

Healthy Indonesia Program through Family Approach (PIS-PK)aims to Improve the access of families and their members to comprehensive health services, including promotive and preventive services and basic curative and rehabilitative services; Supporting achievement of minimum service standard (SPM) of district / city; through increased access and health screening; Support the implementation of national health insurance by raising public awareness to become a participant of the National Health Insurance; and Support the achievement of the objectives of the Healthy Indonesia Program in the Ministry of Health's strategic plan 2015-2019. [2]

From the policy aspect of the Minister of Health Regulation No. 39 of 2016on guidelines for the implementation of Healthy Indonesia Program through Family Approach (PIS-PK)has been issued that implemented in primary health care with criteria : 1) Main Target is family ; 2) Prioritize Promotive-Preventive Efforts , together with the strengthening of Community-Based Health Efforts (UKBM); 3)Home visit by health center actively to increase outreach and total coverage ; and 4) Life cycle approach . determined 12 (twelve) main indicators as a marker of the health status of a family as follows: families follow family planning program (KB); Mothers perform deliveries at health facilities; infants get complete basic immunization; the baby gets exclusive breast milk (ASI); toddlers get growth monitoring; people with pulmonary tuberculosis receive standardized treatment; hypertensie patients perform regular treatment; people with mental disorders get treatment and not abandoned; no family member smokes; families are already members of the National Health Insurance (JKN); families have access to clean water facilities; and families have access or use hygienic latrines. [2]

The policy implementation process of a policy needs to be reviewed to measure whether the policy is in line with the expected objectives, based on previous research, the results of the study indicate that in all locations that have not yet done the data collection, have human resource planning, budget, facilities and infrastructure. Some locations have conducted data collection even with limited resources.One of the reasons for the lack of data collection in Lebak district, due to budget constraints [5] . Based on the data collection of PolewaliMandar district according to the national data, the number of families that have been recorded as per December 2017 is 3,928,651 families or only about 5.897% nationally. For West Sulawesi alone, 9794 families have been recorded, only about 3,329% up to the first week of December 2017 based on the National PIS-PK website report the number of families visited for the community health center massenga number of families that have been recorded as many as 815 families from 5,245 or just about 0.838%.Based on indicators of a healthy family health centers massenga area still categorized as unhealthy sub-distric.

As a public policy the Healthy Indonesia Program through the Family Approach (PIS-PK) a through the policy cycle from policy making, policy implementation, and monitoring and evaluation as the basis for recommendation submission as feedback development to the next step . [6]this study implementation is based on the theory of George Edward III where there are four variables that determines the successfull of the policy implementation they are communication, resources, disposition, and a bureaucratic structure. [7] Based on several problems faced in the implementation phase, the researcher is interested to examine the process of

policy implementation and the factors that support and barier the implementation process of the PIS-PK program

Experimental

Research Site :

The study was conducted on March-April 2018 at community health center Massenga, PolewaliMandar District.

Design Research

Methods in this research will be more emphasis on qualitative methods with case study approach , obtained by collecting data through in-depth interview techniques to informants and document review.

Samples and Population

Sampel in this study using purposive sampling technique. Where the main informants are Head of Polewali Mandar District Health Office, Coordinator of PIS-PK Polewali Mandar District Management Team, Head of community health center Massenga , while the triangulation informant is the Coordinator and Member of PIS-PK Team of Massenga community health center.

Data collection and data anlysis

The research data was collected by in-depth interview technique to informant and document review . Data is processed by using computer and tape recorder, data then transcribed into interview tranaskrip then data is simplified and inserted into matrix based on item question then done technique of content analysis, conclusion from matrix then analyzed and explained into narration,

Result and Discussion

The policy of a healthy Indonesia program through the family approach (PIS-PK) has been running for almost a year in Polewali Mandar district , with the aim of improving family access and members to comprehensive health services, including promotive and preventive services and basic curative and rehabilitative services ; Support the achievement of Minimum Service Standards (SPM) of districts and cities, through enhancement of access and health screening; Supporting the implementation of National Health Insurance (JKN) by raising public awareness to become a JKN participant. Support the achievement of Healthy Indonesia Program objectives. However at the stage of implementation has not pointed an impact the changes, in year 2017 Community Health center of massenga sub-distric which has been running this program, have been held surveys healthy families by using 12 indicators of a healthy family, number of family data collected during 2017 as many as 845 households, in terms of planning activities have not run well, because the implementor only run orders from the health service but this policy has no direct impact on health status in the community health center.

Family survey results have not been properly managed as the basic data in planning program at community health center, other constraints in the data collection on the application system healthy families report are still many shortcomings such as the slow pace of reading data from indicators healthy family, and sometimes applications that can not be accessed, so that the indicator healthy families in each region can not be monitored quickly . According to the WHO list of potential pathways of improving data sources health inequality monitoring is through household surveys and population censuses allow for the collection of a range ofinequality dimensions at individual and household level, including socio-economic variables, minority population status and disability status. Household survey programmes such as DHS (Demographhic Helath Survey and MICS (Multiple Indicator Cluster Survey) currently offers comparable data accros a large number of developing countries and is typically repeated over time [8].

With household survey on the family was expected health centers have databases status family health in the form of (family folders) that can be used as a reference in formulating health programs that are effective in

accordance with existing health problems in its community, making the program more effective. Family foldersystem is an effort towards the development of a family oriented approach to the solving of health problems and the organization of health care services. The present study has shown that in othewise two similar communities, health status is significantly better in a communitiy where family folder systems has been implemented. [9]

Factors that support the implementation of the Healthy Indonesia Program through Family Approach (PIS-PK) is a communication factor, this study found that the communication factor has been running well in terms of transmission, communication has been implemented by the method of policy dissemination both internally health center and externally, where socialization conducted by meeting methods involving cross-sectors. In terms of clarity of the program, the implementors have stated that the program has been clear, because it has been equipped with technical guidance of the implementation of the program, while from the consistency of the implementor convey that there is inconsistency to the policy especially the changes related to the data management application which is still often experienced change.

Overall communication variables in the implementation of PIS-PK program policy in Polewali Mandar district has been running well, program transmission between policy holder and policy implementer is same preseption, in other words socialization has been going well in accordance with the ladder. It's just that at the beginning of this program launched there are still people who do not understand about this PIS-PK program so that required other methods of communication delivery either in the form of banners, baligho, news in mass media, and through other forum meetings To ensure the implementation of the program runs before the delivery of various policy outputs to the target group needs to be preceded by the delivery of information .

Accordance with the results of othe study conducted that understanding health workers associated with the program at the level of district health department / municipal or community health center has pretty well [10]. Program officers indistrict / municipal and community health centers have been trained they have been exposed to information about various things about PIS-PK both when participating in socialization and training. other research results identifying that factors are emerging to facilitate communication activities. This includes political support, the involvement of traditional and religious institutions and the use of an organized communications committee [11] .

Inhibit factor of the implementation of PIS-PK program is from the Resource factor, this study found that from the side of the inhibiting factor resources are the facilities and infrastructure of the program that has not been maximal, which is found in this research, that the equipment used in running the activity still use personal officer equipment because for the amount of equipment in primary health care is limited, an health information package families are also not available for distribution to families experiencing health problems, as well as technological means such as computer for uploading and processing the data collection in healthy family application and managing data is not yet available, while in terms of human resources who has trained as many as five staff of community health center, but to maximize the implementation of programs they are conduct short training to other staff in order to reach all areas in accordance with the target time set, in terms of budgetary resources of community health center and health offices have not maximized in budgeting PIS-PK program so that this problem become factor which hamper the implementation of this program.

In accordance with research by Arantes et.al at the family health strategy in primary health care brazil found that the main features identified were funding, training, education, and personnel management, and cross-sectoral measures [12] , whereas according to research Laelasari et.al One of the causes of family data collection has not been done , due to budget constraints [5] . The formulated policy can not achieve its goal if no resources are provided, what is it human resources or other supporting resources. Successful implementation or failure can be seen by real ability to continued or operate programs designed [13] Although the executor already have enough staff, understand hope and gain strength, without adequate facilities, implementation will not run effectively [14]

Conclusions and Recommendations

Healthy Indonesia program through the family approach (PIS-PK) have been implemented on community health center Polewali Mandardistric in 2017, factors that support the implementation of the program is on the communication factors has been going well, socialization programs have been implemented in both internal and external community health centerwith involving cross-sector related, while the inhibit factors include infrastructure resource isstill limited, support the budget allocation is still lacking thus inhibiting the implementation of PIS-PK, we suggest that the program PIS-PK can be run with the maximum by the socialisation activities in order to implemented with various methods, planning and budgeting activities and facilities infrastructure program to be implemented immediately

References

1. WHO. (2008). The World Health Report 2008; Primary Care (Now More than Ever). Switzerland: World Health Organization
2. Regulation of the Minister of Health of the Republic of Indonesia Number 39 of 2016 on guidelines for the Implementation of Healthy Indonesia Program with Family Approach (PIS PK) (2016)
3. Siddharudha Shivalli , JPM ., KM Akshaya, Ghulam Jeelani Qadiri. (2015). Family Centered Approach in Primary Health Care: Experience From an Urban Area of Manglore, India. The Scientific World Journal.
4. Rocha, R., &Soares, RR (2010). Evaluating The Impact of Community-Based Health Interventions: Evidance From Brazil's Family Health Program. Health Econ, 19, 126-158. doi: 10.1002 / hec.1607
5. Laelasari ,E.Anwar , A., &Soerachman., R. (2017). Evaluation of Preparedness of Healthy Indonesia Program Implementation through Family Approach. Journal of Health Ecology, 16 (2), 57-72.
6. Ayuningtyas, D. (2015). Health Policy: Principles and Practices. Jakarta: Rajawali Pers.
7. Agustino, L (2016). Fundamentals of Public Policy (Revised Edition). Bandung: Alfabeta
8. W orld Health Organization. (2017). WorlfHelath Statistic 2017: Monitoting Helath for SDGs, Suistenable Development Goals. Geneva.
9. Majra , J. &Acharya, D. (2008). Impact of Family Folder System on the health status of the community. The Internet Journal of helath care Administration, .
10. Purwanto , EA &Sulistyastuti, DR (2015). Implementation of Public Policy : Concepts and Applications in Indonesia. Yogyakarta: Publisher Gava Media
11. Oku , A , Oyo-Ita, A, Glenton, C., Frenthemin, A., Eteng, G., Ames, H.,. . . Lewin, S. (2017). Factors Affecting the Implementation of Childhood Vaccination Communication Strategies in Nigeria: a Qualitative Study. BMC Public Health, 17 (200). Doi: 10.1186 / s12889-017-4020-6
12. Arantes, LJ, Shimizu, HE, & Merchán -Hamann, E. (2016). The Benefits Challenges of The Family Health Strategy in Brazilian Primary Health care: a Literature revie w . *Ciência & Saúde* Colectiva, 21 (5), 1499-1509.doi: 10.1590 / 1413-81232015215.19602015
13. Solichin , a . W. (2008). Policy Analysis from formulation to State Policy Implementation. Jakarta: PT. Earth Script.
14. Rochyanti , TW . (2011). Impelemntasi and Evaluation of Public Policy. Surabaya: PT.Revka Petra Media.

*****