

AloHA INTERNATIONAL JOURNAL OF HEALTH ADVANCEMENT (AIJHA)
Published by Alliance of Health Activists

**Aloha International Journal of Health
Advancement (AIJHA)**

DOI: <http://dx.doi.org/10.33846/aijha>

ISSN: 2621-8224



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ISSN: 2621-8224 ----- Publisher: Alliance of Health Activists (AloHA) -----
Address: Jl. Ngurah Rai 18, Bangli, Bali, Indonesia



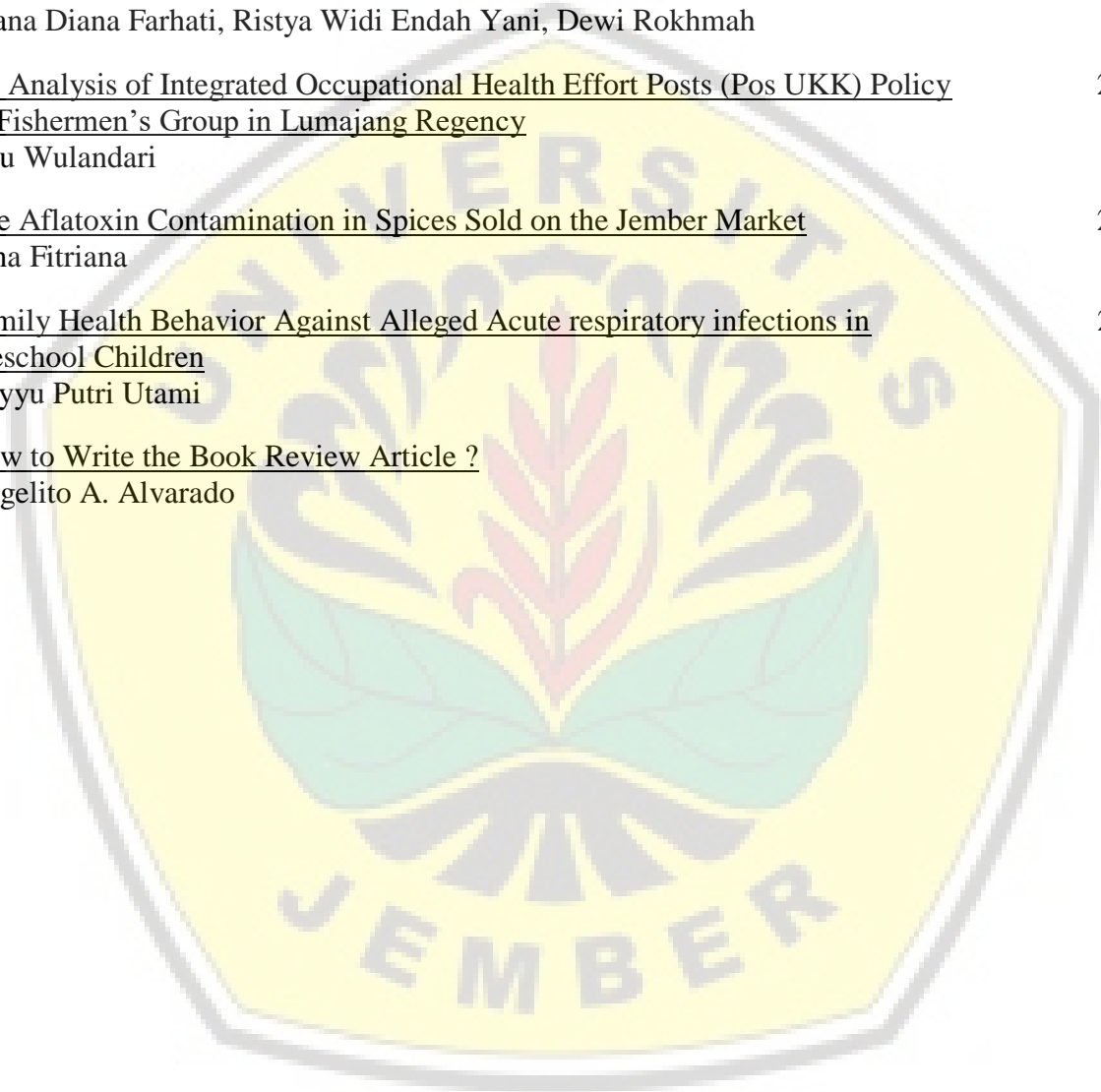
Vol 2, No 12 (2019)

December 2019

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**An Analysis of Integrated Occupational Health Effort Posts (Pos UKK) Policy
In Fishermen's Group in Lumajang Regency**

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Submitted: October 3, 2018 -Revised: November 1, 2019 -Accepted: December 1, 2019 -Published: January 31, 2019

ABSTRACT

The present study analyzes the suboptimal implementation of the Integrated Occupational Health Effort Post (Pos UKK) Policy in Fishermen's Group in Lumajang Regency. The purpose of the study was to analyze the health policy in the form of Regent Regulation no. 18 of 2018 on Integrated Occupational Health Effort Post. This study applied qualitative approach with case study design. The data were collected through in-depth interview with the actor of the policy, triangulated with field observation and documentation. The present study employed *Delphi* method, it was aimed at formulating, prioritizing, and designing resolution strategy of policy problems. The result of the analysis found four variables affecting performance and impact of the decentralized policy. Study on these four variables was useful for understanding the suboptimal implementation of integrated pos UKK policy in fishermen's group.

Keywords: Policy Analysis, Occupational Health Effort (UKK) Post, Delphi Method

INTRODUCTION

According to ILO, there are more than 250 million occupational accident, and more than 160 million workers suffer sick due to workplace hazards. Moreover, 1,2 millions of workers are death due to accident and workplace-related illness⁽¹⁾. Many workers suffer from disease due to work and occupational accident, resulting in lower productivity⁽²⁾. Fishermen are informal worker who needs accessible, sustainable, and integrated occupational health insurance. From medical perspectives, some fishermen state that they experienced skin disorders such as dry skin, redness, itching, and skin thickening in hands or feet⁽³⁾. Both central and regional government should have policy prioritizing informal workers' health such as fishermen group in Lumajang Regency. It is interesting to analyze the implementation of Regent Regulation no. 18 of 2018 on Integrated Occupational Health Effort (UKK) Post in facilitating occupational health needs for informal group.

This policy analysis applied Dunn's (1994) and Cheema and Rodinelli's (1983) theories. They were used as conceptual framework to analyze the implementation of decentralized governmental programs using variables affecting the performance and impact of a program⁽⁴⁾. The analysis was made using *Delphi* method in order to obtain consensus regarding future trend/projection by employing systematic information collecting process⁽⁵⁾.

METHODS

This study applied qualitative approach with case study design. The data were collected using documentation, observation, and in-depth interview. The present study applied *Delphi* form, which was carried out in the stage of projection and selection of alternative strategy/policy done by the actor of the policy. The main informants of this study were the head of Regional Development Planning Agency, The Head of Legal Division, Health Agency, manpower agency, the head of Community Health Center (Puskesmas) of Tempursari, and the head of Puskesmas Bades. The supporting informants of the study were the implementer of Pos UKK in Bades and Tempursari, and the Chief of Fishermen's Pos UKK. This study was conducted on 20 August until 30 September 2019.

RESULTS

The implementation of decentralized government program was affected by four variables, namely:

a) Environmental Condition

The environmental condition that quite significantly affected the implementation of this policy is the availability of infrastructure, two pos UKKs was established in nonpermanent form. Moreover, these two pos UKKs did not have adequate occupational health kit to provide quality service, as stated by the informant as follow:

“Melas mbak hehehe timbangan kita gak punya, milik UKS kadang milik Remaja ya sak onok e ”(Its pathetic, *mbak*, we even do not have weighing scale, sometimes borrow it from School Health Unit, sometimes we borrow it from the Youth) (IT1, 27 Years old).

Following the result of observation in the location of pos UKK, it was found that, physically, the building did not meet the indicator of pos UKK's autonomy that covers trash bin that meets the medical standard, the availability of usable clean water sources, furniture and examination bed that were mandated through Regent Regulation no. 18 of 2018

b) Inter-organizational Relationship

With regard to this variable, the observation on people higher-ups until those in technical level found that the problem was in the form of lacked communication among Regional Officers Organization (OPD) in carrying out their functions, both in coordination or monitor-evaluation function. The following is the excerpt of interview with one of the informant

“Hmm begini mbak waktu itu memang kami dilibatkan dalam penyusunannya bersama dengan OPD yang lain, kemudian sampai saat ini kami tidak lagi banyak terlibat sehingga pencapaian kebijakannya kami kurang tahu (Indeed we were involved in designing process along with other OPDs, yet now we are not too involved, so we do not know about the achievement of the policy”) (IU3, 42 Years old).

c) Organizational Resources

This variable is associated with the control of fund to administer quality occupational health care. The existing pos UKK received minimum financial support. Below is the excerpt of interview relating to this variable:

“Ya kami menyadari operasional program baru ini memang minim pendanaan, jadi di danai melalui BOK tapi hanya untuk pembentukan dan pembinaan nah yang pembinaan ini kan untuk transport petugasnya, jadi dari masyarakat itu akhirnya jumlah kunjungannya menurun karena tidak ada konsumsi ”(Yes, we realize that the operational funding of this new program is minimum, so it is funded using BOK but it is merely for the establishment and development. *Nah* this BOK fund is used for the officer's transport fee and the community get no consumption, which makes their visit rate lowered”) (IU5, 41 years old).

d) Characteristic and Capability of the implementing Institution

With regard to this variable, the officials' commitment toward the program determined the outcomes. Accordingly, the expected change and achievement can be monitored. The following is the excerpt of interview related to the commitment of program implementer:

“There are many of program implementers who do not understand the content and context of that regent regulation. Even when they are in field, many of them do not have the necessary documents. So, if the implementers understand the regulation, this program can be implemented properly.”(IU1, 47 Years old).

DISCUSSION

Policy related to medical technology such as medical equipments are pivotal to provide affordable and quality health access, as well as its use that contributes to the improvement of service quality⁽⁶⁾. Medical equipments do not only function to satisfy patients' need but also are used for the development of medical studies⁽⁷⁾. This supports the result of the policy analysis made in the present study which shows suboptimal implementation of policy due to unavailability of both primary and supporting equipments in administering quality occupational health care.

Lumajang Regent Regulation no. 18 of 2018 on Integrated Occupational Health Post is an attempt made by the Government of Lumajang Regency to fulfill community needs of health care, particularly for informal workers. Its implementation is stated in article 14 on development, monitoring and evaluation attempt. Article 14 paragraph (1) of that regulation reads “The development of implementation of integrated Pos UKK includes; (a) program development; dan (b) institutional development”⁽⁸⁾. Based on the result of the study, it was found that the monthly development program conducted by Community Health Center (Puskesmas) had not been done regularly, decreasing the interest of the policy target. The institutional development had never been conducted because OPD was not involved much except during the making of policy. The role of government in program and policy on development had not been properly implemented. This was indicated by poor internal communication and coordination and continuity among concerning regional officials regarding program development⁽⁹⁾. When

an organization is not well-functioned, we should not expect any action, integrated effort and attitude from the policy makers and the implementers; There will be no coordination, in other words, such an organization does not run effectively and efficiently.⁽¹⁰⁾ The purpose of implementation of a policy will never be obtained when there is no good communication between the agencies,

Regarding organizational resources, control on quality pos UKK implementation fund is reflected by Regent Regulation no. 18 of 2018 article 12, it reads "*Pendanaan Pos UKK Terintegrasi dapat bersumber dari Anggaran Pendapatan dan Belanja Daerah termasuk APBDes yang bersifat pembinaan dan pengawasan, perusahaan sendiri dan pihak ketiga/sumber lain yang tidak mengikat yang sesuai dengan peraturan perundang-undangan* (The Funding of Integrated Pos UKK can be taken from Regional Budget, including village budget which nature is developmental and supervisory, Private company and third party/ other non-binding sources under the law)"⁽⁶⁾. The existing pos UKKs were funded only using Health Operational Aid (BOK), which was limited to the officer's transportation fee. It was not adequate to provide consumption for the target or physical needs of pos UKKs. Consequently, this lowered the targets' interest, leading to decrease of number of target.

The officers' commitment highly influences the service quality, this commitment covers theoretical, technical, conceptual, moral, skill⁽¹¹⁾. The result of the study support the statement that the implementation of quality occupational health service was determined by the medical worker's commitment.

CONCLUSION

Suboptimal implementation of Integrated Pos UKK Policy in Lumajang Regency was caused program and institutional problems. It is recommended to strengthen the commitment of actors of policy both in higher ups and in technical level in order to resolve the problems.

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