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Achieving SDGs in South East Asia: Challenging and Tackling of Tropical Health Problems

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Analysis of The Policy Implementation in Inpatient Primary Health Center's Services in Jember

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Abstract: The implementation of Inpatient Primary Health Centers in Jember is running but it is still not optimal. There were 38 Inpatient PHC services in 2011 that increased to be 43 in 2016. The achievement of performance indicators in 2014 and 2015 was that there were 24 Inpatient PHC services having poor category achievement. The purpose of this study is to analyze the implementation of policy of Inpatient PHC services in Jember. The study was a qualitative research and its design was the case study. It used some determined informants, they were key informants, main informants and additional informants. For validity and reliability, it used source triangulation. Data collection techniques used was in-depth interviews and documentation. Data analysis used was Content analysis and Delphi's analysis. The study was conducted in Jember. The analysis results were that human resources and infrastructures had not been standardized, supporting document services had not been specifically equipped, regulations were still not good, strategic plan indicators were not in line with Government Centre, the Budget was not yet sufficient, and medics did not comply with the SOP. The strategy that can be used by main priority and focus to do that preparation was the Evaluative Mapping Problem.

1 INTRODUCTION

The implementation of Inpatient Primary Health Centers in Jember is running but it is still not optimal. The total of Inpatient Primary Health Center's (PHC's) services in Jember as Technical Implementation Unit of the Health Department had continued to increase from 2011 until 2016. The number of Inpatient PHC's inpatient services increased from 38 in 2011 to be 42 in 2014 and in 2016 it increased to be 43. Service quality, in the form of inpatients that were seen from *Puskesmas*' (Primary health center's) performance indicators for inpatient services, had not been achieved overall. Indicators were categorized into three, namely the accumulated outcome indicator achievements with good criterion that had a value of $\geq 91\%$, moderate criterion that had the value of $> 80\%$, and less criterion that had the value of $\leq 80\%$ (Health Office of Jember Regency, 2016).

Inpatient PHC's services currently is still not optimal can be seen from the achievements of PHC's performance indicators that have been obtained. Achievement results of performance

indicators from Inpatient PHC's services in 2014 and 2015 among 42 existing Inpatient PHC's services, there were 24 of them could not achieve the total PHC's indicators and they were still in the poor category, and the value did not change for the following year. Significant improved performances of Inpatient PHC's services were occurred in the Kaliwates Primary Health Center. Achievement in 2014 amounted to 88.42 and in 2015 became 93.57 in either category. It was a reason why in 2015 there was an increase 0.26% of Inpatient PHC's services' performance in general. It was because the quality of health care needs to be considered, especially in the implementation of Inpatient PHC's services that have been imposed in Jember now (Health Office of Jember Regency, 2016).

Inpatient PHC's services which had been run were equipped with some consideration changes of PHC's function from PHC hospitalization services to be PHC's inpatient services. The consideration included the Regent's Decree about the establishment of PHC's inpatient services, the study of staff related in this establishment, and other completeness. Based on the field crosscheck, it

could be gotten that there was no follow-up in the evaluation form of the implementation. It was shown that there was not the newest Regent's Decree in accordance with PHC's performance which had been run. The local regulation about the PHC's fare has not been updated. (Jember Health Office, 2016)

The implementation of existing Inpatient PHC's services in a certain area including Jember is one form of the policies set forth by Jember Government through the Department of Health. When looking at the results of the performance of existing Inpatient PHC's services, there was still not any good performance achievement. For factors that could affect or caused low performance achievement, the existing inpatient PHC's services could use approach factors that affected the performance of the policy of implementation process. Van Metter and Horn (in Putra, 2014) stated that there are six main factors that may affect the performance of the policy. Those sixth factors are the sizes and objectives, resources, characteristics of the implementing organization, the attitude of the implementers, communication among implementing organizations, and the economic, social and political environments. Those factors could also be derived from the internal terms of PHC itself or could come from external factors, namely the PHC organization as the first level of health care facilities.

This performance achievement in inpatient PHC's services was one of the results of PHC's treatment policies issued by the Department of Health of Jember Regency. It showed that it was needed a study to analyze and to know how far the effectiveness of policy implementation of PHC's treatment is which had low performance achievements in Jember. The analysis of the policy needs to be done using the theory component of A Policy Implementation Process Model which is implemented using a theory of health policy analysis with five main aspects of Dunn's Primary Policy Analysis (in Ayuningtyas, 2015: 139). The policy analysis which is done will be used to determine how far the readiness and the effort of Primary Health Centers as primary health care providers are that can be given to make their services give benefit to the community.

Health policy analysis conducted was expected to provide a good solution for the organizational development of Primary Health Centers in the future. As the spearhead of primary health care services owned by the government, the health policy analysis that has been done could provide appropriate recommendations for the purpose of providing a solution for the element of policy

makers at Department of Health of Jember Regency. Based on those problems of the implementation of inpatient PHC's services which were not optimal and the solutions that had been offered, the researchers would like to conduct a study related to the implementation of the policy of inpatient PHC's services that had been done in Jember. This has been done, so Department of Health of Jember Regency can perform the steps of evaluation to fix or re-plan the programs related to the improvement in implementation of existing Primary Health Centers. Thus, the quality of service in the Primary Health Center will be more maximum. Besides, it serves as a basis for Department of Health of Jember Regency as a reference in determining the Primary Health Center Care of Non-Primary Health Center Care which is currently done.

2 METHODS

This study was exploratory research with a qualitative approach and its design was a case study. The exploratory research was used because researchers wanted to dig deeper to the extent of the current problems. This design was used to analyze and to examine the further policy implementation process of inpatient PHC's services that had been done and was still not optimal, and it was conducted in Government's research place and all inpatient PHC's services. The study was conducted from June until November 2017. The informants of this research were a key informant that was Head of Department of Health of Jember Regency, a main Informant that was the Head of the Primary Health Center, and an additional informant that was the Jember Regional Development Agency. The Validity and Reliability used triangulation sources. The analysis of data was content analysis and Delphi's analysis. Data collection techniques used in-depth interviews, observation, and documentation study.

3 RESULTS

3.1 Characteristics of Policy Actors

The informants of this study consisted of the key and the additional informants. The main informants were the Heads of the Primary Health Center or the Health Center Program Holder in 5 Inpatient Primary Health Centers' (PHC's) in Jember

Regency. The determination of the number of key informants was based on the needs and saturation data that researchers got when the researchers conducted an in-depth interview to the informants. The additional informants of this study consisted of the Head of Jember Regional Development Agency, Commission D of Jember Regional House of Representatives, Department of Health and subsections of health services, Health Advocacy, and Public Health Academics. The determination of additional informants was based on the needs in all sectors that played a direct role among the policy holder, the executor, and the observer of the academic field of public health. The informants' characteristics described included age, gender, past education, and occupation or profession.

Sex is a biological sign which distinguishes humans based two groups, male and female. These results indicated that the ratio of female and male informants was almost the same between in which male were 6 people and female were 5 people. Age is a characteristic that shows an informant's lifetime between their birth and their last birth date. These result indicated that the informants aged 25-35 were 4 people, aged 35-45 were 3 people, and aged > 45 years were four people.

3.2 Analyzing the Implementation of the Public Problems/Issues in Inpatient Public Health Center

3.2.1 Issues Policy Content

a. Goals and Objectives of Policies

From the analysis results of data collected through in-depth interviews related to goals and objectives of the policy implementation of inpatient Primary Health Center's (PHC's) conducted in Jember, key informants stated that there were many things to be addressed and be filled in accordance with one that Inpatient Public Health Centers should be equipped with the resources to support inpatient services (Annex Permenkes RI 75, 2014: 86). The existing legislation should also be improved, as in the following fifth quote:

"... Goals of this policy was still not effective, because it still had not been accompanied with the inpatient PHC compliance in accordance with the Health Minister Regulation (Permenkes) No. 75, supporting local regulations are still not up to date, for the average of PHC is still using the old tariff regulations while the fluctuations in the health budget is increasing every year. Until now, the inpatient decree is available, but it is still not up to

date, the registration of inpatient Primary Health Center's services is still not renewed as well, and the PHC Hospitalization is inappropriate ..." (key informant 2, female, 29 years old)

b. Resources in Supporting Policy

For the resources that supported the policy implementation of inpatient Primary Health Center's (PHC's) services conducted in Jember, all key informants stated that those resources were still lacking and were not in accordance with the Permenkes No. 75 of the inpatient PHC's services, the inpatient PHC's services must have been equipped with the resources to support inpatient services, in accordance with the requirements (Appendix of Permenkes RI No 75, 2014: 86). The inappropriate resources caused many weaknesses owned by PHC, among others, as in the following seventh quote:

"... Now it is still submission period, the condition is not in accordance with the Permenkes No. 75 for Human Resources were lacking, nutritionist, sanitation, the major health promotion does not work appropriately for its tasks and functions, facilities and infrastructure continuously are proposed for submission, and medical tools are still not sufficient..." (main informant 1, female, 46 years old).

c. Funding

For funding in inpatient Primary Health Center's (PHC's) services about implementing policies conducted in Jember, majority of informants stated that financial resources were taken from the local and national revenue and expenditure budgets which were still lacking but it had been tried to be sufficient, according to the eighth and the ninth quotes below:

"... Source is taken from the local and national revenue and expenditure budgets, funding is tried to be sufficient, the problem is that there has not had a proposal for maximal budget and fund processing for inpatients' food and drink, the quality of inpatients' food and drink is still not appropriate to the nutritional needs of the patients..." (key informant 3, female, 29 years old)

d. SOP Implementation

The implementation of SOP in the policy implementation done in inpatient Primary Health Center's (PHC's) services in Jember had already run but it had not been obeyed. The weaknesses of PHC's inpatient services in Jember related to facilities were that they were still not standardized, they had lack of human resources, they had too much reporting systems that had an impact on the implementation of the SOP. The inpatient PHC's

services which obeyed SOP did a supervision twice a week regularly using a direct inspection and internal audit. Several things caused PHC to have inequality implementation of SOP, as stated in the following twelfth quote:

"... The implementation of SOP has been done with an evaluation every 6 months, it is not effective, it should be done every 3 months, we are trying to run the SOP. (informant 4, male, 49 years old) "

3.2.2 Problem of Actors or Stakeholders (Policy of Stakeholders)

a. Bound Communications among Implementers

Based on the data analysis from the interview that researchers had done, the majority of key informants stated that the implementation run through communication among stakeholders was still not good. It was caused by several things. Look at following the nineteenth quote:

".. inpatient's coordination is lacking, the evaluation is based on the trending topic, the evaluation is only done once a year ..." (key informant 4, male, 49 years old)

This statement illustrates that there were some things to be the measurement of communication between PHC and the Department of Health, a poor coordination related to inpatients' decisions tended to be top down, the evaluation was done only once a year. Another key informant also stated that the proposed human resources had not been fulfilled and there was no follow-up of the PKP.

b. The Role of Informant's/Actor's Policies

Informants had their own respective roles in supporting the implementation of policies of inpatient Primary Health Center's (PHC's) services in Jember. PHC was the executor. The function of planners and stakeholders was held by the Department of Health that in this case was the head of Department of Health and sub-sections of health care, Health Advocacy, Parliament, academics and development planning agency at sub-national level. The key informants in this study supported the policy of inpatient PHC's services in Jember and tried to bring health services to the Primary, as in the following quote:

"... We keep doing inpatient health services, plenum, and advocacy maximally ..." (key informant 3, female, 29 years old)

c. The Attitude or View Expressed in the Policy Implementation of Primary Health Center's Inpatient Services Conducted in Jember

Based on in-depth interviews with key informants and additional informants in the study of attitudes and informants' opinion related to the policy of inpatient Primary Health Center's (PHC's) services in Jember, the majority of key informants as executors supported it but the PHC's needs were not appropriate to the standards, and key informants who did not support the argument thought that the PHC's burden of promotion and prevention was already great. As at the following fifth and sixth quotes:

"... We agree, because we are only executors, in fact, if it is seen from the resources which are lacking, especially the human resources, the difficulty is in the management ..." (key informants 1, female, 46 years old)

"... We refuse, because the burden of promotion and prevention have been great and the Primary Health Center should go back to its main function ..." (key informant 5, male, 37 years old)

3.2.3 Problem Context/Environment Policy

a. Influence of Social, Economic, and Political Environment

Results of analysis research data showed that the key informants in this study stated that the social, economic, and political environments in the implementation policy of inpatient Primary Health Center's (PHC's) services in Jember greatly gave effect to the implementation, community, village government and parliament in the areas that really supported it; therefore people's belief in using inpatient PHC's services caused the increase of patient numbers who stayed in the clinic. This was in accordance with the twenty first quote below:

"... Village government really supports it, a commission board members also want to be treated in a Primary Health Center because this is the village's pride. People's belief is particularly important with regard to the number of patients who stay in the clinic ..." (key informant 4, male, 49 years old).

3.3 Policy Issues Forecast

Results of forecasting problems conducted using Delphi analysis on the four (4) expert team obtained the fifth policy issues that were an indicators of the Department of Health's strategic plans related to inpatient which was still not in line with the central government and the value was seventy five (75) which was to be the most prioritized policy issue. It was related to the level of severity and the high probability which were caused by very important

issue which was easy to be completed. The second priority that needed to be resolved was the supporting documents of inpatient Primary Health Center's (PHC's) services which had not been equipped with a particular licensing documents and the value was seventy (70). The third priority of the Basic Laws/Regulations related to inpatient Primary Health Center's (PHC's) services in Jember had not been good yet and the health workers had not obeyed with the SOP (Standard Operating Procedure) of inpatient care in Primary Health Center and both values were sixty nine (69). The fourth priority was infrastructure resources of inpatient PHC's services in Jember which has not been appropriate to the standards and the value is sixty (60). The fifth priority was inpatient PHC's services and the value was fifty seven (57). The sixth priority was the insufficient supports from the Central Government and the Regional Government, there was no further innovation related to inpatient PHC's services and the a value was fifty six (56). The seventh priority was the coordination of the implementation of inpatient PHC's services which was still not good between the Department of Health and the Primary Health Center, and the values was forty-five (45). The eight priority was human resources in inpatient PHC's services in Jember which were not standardized and the value was forty five (45).

4 DISCUSSION

4.1 Problems/Issues Analysis of the Implementation of the Inpatient Primary Health Center's Services

4.1.1 Content of Policy Issues

a. Goals and Objectives

The needs of policy implementation in inpatient Primary Health Center's (PHC's) services in Jember, according to additional informants on the academic side, were not fulfilled, so that the policy could not protect the running implementations. Additional informants of health observers stated that the policies needed to be reviewed. In relation to the supporting rules, the policies should be formed to be the Governor Regulation or the Regent Regulation related to the inpatient, so all activities could be arranged well and maximally, the policies were not only from the head of department's decree.

Moreover, the stakeholders, as policy makers, realized that there was something to be repaired

including local regulation's fare had to be adjusted. Other improvements were also in the form of regulations permission of the existing Inpatient Primary Health Center's (PHC's) Services but this repair could not be done due to budget constraints.

b. Resources to Support

Inpatient Primary Health Center's (PHC's) Services in Jember had not been able to empower organizations maximally because everything still depended on the Department of Health of Jember Regency. Additional informants from academic side also stated that PHC, in this case, could empower itself if it became the Regional Primary Service Agency, but this time PHC is only as the executor that can only advocate and accept the existing policies, although the analysis of human resources' needs and logistics has not been fulfilled.

c. Funding

Currently, PHC's efforts to replenish the funding cause the quantity of the patients' food and drink becomes not good in accordance with the patients' nutritional needs. Other obstacles related to the financing of Inpatient Primary Health Center's (PHC's) Services are the inpatient's rooms that have not budgeted, so PHC is having trouble related to treatment. It shows that managers in each PHC have done the coordination with the stakeholders' policies of Inpatient PHC's Services. However, there is a delay in the management and financing of *BPJS* and a common claim of *SPJ BPJS*.

d. SOP Implementation

The Primary Health Center (PHC) had used PHC's quality control team to conduct periodic monitoring and inspections of internal audit for two weeks, so that the SOP would be going well. Additional informants, in this case were Inpatient PHC's Services' stakeholders also stated that the SOP had not been done optimally and would be followed up using monitoring and evaluation system. Jember Development Planning Agency at sub-national level also considered that the SOP was a standard that must be done and it was still found cases of the disobedience to the SOP. There must be efforts to increase human resources through reward and punishment.

4.2 Problems of Actors or Stakeholders (Policy of Stakeholders)

4.2.1 Bound Communications among Implementers

There were several things that became a measurement for communication between Primary

Health Service and Department of Health, a poor coordination related to inpatients' decisions tended to be top down, the evaluation was done only once a year. Another key informant also stated that the proposed human resources had not been fulfilled and there was no follow-up of the PKP.

4.2.2 The Role of Informant's/Actor's Policy

PHC was as a policy executor. Informants realized although many supporting weaknesses were owned by PHC's inpatient care, the PHC tried to give good treatment with existing conditions. PHC always did an advocacy related to additional needs of the inpatient PHC's services.

Additional informants in this study were the policy holders of inpatient that worked to determine a PHC which was ready to be the inpatient PHC and did an evaluation on PHC's treatment that started from individual health efforts' resources and its finance. Those tasks performed by the head of the Department Health of Jember Regency helped by the second additional informants that were the health service sub-sections to evaluate the programs of the Inpatient PHC's Services regularly, to construct budgeting, and to do the implementation of the PHC's accreditation. The next additional informants were the observers that had a role in advocacy to give input and analysis to the government related to the policies of the Inpatient PHC's Services.

4.2.3 Attitude or View

PHC as the executor supports to the policies of the Primary Health Center's (PHC's) Inpatient Services, although there were many weaknesses which were owned and the needs of the PHC's Inpatient Services should also have been fulfilled according to the standard. Informants who did not support these policies stated that the burden of the promotion and prevention of the Inpatient PHC's Services had been large, so that the Inpatient PHC's Services should have been back on its primary function as the Primary Health Center, hereinafter referred to PHC, it is health care services that offer primary health efforts and individual health efforts in the first level by emphasizing the priority of promotive and preventive efforts to achieve the highest position in its region (*Permenkes RI No. 75, 2014: 3*).

4.3 Influence of Problems Context/Environment Policy towards Social, Economic, and Political Environment

Influences of the social environment around the existing PHC to a lot of patients in PHC's Inpatient Services, the support from the board members in the area is also very important to mobilize the community and foster a sense of having PHC for joint health. From the social points of inpatient services, they facilitate the Primary to be not too expensive for the funding and to be more easily accessible by transportation, these reasons cause people enthusiastic about the existence of PHC's Inpatient Services. Additional informants in this case are stakeholders that are the head office state that the local government's support has been good, in contrast to other additional informants state that the government's support is still lacking, the focus which is given is still on an outpatient basis.

4.4 Implementation of Policy Issues Forecast on Inpatient Primary Health Center

The issue of Department of Health's strategic plan indicators related to inpatient is still not in line with the central government that becomes the prioritized issues since the strategic plan is a reference indicator for the Department of Health to implement the work's program done within 5 years. The performance indicators will be used as an indicator of results (outcomes). Performance outcome indicators is anything that reflects the proper function of the output of the activities in a program (*Pemendagri No. 50 of 2010*).

Department of Health's strategic plan indicators in 2016-2021 were just an inpatient visit coverage and there was no change of them in Inpatient PHC's Services in 2011-2015. When they were reviewed at the strategic plans in 2015-2019, the indicators for Inpatient PHC's Services were their percentage in accordance with the standard. Strategic Plans of the Ministry of Health were seem obviously that indicators for Inpatient PHC's Services entered the coaching program targets of health efforts that were the increased access to primary health care and quality referrals for the community. The achievement indicator was one of the Primary health centers' goals that provided services according to the standard in 6,000 health centers (Ministry of Health, 2015).

Furthermore, the problem of supporting documents, especially permitting documents, of Inpatient PHC's Services was not equipped into a second priority in the implementation of the policy issues of Inpatient PHC's Services in Jember. That was because there were still many Inpatient PHC's Services which still did not have documents in accordance with the requirements of *Permenkes RI No. 75 Year 2014*.

Based on some of the above requirements, there are some documents that still have not been fulfilled, namely the Building Permit (IMB) documents and environmental management documents in accordance with laws and regulations. In addition, Jember Regent's Decree related to PHC categories was still not up to date. Issues regarding licensing documents of Inpatient PHC's Services were in line with Yenik's research (2012) which stated that the implementation of policies to improve health services were contributing factors that supported and participated in the implementation of health care policies. It is the availability of regulatory or supporting documents as guidelines for the implementation of Inpatient PHC's Services.

The third priority problem was that Medicals were still disobedient to the SOP (Standard Operating Procedure) of Inpatient PHC's Services. SOP is a guideline for health workers to provide health care to patients. All Primary Health Centers that have been accredited including Inpatient PHC's Services that are required to have and implement the SOP that has been made. This is consistent with Andini's research (2012) that staff's disobedience to SOP is caused by resource factors that have problems with the number of staff that there is still deemed less at the PHC.

The fourth priority problem was infrastructure resources of Inpatient PHC's Services in Jember that were not appropriate to the standard. It was because there were still many Primary health centers that had good criteria in the form of non-physical infrastructure but the physical infrastructure had still not been fulfilled. The condition was contrary to the standard of Inpatient PHC's Services in Article 9 of the requirements especially in paragraph 4 which states that the establishment of PHC must fulfill the requirements of the location, building, infrastructure, medical equipment, energy, pharmaceutical and laboratory (*Permenkes RI No. 75, 2014: 7*).

The fifth priority issues was the budget which was still not sufficient for Inpatient PHC's Services. The budget of PHC's Inpatient Services that had already existed was still not optimally allocated for the development and implementation of Inpatient

PHC's Services. This was supported by the difficulty of health centers to fulfill the needs of inpatient services ranging from treatment facilities, infrastructure, and the allocation of patients' food and drink for inpatient services.

The sixth priority problem was the support for the implementation of Inpatient PHC's Services from the central government and the local government which was still lacking. There was still no further innovation related to the Inpatient PHC's Services. This support was required by PHC to expedite inpatient care and the future development of Inpatient PHC's Services. Support is absolutely nothing to Inpatient PHC's Services referred to Article 25, paragraph 1, which states that the Inpatient PHC's Services is health centers as a priority to give additional needs including resource requirements for conducting inpatient services and appropriate consideration to the needs of health care (*Permenkes RI No. 75, 2014 : 14*).

The seventh priority problem was the coordination between the Health Department and the Health Center of the implementation of Inpatient PHC's Services which was still not good. That was because the health center was still not maximal to evaluate the performance of Inpatient PHC's Services and the process of fulfilling the needs of the Inpatient PHC's Services was still top down. In the future, Inpatient PHC's Services will provide special facilities for communication through a system created to simplify the process of monitoring and evaluating health center services.

The eighth priority issues were human resources of Inpatient PHC's Services in Jember that had not fulfilled the standard. This issue was a problem that was very common in all inpatient health centers. This was contrary to article 25 paragraph 1 which states that Inpatient PHC's Services as a priority should be given additional needs including resource requirements for conducting inpatient services and appropriate consideration to the needs of health services. The health department will pursue future recruitment processes of health workers through the execution/implementation of *P3K ASN* personnel in each health center admissions (*Permenkes 75, 2014: 14*).

5 CONCLUSION

The implementation of Policy Issues in Primary Health Center in Jember was still weak. It meant Human Resources in inpatient Primary Health Center's (PHC's) services in Jember were not

according to the standard. Infrastructure resources of inpatient PHC's services in Jember did not fulfill the standard. Supporting document services of inpatient PHC's services and particularly permitting documents based on basic laws/regulations of inpatient PHC's services in Jember were still not good. Strategic plan indicators of the Department of Health related to inpatient still had not been in line with the central government. The budget was still not sufficient for inpatient PHC's services. The workers still disobeyed the SOP of inpatient PHC's services. The implementation of coordination between the Health Department and the Inpatient PHC's Services still not good, its support was still less than the Central Government and the Regional Government, there was still no further innovation related to the Inpatient PHC's Services. The strategies that can be used by the main priority and in focus to do was the preparation of Problems Mapping Evaluation of Inpatient PHC's Services, the Implementation of Evaluation Policy in Inpatient PHC's Services was in executive level and the holder of the policy, the strategy of Improved Management Functions of Inpatient PHC's Services and Improving Quality of Inpatient PHC's Services was integrated.

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REFERENCES

- Aditama, TY., 2000. *Hospital Management*. Jakarta: UI. Press.
- Ayuningtyas, 2015. *Health Policy Principles and Practices*. Jakarta: Rajawali Press
- Azwar, Azrul, 1996. *Maintaining Quality of Health Services*. Jakarta: SinarHarapan.
- Basrowi and Kelvin, 2008. *Understanding Qualitative Research*. Jakarta: PT. Rineka Reserved.
- Bodenheimer, Thomas. 2008. Coordinating Care - A Perilous Journey through the Health Care System. *N ENG J MED*. 358 (10): 1064.
- Bungin, B., 2005. *Quantitative Research Methods*. Jakarta: Prenanda Media Group
- Bungin, B., 2011. *Qualitative Research Methods*. Jakarta: KencanaPrenada Media Group.
- Gilson, L. Megomi, M and Mkangaa, E., 1995. The structural quality of Tanzanian primary health facilities. *WHO*. 73 (1): 105-114.
- Harvianti Sri Rahayu, A., 2005. Structuring Model Care Primary Health Center in Bojonegoro In Effort Utilization of Inpatient Primary Health Center Based on perception, assessment and expectation Provider and Society. *Thesis*. Surabaya: ADLN-Airlangga University Library.
- Health Department, 2014. *Profile Jember Health Office*. Jember: Department of Health.
- Hidayat, AAA., 2008. *Introduction to Basic Concepts of Nursing, 2nd Edition*. Jakarta: SalembaMedika.
- Ministry of Health, 1995. *Hospital Information. Series 1 service activities*. Jakarta
- Primary health Office, 2016a. *Performance Reports Inpatient Primary Health Center*. Jember: Department of Health.
- Primary health Office, 2016b. *Work Action Plan Year 2016-2021*. Jember: Department of Health.
- Pujowati, Yenik. 2013. Improving Health Care Policy Implementation. *Governance Journal of Primary Policy and Management*. 3 (1): 47-64.
- Reerink H, Ietje And Sauerborn, R. 1996. Quality of Primary Health Care in Developing Countries: Recent Experiences and Future Directions. *International Journal for Quality in Health Care*. 8 (2): 131-139.
- Roesdiana daughter, Andini. 2007. *Implementation Inpatient Primary Health Center. Essay*. Surabaya: ADLN-Airlangga University Library.
- Soedarmono, S. et al., 1995. *Reform of hospital Indonesia*. Jakarta: PT. Grasindo.
- Soeprapro, 1985. *Hospital Administration*. Surabaya: CV. Brata Jaya Offset.
- South Tangerang 2014. *Thesis*. Jakarta: FK UIN.
- Sugiyono, 2009. *Qualitative and Quantitative Research Methods R & D*. Bandung: Publisher Alfabeta.
- Sugiyono, 2011. *Statistics For Research*. Bandung: publisher Alfabeta.
- Sugiyono, 2012. *Research Methods Combined (Mixed Methods)*. Bandung: publisher Alfabeta.
- Sunarisasi, B., 2012. Improving Quality of Care Inpatient Primary Health CenterNgadiluwih Kediri with methods of Quality Function Deployment (QFD). Kediri: Kediri District Health Office.
- Wijono D., 2001. *Quality Management of Health Services; Strategy and Application Theory, Vol 2*. Jakarta: Airlangga Press.