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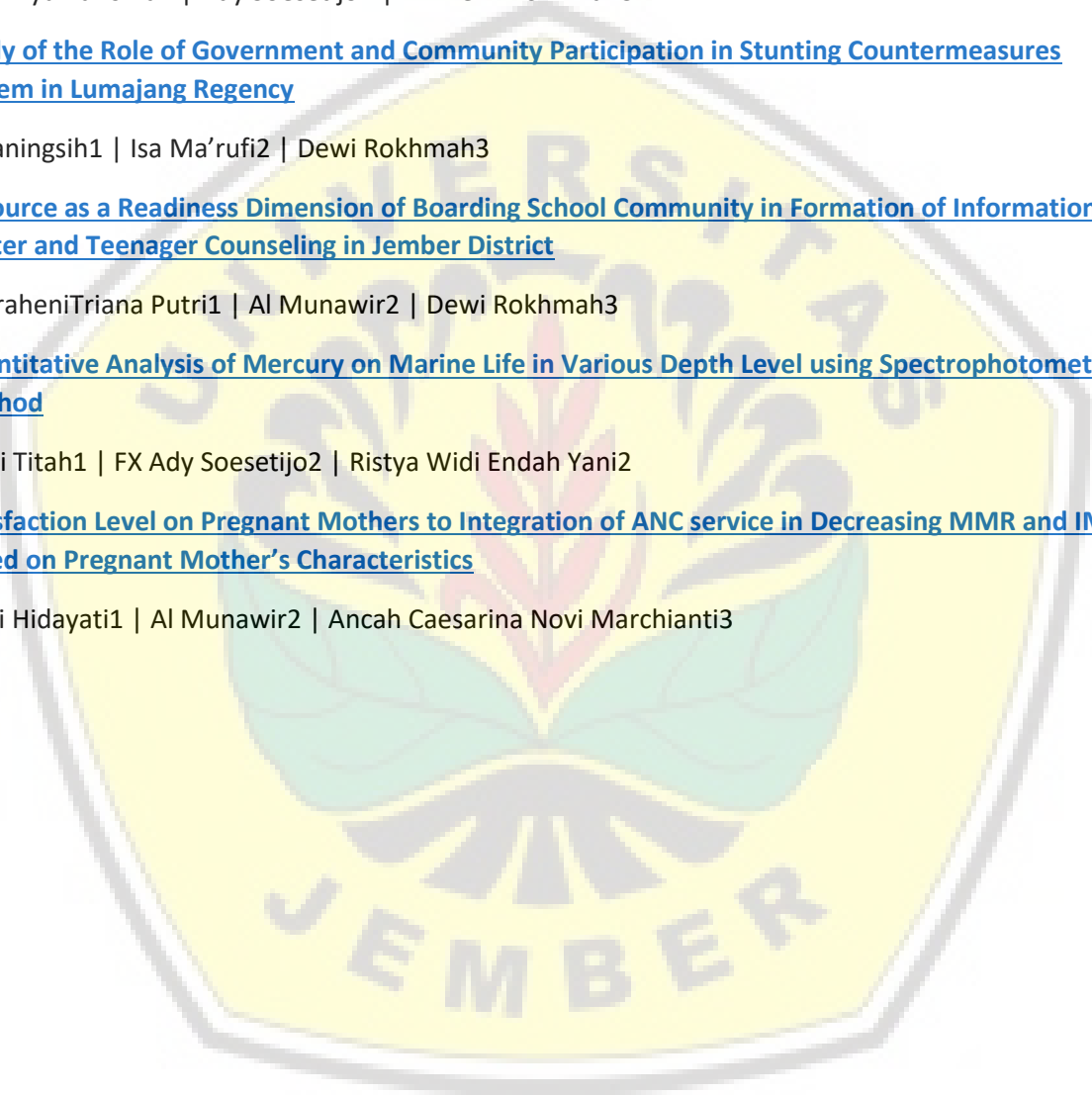
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Performance of Surveillance of Program Indonesia Sehat in Puskesmas Regional Area of Jember District

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Abstract

Program Indonesia Sehat (PIS) was a program from agenda of Nawa Cita, which aimed to improve quality of human life in Indonesia. The implementation of Program Indonesia Sehat through strategy of family approach, thus, it was determined 12 main indicators to value health status of a family. Program Indonesia Sehat has been implemented by empowering all potential, but there were still some problems that could not be avoided during the implementation in field, lack of resource, cost support, and commitment from stakeholders. Objective: To analyze performance surveillance of Program Indonesia Sehat in Puskesmas regional area of Jember District. Method: Quantitative research method and cross sectional approach. The sample of this research was taken from the health officers who have implemented PIS-PK in Jember District as many as 150 respondents. The method of data analysis was multiple linear regression. Finding: This research finding demonstrated the significant effect between input and process to the implementation of PIS-PK. Conclusion: The variables of input (man and materials) and process (actuating and controlling) were factors which affected to the implementation of PIS-PK program, therefore, it was suggested to the Office of Jember District to concern more on the indicators of either input or process as number of Human Resource, also facilities and infrastructures provision within the implementation of PIS-PK program.

Keywords: Input, Process, PIS-PK

1.0 INTRODUCTION

Investment was aimed to support economic development and had a significant role to alleviate poverty through health factor. Absolutely, the development of health was an attempt which has been executed by all components of Indonesia society which had purpose to improve awareness, will, and ability of healthy life for every individual, so it could realize higher status of health on Indonesian society. The family development was an attempt to realize quality family life in a healthy environment (Laws 23rd, 2014). Within the implementation guideline of Program Indonesia Sehat through Family Approach, the government has established that the executor of this program was Pusat Kesehatan Masyarakat (Puskesmas) (The Regulation of Health Ministry of Republic Indonesia 39th, 2016). Puskesmas was a success key and determinant of this program. The implementation was done through approaches of promotive and preventive method without ignoring to curative and rehabilitative method. However, some problems were still emerged in the field as a lack of health resource need, provision of facility and infrastructure, socialization, and other problems.

Program Indonesia Sehat has been implemented since 2016, specifically in nine provinces, one of them was East Java. Specifically, in East Java, Jember District was tested as a specific location. According to the data from health Office of Jember District in 2016, it showed that the families who took program of Keluarga Berencana (KB) 85,9%, mothers who have their childbirth in health facility 92,1%. While, the babies who have complete basic immunization 79,8%, babies who have exclusive breast milk (ASI) 83,7%, toddlers who have growth monitoring 86,9%, and the clients of hypertension who have regular treatment 39,94%. Next, the families who have been registered as member of National Health Insurance 53,88% and families who have access or use of healthy latrines 61,1%

The performance of surveillance was a quality measurement standard of work system. The indicator of performance was exactly valued as a measurement of goal achievement on program and through this performance indicator, the program would have been asserted as to achieve goals. In a program, the results which should be achieved were input, process, and output. Besides, the simultaneous effort must be implemented to evaluate input and process that have been conducted by the service provider to implement Program Indonesia Sehat, then, it could result maximal output in form of the improvement on Program Indonesia Sehat.

The factors which might influence to the success of this PIS-PK implementation in aspect of input was man (Human Resource). The variable of man was referred by the researchers as the officers who implemented PIS-PK due to their comprehension on the implementation of PIS-PK and its training. In this context, the variable of materials was referred as provision of facility or infrastructure, for instance supporting tools and material availability which affected more on the success of PIS-PK program. Moreover, the process also has an important role to follow up the existing input, therefore, the variable of process has two indicators which could affect to this research, as actuating and controlling. In short, this research was aimed to analyze the performance surveillance of Program Indonesia Sehat in Puskesmas regional area of Jember District.

2.0 METHODOLOGY

This research exerted quantitative research design and cross sectional research approach. The population of this research was taken from the health officers or implementers from 15 Puskesmas in Jember District which consisted of 15-30 respondents who have implemented Program Indonesia Sehat. Next, the total sample of research were 150 respondents from 15 puskesmas, which each of them was represented by 10 health officers. The independent variables in this research were input and process, while the dependent variable was Program Indonesia Sehat. Furthermore, to collect and analyze the data in this research, the researchers analyzed the result of questionnaire and then inserted them into tabulation.

3.0 FINDINGS

The analysis result in this research was analyzed through multiple linear regression method and then presented into three parts, first was the general data, second was the specific data, and the third one was the hypothesis testing

3.1 General Data

Table. Distribution of Respondent Characteristics (Data Collection Officers of Program Indonesia Sehat in Jember District)

Respondent Characteristic	Classification	Total	
		Frequency	Percentage
Gender	Male	47	31,33
	Female	103	68,67
	Total	150	100,00
Age	17 – 25 Years old	35	23,33
	26 – 35 Years old	53	35,33
	36 – 55 Years old	33	22,00
	46 – 555 Years old	29	19,33
	Total	150	100,00
Year of Service	< 1 Years	26	17,33
	1 – 8 Years	47	31,33
	9 – 18 Years	38	25,33
	19 – 24 Years	24	16,00
	> 24 Years	15	10,00
	Total	150	100,00

Based on the table, it showed that the majority of respondents were female in about 103 respondents with percentage (45,7) and in range of productive age 26-35 years old in about 53 respondents with percentage (45,7).

3.2 Specific Data

Descriptive Table of Respondent Assessment on Input Variable (X1)

Indicator	Item	Respondent Answer		Total
		No (0)	Yes (1)	
Man (Human Resource)	X1.1.1	24	126	150
	X1.1.2	3	147	150
	X1.1.3	36	114	150
	X1.3.1	32	118	150
Materials	X1.3.2	13	137	150
	X1.3.3	20	130	150
	X1.3.4	18	122	150
	X1.3.5	42	108	150

Based on the table, it showed that the respondent answer regarding to the assessment on input to the index of Program Indonesia Sehat implementation in regional area of Jember District have four indicators. On the indicator of Human Resource, 54 respondents have not understood to the concept of PS-PK, only three of team members who have not gotten PIS training through family approach, and 36 respondents who assumed that Puskesmas have not formed team for family coaching.

The indicator of materials, most of respondents perceived that the need of materials for PIS-PK program have been fulfilled, although as many as 42 respondents found that this program was not appropriate to the general guideline of PIS-PK. Overall, the category of assessment on input to the index of Program Indonesia Sehat implementation in regional area of Puskesmas, Jember District was on good category.

Descriptive Table of Respondent Assessment on Process Variable (X2)

Indicator	Item	Respondent Answer		Total
		No (0)	Yes (1)	
Actuating	X2.3.1	14	136	150
	X2.3.2	17	133	150
Controlling	X2.4.1	16	134	150
	X2.4.2	13	137	150

Based on the table above, it showed that the answer of respondent regarding to their assessment on process to the index of Program Indonesia Sehat implementation in regional area of Puskesmas, Jember District:

Indicator of actuating or home visit has been assessed as good, which was indicated by respondent answer that only 17 respondents who have not conducted visitation because they did not get socialization yet about the program. Next, the indicator of controlling has been assessed as good, where only 13 respondents who have not gotten username and password to use PIS-PK application because of network constraint in their work area. Overall, the category of assessment on process to the index of Program Indonesia Sehat implementation in regional area of Puskesmas, Jember District was on good category.

3.3 Hypothesis Testing

- a. **T Test (Partial Hypothesis Testing):** Hypothesis 1 and 2 in this research were tested the validity through partial test. The testing was conducted by identifying the significance level (p-value), if calculation resulted to the significance level in fewer than 0,05, then the hypothesis was approved, otherwise, if the significance level was greater than 0,05, then, the hypothesis was disapproved. Based on the hypothesis testing result, the variable of input has indicated that the value of t cal 11,808 and significance level 0,000. Moreover, the significance level was fewer than 0,05, which meant that the hypothesis in this research disapproved Ho and approved Ha. Thus, it was referred that the hypothesis (H1), “input has positive effect to the index of Program Indonesia Sehat implementation in regional area of Puskesmas, Jember District” was approved or accepted.
- b. **Hypothesis Test on Process Variable:** Based on the result of hypothesis testing on process variable, it showed that the value of t cal 8,847 and significance level 0,000. This significance level was fewer than 0,05, which indicated that the hypothesis in this research disapproved Ho and approved Ha. Thus, the hypothesis (H2), “process has positive effect to the index of Program Indonesia Sehat implementation in regional area of Puskesmas, Jember District” was approved.

- c. **F Test (Simultaneous Hypothesis Testing):** To test the effect of independent variable simultaneously, the researchers would conduct a test through F test. The result of regression calculation was in simultaneous. The testing on independent variable effect simultaneously to the dependent variable was through F test. Based on the statistic calculation, it showed that the value of $F_{cal} = 129,925$. By exerting the significance limit 0,05, it was derived that the value of significance was fewer than 0,05. It referred that the hypothesis in this research asserted that the variable of input and process simultaneously have effect to the index of Program Indonesia Sehat implementation in regional area of Puskesmas, Jember District.

4.0 DISCUSSION

Based on the research finding, it showed positive and significant effect between variable of input and process to the implementation of Program Indonesia Sehat in regional area of Puskesmas, Jember District. Some problems emerged during the management of PIS-PK, for example limited human resource to conduct Program Indonesia Sehat due to many responsibilities of task which should be performed by the health officers in Puskesmas and internet network disruption which caused to slow and weak connection and inability of application to produce resume.

This research was in line with the research done by Roeslie (2018), which has asserted that the adequate quality and quantity of human resource was the most important unsure within the implementation of a policy.

The other problems occurred in the area which regarding to the process of PIS-PK implementation, for instance certain families were difficult to meet, empty house, and some of them rejected to the home visit program, since some people did not know about the program of PIS-PK. Another problem which mostly found in this case was in data collection, the problem to get a complete data of family. To solve this problem, it was important to conduct socialization and teamwork or cooperation with cross sectors, in this case were RT, RW, and kelurahan. Through coordination and cooperation, or might be their involvement to conduct home visit program, it would be easier to have cooperation and understanding from local society. Furthermore, the involvement of cross sectors was also recommended in the technical instruction of PIS-PK.

Responding to problems that arise in the implementation of PIS-PK according to Kemenkes RI (2017) The role of the district health office or city as the owner of the technical unit or puskesmas is to seek earnestly to Permenkes No 75 years 2014 All puskesmas in its working area. In order to implement a family approach by Puskesmas, District health office or city has a task that is development of resources. Resource development is one of the most important things in order to implement a family approach in Puskesmas is health worker. For the implementation of the family approach, in addition to the management of Puskesmas (Head Health Center), required energy groups for other functions. District Health office or city is responsible for the fulfillment of the personnel in the Puskesmas. If this is not possible, then the district health office or city is obliged to help the center to regulate the assignment of existing personnel or by means of the contract personnel who can reduce the workload of health workers in the Puskesmas. The district health office or city needs to coordinate with the provincial health office to provide a supply or training of PUSKESMAS personnel in accordance with the direction of the Ministry of Health.

It was suggested to the Health Office of Jember District due to the high indicators that caused to unhealthy status of family index (red sign), it needed to establish policies from either Central Government or Local Government. The role of government could be forwarded to the Health Office through health promotions in form of socialization which would be executed by the officer of Puskesmas or advertisements, billboard, and leaflet. Further, the Health Office must increase activities or programs which aimed to improve public interest to get used of a healthy lifestyle. The activity of socialization or counseling on KIA, nutrition, immunization of environmental health, lifestyle, and health care insurance of society as well as early health detection through routine medical checkup. Next, the Health Office must evaluate and monitor various health programs which have been implemented in every Puskesmas.

5.0 CONCLUSIONS

The researchers concluded the effect of input and process to the implementation of Program Indonesia Sehat. The factors of input and process during implementation of Program Indonesia Sehat in regional area of Puskesmas, Jember District was in good category. The inadequate number of human resource could affect to the implementation of PIS-PK as well as the limited network access would affect to the difficulty of data input in KS application.

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