

# Proceeding of the 1<sup>st</sup> International Symposium of Public Health

## "Emerging and Re-emerging Diseases"



### Editors

Sri Sumarmi

Ika Yuni Widyawati

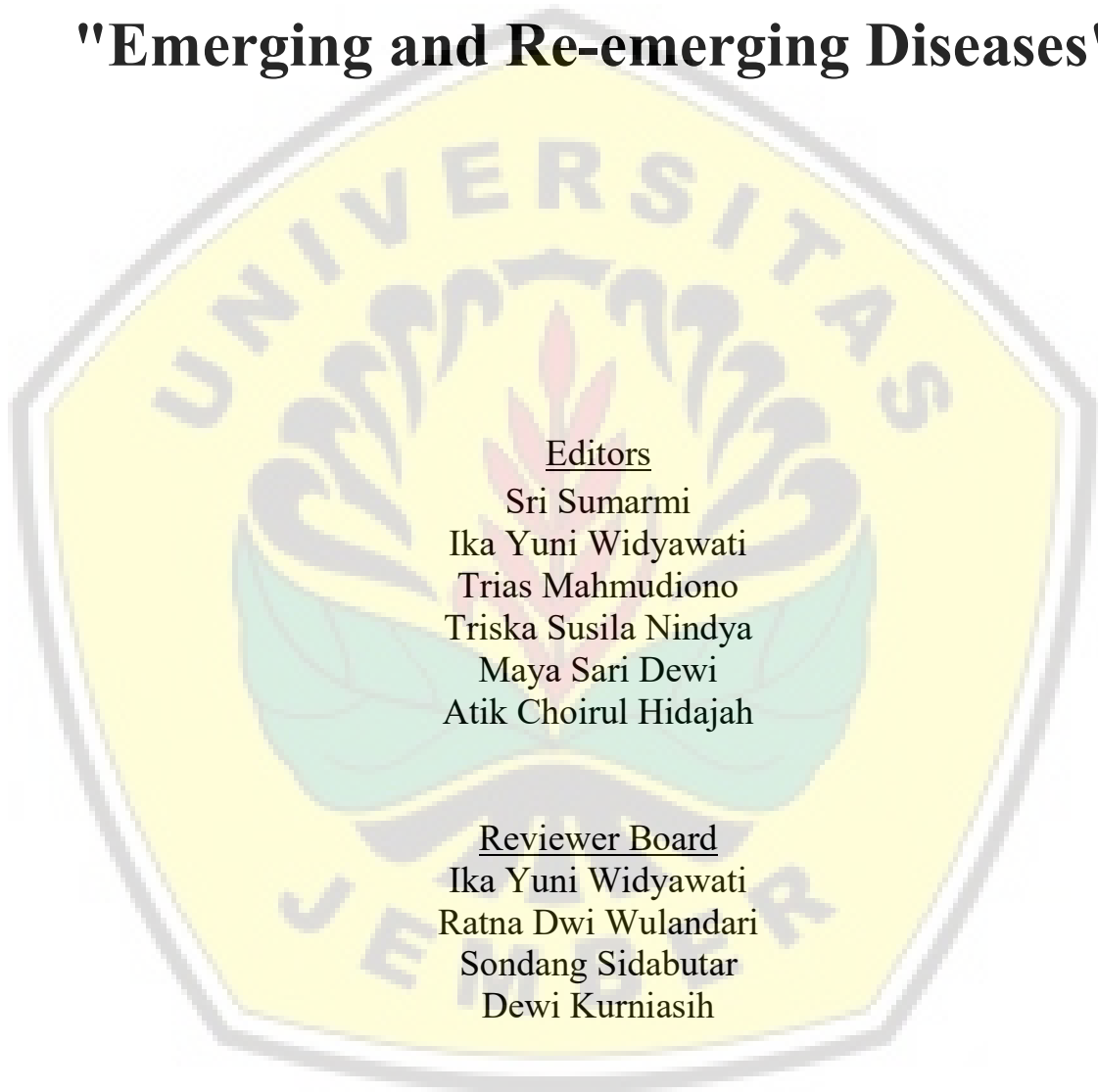
Trias Mahmudiono

Triska Susila Nindya

Maya Sari Dewi

Atik Choirul Hidajah

**Proceeding of the 1<sup>st</sup> International  
Symposium of Public Health  
"Emerging and Re-emerging Diseases"**



Editors

Sri Sumarmi  
Ika Yuni Widyawati  
Trias Mahmudiono  
Triska Susila Nindya  
Maya Sari Dewi  
Atik Choirul Hidajah

Reviewer Board

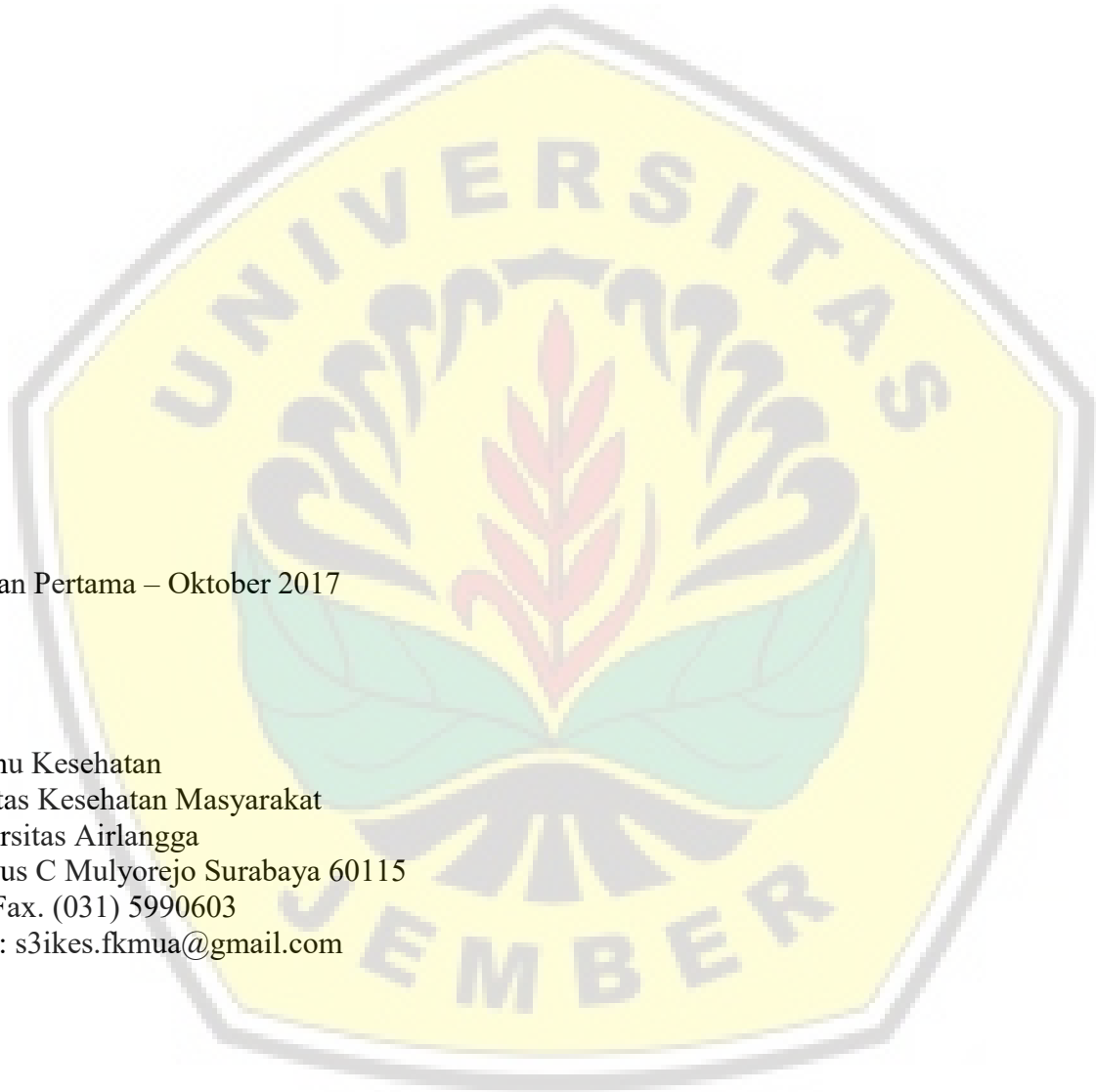
Ika Yuni Widyawati  
Ratna Dwi Wulandari  
Sondang Sidabutar  
Dewi Kurniasih



**S3 Ilmu Kesehatan  
Fakultas Kesehatan Masyarakat  
Universitas Airlangga**

Proceeding of the 1<sup>st</sup> International Symposium of Public Health, "Emerging and Re-emerging Diseases"

©2017 – S3 Ilmu Kesehatan, Fakultas Kesehatan Masyarakat, Universitas Airlangga



Cetakan Pertama – Oktober 2017

S3 Ilmu Kesehatan  
Fakultas Kesehatan Masyarakat  
Universitas Airlangga  
Kampus C Mulyorejo Surabaya 60115  
Telp/Fax. (031) 5990603  
Email: [s3ikes.fkmua@gmail.com](mailto:s3ikes.fkmua@gmail.com)

ISBN 978-602-61293-0-7

Hak Cipta dilindungi oleh Undang-Undang  
Dilarang mengutip atau memperbanyak sebagian atau seluruh  
isi buku ini tanpa izin tertulis dari Pemegang Hak Cipta.

## WELCOME MESSAGE

*Assalamu 'alaikum warahmatullahi wabaraqatuh*

I wish you all a warm welcome to Surabaya Indonesia.

It is a great pleasure for me to invite you in the 1<sup>st</sup> International Symposium of Public Health, held by Faculty of Public Health, Universitas Airlangga. This remarkable event is conducted by Doctorate and undergraduate program of Faculty of Public Health, Universitas Airlangga in collaboration with Airlangga Health Science Institute and Smart FM Surabaya. It's an honor to present "Emerging and Re-emerging Diseases" focusing on Zika virus as the main theme of our Symposium, as Zika being a new emerging disease in asia region.

The aim of this symposium is to disseminate the strategic planning of Indonesian Government, particularly the Ministry of Health, to prevent the transmission of Zika virus as well as the global and regional regulation. In relation to this matter, we invite Minister of Health as keynote speaker and also foreign expert: Professor Cordia Chu from Griffith University, Australia, but, unfortunately in this opportunity Professor Chu with a great regret can not come physically to Surabaya, due to a combination of critical family and urgent business. Instead, she likes to nominate Mr. Febi Dwirahmadi, SKM, MSc.PH, PhD to share the scientific knowledge about managing and Handling Zika in Community Setting. We also invite Dr. Pang Junxiong Vincent from National University of Singapore, who are going to discuss about the epidemiology of Zika, as well as Professor Nasronudin to present the role of Universitas Airlangga in research development.

The committee also invite the audience to submit abstracts in several sub themes in public health areas. We are expecting of two hundreds (200) participants, with at least ten percent (10%) coming from foreign countries and ninety percent (90%) from local participant coming from various region in Indonesia. There are a hundred and seven (107) abstracts were submitted, and then eighty nine (89) abstracts were accepted. From the accepted abstracts, there are fifty two (52) abstracts were accepted as oral presentation, and thirty seven (37) are presented as poster. This symposium was devided into two sessions, the plenary session and panel oral presentation. It is designed in such way, so that the delegates from various countryies or provinces, could share their local experience and best practices and discover ideas for strong regional initiatives.

At last, we would like to acknowledge for all parties which are provide the valuable materials as well as financial support for the successful symposium. As chair of organizing committee, I would also like to say deep thank you for all committees; my colleagues, and also students in faculty of Public Health Universitas Airlangga, who have been working to be part of a solid team and amazing committee.

# Digital Repository Universitas Jember

To all of audience, thank you very much for your participation in this symposium, I hope you enjoy not only the symposium but also the sparkling city of Surabaya.

*Wassalamu 'alaikum warahmatullahi wabaraqatuh*

Sincerely,

Chair Person

Dr. Sri Sumarmi, SKM, M.Si







## UNIVERSITAS AIRLANGGA

**Rector's Official Address**  
in  
**INTERNATIONAL SYMPOSIUM OF PUBLIC HEALTH**  
**"Emerging and Re-emerging Disease"**  
November 30, 2016

*Assalamu'alaikum wa-rahmatullahi wa-barakatuh.*

*May the peace, mercy and blessings of Allah be upon you.*

Alhamdulillah! Praise be to Allah and along with this gratefulness let us also send *shalawat* and *salam* to our Prophet Muhammad SAW (Praise Be Upon Him): *Allaahumma shalli 'alaa Muhammad wa 'alaa aali Muhammad*. May Allah give mercy and blessings upon Him.

**Ladies and Gentlemen,**

The world always advances along with its challenges including in medical field. There are emerging diseases which have just occurred recently such as the one caused by Zika virus. There are also re-emerging diseases for the ones we assumed have been eradicated but they occurred again such as measles and polio.

Special for diseases related to Zika virus, some countries have declared a state of emergency. WHO even declared Zika virus transmission in South America as international public health emergency. Regarding the matter, for the global Zika virus epidemiology development, we regret to learn that information on Zika virus is limited such as on the risks, diagnosis, and the transmission method of the virus. In short, Zika virus has continued to spread and become a global precedence.

Therefore, this "INTERNATIONAL SYMPOSIUM OF PUBLIC HEALTH" is very welcomed and I appreciated the theme, "Emerging and Re-emerging Disease". I believe the communities, academic or general public will achieve benefits from the symposium results.

**Ladies and Gentlemen,**

Through this symposium, we are expected to get explanation and updates on measures to handle the "Emerging and Re-emerging Disease". The explanation is expected to give new insights for us to improve the quality of life as the demand to better quality of life, free from diseases, is even higher.



## UNIVERSITAS AIRLANGGA

Hopefully, this event works as an effort to spread the knowledge and also functions as an input for the policy maker in medical field.

I would like to express my deepest gratitude to all participants, either domestic and from other countries, also to the committee and other parties who support this international symposium. I hope that our active participations can bring success to this seminar and they are regarded as act of kindness.

By saying grace: "*Bismillahirrahmanirrahim*", I officially open the "INTERNATIONAL SYMPOSIUM OF PUBLIC HEALTH" on "Emerging and Re-emerging Disease".

May this symposium be a success, run well and all the objectives achieved. Let us advance together to a better life in all aspects, especially in Public Health.

Have a great symposium and continue success!

**Wassalamu'alaikum wa-rahmatullahi wa-barakatuh.**

Rector of Universitas Airlangga,

**Prof. Dr. Moh. Nasih, SE., MT., Ak., CMA.**  
NIP. 196508061992031002.

## TABLE OF CONTENT

WELCOME MESSAGE (Chair Person)	iii
RECTOR'S ADDRESS (Rector of Universitas Airlangga)	v
TABLE OF CONTENT	vii
1 HUSBAND AND WIFE'S PARTICIPATION IN INCREASING THE NUMBER OF MALE ACCEPTOR ON FAMILY PLANNING PROGRAM IN MAKASSAR CITY <i>Andi Muhammad Multazam</i>	1
2 UNDERSTANDING BARRIERS OF CONTRACEPTIVE USE AMONG WOMEN IN INDONESIA <i>Dwi Martiana Wati, Andrei Ramani, Iken Nafikadini</i>	7
3 THE INFLUENCE OF EDUCATION WISH AND DRIVE METHODS ON THE BEHAVIOR OF CERVICAL CANCER WITH IVA METHODS IN SEMAMPIR VILLAGE, KEDIRI, EAST JAVA <i>Eko Winarti, Lina Kartika Sari</i>	13
4 THE RELATIONSHIP OF MIDWIVES PERSUASIVE COMMUNICATION ON MOTHER'S ATTITUDE IN GIVING BREASTFEEDING IN SUDIANG PUBLIC HEALTH CENTER, MAKASSAR CITY <i>Fairus Prihatin Idris</i>	20
5 THE ROLE OF PERCEIVED BEHAVIORAL CONTROL FOR DEVELOPMENT PATIENT SAFETY CULTURE <i>Mirrah Samiyah, Widodo JP., Thinni Nurul R.</i>	26
6 MINDSET AS COPING MECHANISM IN RITUAL HEALING OF ETHNOMEDICINE DAYAK PARAMASAN MERATUS <i>Muhammad Anshari</i>	32
7 FAMILY CENTERED CARE APPROACH AS AN EFFORT IN DECREASING HOSPITALIZATION STRESS ON PRESCHOOL CHILDREN <i>M. Suhron</i>	37
8 BSE EDUCATION FOR ENHANCEMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE IN FEMALE SANTRI COTTAGE BOARDING SCHOOL DISTRICT DAWAR BOYOLALI <i>Dwi Puji Lestari, Priyadi Nugraha Prabamurti, Besar Tirto Husodo</i>	43



9	THE CADRE PERFORMANCE IN COMPLETENESS REGISTRATION SYSTEM IN THE CACTHMENT AREA OF TARAWEANG PUBLIC HEALTH CENTER IN PANGKEP REGENCY <i>A. Rizki Amelia, Asmina</i>	49
10	THE CORRELATION OF EDUCATION ABOUT HEALTH REPRODUCTIVE WITH KNOWLEDGE AND ATTITUDE OF HEALTH REPRODUCTIVE OF THE ADOLESCENT <i>Kusbarianto</i>	58
11	THE CORRELATION BETWEEN HYGIENE SANITATION OF WATER SUPPLY DEPOT WITH ESCHERICHIA COLI BACTERIA IN DRINKING WATER AT SUB PANAKKUKANG MAKASSAR <i>Alfina Baharuddin, Susanti</i>	63
12	FOOD POISONING <i>OUTBREAK INVESTIGATION</i> IN ORPHANS'S BENEFIT EVENT AT SEMELO VILLAGE, JOMBANG DISTRICT – EAST JAVA <i>Dian M. Hikmayati, A. Hargono, P. Atmodjo</i>	69
13	FOOD CONSUMPTION AMONG OBESE TEENAGERS AT SMK NEGERI 1 GORONTALO <i>Muhammad F. Tangahu, Zuhriana Yusuf, Nasrun Pakaya</i>	77
14	ANALYSIS OF AMMONIA EMISSIONS TREATMENT (NH <sub>3</sub> ) IN FACTORY PRODUCTION I PT. PETROKIMIA GRESIK <i>Prehatin Trirahayu Ningrum, Rokhmanita Ulfah, Meritia Ardyati</i>	83
15	HYGIENE SANITATION AND MICROBIOLOGICAL QUALITY OF FOOD AT STUDENT CANTEEN <i>Aini Azizah, Retno Adriyani</i>	89
16	GENETIC AND GENOMIC NURSING COMPETENCIES FOR THE COMMUNITY NURSE <i>Sugeng Mashudi</i>	94
17	FACTORS ASSOCIATE THE OCCURRENCE OF CARIES PULP AMONG PEOPLE IN CATHMENT AREA OF MULYOHARJO PUBLIC HEALTH CENTER, PEMALANG DISTRICT, CENTRAL JAVA <i>Tri Wiyatini, Irma H.Y. Siregar, Hermien Nugraheni, Priskila Widhi Martani</i>	100
18	INFLUENCE OF ENVIRONMENTAL TO PERSONAL HYGIENE AMONG ADOLESCENT DURING MENSTRUATION <i>Yusriani</i>	106
19	ERGONOMIC ANALYSIS USING RAPID UPPER LIMB ASSESSMENT (RULA) METHODE ON LAUNDRY WORKERS <i>Anita Dewi Prahastuti Sujoso</i>	111

20	CONCENTRATION OF MERCURY (HG) CONTAMINATION IN DWELLING WATER SUROUND SMALL SCALE GOLD MINING AREA IN CINEAM VILLAGE, TASIK MALAYA, WEST JAVA : A CASE STUDY <i>Anto Purwanto, Yuldan Faturahman, Andi Nurrahman</i>	118
21	THE EFFECT OF ORGANOPHOSPHATE PESTICIDE EXPOSURE ON LEVELS OF CHOLINESTERASE SERUM AND WHITE BLOOD CELLS PARAMETERS ON MAKMUR ABADI APPLES PLANTATION SPRAYING FARMER'S GROUP IN BATU <i>Aditya Sukma P., Henriesca Sandra A.P.P.</i>	123
22	THE EFFECT OF LONG TERM EXPOSURE ON LEAD (Pb) AND CADMIUM (Cd) LEVELS IN PERNA VIRIDIS TO DECREASE IQ OF SCHOOL-AGE CHILDREN <i>Dewi Kurniasih</i>	129
23	FACTOR ASSOCIATED WITH SECTIO CAESAREA SERVICES IN SITTI KHADIJAH 1 MOTHER AND CHILD HOSPITAL IN MAKASSAR <i>Ella Andayanie, Nurgahayu</i>	134
24	TRADITIONAL JAVANESE LULLABY URU-URU USING LELO LEDHUNG SONG BY MOTHER INCREASED THE QUANTITY OF BABY SLEEP <i>Erlina Suci Astuti, Wahyuningsri, Yulis Setiya Dewi</i>	139
25	EFFECT OF PHENYLEPHRINE HYDROCHLORIDE 10% EYE DROPS ON BLOOD PRESSURE OF PATIENTS WITH CATARACT <i>Heru Suswojo, Yulis Setiya Dewi</i>	144
26	SURVIVAL ANALYSIS: THE FACTORS ASSOCIATED TO MORTALITY OF HIV-TB PATIENTS <i>I Wayan Gede Artawan EP, I Made Sutarga, et al</i>	151
27	PREVENTION SPREADING OF DIPHTERIA OUTBREAK BY MASS IMMUNIZATION AT EAST JAVA, INDONESIA <i>Kurnia Dwi Artanti</i>	157
28	EVALUATION OF PULMONARY TUBERCULOSIS SURVEILLANCE SYSTEM ATTRIBUTES IN LAMONGAN DISTRICT <i>Melyana, Sigunawan, A. C. Hidajah</i>	163
29	HYPNOBIRTHING - LABOR WITH HYPNOSIS TO ACCELERATE FIRST STAGE OF LABOR <i>Nurlailis Saadah</i>	170
30	LABORATORY-BASED SURVEILLANCE OF PLAGUE IN PASURUAN, INDONESIA <i>Teguh S. Sinulingga, Hadi Supriyanto, Narsono, Slamet Herawan</i>	176

31	THE RISK OF INFANT MORTALITY AT PADANG CITY <i>Masrizal, Melly Kristanti</i>	184
32	CORRELATION BETWEEN BLOOD LEAD LEVEL (BLL) AND OSTEOPOROSIS IN POSTMENOPAUSAL WOMEN IN SURABAYA INDONESIA <i>Anita Dewi Moelyaningrum</i>	190
33	ANALYSIS OF THE EFFECT OF POSTPARTUM BREAST CARE AND CONSUMPTION OF HERBS “GEPYOK” ON THE ADEQUACY OF BREAST MILK <i>Nurul Pujiastuti, Mustayah, Ni Wayan Dwi Rosmala</i>	198
34	EFFECT OF COUNSELLING ON THE INCREASING OF KNOWLEDGE ABOUT MENARCHE AMONG STUDENT GIRLS IN A JUNIOR HIGH SCHOOL <i>Sondang Sidabutar</i>	202
35	FACTORS ASSOCIATED WITH THE INCIDENCE OF INFANT MORTALITY IN BANJAR DISTRICT <i>Syamsul Arifin, Muhammad Isa, Fauzie Rahman</i>	208
36	PUBLIC OPINION OF SMOKERS AND NON SMOKERS ABOUT NO SMOKING AREA REGULATION IN BLITAR DISTRICT INDONESIA <i>Sri Widati, Santi Martini, Kurnia D. Artanti</i>	213
37	THE ROLE OF NURSE IN TREATING MENTAL DISORDERS PATIENTS WITH SCABIES IN SOCIAL REHABILITATION OF POST PSYCHOTIC PATIENTS <i>Bayu Dri Wicaksono, Byba Melda Suhita</i>	220
38	DENGUE, PUBLIC HEALTH AND HUMAN SECURITY <i>Oedojo Soedirham</i>	226
39	DENGUE HEMORRHAGIC FEVER IN THE HIGHLAND AREAS <i>Ririh Yudhastuti</i>	237
40	SATISFACTION LEVEL OF DENTIST AND MANAGER IN FIRST LEVEL HEALTH SERVICES ON BPJS SYSTEM APPLICATION <i>Dyah N. Palupi, Yuanita L. Rachmawati, Fania A. Uba</i>	244
41	DEVELOPMENT OF SIMULATION MODELS FOR EMERGENCY EVACUATION OF FIRE IN OFFICE BUILDING <i>Lukman Handoko</i>	251
42	QUALITY OF NURSING WORK LIFE AT HOSPITAL IN MAKASSAR <i>Nurmiati Muchlis and Ulfa Sulaeman</i>	259
43	MAPPING FOR READINESS OF PUBLIC HEALTH CENTER IN LUMAJANG ON THE NATIONAL HEALTH INSURANCE PROGRAM <i>Nuryadi</i>	264

44	THE ROLE OF SOCIAL SUPPORT IN REDUCING MATERNAL AND INFANT MORTALITY IN SURABAYA <i>Nyoman A. Damayanti, Ratna D. Wulandari, Nuzulul K. Putri</i>	271
45	SEVERAL FACTORS INFLUENCING BAROTRAUMA TYMPANIC MEMBRANE IN TRADITIOAN DIVERS; A CASE STUDY IN BANYUWANGI REGENCY <i>Sugianto, Suharyo Hadisaputro, Supriharti, Munasik, M. Sakundarno Adi</i>	275
46	VOLUNTARY COUNSELLING AND TESTING PROCESS BASED ON CLIENT PERSPECTIVE IN SEMARANG CITY <i>Widia Shofa Ilmiah</i>	283
47	SOCIAL INTERACTION ABILITY AND THE BULLYING BEHAVIORS AMONG ADOLESCENTS: A CORRELATIONAL STUDY <i>Muliani Septia Rini, Yoyok Bekti Prasetyo, Nur Lailatul Masrurroh</i>	292
48	THE IMPLEMENTATION OF CONTROL POLICY ON TOBACCO PRODUCTS IN RELATION TO HEALTH ISSUES IN JEMBER REGENCY <i>Abu Khoiri, Christyana Sandra</i>	298
49	SUPERVISORY RELATIONSHIP OF MIDWIFERY SUPERVISION IN PRIMARY HEALTH CARE SETTING AT KUPANG, NUSA TENGGARA TIMUR PROVINCE OF INDONESIA <i>Idawati Trisno</i>	304
50	THE EFFECT OF CUPPING THERAPY TO BLOOD PRESSURE, BLOOD GLUCOSE, CHOLESTEROL AND URIC ACID LEVEL IN MATARAM CUPPING CLINIC <i>Suharmanto</i>	311





**MAPPING FOR READINESS OF PUBLIC HEALTH CENTER IN LUMAJANG TO PERFORM THE NATIONAL HEALTH INSURANCE PROGRAMME**

Nuryadi

*Faculty of Public Health, University of Jember*

*No. 37 Kalimantan Street, Jember 68121*

Email: nuryadi.169@gmail.com

**ABSTRACT**

Public Health Center (PHC) as one of the first level health care facilities at The National Health Insurance (NHI) is the gate keeper in health care. The purpose of this study is to describe the mapping for readiness of Public Health Center in Lumajang to perform NHI programme based on 2013' Public Health Center standart, and the readiness of Public Health Center based on results of self assessment of the Public Health Center accreditation.

This research is quantitative descriptive research. The analysis unit of this study are 25 Public Health Center in Lumajang for readiness at program of NHI based on 2013' Public Health Center standart, and it is 4 Public Health Center for readiness perform NHI programme based on the results of self assessment. The results showed that ten standard were well and was appropriate with 2013' Public Health Center standart; nine standard were less and enough, and not according to 2013' Public Health Center standart; Jatiroto and Candipuro Public Health Center in Lumajang based on Public Health Center accreditation standards were not meet to the criteria for the basic accreditation.

We can conclude that the readiness of Public Health Center in Lumajang to perform NHI programme based on Public Health Center standard were enough and less, and not according to 2013' Public Health Center standart; and the readiness of Public Health Center based on Public Health Center accreditation standards were not appropriate with provisions of the Ministry of Health because they were not meet to the criteria for the basic accreditation.

Keywords: PHC Readiness, Standard, Accreditation, The National Health Insurance

**INTRODUCTION**

The government formed a National Social Assurance System (NSAS) on the basis that everyone is entitled to social assurance to be able to meet the eligible basic needs life and improve dignity towards the realization of Indonesian society that is prosperous, and fair (Indonesia, 2004). Social assurance programs include: health insurance, accident insurance, old age insurance, pension insurance, and death insurance. In Indonesia, the National Health Insurance (NHI) is implemented and organized by

the Social Assurance Administering Agency (SAAA) which became effective as of January 1, 2014.

The Public Health Center as one of the first level health care facility as gate keeper in the health service should be standardized and must be accredited periodically at least 3 years (East Java Provincial Health Office, 2013; Ministry of Health, 2014).

During the 4<sup>th</sup> months of the passage of NHI, evidently SAAA executive of NHI. Many internal and external factors of SAAA that must be addressed so membership services and cooperation with

Health Care Provider (HCP) can run well. The problem, the parallel improvement with quality service is difficult to realize. This condition affects higher dissatisfaction of member to SAAA and HCP. Member of NHI really a weak position between the two ruling parties of HCP and SAAA (Kompas, February 13<sup>th</sup>, 2014).

Based on the results of 23 Public Health Center self assessment in the Lumajang region collected at the health office that Public Health Center that have default values above 80% (good) by 8 Public Health Center (34.9%), ie Sukodono Public Health Centers, Jatiroto Public Health Centers, Penanggal Public Health Centers, Kedungjajang Public Health Centers, Rogotruman Public Health Centers, Gucialit Public Health Centers, and Labruk Public Health Centers. While the Public Health Center that have default values below 80% (not both) of 15 health centers (65.2%) (Wahyuni, 2014). This indicates that most Public Health Center in Lumajang not yet reached the standard of 65.2% in 2014, and the question is "Is the Public Health Center is ready to run the program NHI".

Health Insurance is a guarantee in the form of health protection for member to benefit health care and protection to meet basic health needs are given to every person who has paid dues or dues paid by the government. NHI organized by a legal entity called SAAA-Health, which is a legal entity formed to hold Health Insurance program (Ministry of Health, 2013).

Public Health Center is a health care facility that organizes public health efforts and individual health efforts at first level, with more emphasis promotive and preventive efforts, to achieve the degree of public health the highest in its region (Ministry of Health, 2014). Standard of Public Health Center in 2013 consisted of 3, namely: standard management and administrative (operational management, and quality management), standard

resources (buildings, energy, equipment, pharmaceutical services and medications, and financial), standard health efforts (health promotion, environmental health, health of both mother and child - family planning, community nutrition, prevention and eradication of the disease, treatment, emergency, dental treatment and dental, laboratory, hospitalization, emergency obstetric and neonatology) (East Java provincial health office, 2013).

Accreditation of Public Health Center is the recognition of the Public Health Center provided by independent institutions accredited providers appointed by the Minister after it is judged that the health center has met the standard of care health centers that have been established by the Ministry to improve the quality of Public Health Center services on an ongoing basis (Ministry of Health, 2014). Accreditation standards covering the administration and management of public health centers, Public Health Center program, and basic medical services (Kuswenda, 2013).

The purpose of this study is to describe the mapping of the readiness of the Public Health Center in Lumajang in NHI program based Standard of Public Health Center in 2013, and the readiness of Public Health Center based on the results assessment of the Public Health Center accreditation.

## MATERIAL & METHOD

This research is a descriptive quantitative research. The unit of analysis of this study are 25 Public Health Center in the working area Lumajang. Respondents in this study is the section staff of primary health care of Health Office (1 person), head of Public Health Center (2 persons), and person in charge of Public Health Center programme activities.

The research variables include: mapping the readiness of Public Health

Center based on the standard of Public Health Center in 2013 (management and administration, resources, health services), readiness based on the assessment results of the Public Health Center accreditation (standard administration and management, health program, basic medical services).

Data collected through interviews and documentation, and presentation of data in tables and drawings (map). Analysis of the data for a standard of Public Health Center by calculating the total value of each sub standard and the total value of each public health centers, while the data analysis to the accreditation assessment is done by calculating the value of each chapter on the achievements of each of the standards and achievements of the final value of the 3<sup>rd</sup> standard.

## RESULT & DISCUSSION

### Readiness of Public Health Center in NHI Program Based Administration and Management Standards

There were 20 unit (80%) from 25 Public Health Center in Lumajang were in a good value (8-10) of the operational management standard of Public Health Center. Accordingly, this standard was in conformity with the standards of the Public Health Center in 2013. Conformity could be caused by most public Public Health Center had met parameters on the Public Health Center standard.

The quality management standards of Public Health Center showed that there were 16 unit (64%) from 25 Public Health Center in Lumajang were less than the value (<6). Thus, this standard had not been in accordance with the standards of Public Health Center in 2013. Mismatches that could be caused by most Public Health Center did not meet the standard parameters in the public health centers.

### Readiness of Public Health Center in NHI Program Based Resources Standard

There were 13 unit (52%) from 25 Public Health Center in Lumajang were were enough and less in building standard. The workforce standard of Public Health Center showed that 17 unit (68%) from 25 Public Health Center in Lumajang were less and enough. Thus, both of these standard had not been in accordance with the standards of Public Health Center in 2013. Mismatches that could be caused by most Public Health Center did not meet the standard parameters in the public health centers.

Most of the equipment standard of the Public Health Center Lumajang was good value in the range of 4.8 to 6 as many as 14 unit (56%) of the 25 public health centers. Most of drug and pharmaceutical services standard of the Public Health Center in Lumajang was good with a value in the range of 4.8 to 6 as many as 14 unit (56%) of the 25 public health centers. Most of financial standards of the Public Health Center in Lumajang was good with a value in the range of 4.8 to 6 as many as 13 unit (52%) of the 25 public health centers. Accordingly, all of these standard was in conformity with the standards of the Public Health Center in 2013.

### Readiness of Public Health Center in NHI Program Based Health Care Efforts Standard

Most of health promotion efforts standard of Public Health Center in Lumajang was sufficient and less as many as 17 unit (68%) of 25 public health centers. Most of environmental health efforts standard of Public Health Center in Lumajang was sufficient and less as many as 13 unit (52%) of 25 public health centers. Most of public nutrition improvement efforts standard of Public Health Center in Lumajang was sufficient and less as many as 14 unit (56%) of 25 public health centers. Most of disease prevention efforts standard of Public Health Center in Lumajang was sufficient



and less as many as 15 unit (60%) of 25 public health centers.

Most of laboratory efforts standard of Public Health Center in Lumajang was less and pretty much as 21 unit (84%) of 25 public health centers. Most of neonatology obstetric emergency efforts standard of Public Health Center in Lumajang was sufficient and less as much as 4 unit (66.67%) of 6 Public Health Center with Basic Emergency Neonatal Obstetric Care. Accordingly, all of these standard had not been in accordance with the standards of Public Health Center in 2013. Mismatches that could be caused by most Public Health Center did not meet parameters in the standards of public health centers.

Most of the Family Planning - Maternal and Child Health effort standards of Public Health Center in Lumajang was good value in the range of 26.72 to 33.52 as many as 19 unit (76%) of 25 public health centers. Most of the disease eradication efforts standard of Public Health Center in Lumajang was good value in the range of 5.69 to 7.14 as many as 15 unit (60%) of 25 public health centers. Most of the treatment efforts standard of Public Health Center in Lumajang was good value in the range of 3.2 to 4 as many as 21 unit (84%) of 25 public health centers. Most of the emergency treatment efforts standard of Public Health Center in Lumajang was good value in the range of 2.83 to 3.54 as much as 14 unit (56%) of 25 public health centers.

Most of the oral and dental treatment efforts standard of Public Health Center in Lumajang was good value in the range of 1.6 to 2 as much as 16 unit (64%) of 25 public health centers. Most of the in patient effort standards of Public Health Center in Lumajang was good value in the range of 1.6 to 2 as much as 13 unit (56.52%) of the 23 Public Health Center with in patient and Basic Emergency Neonatal Obstetric Care. Accordingly, all of these standard was in conformity with

the standards of the Public Health Center in 2013. Compliance could be caused by most health centers had meet parameters in the standards of public health centers.

## Mapping for Readiness of Public Health Center at Program of the National Health Insurance based the standards of the public health center

The overall condition of each Public Health Center in Lumajang in 2013 based on self-assessment could be seen in the map below.

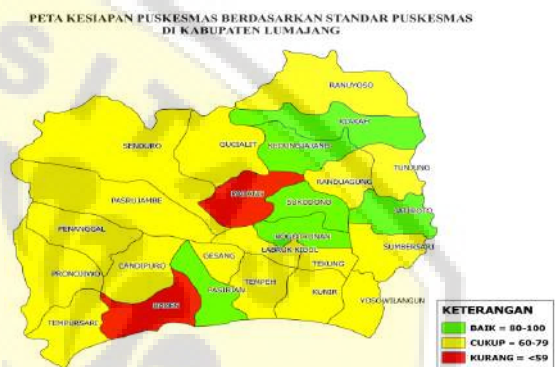


Figure 1. Map for readiness of Public Health Center based on standards

The above picture shows that most of the readiness of Public Health Center in Lumajang standards based the standard of Public Health Center in the national health insurance program was insufficient and less as much as 19 in the range of 60-79 as much as 17 unit (68%), and health centers with less value in the range <60 as much as 2 unit (8%). While the health center with good value in the range of 80-100 as 6 health centers (24%). Thus, the standard of Public Health Center not in accordance with the standards of 2013. Mismatches that could be caused by most of Public Health Center not meet parameters in the standards of Public Health Center.

## Readiness of Public Health Center at Program of the National Health Insurance based The assessment of the Public Health Center Accreditation

The results of the accreditation assessment in Jatiroto and Candipuro

Public Health Center in Lumajang was as follows:

The total point achievements of the accreditation standards of Jatiroto Public Health Center as much as 37.11%. And than, Achievements the total point of the accreditation standards of Candipuro Public Health Center as much as 29.01%. Achievement of the point of each chapter I, II, III as much as <75%, achievement of the point of each chapter IV, V, VI as much as <60%, and achievements of the point of each chapter VII and VIII as much as > 20% and chapter IX as much as <20%. While the accreditation decision of the lowest ratings were basic accredited,

with criteria of the point achievements of chapters I, II, and III as much as  $\geq 75\%$ , and Chapter IV, V, VI as much as  $\geq 60\%$ , Chapter VII, VIII, IX as much as  $\geq 20\%$ . Thus point achievements for all of chapters only chapter VII and VIII that meet the criteria. So that means Jatiroto and Candipuro Public Health Center not meet criteria for basic accredited. Thus, the point achievement for accreditation of Jatiroto and Candipuro Public Health Center not in accordance with the provisions of the Minister of Health. The discrepancy was caused by the unmeet with the accreditation standards.

Table 1. Achievements of Accreditation at Jatiroto and Candipuro Public Health Center in Lumajang, 2014.

No.	Chapter	Jatiroto Public Health Center			Candipuro Public Health Center		
		Total Score	Makse. P Score	Achievement	Total Score	Makse. P Score	Achievement
Standard of Administration and Management							
1	<i>I. Penyelenggaraan Pelayanan Puskesmas (PPP)</i>	250	590	42.37%	370	590	62.71%
2	<i>II. Kepemimpinan dan Manajemen Puskesmas (KMP).</i>	280	900	31.11%	335	900	37.22%
3	<i>III. Peningkatan Mutu Puskesmas (PMP)</i>	35	320	10.94%	10	320	3.13%
	<i>Standar Program Puskesmas</i>						
4	<i>IV. Program Puskesmas yang Berorientasi Sasaran (PPBS)</i>	150	530	28.30%	55	530	10.38%
5	<i>V. Kepemimpinan dan Manajemen Program Puskesmas (KMPP).</i>	290	1020	28.43%	160	1020	15.69%
6	<i>VI. Sasaran Kinerja dan MDGs. (SKM).</i>	180	460	32.73%	120	460	21.82%
Basic Medical Service Standards							
7	<i>VII. Layanan Klinis yang Berorientasi Pasien (LKPP).</i>	870	1410	61.70%	620	1410	44.29%
8	<i>VIII. Manajemen Penunjang Layanan Klinis (MPLK).</i>	530	1290	41.09%	385	1290	29.62%
9	<i>IX. Peningkatan Mutu Klinis dan Keselamatan Pasien (PMPK).</i>	50	580	8.62%	5	580	0.86%
	<b>SKOR TOTAL &amp; SKOR MAKSIMUM E.P</b>	<b>2635</b>	<b>7100</b>		<b>2060</b>	<b>7100</b>	
	<b>Public Health Center Achievement</b>			<b>37.11%</b>			<b>29.01%</b>

Source: Primary Data, 2014

## CONCLUSIONS & RECOMMENDATIONS

The conclusion of the standards assessment and achievement for

accreditation point of Public Health Center as follows:

- 1) Readiness of Public Health Center in Lumajang in the national health insurance program based on operational management standard,



- equipment standard, drug and pharmaceutical services standard, financial standards, the Family Planning - Maternal and Child Health effort standards, the disease eradication efforts standard, the treatment effort standard, the emergency treatment efforts standard, the oral and dental treatment efforts standard, and inpatient efforts standard was good and accordance with the standards of Public Health Center in 2013
- 2) Readiness of Public Health Center in Lumajang in the national health insurance program based on the quality management standards, building standards, standards for personnel, standards of health promotion efforts, environmental health efforts standards, standard of public nutrition improvement efforts, disease prevention efforts standard, laboratories efforts standards, and neonatology obstetric emergency efforts standard was lacking and or insufficient, and not according to the standards of Public Health Center in 2013
  - 3) Overall, the readiness of Public Health Center in Lumajang in the national health insurance program based on a standard of Public Health Center was sufficient and less, and not according to the the standards of Public Health Center in 2013
  - 4) Readiness of Jatiroto and Candipuro Public Health Center of Lumajang in the national health insurance program based on accreditation standards of Public Health Center was not in accordance with the provisions of the Ministry of Health because it had not met the criteria for basic accredited.
- standards, standards for personnel, standards of health promotion efforts, environmental health efforts standards, public nutrition improvement efforts standards, disease prevention efforts standards, laboratories efforts standards, and neonatology obstetric emergency efforts standard, specially its score of 1 and 0 with development of the building, infrastructure, and technical with direction and guidance by Lumajang District Health Department.
- 2) Lumajang Health Department verify each Public Health Center to the operational management standard, equipment standard, drug and pharmaceutical services standard, financial standards, the Family Planning - Maternal and Child Health effort standards, the disease eradication efforts standard, the treatment effort standard, the emergency treatment efforts standard, the oral and dental treatment efforts standard, and inpatient efforts standard was good and accordance with the standards of Public Health Center in 2013
  - 3) Jatiroto and Candipuro Public Health Center in Lumajang improve to all accreditation standards of Public Health Center (except, chapter VII: patient-oriented clinical services, and chapter VIII: the supporting management of clinical services)
  - 4) Lumajang Health Department conducted a self-assessment for the point achievements of accreditation standards for all Public Health Center in Lumajang to find a picture of overall ability, and to provide guidance or assistance to all Public Health Center can meet the standards of accreditation

Based on the results and discussion and conclusions above, there were some suggestions for improvements and enhancements, among others:

- 1) Public Health Center in Lumajang should improve to the quality management standards, building

## REFERENCES

- Dinas Kesehatan Kabupaten Lumajang. 2013. *Profil Kesehatan Kabupaten*

- Lumajang Tahun 2012. Lumajang : Dinkes Kabupaten Lumajang
- Dinas Kesehatan Provinsi Jawa Timur. 2013. *Profil Kesehatan Provinsi Jawa Timur Tahun 2012*. Surabaya : Dinkes Provinsi Jawa Timur
- Dinas Kesehatan Provinsi Jawa Timur. 2013. *Standar Puskesmas*. Surabaya : Bidang Bina Pelayanan Kesehatan, Dinas Kesehatan Provinsi Jawa Timur
- Indonesia, 2004. *Undang – Undang Republik Indonesia Nomor 40 tahun 2004 Tentang Sistem Jaminan Sosial Nasional*.
- Kementerian Kesehatan, 2013. *Peraturan Menteri Kesehatan Republik Indonesia Nomor 71 Tahun 2013 Tentang Pelayanan Kesehatan Pada Jaminan Kesehatan Nasional*. Kementerian Kesehatan, 2014. *Peraturan Menteri Kesehatan Republik Indonesia Nomor 75 Tahun 2014 Tentang Puskesmas*.
- Kompas, <http://kesehatan.kompas.com>. (16 April 2014). *BPJS Kedodoran, Puskesmas Kewalahan!*.
- Kuswenda, D., 2013. *Transformasi Puskesmas Mampu BPJS*. Jakarta : Bina Upaya Kesehatan Dasar Kementerian Kesehatan RI.
- Wahyuni, E., 2014. *Analisis Pemetaan Puskesmas di Kabupaten Lumajang Berdasarkan Standarisasi Puskesmas Tahun 2013*. *Laporan Magang*. Jember: FKM Universitas Jember

