



IMPLEMENTATION OF A HEALTHY INDONESIA PROGRAMS WITH A FAMILY APPROACH (PIS-PK) (STUDY AT PUSKESMAS SELUMA TIMUR)

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A B S T R A C T

The Healthy Indonesia Program with a Family Approach (PIS-PK) is aimed at improving the health status of the community through health efforts and community empowerment supported by financial protection and equitable distribution of health services. Through family visits, the Puskesmas team can also provide early intervention on health problems that exist in each family member. Seluma Timur sub-district is one area that does not escape the target of the PIS-PK national program. So far, the implementation of the PIS-PK Program in Seluma Timur Regency has not been widely known by the public, resulting in a lack of response at the beginning of home visits. This research focuses on the problem of implementing the PIS-PK Program as an effort to develop health in Seluma Regency. To reveal these problems, the researcher uses the theory of public policy implementation from Nugroho, D. Riant Horn, this type of research is descriptive research with a qualitative approach. In this study it was found that the reasons behind the PISPK program in the Seluma Timur sub-district with good and effective categories were also supported by: one, the formulation of public policies. Second, the implementation of the PISK program. Third, evaluation of the IPSPK program.



INTRODUCTION

The Healthy Indonesia Program is one of the targets to be achieved in the 2015-2020 National Long-Term Development Plan (RPJMN). The goal to be achieved is to increase the health and nutritional status of the community through health and community empowerment efforts supported by financial protection and health care distribution. Other programs are Smart Indonesia Program, Work Indonesia Program, and Prosperous Indonesia Program. This healthy Indonesia program is then outlined in the form of a 2015-2019 Ministry of Health Strategic Plan Decree of the Minister of Health R. I. Number HK. 02. 02 / Menkes / 52/2015.

The goal of the Healthy Indonesia Program is to improve the health status and nutritional status of the community through health and community empowerment efforts supported by financial protection and equal distribution of health services. This target is in accordance with the main targets of the 2015-2019 RPJMN, namely: (1) improving the health and nutritional status of mothers and children, (2) improving disease control, (3) increasing access to and quality of basic health services and referrals, especially in remote, underdeveloped areas. and borders, (4) increasing the coverage of universal health services through the Healthy Indonesia Card and the quality of the SJSN health management, (5) meeting the needs for health personnel, drugs and vaccines, and (6) increasing the responsiveness of the health system (Ministry of Health, 2019: 5).

The Ministry of Health of the Republic of Indonesia implements a policy, namely the Healthy Indonesia Program (PIS), which is one of the programs of the Nawa

Cita agenda, namely improving the quality of life of Indonesian people. This program is supported by other sectoral programs, such as the Smart Indonesia Program, the Indonesia Work Program, and the Prosperous Indonesia Program. The Healthy Indonesia Program (PIS) subsequently became the main program for health development, which was then planned for achievement through the 2015-2019 Ministry of Health Strategic Plan, which was stipulated by the Decree of the Minister of Health of the Republic of Indonesia Number HK.02.02 / Menkes / 52/2015. The goal of PIS is to improve the health and nutritional status of the community through health and community empowerment efforts supported by financial protection and equal distribution of health services (Kemenkes RI, 2019: 7). These targets are in accordance with the main targets of the 2015-2019 National Medium Term Development Plan (RPJMN), namely: first, to improve the health and nutritional status of mothers and children, second, to improve disease control; third, improving access and quality of basic and referral health services, especially in remote, underdeveloped and border areas; fourth, increasing the coverage of universal health services through the Healthy Indonesia Card (KIS) and the quality of management (National Social Security System) SJSN, fifth, meeting the needs of health personnel, medicines and vaccines, and; sixth, the increased responsiveness of the health system. Efforts to achieve 2015-2019 health development priorities in PIS are carried out by utilizing all existing potential, both from the central, provincial, district / city governments, and the community. Health development starts

from the smallest unit of society, namely the family.

PISPK is an effort of the Indonesian Ministry of Health (Kemenkes) to improve public health. This strategy is carried out by directly visiting residents' houses to collect data on diseases as well as health checks. A number of provinces with high PISPK implementation were West Sulawesi (74.55%) from the previous (5.24%) in 2017. Followed by Bengkulu Province at 73.20%, previously 12.34% in 2017, and Riau 70 , 19% from 17.09% in 2017.

The success of the Healthy Indonesia Program with the Family Approach is measured by the Healthy Family Index, which is a composite of 12 indicators. The more indicators a family can fulfill, the family status will lead to a Healthy Family. Meanwhile, the more families that achieve Healthy Family status, the closer to achieving Healthy Indonesia.

This increase has shown that the PISPK implementation process is getting better every year. The results of the previous year's PISPK can be used as a reference for implementing the PISPK in the following year. "In 2019, PISPK implementation is targeted to be implemented by all Puskesmas in Indonesia (9,993 Puskesmas). Likewise with the East Seluma Health Center. Puskesmas Seluma Timur has implemented several PISPK programs in 8 regions, both sub-districts and villages.

From the description of the data above, it is known that the most healthy families in East Seluma District are Bungamas Village with a total of 88 families. This is because the people in this family already understand the meaning of healthy living, community education patterns and a good culture of community life. Where the pattern of education and community culture greatly affects people's life. In addition, in terms of the 12 PISPK indicators, Bungamas Village has implemented these 12 programs. These programs include:

1. Families participating in the Family Planning (KB) program;
2. The mother gives birth at a health facility;
3. Babies receive complete basic immunization;
4. Babies receive exclusive breast milk (ASI);
5. Toddlers get growth monitoring;
6. Patients with pulmonary tuberculosis receive treatment according to standards;
7. Patients with hypertension take regular medication;
8. People with mental disorders receive treatment and are not neglected;
9. Some family members still don't smoke;
10. The family is already a member of the National Health Insurance (JKN), one of which is BPJS;
11. Families have access to clean water facilities;
12. Families have access to or use healthy latrines either because there are no more people in this kelurahan who do not have toilets.

Furthermore, in Talang Sali Village with a population of 339 families, 1017 people, 12 healthy families, 169 unhealthy families. From this data, it is known that Talang Sali Village is categorized as the most unhealthy family because there are several indicators that have not been fulfilled among the 12 indicators. These indicators include:

1. Families participating in the Family Planning (KB) program are still low;
2. The mother gives birth at a health facility;
3. There are still babies who have not received the correct complete basic immunization;
4. There are still babies who receive exclusive breast milk (ASI);
5. Toddlers get growth monitoring;
6. Patients with pulmonary tuberculosis receive standard treatment;

7. Patients with hypertension take regular medication;
8. People with mental disorders receive treatment and are not neglected;
9. Many family members still smoke;
10. There are still many families who have not become members of the National Health Insurance (JKN), one of which is BPJS;
11. There are still families who do not have access to clean water facilities;
12. There are still many families who do not have access to or use healthy latrines because there are still many toilets that are not standardized or make urination in the river flow. Based on the above background, the researchers were interested in researching: Implementation of the Healthy Indonesia Program with a Family Approach (PIS-PK) (Study at Puskesmas Seluma Timur).

LITERATURE REVIEW

1. Overview of Public Policy

a. Definition of Public Policy

The very core dimension of public policy is the policy process. Here public policy is seen as a process of activity or as a single system that moves from one part to another in a continuous manner, mutually determining and shaping one another. In his book *Public Policy*, Nugroho (2009: 494-495) gives the meaning of policy implementation as "a way for a policy to achieve its goals. Nothing more and nothing less. He also added that to implement public policy, there are two choices of steps, namely: directly implementing it in the form of a program or through the formulation of a derivative policy or derivative of the public policy.

Public policy is an important component in the rate of development of a country, as a response to and intervention from public problems and as a government effort to manage life together. Nugroho (2012: 30) argues that all countries face relatively the same problems, what

distinguishes is how the government responds to these problems, this response is known as public policy. The ability of policy-making actors to develop, establish and implement superior public policy policies will determine the excellence of a country both now and in the future.

b. Effectiveness of Public Policy Implementation

The effectiveness of policy implementation is a measure of the achievement of previously formulated policy objectives. The effectiveness of policy implementation is related to the extent to which the implementation has achieved the expected policy objectives. Riant (2012: 707-710) states that there are five "right" points that need to be met in terms of the effectiveness of policy implementation.

- a. Right policy, the accuracy of policy is judged by the extent to which the existing policy contains things that solve the problem to be solved. Has the policy been formulated according to the character of the problem to be solved. Is the policy made by an institution that has the authority (institutional mission) in accordance with the character of the policy.
- b. The implementer is right, there are three institutions that can become implementers, namely the government, cooperation between government and society / private sector, or implementation of monopolistic policies.
- c. Right on target, whether the target that was intervened was as planned, did not overlap or conflict with other policy interventions. whether the target is ready for intervention or not. And whether the policy implementation intervention is new or updates the previous policy implementation.
- d. Environmentally appropriate, the environment in this case is divided into an internal policy environment that is

related to the interaction between policy makers and policy implementers with other related institutions. And the external environment of policies relating to public perceptions of policies and policy implementation.

- e. Exact process, consisting of three processes. Namely Policy Acceptance, the public understands policy as a rule and the government understands it as a task that must be carried out. Policy adoption, the public accepts policy as a rule and the government accepts it as a task that must be carried out. Strategic Readiness, the public is ready to implement or become part of policy, and bureaucrats are ready to implement policies.

Riant (2012: 710) also adds that these five points still need to be supported by three types of support, namely political support, strategic support and technical support.

c. **Overview of the Healthy Indonesia Program with a Family Approach (PIS-PK)**

Family is an association of two or more individuals who live together in an emotional, attachment and each individual has their respective roles which are part of the family (Fatimah, 2010). According to Mubarak (2009) a family is an association of two or more individuals who are bound by marital relations, blood relations, or adoption, and each family member interacts with one another. According to Law No. 52 of 2009, defines the family as the smallest unit of society consisting of husband and wife and their children, or father and child, or mother and child (Wirdhana et al., 2012). Family is the first and foremost environment for individual development, because since childhood children grow and develop in a family environment. That's why the role of parents is very central and very big for the

growth and development of children, both directly and indirectly (Ariani, 2009: 17).

Family function is a measure of how a family operates as a unit and how family members interact with one another. This reflects parenting styles, family conflicts, and the quality of family relationships. Family functions affect the health capacity and welfare of all family members (Families, 2010: 35). There are several types or forms of family including (Fatimah, 2010: 14):

1. Nuclear family, namely a family consisting of father, mother, and child obtained from offspring or adoption or both.
2. Extended family, namely the nuclear family plus relatives, for example grandparents, nieces, uncles, aunts, cousins, and so on.
3. The dyadic family, which is a new family formed by a couple who has divorced or lost their partner.
4. Single parent family, namely a family consisting of one parent, both male and female, with their children as a result of divorce or abandonment of their spouses.
5. Mothers with children without marriage (the unmarried teenage mother).
6. Adults (male or female) who live alone without being married (the single adult living alone).
7. Families with children without a previous marriage (the nonmarital heterosexual cohabiting family) or a family of kabitas (cohabitation).

A composite family is a family whose marriages are polygamous and live together.

d. **Concept of Family Approach**

The family approach is one of the puskesmas' ways to increase target coverage and to get closer to / increase access to health services in its working area by visiting families. The Puskesmas not

only provides health services in the building, but also leaves the building by visiting families in its working area. The family is the focus of the Healthy Indonesia program approach because according to Friedman (1998: 37), there are five family functions, namely:

1. The affective function is the main function of the family to teach everything to prepare family members to relate to other people. This function is needed for individual and psychosocial development of family members.
2. The function of socialization is the process of development and change that individuals go through which results in social interaction and learning to play a role in their social environment. Socialization starts from birth. This function is useful for fostering socialization in children, forming norms of behavior in accordance with the child's level of development and passing on family cultural values.
3. The reproduction function (The Reproduction Function) is a function to maintain generations and maintain family continuity.
4. Economic function (The Economic Function), namely the family functions to meet the needs of the family economically and a place to develop individual abilities to increase income to meet family needs.
5. The health care function (The Health Care Function) is to maintain the health condition of family members in order to maintain high productivity.

This function was developed into a family duty in the health sector (Kemenkes RI, 2019: 9). Family duties in health care are:

- a. Get to know the health development disorders of each family member,
- b. Take decisions for appropriate health action,

- c. Providing care to family members who are sick,
- d. Maintain a home atmosphere that is favorable for the health and personality development of family members,
- e. Maintain reciprocal relationships between family and health facilities.

The family approach referred to in this general guideline is an extension of home visits by Puskesmas and an extension of the Community Health Care (Perkesmas) effort, which includes the following activities.

1. Family visits for data collection / data collection on Family Health Profiles and updating of the data base.
2. Family visits in the context of health promotion as a promotive and preventive effort.
3. Family visits to follow up on health services in the building.
4. Use of data and information from the Family Health Profile for community organization / empowerment and management of the Puskesmas.

Health is a basic right of every citizen. Health is also an investment to support the development of a nation. The goal of health development is to increase awareness, willingness and ability to live a healthy life for 173 people so that the improvement of the public health status that can be achieved as high as possible health development must be seen as an investment to improve the quality of human resources in accordance with the mandate of law number 36 years 2009 on health.

In essence, health development is an effort carried out by all components of the nation which aims to increase awareness, willingness and ability to live a healthy life for all people so that the highest degree of public health can be achieved. The success of health development is very much determined by the continuity between program and sector efforts. as well as

continuity with the efforts that have been carried out in the previous period. (Ministry of Health, 2016) The Healthy Indonesia Program is one of the targets to be achieved in the 2015-2019 National Long-Term Development Plan (RPJMN). The goal to be achieved is to increase the health and nutritional status of the community through health and community empowerment efforts supported by financial protection and health care distribution. Other programs are Smart Indonesia Program, Work Indonesia Program, and Prosperous Indonesia Program.

This healthy Indonesia program is then outlined in the form of a 2015-2019 Ministry of Health Strategic Plan Decree of the Minister of Health of the Republic of Indonesia. Number: HK.02.02 / Menkes / 52/2015. Puskesmas is a health service facility that organizes public health efforts and first-level individual health efforts, with a greater emphasis on promotive and preventive efforts, to achieve the highest public health status in its working area (Minister of Health Regulation Number 75 of 2014 concerning Community Health Centers).

The Puskesmas is responsible for one area of government administration, namely a sub-district or part of a sub-district. In each sub-district there must be at least one Puskesmas. The role of the puskesmas in this PISPK is to make a paradigm shift towards a healthy paradigm. Based on the principles of a healthy paradigm, the Puskesmas is obliged to encourage all stakeholders to commit to preventing and reducing the risk of keshetan faced by individuals, families, groups and the community. The Puskesmas was chosen as the research site because the health center was just about to implement the Healthy Indonesia Program with an Approach.

RESEARCH METHOD

This study uses a qualitative method. Bogdan and Taylor in Basrowi and Sukidin (2002: 2) state that qualitative research is a research procedure that produces descriptive data in the form of words or writings and the behavior of the people being observed. Through qualitative research, researchers can identify subjects and feel what they experience in everyday life. Qualitative research is expected to be able to produce an in-depth description of speech, writing, and observable behavior of an individual, group, society, or a particular organization in a particular context setting that is studied from a complete, comprehensive and holistic point of view.

The purpose of researchers using this approach is to see, describe, and gain an understanding of the Implementation of the Healthy Indonesia Program with a Family Approach (PIS-PK) as a Health Development Effort (Study in East Seluma District, Seluma Regency). Researchers can provide a description of the implementation and what factors become obstacles in implementing the program.

RESULTS AND DISCUSSION

1. Implementation of PISPK Policy

The implementation of training also requires funding. In accordance with the technical guidelines for the implementation of PIS-PK, training funding can come from the APBN or APBD. Based on the results of the interview, funding for the implementation of training for the city of Medan uses the APBD. Facilities and infrastructure are important in program implementation. At the Health Office level, there is already a separate area that regulates the needs and fulfillment of facilities and infrastructure required by each Puskesmas, taking into account the ASPAK. Therefore it is important to fill ASPAK by all Puskesmas. In addition, the Health Office will also conduct a direct

visit to the Puskesmas in order to monitor and participate in solving problems in the Puskesmas in its working area.

Puskesmas Seluma Timur has completed filling in the ASPAK to determine the need for facilities and infrastructure for the Puskesmas. In addition, this application can be used as material for consideration by the Department of the need for facilities and infrastructure at the Puskesmas. Roadmaps are also important in implementing PIS-PK policies. So there is a need for a roadmap to implement the PIS-PK policy at the district / city level or the Puskesmas. According to the money guidebook, indicators at the district / city level are the availability of a compliance roadmap for the implementation of health services (infrastructure, medical devices, and SPM) at the district / city level. The Health Office stated that there was a roadmap in compliance with the implementation of health services. And the strategy made by the Health Office is in fulfilling the requirements for data collection, namely computers. Computers are the most important thing in the process of inputting data into the healthy family application, therefore it is important to fulfill computers in every Puskesmas.

For indicators at the Puskesmas level, namely the availability of a fulfillment roadmap for the implementation of health services (infrastructure, medical devices, and SPM) at the Puskesmas level. Likewise, at the Puskesmas level, a roadmap has been established for the implementation of health services. This is because one of the PIS-PK coordinators thinks that the needs in implementing health services, especially facilities and infrastructure, have met in implementing PIS-PK. The existence of a roadmap is also a form factor for the implementation of the PIS-PK policy at the East Seluma Health Center because there is already a vision, mission and targets that must be implemented by the East Seluma

Puskesmas. With the roadmap, it is hoped that it can become a strategy and trigger by the coordinating team to immediately complete according to the expected target.

In the data collection preparation process, in accordance with the technical guidelines for implementing the policy, the preparation of prokesga and pinkesga data collection instruments was required. The Health Service Office of Seluma District has provided prokesga and pinkesga to all Puskesmas in their working area. Puskesmas Seluma Timur has also used prokesga and pinkesga in the process of collecting public health data.

The Puskesmas has also received a username to enter data on the healthy family application. However, in this process there are still many obstacles faced by the Puskesmas, especially in inputting data into the healthy family application. According to the results of an interview with one of the PIS-PK coordinators, the healthy family application often experiences network problems and is difficult to access by Puskesmas officers. This is also one of the low achievements of PIS-PK at the East Seluma Health Center in the Seluma District Health Office. It can be proven by the difference between the number of family visit data collection and the number that has been inputted into the healthy family application. Implementation can be seen by the presence of reporting. The Health Office has held a meeting to discuss the results of family visits at all Puskesmas at Puskesmas Seluma Timur. However, because not all Puskesmas have completed data collection (total coverage), the Office has not been able to complete the presentation at the Regency / City level. In addition, it is also not possible to determine the results of the analysis of the 12 indicators of KS at the district / city level, because not all Puskesmas have analyzed the 12 indicators.

The implementation of the PIS-PK policy at the Seluma Timur Health Center

is carried out based on the procedures and instructions that have been set by the policy makers. The PIS-PK implementation guidelines have been regulated by the Ministry of Health of the Republic of Indonesia in 2016. The stages of each process of implementing the PIS-PK policy have also been explained through the technical guidelines and will serve as guidelines for policy implementation actions.

This is in accordance with Nugroho's theory which explains that there are four main issues for effective policy implementation, namely, communication, resources, disposition or attitude and structure of employees.

- a. Communication related to how policies are communicated to an organization or the public, the availability of resources in program implementation, attitudes and responses from parties involved, and how the organizational structure of implementing policies is. In this case, communication is closely related to the internal and external policy socialization process to parties related to the implementation of PIS-PK.
- b. Sumber daya yang berkenaan, dengan ketersediaan sumber daya manusia sebagai pendukung, dan dengan kecakapan pelaksana kebijakan publik untuk carry out kebijakan secara efektif. Dalam hal ini sumber daya yang berkaitan adalah dari pihak Puskesmas yang mempunyai tugas dan kewajiban dalam melaksanakan tugas di dalam Puskesmas dan juga harus melakukan pendataan kunjungan rumah. Sumber daya lainnya dari pihak eksternal yang belum memahami dengan baik tentang kebijakan PIS-PK.
- c. Disposisi yang berkenaan dengan kesediaan para implementor dalam melaksanakan kebijakan. Dalam hal ini, dari pihak Dinas Kesehatan dan juga Puskesmas telah bersedia dalam melaksanakan kebijakan. Namun dari

Puskesmas tidak seutuhnya melaksanakan pelaksanaan PIS-PK sesuai dengan aturannya.

- d. Struktur birokrasi yang berkenaan dengan kesesuaian organisasi yang menjadi penyelenggara implementasi. Dalam hal ini, dari pihak Dinas Kesehatan dan juga Puskesmas telah membuat tim penyelenggara / koordinator dalam pelaksanaan kebijakan PIS-PK, namun Puskesmas Seluma Timur belum membuat SK terkait struktur birokrasi dalam pelaksanaan kebijakan. Selain itu terjadinya perbedaan antara Kepmenkes dengan Perwal Kabupaten Seluma tentang pelaksanaan PIS- PK di Puskesmas Seluma Timur.

CONCLUSION

Based on the results of the research conducted, it can be concluded as follows:

1. Implementation of Healthy Indonesia Program with Family Approach (Study at Puskesmas Seluma Timur), it can be concluded that the implementation of PIS-PK at Puskesmas Seluma Timur is in a good category by taking into account the suitability of implementation actions with Permenkes RI No.39 of 2016 concerning Guidelines for Implementing Indonesian Programs Healthy with a Family Approach (PIS-PK). This good category has implemented twelve indicators of the implementation of the Healthy Indonesia Family Approach Program. The twelve main indicators are as follows:
 1. Families participate in the Family Planning (KB) program
 2. The mother gives birth at a health facility
 3. Babies receive complete basic immunization
 4. Babies receive exclusive breast milk (ASI)
 5. Toddlers get growth monitoring
 6. Patients with pulmonary tuberculosis receive standard treatment

7. Patients with hypertension take medication regularly
8. People with mental disorders receive treatment and are not neglected
9. No family members smoke
10. The family is already a member of the National Health Insurance (JKN)
11. Families have access to clean water facilities
12. Families have access to or use healthy latrines.

The things that underlie the PISPK program in East Seluma District. The good and effective categories are also supported by: one, formulating public policies (policy formulation) ;. Second, the implementation of the PISPK program. Third, the evaluation of the PISPK program.

2. Internal support has been seen from both communication and mutual support as well as external support in the form of attitudes or responses from the community and across sectors, while internal barriers in the form of weak servers are still not resolved and external obstacles in the form of difficulty meeting family members complete can be handled properly.

SUGGESTION

Suggestions that researchers can give in implementing the Healthy Indonesia program with a Family Approach (PIS-PK) as an effort to develop health at the East Seluma Health Center are:

1. Increasing the number of Human Resources, in this case are surveyors and adjusted to the coverage area of the program and Puskesmas according to the criteria stipulated in the Minister of Health No. 81 of 2004 concerning Guidelines for Health Human Resource Planning at the Provincial, District / City Levels For Puskesmas in the category of inpatient care, it must reach 42 people, this is so that the program can be completed effectively and efficiently.

2. To solve the problem of servers that are difficult to access, the Ministry of Health of the Republic of Indonesia should increase the capacity of the server to accommodate data from 34 provinces in Indonesia, so that each party concerned can access and upload data easily and does not require a long time so that officers can immediately complete the task.

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