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Health Services in Health Centers Located Regions, Limitations, and Islands

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ABSTRACT

The coverage and even distribution of health services, throughout the territory of the Republic of Indonesia particularly in Remote Areas, Border and Islands (DTPK) need to be improved. With the formulation of action plans and development plans by the Government, one of which is the strategy of the Ministry of Health of the Republic of Indonesia, 2015 is to increase the access of the Remote, Border and Islands (DTPK) communities to quality health services. This research was a descriptive observational research at Tanimbar Kei Public Health Center of Southeast Maluku District of Maluku Province. The study was conducted from March to June 2016. Data were collected through interviews with 93 community respondents and local community health centers at randomly selected. As well as the results of the author's observations during his work at the Health Office of Southeast Maluku District, also conducted a review of documents/policies, (literature). The amount of manpower is only 2 people that is 1 nurse educated School of Health Nurse (SPK) and Midwife. Facilities are also very lacking of medical equipment amounting to 10 and non medical amounting to 6 is 2 tables and 4 chairs. Remote Areas, Borders and Islands (DTPK) have extreme topography; The role of infrastructure is one of the important physical components for DTPK. There is a significant correlation between the condition of infrastructure and the socio-economic activities of the community, as well as the welfare of the people at the border; and the availability of health services and supporting facilities in remote areas, borders and islands (DTPK) is still low.

Keywords: Health services, Public health center, Remote areas, Borders, Islands

INTRODUCTION

Background

DTPK stands for remote areas, border, and Islands is one of the government programs in the effort of acceleration and/or special treatment, among others for health development in remote areas, borders and islands, especially directed to the eastern part of Indonesia. This is explicitly stated in the Decree of the Minister of Health of the Republic of Indonesia Number HK.02.02/MENKES/52/2015 on the Ministry of Health's Strategic Plan 2015-2019 and seven leading activities of the Ministry of Health in 2011, border and islands⁽²⁾.

The objectives of DTPK development in the health sector are among others to increase the coverage and equitable distribution of quality health services for communities in remote border areas and islands especially in priority national health centers. In order to increase the coverage and distribution of health services, an action plan and development plan have been developed. According to the Ministry of Health, 2010, there are six strategies that have been determined: Mobilizing and empowering the community in DTPK, Improving the access of DTPK community to quality health services, Improving the financing of health services in DTPK, Increasing Empowerment of Health Human Resources in DTPK, Increasing availability of drugs and supplies and strategies, and Improving public health center management in DTPK, including surveillance, monitoring and evaluation system, and Health Information System.

Ministry of Health Republic Indonesia developed action plans and operational development plans for field implementation including community empowerment in the form of Desa Siaga, village health post (Poskesdes), integrated service post (Posyandu), improvement of Mother and Child Health (KIA) program, Nutrition, Infectious Disease Prevention, Doctor Fly, Doctor Plus, Home Sick Moves, health financing improvement in the form of Special Allocation Fund (DAK), Co-Administration (TP), Deconcentration Fund, Bansos Program, Community Health Insurance (Jamkesmas), BOK Health Operational Assistance), Maternity Assurance

(Jampersal), Human Resource Development, in the form of Non-Permanent Employee (PTT), Special Assignment, Task of Learning, improvement of fulfillment of medicines and health equipment, improvement of health management (including training of health center management, Surveillance program); development of Basic Essential Neonatal Obstetric Services (PONED) at public health center and Maternity and Infant Hospital (RSSIB) and Comprehensive Essential Neonatus Obstetric Services (PONEK) at the Hospital; improvement of performance and Performance of public health center in border areas between countries; and the development of Flying Health Care; and Supporting inter-island transport with Public Health Centers ⁽⁴⁾. In the remote and remote health service guidelines for public health center in DTPK, it is argued that with limited personnel in DTPK, the mandatory service efforts are: Health promotion, environmental health, maternal and child health and family planning, community nutrition improvement, prevention of disease, and treatment, preparedness and emergency. There are three target groups of infants, toddlers, and pregnant/childbed/ breastfeeding women.

Particularly with regard to health facilities in underdeveloped areas, borders and islands regulated in PMK Number 90, 2015 on Health Services in remote and very remote FASYANKES (DTPK). Health Service Facilities according to PMK Number 90 Article 1 of paragraph 1 is a place used to conduct health care efforts, whether promotive, preventive, curative or rehabilitative conducted by the government, local government and/ or community.

Southeast Maluku district which is the location used for the research is the only district in Maluku province which is not included in underdeveloped areas Based on Presidential Regulation Number. 131/2012 on the Determination of Disadvantaged Regions 2015-2019, the number of disadvantaged areas reaches 122. Health Office of Southeast Maluku District as a government-owned organization in the region responsible for the development of health services at the district level, which is expected to implement and enforce any mandatory mandated provisions and legislation relating to Public health center health Services at DTPK.

Responding Kepmenkes RI Number. HK.02.02/MENKES/52/2015 and seven leading activities from the Ministry of Health in 2011, among others, concerning the remote areas, borders, and islands. Health Office of Southeast Maluku district continues to fix itself so that from year to year continue to experience improvement both health service facilities and infrastructure and improvement of health human resources quality throughout the region of Southeast Maluku District. However, it can not be denied that there are still some public health centers that are still far from expectations. Especially public health center that are difficult to reach through the mainland are Tanimbar Kei Community Health Center, where many of them are lagging compared to public health center in urban areas and public health center which can still be reached by land transportation.

METHODS

This research was a descriptive observational research. The study was conducted from March 2016 to June 2016 at the Tanimbar Kei Public Health Center, Southeast Maluku District of Maluku Province. Data were collected through interviews with 93 respondents in Tanimbar Kei Village and local public health workers who were randomly selected and observed by researchers during their work in the Health Office of Southeast Maluku Regency and also conducted document/policy review (literature).

RESULTS

Tanimbar Kei Public Health Center is one of public health center auxiliary where the parent health center is Ohoira public health center which is one of 17 public health center located in Southeast Maluku District with an area of 1.027 Ha.

Table 1. Health Service Facilities of Tanimbar Kei Public Health Center

Number	Health Service Facilities	Description
1	Human Resources	
	School of Health Nurse (SPK)	1 staff
	Midwife	1 staff
2.	Facilities and infrastructure of Public Health Center	
	4 Wheel Vehicles	Not available
	2 Wheel Vehicles	Not available
	Speed Boat	Not available
	Medical Equipment	10 items
	Non-Medical Equipment	6 items
	Public Health Center auxiliary	1 unit

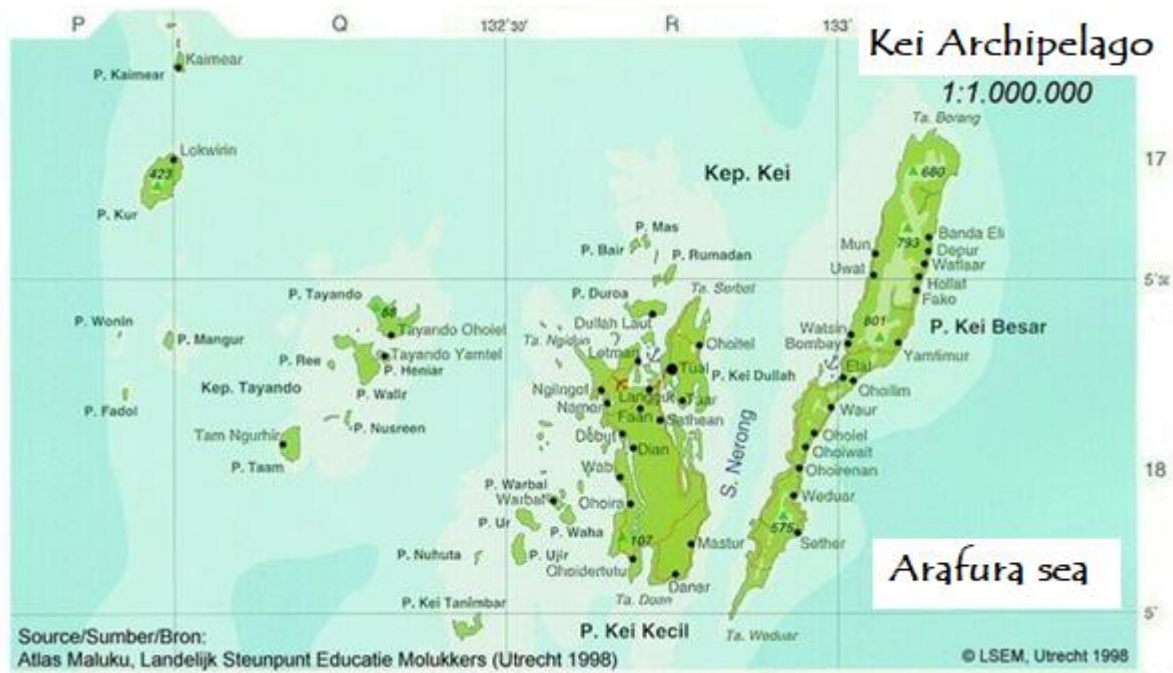


Figure 1. Map of Kei Islands

The basic problems that arise in Public Health Centers of DTPK are a little human health resources, that are difficult to reach especially in extreme weather conditions, environmental conditions such as infrastructure facilities and infrastructure that have not been sufficient, public knowledge and behavior on health is still low that is the lack of public understanding about the importance of health for both individuals and community groups.

DISCUSSION

Human Resources

The number of health personnel available at the public health center has not been able to complete all mandatory health efforts implemented in public health center especially outside services. This is due to the wide area of public health center and difficulty to reach the target. Therefore some activities minus the number of visits that should be once a month to 3 months, especially for difficult villages. As a result, service coverage outside the building is lower than the more accessible villages.

In some public health center, officers found incompetent with their responsibilities. As an example of drug services, health promotion and eradication of infectious diseases done who only graduated from junior high or high school. Planning of personnel needs at public health center should be done by macro-level analysis of long-term impact of various training strategies and employee recruitment. Furthermore, micro analysis of health personnel profile was performed. With macro analysis will be known the number of personnel to be planned while the micro analysis will determine the type of health personnel who should be recruited. It is mentioned that the deployment of personnel starts with an assessment of the needs of local services after a functional analysis⁽⁶⁾. In remote areas in Sumenep and South Central Timor districts indicate that the appointment of civil servants candidates in remote areas is not a priority. Given the reward in the form of financial incentives for remote areas is no longer there will be difficult in recruiting civil servants to want to settle in remote areas. public health center resources especially in remote border areas still need to be addressed, especially about the balance of working period, workload and reward for health workers civil servants and non-permanent employees⁽⁸⁾.

Doctor of civil servants candidates as head of public health center having bigger duty and responsibility but get fewer reward compared to non-permanent employees doctor with less responsibility and experience. The continuity of non-permanent employees doctors who frequently change will affect the management of public health center. Doctor of non-permanent employees with a contract period for 1 year was too short to be able to manage the health center well because with that period has not mastered the program public health center. In addition, doctors need to adapt to the environment and it takes time for people to know it.

The number of nurses and midwives is very less when viewed from the needs of good areas of service in the building treatment, exacerbated by the attitude of nurses who are just waiting for the arrival of patients. The low number of patient visits to the public health center proves that the primary public health center is difficult to

reach by the community in terms of geographical location, lack of transportation facilities and low ability of the public to pay for transportation costs. The community expects health workers at public health center to perform medical services at home or at a place close to where they live. This situation indicates the ineffective time spent by nurses and midwives in performing their duties at public health center. This situation is supported by Wasis *et al.* (2007) that 32.9% nurse work time is ineffective and midwife is 43.09%. This shows the absence of activity and can not be recorded in the observation.

Service Access

Public health center as the primary service providers that are the mainstay of service for the community, has not been able to provide services for remote areas of border and islands especially in border areas. The working area of the public health center is wide enough, geographically difficult to reach, the population is small, spread in small groups far apart.

One of the causes is due to the difficult geography conditions and the changing climate/weather. Public health status and coverage of health services in remote border areas are still low. The general public does not have knowledge and behavior of healthy living and unfavorable environmental conditions. The use of public health center in remote border areas is, among others, influenced by affordability (access) of services.

Access to services is not only due to distance problems, but there are two determinants that are determinants of supply are service factors and demand determinants are user factors⁽⁷⁾. Determinant provision consists of service organization and physical infrastructure, service place, availability, utilization and distribution of officer, service cost and service quality. While the determinants of demand that is a factor of users include low education and socio-cultural conditions of society and the level of low or poor community income. The primary need for access to effective services: the availability of affordable facilities and personnel, distance and finance and socially acceptable social-cultural issues.

Environmental Conditions

Remote Areas, Borders, and Islands (DTPK) have extreme topography. The hilly topography surrounded by oceans lies along the border in the border region of the Republic of Indonesia with Malaysia, especially on the island of Borneo. In addition, geographical conditions are still isolated because of the limitations of road infrastructure, land transportation, rivers and other public facilities. This condition has an impact on the social welfare condition, economy, education and skill of remote area, border and islands which are still left behind compared to the people of Serawak. Therefore, border areas should be a top priority for infrastructure development because if not paid attention does not close the possibility of people in DTPK will move citizenship to neighboring countries.

The role of infrastructure is one of the important physical components of the border region. Therefore, there is a significant correlation between the condition of infrastructure with the pulse of socio-economic activities of the community, and also the welfare of the people at the border. The development of a systematic, consistent and targeted infrastructure will lead to improvements in the welfare of border communities. The availability of health services and supporting facilities in Underdeveloped Regions, Border and Islands (DTPK) is still low. If viewed from the existing resources, the number of health workers required, both in the field of promotive, preventive, curative, and rehabilitative are still many who are concentrated in large cities only. Although the number of health personnel is sufficient, but the distribution is less evenly distributed. The spread of local health personnel should be optimized, especially to remote areas. The optimization of health personnel is one of the efforts to increase the availability, equity, and quality of health workers, especially in remote, backward, border, and archipelago areas (DTPK).

Many healthcare complaints about the discrepancy between the type and quantity of drugs with cases of illness handled are of particular concern. Should be in the fulfillment of medicinal needs need to be adapted to the existing epidemiology in the area of public health center⁽¹⁾. Epidemiology of disease is very important in setting priorities and target populations. By studying the spread of existing diseases in the area of health centers can be used to determine the focal point of service associated with the type and amount of drugs and types of health equipment.

Health equipment and health supporting facilities (laboratory) in public health center is insufficient. The lack of health equipment and health support facilities (laboratories) at public health center often disappoint the people who have to travel far and difficult. This situation reinforces the community's interest not to seek treatment at public health center. The availability of medical devices, consumables, medications need to be added to suit the needs of each public health center. Communication and transportation tools must be met to streamline the accessibility of public health center to the community. Therefore it is necessary to complete the medical equipment and consumables that support health services, especially for cases of disease that occurs in many health centers. The results show that the equipment for midwives in polindes is not fully covered, whereas the village midwife is

burdened with medication and other programs other than MCH. The shortage of this equipment is filled with self-purchased by the village midwife. This situation is similar to the results of research conducted Handayani *et al.* (2006) showing the lack of healthcare needs in polindes. The number of emergency cases requires special tools and skills, but in reality is lacking. Given that the public health center and its network (pustu, polindes) are the first targets for emergency cases, the provision of emergency equipment needs to be available in all public health center networks and the need to provide skills to the health personnel responsible for the health facility.

When viewed from the determinants of provision, an important issue in remote border areas is the transportation problem in addition to the public health center resource problem. Therefore, the fulfillment of transportation needs is planned well. Estimates of transportation needs depend on a number of factors including area conditions, number and distribution of service targets as well as the number and type of activities undertaken⁽¹⁾. In relation to the above, the Ministry of Health should pay special attention to remote border areas by taking into account the condition of the region, the number, the distribution of service targets as well as the number and types of activities undertaken. When viewed from the determinants of demand that is from the user factor, the existing constraints are the distance where the user resides from the place of service, the difficulty of access to health services, lack of funds for transportation costs and lack of funds for medical expenses due to the economic condition of the community. Special attention is required from the Ministry of Health together with local governments to address the issue. A truly qualified healthcare service in Indonesia must now be recognized only accessible to people with access to quality healthcare facilities, is geographical access (only in large cities with facilities and clinics complete and competent), access to finance (only the upper middle class can pay out-of-pocket who can get quality services), access to good relations (only physician colleagues or family doctors who get services "like their own family") or access information only certain people can get quality information on certain health care facilities) and other special access⁽⁹⁾.

Policy Issues

The border area should be a State Show or the front of the territory of the Unitary State of the Republic of Indonesia (NKRI) should look good because it is located at the front (porch), but so far in the border area there is still disparity between our region and neighboring countries. The border area for Indonesia is still like a backyard, the border is identical with poverty and backwardness. Infrastructure of the border is very minimal, in addition to the condition of our citizens are also still entangled with various limitations. They still find it difficult to access basic needs, such as education, health, nutrition and employment. Their condition is too poor, not so with neighboring countries. Patrolling facilities and infrastructure for the Indonesian national army on the border of West Kalimantan are minimal. The Malaysian military is very modern and good. Residents of Karimun Regency prefer to work in Malaysia or Singapore because promising better income, but also they can travel in a short time. Therefore, the border area should be a social interface space where border community cosmopolitanism is seen as a force to build a prosperous NKRI home page.

Fulfillment of basic health service facilities and infrastructure in DTPK according to topography. This option is very basic, because we are exposed to self-esteem as a nation in the presence of other nations (as a window for the border area). The obligation to provide health services should be the main reason, while the economic (efficiency) reason should be the number. If this option is not exercised, the threat of disintegration or the shifting of society in the border region to the opposite country would harm nationalism and nationalism. Fulfillment of transportation for referrals in DTPK according to topography. This option is more as a support option for the first option. This option is to ensure that wherever the people are in the territory of the Unitary Republic of Indonesia, the government is still trying to provide access to health services to advanced. This option is strategic to prevent the crossing of the border population, especially in the land border areas with Malaysia, whose health care is relatively better.

Increased competency of health personnel already available in DTPK. This option is very strategic, especially to overcome the impact due to the lack of health personnel available in DTPK. If this option is not carried out the impact of the lack of health personnel will be felt by residents in DTPK. Need a separate reward system policy study for health personnel in DTPK. This option is strategic to attract new personnel to work in the DTPK area, as well as to maintain strategic personnel already available. The reward system is not just a salary or higher money rewards, but it can be a more interesting career path or more humane support facilities. If this option is not exercised, the availability of health personnel in the DTPK area will continue to be a problem. Recruiting new recruits will only have a momentary impact, sustainability will not be guaranteed.

CONCLUSION

The availability of health service facilities and infrastructure in public health center of DTPK has not been met well. The health service pattern of public health center in DTPK is not yet optimal. public health center officers at DTPK especially doctors and paramedics have not received the appropriate rewards for their duties.

The fulfillment of the availability of facilities and infrastructure of health services of public health center and its network in remote areas of border and archipelago as well as pattern of service excellence at least parallel with other area health services. Provision of special incentives through activities incorporated into special co-administration tasks regardless of employment status and origin. Implement exchange of nearest inter-state health center officers regularly to follow up International Health Regulation (IHR). In addition, it is necessary to improve the competence of health workers in DTPK. Especially for border personnel, training can be conducted in neighboring countries with better quality and fulfillment of transportation availability for reference in DTPK according to the topography of the provision of Sea Boat (Speed Boat) as well as ship or boat of certain type and fuel-efficient.

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