

IMPLEMENTATION OF NAWA CITA'S 5TH AGENDA IN THE HEALTHY INDONESIA PROGRAM WITH A FAMILY APPROACH

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ABSTRACT

The Healthy Indonesia Program is one of Nawa Cita's 5th agenda programs to improve the quality of life of Indonesian people. PIS-PK at the Nipah Community Health Center in 2022 has not achieved 100% on all indicators, so an assessment of the input, process and output is needed to determine the implementation of PIS-PK at the Nipah Community Health Center as a first step to finding the root cause of the problem. This research was conducted at the Nipah Community Health Center, using a case study approach with descriptive analysis. The data collection method is through observation, document review and FGD with 6 key informants. The results found that the implementation of PIS-PK on input indicators was still not optimal in the aspects of human resources, facilities and infrastructure, and funding. In the process indicator, further intervention has not been implemented in families that are in the unhealthy category and the IKS output indicator is at $0.16 < 0.80$, which means it is in the unhealthy category. So it can be concluded that the implementation of PIS-PK at the Nipah Community Health Center has not been carried out optimally.

Keywords: Public, Health, Policy

INTRODUCTION

Health development is one of the national development efforts aimed at increasing awareness, willingness and ability to live healthily in order to realize the highest level of public health 1. The Healthy Indonesia Program is one of Nawa Cita's 5th agenda programs, namely improving the quality of life of Indonesian people 2. The PIS-PK

program is an operational health development strategy that aims to improve the health status and nutritional status of the community starting from a basic approach, namely the family 3. The implementation of PIS-PK emphasizes an integrated approach to health service access, availability of health workers, financing and

infrastructure including community and individual health efforts programs that cover the entire family in the work area of the health center with the attention of the health center management 4. The PIS-PK program consists of data collection activities, data analysis to identify problems, and preparation of activity plans 5.

One of the community health centers in North Lombok Regency that has implemented PIS-PK is the Nipah Community Health Center. The results of the preliminary study found the problem that the achievements of the PIS-PK program at the Nipah Community Health Center in 2022 had not yet achieved 100% on all PIS-PK indicators. The lowest achievement in the family indicator participating in the family planning program was 19.94%. The healthy family index (IKS) is still in the unhealthy category (IKS $0.10 < 0.8$) so families have low self-awareness of healthy living. The family approach has improved society's perception and practice of health and related issues 6. found a consistent effect of family health programs on reducing mortality across the age distribution, especially in early childhood 7.

Apart from that, there are problems with management at the Nipah Community Health Center in implementing PIS-PK in the form of short-term target plans that have not been met, strengthening PIS-PK human resources and cross-sectoral collaboration, as well as monitoring the implementation of PIS-PK which has not been optimal, as the results of previous research found that PIS - PK has been implemented but is not running optimally 8, So an assessment of the input, process and

output is needed to determine the implementation of PIS-PK at the Nipah Community Health Center as a first step to find the root cause of the problem.

The urgency of this research is because the family approach is one way that the Community Health Center can use to increase target reach and bring closer/increase access to health services in the work area. The need for participation from family members in monitoring and controlling the health and care of themselves and family members, accompanied by medical personnel who work together with the village to increase self-efficacy so as to reduce morbidity and mortality rates.

LITERATURE REVIEW

The Healthy Indonesia Program is one of the nine priority agendas (nawa cita) of the President's vision and mission. This is explained in the fifth agenda which contains, Improving the Quality of Life of Indonesian People. In order to make this happen, the Healthy Indonesia Program was held which later became the main program in Health Development. The Healthy Indonesia Program is one of Nawa Cita's 5th agenda programs, namely improving the quality of life of Indonesian people. The Healthy Indonesia Program subsequently became the main program in Health Development. The Healthy Indonesia Program with a Family Approach (PIS-PK) is one of the Puskesmas' efforts to increase target reach and increase community access to family services (Kementrian kesehatan RI, 2018).

The Healthy Indonesia Program is implemented by upholding three main pillars, namely: (1) implementing the healthy paradigm, (2) strengthening health services, and (3) implementing National Health Insurance (JKN). The implementation of the healthy paradigm is carried out with a strategy that prioritizes health in development, strengthening promotive and preventive efforts, and empowering the community. Strengthening health services is carried out with strategies to increase access to health services, optimize the referral system, and improve quality using a continuum of care approach and health risk-based interventions (Kementrian kesehatan RI, 2016).

The Healthy Indonesia Program With a Family Approach (PIS-PK) integrates program implementation through an approach of 6 main components in strengthening the health system (six building blocks). These components are strengthening health service efforts, availability of health workers, health information systems, access to the availability of essential medicines, financing and leadership (Kementrian Kesehatan RI, 2017).

The data collected is general and specific data. General data includes: map of the Puskesmas working area, resource data, community participation data, as well as population data and program targets. Special data includes: health status, extraordinary events, health service program coverage, and family data survey results which include data for each family from all families in the Puskesmas work area (total coverage) (Kemenkes RI, 2016).

Question formulation: How is the implementation of the 5th Nawa Cita agenda in the Healthy Indonesia

Family Approach Program (PIS-PK) on input, process and output indicators at the Nipah Community Health Center?

The aim of this research is to analyze the implementation of the 5th Nawa Cita agenda in the Healthy Indonesia Program with a Family Approach (PIS-PK) at the Nipah Community Health Center.

METHODS

This research is qualitative research with a case study approach which will be analyzed descriptively to produce an overview of the implementation of PIS-PK. The research location will be carried out at the Nipah Community Health Center which is located at Malaka Village, Selamat District, North Lombok Regency. The research data collection method will be carried out through direct observation of facilities and infrastructure in the implementation of PIS-PK, Focus Group Discussion (FGD) with 6 key informants consisting of 1 head of the Nipah Community Health Center and 5 PIS-PK program holders at the Community Health Center Nipah was included in the PIS-PK training to get a description of PIS-PK implementation at the input, process and output stages. Apart from that, data collection will also be carried out by reviewing documents to obtain achievement scores for the 12 PIS-PK and IKS indicators at the Nipah Community Health Center. Data analysis will use content analysis techniques. The data analysis stages consist of data reduction, data presentation and conclusion drawing. The data was processed using a computer and tape recorder, the data was then transcribed into a transcript of the FGD results, then the data was simplified and entered into a matrix based on input, process and output

items. Then a content analysis is carried out which is explained in the narrative and conclusions are drawn.

RESULTS

1. implementation of the 5th Nawa Cita Agenda on PIS-PK at the Nipah Community Health Center on input indicators

The Nipah Community Health Center has completed the entire data collection (total coverage) in 2020. Apart from that, the Nipah Community Health Center has also carried out initial

interventions but has not carried out further interventions. In this research, the implementation of PIS-PK at the Nipah Community Health Center is seen through input, process and output indicators. The input indicators are assessed using the elements of policy, human resources, facilities and infrastructure, and funding. The results of research on the implementation of the 5th Nawa Cita Agenda on the PI-PK at the Nipah Community Health Center on the input indicators can be seen in table 1 below:

Tabel 1. Implementation of the 5th Nawa Cita Agenda on PIS-PK at the Nipah Community Health Center on Input indicators

Indicator	Element	Implementation
		Regulation of the regent of North Lombok Regency regarding the implementation of PIS-PK by all Community Health Centers in North Lombok Regency
		Internal and external socialization of Minister of Health Regulation No. 39 of 2016 concerning guidelines for implementing PIS-PK
		socialization of Minister of Health Regulation No. 44 of 2016 concerning Community Health Center Management Guidelines
		PIS-PK Team Decree number 18/01/PKM.N/1/2023
		A total of 16 people.
		The SK was replaced 3 times with different members and team leaders
		1 time PIS-PK training in 2018, attended by the PIS-PK team leader
		Participate in community health center management training
		TOT training has never been carried out
		Medical equipment borrowed from other units
		There is no electronic device (laptop) specifically for the PIS-PK program
		There is wifi/internet network

funding	funding comes from health operational assistance (BOK) in 2018-2022
	The following year, using Regional Public Service Agency (BLUD) funds, he participated in the community health center program

Based on table 1, it can be seen that the implementation of the PIS-PK program policy at the Nipah Community Health Center on input indicators is still not optimal, namely in the aspects of human resources, facilities and infrastructure, and funding.

2. implementation of the 5th Nawa Cita Agenda on PIS-PK at the Nipah Community Health Center on process indicators

The indicators for the PIS-PK implementation process at the Nipah Community Health Center are assessed using elements of recording and reporting and community health center management. The results of research on the implementation of the 5th Nawa Cita Agenda at PI-PK at the Nipah Community Health Center on process indicators can be seen in table 2 below:

Table 2. Implementation of the 5th Nawa Cita Agenda on PIS-PK at the Nipah Community Health Center on process indicators

Indicator	Element	Implementation
		Implementation of family visit activities and total coverage in 2020
		Early intervention has been carried out
		Further intervention has not yet been carried out
		The recording instrument uses the PIS-PK questionnaire from the Ministry of Health
		Recording and reporting using the healthy family application
		Already have an account number (username) on the healthy family application
		Internal monitoring and evaluation twice a year (beginning of year and end of year)
		Mini workshops are routinely held once a month

Based on table 2, it can be seen that the Nipah community health center has carried out the process of recording and reporting as well as managing the community health center in the PIS-PK program. Although in the implementation of PIS-PK, further interventions have not been implemented for families that fall into the unhealthy category.

3. implementation of the 5th Nawa Cita Agenda on PIS-PK at the Nipah Community Health Center on output indicators

The output indicator for the implementation of PIS-PK at the Nipah Community Health Center is assessed using the IKS value. The results of research on the implementation of the 5th Nawa Cita Agenda at PI-PK at the Nipah

Community Health Center on output indicators can be seen in table 3 below:

Table 3. Implementation of the 5th Nawa Cita Agenda on PIS-PK at the Nipah Community Health Center on output indicators

Indicator	Element	Implementation
Output	Healthy Family Indicators (IKS)	0.16

Based on table 3, it can be seen that in the implementation of PIS-PK at the Nipah community health center, the output

indicator shows that the IKS is at $0.16 < 0.80$, which means it is in the unhealthy category.

DISCUSSIONS

1. Implementation of the 5th Nawa Cita Agenda on PIS-PK at the Nipah Community Health Center on input indicators

Nipah Community Health Center is one of the first level health services that facilitates health services that carry out public health efforts as well as individual health efforts. With a form of health service that places more emphasis on promotive and preventive efforts so that a high degree of health can be achieved for the community in the working area of the Puskesmas. The role of the Nipah community health center in PIS-PK is to carry out a paradigm shift for the better in the communities in the working area of the Nipah community health center. The Nipah Community Health Center has carried out socialization of Minister of Health Regulation No. 39 of 2016 concerning guidelines for implementing PIS-PK both internally with all departments involved in the PIS-PK program and externally with the community about PIS-PK in all Nipah Community Health Center

working areas. Apart from that, socialization has also been carried out regarding Minister of Health Regulation No. 44 of 2016 concerning puskesmas management, standards and objectives, and a PIS-PK team has been formed with a decree PIS-PK nomor 18/01/PKM.N/I/2023 The total of 16 people was signed by the head of the Nipah community health center.

Human resources in the health sector are various types of clinical and non-clinical health workers who carry out medical efforts and health interventions in the community⁹. The results of this research are in line with research from Laelasari et al which found that data collection for the PIS-PK program was demonstrated by the formation of a Advisory Team supported by SK. The criteria for HR involved are employees who have been exposed to the PIS-PK program and have attended training¹⁰. The efficiency and effectiveness of the implementation of a program depends on human resources with the existence of

quality and adequate human resources 11.

Training is an important aspect in implementing PIS-PK to increase the quality of implementing PIS-PK at Community Health Centers. Nipah Community Health Center has implemented PIS-PK training and community health center management. Human resources implementing PISPK have been given training from the Ministry of Health, Provincial Health Service, and City Health Service 12.

Research from Ichsan (2020) shows that human resources at the South Kaliwungu Community Health Center have taken PIS-PK training before other Community Health Centers 13. The results of Prasetyo's research state that the impact of the absence of special training in the program is that human resources do not understand the nature of program implementation, human resources do not understand their respective roles and tasks well and human resources have difficulty in evaluating the program 14. Through training, the information needed by human resources can be provided so that human resources better understand the actions that must be taken with families as an effort to support the implementation of PIS-PK 15.

Availability of facilities and infrastructure is one of the important things and needs to be considered. Based on the research results, it is known that the availability of complete facilities and infrastructure used to support PIS-PK data collection in the Nipah Community Health

Center working area is still incomplete, because electronic equipment such as laptops have not been provided specifically for the PIS-PK program so that in the data input process, the team borrowed from the division. other. This was certainly an obstacle for the PIS-PK team because the data input process was slow. Likewise, medical equipment is also borrowed from other divisions/units. One important aspect that must be considered in achieving the program is the readiness of health facilities. Health facilities are supporting facilities that must be well prepared in an effort to provide adequate health services to the community 16.

Infrastructure or physical facilities are an important factor in policy implementation. The implementer may have sufficient, capable and competent staff, but without supporting facilities in the form of facilities and infrastructure, the implementation of the policy will not be successful. Facilities that are often needed regarding surveyor performance in the PIS-PK program are office stationery, Pinkesga, Prokesga, manual entry tools (with IT technology, tablets) and computerized facilities for data entry.

Funding is also an important aspect in achieving PIS-PK goals in the Nipah community health center working area. In 2018-2020, the PIS-PK funding source at the Nipah Community Health Center came from BOK funds, but in subsequent years it no longer came from BOK funds, so the PIS-PK team got around this by using

BLUD funds, which were very limited, a method used by the PIS team. -PK, namely participating in the community health center program which is in line with the PIS-PK program. This limited funding is certainly an obstacle in accelerating PI-PK's goals.

Research from Virdasari et al (2018) found that the funds received by community health centers to carry out family data collection activities came from BOK and BLUD funds 17. The BOK funds that have been received by the puskesmas are not sufficient to meet the various needs of the puskesmas in carrying out family data collection activities, such as holding socialization/meetings, costs for duplicating forms and pinkesga, and labor transportation costs 18. Limited funds result in limitations of all components related to the smooth running of activities such as the socialization budget, officer transport, duplication of questionnaires, duplication of pinkesga, computers, laptops and signals. BOK funds are not allocated in accordance with Minister of Health Regulation Number 19 of 2017, namely for transportation of data collection personnel 19. Meanwhile, BLUD funds are used to procure equipment such as blood pressure monitors and stethoscopes. According to Minister of Health Regulation No. 39 concerning PISPK 2016, the implementation of PIS-PK by community health centers will run well if they carry out preparatory steps which include socialization, financing, organizing and preparing data collection 20.

The success of policy implementation, including PISPK, is very dependent on the ability to utilize available resources. One of them is financial resources in the form of a budget, which if they are not available or insufficient, it becomes a complicated problem to realize what public policy goals are intended to achieve. Likewise with time resources when HR is actively working and the budget is running well, but is faced with the problem of time being too tight, then this can also become an obstacle or failure to implement policies 21.

2. implementation of the 5th Nawa Cita Agenda on PIS-PK at the Nipah Community Health Center on process indicators

PIS-PK family visiting activities at the Nipah Community Health Center have been carried out using instruments that refer to the PIS-PK Implementation Guidelines from the Ministry of Health of the Republic of Indonesia. Research from Virdasari et al (2018) shows that the implementation of family data collection activities at the Mijen Community Health Center begins with explaining the aim and purpose of visiting the home, interviewing according to the prokesga form, measuring blood pressure using a blood pressure monitor and stethoscope, providing advice/health information according to the problem. the health found, and finally the sticker attachment ²². However, family data collection activities were not carried out through home visits and only a

few families were visited, and observations regarding the 12 indicators were not carried out. This is not in accordance with regulations, because based on Minister of Health Regulation Number 39 of 2016 it is known that observations must be carried out in the home environment²³. A health check must be carried out. If an examination is not carried out, early detection will be incomplete and indicate that not all health risks can be detected correctly²⁴. In implementing PIS-PK, interventions are also formed or held which are defined as the main solution to health problems in society²⁵.

In the PIS-PK intervention, the intervention is useful for increasing IKS. Based on the IKS in the Nipah Community Health Center area, there are still unhealthy categories of people so further intervention will be carried out later. The research results show that every implementation of PIS-PK is reported to the head of the community health center in the form of data or verbally, beforehand the prokesga form has been collected from the data inputter first. Based on the results of interviews with data inputters, they said that they reported the PIS-PK results to the head of the community health center at every routine meeting and sent them to the North Lombok District Health Service if requested. Then the results of the family visit data that had been collected to the North Lombok District Health Service provided feedback such as an invitation to a meeting of all community

health centers in the district to discuss evaluating the achievements of PIS-PK and its obstacles. Apart from feedback from the Health Service, the Nipah Community Health Center also provides feedback in terms of direct follow-up for residents who need further care.

Based on Minister of Health Regulation no. 39 of 2016 concerning PIS-PK states that the implementation of PIS-PK by community health centers will run well if they carry out preparatory steps which include socialization, organizing, financing and preparing data collection. Preparation for PIS-PK at the Kaliwedi Community Health Center has been discussed in a mini workshop forum discussing outreach to data collection officers, data collection procedures, preparing forms and stationery, division of teams and regions, determining schedules, then cross-sector outreach. Collaborate with the RT or cadres to prepare before officers come to the area²⁶. Cross-sector support is very important in implementing PIS-PK in the regions. Data collection in all Kaliwedi health center areas received support from across sectors, especially from village/sub-district officials²⁷.

According to the technical instructions for strengthening community health center management through a family approach, home visits are carried out by community health center officers appointed as family coaches, periodically or according to agreement with the family. Family counselors must make a

schedule for home visits, so that there are no overlaps or families not getting their turn to visit. Based on the results of interviews, 2 main informants said that during the visit the family collected data based on 12 indicators on the Prokesga sheet. Apart from that, providing health information in the form of pinkesga, such as providing information about health based on the condition of the home environment visited, for example if there are larvae draining the bathtub, children who have not been immunized are required to be immunized. This is supported by statements from health cadres and residents who said that the team of supervisors who visited the house consisted of 2-3 people by collecting data on all family members and checking the condition of the water and cleanliness of the house, but did not check their health directly and at that time they were seen not carrying equipment health.

After that, the results of the family visit are collected to the data entry for recapitulation. If there are results that indicate individual health problems according to the results of interviews with 3 main informants, then referrals are made to come to the community health center for those who need further examination and vice versa, if no referral is needed, education is only provided directly during family visits.

3. implementation of the 5th Nawa Cita Agenda on PIS-PK at the Nipah Community Health Center on output indicators

The role of the Nipah Community Health Center in PIS-PK is to carry out a paradigm shift for the better. In the principles of the healthy paradigm, community health centers have the obligation to encourage all interests to commit to preventing and reducing the health consequences that directly impact individuals, families, groups and the entire community. As well as empowering the community and strengthening the health services sector by using strategies to increase access to health services²⁸. The measure of success of PIS-PK technically is to improve the quality of life of the community which is known from the completion of data collection/total coverage so as to resolve health problems in an appropriate and targeted manner.

Based on PMK No. 39 of 2016 concerning guidelines for implementing PIS-PK, the implementation of PIS-PK at the Nipah Community Health Center aims to carry out a service approach by the Community Health Center that integrates individual health efforts (UKP) and community health efforts (UKM) in a sustainable manner, targeting families, based on data and information from the Family Health Profile.

The implementation of PIS-PK is a breakthrough made by the government in improving the quality of human life or improving the level of public health²⁹. The implementation of the Healthy Indonesia Family Approach program aims to improve services for families and access for family members to comprehensive

health services³⁰. The success of program implementation can be measured if the size and objectives of the policy are realistic given the existing socio-cultural conditions. When policy measures or policy goals are too ideal (even too utopian) to be implemented at the community level, then it is quite difficult to realize public policy to the point that it can be said to be successful. Policy objectives are something that is determined in determining or making a policy³¹.

The readiness of the Nipah Community Health Center which has collected more than 50% of data can be seen from several aspects. Readiness is demonstrated by careful program planning. Strategic planning will provide direction for future activities³². Planning activities will become the basis for carrying out the next activity, namely implementation. The success or failure of this implementation will depend greatly on the extent to which the quality of planning can be used as a strong and quality basis for the implementation phase³³.

Program planning should be oriented towards all communities in an area, for example districts, sub-districts and villages without discrimination against race, ethnicity, religion or age group, and socio-economic status. Several districts have demonstrated a high commitment to PIS-PK, which is manifested by careful human resource planning, budget allocation, careful planning of data collection mechanisms, as well as preparing the supporting facilities and

infrastructure needed for data collection activities. The smooth running of PIS-PK data collection activities requires cross-sector involvement, especially to mobilize government officials and increase community participation³⁴.

CONCLUSIONS

Based on the research results, it was concluded that the implementation of PIS-PK at the Nipah Community Health Center had not been carried out optimally. This is caused by:

1. Implementation of the PIS-PK program policy at the Nipah Community Health Center on input indicators that are still not optimal, namely in the aspects of human resources, facilities and infrastructure, and funding.
2. Implementation of the PIS-PK program policy at the Nipah Community Health Center on the process indicators that the recording and reporting process as well as the management of the Community Health Center has been carried out. Although further intervention has not been implemented for families that fall into the unhealthy category.
3. The implementation of PIS-PK at the Nipah Community Health Center on the output indicator shows that the IKS is at $0.16 < 0.80$, which means it is in the unhealthy category.
4. The recommendation for further research is to examine efforts to increase PIS-PK achievements on a broader scale. Apart from that, recommendations for future researchers are also

expected to research other indicators

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