

Policy Implementation of a Healthy Indonesia Program with a Family Approach in Bandung District

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ABSTRACT

The purpose of this study was to determine the implementation of the Healthy Indonesia Program with a Family Approach which is indispensable as a determinant of the success of the Bandung Regency Government's performance in the health sector. The Healthy Indonesia Program with a Family Approach is a priority program of the Ministry of Health which is implemented by the Center for Community Health. The implementation of the Healthy Indonesia Program with a Family Approach in Bandung Regency was only carried out in 2017 with program socialization activities at the Health Office and Community Health Center levels. The research method used is descriptive qualitative with the approach of Donald van Meter and Carl van Horn's policy implementation model. The findings from the implementation of the Healthy Indonesia Program with a Family Approach in Bandung Regency have been implemented but have not yet reached the target of total coverage. The Bandung Regency Healthy Family Index is included in the unhealthy assessment (<0.8). So that the success of implementation will be achieved when making improvements from deficiencies, both in terms of standards and policy targets or policy measures and objectives, resources, characteristics of the implementing organization, attitudes of the implementers, communication between organizations and implementing activities, and the social, economic and political environment. Suggestions from this study are to improve the empowerment of family roles and community potential with training methods for community cadres, continue the enumerator recruitment program to assist with home visits and data collection and data input, advocate for budget allocations sourced from regional revenue and expenditure budgets.

Keywords: Policy Implementation; Healthy Indonesia Program; Family Approach; Bandung district

INTRODUCTION

The Healthy Indonesia Program is one of the programs in the 5th agenda of the President's Nawa Cita, namely improving the quality of life of Indonesian people. This program is supported by other sectoral programs, namely the Smart Indonesia Program, the Working Indonesia Program, and the Prosperous Indonesia Program. The Healthy Indonesia Program will then become the main program for Health Development, which is then planned for its achievement through the 2015-2019 Ministry of Health Strategic Plan. The Healthy Indonesia Program with a Family Approach is carried out by visiting families, with the target and target of the program being the family. The implementation of the program aims to increase access to health services by promoting promotional and preventive efforts. The family approach aims to increase family access to comprehensive health services, support the achievement of district or city Minimum Service Standards, support the implementation of the National Health Insurance, and support the achievement of the Healthy Indonesia program [1].

The Healthy Indonesia Program is one of the targets to be achieved in the 2015-2019 National Long-Term Development Plan (RPJMN) to improve the health status and nutritional status of the community through health and community empowerment efforts supported by financial protection and equalization of health services. The Ministry of Health establishes an operational strategy in health development through the Healthy Indonesia Program with a family approach.

Many countries have applied the concept of a family approach, especially in developed countries, and are referred to as primary health care [2]. A study in India states that a family-centered approach that exposes key disease factors beyond conventional treatments will facilitate needs-based health care and provide viable and long-lasting solutions. Orientation and training of health workers on this family approach are needed [3]. In Brazil, the research results show that there is a consistent impact of a family approach health program with a reduction in mortality across the age range, especially at an early age. This evidence shows that the program is a very cost-effective tool to improve health status in developing areas [4].

The implementation of the program in Bandung Regency was only implemented in 2017 and was only limited to socializing the program at the Health Service and Community Health Center levels, while home visits and data collection and data input were only carried out in 2018. The implementation of the program in Bandung Regency is not running optimally, this is based on several reasons, including the limited number of implementing personnel at the Community Health Center, limited time for family visits, and the workload of the program implementing officers, where they manage more than one program. Also, this program has not become a priority to program funding support, only relying on non-physical Special Allocation Funds for health from the Central Government, as well as the activities of public health centers in preparation for accreditation and re-accreditation of community health centers which take up time, money and energy.

There are even some community health center officers who do not fully understand this program as if this program is only for the interests of the Ministry and the Central Government so that there appears to be resistance to this program. Also, from the initial information the researchers got information that this activity at the district government level or the health department itself did not yet have a regional policy related to the program in Bandung Regency, only limited to a Decree

from the Head of Health Services regarding the Technical Team for Program Implementation at the District level and the Central level. Public Health only.

Research conducted by [5] states that the implementation of the Healthy Indonesia Program with a Family Approach with indicators of communication, resources, disposition, and bureaucratic structure is considered not ready to be implemented. Then [6]–[10] stated that limited human resources, workload and time at the Public Health Center, lack of education and training for officers, lack of equipment (tensimeter and stethoscope), and lack of socialization to the community and cross-sector coordination is a very influential factor in not achieving the target of program implementation.

[11] in their research have stated the importance of public participation in policy implementation, with the results of the research that there are obstacles as obstacles in the process of initiative in government policy and political structures. With the involvement of actors from various organizations, distribution conflicts, and the importance of policy planning [12].

If this program in Bandung Regency can be carried out optimally (reaching the target of 100% coverage), then this will be very useful, because the government will not only have a database of public health conditions in each family that is reported in real-time to the Ministry of Health. This family health status database will also be very useful for health development planning materials in determining policy interventions and as an alternative solution to health problems in the community. The Public Health Center can increase target coverage and bring closer and closer access to health services in its working area by visiting families, and optimally the implementation of the program in a Public Health Center will act like a snowball that will hook other aspects in its path.

The purpose of this study is to describe the process of implementing the Healthy Indonesia Program with a Family Approach in Bandung Regency, as well as what factors are hindering the implementation of the Healthy Indonesia Program with a Family Approach in Bandung Regency. Given the very large principle of benefit from the program, as well as the low coverage of family visits in Bandung Regency, an assessment for the implementation of program policies is indispensable for successful implementation.

LITERATURE REVIEW

In understanding the concept of public policy, there are at least four views on the meaning of the public policy. First is understanding public policy as decision-making. Second, a policy is interpreted as a series of work phases for public officials. Third, public policy is also a socio-cultural intervention by utilizing various instruments to solve public problems. Fourth, the deepest meaning of public policy is understanding public policy as an interaction between the state and its people to overcome public problems [13]. Public policy according to [14] categorizes the definition of public policy into two types, namely definitions that emphasize the main aims and objectives of policies and definitions that emphasize the impact of government actions. Definitions that put more emphasis on the main aims and objectives of policy can be identified, namely [15].

According to [16] there are two choices of public policy implementation models, namely the “top to bottom” and “bottom to top” patterns. Edward III's implementation of the policy model, namely

the "top-down" implementation model [17]. What preconditions are needed so that policy implementation is successful? And what causes the implementation of the policy to fail. [17] describes four factors or variables in Policy Implementation, namely: communication, resources, character or attitude, bureaucracy structure.

Van Meter and van Horn in The Policy Implementation Process: A Conceptual Framework state that the implementation process is an abstraction or performance of a policy implementation which is done to achieve a high performance of public policy implementation that takes place in the relationship of various variables. The top-down approach model formulated by [18] states that policy implementation runs linearly from available political decisions, implementers, and public policy performance. According to the model, it explains that the performance of policy implementation is influenced by six interconnected variables, namely: (1) policy standards and objectives; (2) resources; (3) the characteristics of the executing agent; (4) the attitude or tendency of the implementers to implement policy decisions; (5) communication between organizations and implementing activities; and (6) the economic, social, and political environment [16], [19], [20].

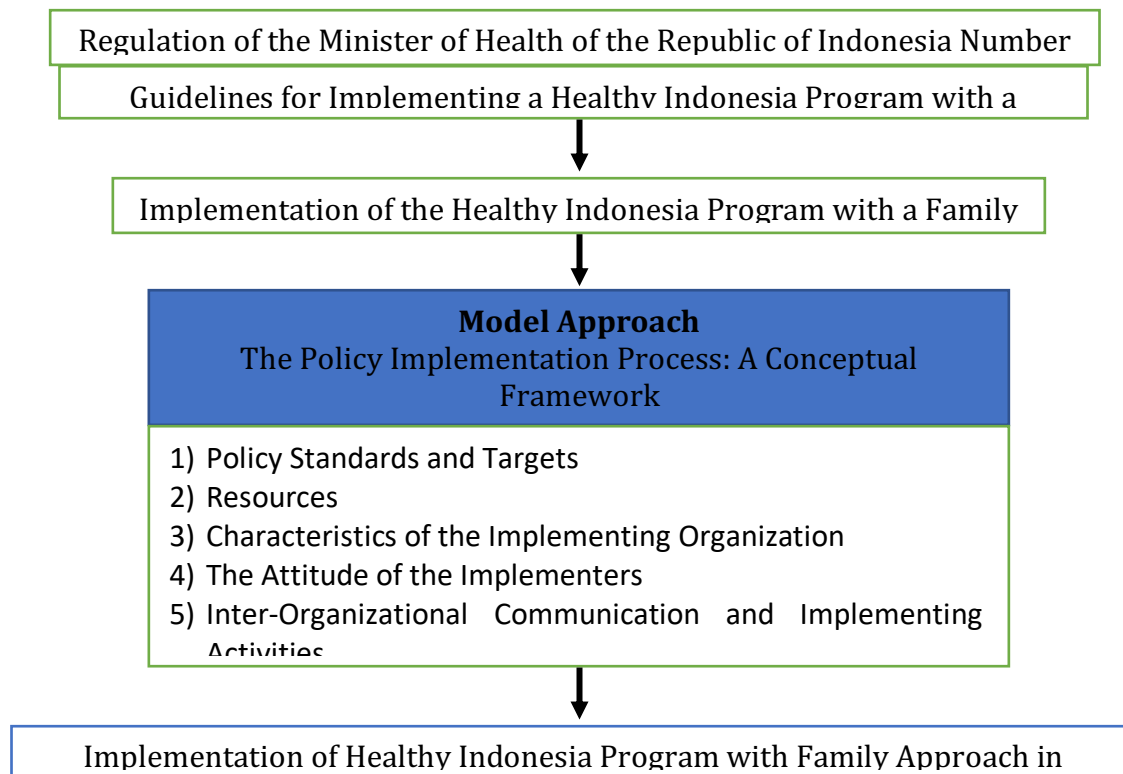


Figure 1. Research Framework

METHOD

This research uses a qualitative approach with a descriptive design type. This approach was chosen because it is by the objectives of this study trying to provide a complete picture regarding the implementation of the Healthy Indonesia program with the Family Approach in Bandung

Regency. The data collection method was carried out by in-depth interviews and document review. The informants in this study consisted of 17 informants from related institutions.

According to [21], qualitative research is a method or technique for exploring and understanding the meaning that some individuals or groups of people think come from social problems. Meanwhile, according to [22] qualitative research methods can be interpreted as a research method based on post-positivism or interpretive philosophy, used to examine the conditions of natural objects (as opposed to experiments) where the researcher is the key instrument, the data collection technique is triangulated (combined), data analysis is qualitative inductive, and qualitative research results emphasize meaning rather than generalization.

DISCUSSION

In implementing the Healthy Indonesia Program with a Family Approach, it has been agreed that there are 12 main indicators as a marker of a family's health status, namely: the family following the Family Planning program; Maternal delivery takes place in health facilities; babies get complete basic immunization; babies receive exclusive breast milk; toddlers get growth monitoring; Pulmonary Tuberculosis sufferers receive treatment according to standards; hypertensive sufferers take regular medication; people with mental disorders get treatment and are not neglected; none of the family members smoked; the family is already a member of the National Health Insurance; a family has access to clean water facilities; and families have access to or use healthy latrines [1].

The achievement of 12 indicators of the Healthy Indonesia Program with a Family Approach in Bandung Regency shows that there are 2 (two) indicators of healthy families that have exceeded the target, namely children under five receive growth monitoring (89.09% of the 85% target), and families have access to or use healthy latrines (82.3% of the target 80%). 4 (four) indicators of healthy families have been achieved well (above 80%) even though they are still below the target, namely families have access to clean water facilities (95.44% of the 100% target), Babies get complete basic immunization (91.64% of 100% target), the mother gives birth in a health facility (89.38% of the target 100%), and the baby gets exclusive breast milk (86.27% of the 90% target). However, there are 6 (six) indicators of healthy families that still need to be improved, namely the indicators of families following the family planning program (46.69% of the 70% target), patients with Pulmonary Tuberculosis undergoing treatment according to standards (45.63% of the 100% target), people with mental disorders get treatment and are not neglected (31.02% of the target 100%), people with hypertension take regular medication (28.98% of the target 100%), family members do not smoke (29.74% of the target 65 %), and the family has become a member of the National Health Insurance (48.12% of the target of 75%). The achievement of this indicator is a description of the achievements of the Indicators in the Bandung Regency in 2020.

Based on the conceptual framework, this study was analyzed with van Meter and van Horn variables consisting of: (1) standard and policy objectives or policy measures and objectives; (2) Resources; (3) Characteristics of the implementing organization; (4) The attitude of the implementers; (5) Communication between organizations and implementing activities; (6) Social, economic and political environment. The following is a description of the research results seen from the input aspect:

Policy Standards and Targets

Standard aspects and policy targets or measures and policy objectives in this program sourced from the Ministry of Health as a policymaker are complete and clear, Minister of Health Regulation number 39 of 2016 which consists of General Guidelines for Healthy Indonesia Program with Family Approach and Technical Guidelines for Strengthening Central Management Public Health with the Family Approach is sufficient as the basis for policy implementation, in addition to the technical implementation of the program it has been equipped with training modules for 12 indicators of the Healthy Indonesia Program with the Family Approach. Meanwhile, the health office and for policy implementers at the Community Health Center, and cadres are still unclear because they have not received complete socialization and training up to the program indicators. Training for implementers has not been carried out for all implementing personnel, both at the Health Officer and the Community Health Center.

Aspects of policy objectives, increasing family access to comprehensive health services, including promotive, preventive, curative, and rehabilitative services and indicators of success, namely, a healthy family index ≥ 0.8 (Healthy) has been known and understood by health service policymakers, but not all the head of the community health center and implementing officers at the Community Health Center know and understand well because not all of them have received training.

In the consistency aspect, the results were consistent between the policies set by policymakers at the Center, in this case, the Ministry of Health and regional implementers, namely the health office and the Community Health Center.

Resources

Human Resources

Human Resources in terms of types of health personnel are available, but in terms of quantity, seen from the number of health workers available in Bandung Regency, they are still insufficient for program implementation. Meanwhile, in terms of quality, it is not enough from the training that should be given to implementing officers both at the Health Office and at the Community Health Center. The reality is that the head of the primary health service section as the technical executive officer of the activity, program manager, and admin of the program application has never been trained. Meanwhile, for community health centers, not all heads of community health centers and community health center officers have received training programs, not all of the trained personnel are evenly (1 team of 5 people per community health center), and concurrent duties of managers or surveyors so that the data collection schedule is difficult achieve the target. Human Resources in quality and quantity are still not sufficient for program implementation in Bandung Regency. This insufficiency is due to quantity, the number of health workers, both trained and non-trained in Bandung district. With a population of 3,717,291 people, the proportion of the Public Health Center to the population in Bandung Regency is 1: 59,956 people or 1.67% per 100,000 population, this is still far from the national target of 1: 30,000.

In addition to the problems of Human Resources, both in terms of quality and quantity, which causes the total coverage target of data collection has not been achieved, which is also due to the large workload or multiple tasks of implementing officers at the Community Health Center, where Community Health Center officers are responsible for more than an average 2 (two) health

programs (overlapping) are not only specific to implementing programs. This results in limited time for Community Health Center officers to make home visits. Public Health Center officers will conduct home visits after the main tasks at the Community Health Center are completed, so that home visits in the context of data collection are only carried out as much as they can without clear achievement targets.

In overcoming these human resource problems, in terms of the quality of human resources, it should be immediately proposed to the West Java Province health service unit to facilitate training for community health centers that have not yet received complete training (the head of the Community Health Center and 5 implementing teams) as well. For the person in charge and program manager at the health office as a supervisor. In 2019 the Bandung Regency health office made an innovation by using contract enumerators to help make home visits, carry out data collection and data entry on the healthy family application. Enumerators are health workers who have received technical training. This is very helpful and is an alternative solution for accelerating the implementation of data collection in Bandung Regency. Most of the community health centers applied to the health office for assistance by enumerators. For this reason, enumerator recruitment is still needed in 2020 and 2021.

Infrastructure

Infrastructure aspects for field program implementation include: tensimeter, leaflet family information packages, family health profiles, computers for data input are readily available in all community health centers. However, it is still constrained by data input results that must be done online with an internet connection, applications with centralized servers are very difficult to access, data input runs very slowly, and requires a long time for one input. Many family heads who have entered in 2019 (Application version 1) have lost their data after changing the Application to Version 2.

The infrastructure aspect in implementing the program in Bandung Regency is sufficient, except in the case of the Healthy Family application which is still constrained by the very slow data entry process and requires a long time for one input, so that data from home visits are piled up, and are not inputted quickly. This causes the data to not be analyzed and evaluated.

Fund

The budget allocation for program implementation activities in Bandung Regency comes from the State Revenue and Expenditure Budget (APBN), namely the special allocation funds for health to health operational assistance consisting of primary health units for activities in community health centers and secondary health units for the health department. The budget allocation is used for training activities, procurement of facilities, as well as for recruitment of enumerators to help accelerate data collection on household heads and data input.

The aspect of funding sources for primary activities is sufficient. However, for 2021 a circular letter was issued from the ministry of health, stating that health operational assistance funds are no longer allowed to pay for honorariums, contracts, or enumerators, this will certainly affect efforts to achieve the target total coverage of program data collection. For this reason, it is necessary to find alternative financing sources not only from operational assistance funds. For example, the Regional Budget (APBD) funds from regional revenues, national health insurance

capitation funds, village funds, tobacco excise revenue sharing funds, cigarette taxes, and corporate social responsibility funds, and other legal sources of funds. It is hoped that all of the aforementioned funding sources can be utilized effectively and efficiently by the health offices and community health centers to implement the Healthy Indonesia program with a family approach that refers to the provisions on the use of each funding source.

Time

The target time for program implementation is expected in 2019 to reach total coverage (all heads of families in Bandung regency have been recorded and inputted on the application) have not been fulfilled considering the large population coverage in Bandung Regency is 3,717,291 people or 906,235 heads of families and Adequacy of human resources that is still lacking.

The limited implementation time is due to the large coverage area of the Bandung Regency population, as well as the lack of human resources and limited time for officers to make home visits and data entry due to the overlapping of workloads that can be overcome by using trained contract workers or enumerators.

Characteristics of the Implementing Organization

The characteristics of implementing agents involved in implementing the Healthy Indonesia Program with a Family Approach in Bandung Regency include:

Standard Operating Procedures

The absence of Standard Operating Procedures related to the implementation of the Healthy Indonesia Program with a Family Approach in Bandung Regency, both at the Health Office level and the Community Health Center level can lead to an implementation that is not by the proper technical guidelines and instructions, therefore Standard Operating Procedures must be made immediately as a guide. for executors to provide the type and quality of service according to standards.

Bureaucratic Fragmentation

The results of the fragmentation of the bureaucracy in the context of implementing the Healthy Indonesia program with a family approach in Bandung Regency, this program is under the responsibility of the primary health care section. Meanwhile, further intervention is the responsibility of each program that oversees the 12 program indicators. The coordination process between the health service sector and other fields related to the follow-up intervention has not run optimally because this program is new and not all programs understand the program and its follow-up interventions. Each of them still moves independently according to their main duties and functions. The formation of an activity implementation team has been carried out through a decree from the head of the health department for the health department level and a decree from the head of the community health center for the program implementation team at the community health center level. but the decree still does not contain the main duties and functions of each person listed in the team decision letter.

The obstacle that arises in fragmentation is the implementing team's decision letter which does not contain the main tasks and functions so that the coordination process between implementing activities has not been optimal. For this reason, it is necessary to revise the decision letter of the

implementing team at both the health department and community health center levels. In terms of program sustainability and priority, it is necessary to formulate a higher-level policy such as a Regent Decree or a Regent Regulation. This will affect advocacy for program strengthening from the aspects of funding, program coordination, and integration.

This is also an effort to delegate authority from the government to the community in managing public goods. Ideally, the government should not only serve the community but also provide authority [23]. So that the function of the government is as a catalyst in gathering community resources in one institution, providing resources, support, and strengthening community institutions. Where basically, people can take care of public goods that are economically directly facing their needs [24].

Rewards and Sanctions

The Government of Bandung Regency, through the health office or community health center, has not provided rewards and sanctions for individuals or community health centers who have succeeded in achieving the target. To succeed in the program, it is necessary to consider a reward and sanction mechanism for individuals or community health centers who have succeeded in achieving achievement targets such as providing incentives or award certificates or sanctions if they do not reach the target.

The Attitude of the Implementers

The attitude of the implementers, both executors, program holders at the community health center, cadres, as well as across related sectors support and are committed to program implementation. This is also supported by the commitment of policymakers in the health department, namely the head of the health service sector and the head of the primary health service section in the form of a commitment to achieving the target of 100% by 2021. The Bandung district health office has set data collection targets through home visits of 2 villages in total coverage for each Community Health Center (62 community health centers) in 2019 and 2020, so it is hoped that by 2020 there will be 248 villages/wards with total coverage. However, the achievements up to March 2020 only reached 128 villages / sub-districts with total coverage. Given that in 2020 this will be difficult to achieve due to the Covid-19 Pandemic.

The results showed that the attitude of the implementers, both executors, program holders at the community health center, cadres, as well as cross-related sectors support and are committed to the implementation of this program. This is in line with what is said by [5], which explains that the variable attitude or tendency (disposition) of the implementers, namely the attitude of acceptance or rejection of the implementing (agent) will greatly affect the success or failure of the performance of public policy implementation. However, the positive attitude of the executor does not mean anything without the support of adequate human resources, available funds, and adequate facilities.

Inter-Organizational Communication and Implementing Activities

The tiered socialization aspect of this program which refers to the Minister of Health Regulation number 39 of 2016 has been carried out at the community health center level and even across sectors to local governments (assistants), sub-district heads, and village or sub-district heads. But it has not been effective, because it has only been done once. At the Health Office, Section Heads

and Heads of Fields get program socialization from the provincial health office which is still general, not specific to indicators, because they have not received technical training. There are still some who have not implemented the socialization from the head of the community health center to all staff. Almost all heads of community health centers who have been trained have carried out program outreach at the community health center level.

The coordination aspect related to the program framework between the health office and the community health center has often been carried out as a feedback and evaluation mechanism for the program. Meanwhile, the coordination between the health office and the public health center to the relevant cross-sector and networks has not been implemented optimally.

In the aspect of coordination between the health office and the community health center, although it has often been carried out with a coordination and evaluation meeting mechanism, it is necessary to make other efforts that are more effective as a 'trigger' for the community health center to work optimally in achieving targets such as periodically submitting in writing feedback on the achievements of each public health center through a letter from the head of the health department, also routinely providing feedback via the media and others.

In the formal communication aspect, it is carried out using procedures and rules, as is done between program holders and policymakers. Policymakers in their communication use instructions, pointers, explanations to program holders, across sectors and communities. Meanwhile, informal communication can use social media. Informal communication will overcome formal communication delays which tend to be slow.

Economic, Social and Political Conditions

The results showed that the conditions of the community's social environment, the political elite strongly supported the implementation of this program, the community was enthusiastic when visited by health workers or enumerators because they could find out the health conditions of their families, the community could ask the officers anything about health problems themselves and their families, The community receives services such as blood pressure checks, clean water facilities, family toilets, as well as health education and information.

The Health Office as the leading sector must make good advocacy efforts to the policy-making elite to ask for policy and budget support in the successful implementation of the program in Bandung Regency. Meanwhile, to the public, program socialization should be carried out clearly and consistently, it can also be strengthened by using media such as television, radio, newspapers, and social media which are commonly accessed by the public.

The external environment (economic, social, and political) also influences the success of the established public policies. A conducive environment can encourage the success of policy implementation, as well as an environment that is not conducive to being the culprit for the failure of the performance of public policy implementation. Therefore, efforts to implement policies must also pay attention to the conducive conditions of the external environment.

This is a strong asset for the success of the Healthy Indonesia Program with a Family Approach in Bandung Regency. [25] define the process and structure of public policymaking and governance,

namely by involving the community, private sector, NGOs, from various existing institutions and levels to determine common goals that are difficult to formulate on their own. Meanwhile, [26] explained that the concept in government management is a process of facilitation and implementation by various institutions, both government, society, and NGOs which aims to solve common problems that cannot be resolved by one government institution alone.

Coordination is a mechanism as well as the main condition in determining the success of public policy implementation. The better the coordination and communication between the parties involved in an implementation process, the assumption is that there will be very small mistakes and vice versa. According to [27] states that Collaborative Governance is a representative concept in understanding the principles of modern governance between various fields of governance because consensus capacity building can address most contemporary issues in society, in which citizens try to be involved active with other actors. [28] further states that the main role of Collaborative Governance is to encourage all stakeholders to achieve their common goals by blending different sources and creating innovative thinking through negotiation and cooperation. [29] So that the implementation of Collaborative Governance, in this case, is very well done.

Public policy innovation has become a necessity for the government to do if existing policies only serve to abort government obligations, giving rise to various disappointments and worries in the public, especially those concerning the interests of the lives of many people [30].

CONCLUSION

The Bandung Regency Healthy Family Index is included in the unhealthy assessment (<0.8). Organizational characteristics and implementing agents in the implementation of programs in Bandung Regency which include the Bureaucratic Structure under the responsibility of the primary health care section in the field of health services. Meanwhile, further intervention is the responsibility of each program that oversees the 12 program indicators. The absence of Standard Operating Procedures related to implementation in Bandung Regency, both at the Health Office level and the Community Health Center level can lead to an implementation that is not by the proper technical guidelines and instructions, for this reason, Standard Operating Procedures must be made immediately as a guide to the implementer to provide types and quality of service according to standards.

The formation of the Activity Implementation Team has been carried out through a Decree from the Head of the Health Office for the health department level and a Decree from the Head of the Community Health Center for the Implementing Team at the Community Health Center level. However, the Decree still does not contain the main duties and functions of each person listed in the Team Decree. The Bandung Regency Government through the Health Office or the Community Health Center has not provided a reward and sanction mechanism for individuals or Community Health Centers who have succeeded in achieving the program's achievement targets.

Supporting resources in the implementation of the Healthy Indonesia Program with a Family Approach in Bandung Regency in the form of human resources, infrastructure, funds and time are still insufficient. Human resources are needed to improve the quality and quantity of human resources. Funding resources are available. It is necessary to allocate sufficiently for enumerator recruitment to accelerate the achievement of target total coverage. The facilities and

infrastructure are already available, it is necessary to repair and increase the server bandwidth for the Healthy Family application facilities and innovation so that the data entry process can be carried out offline. For the timing of the implementation of activities, given the wide coverage of the Bandung district which is wide and the availability of limited human resources, as well as the conditions of the Covid-19 Pandemic, additional time is needed until 2021 to achieve the total coverage target.

Economic, Social, and Political Conditions in the implementation of the program in Bandung Regency are very supportive of the implementation of this program (conducive).

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