

# Evaluation of Healthy Indonesia Program Process with Family Approach (Pis-Pk) on Hypertension Indicator on Ambon City

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## Abstract

There are four priority areas to support the implementation of healthy Indonesia, namely reducing maternal mortality and infant mortality rates, reducing stunting, preventing HIV-AIDS infectious diseases, tuberculosis, malaria and preventing PTM hypertension, diabetes, obesity and mental disorders. This research aims to find out the evaluation of the Healthy Indonesia Program Process with the family approach to hypertension indicators in Maluku Province. The type of research used in this study is qualitative research. The informants in this study consisted of the Head of the Center for Public Health, the holder of the hypertension program, the implementer of PIS-PK, and two implementing teams at Poka Rumah Tiga public health center and Tawiri Public Health Center ambon city. The results showed that the function of planning and organizing healthy Indonesian programs with the family approach of Poka Rumah Tiga public health center and Tawiri public health center planning process is good because the planning process for PIS-PK is carried out in joint with the head of the Public Health Center, but in the implementation is still not in accordance with the plan, as well as the supervision process carried out is good enough to evaluate the implementation of PISK-PK. The Department of Health needs to improve the monitoring and supervision of PIS-PK by determining the schedule of all public health centers, especially Poka Rumah Tiga public health center and Tawirise public health center so that it can be known the problems faced by the Public Health Center and sought a way out and motivate the Public Health Center to use the data of PIS-PK data in program planning.

**Keywords:** Evaluation, Process, PIS-PK, hypertension, Public Health Center.

## Introduction

Healthy Indonesia along with smaller settings such as healthy districts/ cities, markets, and healthy schools is an effective approach in solving health problems<sup>1-6</sup>. There are four priority areas to support the implementation of healthy Indonesia, namely reducing maternal mortality and infant mortality rates, reducing stunting, preventing

HIV-AIDS infectious diseases, tuberculosis, malaria and preventing hypertension, diabetes, obesity, cancer and mental disorders<sup>7-15</sup>. Healthy Indonesia program with Family Approach (PIS-PK) integrates the implementation of the program through a 6-component approach in strengthening the health system (six building blocks), namely strengthening health care efforts, availability of health workers, health information systems, access to the availability of essential medicines, financing, and leadership or government. The implementation of PIS-PK is emphasized on the integration of health care access approach, availability of health workers, financing and infrastructure-facilities, including public and individual health efforts programs that cover all families within the working area of the Public Health Center and pay attention to the management of Public Health Center<sup>16-24</sup>.

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Cultural aspects also need to be considered in the handling of health<sup>25-27</sup> While the stage of implementation of PIS-PK is the implementation of healthy family training in supporting PIS-PK; implementation of PISPK preparation; implementation of family visits and early intervention of PIS-PK; implementation of initial healthy family index (IKS) analysis; implementation of PISPK's further interventions; implementation of IKS change analysis<sup>7</sup>.

Public health centers are responsible for one administrative area, namely sub-district or part of the sub-district. In each sub-district there must be at least one public health center. The role of public health center in PIS-PK is to change the paradigm towards a healthy paradigm, Based on the principle of healthy paradigm, the Public health center must encourage all stakeholders to commit in an effort to prevent and reduce the risk of stress faced by individuals, families, groups and communities<sup>28</sup>. To support the implementation of the family approach there needs to be strengthening the Public health center as one of the spearheads. The strengthening is among others done through the fulfillment of resources from the Public health center, among others human resources (HR), infrastructure and facilities / tools. Of the 2,926 public health centers targeted by the family approach in 2017 there are only 38% of public health centers whose infrastructure is in accordance with the standards. As a consequence, various interventions are needed to meet the standards of Facilities, Infrastructure and Medical Devices in the public health center according to the standards.

Based on data on the recapitulation of non-communicable disease cases of Maluku health office from 2016 to 2018 obtained data that hypertension disease is the disease with the highest cases in all Public health center in Maluku Province. The number of hypertension cases in 2016 amounted to 7,356 cases, in 2017 8,013 cases, and increased in 2018 by 10,644 cases. In the evaluation of healthy family data collection in 2018, indicators of regular treatment hypertension become one of the indicators that still need attention. The achievement of the implementation of The Healthy Indonesia Program with Family Approach (PIS PK) indicator of hypertension of Maluku Province in 2018 amounted to 44.31% which is still far from 100% total coverage. The figures represent that hypertension patients who receive treatment according to standards have also not been met. This will certainly affect the achievement of IKS which can indirectly also affect the

assessment of Minimum service boothar performance in the field of Health in Maluku Province. The purpose of this study is to find out the evaluation of the Healthy Indonesia Program Process with a family approach to hypertension indicators in Maluku Province.

## Materials and Method

The type of research used in this study is qualitative research. Informant in this study consists of the Head of public health center, hypertension program holder, PIS-PK implementer, and two implementing teams at Poka Rumah Tiga public health center and Tawiri public health center in Ambon city. Data collection techniques include in-depth interviews, observation and document review.

## Results

The processes contained in the Indonesia Healthy Family Approach Program are planning, organizing, implementation and supervision. Here are the results of each variable in the PIS-PK process.

**Planning:** Planning at the public health center is carried out to determine how the implementation of PIS-PK will be carried out by the officers. Here are the results of interviews with informants about the planning process at Poka Rumah Tiga public health center and Tawiri Public health center.

*“create PIS-PK programs, divide groups to go down logging, and form teams for PIS-PK data logging. The planning process was carried out in joint with the head of the public health center” (WR, 35 years)*

*“create a roadmap of group division based on darbin, and team improvement for PIS-PK data entry” (MP, 37 years old)*

*“create pis-pk roadmap and team to go down” (DS, 36 years old)*

*“scheduling data collection, collaboration with programs and interventions to findings in the community” (NS, 34 years)*

Based on the results of interviews with informants it is known that the process of planning for PIS-PK is carried out in joint with the head of the public health center. In planning, program determination, roadmap creation, group sharing for logging, data input and program collaboration and intervention based on findings in the public.

Information on PIS-PK planning that is included in the SKPD Renstra and renja is obtained from the following informants

*“not yet in the Renstra and renja” (MG, 35 years)*

*“already in Renstra and Renja SKPD” (MS, 37 years old)*

*“I don’t know” (ZL, 35 years old)*

Based on the results of interviews with informants, there were various respondents’ answers from poka rumah tiga and tawir public health centers where some respondents said that PIS-PK planning was already included in the plan and renja. However, some respondents said that the planning was not included in the plan or renja SKPD, even some respondents said they did not know about it.

**Organizing:** Organizing is confirmed so that every plan that has been made gets the arrangements ready to be implemented to achieve a common goal. The results of interviews with informants about the PIS-PK organizing process are shown in the following excerpts.

*“organizing function is not going well” (WR, 35 years old)*

*“the organizing function is enough good because it is monitored directly by the head of the public health center” (MP, 37 years old)*

*“already formed but not running according to its function” (ZL, 35 years)*

*“it’s been going well” (IH, 34 years old)*

Based on the results of interviews with informants it is known that the majority of respondents in Poka Rumah Tiga public health center and Tawiri public health center said that the function of Organizing PIS-PK is already running properly because it is monitored directly by the head of the public health center. But some respondents said that the organizing function at both public health centers has not gone well because it does not run in accordance with its own functions.

**Implementation:** After the planning and organizing is completed, then the next thing that needs to be done is to realize the plan with the implementation or implementation. Information on the implementation of PIS-PK in poka rumah tiga public health center and Tawiri public health center is obtained from the

following informants.

*“implementation function is already in the way and good enough” (HS, 39 years)*

*“implementation function is not going well” (WR, 35 years)*

*“implementation function goes well” (IH, 34 years)*

Based on the results of in-depth interviews with respondents it is known that the function of the implementation of PIS-PK in poka rumah tiga public health center and Tawiri public health center has been doing well, but there are still some respondents who say that the planning function has not gone well. Information on the implementation of PIS-PK on hypertension indicators is obtained from the following informants.

*“it’s been going well. Because when direct visits are socialized and invite to regularly check blood pressure and routine consumption of hypertension drugs for the positive hypertension” (WR, 35 years)*

*“not going well” (ZL, 35 years old)*

*“already planned but not yet going as planned” (NS, 34 years old)*

Based on the results of interviews with informants it is known that the implementation of PIS-PK for hypertension indicators according to some informants has been going well and always given socialization and invites the public to regularly check blood pressure and recommendations to take hypertension drugs for those who are expressed hypertension. However, some informants said that the implementation of PIS-PK for hypertension indicators did not go well even though it was already planned.

**Supervision:** Supervision is carried out so that it can be known early on the irregularities that occur so that it can be resolved as soon as possible. Here are the results of interviews with informants about the formation of supervision teams and schedules of supervision implementation in the implementation of the Indonesia Healthy Family Approach Program.

*“the team has been formed but the implementation has not been routine” (MP, 37 years old)*

*“the team has been formed and every month it is routine” (HS, 39 years)*

“the team has been formed but it is not running according to its function and implementation has not been routine” (ZL, 35 years)

Based on the results of interviews with informants it is known that the PIS-PK supervision team at Poka Rumah Tiga public health center and Tawiri public health center has been established but there are informants who say that the supervision team does not run in accordance with its function. For the implementation of supervision, some respondents said that it has been done regularly but most respondents said that pelaksanaan supervision conducted has not been routine. Information about the form of supervision carried out is obtained from the following informants.

“things that are done are correcting the PIS-PK questionnaire that has been filled out by the surveyor, and returned to the surveyor if there is an incomplete to be re-equipped in the community” (WR, 35 years)

“seeing blood pressure results and intervening” (MS, 37 years old)

“see the completeness of family data in the questionnaire, if not complete returned to the surveyor to be equipped” (DS, 36 years)

“given socialization about application usage, reporting and how to calculate IKS and there is assistance for technical reporting” (NS, 34 years)

Based on the results of interviews with informants it is known that supervision is carried out by correcting pis-pk questionnaires that have been filled by surveyors and if an incomplete questionnaire is found it will be returned to be completed in the community. In addition, supervision is also carried out by looking at the results of public blood pressure examination, socialization about the use of applications, assistance for technical reporting as well as how to calculate IKS.

Based on the results of the study of operational standard documents on the implementation of PIS-PK in poka rumah tiga public health center and Tawiri public health center, it is known that the program management measures are as follows. Consulting officer with the head of the public health center, Officers inventory the number of families in the working area of the public health center, officers make family logging plans, Officers prepare healthy Indonesian logging instruments with family approach (Prokesga, Pinkesga

and Stickerkesga)., Officers carry out visits to the home of citizens to conduct healthy Indonesian logging with family approach, Officers carry out record-keeping of the results of interviews with families and household members in prokesga, officers attach stickers on the windows / front doors of visited families and officers test data on data.

## Discussion

**Planning:** Strategic planning needs to be done by digging into existing resources, including integrated efforts between program holders and political support of local governments, private parties, and community participation to be used as a force and opportunity to achieve local needs targets<sup>29</sup>.

The purpose of the activity is to go down the field to check the status of public health and the risk of hypertension so that can be done early at the public health center of Ambon City. In addition, data was collected related to the number of hypertension sufferers so as a reference in the planning of the program. The implementation of family visits and early intervention in the planning stage in accordance with the findings is to formulate the objectives that are to be achieved by estimating all the capabilities at their own, outlining the possibilities that occur and tying them in a continuous surveillance system so that an optimal relationship can be achieved<sup>30</sup>.

Based on the results of interviews with known planning process is good because the process of planning for PIS-PK is carried out in joint with the head of the public health center. In planning, program determination, roadmap creation, group sharing for logging, data input and program collaboration and intervention based on findings in the community. This is in line with the research conducted by Yanti et al (2018) from the results of the study can be known that the preparation of PIS-PK is in accordance with the technical instructions<sup>31</sup>.

**Organizing:** Organizing is the process of providing orders, allocation of resources and coordinating activity arrangements to each individual and group to implement the plan. Activities involved in organizing include three activities, namely establishing the components of activities needed to achieve goals and objectives in groups, assigning tasks to managers and subordinates to organize such groupings and establishing authority among groups or organizational units<sup>32</sup>.

The function of organizing that has not gone well that is in the division of duties in the public health center of Ambon city has not been in accordance with the existing guidelines. The division of duties in Ambon public health center related to the family data collection activities of MCC is distinguished into 2 teams, namely officers as data collection teams and data distribution teams. This is because the energy feels overwhelmed when it comes to doing 2 jobs. In addition, there is energy that only performs data logging while other personnel perform data logging as well as data collection. In contrast to the research conducted by Sari et al (2018) based on the results of research and observation, Tayu II public health center has shown commitment in the implementation of PIS-PK by carrying out organizing functions namely establishing the organizational structure along with the description of the division of legalized tasks<sup>33</sup>.

The achievement of the organization's targets and goals is determined by the working capabilities of all components involved in the organization, especially human resources, which is the main focus of achieving targets and objectives. According to Pohan, interaction between officers on aspects of human relationships is one of the important parameters in quality assessment. This was strengthened by Muhofi's research that poor interhuman relationship dimensions can reduce the dimensions of effectiveness and technical competency dimensions of health services held<sup>34</sup>.

**Implementation:** The results of the study report, since the start of PIS PK in 2019 has been done sharing efforts so that the stage of the activity can be carried out as it should. The stage of the activity, among others, begins with the family data collection stage. This data collection aims to obtain a family health profile. The results of the data were analyzed, to determine the problems and interventions in families who had made previous visits. However, the results of the study say, not all families are visited for data collection. The same obstacles are also felt in pudakpayung public health center but still get the same results that are the implementation of home visits by health workers (public health centers) which shows the most 65.5% of families have been visited. Activities carried out by health officials during home visits include: family data 32.7%, health screening 40%, health counseling 10.9%, mosquito nest eradication 17 15.5%, and maternal health of children 21.8%. Follow-up activities on home visits that have been done more are done 69.1%. In addition, the families who have done the logging are also not all in

the intervention. Although not all interventions are done through home visits, public health centers continue to intervene in the community through counseling in the activities of integrated healthcare center toddlers and the elderly, prolanis, activities with students, and activities in the scope of Hamlet<sup>35</sup>.

The success of policy implementation depends largely on the ability to utilize available resources. One of them is human resources which is the most important part in achieving the success of the implementation process, Financial resources are also important in addition to competent human resources and work well. Similarly, when human resources are actively working and the budget is running well, but hit with the issue of time that is too tight, this can also be an impediion or unsuccessful implementation of policy<sup>36</sup>.

The process of implementing PIS-PK policy in ambon city public health center does not always run smoothly. There are still some obstacles that are hampering the policy implementation process. These constraints are fundamental constraints such as human resources, communication by policy implementors, decrees and roadmaps of policy implementation. This is in accordance with Edward III's theory in Rahmi (2019) which explains that there are four main issues for effective policy implementation, namely, communication, resources, disposition or attitude and bureaucratic structure<sup>37</sup>.

**Supervision:** Supervision in a program and activities needs to be carried out with the aim of achieving the expected performance and targets can be met. Data monitoring is carried out by the implementing coordinator through monthly reports on the findings of problems in the field between the datator and the PIS-PK coordinator and the head of the public health center. In addition, monev is done with the aim of looking at discipline in how and to what extent the executive team works. This is in accordance with kartika research (2010) which mentions that responsibility and adherence to office rules become one of the indicators of disipin work that has an influence on the quality of service. The better the discipline of the work, the better the quality of service, and vice versa<sup>38</sup>.

In line with research conducted by Virdasari et al (2018)it is known that monitoring and evaluation in Mijen public health centers is not done regularly, i.e. every month, but sometimes 1 month 2 times. There is

no specific time for monitoring and evaluation, nor is monitoring and evaluation conducted by the Department of Health that is unscheduled and carried out 1-2 times in 1 year<sup>39</sup>. Similarly, research conducted by Novianti et al (2020) related to supervision is recognized by both public health centers that are the subject of research that so far the health office, in charge Departement health PIS-PK of Semarang has been monitoring evaluations to public health centers to ensure<sup>40</sup>

Incomplete data is also as in the research conducted by Efendei et al (2019) the results of the study that the recording and reporting of activities carried out by the public health center to the Health Office in the format that has been provided by the Health Office every month. However, there are often reporting delays, as workers have other jobs, so they are not completed according to the schedule stipulated by family visits. Indonesia Sehat program with Family Approach using prokesga form and Healthy Family application but the data collected to date is not complete.<sup>41</sup>

### Conclusion

Based on the results of research on the evaluation of the healthy Indonesian program process with the family approach in the public health center ambon city explained the function of planning and organizing healthy Indonesian program with the family approach of poka rumah tiga public health center and tawiri public health center the planning process is good because the planning process for PIS-PK is carried out in tandem with the head of public health center, but in the implementation is still not in accordance with the plan , as well as the supervision process carried out is good enough to evaluate the implementation of PISK-PK. The Department of Health needs to improve the monitoring and supervision of PIS-PK by determining the schedule of all public health centers, especially poka rumah tiga public health centers and Tawirise public health centers so that it can be known the problems faced by public health centers and sought a way out and motivate public health centers to use the data of pk PIS data in program planning.

**Ethical Clearance:** Taken from faculty of Public Health ethical committee

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**Conflict of Interest:** Nil .

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