

Challenges of Strengthening Health Services for the Productive Age in Bandung City

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Abstract. Bantuan Operasional Kesehatan (BOK) Health Center Program provided to support health services in region. The purpose of this study to evaluate Bantuan Operasional Kesehatan (BOK) Health Center Program for Productive Age Services in Bandung City. Evaluation model used is Context, Input, Plan, Process and Product (CIPP). The research method is descriptive with a qualitative approach. Data collection instruments were carried by interviews, observation and document studies. Based on CIPP dimensions BOK Health Center Program for Productive Age Services are problematic. The obstacle factors of Productive Age Services are working area, limited number of officers, difficulty to reach people, low budget allocations, and pandemic COVID-19. To improve Productive Age Services can held regular monitoring and evaluation, innovative approach to people by social media, regular gathering and expanding cross-sector collaborations.

Keywords: BOK Health Center, Health Services, Productive Age

1 Introduction

Bantuan Operasional Kesehatan (BOK) Health Center is part of non-physical Special Allocation Fund (DAK) budget stimulus for the Health Sector. [1] Regulation of Minister Health of Republic Indonesia Number 42 of 2022 Concerning Technical Instructions for the Use of Special Non-Physical Allocation Funds for the Health Sector for Fiscal Year 2023 mention BOK consist of BOK Health Departement, Provincial BOK, City/Region BOK, Health Center BOK, Drug and Food Control BOK. BOK Health Center provide as a support for the health service in region. BOK Health Center aims to increase 12 Minimum Service Standards (SPM) in the Health Sector. This related to health development in region, because Health Center are front guard and closest to people in region. In Bandung City, BOK Health Center are given to 73 register Health Center. BOK Health Center only given to registered Health Center, there's 7 unregistered Health Center in Bandung City. [2] Regulation of Minister Health of Republic of Indonesia Number 43 of 2019 Concerning Community Health Centers mention Health Center should registered to obtain code from Minister Health. This code is a special identity and specific to communicate. But, there are problems of BOK Health Center in Bandung City, including:

- a. Different needs of Bandung City with the national priority programs listed in DAK menu
- b. Low achievement of SPM for Productive Age Health Services at 76.43%

- c. The budget allocation is low for SPM Productive Age Health Services because budgeting is carried out generally for Primary Essential Community Health Efforts (UKM) menu
- d. Low level provision of Productive Age Health services to the community is 61.14%
Based on the urgency of the problem, needs an evaluation to Strengthen Health Services For The Productive Age In Bandung City.

2 Theoretical Framework

2.1 Development Administration

Development administration studies the state administration system in a country that is undergoing development as an effort to improve its capabilities [3] Kartasasmita in Setiawan, 2019).

2.2 Program

[4] Joan Herman et al (1987) in Arifin 2019:6) stated program is something done by a person or group with goals to obtaining a result or influence.

2.3 CIPP Evaluation Model (Context, Input, Process and Product)

CIPP Evaluation Model founded by Danial Stufflebeam who provides a comprehensive evaluation of comprehensive elements consisting Context, Inputs, Process and Product. The purpose of CIPP evaluation to show many perspective from comprehensive elements and give depth evaluation. The CIPP model doesn't only show a program good or bad, but to give input whether a program can be continued or not. CIPP evaluation dimensions are [5] Stufflebeam (2003: 39-55):

- a. Context
Context evaluation aims to identify needs, see obstacles in meeting needs, identify existing resources, assess whether goals and priorities reflect the needs and provide criteria based on needs to assess results.
- b. Inputs
Carrying out an input evaluation helps an evaluator to design improvement efforts and record alternative plans being considered. Input evaluation functions to avoid vain innovations and are predicted to fail or waste resources [6] Mahmudi (2011).
- c. Process
Process evaluation compares purpose with program implementation, identifies problems that arise during implementation and assesses how well these problems are addressed. This aims to provide feedback for program implementers regarding the extent to which program has been implemented according to schedule, according to plan and carried out efficiently.

d. Product

Product evaluation aims to ensure whether the program has met all the needs of beneficiaries. Many people use product evaluation as a basis for deciding whether program should be continued, repeated or expanded.

3 Methodology

This research is a descriptive method with a qualitative approach. The purposes of this research is to provide a complete description of events or is intended to interpret the phenomena that occur [7] Rusli et, al (2014). Data collection carried by interviews, observation and document studies. The evaluation model used is the CIPP Evaluation to capture all aspects of the SPM problem for Productive Age Health Services. The location of research in Bandung City Health Service, Babakansari and Babakan Surabaya Health Center. Data analysis used is data collection, data reduction, data presentation and drawing conclusions by [8] Miles, M.B. & Huberman (1994). The data validity tests use are data credibility tests, transferability tests, dependability tests and confirmability tests.

4 Result and Discussion

4.1 Context Evaluation Babakansari Health Center and Babakan Surabaya Health Center

- a. Babakansari Health Center
Babakansari Health Center has difficulty increasing SPM for Productive Age Health Services due to lack of staff to carry out screening. Apart from that, population in the Babakansari Health Center working area is very dense. During office hours, the productive age are working, so Babakansari Health Center officers have to carry out screening on weekends. However, they have difficulties due to low community participation.
- b. Babakan Surabaya Health Center
Babakan Surabaya Health Center, experienced similar problems with the limited number of officers just only 26 people. Meanwhile, the working area of the Babakan Surabaya Health Center is wide and far away, making it difficult for officers to reach productive age.

4.2 Inputs Evaluation Babakansari Health Center and Babakan Surabaya Health Center

- a. Babakansari Health Center
Babakansari Health Center in 2022 not receive BOK Puskesmas allocation for Productive Age Services. This is related to the contents of the technical guidelines which change every year. Also there are COVID-19 conditions which cause refocusing budget allocations to preventing and handling COVID-19. Babakansari Health Center also had difficulties in utilizing facilities and infrastructure.

b. Babakan Surabaya Health Center

In 2021, Babakan Surabaya Health Center receive a BOK Puskesmas allocation for Productive Age Health Services IDR 2,700,000. However, in 2020-2022 there no longer an allocation. The COVID-19 condition was also experienced by the Babakan Surabaya Community Health Center which had an impact on the low coverage of SPM for Productive Age Health Services

4.3 Process Evaluation Babakansari Health Center and Babakan Surabaya Health Center

There are problems with delays and changes BOK Puskesmas technical guidelines causing Babakansari and Babakan Surabaya Health Center to have difficulty in implementing the plans that have been made. This change is related to budget change which cause the implementation of Productive Age Health Services at the two Community Health Centers always be low. Then the budget owned by the two community health centers cannot be absorbed efficiently due to the limited number of employees.

4.4 Product Evaluation Babakansari Health Center and Babakan Surabaya Health Center

BOK Puskesmas program has a positive impact as supporting funding dor the two Health Center. However, the SPM for Productive Age Health Services at the two health centers have not been provided optimally for the community.

Table 1. Report on Number of Targets and Realization of Minimum Service Standards (SPM) for Productive Age Health Services at Babakansari Health Center and Babakan Surabaya Health Center 2020-2022

SPM Health Services	2020		2021		2022	
	Target	Realization	Target	Realization	Target	Realization
Babakansari Health Center	64.584	4.145	64.584	6.538	64.584	3.602
Babakan Surabaya Health Center	25.211	1.002	25.211	2.406	25.440	3.694

Authors, 2023

The realization for two health community center always low than the target. Realization babakansari health center in 2020 is 4.145, 2021 6.538 and 2022 only 3.602. Meanwhile babakan surabaya health center realization in 2020 is 1.002, 2021 is 2.406 and 2022 is 3.694.

This data show even BOK Puskesmas has an impact for supporting fund but it's cannot increase level SPM of Productive Age Health Services. This is impact by the factor of implementation Productive Age Health Services.

5 Conclusions

- a. In the context evaluation, the objectives of the BOK Puskesmas Program are not achieve.
- b. Inputs evaluation shows that the allocation is not given every year for the Productive Age Health Services
- c. The evaluation process for the implementation of productive ages health services at the two health centers has not been optimal regarding changes and delays in technical guidelines
- d. Product evaluation of BOK Puskesmas Program as a whole has a positive impact. However, BOK Puskesmas Program has not been able to increase the achievement of SPM for Productive Age Health Services.

6 Recommendation

- a. For Bandung City Health Service, Babakansari and Babakan Surabaya Health Center carry out regular monitoring and evaluation of the implementation of Productive Age Health Services.
- b. Babakansari and Babakan Surabaya Community Health Center are creating more innovative program strategies utilizing social media, such as making educational videos via Instagram or YouTube
- c. Babakansari and Babakan Surabaya Community Health Center conduct regular gathering in work areas to reach people of productive age
- d. Bandung City Health Service, Babakansari and Babakan Surabaya Community Health Center are expanding cross-sector collaboration networks.

References

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