THE PLANNING OF COMMUNITY HEALTH CENTER IN INDONESIA

Hamzah Bakri
Center for Health Training (BBPK) Makassar
Corresponding Author: E-mail: hamzah_id2000@yahoo.com

ABSTRACT

The Planning of Community Health Center (CHC) is a part of activities series that work systematically to produce outcomes CHC effective and efficient in serving the community. The planning process of Community Health centers follows the cycle of local development planning till the Health Center can manage the good health efforts and sustainable in achieving its objectives, therefore it should draw up action plans for the five-year period then it will be further divided into annual CHC plan based on the cycle of the budget planning area. The stages of CHC plan are preparation, data collection, and analysis of CHC performance, problem formulation, sequencing priority issues, assigning how problem-solving and if all activities will be held accountable properly it must be supported by relevant documents. Documents are the Regulation / Decree of the Head of Health Center, Term of Reference, Standard Operating Procedures, and other documents required.

Keywords: Management, Planning, Public Health.

INTRODUCTION

Health development field is a part of the national development aimed at providing health care through adequate health facilities and raising awareness, willingness, and the ability of healthy life for everyone to realize a high degree of public health. This must be balanced with behavioral interventions that allow the society to be more aware, willing and able to live healthily (Mawarni & Hamzah, 2014; Setiawati, et al., 2016) However, it is inevitable that healthcare service remains a key issue of health problems in Indonesia.

Health is one of the basic rights of the people that must be fulfilled by the government. Those are the right to obtain health care service included providing Community Health Centers. CHC is an organization under the Ministry of Health of the Republic of Indonesia which serves to provide health services to the community in the ranking of sub-districts (Muhimmah, 2017).

Community Health Center serves as a preventive and operative effort for public health (Cahyanti & Moon, 2017). CHC has made various efforts to individual health and public health based on the operational principle of the health center, but it needs to be supported by a good health center management.

Community Health Center Management is a series of activities that work systematically to generate outputs in an effective and efficient health center. The series of systematic activities implemented by the CHC formed management functions. The management functions make better health clinic in terms of making the policies, programs, and concepts, as well as the utilization of technology (Sesunan, 2017).

Community Health center Management should be a way to improve the quality of human resources, therefore, health facility planning must be planned in a systematic and purposeful Crawford, et al, 2002). Planning is the core activity management because the organization's goals can be realized through it. (Tichy, et al, 1982; Nunamaker et al, 1989). The planning process of the public health center followed a cycle of development planning in a country (Green, 1999). In Indonesia, it began in the village level than district level and after that, it was proposed to the city (Bakri, 2001). CHC Planning needs to be integrated with cross-sectoral sub-district, it will be proposed by the local government sub-district to district/city.

Through the Ministry of Health Regulation No. 75, 2014 concerning Community Health Center stated that the function of CHC is to organize Public Health Effort (UKM) and Individual Health Effort (UKP) first rate. CHC is a Regional Technical Implementation Unit (UPTD) health department district/city. Moreover, in carrying out its duties and functions will refer to the health development policy District Government / Municipalities, which are listed in the Medium-Term Development Plan (RPJMD) and the Five-Year Plan district health office/ town. The stages of planning of the community health center are described as follows.

Preparation
This phase involves CHC staff in preparing the Five-Year Plan CHC to obtain the same perspective and knowledge to carry out the planning stage. It is conducted by (1) Head of CHC shapes team management whose members include regional coordination team, coach family team, CHC accreditation team and CHC information system team; (2) Head of CHC describes CHC management guidelines to make better preparation of the Five-Year Plan CHC; (3) The teams studied the Five-Year Plan of district health offices / city, which is a derivative of the Five-Year Plan and the provincial health bureau Five-Year Plan of the Ministry of Health. Studying the Minimum Service Standards district / city level; (4) learn mutually agreed targets health service districts / cities, which are the responsibility of the health center; (5) Noting General Guidelines for Healthy Indonesia Program with Family Approach; (6) Strengthening Management Approach to Family Health Center; (7) norms, standards, procedures, and other criteria as may be necessary to be known by a team in the planning team CHC.

Data Collection and analysis of CHC Performance
In preparing a five-year plan, Community Health Center collects and studies the performance data and status overview of public health in CHC for 4 years starting from N-5 year to N-2 year for each village. N indicates the year to be prepared in drawing up five-year planning period of 2017-2021, the year-end performance data is collected and studied is 2012-2015. Data collected plus the results of the mid-term evaluation report of the current year (N-1). However, performance data and health status obtained from CHC Information Systems.

The main data source is the report of CHC activity performance that recorded in the CHC Information System, family health profile data, innovation record, as well as the results of other data collection such as customer satisfaction survey for assessing the quality of health center services.

The data collection is done by using an agreed format in Information Systems Health Center. It is done routinely by the officer or manager of the program concerned. Data obtain updateable every month, so at the end, the newest data can be obtained.

Data processes to ensure the accuracy and quality of data. It processes and analyzes to obtain a formula or conclusion, which is used as a basis for decision-making, including the basis of planning clinic. Problem analysis undertakes from the perspective of the people who carry through Self Awareness Survey (SAS). This is an activity to recognize the situation and problems faced by the community as well as the potential of the community in resolving the issue. Implementation of data processing and analysis at the health center health center jointly conducted by the head a small team clinic.

The results of the analysis must be able to describe: (1) Achievement status of public health and health centers performance results; (2) Availability and resource capability clinics; (3) Prediction of health status and health center performance levels for the next period; (4) Identification of factors that support the possibility of changes in both the change towards the better or worse direction.

Problem Formulation
Based on the result of data collection and analysis discovered the achievement of CHC performance and problem identification. To make it easier in identifying problems, it can be carried out by making problem list that is grouped based on the type of effort, targets, achievements, and problems found. Problem formulation includes the principle 5W1H (What, Who, When, Where, Why and How/ What's the problem, who is affected by the problem, when and where they occurred, why and how the problem occurred).

Sequencing Priority Problem
The limited ability in solving problem, the unavailability of adequate technology or the problem relate to one another, it is necessary to have a priority issue in dealing with the team. If the consensus can be reached by using other criteria. In determining the priority problem can use a variety of methods such as ultrasound method (Urgency, Seriousness, Growth) and so on.

Ultrasound method: Urgency, Seriousness, Growth (USG) is one of the tools to reorder the priority issues. The way to determine the level of urgency, seriousness, and development issues is grade scale 1-5 or 1 – 10 and the highest total score is a priority issue. For furthermore, it can be described as follows: (1) Urgency: How urgent issues must be addressed with available time and how hard the time pressure to solve the problem that caused the rumor. Urgency seen from the availability of time, urgent or not the problem is resolved; (2) Seriousness: How serious are these issues need to be discussed with the consequences arising associated with delays that lead to solving the issues that cause or creating other problems if the issues are not solved. It needs to be understood that in the same circumstances, a problem that can cause other problems are more serious when compared with some other problems on its own. Seriousness views of the impact of that problem on work productivity, influence on the success of, and harm the system or not; (3) Growth: How possible the issue was developing with possible problems cause that will worsen if it left unchecked.

Data or information required in the implementation of the ultrasound method, which is as follows: (1) The results of the analysis of the situation (2) The information about available resources (3) Documents of the legislation, regulations and government policies and regulations.

Finding Root Causes Problems After determining the priority issues, then look for the root cause of the problem. The cause of the problem to be confirmed by the data at the health center. Several methods can be used in finding the root cause of the problem, namely: Through the causal diagram of (Ishikawa, 1982), better known as a fishbone diagram and can also use the method of Problem Trees.

Steps preparation of fishbone diagram includes: (1) Write the problem on the head of the fish; (2) Create a horizontal line with arrows pointing towards the fish head; (3) Set the main categories of causes; (4) Create a line with arrows pointing to the horizontal line; (5) Brainstorm (Brainstorm) and focus on each category; (6) Having considered sufficient, in the same way done for the other major categories; (7) For each of these possible causes, try to make a list of sub causes and place it on a smaller branches; (8) After all the ideas/opinions are recorded, complete clarification of the data to eliminate duplication of incompatibility with problems, etc. For more details about fishbone diagram can be seen in the following figure.
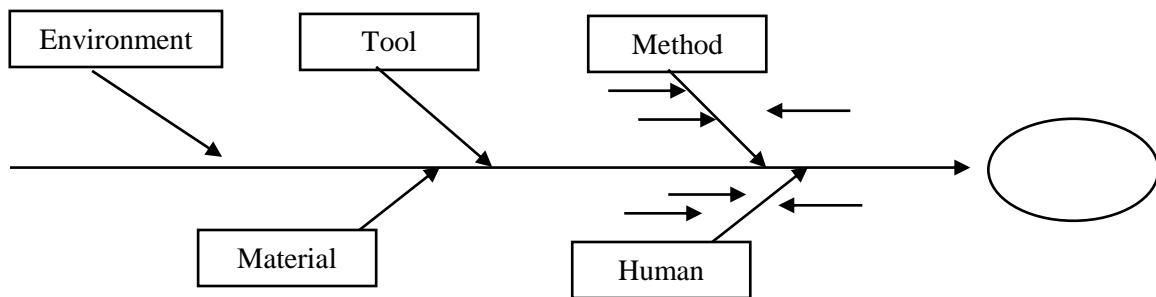
Later in the Problem Tree method, the preparation steps include: (1) Write down the problems in the box on top of the tree problem. Create a line vertical arrow towards the box; (2) Set the main categories of causes and write them in the box below it with the direction of the arrow toward the box problems; (3) Brainstorm and focus on each category; (4) Once considered sufficient, in the same way done for the other major categories; (5) for each possible causes, try to make a list of sub causes and put in the box below; (6) After all the opinions recorded, perform a clarification of data to eliminate duplication, not appropriate to the problem, and others. For more details about the problem, the tree can be seen in the following figure.
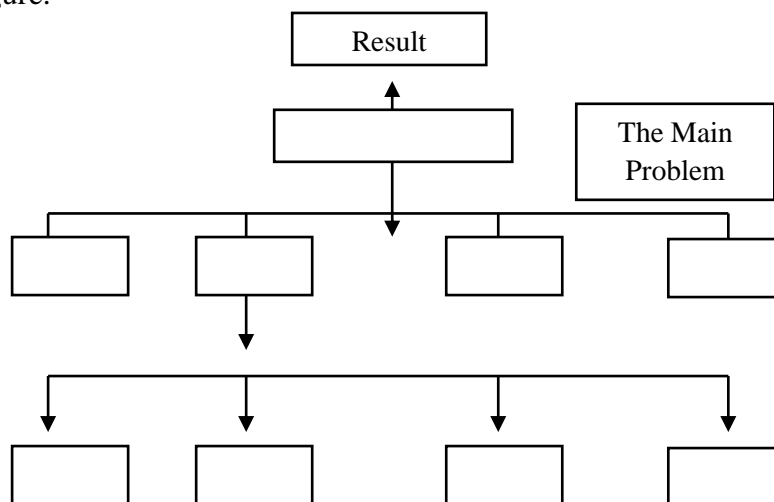
Assigning Problem-solving
Brainstorming precedes in problem-solving among team members. If the consensus doesn't achieve on the table, another way will be used. The steps to resolve the problem as follows: first, held brainstorming to generate ideas or thoughts about a topic or specific problems of each team member in the period and free from criticism. The benefits of brainstorming gain an idea, opinion as much as possible, develop creativity, and stimulate the participation of all team members.

Brainstorming steps: (1) Set a topic/problem as clearly as possible; (2) Give some time to members to understand and think about it, Set the time to be used for brainstorming, for example 30-45 minutes; (3) The team members convey ideas; (4) If there are several members who dominate, use structured brainstorming so that all members have the same opportunity. If selected in a structured, members who do not express opinions, in turn, have to say "Pass" and the opportunity given to the following members; (5) Give them incentives to members dare propose; (6) During the brainstorming walk, not justified response to the member who is speaking. When this happens, the chairperson should be reprimanded; (7) Write down every idea or that idea on the flipchart so that it can be viewed by all members; (8) Continue brainstorming until a predetermined time-out; (9) Do clarifications, remove anything that deviates from the topic or duplication happened; (10) Create a brief list related to the topics discussed.

The second step to resolve the issue is the consensus among team members, based on the results of brainstorming. The agreement is used as preparation materials Five-Year Plan. Third, if there is no agreement then table problem solving will be made with items such as a priority issue, the cause of the problem, alternative solutions to problems, and problem-solving elected.

Preparation of Five-Year Plan
Under an agreement of problem-solving, it can be developed in an activity program and set targets. Supervision and control for Five-Year Plan are done every year, and evaluation conducts in the middle of a five-year period to adjust the end of the Five-Year Plan targets. It must be done to accommodate the change in policy or a new policy, trend analysis results achievement of the program, the possibility of additional resources and the possibility of new health problems. The implementation of priority targets has been set at a five-year plan that will be compiled in an annual planning community health center.

Preparation of Activity Plan
Preparation of activity plan formulate after going through the steps above, along with across relevant sectors and was accompanied by the district health department/town. The draft of activity plan integrates into local planning system and the level of targets achievement access, service quality targets, the targets achievement of output and outcome ta, and eliminate conditions that could lead to losing the opportunities in target programs for healthcare that it should be implemented in an integrated manner of single implementation. Proposing the activity plan include: (1) The annual event, which will come up included routines, facilities / infrastructure, operational and program issues analysis results; (2) The need for the availability of existing resources based on the current year; (3) Summary of the activity plan and resources needed into the CHC format. Activity plan arranged in a matrix form by considering various applicable policies, both global agreement, national, and local levels based on the existing problems because of the data review and information available at the health center.

Preparation of Activity Implementation Plan (RPK)
The RPK draft conducts through alignment approach in various programs and sectors within the scope of the life cycle. The integration is important because the human resources are limited at the health center. With the integration, we will not miss the opportunity, health center activity will conduct in an efficient, effective, quality and priority target in the five-year plan can be achieved.

RPK preparation of integrated planning system into the area, with the following steps: (1) To study the allocation of activities and costs has been approved; (2) Comparing the allocation approved by RPK proposal and the situation; (3) Prepare the initial draft, the details and the volume of activities to be implemented as well as support resources by month and location of implementation; (4) Organize a Mini Monthly First Workshop to discuss the deal RPK; (5) Make the annual RPK has been prepared in the form of a matrix; (6) RPK beak down into monthly together with the target achievement, and planned activities of supervision and control; (7) RPK is possible to be changed/adjusted to the needs of the moment when the results of the analysis of the supervision and control of monthly activities encountered certain conditions (natural disaster, conflict, Unusual, urgent policy changes, etc.) that must be poured into the RPK. RPK changes done with the assistance of health service districts/cities, and do not change the existing budget ceiling; (8) For all the activities to be undertaken, to be properly accounted for, need to be supported by the relevant documents.

The guidance document confirms that the activity in question can be resolved so that the goals and objectives will be achieved. Documents in form of the Regulation / Decree of the Head of the Health Center, Term of Reference, Standard Operating Procedures, and other documents required. At the health center has implemented fiscal management pattern BLUDs (Public Service Board), the format for the five-year planning forms and annual planning health center health center, adapted to the regulations applicable BLUDs management scheme.

CONCLUSION

There are several stages of planning a community health center which is prepared, data collection, and analysis of performance health center, problem formulation, sequencing priority issues, choosing problem-solving method then community health center must arrange an action plan that will be divided into CHC annual plans based on the cycle of the local budget. All plan activities both five-year and annual plans do not only refer to the health development policy in the district/city, but it should be prepared based on the analysis results of the current situation or evidence and predictions in the future that will occur.

REFERENCES

Bakri, H. (2001). *Strengthening decentralised health planning at district level in South Sulawesi Province (MA Health Management, Planning and Policy dissertation).* Leeds: University of Leeds.

Cahyanti, A. N., & Purnama, B. E. (2017). Pembangunan Sistem Informasi Manajemen Puskesmas Pakis Baru Nawangan. *Speed-Sentra Penelitian Engineering dan Edukasi*, *4*(4).

Crawford, M. J., Rutter, D., Manley, C., Weaver, T., Bhui, K., Fulop, N., & Tyrer, P. (2002). Systematic review of involving patients in the planning and development of health care. *Bmj*, *325*(7375), 1263.

Green, A. (1999). *An introduction to health planning in developing countries* (Vol. 2). Oxford: Oxford University Press.

Ishikawa, K. (1982). Guide to quality control (2nd rev. ed.). Tokyo: Asian Productivity Organization.

Mawarni, E., & Abubakar Hamzah, I. (2014). Operasional Kesehatan (Bok) Terhadap Pembangunan Kesehatan Masyarakat Di Puskesmas Dalam Kabupaten Aceh Besar. *Jurnal Ilmu Ekonomi: Program Pascasarjana Unsyiah*, *2*(1).

Muhimmah, I. (2017). Identifikasi Masalah Kesehatan Di Sulawesi Tenggara. *Jurnal Infokes Apikes Citra Medika Surakarta*, *7*(1).

Nunamaker Jr, J. F., Weber, E. S., & Chen, M. (1989). Organizational crisis management systems: planning for intelligent action. *Journal of management information systems*, *5*(4), 7-32.

Sesunan, M. F. (2017). Perancangan Sistem Pembayaran Berobat Pasien Di Puskesmas Rawat Inap Kedaton Bandar Lampung. *Klik-Kumpulan Jurnal Ilmu Komputer*, *1*(1), 56-66.

Setiawati, E. P., Desy, I. F., Sunjaya, D., Argadiredja, D., & Diah, D. M. (2016). Perubahan Individu Dalam Organisasi Puskesmas Studi Kasus Revitalisasi Puskesmas di Kabupaten Sumedang. *Jurnal Sistem Kesehatan*, *1*(3).

Tichy, N. M., Fombrun, C. J., & Devanna, M. A. (1982). Strategic human resource management. *Sloan Management Review (Pre-1986)*, *23*(2), 47.