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Analysis of Community Health Centers (Puskesmas) to Realize the Quality and Degree of Health Services for the Indonesian Community

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Abstract

Public health center is a health service facility that organizes public health efforts and first-level individual health efforts, by prioritizing promotive and preventive efforts, to achieve the highest degree of public health in its working area. who have healthy behavior (awareness, willingness and ability to live a healthy life); able to access quality health services, live in a healthy environment; and have optimal health degrees, both individuals, families, groups and communities. This research is a type of qualitative research, using descriptive method. The definition of qualitative research can be understood as a research procedure that utilizes data and has the aim of describing and analyzing events, social dynamics, phenomena and attitudes of individual and group perceptions of something. So, the results of this study explain that the community health center is a technical implementing unit of the district/city health office that is responsible for health development in its working area, besides that the institution also functions as a center for driving health-oriented development, a center for family and community empowerment and a service center. first star health. For this reason, in the context of realizing its functions, puskesmas have mandatory health activities/efforts consisting of maternal and child health and family planning (KB) efforts, health promotion efforts, environmental health efforts, efforts to improve community nutrition, prevention and eradication of infectious diseases. and basic treatment. As the technical implementing unit (UPTD) of the district/city health office, the puskesmas plays a role in carrying out some of the operational technical tasks of the district/city health office and is the first-level implementing unit and the spearhead of health development in Indonesia.

Keywords
health center; health service; community

I. Introduction

The 1945 Constitution emphasizes that the state is obliged to serve every citizen to fulfill their basic needs, especially in the context of improving the welfare of the community. One of them is regarding the aspect of health services where as we know that health services are a very important factor for the whole community, especially in order to create a generation that is smart, skilled and free from various diseases, on the other hand the government is also obliged to provide these services fairly, equitably. , and of course quality. However, the description of the situation and condition of services in the health sector by the government is currently inadequate and seems convoluted, costs a lot and takes a very long time, so that the services provided tend to be unsatisfactory and far from

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feasible. This causes the health level of the lower class to decline, especially the poor in general have a lower health status than the upper middle class (Ainurrahmah, 2017).

Health development is essentially part of the national development process where this aspect is an effort for the Indonesian people to achieve the ability to live healthy for each of its residents in order to realize optimal health degrees as one element of the general welfare of the national goals. Health development that has been carried out in stages, of course, must be based on equity and improving the quality of health services to the community, this must be proven by the continued increase in health facilities in the form of hospitals and health centers as well as the provision of health workers such as doctors and nurses / midwives in each region. Development is a systematic and continuous effort made to realize something that is aspired. Development is a change towards improvement. Changes towards improvement require the mobilization of all human resources and reason to realize what is aspired. In addition, development is also very dependent on the availability of natural resource wealth. The availability of natural resources is one of the keys to economic growth in an area. (Shah, M. et al. 2020)

Basically, the health development process, both in terms of the quantity aspect of the health service unit and from the quality aspect which has become the government's authority, must of course be improved from year to year, for example in terms of the availability of hospitals and health centers in some remote areas should be prioritized, for the benefit of the community. more equitable public health. All of this is part of the responsibility of the government of a country as the recipient of a mandate from the people in providing more optimal services in accordance with the mandate of the Law of the Republic of Indonesia (Noerjoedianto & Herwansyah, 2019).

In development in the national health sector as reported in the preparation of the 2004-2009 RPJM, there are many obstacles or problems encountered and of course need to get very serious attention from the government including (1) Disparity in health status (2) Double burden of life (3) Low health service performance (4) People's behavior that does not support a clean and healthy lifestyle because there is still a lack of socialization of healthy living, especially in rural areas, even though the community's clean and healthy living behavior is one of the important factors to support the improvement of the health status of the population (5) The low quality, equity and affordability of health services and the last one (6) Limited health personnel in some remote (rural) areas.

Health is a human right of all Indonesian people, as stated in the 1945 Constitution, article 28 paragraph 1 and Law No. 23 of 1992 where health is an investment, so it needs to be strived for, fought for and improved by every individual and all components of the nation, so that people can enjoy a healthy life. , then in the end can realize the optimal degree of public health. This needs to be done, because health is not the responsibility of the government alone, but is a shared responsibility of all levels of society, including the role of the private sector. Services in the health sector are one of the forms of action that are most needed by the community, where this role is usually placed in hospitals or community health centers which are institutions in the chain of the national health system and have the task of providing the most optimal health services quickly, appropriate, cheap and friendly to anyone, including the role of puskesmas as one of the pillars of national health services that villagers rely on the most (Ayuningtyas & Rayhani, 2018).

Community health center is a technical implementing unit of the district/city health office that is responsible for health development in its working area, besides that the institution also functions as a center for driving health-oriented development, a center for family and community empowerment and a first-class health service center. For this reason, in the context of realizing its functions, puskesmas have mandatory health

activities/efforts consisting of maternal and child health and family planning (KB) efforts, health promotion efforts, environmental health efforts, efforts to improve community nutrition, prevention and eradication of infectious diseases. and basic treatment. As the technical implementing unit (UPTD) of the district/city health office, the puskesmas plays a role in carrying out some of the operational technical tasks of the district/city health office and is the first-level implementing unit and the spearhead of health development in Indonesia.

The availability of health service facilities at the puskesmas as the spearhead of health services in Indonesia provides enormous benefits for development in this country, especially in achieving optimal health status, so that the role of puskesmas in the future needs to be further enhanced in order to strengthen and develop a more optimal health care system. The Puskesmas itself is a leading health service organizational unit with a mission as a center for developing health services, whose task is to carry out comprehensive and integrated health care services to the community in a certain area, where these aspects include promotive (improvement efforts, preventive efforts (prevention efforts).), curative (healing efforts), and rehabilitative (recovery efforts), these four aspects must actually run in a bound manner and cannot be neglected from one another (Ensha, 2018).

In carrying out its functions in accordance with the Regulation of the Minister of Health No. 75 of 2014 concerning Health Centers, that each Puskesmas is authorized to (a) Implement planning based on analysis of public health problems and analysis of service needs required (b) Carry out advocacy and socialization of health policies (c) Implement communication , information, education, and community empowerment in the health sector (d) Mobilize the community to identify and resolve health problems at every level of community development in collaboration with other sectors (e) Implement technical guidance on community-based health service networks and efforts (f) Implement increasing the competence of human resources (g) Monitoring the implementation of health-oriented national development (h) Carrying out recording, reporting, and evaluation of access, quality, and coverage of health services as well as providing recommendations related to health problems and community, including support for early warning systems and disease response responses.

In fact, the main responsibility for the implementation of all health development efforts in the district/city area is the authority of the district/city health office, while the presence of the puskesmas is responsible for only part of the health development efforts that are charged by the district/city health office according to their capabilities, but nationally, regional standards Puskesmas work is one sub-district. However, if there is more than one puskesmas in a sub-district, then the responsibility for the work area is divided between the puskesmas, taking into account the integrity of the regional concept (village/kelurahan or RW) where each puskesmas is operationally responsible directly to the district/city health office (Erlina, 2021).

Puskesmas always try to mobilize and monitor the implementation of cross-sectoral development, including by the community and the business world in their working areas, so that they are insightful and support health development. In addition, puskesmas actively monitor and report on the health impacts of implementing each development program in their working areas. Specifically for health development, the efforts made by the puskesmas are to prioritize health maintenance and disease prevention without neglecting disease healing and health restoration. In addition, the puskesmas always strives for every level of society without exception to have awareness, willingness and ability to serve themselves and the community in order to form a healthy life, and play an active role in fighting for health interests including funding sources, as well as participate in

implementing, organizing and monitoring the implementation of health programs. the best nationally. So based on the description and elaboration of the background above, researchers are interested in further expanding the focus of the problem on aspects of the analysis of public health centers to realize the quality and degree of health services for the people of Indonesia.

II. Research Method

This research is a type of qualitative research, using descriptive method. The definition of qualitative research can be understood as a research procedure that utilizes data and has the aim of describing and analyzing events, social dynamics, phenomena and attitudes of individual and group perceptions of something (Achmad & Yulianah, 2022). The process of collecting these data begins with making observations in the form of taking data that is relevant to various problems that arise in the surrounding environment. The data collection tool is the researcher himself who functions as an instrument, the researcher must be able to approach the respondent so that the data obtained is valid. Next, the researcher begins activities systematically to collect, process, and conclude data by using certain techniques to find answers to the problems at hand. The data analysis technique uses descriptive qualitative analysis, where this technique describes existing data and makes conclusions so that they are easily understood by themselves and others, for secondary data itself obtained from articles, journals, and books related to health sciences, the role of puskesmas as public health services and the science of developing community welfare.

III. Result and Discussion

3.1 Basics of Community Health Centers (Puskesmas) as National Health Pillars

Community Health Center is a health service facility that organizes public health efforts and first-level individual health efforts, by prioritizing promotive and preventive efforts, to achieve the highest public health degree in its working area. In addition, health centers play a role in health-oriented development in their area with the aim of realizing people who have healthy behavior (awareness, willingness and ability to live healthy) and are able to reach quality health services, live in a healthy environment and have optimal health degrees, both individuals and families groups and communities (Hia, 2019).

In addition, the community health center (Puskesmas) is one of the public service facilities that provides health services to the community. The function of the Puskesmas in providing services to the community is faced with several challenges in terms of human resources and increasingly sophisticated equipment, but must continue to provide the best service. As service providers in general, Puskesmas are required to be able to provide services that satisfy customers/patients. The existence of an assessment of these services causes the health service facilities to be expected to remain standing and growing. The quality of services provided by health care facilities will lead to patient perceptions of the services that have been provided to them. Often there is a discrepancy between patient expectations and the services provided by health care facilities. To find out whether health care facilities have provided services that are in accordance with patient expectations, it is necessary to evaluate the patient. Each patient can assess the health service facility/Puskesmas as a business entity engaged in the service sector, especially health services so that the Puskesmas is required to be able to provide maximum health services.

In carrying out its functions, puskesmas are obliged to implement health policies to achieve health development goals in their working areas and the realization of healthy subdistricts. Structurally or administratively, Puskesmas are under the administration of the district government, where technical guidance is provided by the District/City and Provincial Health Offices. The rules state that the Puskesmas functions as a health service provider in the form of public health efforts (UKM) and individual health efforts (UKP). The position of the Puskesmas as a health service provider confirms that the Puskesmas is the first-level implementing unit of the health Office. District/City Health Offices are responsible for administering aspects of government in the health sector in districts/cities (Konli, 2014).

Basically, health development is an integral and most important part of national development, while the purpose of holding health development is to increase awareness, willingness and ability to live healthy for everyone in order to realize optimal public health degrees, on the other hand the success of health development plays an important role in improving the quality and Indonesian human competitiveness. Therefore, to achieve the health development goals, various comprehensive, tiered, integrated health efforts are carried out and one of them is through the presence of the Puskesmas where this process is the person in charge of organizing health efforts for the first level in Indonesia.

The National Health System, hereinafter abbreviated as SKN, is health management organized by all components of the Indonesian nation in an integrated and mutually supportive manner to ensure the achievement of the highest degree of public health. The health management components arranged in the SKN are grouped into sub-systems including, health efforts, health research and development, health financing, health human resources, availability of pharmaceuticals, medical devices and food, information management and health regulations and the last is community empowerment (Lubis , 2020).

The sub-system of health efforts is the management of health efforts that are integrated, sustainable, complete, and of high quality, including efforts to improve, prevent, treat, and recover, and are carried out to ensure the achievement of the highest degree of public health. The purpose of the implementation of the health effort subsystem is the implementation of fair, equitable, affordable, and quality health efforts. Health efforts are prioritized on various elements that have high leverage in achieving health development targets, especially the vulnerable population, including mothers, infants, children, the elderly, and the poor. There are three levels of health efforts, namely health efforts at the first/primary level, health efforts at the second/secondary level, and health efforts at the third/tertiary level.

Primary health efforts consist of primary individual health services and primary public health services. Primary individual health services are health services where the first contact occurs individually as the initial process of health services, besides this process emphasizes treatment services, recovery without neglecting efforts to improve and prevent, including fitness services and healthy lifestyles. On the other hand, primary individual health services are carried out by health workers who are needed and have the competencies as determined in accordance with applicable regulations and can be carried out at home, work, or at the health center and are carried out with the support of secondary individual health services in a reciprocal referral system. Maramis & Sondakh, 2013).

The principle of implementing health services at the Puskesmas is to fulfill the needs and demands of users of health services where patients expect a solution to their health problems. Therefore, Puskesmas must be able to provide medical services as an effort to heal/recover and take minor measures that meet quality standards. However, the paradigm

regarding the existence of puskesmas only for the poor is a mistake, because every person who is mildly ill does not need to go to the hospital. The nature of the puskesmas is to approach the user community and build the image of the puskesmas as well as possible through improving the quality of service, so that it will create community satisfaction to continue to interact. Therefore, providing excellent service quality for Puskesmas is a necessity so that people believe and overcome various health problems.

As for assessing the quality of Puskesmas services, certain standards and indicators are needed which include, the standard of the physical appearance of the building, employees, equipment and facilities, as well as the environment around the Puskesmas, then the standard of reliability which is always appropriate in carrying out various service actions both by medical and non-medical personnel. Furthermore, the standard of assurance which consists of employee knowledge, courtesy, and the ability of employees to foster patient trust in the organization and finally the standard of employee and management attention to patients, where to assess community satisfaction with puskesmas services is measured by how close the match between expectations and perceived reality for the services provided. Meanwhile, to assess community loyalty, it can be measured by how often they recommend, encourage others, and repeat visits or relate to puskesmas (Misnaniarti & Destari, 2018).

Meanwhile, the main principles for implementing Puskesmas in accordance with the directions and the Health Law of the Republic of Indonesia include the healthy paradigm, regional accountability, community independence, equity, appropriate technology, and integration and sustainability. The healthy paradigm implies that Puskesmas encourages all stakeholders to be committed to preventing and reducing health risks faced by individuals, families, groups and communities. The Puskesmas applies the principle of regional responsibility where the Puskesmas mobilizes and is responsible for health development in its working area. Through the principle of community independence, puskesmas encourage independent healthy living for individuals, families, groups, and communities. Through the principle of equity, health services provided by the Puskesmas are expected to be accessible and affordable by all communities in their working areas in a fair manner without distinguishing social, economic, religious, cultural and belief status as well as utilizing appropriate technology according to service needs, easy to use and not harmful. bad impact on the environment. Through the principles of integration and sustainability, puskesmas integrate and coordinate the implementation of UKM and UKP across programs and across sectors and implement a referral system that is supported by Puskesmas management.

In order to improve the accessibility of services, Puskesmas are supported by a network of Puskesmas services and a network of health service facilities. The Puskesmas service network consists of sub-health centers, mobile health centers, and village midwives. The network of health service facilities consists of clinics, hospitals, pharmacies, laboratories, and other health service facilities. Then the sources of funding for puskesmas include the regional revenue and expenditure budget (APBD), the state revenue and expenditure budget (APBN) and other legal and non-binding sources. The Puskesmas information system at least includes recording and reporting of Puskesmas activities and their networks, field surveys, related cross-sector reports and reports on networks of health service facilities in their working areas (Nopiani & Sasmito, 2019).

Public health centers (Puskesmas) in Indonesia began to be developed since the first long-term development (PJP) was launched in 1971. Based on KEPMENKES128/MENKES/SK/II/2004 on the basic policies of puskesmas, which states that puskesmas are the technical implementing units of the district health office/ city

responsible for organizing health development in a work area. Puskesmas as one of the public service facilities is certainly expected to have a role to be able to provide maximum service to the community. With reforms in all fields, including reforms in the health sector, all elements of health services such as government-owned and private hospitals, clinics, doctor's practices, and other health care facilities are competing to be better in providing health services. With the existence of more complete and modern health service facilities, the tendency of people to prefer these health service facilities is inevitable. As the technical implementing unit of the district/city health office (UPTD), the puskesmas has the role of carrying out some of the operational technical tasks of the district/city health office and is the first-level implementing unit and the spearhead of health development in Indonesia (Putri, 2017).

As stated in the Minister of Health Regulation concerning Community Health Centers (Puskesmas) Number 75 of 2014 it is explained that a health service facility is a place used to carry out health service efforts, both promotive, preventive, curative and rehabilitative carried out by the government, local government and/or or society. The Puskesmas itself in this case is one type of health service facility that organizes public health efforts and first-level individual health efforts, by prioritizing promotive and preventive efforts to achieve the highest degree of public health, especially in its working area. This is nothing but the focus of the government in seeking and providing health services to the public at the village or sub-district level so that the Puskesmas can be said to be one of the frontlines in the development of public health.

3.2 Supporting Factors for the Realization of Quality Public Health Services (Puskesmas)

Public services according to the Constitution Number 25 of 2009 are activities or series of activities in the context of fulfilling service needs in accordance with laws and regulations for every citizen and resident of goods, services and or administrative services provided by public service providers. Meanwhile, what is meant by public service providers are any State organizing institutions, corporations, independent institutions established under the law on public activities, and other legal entities formed solely for public service activities. One form of government effort in providing public services in the health sector to the community is that in each sub-district a government agency is built as a unit for providing public health services, namely the Community Health Center or commonly called the Puskesmas (Riandi & Yuliawati, 2018).

The success of public services is important in the paradigm of good governance which is currently in the spotlight in the implementation of government administration. To find out how the success in question can be known through the satisfaction felt by the community for the services that have been provided by each public agency. Satisfaction from the community will greatly affect the quality of public services because the community is the most important element in the service process, namely as subjects who will interpret the services they have received.

Puskesmas is a very important basic health service center in Indonesia. Puskesmas is a strategic unit in supporting the realization of changes in public health status towards increasing optimal health degrees. Realizing optimal health status requires efforts to develop a basic health service system that is able to meet the needs of the community as consumers of these basic health services. Patient satisfaction as users of Puskesmas services will be fulfilled if the Puskesmas provides services by improving the quality of services or optimizing services, one of which is by improving and at the same time adding facilities and infrastructure that support performance to facilitate the provision of health

services to patients. As for how to implement the quality of services provided by the Puskesmas, it can be investigated using the following service quality dimensions, reliability, responsiveness, assurance, attention and tangibles (Sabila, 2017).

Judging from the Regulation of the Minister of Health of the Republic of Indonesia Number 75 of 2014 which is article 32, it is stated regarding Puskesmas, namely "the technical implementing unit of the district/city health office, in accordance with the provisions of the legislation." Although the scope of work of the Puskesmas is in the smallest area, namely the village and sub-district, the Puskesmas plays an important role in the realm of health development as well as the types of health service facilities at a higher level, namely city/district hospitals or provincial hospitals.

Especially now that the National Health Insurance (JKN) program has been implemented since 2014. The existence of JKN has demanded the presence of integrated and structured health services. As is known, there are three levels of health services, namely primary, secondary and tertiary. At the primary level, the Puskesmas is nothing but the spearhead. This means that the Puskesmas is the first health service institution that can take action on the treatment of certain diseases before heading to a health service institution at the secondary level, namely a regional hospital. Therefore, the Ministry of Health in this case is required to continue to take steps to improve the infrastructure of this institution so that it can act as the frontline of public services in the health sector (Sucipto & Hermawan, 2017).

Meanwhile, in the health development target of the Sustainable Development Goals (SGDs) which takes place in the 2015-2030 range, Puskesmas plays an important function, especially in the third goal point, namely good health and well-being. This goal point seeks to ensure healthy lives and promote well-being for all at all ages.

Then based on article 5 of the Minister of Health Regulation No. 75 of 2014, Public Health Centers have at least two main functions, namely organizing individual health efforts (UKP) and public health efforts (UKM). UKP relates to “an activity and/or a series of health service activities aimed at improving, preventing, curing disease, reducing suffering due to disease and restoring individual health. The UKM is any activity to maintain and improve health as well as prevent and overcome the emergence of health problems with the target family, group, and community. Therefore, it must be understood that the Puskesmas has a strategic function with its scope of responsibility in providing primary health services to the community. Besides playing a role in improving the quality of public health, this institution is also expected to continue to grow to provide excellent and quality services. Good public service practices are the main thing that must be carried out by various agencies including an agency called Puskesmas (Susanti, 2017).

The initial concept of the Puskesmas itself was introduced in 1968. Until now, many results and achievements in the health sector have been achieved thanks to the presence of the Puskesmas. This health institution plays a very important role in efforts to improve the health quality of children and mothers. On the other hand, the average life expectancy of Indonesians has also been increased from time to time. This certainly cannot be separated from the role of Puskesmas as health services at the primary level. Based on data from the Ministry of Health, in 2017 the life expectancy of Indonesians was 70.9 years. Compare this data with past data such as 1970, 2000, and 2010 where the life expectancy of Indonesians was 45, 65 and 69.9 years, respectively.

Judging from their distribution, Puskesmas have now spread throughout Indonesia from Sabang to Merauke, including in remote and very remote areas. The number of Community Health Centers continues to increase significantly. In 2000 there were a total of 7,277 Puskesmas in the Indonesian region. In 2009 there were 8,737 Puskesmas. In

2013 it increased to 9,655 units. A year later it increased to 9,719 units. Meanwhile, the latest data as of June 2018 from the Ministry of Health released in early 2019 via the www.depkes.go.id page stated that throughout Indonesia there were 9,909 Puskesmas (Tiraihati, 2017).

Seeing its distribution in various corners of the country, it is undeniable that the Puskesmas is the front line of health services where this institution is the spearhead of public health to serve the community regarding health in various regions in Indonesia. In addition, the Puskesmas also has a role to invite all relevant parties to have a high commitment to carry out efforts to prevent and reduce health threats in the micro (individual and family) and macro (community) domains. Therefore, the existence of regulations requiring the establishment of Puskesmas in each sub-district (Permenkes RI No. 75 of 2014) must be supported and implemented properly and maximally in order to realize the noble goal of developing public health as a whole in the scope of this country.

Over time, the challenges of Puskesmas in providing excellent health services to the community are increasingly facing significant challenges (Hardjosoekarto, 1994; Sutopo and Suryanto, 2006). Various demands addressed to Puskesmas such as improving the quality of services and good management often collide with conditions in which the Puskesmas has a limited operational budget plus long bureaucratic rules and stages for budget disbursement, which are clearly an inhibiting factor in realizing the existing demands. However, the problems in this realm have found a bright spot for their solution, namely making the Puskesmas a Public Service Agency (BLUD) in accordance with the Regulation of the Ministry of Home Affairs (Permendagri) Number 61 of 2007. There are several requirements that must be met by the Puskesmas to become a BLUD, including fulfilling three substantive requirements. , technical and administrative (Ulumiyah, 2018).

In accordance with the Minister of Home Affairs Regulation Number 61 of 2007, the substantive requirements relate to a) the provision of goods and/or public services to improve the quality and quantity of public services, b) the management of certain areas/areas for the purpose of improving the community's economy or public services, and c) the management of special funds in the context of improving the economy and/or services to the community. It is undeniable that the presence of Puskesmas in the community is very meaningful, especially in the success of health development for all Indonesian people. For this reason, the existence of Puskesmas in each sub-district throughout Indonesia is very much needed. Especially when viewed from the level of service, the Puskesmas is nothing but the frontline of health services for the community. Therefore, Puskesmas need various improvements from various sides so that the restructuring in the realm of service quality, accessibility and affordability needs to be carried out properly and carefully. This is clearly in accordance with the role assigned to the Puskesmas in the field of health development, namely to disseminate the importance of healthy living behavior to the community, especially those in the work environment of the Puskesmas. This is nothing but a real step to create a healthy Indonesian society, without barriers.

IV. Conclusion

Health development is essentially a part of National Development which is an effort of the Indonesian people to achieve the ability to live healthy for every citizen in order to realize an optimal level of health as one of the elements of the general welfare of the national goals. Health development which has been carried out in stages has distributed and improved the quality of health services to the community. This is evidenced by the

continued increase in health facilities in the form of hospitals and health centers as well as the provision of health workers such as doctors and nurses / midwives. Puskesmas is a leading health service organization unit with a mission as a center for developing health services, whose task is to carry out comprehensive and integrated health services for the community in a certain area. Health services are carried out comprehensively, covering aspects; promotive (improvement efforts, preventive (prevention efforts), curative (healing efforts), and rehabilitative (recovery efforts), these four aspects must work together and should not be ignored each other.

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