

Analysis the Role of Management for Achieving of Public Health Coverage Programs at Public Health Care in Bengkulu

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Abstract

Background: Public Health Care is a primary public health service center. It is also as a promotive and preventive service provider with a target group and community to maintain and improve health and prevent disease. In the implementation of the health program the management function in the public health center is called planning (P), Mobilizing implementation (MI), Supervision Control Assessment (SCA). The purpose of conducting a public health care management analysis is Planning (P), Mobilizing Implementation (M.I), and Supervision Control Assessment (SCA) on the achievement of public health care performance indicators in Bengkulu City.

Study Design: The research design used is exploratory or non-experinmental research for qualitative methods and analytic research designs are cross sectional observational approaches for quantitative methods with hypothesis testing. Informants in this qualitative study were carried out by means of purposive sampling, namely by conducting interviews with all the Head of Public Health Center. The sample in this study amounted to 80 samples consisting of the head of the Public Health Center, the person in charge of the program and the implementer of the Public health care program/activity

Results: There is a relationship between Management functions (planning, mobilizing implementation, controlling assessment control) to the achievement of the performance of the Environmental Health, Nutrition, Prevention and Disease Control program at Bengkulu City Health Center;

Conclusion: The implementation of management functions (Planning, Mobilizing Implementation, Supervision Control Assessment) influences the Environmental Health, Nutrition, Disease Prevention and Control program in Bengkulu City Health center.

Keywords: *Planning fuction, Mobilizing Implementation, Supervision Control Assessment and indicator program.*

Introduction

Public health care can be divided into two categories, namely: first, as a primary public health service center as a promotive and preventive service provider with a target group and community to maintain and improve health and prevent disease. Second, the public health care as the center for primary individual health services. Public health care can provide comprehensive health

services namely preventive, promotive, curative and rehabilitative.

Public health approach that focuses on population and risk factors for personal symptom or diseases is important for achieving the goals of promoting health and preventing disease, overcoming underlying factors, determining health and increasing the effectiveness and efficiency of the health system¹. The purpose of conducting a Public health care management analysis is (P), (MI), (SPA) on the achievement of Public health care performance indicators in Bengkulu City.

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Material and Methode

The research design used is exploratory or non-experimental research for qualitative methods and analytic research designs are cross sectional observational approaches for quantitative methods with hypothesis testing. Quantitative methods determine the role of Public health care management in achieving performance indicators.

Informants in this qualitative study were conducted by means of purposive sampling, namely by conducting interviews with all the Head of Public health center Bengkulu City. Based on interviews were conducted by the Head of the Health Center, the person in charge of individual health efforts and those responsible for public health efforts in all Bengkulu City Health Centers. Samples for management hypotheses (planning, mobilizing implementation, controlling assessment controls), Community Health Efforts (CHE) and Individual Health Efforts (IHE) towards the achievement of performance indicators and program indicators are the Head of the Public health center and IHE and IHE Program Holders in the Public health center. Sampling uses purposive sampling.

Result

Planning

Public health care managers carry out their duties and functions in an integrated manner in all promotive, preventive and curative programs. Public health center as a first-level health facility (CFLHF), has the function of increasing the degree of public health through promotive and preventive services. The results of interviews with the head of the Public health center, all informants said the planning was prepared based on an analysis of the situation, national targets and local policies, prepared integrated with the IHA-FG and indicators of performance commitment, as said by the informants can be concluded based on the results of the interview:

.... Public health center compiles plans based on situation analysis, national programs, local and most diseases, Based on policies and analysis of community needs, Not all are integrated and IHA-FG. because they are still part of the implementation. The implementation process involves all the responsible parties (Informant A2, Informant B3)..

Preparation of planning based on an analysis of the situation, national/regional programs, conditions of most

diseases and the participation of the community will produce an effective and efficient planning of activities to be able to reduce the illnesses suffered and improve public health. Planning based on situation analysis and community participation is an initial concept that can guarantee the implementation of activities according to their needs and goals. Good planning will produce maximum objectives and can be used as a model for Public health center planning.

Mobilizing Implementation

The implementation of the management function of the implementation in the form of a meeting forum is known as Mini Workshop. The general objective of the Mini public health center workshop is to improve the function of public health center through the promotion of cross-program and cross-sectoral teamwork and the activities of the Public health center in accordance with planning.

Based on the interview results with those responsible for public health efforts in all public health center, it can be concluded that the public health center has been driving the implementation of It's activities. In accordance with the results of an interview with the person in charge said:

In the mini-workshop, socialization of activities, problems based on evaluation results, identification of solutions with all staff, to develop a specific plan (Specific) to achieve targets that have not been achieved based on the results of the evaluation; move across sectors so that city is healthy, in mobilizing the community, if it has not been achieved yet do a home visit (Informant F2)

The management function of the planned program / activity implementation can be carried out according to the schedule, goals and objectives of each activity. Activator through mini public health center's workshops and cross-sector workshops to carry out activities planned as a management model by optimizing the mobilization and implementation management functions.

Supervision Control Assessment (P3)

Targets that have not been achieved at the set time, the Public health center makes special efforts, or re-planning, are discussed at the monthly mini workshop, according to the results of interviews with informants:

.... Supervision Control Assessment is carried out routinely during monthly mini workshops, indicators

that have not yet been reached are formulated, evaluated, corrected and followed up with Plan, Do, Check, Action (PDCA) prepared together with officers and relevant stakeholders (Informant A1).

Improving the results of activities by redesigning, re-implementing, supervising and following up on the re-implementation of an activity. The Plan, Do, Check, Action (PDCA) process of the Plan, Execute, Check and Follow-up activities are a problem-solving process with four creative steps commonly used in quality control for the continuous improvement of all activities in the Public health center.

Supervision is carried out by the head of the Public health center and the person in charge of the

activities including administrative aspects, resources, achievement of program performance and technical services. If any discrepancies are found based on plans, standards, and various obligations that must be applied, coaching is carried out in accordance with the guidelines for implementing activities.

Management function with the Achievement Program

Results of Planning Relations, mobilizing Implementation (MI), Supervision of assessment Control

(SCA) with the Achievement of the Environmental Health Program in Table 1.

Tabel. 1 Corellation P, MI, SCA With Achivement of Environmental Health Program

P, MI, SCA	Environmental Health Program				Total		P value
	Medium	%	Good	%	N	%	
Low	0	0	4	6,7	4	5	0,018
Medium	18	90	33	55	51	63,8	
Good	2	10	23	38,3	25	31,3	
Total	20	100	60	100	80	100	

Source: result of data analysis

The results of the analysis of the relationship between P, MI, SCA with the achievements of the Public health center environmental health program can be seen from the achievements of the target. The analysis shows the relationship between P, MI, SCA with the achievement of the environmental health program in the City of Bengkulu partly good with the achievement of a good environmental health program.

Relationship of P1, MI, SCA with Nutrition Program Achievement in Table 2.

Tabel 2. Corellation P, MI, SCA with Nutrition Program Achievements

P, MI, SCA	Nutrition program				Total		P value
	Medium	%	Good	%	N	%	
Low	0	0	4	6,3	4	5	0,02
Medium	15	93,8	36	56,3	51	63,8	
Good	1	6,3	24	37,5	25	31,3	
Total	16	100	64	100	80	100	

Source: result of data analysis

The results of the analysis of the relationship between P, MI, SCA (obtained from numerical data (ratio) of answers to questions then categorized in ordinal form) with the achievement of the Public health center nutrition program seen from the target and program achievements if the achievements of more than 80% of the targets are categorized as good, 50- 79% of the moderate targets and less than 49% are categorized as less. The analysis shows the relationship between P, MI, SCA with the achievement of the nutrition program

in the City Health Center in Bengkulu is partly good with the achievement of the good nutrition program. So there is a relationship between P1, P2 and P3 with the achievement of the Public health care nutrition program in Bengkulu City.

Relationship of P, MI, SCA with the Achievement of Disease Prevention and Control Program (PCP) in Table 3

Tabel 3 Relationship of P, MI, SCA with the Achievement of Disease Prevention and Control Program (P2P)

P, MI, SCA	P2P Program				Total		P value
	Medium	%	good	%	N	%	
Low	0	0	4	6,7	4	5	0,018
Medium	18	90	33	55	51	63,8	
Good	2	10	23	38,3	25	31,3	
Total	20	100	60	100	80	100	

Source: Analysis data (2018)

The results of the analysis of the relationship between P, MI, SCA (obtained from numerical data (ratio) of answers to questions then categorized in ordinal form) with the achievement of the prevention and control of public health center disease programs seen from the target and program achievements if the achievements of more than 80% of the targets are categorized as good, 50-79% of the moderate target and less than 49% are categorized as less. The analysis shows the relationship between P, MI, SCA with the achievement of prevention and control program of Public health center disease in Bengkulu City is partly being with the achievement of prevention and control program of disease. So there is a relationship between P, MI, SCA with the achievement of the prevention and control program of Public health care in Bengkulu City.

Discussion

Planning (P)

Program and performance commitment indicators. The management of the Public health center shows a systematic sequence which is implemented to

optimize management functions which are carried out in an interrelated and continuous manner. The planning function can improve the achievement of Public health center performance. The leadership of the Public health center has developed a plan that involves human resources and optimizes available resources, this is in line with several studies. De Waal and Heijden’s research (2015) states that planning affects employee performance. Employee performance is also influenced by coordination between leaders and leaders and employees so that optimal performance is realized².

Management recommends reviewing regulations at the service level at the Public health center, capacity building, supervision and quality assurance, redefinition and strengthening the role of gatekeepers, availability of regulations and strengthening of patient referral policies, staff motivation in customer service³.

According to Ashton (2015) compiling a framework of performance and integrated incentives by providing new performance measurements for the health system in New Zealand consisting of namely; a) build and combine existing performance measurements; b) national policies

and shifts to integrated services; c) combining incentives for quality improvement and (d) performance-centered⁴. Integrated planning of all existing and new Public health center indicators, improving performance outcomes.

The quality management center of the Public health care is a series of ongoing routine activities, which must be monitored regularly and regularly, monitored and controlled at all times. The Head of the Public health center guarantees that the quality management cycle runs effectively and efficiently, setting up a Public health center management team that functions as the person responsible for the quality of Public health center management.

Mobilizing Implementation

The function of mobilization implementation is integrated starting from the internal mini workshop program conducted by Public health center every month and cross-sector which is conducted every three months to discuss program achievements, causes of problems and solutions. The results of the study concluded that the mobilization and implementation of the Public health center plan began with situational leadership, professionalism and incentives that were implemented, optimal resource empower would improve performance outcomes. This is in line with several studies. The development of health organizations is directly proportional to the process of leadership, professional management, incentives and adequate resources in a progressive manner of service achievement⁵. Health service organizations must be understood as a dynamic system that by complexity is able to produce strategic and professional health managers, so that they can fight obstacles and promote diversity, to generate new ideas that can help improve the health service process⁶.

The mobilization in the effort to prepare for the implementation of activities, began by conducting a mini Public health center workshop to draw up a plan for the current year's activities, to gather strength in Public health center. The mobilization of Public health center is also carried out to mobilize resources outside the Public health center through cross-sector workshops which are held 4 (four) times in one year.

Supervision Control Assessment (SCA)

The main principles of evaluation of health services and indicators can be successfully modified for the purpose, based on demographics and public health needs

by ensuring flexibility and adaptation to the context. This is in line with several studies. concludes that effective supervision determines a Public health center management so that supervision, training, administration of health services, is related to the performance and motivation of workers⁷.

The results of Adindu's study (2010) show that monitoring and evaluation of primary health care cannot be separated. Monitoring ensures that primary health care programs are according to plan, while evaluations ensure they are on the right track according to the plan and the impact is set⁸.

Planning, mobilizing implementation, of Public health center are management functions carried out in an integrated and interrelated way. Implementation of the Planning Function, mobilization implementation, Supervision Control Assessment contribute to the achievement of service commitment indicators. Stakeholders will be able to play a role after knowing and understanding the objectives of the program. Need to improve the functions of planning, mobilizing implementation, supervision, control assessment of Public health center at Public health center in Bengkulu City.

Results based monitoring and evaluation systems must be considered as work in progress. Continued attention, resources and political commitment are needed to ensure the continuity and sustainability of the system. Building and maintaining a results-based monitoring and evaluation system requires time and effort, there is no perfect system and there are many different approaches, but the journey is worth the effort and the results can be many⁹.

Conclusion

Public health care in carrying out its functions as: The implementation of Community Health Efforts (CHE) and Individual Health Efforts (IHE) in the working area, effective and efficient Public health center management functions can increase influence on the achievement of Public health center performance indicators in Bengkulu City. Provincial and district/city governments can establish policies by increasing the role of Public health care management functions in promoting and preventive efforts at Public health care.

Conflict of Interest: The authors declare that there is no conflict of interest

Ethical Clearance: Health Research Ethics Committee, Health Polytechnic of Health Ministry Bengkulu.

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