

# **IMPLEMENTATION OF POLICY REGULATION HEALTH MINISTER NUMBER 44 OF 2016 REGARDING PUSKESMAS MANAGEMENT GUIDELINES AT UPTD PUSKESMAS MANONJAYA TASIKMALAYA REGENCY**

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Quality Public Policies and Welcoming All Parties**

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## **Abstract**

The provision of services by the Puskesmas must be supported by adequate human resources to fulfill service standards in accordance with applicable regulations. The number of staff at Manonjaya Health Center in Tasikmalaya Regency is 119 staff, consist of 94 health workers and 25 non-health workers. In addition, in order to provide health services to the community in an effective and efficient manner, it is necessary to have a Puskesmas management, according to regulation number 44 of 2016 of the Health Minister, states that the Puskesmas management must be performed in an integrated and sustainable manner in order to produce effective and efficient Puskesmas performances. Obstacles and challenges of the Puskesmas management for the period 2019 to 2021, there is a covid-19 pandemic which is an extraordinary event so that it becomes a distinct obstacle for health workers and other health workers at the center Health Center of Manonjaya, Tasikmalaya Regency. This research method uses qualitative methods. Data collection techniques carried out through library research and field studies, it consist of observations, documentation and interviews. Data analysis techniques were performed through data reduction, data display, verification and drawing conclusions. Dealing with the research results show that environmental conditions maximally affect the

implementation of puskesmas management during the period 2019 to 2021, where with the presence of covid-19, all employees of the Manonjaya Health Center are always more cautious in the face of deadly epidemics, thus communication and coordination are hindered in achieving the goal, and the relationship between organizations to successfully implement policies related to the management of Puskesmas at Manonjaya Health Center can still work well, this is with the support of existing information and communication technologies, so that communication and coordination can still work well, next for the resources seen from the availability of health workers and non-health workers are quite adequate, however, with the Covid-19 movement is limited, so that it becomes one of the obstacles to achieve the goals and targets which have been determined in the implementation of puskesmas management, and from that the characteristics possessed by the health and non-health workers of the Manonjaya Public Health Center are always sensitive to various issues related to their functions and responsibilities, however, during the Covid-19 period as an extraordinary event, the workers kept their distance in order that it has become an obstacle to solve the problems that arise directly.

#### **A. Research Problem**

The implementation of services by Puskesmas must be supported by adequate human resources to fulfill service standards in accordance with applicable regulations. The number of staff at Manonjaya Health Center in Tasikmalaya Regency is 119 people, consist of 94 health workers and 25 non-health workers. To obtain more effective and efficient services is needed the puskesmas management based services. Regarding to the regulation number 44 of 2016 of Health Minister that the Puskesmas management must be carried out in an integrated and sustainable manner in order to produce effective results and good Puskesmas performances.

This research is based on the temporary observations result that the performance evaluation results of Manonjaya Health Center, Tasikmalaya Regency in 2021 showing the coverage of community health center activities evaluation is lacking, while for the evaluation of the management of the Public Health Center the category is moderate. In full, the following data was obtained based on several assessment indicators:

No.	Rating Type	Value		Category
I	Scope of Health Center Activity Assessment			
A	Coverage of Essential UKM Services		88,95	Medium
B	Scope of UKM Development		56,47	Low
C	UKP Service Coverage		61,13	Low
	Total I. (A+B+C)/3 Health Center Activities Scope		68,85	<b>Low</b>
II	Health Center Management Assessment			Conversion Score 100
A	Public Health Center Management	9,5	96,67	Good
B	Resource Management	6,7	84,25	Medium
C	Financial Management and BMN/BMD	8,2	89,39	Medium
D	Community Empowerment Management	7,0	85,17	Medium
E	Data and Information Management	9,3	95,00	Good
F	Program Management ( Per Program )	7,2	85,75	Medium
G	Quality management	8,5	90,00	Medium
	Total II. (A+B+C+D+E+F+G)/7 Scope of Health Center Management	8,05	88,80	<b>Medium</b>
Final Results of Health Center Performance Assessment				78,83
Category				(Group II) <b>Low</b>

Dealing with the table above, it can be seen that the health center activity scope assessment type, where 1 is in moderate category and 2 is in poor category, for the health center management, out of 7 scopes, there are two good categories, namely Public Health Center Management and Data and Information Management, while 5 scopes is in the medium category. The achievement of performance that does not fulfill these expectations is suspected to be the weak implementation of the management of puskesmas in accordance with the applicable regulations, those results created in the following phenomena:

1. Planning is not accordance with the existing puskesmas management cycle at Manonjaya Health Centre, Tasikmalaya Regency.
2. There is no Puskesmas level planning team at Manonjaya Health Centre, Tasikmalaya Regency.
3. The implementation of activities is not according to plan, both in terms of time and budget.

4. Supervision from head of Puskesmas to coordinator, and from coordinator to head of program and head of unit, did not work as it should.

## **B. Research purposes**

This research aims to:

1. To analyze the implementation of Health Minister Policy Regulation Number 44 of 2016 regarding Puskesmas Management Guidelines at UPTD of Manonjaya Health Center, Tasikmalaya Regency.
2. To analyze the supporting and inhibiting factors in the successful implementation of Health Minister Policy Regulation Number 44 of 2016 regarding Puskesmas Management Guidelines at UPTD of Manonjaya Health Center, Tasikmalaya Regency.

## **C. Research methods**

The research approach used is qualitative. Qualitative research (Creswell, 2014) states that: “Qualitative research is a means of exploring and understanding the meanings associated with individuals or groups with human social problems”.

This research type is included of descriptive research type, that seeks to describe phenomena that are currently occurring and seeks to answer and draw conclusions from the questions posed in the study.

### **Data collection technique**

1. Literature study is collecting data from expert opinions through books, journals, and writings relevant to the subject of the research, government regulations, and important notices related to the object of research.
2. Field studies, including observing and collecting data directly at the research location through observation and interviewing people who have data and information related to the research object.

### **Data analysis technique**

Data analysis techniques in qualitative research are carried out through 3 steps:

1. Data reduction  
Data reduction is the process of reducing the amount of capacity required to store data. Data reduction can increase storage efficiency and reduce costs. Storage vendors will often describe storage capacity in terms of raw capacity and effective capacity, it refers to data after the reduction.
2. Data display  
Data display in a graphic format is a way of portraying information succinctly and efficiently, illustrating details provided in longer textual information.
3. Conclusion drawing and verification  
Conclusion drawing involves stepping back to consider what the analyzed data mean and to assess their implications for the questions at hand. Verification, integrally linked to conclusion drawing, entails revisiting the data as many times as necessary to cross-check or verify these emergent conclusions

#### **D. Research Result**

Regarding to research result in policy implementation, there are several supporting and inhibiting factors, which are seen from the following factors:

1. Environmental condition  
Environmental conditions maximally affect the implementation of puskesmas management during the period 2019 to 2021, where with the presence of covid-19, all employees of the Manonjaya Health Center are always more cautious in the face of deadly epidemics, thus communication and coordination are hindered in achieving the goal.
2. Interorganizational relationship  
The relationship between organizations to successfully implement policies related to the management of Puskesmas at Manonjaya Health Center can still work well, this is with the support of existing information and communication technologies, so that communication and coordination can still work well.

3. Resources for policy and program implementation  
The resources seen from the availability of health workers and non-health workers are quite adequate, however, with the Covid-19 movement is limited, so that it becomes one of the obstacles to achieve the goals and targets which have been determined in the implementation of puskesmas management.
4. Characteristic of implementing agencies  
The characteristics possessed by the health and non-health workers of the Manonjaya Public Health Center are always sensitive to various issues related to their functions and responsibilities, however, during the Covid-19 period as an extraordinary event, the workers kept their distance in order it has become an obstacle to solving the problems that arise directly.