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## **Resource Aspects in The Successful Implementation of Community Health Centers Accreditation Policy in Makassar City**

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### **HIGHLIGHTS**

- In implementing the community health center accreditation policy in Makassar City, it can be concluded that human resources
- The facilities and infrastructure at the community health center are adequate and available, however there are community health centers whose buildings are damaged and need repair

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### **ABSTRACT / ABSTRAK**

Accreditation of community health centers is a strategy of the Ministry of Health aims to equalize access and quality of health services, especially in community health centers. The aim of this research is to analyze communication aspects in the implementation of public health center accreditation policies in Makassar. This research uses a descriptive exploratory analysis method with a qualitative approach by means of observation, in-depth interviews and literature studies with all research informants. The variable in the research is communication where communication includes transmission, clarity and consistency. The results of the research show that the resources in the successful implementation of the public health center accreditation policy in Makassar City can be concluded that human resources have met the staffing standards based on Minister of Health Regulation 43 of 2019 for both inpatient and non-inpatient community health centers, however there are several officers who have a workload which is excessive. Facilities and infrastructure at community health centers are adequate and around 60–80% are available, however there are community health centers whose buildings are damaged and need repair, as well as community health center buildings that do not meet the standards of Minister of Health Regulation 43 of 2019. It is hoped that there will be an equal distribution of duties and responsibilities by the leadership to each officer/staff. For infrastructure, it is hoped that more attention will be paid to the completeness of supporting facilities such as the provision of wastewater treatment plants and buildings that comply with regulations.

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## 1. INTRODUCTION

Minister of Health Regulation No. 71 concerning Health Services in National Health Insurance states that health services are carried out in stages starting from the first level health facility (FKTP) as the first level health service provider (PPK) which will serve BPJS Health patients and then be referred to the next level health facility, if needed.

According to information from Hukormas BUK, the Indonesian Ministry of Health (2015) determines that the indicator for the quality of health services is accreditation. In an effort to improve the quality of services, community health centers must be periodically accredited at least once every 3 (three) years and the target for health service performance indicators of the Ministry of Health of the Republic of Indonesia is the number of sub-districts that have at least 1 accredited certified community health center.

However, currently, there is a second edition of the 2019/2020 version of the 2019/2020 version of the draft standards and instruments for community health centers accreditation. In the 2019 - 2020 SIAP draft, the standards and instruments for community health centers accreditation consist of 5 chapters, 36 standards, 127 criteria and 499 assessment elements. With assessment criteria consisting of CHAPTER 1 on leadership and management of community health centers (KMP), CHAPTER 2 on the implementation of public health efforts (UKM), CHAPTER 3 on the implementation of individual and supporting health efforts (UKPP), CHAPTER 4 on national priority programs (PPN) and CHAPTER 5 concerning improving the quality of community health centers (PMP) (Indonesian Ministry of Health, 2019).

The pass rate for accreditation of community health centers with an intermediate pass was 5,068 with a percentage of 55.37%, while the pass rate for accreditation of health centers with basic status was 2,177 with a percentage of 23.78%, while the pass rate for accreditation of health centers with primary pass status was 1,669 with a percentage of 18.23%. and the accreditation pass rate for community health centers with plenary pass status was 239 with a percentage of 2.61%. This data shows that efforts are needed to increase accreditation to plenary (Indonesian Health Profile, 2020). Based on accreditation data for community health centers in Makassar City, there are only 2 community health centers that have plenary accreditation status, followed by 21 community health centers with primary accreditation status, while 16 community health centers have intermediate accreditation, then 6 primary health centers (Makassar City Health Service, 2020).

From these data, it is clear that obtaining accreditation status for community health centers has many varied obstacles at community health centers in Makassar City, limited financial resources to meet accreditation standards, limited human resources, lack of understanding of the concept of accreditation and how to apply accreditation standards to the organization, lack of follow-up from authorities, lack of planning, culture and behavior of health service providers and time inefficiency.

However, regarding the accreditation of community health centers, it has not been running optimally. This is because there is still information that has not been distributed evenly, there is a lack of understanding of the information and inconsistent information that is distributed, especially at the stage of increasing understanding regarding accreditation, determining and preparing accreditation documents which are included in the accreditation preparation stage. This happened due to the lack of direct coordination between officers which was less than optimal, cross-program and cross-sector meetings which did not run well (Farzana, Anneke and Pawelas Arso, 2016).

Resources include four components, namely sufficient staff (number and quality), information needed for decision making, sufficient authority to carry out tasks or responsibilities and facilities needed for implementation. The state of resources is assessed through four points, namely the number and quality of staff, availability of facilities, availability of clear information for staff and authority of implementers (Edward George, 1980).

The state of resources for the implementation of community health center accreditation is not entirely supportive because there are still several deficiencies in terms of quantity and quality of staff, there is a lot of overlap in work issues so that the workload for certain employees increases and information is difficult to understand. However, we try to minimize these shortcomings by maximizing the resources we have (Farzana, Anneke and Pawelas Arso, 2016).

## 2. MATERIALS AND METHOD

This research uses an exploratory/descriptive method with a qualitative approach by means of observation, in-depth interviews and literature studies with all research informants. This research was conducted at the Tamalate Health Center, Antang Perumnas Health Center, Tamalanrea Jaya Health Center and Karuwisi Health Center. The selection of research informants was carried out deliberately (purposive sampling) and based on suitability to the research data and information needs. The informants in this research were the main (key) informant, the head of the community health center, the usual informant, namely the head of the administration, UKM and UKP working groups at each community health center.

## 3. RESULTS

The characteristics of informants in this research were carried out in 4 community health centers, namely Tamalate Community Health Center, Antang Perumnas Community Health Center, Tamalanrea Jaya Community Health Center and Karuwisi Community Health Center. The number of informants in this study was 15 people, the main (key) informant was the head of the community health center, the usual informants consisted of the head of the administration working group, UKM and UKP, the average age of informants is 40 years, with an average working period of more than 5 years. The interview results are analyzed and presented in narrative form:

### Resource

The resource factor is still one of the obstacles in implementing community health center accreditation in Makassar City, both in terms of human resources, health service facilities and the budget for implementing community health center accreditation. The success of community health center accreditation is strongly supported by the availability of resources, especially at the community health center.

### Human Resources

Leaders and accreditation teams in all implementing units generally discuss the importance of having sufficient resources, including budget, human resources, facilities and infrastructure and time dedicated to supporting the implementation of accreditation program activities. However, in several community health centers there is still a lack of health personnel such as medical recorders and other health personnel who support the assessment of accreditation and work area factors in several community health centers which are quite extensive so that the workload analysis assessment is not proportional to the number of personnel in an agency which increases due to the large number of health workers. activities outside the building and activities of a national nature that must be carried out, so that many activities do not run effectively. The following are the results of interviews with several informants at the community health center

*"From our community health center, human resources are actually sufficient, but there is only a shortage of medical records personnel, which becomes an obstacle in administering and recording medical records"* (BHP, 45, PLT Head of Tamalanrea Jaya Community Health Center).

*"There are many rules that lead to HRK for employee placement, which must be in accordance with their educational background and must be in accordance with their functional position, but in our community health center, human resources are very limited, but we don't make the mistake of placing someone, it must be in accordance with their skills, if we follow the regulations of the Minister of Health Regulation 75 personnel Our human resources are sufficient, but if we measure it by crew members, we are very lacking because of the large population and quite large working area, but the number of personnel at the community health center is very small and we also don't have special personnel for medical records, so we are recruiting medical record personnel. paid for from medical services"* (DP, 52, Head of Administration at Tamalate Community Health Center).

### Facility

The availability of facilities in carrying out accreditation of community health centers in Makassar City is still one of the problems found in community health centers, such as buildings that do not comply with accreditation standards and there is 1 community health center that needs repairs, there is no parking space, there is no IPAL and so on. The following is the informant's statement:

*"In general, facilities at the initial stage are quite well available, but there are some that are still lacking, especially those that are not yet IPAL, that is also a requirement to be able to increase the level of accreditation, but up to now it is not available either, the problem with the Health Service is the budget"* (HMT, 57, Head of Karuwisi Community Health Center).

#### **Budget**

In implementing community health center accreditation in Makassar City, the funding budget allocation has been sourced from Special Allocation Funds (DAK) from the Indonesian Ministry of Health since accreditation was established in Makassar City. The budget for community health centers only uses BOK funds to support community health center accreditation, but does not hinder the process of implementing community health center accreditation. The following is the statement of the research informant:

*"There is no specific budget for the accreditation of community health centers, but it all supports the accreditation implementation process. For example, in terms of services, improving health equipment and infrastructure, socialization, monthly and quarterly meetings, all of this indirectly supports the process of implementing the quality of community health center accreditation"* (RL, 49, Head of Tamalate Community Health Center).

*"There is no specific budget for accreditation, either from JKN or BOK. For budgeting for accreditation, it comes from the Health Service, but for example, for ATK procurement meetings and so on, we use operational funds from the community health center"* (HMT, 57, Head of Karuwisi Community Health Center).

*"There are no special funds in the budget for accreditation, only minimal funds, to meet the accreditation needs we pay a fee and each room is responsible for its own room"* (BPH, 45, Head of Tamalanrea Jaya Community Health Center).

#### **Information and Authority**

The process of implementing community health center accreditation at the Makassar City Health Service has provided information and authority to the head of the health center and implementers of the accreditation policy from both the accreditation support team and the accreditation working groups through a decision letter from the Head of the Makassar City Health Service and a decision letter from the Head of the relevant Community Health Center. The accompanying team has given authority and responsibility to each working group chair to carry out the puskesmas accreditation process. The working groups for each community health center consist of: community health center administration and management working groups, community health working working groups and individual health working working groups, where each working group has an accompanying team from the Makassar City Health Service. The following is the informant's statement as follows:

*"We have received information and authority from the community health center accreditation team and we formed an accreditation working group team and issued a decree from the Head of the Community Health Center to facilitate the process of implementing accreditation in accordance with its main duties and functions"* (HS, 38 chairman of the Tamalate Community Health Center UKM working group).

*"There is a Decree from the Head of the Community Health Center in the administrative document of the Community Health Center accreditation policy"* (MTH, 40, chairman of the Antang Perumnas Community Health Center UKM working group).

## **4. DISCUSSION**

### **Resource**

Resources in policy implementation have an important role because implementation of policy actions will be effective if supporting resources are not available. The resources in question are human resources, budget resources, equipment resources and information and authority resources (Edward George, 1980) written in (Lathifah, 2014).

#### **Human Resources**

One of the resources in question is human resources (employees and staff). The human resources in question are those or the staff who will be empowered or used to implement this program. If in implementing a program there are insufficient human resources, the realization of the program will not run optimally.

The Head of the Community Health Center stated that one of the obstacles in providing human resources at the Community Health Center is that the availability of human resources at

the Community Health Center in terms of numbers has been met but in terms of competency it is still limited in accordance with accreditation standards, especially for medical records officers, administration and health promotion officers and other staff. , then analysis of high workload also affects the performance of health workers. One strategy for meeting the needs of health workers in the context of community health center accreditation is the recruitment of volunteer health workers sourced from the capitation services budget for community health center employees.

Based on the results of these interviews, it is supported by statements from several other informants who stated that the availability of human resources at community health centers to support the implementation of community health center accreditation is still an obstacle, especially in fulfilling certain health workers in accordance with predetermined accreditation standards and other inhibiting factors, namely Due to the analysis of the high workload of the Community Health Center due to the large working area of the Community Health Center, many health workers have double jobs (overlapping) in their work and many national activities have to be carried out outside the building.

However, as (Edward George, 1980) said, the number of staff does not always have a positive effect on policy implementation. This means that a large number of staff does not automatically encourage successful implementation. This is caused by a lack of skills possessed by staff. On the other hand, a small number of staff will affect the process of implementing policies effectively. To carry out this task, the community health center uses experts from other fields, for example nursing experts to operate computers and treasurers, public health experts to carry out administrative processes at the community health center.

This research is in line with research (Septiany, 2021) which states that human resources at the Cenderawasih Community Health Center are sufficient and every section in this Community Health Center is filled, although there are still some who are not in accordance with their duties but they have been trained at other Community Health Centers.

#### **Facility**

Facilities or facilities and infrastructure are one of the factors that influence policy implementation. Procurement of appropriate facilities, such as buildings, land and office equipment will support the successful implementation of a program or policy (Edward George, 1980). Based on the results of in-depth interviews at 4 Tamalanrea community health centers, it was stated that the availability of facilities to support the community health center accreditation policy in Makassar City was quite good, but there were still several community health centers whose facilities had not yet been standardized in accordance with accreditation standards, such as the absence of wastewater treatment plants, medical equipment that needed to be replaced and there were community health centers that the buildings do not yet comply with accreditation standards, there are also several buildings that have begun repairs (damaged). The results of this research are in line with research (Sulistinah, 2017) where all available equipment was obtained from the Jember district health service and maintenance was carried out in each room. Based on research results (Septiany, 2021), it is stated that facilities and infrastructure resources are also factors that really support the success of a policy effectively. Based on the results obtained from the research, it can be concluded that the existing facilities and infrastructure at the Cenderawasih Community Health Center are quite good and around 60% - 80% are available. However, obstacles were still found when preparing for accreditation, namely that they queued when they wanted to print working group documents and this became an obstacle to their work.

#### **Budget**

To support the process of implementing accreditation at community health centers, the role and full support of stakeholders related to the Makassar City Health Service is very important in terms of the preparation stages for community health center accreditation starting from the initial stage to post-survey assistance. Several things that Makassar City must prepare in terms of implementing health center accreditation, namely: health center facilities and infrastructure, Regency/City APBD budgeting or non-physical DAK. Based on the results of in-depth interviews with 4 community health centers, it was stated that the budget availability to support the implementation of community health center accreditation in Makassar City was considered sufficient and was available from the Makassar City Health Service specifically for accreditation assistance operations and accreditation surveyor teams, but the operational budget at the community health center level for accreditation operations was not provided and not specifically for accreditation so it only uses BOK and capitation funds which are not stated in the puskesmas POA (plan of action). One of the informants stated that there was no special budget for

accreditation, but it was only limited to supporting the process of implementing community health center accreditation, such as repairing medical equipment, socialization, meetings held monthly and across sectors and in our services we used all the BOK funds indirectly. It supports the process of implementing community health center accreditation and improving the quality of services at community health centers. Based on research results (Nuraini Mauldiana, Putri Asmita Wigati, 2016) it is stated that one of the factors that becomes an obstacle in implementing policies is a lack of resources (budget) and the need to provide an adequate budget.

#### **Information and Authority**

Information is also the most important factor in policy implementation, especially information that is relevant and related enough to implementing a policy. While authority plays an important role, especially in assuring and guaranteeing that the policies implemented are in accordance with what is desired, authority is a unified order carried out by one agency to another agency. In the policy implementation process, authority is a pattern of relationships that cannot be separated so that the objectives of the policy can be realized. Based on the results of in-depth interviews with 4 community health centers, it was stated that information related to the implementation of community health center accreditation was in accordance with their authority both at the Makassar City level (Health Service) and at the level of each community health center. In providing accreditation information to community health centers, the accompanying team from the Makassar City Health Service has provided information according to their respective expertise, which includes administration and management of community health centers, public health efforts and individual health efforts, as well as at the community health center level forming an accreditation working group team based on the Decree of the Head of the Community Health Center. According to (Dunn, 2003) public policy is a guideline that contains values and norms that have the authority to support government actions within its jurisdiction, whereas in the theory of Mazmanian and Sabatier (1983) written (Bardah, 2012) says that The concept of policy implementation leads to an activity or activity that is dynamic and responsible in implementing the program and setting the goals of the policy so that in the end it will get a result that is in accordance with the goal or target of the policy itself.

## **5. CONCLUSION**

Based on the results of the research and discussion regarding the implementation of the community health center accreditation policy in Makassar City in the previous chapter, the researcher can draw the conclusion: In implementing the community health center accreditation policy in Makassar City, it can be concluded that human resources have met the manpower standards based on Minister of Health Regulation 43 of 2019, both for inpatient health centers or non-inpatient, but there are some officers who have excessive workloads. The facilities and infrastructure at the community health center are adequate and around 60–80% are available, however there are community health centers whose buildings are damaged and need repair, as well as community health center buildings that do not meet the standards of Minister of Health Regulation 43 of 2019. It is hoped that there will be an even distribution of duties and responsibilities by the leadership. to each officer/staff, it is hoped that more attention will be paid to the completeness of supporting facilities such as the provision of wastewater treatment plants and buildings that comply with regulations.

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