

# Analysis of Indonesian Health Program through Family Approach (PIS-PK) in the Working Area of Public Health Center of Jalan Gedang

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## ABSTRACT

**Background:** The Healthy Family Program is the Ministry of Health's priority program which refers to the 5th agenda of Nawacita in Improving the Quality of Indonesian Human Life through Family Approach (PIS-PK). Public health center of Jalan Gedang is the location of the first focus of PIS-PK implementation in Bengkulu Province. The implementation of the program at the public health center level, socialization to the community has not been implemented optimally and is still constrained by funding problems, human resources, and lack of implementation of tiered monitoring and evaluation.

**Study Design:** This research aims to know the analysis of the program implementation of PIS-PK in the work area of public health center of Jalan Gedang. This research is a descriptive study with a qualitative approach on March-April 2019. The research data was collected by in-depth interview technique by using guidelines for interviewing to 10 informants, observation and documentation. This research focuses on the implementation of PIS-PK through the planning, organizing, monitoring and evaluation stages.

**Results:** The results of the study showed that the implementation of PIS-PK in the planning activities was discussed in a mini public health center workshop and entered into the RUK and RPK, planning also involved the community and stakeholders through cross-sector mini workshops, organizing assignments to each staff member, monitoring and evaluation were seen from the family IKS then a return visit was made for re-registration.

**Conclusion:** The implementation of PIS-PK Program in the Puskesmas Jalan Gedang is already running in hopes of 12 indicators that can be achieved with good management.

**Keywords:** PIS-PK, Planning, Organizing, Monitoring, Evaluation

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## INTRODUCTION

In the period 1990–2015, Indonesia has a picture of changing trends in disease development that need special attention. The increase in the percentage of disease burden in the decade was significant, especially in non-communicable diseases which increased by 12% every decade, despite a 1% decline in 2015. In 2015, the top ten diseases in Indonesia which were the biggest causes of death and disability were strokes, traffic accidents, ischemic heart disease, cancer and diabetes mellitus. This is followed by the emergence of other diseases such as depression, asphyxia, birth trauma and chronic obstructive pulmonary disease, which need special attention and appropriate treatment in the implementation of health development in the community<sup>1</sup>. Optimal health services are seen as an integrated unit called a system. The system is a series of interconnected elements consisting of input (process), process (process), output (output), impact (outcome), en

Currently the Healthy Family program is the Ministry of Health's priority program. The program principally refers to the 5th agenda of Nawacita which is improving the Quality of Indonesian Human Life, to make the Healthy Indonesia Program through Family Approach (PIS-PK) successful, the public health center approaches the working area through home visits so that each household member can be monitored his health. The family approach is an integrated service approach strategy between individual health efforts (UKP) and public health efforts (UKM) based on family health profile data and information through home visits<sup>1</sup>.

Development of a phased is intervention program involving the family environment to be implemented and evaluated for its effectiveness throughout Europe. This program aims to promote the continued health of school-age children. The school environment and family environment are the main determinants of healthy living balance behavior in school children<sup>3</sup>.

According to the Ministry of Health of the Republic of Indonesia, the stages of monitoring and evaluation to assess the success of a healthy Indonesia program through family approach (PIS-PK) are: training, preparation of socialization of funding organization, initial visits and interventions, analysis of initial IKS, further intervention, analysis of IKS changes (Kemenkes RI, 2017). Data on family achievements that have been visited in Bengkulu Province in the Healthy Indonesia Program through Family Approach (PIS-PK) in January and February obtained from progress reports of the Ministry of Health of the Republic of Indonesia (Kemenkes RI) in 2018, the percentage of families visited in January 12,341% and in February 14,537%<sup>4</sup>.

It is known that 18 public health centers in the city of Bengkulu have become the location of focus (locus) for PIS-PK operations and 2 other public health centers that have not yet become PIS-PK locus are public health center of Anggut and public health center of Sidomulyo, locus are public health center (Puskesmas) that have received training to implement the PIS-PK program.

Based on this background, this research aims to know the analysis of the program implementation of PIS-PK in the

work area of public health center of Jalan Gedang in the Bengkulu.

## MATERIAL AND METHODS

This research is a descriptive study with a qualitative approach. The research data was collected by in-depth interview technique to 10 informant amounting to (head of the public health center, Supervisor PIS-PK, Admin, 3 Field staff, 3 staff of public health center and 3 the community) by using interview guideline and documentation in the form of work letter PJ PIS-PK, list present Minilok, report on the results of PIS-PK, the preparation of printing data form, documentation of data collection tasks, documentation of proposed activities plan (RUK) and activities Implementation Plan (RPK).

Sample in this study uses purposive sampling technique. This research focuses on the implementation of PIS-PK through the planning, organizing, monitoring and evaluation stages. This research was conducted at the public health center of Jalan Gedang in the Bengkulu. Processing data with data reduction which has the form of narration, classifies, directs, organizes data so that it can support discussion and be presented descriptively.

## RESULT AND DISCUSSION

The Healthy Indonesia Program through Family Approach (PIS-PK) has been integrated in planning the achievement of programs at the Public health center of Jalan Gedang in the Bengkulu City. public health center of Jalan Gedang is a pilot health center and has major accreditation, accreditation Public health center of Jalan Gedang the highest accreditation among Public health center in the city of Bengkulu.

**Data Collection Planning 12 PIS-PK Indicators:** Efforts starting from planning, implementing and monitoring assessments so that the Healthy Indonesia through Family Approach (PIS-PK) can achieve the targets are as follows.

Data collection is between programs, across programs. Public health centers perform tasks in an integrated and functional manner in all promotions, preventive and curative programs. The Primary Health Care as a First Level health facility (FKTP) has a function to improve the health status of the community through promotive and preventive services. Planning is prepared based on situation analysis, national targets, and local policies, arranged integrated with the Healthy Indonesia Program through family approach (PIS-PK), and performance commitment indicators.

The team takes to the field regularly, conducts health mapping and conducts home visits for data collection of 12 PIS-PK indicators, problem interventions, continuous evaluation so that changes in community behavior/ IKS increase.

The stages of data collection planning for 12 PIS-PK indicators in Public health center of Jalan Gedang include the establishment of a PIS-PK responsible team conducted by the Head of the Public health center, the team consists of 5 people, then the PIS-PK team is given a Decree (SK) and is included PK, after that the PIS-PK team was given the assignment (Auth) or their respective duties described. This is as stated by one of the informants:

"The first plan was that the team was formed, then in the SK, then the respective tasks were described, the team formed was 5 people" (INF01)

Planning Preparation for data collection of 12 PIS-PK indicators are conducted by Public health center of Jalan Gedang to prepare data collection forms in accordance with instructions from the Health Office, while the amount has been adjusted to the number of households and targets. The results of interviews obtained from informants are as follows:

"Count KK, prepare blank, calculate the target" "For the data collection, we don't make it ourselves, if we start, there is a format from the health department in 2017, and in 2018 the district uniforms are bigger, for this year I don't want to use it because there are no instructions" (INF02).

"If we calculate the target, we adjust it to match the number of family heads in each RT. The total is adjusted according to the number of new blanks for the data collection target"(INF02).

For the stakeholder role in the PIS-PK planning at the Public health center of Jalan Gedang, especially the Head of Sub-District, Sub-District Head, RT / RW has not been optimally implemented because the PIS-PK is still a new program so their knowledge of PIS-PK is still very limited.

The following are the results of interviews from informants:

"if the role of each of them is still not optimal, it only coordinates the communities, it is still not optimal because the new program needs a process because it has only been running for a year, people don't really understand? (INF01)

For PIS-PK Public health center –of Jalan Gedang funds, the source of the BOK (Health Operational Assistance) is part of the Special Allocation Fund (DAK) sourced from the State Expenditure Budget (APBN) through the Ministry of Health of the Republic of Indonesia. and Public health center of management which includes: local transport of health workers who carry out data collection and data collection multiplied by the number of households in the data, while for ATK there are special funds themselves. When asked by the PJ PIS-PK whether the funds are sufficient, the answer is 'enough'.

The planning stage in the implementation of a healthy Indonesian program through family approach (PIS-PK) in the working area of the Public health center of Jalan Gedang in Bengkulu city was formed as a core team that received PIS-PK training, and the team instructed all staff to become later data workers Minilok is carried out across sectors or socialization to the public about the implementation of the PIS-PK program.

"Minilok is discussing what program is already running, what is the problem, for the future, what is the plan, what needs to be improved, so what are the obstacles to plan in the future" (INF02).

"Socialization, notice that we want to go down if we go down in month 1, this is the socialization of the last 11 months. (INF02)

**Planning of The Healthy Indonesia Program through Family Approach (PIS-PK):** From the results of the study, the planning in the implementation of a healthy Indonesian program through family approach (PIS-PK) in the working area Public health center of Jalan Gedang in Bengkulu City

was conducted by forming a team of 5 people to receive PIS-PK training then the head of Public health center (Puskesmas) issued a work letter (SK), then 5 people as the core team instructed all staff of Public health center to take part in data collection, Data is done every day before carrying out data collection on staff of Public health center to calculate targets, the method of calculating targets was adjusted to the number of households and the number of data collections, dividing the target data to each staff with division of a staff member is responsible for registering 1 RT, and preparing data form.

States planning of the public health center is the core management activities of public health centre, because all management activities are regulated and directed by planning. Planning will give a view to the vision of all the tasks, function and roles to be executed. That through the planning function of the Public health center the basic tasks of the staff will be established and with the main tasks of this staff of Public health center leaders will have supervision guidelines and determine the resources needed by staff to carry out their duties<sup>11</sup>.

Various efforts have been made so that the implementation of the PIS-PK can be carried out well starting from the trial process, setting the standard procedure criteria (NSPK), determining the stages and locus of the of Public health center (Puskesmas) for implementation and training. To monitor the process of implementing the PIS-PK, monitoring and evaluation needs to be done so that the implementation and achievement targets are in accordance with the determined track for the creation of improved quality of implementation<sup>1</sup>.

The statement above is equivalent to the results of this study, the Public health center of Jalan Gedang in the city of Bengkulu has planned the PIS-PK program, because a team has already received PIS-PK training, at the planning stage the head of Public health center has formed a team and has provided a work letter (SK), then the team planning process by calculating the number of targets, preparing the data collection.

During the program implementation stage it has not shown the impact of change, in 2017 sub-district of Public health center of Massenga that have run PIS-PK, a survey of health families has been carried out using 12 indicators of healthy families, the number of families of data collected in 2017 is 845 households in terms of planning activities, has not gone well, because the executor only runs orders from health services but this policy does not have a direct impact on health status in public health centers. Family survey results have not been well managed as basic data in planning programs in public health centers, other constraints in data collection on healthy family application systems Reports are still lacking such as the slow reading of data from healthy family indicators, and sometimes inaccessible applications<sup>5</sup>.

The result of previous studies conducted by when compared to the results of this study there are several differences, the implementation of PIS-PK in Public health center of Jalan Gedang in 2018 has conducted surveys or data collection on 12 indicators of healthy families, in terms of planning better Public health center of Jalan Gedang because the program planning process was carried out carefully by involving all staff public health center of

Gedang Street, policy makers and program planning processes were discussed in the Minilok and had been included in the Public health center of Activity Plan (RPK), the results of the data collection had been recapitulated so that the IKS figures were obtained and interventions were conducted in 2019 for families whose IKS results are low, for reporting on Public health center of Jalan Gedang data is constrained on internet networks that often interfere with data entry.

Funds received by the Public health center to carry out PIS-PK activities came from the BOK funds, based on the results of the Public health center of Gedang Streetfund research in 2018 of approximately 50 million, the funds were sufficient to meet the various needs of the public health center during the PIS-PK program, to hold socialization/ meetings, duplication fees for data collection, and labor transportation costs and honorariums for registrants.

Research that limited funds result in the limitations of all components relating to the smooth running of activities such as the budget for socialization, transport of officers, doubling of questionnaires, multiplication of pinkesga<sup>6</sup>.

The Public health center of Jalan Gedang in the planning process involved the Bengkulu City Health Office, sub-district head, village head, community leaders, RT and RW in planning the PIS-PK program so that the implementation of the Public health center received support. Steering holder involvement in the planning process is carried out by the Public health center of Jalan Gedang by holding cross-sectoral assistance in the cross-sectoral public health center to disseminate the PIS-PK program to policy makers so that later the delivery of information to the public can be done by Public health center and policy makers.

Based on the results of research conducted by In terms of cross-sector support, the informants stated that in the implementation of PIS-PK; cross-sector support is very important; such as important village instruments involved especially when health workers conduct home visits (data collection) in the community<sup>6</sup>.

The Public health center has duties and responsibilities for health development oriented to the concept of the region. It held with the principle of integrating all available resource areas such as cross-sector, Stakeholder, community groups, families and individuals in the Public health center working area. Coordinating Public health center with related sectors is to improve public health, to build healthy families by going to Posyandu and Posbindu PTM<sup>7</sup>.

Mobilizing the work plan of the Public health center begins by informing the activity plan and outlining the role for all health workers and stakeholders in a cross-sector mini workshop program<sup>8</sup>.

In general, the implementation of health policies and programs has progressed from year to year, although there are still some that have not been resolved. The communication factor (socialization) on policies and programs launched by the government is the determinant that determines the program to succeed or not<sup>9</sup>.

Dissemination includes the introduction of symptoms, causes, and treatment of common diseases, and information relating to maternal and child health such as

antenatal care, general problems during pregnancy, exclusive breastfeeding in the first six months, and the benefits of immunization. The class most often run is promoting a clean and healthy lifestyle and its relationship to prevention of infectious diseases such as diarrhea and tuberculosis, and their effects on children's health<sup>10</sup>.

**Organizing Implementation PIS-PK:** There is an organizational structure for the PISP-K team. During the PIS-PK implementation the workforce was organized, where officers at the implementation stage were given their respective responsibilities, after the data collection was completed PJ PIS-PK saw the results of the data collection from each staff to check the completeness of the data collection if found blank incomplete data collection PJ PIS-PK will return the blank to the staff concerned for re-registration. The following are the results of interviews from informants:

*"Yes the organization is carried out by trainers, 5 people as the core team, then the core team is looking for other members"* (INF01).

*"We went down all (all), all the staff participated in direct data collection, so all the staff participated not only in charge of the chamber program, and we all went down (all). One employee can allot 1 RT, can you get it because of the PJ PISP-K?"* (INF02).

*"For all our data collection, there is only training that is coming down"* (INF02). *"We all went down, all staff participated in the direct data collection, data collection for 1 person except for their 2 million rupiahs"*(INF02).

The results showed that organizers at the Public health center of Jalan Gedang in the city of Bengkulu in the PIS-PK implementation activities that the head of the health center formed a team responsible for implementing the PIS-PK and issued the SK and PJ instructing all staff of Public health center to participate in carrying out the data collection with the division of tasks. Answer data collection in 1 RT. Each stage in the PIS-PK implementation activities has a Person in Charge (PJ). And the Public health center of Jalan Gedang in the Bengkulu city already has an organization that regulates the division of labor of its officers.

Organizing is a series of management activities to collect all the resources owned by the public health center and make efficient use of it to reach the goals of the public health center. On the basis of this understanding, the organizing function also includes the process of integrating all the resources owned by the health center<sup>11</sup>,

Human resources in an organization need to be developed to a certain extent in accordance with the development of the organization. If the organization wants to develop it must be followed by the development of human resources. The development of human resources can be implemented through continuous education and training<sup>12</sup>.

The above statement is in line with the results of the research, namely the organizing conducted at public health center of Jalan Gedang in the Bengkulu city by dividing the officers in the organizing stage by forming a team and then the team is included in training on PIS-PK.

Based on the results of previous research on organizing the PIS-PK conducted by (Virdasari Eri, 2018) Division of tasks in the Public health center of Mijen

related to the PIS PK family data collection activities were divided into 2 teams, namely officers as the data team and data entry team.

The PIS-PK organization related to the data collection activities conducted by the Public health center of Jalan Gedang in line with what was done by the Mijen health center, namely dividing the data team and data entry, but there are few differences where all staff of public health center of Jalan Gedang collect data included in the category of data collection and a one person PJ staff entry data.

**Monitoring and Evaluation:** The PIS-PK monitoring and evaluation at the Public health center of Jalan Gedang (Puskesmas) was seen from the results of the data collection, after the results were obtained, then classified the IKS from IKS can be seen the unhealthy families see the new problems then in 2019 a repeat visit was made to several families the IKS results are still poor to intervene so that the results of the family IKS increase, the following are the results of interviews with informants:

*"The evaluation is now in the data processing stage, the data processing is not complete or not fixed, the evaluation is carried out per quarter seen from the results of the data collection and we make the red, yellow, green color that shows the pre-healthy and unhealthy status called IKS"* (INF02)

*"This sailing group wants to go down again, the meal is busy checking the data collection to see the results of the family data collection in 2018 yesterday, if the family members initially smoke, we visit again and then given more instructions not to smoke"*(INF02).

Says Monitoring and evaluation needs to be done at every stage of the implementation of PIS-PK by all levels of implementers, so that any obstacles, challenges or non-conformities at the time of implementation can be immediately minimized immediately<sup>1</sup>.

Controlling (supervision and control) is a process to continuously observe the implementation of activities according to the plans that have been prepared and make improvements if there are deviations. The implementation of this management function requires the formulation of work standards (performance standards)<sup>11</sup>.

Evaluation (assessment) is a process to determine the value of the level of success of the implementation of a program in achieving goals that have been set or a regular and systematic process in comparing the results achieved with benchmarks or predetermined criteria, followed by decision making and giving suggestions that can be done at each stage of the implementation<sup>11</sup>.

In the Public health center of Jalan Gedang at the Bengkulu city in the implementation of the PIS-PK, monitoring and evaluation efforts have been carried out, the way the monitoring and evaluation delivered by informants is calculated and the results of the data collection calculated so that three family health classifications can be identified. Then seen where the problem is then evaluated. The results of the study show that the Public health center of Jalan Gedang in the Bengkulu city has carried out monitoring and evaluation efforts to achieve an increase in the degree of Public health center a healthy Indonesian program through family approach (PIS-PK).

The results of the way monitoring and evaluation carried out by the Public health center of Mijen is through monthly mini-meetings and personal meetings<sup>2</sup>. Monitoring and evaluation at the Public health center of Mijen is not carried out routinely, ie every month, but sometimes 1 month 2 times. There is no specific time for monitoring and evaluation, sometimes the coordinator calls personally, so the presence of the data collection staff cannot be 100%. Likewise with monitoring and evaluation carried out by the Health Office that is not scheduled and carried out 1-2 times in 1 year.

The way of monitoring and evaluation are conducted by the Public health center of Jalan Gedang to look at the results of the data collection. It is seen whether the problem is then discussed in the health center clinic, monitoring and evaluation which is carried out routinely by the head of Public health center. In 2019 the stages of the implementation of the PIS-PK were the intervention stage by reviewing and revisiting the families whose results of IKS were not good enough to be given direction and it was hoped that the health status of the family would increase, in 2019 a PIS-PK comparative study attended by the PIS-PK team the center in the appeal review, the Public health center of Jalan Gedang will explain all the results related to the implementation of the PIS-PK program at the Public health center of Jalan Gedang.

## CONCLUSIONS

The implementation of PIS-PK Program in the Puskesmas Jalan Gedang is already running in hopes of 12 indicators that can be achieved with good management. Planning of data collection is done by the establishment of the team responsible PIS-PK as many as 5 people then the team was given training, preparing printing logging, counting the target by means of the number of KK adjusted to the number of printing Data collection, division of tasks such as PJ PIS-PK Program (supervisor) to ensure the activities carried out, PJ input of PIS-PK database in charge of entry data, PJ field officers PIS-PK, the division of the collection location 1 staff of public health center are responsible doing collection in 1 RT. Monitoring mechanism of PIS-PK implementation by looking at the results of the data on the input. The evaluation can be retrieved from the IKS family results, The visit is intended to re-register and provide direction to improve the health of the family. Implementation of PIS-PK activities in order to be maintained and sought better again and should choose a team of responsible PIS-PK take precedence that has a

background of bachelor of Public Health with the monitoring and evaluation Sustainable.

## REFERENCES

1. Kemenkes RI. 2017. [www.yankes.kemkes.go.id](http://www.yankes.kemkes.go.id). Retrieved from <http://www.yankes.kemkes.go.id/read-penyusunan-nspk-pedoman-monitoring-dan-evaluasi-pelaksanaan-program-indonesia-sehat-dengan-pendekatan-keluarga-pispk-2715.html>.
2. Virdasari Eri., Arso Pawelas S., Fatmasari Yunila E. Analisis Kegiatan Pendataan Keluarga Program Indonesia Sehat Dengan Pendekatan Keluarga Di Puskesmas Kota Semarang (Studi Kasus Pada Puskesmas Mijen). *Jurnal KESMAS*, Volume 6, Nomor 5, Oktober 2018. 52–65;
3. Johannes., B., S.J., te V., M.J., C., E., B., I., de B., H., M., ... J., S. Evidence-based development of school-based and family-involved prevention of overweight across Europe: the ENERGY-project's design and conceptual framework. *BMC Public Health*, 2010.10, 276.
4. Kemenkes RI. 2018. laporan-kemajuan-pispk-minggu-i-desember-2017 @ [www.slideshare.net](http://www.slideshare.net). Retrieved from <https://www.slideshare.net/dianmulya1/laporan-kemajuan-pispk-minggu-i-desember-2017>;
5. Pujosiswanto H. K., Palutturi S., Ishak Hasanudin. Policy Implementation of Healthy Indonesia Program Through Family Approach (PIS-PK) In Community Health Center of Polewali Mandar Regency. *International Journal of ChemTech Research*, 2018: Vol. 11, No. 08, 199–203. <https://doi.org/10.20902/ijctr.2018.110823>;
6. Laelasari, E., Anwar, A., & Soerachman, R. Evaluation of Readiness in Implementation of Program Indonesia Sehat Dengan Pendekatan Keluarga. *Jurnal Ekologi Kesehatan*, 16 No.2, September 2017. 57–72.
7. Anita B., Febriawati H., Yandrizal. 2016. *The Role Of Public Health Centers (Puskesmas) As The Gatekeeper Of National Health Insurance*. *Jurnal KEMAS*. 12 (1). 2016. 76–89;
8. Febriawati H, Alfansi L, Effed D H, A. S. 2018. The Role of Management Function to the Achievement of Puskesmas Indicatir asa a Gatekeeper of National Health Guarantee in Bengkulu City. *DOI Number: 10.5958/0976-5506.2018.0123.9*.
9. Muhawarman, A., Ayuningtyas, D., Misnaniarti.. Communication Policy Formulation for the Implementation of Health Programs. *Jurnal MKMI*. 2017,
10. Soewondo, P., Johar M., Pujisubekti Retno., Halimah., Irawati Oktiana D. *Inspecting Primary Healthcare Centers in Remote Areas: Facilities, Activities, and Finances*. *Jurnal Administrasi Kesehatan Indonesia*, 2019 7(1), 89. <https://doi.org/10.20473/jaki.v7i1.2019.89-98>;
11. Sulaeman, Sutisna E. 2011. *Manajemen Kesehatan Teori dan Praktik di Puskesmas*. 2011. 339:116-121.
12. Purnamasari, I., Kapalawi I. Analysis of Human Resource Management Process in Stella Maris Hospital Makassar. *Jurnal MKMI*. Juni 2013. 120–124.