International Journal of Education, Information Technology and Others (IJEIT)
https://jurnal.peneliti.net/index.php/IJEIT
Vol. 4, No.4, December 2021

An Analysis of the Health Indonesia Program with a Family Approach at the Local Government Clinic in the City of Tidore Islands North Maluku, Indonesia

Dewi Indra Purwanti*[1], Grace Korompis[2], Windy Wariki[3], Idris Sudin*[4]

[1,2,3,4]Universitas Sam Ratulagi
*Email: dewiindrapurwantiil@gmail.com, idrissudin.is@gmail.com

Article Info
Article History:
Received: October 22, 2021
Revised: November 15, 2021
Published: December 2021
e-ISSN: 2623-2324
p-ISSN: 2654-2528
DOI: 10.5281/zenodo.5746995

Abstract:
The objective of this study was to determine the implementation of the Indonesia Healthy Program with a Family Approach (PIS-PK) in Local government Clinic at Tidore Islands. This research is qualitative research, its take place in 2 Local government clinic namely, Soasio Local Government Clinic and TomalouLocal Government Clinic. Those two Local governmentclinics are location in Tidore City, North Maluku Province, carried out from April to August 2019. The results of the study concluded that in general, the implementation of PIS-PK at the level of Local government clinic in the City of Tidore Islands has been implemented as well as the program implementation guidelines. In the event that the socialization process has been carried out according to the objectives and stages in the program activity plan, it is necessary to increase cross-sectorial synergy and elements of interest. Availability of Human Resources in public health canters has been in accordance with the needs of program implementation, but it is necessary to evaluate performance and increase competence to improve the services. The activity budget is available from the Health Operational Assistance (BOK) as well as the National Health Insurance (JKN) capitation and routine funds for Local Government Clinic, but a budget allocation for additional medical tools is required for follow-up interventions for society conditions and service needs at Local Government Clinic . Family Health Profile (PROKESGA) data is available, but needs to continuous updating. The Family Information Package (PINKESGA) as a family education instrument is also available. PIS-PK activities running well because of a roadmap with an activity plan, which is agreed with the relevant elements as a reference for the implementation of PIS-PK activities. The suggestions from this research consist of: (1) socialization of the program to the society must be improved: (2) the health department needs to conduct an evaluation; and (1) the society must cooperate in helping Local Government Clinic improve the family health index.

Keywords: The Health Indonesia Program, Tidore Islands , Local government Clinic

INTRODUCTION

HealthIndonesia Program is a part of Nawaicita programs, its aim to increase the human life quality of an Indonesian. This program is the main program appointed by the President of republic Indonesia. The implementation of this program is a tactical exertion in health development to increase human sources;it is stated in Indonesian Regulation number 36 in 2009 about healthiness.

In order to embellishment the laws delegate that been mention above. The Health minister has setting out the development health strategic trough healthy Indonesian program with family approach (PIS-PK). Therefore, the government has released the regulation number 39 of 2016 about the Guidelines for the Implementation of the Healthy Indonesia Program with a Family Approach, which is give the mandate to the Local Government Clinic as the coordinator of the PI-PK program. Gita Maya (2017) stated that in implementation of PIS-PK policy, as the organizer the Local Government Clinic should carrying out some structured activities

Local Government Clinic is a health service facility that establishes as the first-level public and individual health labours, by prioritizing promotive and preventive works, to achieve public health status in their work areas. The Local Government Clinic s is responsible for one administrative area of the government, like the sub-district or part of the sub-district.

In North Maluku, there are 129 Local Government Clinics which is separate in 10 counties/cities. The implementation of PIS-PK in North Maluku Province initiated with the training in April 2017 following by a home visited from the employees of Local Government Clinic. In the same year, Tidore Islands was ranked at the first place in implementation of the PIS-PK program compared to 9 districts/cities throughout the province of North Maluku, and ranked 65th out of 482 nationally (Profile of the Tidore health ministry , 2018).

In Tidore island, from 10 Local Government Clinic that have been implemented the PIS-PK program, there were 2 Local Government Clinic that has a largest number of families in their working areas, they are Soasio Local Government Clinic with 4714 families and Tomalou Local Government Clinic with 3772 families. On 2017 Soasio Local Government Clinic has implemented the PIS-Pk program by collect the families' data, meanwhile tomalou Local Government Clinic started to apply the PIs-PK program in early 2018 by collect the families' data.

Nowadaysevery Local Government Clinic in Tidore Island has been doing activities within the scope of PIS-PK implementation. However, it is necessary to analysis whether the implementation of PIS-PK Program carried out at the Local Government Clinic level is in accordance with the stages of implementation and the objectives of the program? And does the Local Government Clinic is convenience with the supporting factors to apply the PIS-PK Program?

LITERATURE REVIEW

The definition of The healthy Indonesia Program with a family approach (PIS-PK)

The Healthy Indonesia Program with a Family Approach is a preventive (prevention) and promotive (promotional) program, where Local Government Clinic tries to increase the reach of the targets and bring closer the target and also improve an access to their health services through visits to the targets home. PIS-PK is implemented by enforcing 3 main pillars, they are; the application of a healthy paradigm, strengthening health services and implementing the National Health Insurance-JKN (Ministry of Health, 2018)

According to the Regulation of the Health Minister No. 39 in 2016 about the Guidelines for the Implementation of PIS-PK, TheLocal Government Clinic not only provide the health services inside the building but also outside the building by visiting

families which is included in their working area. Home visiting (family) should be done on a scheduled and routine basis, by utilizing the data and the information from the family health profile (Prokesga

Visiting the family at their home can make the Local Government Clinicis able to directly identify the health problems faced by the family. The Family members who need to receive health services then will be motivated to take the advantage of the UKBM and Local Government Clinicservices. In addition, families will be encouraged to enhance their unhealthy environmental conditions and other risk factors that have been detrimental to their health throughthe supportingfrom the health cadres and the health employees.

The importance of motivating the family is related to the five family functions proposed by Fauziah A.N (2016), such as:Recognize the health development disorders of each family member, Provided a treatment to the family members who is in poor health, Conserving a positive home atmosphere for the health and personality development of family member, Continuing a mutual relationship between families and health facilities.

According to Pujosiswanto et al (2018), the factors that support the implementation of the program is the communication, both internal externally. Meanwhile, the constraining factor isthe limited resources of the infrastructure and the finances.

The implementation of the Family Approach by Local Government Clinic

According to Laelasari, et al (2017), in PIS-PK program, the head of the Local Government Clinic will develop an implementation strategy to address all priority health problems, by utilizing the potential of resources inside and outside the work environment, and dividing the tasks among all Local Government Clinic employees according to their capability.

As regulated in the Article 6 section (1) the Regulation of the Republic Indonesia Health Minister number 39 of 2016 regarding to the Guidelines for the Healthy Indonesia Program with a Family Approach Implementation. It is stated thatthere are several activities that should be following by the Local Government Clinic when theyappliance the Health Indonesia with a Family Approach Program, Like:. Assemble all the families' healthiness data; Create and manage Local Government Clinic databases;Analysing, formulating the interventions for health problems, and preparing plans for theLocal Government Clinic ; Doing home visits in promotive, preventive, curative and rehabilitative efforts;. Implementing health services (inside and outside the building) through a life cycle approach; Implementing information systems and reporting Local GovernmentClinic.

Furthermore, insection (2) mandates that the activities as referred to the section (1) above are integrated to measure the strengthenof theLocal GovernmentClinic management

The Stages of PIS-PK implementation at the Local Government Clinic

1. The Preparation stage, this stage includes the following steps:

Determine the target group database, prepare prokesga forms; dividing the target area, allocating the family mentors, and doing a socialization to the internal Employees and to the external, specifically across sectors (the sub-district head, the Urban village head, the cadres, the religious leaders, the youth organizations, the woman of Family Welfare Programme (PKK).

2. The Program implementation phase, such as: gather the family data through home visits, storage the data through an application or manual, managing the data to calculate the healthy family index (IKS), identify the health and the potential solutions, determine an alternative problems solutions priorities, and doing the intervene initial and follow-up interventions.

3. The monitoring and evaluation stages are carried out based on the following principles: thetransparency of an objectives and the results, objectively assessing the field conditions, involving various participants, internal and external accountability, completely

describing the conditions and situations at each stage of the PIS- PK implementation (training, home visit preparation, initial intervention, follow-up intervention, analysis of initial data and follow-up data after follow-up interventions), based on the predetermined schedule, its carried out regularly and continuously, implemented in an effective and efficient integrated way, its oriented to the quality improvement of PIS-PK implementation, and a certainty of follow-up.

The 12 Healthy Indicators

According to Ferdiansyah (2016), he stated that the program will be success if all Local Government Clinic employees has a comprehend and a genuine, systematic, and a planned commitment

Technically, the collections of the family data in this PIS-PK implementation arebased on the observations and the recording of the family conditions which is related to the 12 indicators. This family data collection is the first step in implementing PIS-PK. According to Virdasari et al (2018), this step must be managed properly so that the next steps will optimally implement. The purpose of collecting the family data is to obtain the health data for each family, especially regarding to the 12 indicators. All data are filled completely according to the family health profile instrument (Prokesga). Furthermore, through the application or manually the Local Government Clinic will calculatesthe value of the Healthy Family Index (IKS) based on 3 categories, namely: (1) if the IKS value is <0,500 then it is categorized as unhealthy category; (2) if the IKS value is between 0.500–0.800 then it is categorized as pre-health category; and (3) if the IKS value is > 0.800 then it is categorized as healthy categorized.

As stated in the Regulation of the Health Minister number 39 of 2016, Those12 indicators; areconsists of: 1). The family take part in the family planning program (KB). 20. The Mothers give birth in health public facilities. 3). The Infants receive complete basic immunizations.4). The Babies get an exclusive breastfeeding. 5). The Toddlers get monitoring and growth. 6). The TBC patients receive a treatment according to the standards. 7). The Patients with hypertension has received a regular treatment. 8). People with mental disorders receive a treatment and are not neglected, 9). No family members are smoke. 10). The Families have become JKN participants. 11). The Families have access to the clean water. 12). The Families have access to the healthy latrines.

Definition of the socialization

Based on thelarge Indonesian Dictionary (KBBI), socialization is defined as an effort to socialize something that will be known, be understood and be internalized by the society. According to Tjipto (2008), socialization is a process of establishing or transferring habits or values and rules from one generation to another in a group or society. Diana et al (2014) said that socialization is defined as the process of an individual learning to integrate with each other in a society affording to the system of values, norms, and a tradition that had been manage by the society

According to the definitions above, it can be said that socialization is an effort to disseminate information, transfer knowledge and the learning process of an individual or society regarding the values, norms, rules, policies or programs that regulate to the lives of the people who concerned.

The Socialization Stages

According to George Herbert Mead in Tjipto, (2008), there are some stages of the socialization process that someone is going through related to socialism, the stage as following: (1) The preparatory stage, this is stage when a child prepares to get to know his social world,

including gaining an understanding of himself; (2) The imitation stage (Play Stage),itsindicated by the perfection of imitating the roles; (3) Ready to act stage (Game Stage),the imitation begins to decrease its accompanied by played alone a role with full awareness;(4) The acceptance stage of collective norms (Generalized Stage/Generalized other) whereas the person is considered as an adult, be able to place himself in a large society. In other words, he realized the importance of rules, the ability to cooperate even with people he didn't know steadily.

The types of Socialization

There are two types of socialization, as stated by Tjipto (2008), they are:

1) the Formal Socialization. This type of socialization happens in authorized institutions underthe regulationsof the nation, such as education in schools.

2) Informal Socialization. This type of socialization can be found in the society or in relationships that are familial, such as between friends, a close friend, the fellow club members, and social groups that exist in society.

Although the socialization process is separated into a formally and informally, but it's difficult to separatethe outcome because every individuals commonly receive formal and informal socialization at the same time (Tjipto, 2008).

The Human Resources (HR)

a. DefinitionThe Human Resources

The Human resources refer to the thought power and physical power of each individual.The Human Resources is an ability of every human being which is determined by the power of thought and physical power. In every activity human resource takes an important role, Even though there wasvery modern equipment its mean nothing without qualified human resources. BecauseIntelligence isan essential thingsthat every human got since the birth, while skillis the things that can be obtained from the human hard work (learning and training). A person's intelligence can be measured from the level of Intelligence Quotient (IQ) and Emotional Quality (EQ) (Hasibuan, 2003).

Based on the definition above it can be draw that the human resource development is aboutdeveloping and increasing both physical and psychological potential of the human itself. The development is according to the needs of institution or organization in order to achieve their goals.

b. The Human Resource planning (HR)

Andrew E ikula in Anwar Prabu (2011), argues that the human resource planning is defined as the process of determining the needs of the employees and also finding the employees based on needs which is integrated with organizational plans. Meanwhile, according to Hadari Nawawi (2008), human resource planning is a analytical activity intends to estimate the needs of human resourceto achieve the business activities which is coherent with the Strategic Plan, the Operational Plan and annual programof an organization.in generally, the planning of human resource is aim to make any decisions about the number and qualifications of human resources who have the ability to achieve the organizational goals.

Human resource planningis strongly influenced by various factors both the organization itself (internal) or from the organizational environment (external). The External factors such are: the economic situation, the socio-cultural, the political, laws and regulations, technology and competitors. Meanwhile the internal factor is a surrounded various problems within the internal organization itself such as : the strategic plans, the budgets, the product estimate and sales, the new activities, the organizational design and jobs (Siagian, 2006).

In the Decree of the health Minister number: 81 81/MENKES/SK/I/2004 about: the Guidelines for the Health Human resources strategic Planning at the Provincial, Regency/City and Hospital Levels, it is stated that there are several methods that can be used to formulate the needs of human resource, they are:

1) Health Need Method is aplanning of health human resource needs based on health needs.
2) Health Services Demand Method is aplanning of the health human resource needs based on the health needs.
3) Health Services Targets Method is the planning of the need for health employees based on the defined health effort targets.
4) Ratio Methodisplanning of the human resource needs based on a ratio of a value. Firstly, determining the ratio of the employee to a certain value, for example the number of residents, hospital beds, health centers, etc. Furthermore, the value will be projected including the specified ratio.
5) Authorized Staffing List is aplanning of human resource needs based on a list of an employee composition.
6) Workload Indicators of Staffing Needs (WISN) is a planning of needs through indicators of the labor needs based on amount of work.

Budget and Medical Tools

a. Budget

According to Garrison, Norren and Brewer (2007), "A budget is a detailed plan of gaining and using financial and other resources over a period of time." Meanwhile, Nafarin (2007) states that the budget is a periodic quantitative plan (unit of amount) that is prepared based on a program that has been approved."

In the Regulation Number 71 of 2010 about Government Accounting Standards, it is emphasized that the budget is a guideline for actions to be carried out by the government including plans for revenues, expenditures, transfers, and financing measured in rupiah, which are arranged according to the certain classifications systematically for one period.

The definition above has indications that thebudget is related to the program or an activities planning. Gani (2004) in Hubaybah and Dwi Noerjoedianto (2018) said the performance-based budgeting has become an option in the planning of budget planning recently. it is in line with the Ministry of Home Affairs' Decree Number 36 of 2006 which has been changed to the Minister of Home Affairs RegulationNumber 59 of 2007.

Gani (2004) in Saifuddin (2007), said the emphasis of the performance budgeting system (performance budgeting system) are lies in the aspect of the budget management by paying attention to thebudget implementation both the economic and financial aspects, as well as the achieves of the physical results. The base of the Performance based budgeting is a results of realistic and systematic planning process. Those planning process will be used as a guarantee of continuousness and steadiness between a problems, an objectives, an activities; the output and inputs needed to carry out on these activities.

Another characteristic of performance-based budgeting is the balance between the budget for direct service activities and supporting activities. Direct service activities are in the form of individual service activities (case finding and case treatment) and the society service activities (the environmental risk factor intervention, the behaviour and thesociety empowerment). The supporting activities are in the form of management activities and capacity building activities. Basically, performance-based budgeting is a way to calculate and allocate a sufficient and appropriate amount of budget to support all those activities, so that the goals can be achieved (Gani (2004) in Saifuddin (2007)).

b. The Function of the a Budget

According to Putu Ayu and Sudiana (2018), the budget is a tool for planning and supervising the financial management of an organization or agency. Health services are agreed as aspects of public sector development. Therefore, stated by Rudianto (2009) in Putu Ayu and Sudiana (2018), the public sector budget has several main functions, as Budget as a planning tool; Budget as an organizing tool; Budget as a driving tool; Budget as a control tool

c. The Medical Tools

The Health Indonesia Minister's Regulation Number 1191/MENKES/PER/VIII/2010 regarding to the distribution of Medical Tools, in article 1 section (1) stated that Medical Tools are all the instruments, apparatus, the machines and/or an implants that do not contain any drugs used to prevent, to diagnose, to cure and to alleviate the disease, to treat the sick, to humans restore health, and/or establish humansorganization and improve their bodily functions.In article2 of the ministerial regulation above, it is stated that in addition to medical tools as referred to in Article 1 section (1), medical tools may also contain drugs that do not achieve their main achievement on or in the human body through pharmacological, immunological, or metabolic processes but can assist the desired function of the medical device in those way.

Furthermore, in Article 3 it is states that the medical tools based on the intended use as the same as how the device intended form the manufacturer, it can be used alone or combine for ahumans with following purposes:

1) As a Diagnosis, a prevention, a monitoring, a treatment or a reduction of the disease;
2) A Diagnosis, a monitoring, a treatment, a reduction or compensation of illness
3) As an Investigation, a replacement, a modification, a support of anatomical, or physiological processes; and as a support or sustain life;
4) The Blocking fertilization;
5) To Disinfection of a medical tools;
6) Providing information for medical or diagnostic purposes through in vitro testing of human specimens from the body.

Family Health Profile And Family Information Package

Based on the attachment of the Minister of Health regulation number 39 of 2016,a Family Health Profile (in the future is referred as PROKESGA), is a form of a family folder, which is used to record (a warehouse) a family data and individual data of family members. the Family data its include all components of healthy homes (access/availability) clean water and access/use of a healthy latrines). the Individual data of family members include individual characteristics (age, gender, education, etc.)as well as the condition of the individual concerned with the disease (hypertension, tuberculosis, and mental disorders) and their behavior (smoking, taking the family planning, monitoring the growth and development of the toddlers, an exclusive breastfeeding, and etc)

The Family Information Packages (in the future is referred as Pinkesga), it distribute to the family in the form of flyers, leaflets, pocket books, or other forms, which are given to families according to the health problems they face. Prokesga and Pinkesga are instruments for collecting the data of family conditions. The Utilization of the data and information from the family health profiles is for an organizing/- a society empowerment and as the management of the Local Government Clinic s, conduct a regular and scheduled home (family) visits, by utilizing the data and information from family health profiles (family folder). Thus, the implementation of Perkesmas efforts is integrated in family approach activities.

The Strategy Map (Roadmap)

A roadmap is a thought map related to a theme which is a plan, or a stage in a research, or a reference to achieve a certain goal (Fransisca Maria, 2015). The roadmap will bmake the Implementation of PIS-PK easier, because there are the recommendation about PIS PK implementation system based on the problem manage analysis and a goal to achieve

METHODOLOGY

Research Method

This research is qualitative research; Moleong (2007:6) said that qualitative research is a research intends to understand what is experienced by the research subjects holistically. The facts of the research are discovered usinga method or description method such as the decomposition in the form of words and a language in a special natural context.

The Research Field

This researchwas conducted in April – August 2019 at the three Government offices in Tidore Island, Namely; Soasio Health Center, Tomalou Health Center and the Tidore Islands Health Office, North Maluku.

The Data source

This research data are consists of two types of data it is Primary Data and Secondary Data.

The Primary data, as according to Sugiyono (2013), primary data is a source of the research data obtained directly from the original source. In this research, the primary data are collected in a form of informants' answers to the research questions and the fact-finding observations results of the implementation of PIS-PK program. The Sources of primary data in this research are peoplewho are comprehend and directing to the problem, and are directly involved with an activities related to the problem under this research, it is consisting of:

a. **A Key Informants, consisting of:**The Coordinator of PIS-PK at the Soasio Health Center who was coded as informant 1 (I-1) and The Coordinator of PIS-PK at the Tomalou Health Center who was coded as informant 2 (I-2)
b. **The main informant**. it is the PIS PK Coordinator of the Tidore Islands City Health Office who was coded as informant 3 (I-3)
c. **Additional informants**, **consisting of**: The Head of Soasio Health Center who is coded as informant 4 (I-4) and The Head of Tomalou Health Center who is coded as informant 5 (I-5)
d. **The Control informants to checking the data validation tests, consist of:**The Family representatives in the working area of the Soasio Health Center as informants 6 (I-6), The Family representatives in the working area of Tomalou Health Center as informants 7 (I-7)

The Secondary Data is the data that was collected from the document searches. The documents such aspolicy documents, the rules, and the guidelines of the implementation, also a photos and administrative documents for the implementation activities related to the implementation of PIS-PK at the Local Government Clinic and at the Health Office of Tidore Islands.

The research variable

The variable of this research is the socialization process, the availability of the human resource, the availability of budget and medical tools, the administration “prokesga” family health profile and the “pinkesga” family information package at the local clinic of Tidore Islands City is are available and also the availability of a roadmap or strategy map.

Techniques ofData Collection and the Instruments

The Primary data was collect trough Interview and observation, As stated by Gulo (2010), that interviews are a way to obtain data by conducting direct interviews with informants, the main instrument used is a recording device

For the secondary data collection, the data was collected used Documentation Study techniques, in this technique are not directly aimed at the research subjects, but through the documents. The documents referred to all the documents related to the implementation of the Healthy Indonesia Program with a Family Approach (PIS-PK) at the Local Government Clinic (Soasio Health Center and Tomalou Health Center) in Tidore Islands.

Technique of validate the data

The validity of the data will be validating trough inspection techniques and will be done used the triangulation technique as proposed by Hamidi (2004), which is Triangulation Method and Source triangulation

Technique of Data analysis

The Data analysis on this research was carried out during and after the data collection. The Data were collected through an observation and interviews recorded, and then analyzed in three stages, such as:The data reduction stage it is a process of selection, classification and focusing, abstracting and then transforming the rough data into standard word formulations. Data reduction is about polishes the data , categorizes the data, directs the data, discards unnecessary data and organizes data in such a way that final conclusions can be drawn and verified (Miles and Huberman, 2007),the next step is Data Presentation Stage, is a series of information that allows research to made a conclusions. The Data presentation is intended to find meaningful patterns and provide the possibility of drawing conclusions and providing an action (Miles and Huberman, 2007), last step is Conclusion, it is the drawingstage which is a part of a complete configuration activity. In This stage theconclusions from all the data will be obtained as a result of the research (Miles and Huberman, 2007: 18).

ANALYSIS AND DISCUSSION

An Overview of the Research Sites

Tidore island is an archipelago city which is being in level II city in North Maluku regions, it is located at the astronomical boundary of 0°-20°in North Latitude to 0°- 50° South Latitude and at a position of 127°10'- 127°45' East Longitude. Tidore City has about 1,550.37 km2 land area. asan archipelago city Tidore Island consists of ten islands, namely Tidore Island, part of Hamlmahera Island, Maitara Island, Mare Island, Woda Island, Raja Island and 4 (four) other small islands. Administratively, this city consists of 8 (eight) sub-districts where the 4 (four) sub-districts are located on the island itslef, like; the Tidore sub-district, the East Tidore sub-district, the South Tidore sub-district and the North Tidore sub-district. The other 4 (four) sub-districts are on Halmahera Island,and it's called Oba District, North Oba District, Central Oba District and South Oba District.in total there are 40 sub-districts, 49 villages and 80 hamlets, with a total population of 99,335 people, consisting of 50,042 males and 49,295 females.(BPS TIKEP 2018)

a. The Tidore Islands Health Office

The Tidore Islands Health Office was established and operated by the Tidore Islands Regional Regulation Number 19 of 2007 about the Establishment of the Organization and arrangement of the Tidore City Regional Offices.In accordance with the Mayor's Regulation Number 25 of 2010 about the Job Description of Tidore Islands Health Office it is state that the Health Office's main task is to assisting the Mayor in carrying out reorganization authority in the health sector, such as: 1). Designing a technical policy according to their job description, 2). Admitting the permits and the

public services implementation, 3). Fostering the development of supervision in the health sector; and, 4). Developing an UPTD inside their scope of duties.

The Health Office of the Tidore Islands currently has 343 (Three Hundred Forty Three) personnel, spreads out to all units of health organizations with various levels of education and competence. The distribution of employees in each unit consists of 55 people (16%) who are working in the office itself and 288 people (84%) working in the UPTD Local Government Clinic

b. The Soasio Health Center

Soasio Health Center is located in the Tidore District, it is anon-conservation local clinic which is covering 13 villages as their work areas, it is include Seli Village, Soadara Village, Topo Village, Topo Tiga Village, Soasio Village, Gamtufkange Village, Gurabunga Village, Folarora Village, Tambula Village , Tomagoba Village, Tuguwaji Village, Indonesiana Village and Goto Village. The total population of these 13 sub-districts is about 18,755 people with a total of 4,646 households. This local clinic has supporting facilities such as 2 ambulances, 2 sub health centers and 5 polindeswhich have been occupied by a village midwives.

c. The Tomalou Health Center

The Tomalou Health Center is located in the Tidore Selatan District it is a non-conservationlocal clinic. The working area of this local clinic consists of 6 urban-villages and 2 villages, namely: Toloa Village, Dokiri Village, Tuguiha Village, Tomalou Village, Gurabati Village, Tongowai Village, Mare Gam Village and Mare Kofo Village. The total population of sub-districts and villages within the working area of the Tomalou Health Center is about 13,263 people and the number of households is 3,746.

Research Results and Data Interpretation

The Discussion based on research variables are described in the paragraphs below:

a. The Socialization Process

The socialization is the initial stage of implementing PIS-PK activities. It started from the implementing officer, then the formal socialization in cross-sectoral meetings and next in the family's home visits.

The Interview facts show that this program has been well socialized. As the statement of informant (I-1),(I-2), (I-3),(I-4) dan (I-5). However, not all employees are able to carry out PIS-PK socialization during home visits, this can be seen in the results of interviews with 39 family representatives in the working area of the Soasio Health Center who are classified as control informants with informant code(I-6). As the representative from 3 families in each village (Topo Tiga Village, Topo Village and Gurabunga Village) who said "I'm sorry I don't know/don't know". This is happened not only because of the health employees weaknesses in providing the socialization or an explanations to families, or could be due to the possibility that during the officer's visit not all families were in the home.

In contrast the family representatives in the working area of the Tomalou Health Center, all the family representatives belonging to informants seven (I-7), they answered that they knew about the PIS-PK program which was implemented through home visits by the healthemployees.

The description above shows that in general the employees who carry out family visits are able to convey the aims and objectives and also the descriptions of the PIS-PK program well, so that the visited families understand that the program has being implemented by the local clinic. Therefore,the comprehensive coordination between the health officer and the urban Vilage, RT, RW and the society is need to make sure thesocialization can run well and touch all family members (Zahratul Aini, 2018).

b. Availability of Human Resources (HR)

The human resources needed in the implementation of the PIS-PK program are available. Informant (I-1) revealed that at the Soasio Health Center there is 1 (one) team for each urban village has been formed under the Decree of the Head of the local clinic; it is consist of 2 until 7 people in each urbban village. The informant (I-2) also revealed that at the Tomalou Health Center there also 1 team that has been formed since 2018, consisting of 4 people.

In line, the informants (I-4) and (I-5) stated that at the Soasio health centre there is a team formed for the implementation of PIS-PK, determined by a Decree of the Head Health Center Number 440/SK-07/11/2018 concerning the Determination of the Regional Development Team at the UPT of the Soasio Health Center, Tidore island. The decree has demand that for 1 team there are of 13 small teams in urban village, there are a coordinators and members 2 to 7 personnel. Athe t the Tomalou local clinic also formed 1 team from 2018, with the Decree of the Head of the UPT Local Government Clinic number: 800/02.1/PKM-TML/11/2018 regarding the PIS-PK Management Team at UPT Local Government Clinic Tomalou., This team consists of 4 people.

Thetriangulation sources has done to validity the data on this variable, through the interviews with acontrol informants its showed that 39 family representatives in all working areas of the Soasio Health Center, there were 18 family representatives who answered that there were 2 employees who visited their homes, 14 family representatives answered that 3 employees who visited to their homes and 7 family representatives who answered that there were4 employees who visited the home". Furthermore, from 24 family representatives in the working area of the Tomalou Health Center, they answered that there were 2 people who visited their homes. This description shows that in the implementation of PIS-PK in both health centers are support for human resources who can functionally carry out the task of fostering and optimally providing family health services as needed.

The availability of human resources at the local clinic is also supported by human resource elements from across sectors, like the sub-district head, village head, and cadres of youth organizations at the village level, society and religious leaders and the society who play a very important role in realizing the success of the program in the field. There is a Head of the Health Office Decree about the involvement of cross-sectoral Human resource in the implementation of PIS-PK, Number: 144/SK-DINKES/2019 about the Establishment of the Guidance Cluster Development Team (TPCB), the Healthy Indonesia Program Development Team with a Family Approach (PIS-PK) and the Health Service Minimum Service Standards (SPM) Development Team for the 2019 Fiscal Year.

The involvement of cross-sectoral elements as revealed by Akbar Fauzan et al (2018), that human resources at the local clinic must be involved, including civil servants, honorariums and other elements to support the PIS-PK program in the field.

From the aspect of the competence, the available of human resources are measurable because some have received training and received socialization materials from the Health Office, but still need to be improved because not all human resources have attended the training.

In terms of performance, the available human resources are known based on results of confirmation with control informants from family representatives. In general, it is acknowledging that there are2 to 4 employeesvisited by on a regular basis. This shows that the Healthy Indonesia Program with a Family Approach (PIS-PK) is actually implemented by the Local Government Clinic and has implementation characteristics

in accordance with the implementation guidelines, as folowing (a) touching directly on the main target is the family; (b) prioritizing promotive-preventive efforts, as well as strengthening society-based health efforts (UKBM);g (c) active visits by Local Government Clinic to increase outreach and total coverage; and (d) Implemented with a life cycle approach

c. Availability of Budget and Medical tools

The availability of budgets and facilities, will be analyze from source aspect and the utilization aspect, it is include the operational implementation administrative management system aspects, the visits to coaching the families and the tolls brought by the health employees when visits.

Based on the interview fact found from informants' I-4 and I-5 which is a Head of the Local Government Clinic it found that the support for the fulfillment of facilities and infrastructure for the operational implementation of PIS-PK came from the BOK and JKN. Furthermore, regarding to availability of the facilities and infrastructure at the Local Government Clinic it is adequate for the implementation of PIS-PK or not?, the two informants stated that in general they were adequate, but still need to adding more facilities, in order to meet the needs, like an intervention of family health conditions when the health employees visit home and also for health services at the Local Government Clinic .

As ofthe access to facility support aspect, through filling the Medical tools Infrastructure Application (ASPAK), the two local clinic both already filled, but there is no an additional facilities have been needed. It can be draw that the aspects of supervision and guidance on the availability of facilities to ensure the implementation of health services by local government clinic in implementing PIS-PK is in accordance with a good service standards, which means that there is also a guarantee of clear sources of financing.

Data validation was carried out by triangulation the sources in the form of tracing budget documents its showing that the financing for local government clinic activities including expenditure on medical tools had all been planned and arranged in the local government clinic planning document, starting from the Proposed Activity Plan (RUK) and the Activity Implementation Plan (RPK). The budget implementation aspect also shows the same thing that there is an adequate availability of budget in the implementation of the PIS-PK program, as illustrated in the Budget Implementation List of the Health Office and budget implementation documents at the Soasio Health Center and Tomalou Health Center.

The above conditions indicate that the management of the local government clinic has been directed towards the implementation of PIS-PK. without neglecting curative and rehabilitative services. This is done because the local government clinic has a budget and is supported by adequate facilities and infrastructure in accordance with Permenkes 75 of 2014 concerning the Society Health Centers. Although there are still limitations, the program can be implemented in the society.

d. **Availability of PROKESGA and PINKESGA in the Implementation of PIS-PK**

Based on the results of the interview, it shown that the instrument needed to make home visits was available, it's called the Prokesga Application, but the problem is the application need the availability of the internet network while operated that application. Related to that, there are several urban villages whose has bad internet network connection, because of that most of the health employees does a manual form collection data, after the data were collected the employees will input the data through the application when the network is available or is in the internet service coverage area.

This is as expressed by informants (I-1) and informants (I-2) regarding the interview with questionsabout the instruments used when carrying out PIS-PK family visits, as well as if using the Healthy Family Application, are there any problems in using it. Furthermore, the informant (I-2) revealed that there were also problems with the number of family member in the house, if the number are large it took a long time to collect the data, besides that there were also a family member whose complaints about their health problem outside the 12 indicators in the pinkesga, Therefore, theemployees need to explain to their families about the conditions they are experiencing. Related to this complaint, some employees immediately gave a referral letter to immediately go to the local government clinic for a further treatment.

In accordance to the availability of infrastructure relates to the source of the asset of the facilities. In this context, the informant (I-3) stated that there was assistance from the health office regarding the implementation of the PIS-PK program at the Local government clinic, namely providing Prokesga instruments and accompanying the installation for laptops and androids, as well as manual Prokesga forms. Other support is facilitated the Pinkesga to all Local government clinic in Tidore City, before conductingthe data collection to the society." In addition, there are a supportfrom the Data and Information Center (Pusdatin) of the Ministry of Health such as facilitating the local government clinic to obtain the account numbers.

The description above shows that the availability of administrative infrastructure supporting program implementers is really available. As for the aspects related to the used effectiveness, there are problems that not all urban villages have good internet network access.

To validate the validity aspect of the data, based on confirmation from the control informants (I-6) and (I-7), it was found that the employees carried the tools in the form of a book leaflets, Prokesga manual forms and Prokesga online instruments, blood pressure meters, thermometers and stickers as well as referral letters. The description shows that the implementation of PIS-PK in both local government clinic was implemented based on a clear plan accompanied by adequate instrument support, although there were someproblems in use due to network factors.

e. The Roadmap Availability

As revealed by informant (I-1) that before visit home, there was a plan which isprepared and agreed upon at the mini-workshop as the evaluation results of service standards and follow-up plans, starting from what activities were carried out during family visits related to the 12 PIS-PK indicators, the tolls needed, the visitor for each village, the visits schedule and the budget required. Includethe follow-up planning visits if there were a family health condition that requires a follow-up action or intervention.

The informant (I.3) also acknowledged that the Roadmap discussion was carried out between the health employees and the local government clinic regarding to the percentage of healthy family index (IKS) increase in the next 1 or 2 years The roadmap that we discussed is also about 12 indicators that we will carry out further interventions in the RUK in the coming year.

The facts of the interview above show that there is a roadmap produced through a mini-workshop and refers to the provisions of the regulation of the minister of health regarding the implementation of PIS-PK. However, in the implementation there are obstacles such a weather factors.In terms of implementing the roadmap, there are obstacles in achieving the program.Related to this, it was generally acknowledged by the informants that beside the weather there also factors of family needs or activities which caused the head of the family to be often difficult to meet. As stated by the informant (I-4).

As a form of further testing of the validity of this variable research data, the triangulation source was also carried out in the form of searching related documents as a process indicators and roadmap availability. In this case, there are documents for the minutes of the mini-workshop meeting of UPT Local government clinic Soasio and UPT Local government clinic Tomalou, a list of attendance or absence of mini-workshop participants, documentation (photos) of mini-workshop activities, road map of PIS-PK UPT Local government clinic for 2017, 2018 and 2019, follow-up plan documents and cross-sectoral roles and responsibilities, proposed activity plans (RUK) for 2018 and 2019, the report of the 2018 PIS-PK Implementation and the Percentage of Minimum Service Standards Achievement documents.

The results of this reserach indicate that the implementation of PIS-PK at the Soasio Health Center and Tomalou Health Center, Tidore Islands has been running according to the implementation guidelines set by the government roadmap or implementation strategy map to increase the effectiveness of achieving the objectives of the PIS PK implementation.

The results of this variable study also confirm the performance of Human resource in the implementation of PIS-PK at the local government clinic level in line with the local government clinic management cycle as contained in the Minister of Health Regulation number 44 of 2016, where the process of preparing the planning for the next year's program of activities is prepared based on an analysis of problems instigating from the results of the PIS-PK data collection in the current year, then an introspective survey is carried out, mini-workshops to evaluate and prepare follow-up planning documents and Proposed Activity Plans (RUK) for the coming year.

CONCLUSSION AND SUGGESTION

Conclusion

From the results of research that has been carried out at the Soasio Health Center and Tomalou Health Center, Tidore Islands City, it can be concluded that:

a. In general, the implementation of PIS-PK at thelocal government clinic level in the Tidore Islands has been well implemented in accordance with the guidelines for the implementation of the program. However, efforts are needed to improve a number of aspects, including aspects of socialization, human resource capacity, budget availability and medical tools in order to follow up the implementation of the roadmap effectively.
b. In terms of the socialization process of the Healthy Indonesia Program with a Family Approach (PIS-PK) at the Soasio Health Center and the Tomalou Health Center, Tidore Islands, it has been carried out according to the objectives of the program socialization and the stages in planning program activities. However, from the aspect of effectiveness, the improvements are needed in the context of creating synergies between the sectors and elements, especially elements of community family in implementation the program .
c. The availability of Human Resources (HR) at the local government clinic level can be said to be in accordance with the needs of the number of human resources in implementing the program in the work area of each local government clinic. However, it is still necessary to monitor and evaluate performance as well as increase competence through training in order to further improve service performance in the implementation of PIS-PK.
d. From the aspect of the budget for field visits activities are available, because they are sourced from Health Operational Assistance (BOK) as well as capitation of the National Health Insurance (JKN) and routine health center funds. However, it is

necessary to allocate a budget for the addition of medical tools so that there is no overlap of use.

e. From the availability aspect of administrative data on the Family Health Profile (PROKESGA), it is available both in the form of an application system and manual system. This is supports the program implementation. However, it is necessary to carry out continuous verification and updating, according to the development of family conditions. The Family Information Package (PINKESGA) is also available quite adequately as an instrument of family education in dealing with health problems experienced by each family member

f. The implementation of PIS-PK at the Local government clinic level in Tidore Islands is going well because of the roadmap or strategy map that is prepared in the form of an activity plan document, which is agreed with the relevant elements in a cross-sectoral forum (involving village/urban village government, the community leaders are prepared as a reference for implementation). Health service activities said document contains a schedule of visits and intervention/follow-up of health services.

Suggestion

From the conclusions above, it is recommended some suggestion as follows:

a. Socialization activities during home visits must still be carried out to ensure that all families know the purpose of the PIS-PK program.

b. The health office needs to conduct an evaluation in the field by conducting a home visit quality test to measure the quality of the data that has been collected by the regional development officer of each local government clinic.

c. The participation of Sub-district and village government is needed in motivating the society to be able to spend their time, receiving regional development officers to make home visits, as a form of cooperative action in order to help officers carry out data collection, education and follow-up interventions to improve the family health index.

d. The further research is needed, to analyze the data on 12 indicators of the results of home visits and the effectiveness of further interventions to increasing the index of healthy families.

REFERENCE

Anwar Prabu Mangkunegara, A.A. 2011. Manajemen Sumber Daya Manusia Perusahaan. PT.Remaja Rosda Karya, Bandung.

Diana, Melva. 2014. Pelaksanaan Program Hidup bersih dan Sehat (PHBS). Jurnal KesehatanMasyarakat.Vol.8No.1.https://journal.unnes.ac.id/nju/index.php/kemas/article/viewFile/2832/2892Diunduh tanggal 22/3/2019

Fauziah, A.N. 2016.Keluarga Sehat Berdasarkan Pendekatan Keluarga. Kelurahan Mojongoso Surakarta. (online)https://jurnal.stikesmus.ac.id/index.php/JKebIn/article/viewFile/165/139Diunduh tanggal 17/2/2019

Ferdiansyah,D. 2016. Metode Pendekatan Keluarga, Terobosan Baru dalam Pembangunan Kesehatan di Indonesia.(online). Majalah Farmasetika, Vol.1 No.4,2016. https://jurnal.unpad.ac.id/farmasetika/article/view/10368Diunduh tanggal 17/2/2019

Fransisca, Maria. 2015. Pembuatan Road Map Hasil Penelitian dan Perencanaan di Bidang Air bersih. (online). http://digilib.its.ac.id/public/ITS-dergraduate-16281-Paper-572640.pdfDiunduh tanggal 22/3/2019

Garrison, Noreen, dan Brewer. 2007. Akuntansi Manajerial. Edisi ke-11. Salemba Empat. Jakarta.

Gita Maya Koemara Sakti (2017) Mewujudkan Indonesia Sehat dengan Pendekatan Keluarga. Buletin Jendela Data dan Informasi Kesehatan, Semseter I thn 2017. Jakarta. (online) https://pusdatin.kemkes.go.id/resources/download/pusdatin/buletin/buletin-pispk.pdf. diunduh tanggal 10/4/2019

Gulo. 2010. Metodologi Penelitian. Grasindo. Jakarta.

Hadari Nawawi, 2008. *Manajemen Sumber Daya Manusia: Untuk Bisnis yang Kompetitif*, Yogyakarta: Gadjahmada University Press

Hamidi, 2004. Metode Penelitian Kualitatif: Aplikasi Praktis Pembuatan Proposal dan Laporan Penelitian. Malang: UMM Press.

Hasibuan, M. 2003. Organisasi dan Motivasi Dasar Peningkatan Produktivitas. Bumi Aksara. Jakarta

Hubaybah dan Dwi Noerjoedianto, 2018. Analisis Pembiayaan Program Kesehatan Ibu dan Anak (KIA) terhadap Indikator Capaian sesuai Standar Pelayanan Minimal (SPM) bidang Kesehatan di Dinas Kesehatan Kota Jambi Tahun 2016. Jurnal Kesmas Jambi (JKMJ)Vol. 2, No. 1, Maret 2018.(*Online*) https://online-journal.unja.ac.id/jkmj/article/view/6546 . Diunduh tanggal 22/3/2019.

Laelasari,E. dan Anwar, A. 2017. Evaluasi kesiapan program Indonesia sehat dengan pendekatan keluarga, (online). Jurnal Ekologi Kesehatan Vol. 16 No 2, September 2017 : 57–72.https://media.neliti.com/media/publications/222923-evaluasi-kesiapan-pelaksanaan-program-in.pdfDiunduh tanggal 17/2/2019

Miles, Mattew B dan Amichael Huberman. 2007. Analisis Data Kualitatif Buku Sumber tentang Metode-Metode Baru. Terjemahan Tjetjep Rohendi Rohisi. Jakarta: Universitas Indonesia.

Moleong, Lexy J.2007. *Metodologi Penelitian Kualitatif*. Edisi Revisi. Bandung : PT Remaja Rosdakarya

Nafarin, M. 2007. Penganggaran Perusahaan. Salemba Empat.Jakarta.

Pujosiswanto Kuntum Hartomo, Paluturi Sukri, Ishak Hasanuddin. 2018. Policy Implementation of Healthy Indonesia Program Trough Family Approach (PIS-PK) in Community Health Center of Polewali Mandar Regency. http://www.sphinxsai.com/2018/ch_vol1no8/2/(199-203)V11N08CT.pdfDiunduh tanggal 4/4/2019

Putu Ayu dan I Ketut Sudiana (2018), Penganggaran Berbasis Kinerja dalam Pelayanan Kesehatan. Bahan Ajar PSKM UNUD. (*Online*) https://simdos.unud.ac.id/uploads/file_pendidikan_dir/412cefe1319620d983538e5ec0b2037b.pdf . Diunduh tanggal 24/3/2019.

Saifuddin, 2007. Analisis Perencanaan Dan Penganggaran Program Kesehatan Ibu Dan Anak Pada Puskesmas Di Kota Banjar Jawa Barat Tahun 2007. Tesis Program Pascasarjana Universitas Diponegoro. Semarang. (Online)https://core.ac.uk › download › pdf. Diunduh tanggal 23/3/2019

Siagian, S. 2006. Manajemen Sumber Daya Manusia, Kebijakan Kinerja Karyawan. BPFE, Yogyakarta.

Sugiyono. 2013. Metode Penelitian Pendidikan Pendekatan Kuantitatif, Kualitatif, dan R&D.Bandung: Alfabeta.

Tjipto Subadi, 2008, Sosiologi. Penerbit FKIP-UMS. Surakarta.

Zahratul Aini. Manajemen Pemerintahan dalam pelayanan Kesehatan Program Indonesia Sehat dengan Pendekatan Keluarga (PIS-PK) di Kecamatan Pekanbaru Kota Kota Pekanbaru Tahun 2017 -2018 JOM FISIP Vol 6 Edisi I Januari – Juni 2019 di unduh pada tanggal 29 januari 2020.