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The Health Effort in Combating Health Problem Areas in Maluku Barat Daya

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Abstract: Health problem areas (HPA) assistance is carried out to assist districts in changing the planning process in the health sector which is carried out specifically based on available resources. The aim of the study was to determine whether the intervention encouraged the reform of planning, policies, programs and activities to improve the health condition of the HPA region. This study was carried out in all HPA areas assisted by the MoH, an operational research with explorative research, the research population was all institutions health in Southwest Maluku District, the target was chosen purposively. Health Budget in Southwest Maluku District in 2013 was derived from the Regional Expenditure Budget (APBD) of Southwest Maluku Regency and the State Budget (APBN). The Regional Expenditure Budget (APBD) in 2013 allocated funds of Rp. 24,223,253,656. Health human resources in Southwest Maluku Regency are health workers who are divided into 7 groups of health professionals, nurses and midwives, pharmacy, nutritionist, medical technicians, sanitation and public health. The seven groups were spread throughout Puskesmas, Hospitals and Health Offices. Medical personnel (civil servant doctors and internship doctors) numbered 13 people and spread to mobile hospitals and health centers. In addition to medical personnel, there were also other personnel such as 47 midwives and 162 nurses. 7 people in public health, 10 people in public health, 18 people in sanitation, 3 people in pharmacy, 1 person in pharmacy, 1 person in nutrition, 22 people in nutrition college. Health financing can run a health program, although it is still found health problems in the field. There are still many health resources with diploma education, health facilities in the form of hospitals are still damaged in their buildings, they are still very broad and in the form of islands, so that difficulties in reaching all regions.

Keywords: Health problem areas, health cost, human resources, health facilities.

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Introduction

The Basic Health Research report (Riskesdas) in 2007 shows that there are still disparities in health status between regions. This gap is clearly illustrated by the existence of the

Community Health Development Index (CHDI). Further analysis by combining CHDI and economic status assessment (ESA) resulted in the category of "Health Problem Areas" or HPA. Districts that enter the HPA area are then designated by the Ministry of Health as priority areas of concern. This priority is a manifestation of a sense of justice in the vision of the Ministry of Health "Healthy Society that is Independent and Just". To the health problem area, an assistance was carried out as an effort to addressing health problems areas (PDBK).

Public Health Reform 2010-2014 sets PDBK as a mechanism to reduce disparities between regencies and cities. Addressing PDBK menitoring process is carried out to assist districts in changing the planning process in the health sector which is carried out specifically based on existing resources. It is hoped that in each district area will be created the right health intervention model to make changes and improvements in CHDI in the future. Along with the era of decentralization requires a new paradigm of change of thinking as the basis of policy formulation and improvement of health programs. One of the reforms is to improve the ongoing process of decentralization so that there will be positive changes in health development at the district level. The central team focuses on the functions of leadership, technical assistance, and empowerment. Overall, the management of health programs ranging from planning, implementation, monitoring and evaluation is handled directly by the district or city government.

In 2010, PDBK began with the design of operational assistance and operational research design of PDBK. In 2011, level assistance was carried out, starting from the regional, provincial and district or city levels. Assistance is carried out to 10 provinces where more than 50% of the total districts or cities are included in the HPA criteria. Regional workshops have been carried out for all HPA regions in the 10 provinces. Meanwhile, provincial level workshops have been held in Aceh, West Nusa Tenggara, West Sulawesi, Southeast Sulawesi, Central Sulawesi, Gorontalo. District level workshops have been implemented in 30 regencies or cities, consisting of 29 HPA Districts and one Non HPA District (South Konawe).

In 2012, the PDBK target was expanded to all HPA areas (156 regencies or cities) spread in 27 Provinces. District level workshops have been implemented in 31 regencies/ cities with locations scattered in the province. In addition, a booster has been held in 21 districts or cities that have conducted workshops in 2011 and 2012. Boosters are carried out to maintain a dynamic culture of dialogue and commitment in each district or city.

The workshop as an effort to deconstruct the old mind patterns commonly referred to as "Psychoschlerosis". However, after the deconstruction process was passed with little pain felt, it gradually moved to explore innovations to bring up the Emergen. This process of excavation eventually led to a "collective awareness" to make a joint commitment at the end of the meeting. This process is called the reconstruction phase of mindset, so that joint action emerges. Various local innovations have been carried out by the HPA region as an effort to improve health status in the region. Some regions have made changes at the provincial and district levels, others have reached the community level.

In 2013 monitoring and evaluation was carried out to ensure consistency in mentoring and observing various local innovations that occurred in 31 districts or cities of HPA. The results of monitoring and evaluation show the consistency of the HPA region in overcoming each health problem with various innovations optimizing the resources in the region.

Based on the Minister of Health's Decree number 220 / MENKES / SK / VI / 2013 concerning the Regional Development Team of the Health Sector, the Research and Development Agency's PDBK activities in 2014 will focus on the target areas. PDBK activities in 2014 focused on the form of assistance in health planning in districts or cities based on evidence based. Mentoring activities and ongoing observations are carried out to help the region improve its health status.

Material and Methods

The PDBK movement carried out through mentoring as an effort to strengthen field officers. In addition, with the existence of PDBK, planning reforms are expected to occur at the central, provincial and district / city levels. Integrated and evidence-based planning (based on riskesdas/CHDI data) in accordance with the situation and conditions in the HPA region. With the planning reform and strengthening of field officers, it is expected that it will improve performance and provide leverage on the health status of the HPA region. Health status in this case is measured through CHDI, minimum services standard, or health profile.

The population in this operational research is a health institution in Southwest Maluku Regency. The sample in this study was selected purposively which according to the research team the target characteristically represented the characteristics of the population. The sample in the area is determined not on the basis of 'number' but on the basis of its relevance to the purpose of assistance (phenomenon and thematic). What remains refers to the dimensions of financing, human resources, health facilities and territorial-based focus on nutrition programs, maternal health, child health, infectious diseases, non-communicable diseases.

Results and Discussion

The GRDP calculation results based on the prevailing prices in 2010 showed from 11 regencies / cities in Maluku, Southwest Maluku regency which was ranked 7th (seven) which amounted to 370,886 million rupiahs or 4.59% of the total GRDP at current prices Maluku Province, while regional income per capita in 2013 grew by 17.80% from the previous year (BPS, MBD, 2011).

Based on the calculation of the Human Development Index (HDI) in 2010, the highest HDI was Ambon City at 78.56 followed by the second position of Tual City at 76.51 and Southeast Maluku at 72.45. Meanwhile, the Southwest Maluku District HDI is recorded at 66.60, which regionally ranks 7th out of 11 regencies or cities (BPS, MBD, 2017).

Infant Mortality Rate (IMR) is the number of deaths of babies under the age of one year, per 1,000 live births in a given year. Infant Death Rate is one of the most sensitive indicators for determining the health status of an area. The Infant Mortality Rate (IMR) recorded in Southwest Maluku District for 2013 based on the KIA Program data of the Health Office of Southwest Maluku District was 10.9 per 1000 births of life.

Maternal Mortality Rate (MMR) is the number of women's deaths during pregnancy or for 42 days from the termination of pregnancy regardless of the duration and place of delivery, which is due to pregnancy or management, and not for other reasons, per 100,000 live births. The Maternal Mortality Rate reflects the risks faced by mothers during pregnancy and childbirth, which are influenced by the socio-economic conditions, poor health conditions before pregnancy. The incidence of various complications in pregnancy and birth. As well as the unavailability of adequate health care facilities. Maternal Mortality Rate (MMR) is useful to describe the level of awareness of healthy living behavior, nutritional status and maternal

health, environmental health conditions, level of health services, especially for pregnant women, health services during childbirth and postpartum period. what is used is the Maternal Mortality Rate (MMR). For 2013 the Maternal Mortality Rate recorded in Southwest Maluku Regency was 368 per 100,000 live births.

In anticipation of the increasing maternal mortality rate and infant mortality rate, a breakthrough has been agreed upon in the 2013 Southwest Maluku District Health Work Meeting with the Regional Government, namely:

1. Promote the partnership of midwives and healers;
2. Shamans are given an honorarium through jampersal funds to help midwives carry out bumil sweeping and bring pregnant women to midwives for 4x during pregnancy;
3. Shamans are prohibited from assisting childbirth where there are health care facilities and health workers.

TB is an infectious disease caused by the bacterium Mikobakterium tuberkosa. In Southwest Maluku Regency Case Detection Rate or CDR of Pulmonary TB in 2013 was 34.4% with an estimated number of BTA + cases as many as 20 cases while the number of BTA + cases was 125 cases. For 2013, the estimated number of smear + cases was 20 while 9 cases were found, pulmonary tuberculosis smear (+) CDR decreased to 34.43% with a 50% success rate. From the number of findings of patients from time to time it was seen that there was a decrease in the performance of the Pulmonary TB program. This is due to various factors and constraints, including the absence of TB logistics, limited operational costs for patient screening, delays in puskesmas reports.

Estimates of pneumonia cases in 2013 were 597 cases, with 301 male and female 296 cases, while 27 cases were found or handled (4.5%). Of the large number of case estimates compared to cases found and handled, sign of poor program performance, so it is necessary to develop both program and management.

Southwest Maluku District has 4 new cases of HIV, while there are 12 new cases of AIDS. With the discovery of HIV and AIDS cases in Southwest Maluku District, the formation of KPAD in Southwest Maluku Regency must be done. This is needed to collect joint efforts in eradicating HIV / AIDS, which is not only aimed at the handling of patients who are found but also directed at prevention efforts carried out through HIV / AIDS Screening for blood donors and treatment of patients with sexually transmitted diseases.

Estimated cases of diarrhea in Southwest Maluku District in 2013 were 1243 cases, while the number of cases handled was 653 cases or 52.5%.

Malaria is still a public health problem in Indonesia where the development of Malaria is monitored through the Annual Parasite Incidence (API) and Annual Malaria Incidence (AMI). Southwest Maluku also experienced a similar case where in 2013 there were 4,757 cases without blood tests and 3,343 cases with blood tests. In Southwest Maluku District in 2013 the Annual Parasite Incidence (API) figure was 22.53 ‰. Based on the stratification of malaria, this condition shows that Southwest Maluku is still at a high incidence level. Meanwhile Case Fatality Rate or CFR malaria is 2.80% of the total deaths of 3 people. The high incidence of malaria, requires cross-sector involvement in various handling efforts. As for the forms of community participation that are expected in the handling of malaria, among others through: (1) adherence to taking anti-malaria drugs so that every patient can take medicine completely, (2) prevention of bites mosquitoes through the use of mosquito nets,

the installation of wire netting at home, the use of repellent mosquitoes, the use of thick clothes and (3) the prevention of the occurrence of malaria mosquito nests through the cleaning of moss in places or parts of damp houses, preventing the formation of puddles, maintain larvae in water ponds, and prevent the formation of mosquito nests. The number of malnourished children under five in Southwest Maluku District in 2013 was 10 cases and 143 BGMs (3.9%) of the total number of children under five weighing 3,646 toddlers.

Health Cost

Based on the data we obtained both from the 2013 profile, the budget realization report and the results of interviews with the Head of the Health Office, there were no changes to the financing before and after the workshop. This is because the new agency chief has served one month so that he does not know much about the existing budget items in the Southwest Maluku District Health Office and the management that has occurred so far all budget allocations are regulated and determined by the Secretary of the Southwest Maluku District Health Office.

The Health Budget in Southwest Maluku District in 2013 came from the Regional Expenditure Budget (APBD) of Southwest Maluku District and the State Budget (APBN). The Regional Expenditure Budget (APBD) in 2013 allocated funds of Rp. 25,220,175,856 consisting of General Allocation Funds (DAU) of Rp. 19,928,653,856 and Special Allocation Funds (DAK) of Rp. 4,098 358,000, Askeskin Rp.1,193,164,000 while BOK funds separately amounted to Rp. 2,691,600 000. Budget allocation from APBD for salaries is Rp. 14,043,022,780 and for the operational budget or program allocated Rp. 4,765,339,000.

Budget realization from APBN sources in the fourth quarter of 2013 in the form of Puskesmas construction in the amount of Rp. 448,800,000. Construction of Village Health Post in the amount of Rp. 610,220,000. Procurement of medicines and medical supplies is Rp. 1,115,597,116. Budget realization sourced from the APBD in the fourth quarter of 2013 included the construction of village health posts in the amount of Rp. 58,880,000 programs for maternal health care (antenatal care or ANC) of Rp. 107,165,000. Infectious Disease Prevention and Control Service Program of Rp. 132,530,000. Immunization Improvement Program of Rp. 245,210,000. Program for increasing epidemiological surveillance and outbreak prevention in the amount of Rp. 158,515,000.

Human Resources of Health

The population of Southwest Maluku Regency in 2013 was based on BPS data of Southwest Maluku Regency as many as 72,672 people consisting of 37,137 men and 35,535 women. Human resources in this case health workers in Southwest Maluku District before and after the workshop were not subject to change due to the head of service who had only served for one month and management at the health department, all of whom were regulated and determined by the official secretary without considering the problems and needs of the community.

Health human resources in Southwest Maluku Regency are health workers who are divided into 7 groups, namely medical personnel, nurses and midwives, pharmacy, dizi, medical technicians, sanitation and public health. The seven groups were spread throughout Puskesmas, Hospitals and Health Offices. Medical personnel (civil servant doctors and PTT doctors) numbered 13 people and spread to mobile hospitals and health centers. In addition to medical personnel, there were also other personnel such as 47 midwives and 162 nurses. 7

people of public health, 10 people of public health, 18 people of sanitation, 3 people of pharmacy, 1 person of DIII pharmacy, 1 nutrition student, 22 people of nutrition DIII.
The competency instruments of the Southwest Maluku District Health Office staff are 1 person in charge of the Program, namely Maternal Health, Child Health, Immunization, Environmental Health, Nutrition, Infectious Diseases (Malaria, TB) and Non-Communicable Diseases. The training that was attended by the person in charge of the Mother and Child program was PONED Training, LBW, Aspexia. The person in charge of the Nutrition Program has attended training in Child Development, Nutrition Surveillance, Malnutrition Management and MP-ASI. The person in charge of the Infectious Disease Program has attended TB, Malaria, ISPA, HIV and Leprosy training. The person in charge of the Non-communicable Disease Program has attended training in Non-Communicable Diseases.

The problem of health workers in Southwest Maluku District is the distribution of midwives in the village that is not optimal, there are villages that do not have midwives and in urban areas there are 2 to 3 midwives. PTT dentists cannot practice due to broken practice chairs and limited facilities for consumables and equipment. Health workers who should be able to work well are not supported by salaries that are often late. Usually the payday is above the 20th of each month, while the salary contract is per quarter.

Health Facilities

The number of health centers was 12 units consisting of 4 health care centers and 8 non-health care centers. As many as 47 auxiliary health centers and community-based health facilities (UKBM) as many as 183 posyandu. The Office of Health Office temporarily still occupies the pharmacy building, because the office that was built was left behind by the contractor. Whereas the hospital moved as much as 1 piece, but could not be occupied, because the condition was damaged, so that temporarily used the puskesmas in Tiakur Moa. This has an optimal impact on service. Both in terms of buildings, equipment, medicine and personnel facilities because of the small puskesmas building, so that it is not optimal to accommodate all the facilities that should be in the form of buildings or hospital buildings.

In 2014 the health service received assistance from mobile health clinics from the Directorate General of Health Efforts of the Ministry of Health of the Republic of Indonesia, but with the situation in the form of islands, the provision of mobile cars was still not optimum with the situation in the area. It is better if the provision for the area is in the form of sea transportation facilities such as speedboats, Longboat, sea boats and others.

The division of working area is based on the island group, wherein the coaching task is based on technical guidance according to the island group. This technical guidance activity follows the schedule of ships passing the island.

The existence of Palesitis services (free services), meaning that the Regional Government subsidizes Rp. 1,000,000, - if the community is sick or hospitalized at health facilities. Planning for health facilities is still determined by the secretary of the health department, without involving field heads and section heads and staff. Transportation carried out by sea, the health department does not have a speed boat or ship, to supervise using pioneer ships that cross the island island in the MBD region.

Regional

Regionally, the Southwest Maluku district is an archipelago and administratively is a division of the district of West Southeast Maluku. Since 2008, the district of Southwest Maluku stands

and has thousands of cities in Kisar, but since December 2012 the district capital has moved to Tiakur Moa.

An endemic problem in the MBD district is Malaria, in addition to ARI, diarrhea. For MCH services, there are still births with traditional birth attendants, this is because some islands have no health workers, so some nurses are educated to help deliver labor. Some of the livelihoods are farming, livestock animals (buffalo, cattle) and fishermen. The socio-cultural community is still very simple, life depends on nature, and some do inter-island trade.

Conclusions

In this assistance activity in the district of Southwest Maluku during 2014, it can be concluded that:

a. Health financing has been used in running health programs, although health problems are still found, namely the presence of malnourished children under five, weighing of infants and childbirth assistance.
b. Limited number of health resources and many levels of education are college, which will affect the catching power in implementing programs that have been established by the Ministry of Health
c. Limited health facilities, hospitals with damaged buildings and public facilities that are less supportive such as the limitations of the electricity network, clean water, road facilities and telecommunications, so that it will be difficult to provide health services.
d. Regional wide Southwest Maluku, bordering the State of Australia and Temor Leste, as well as a very wide range, it will require the carrying capacity of transportation which is expensive both ship and fuel facilities in reaching all regions.
e. In budget planning should involve all related fields and programs, will be coordinated and integrated in planning activities and budgets.

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