

Innovation of Community Health Quality Improvement through Partnership between Puskesmas and Schools in Independent Health Maintenance Program (JPKM):

Study on Puskesmas Dinoyo and schools in Malang city

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Abstract—The creation of good governance based on the principle of Good Governance is very much needed in an effort to create a pattern of interaction and collaboration between the government and the private sector and the community which is more commonly referred to as partnership. Partnerships in the health sector are also very necessary because health problems are a shared responsibility of every individual, community, government, and private sector. The government in this case the Ministry of Health is indeed the foremost sector in the responsibility (leading sector), but in implementing intervention policies and programs must be together with other sectors, both government and private. One of the health problems in Malang is the most perceived important is the problem that exists in Pre-School Age Children (APRAS). Considering the large number of Pre-School-aged Children (APRAS) in Malang City, there is certainly a need to pay attention in dealing with existing problems. The purpose of the study was to find out and describe the Partnership Program between Public Health Center (Puskesmas) and School to analyze the supporting and inhibiting factors in the JPKM Mandiri Program in improving the quality of public health. Researchers in conducting this research use a type of qualitative research, because in this study the study did not control and manipulate the research variables. And what was researched as the object of research was the Partnership between Puskesmas and Schools in the Public Health Insurance (JPKM) Mandiri Program to Improve the Quality of Public Health.

Keywords—*innovation; partnership; health quality*

I. INTRODUCTION

Malang is one of the cities where development programs in the health sector have been implemented in various regions, but the quality of public health still requires serious attention in the region. Health problems with all aspects ranging from problems such as eradication of infectious diseases, immunization, improvement of family nutrition, maternal and child mortality, to the condition of health facilities and

infrastructure and other health aspects show conditions that are very diverse in all regions in Malang.

From this phenomenon it can be concluded that in Malang the problems that require serious attention in various regions include the limitations of medical and paramedic personnel, the lack of optimal coordination between existing health departments or institutions, financial limitations in health service activities provided to the community, utilization of service centers public health in various regions is not yet optimal, therefore it is necessary to have a follow-up action for the public regarding early health education in order to familiarize them with healthy behavior.

One of the most important health problems is the problem that exists in Pre-School Age Children (APRAS). Considering the large number of Pre-School-aged Children (APRAS) in Blitar District, there is certainly a need to pay attention in dealing with existing problems. This Pre-School Age Child (APRAS) is an asset of the future of the nation, if in the implementation of good health service activities, a generation that is strong and has good performance will be realized. And in this writing which will be described in detail is how the implementation of health in Pre-School Children (APRAS), especially in the work area of Dinoyo Public Health Center, which is quite a large number. As an illustration of the number of pre-school age children in the Dinoyo Health Center area.

Program implementation that has a direct impact on pre-school age children. Given the large number of APRAS (Pre-School Age Children) in 2011 that are in the working area of Wlingi health center. Thus a solution is needed for a health education program for Kindergarten School students because health education will be more effective if it starts at an early age, because at an early age children will be in a unique growth process, in the sense of having patterns of growth and development, intelligence (thinking power, creativity, emotional intelligence, and spiritual intelligence), social and emotional (attitudes and behavior and religion), language and

communication that are specifically in accordance with the level of growth and development of children [1].

Given the uniqueness in the growth and development of early childhood, it is necessary to look for methods and techniques that are in accordance with the needs and preferences of children. At the age of children, health education is more directed at activities that have nuances of children's games that are carried out not only in school buildings, but also more directed towards field practice activities.

Based on this, Dinoyo Health Center looking at the importance of implementing Health Education activities in collaboration with kindergarten schools and by involving cross-program and cross-sector in the form of activities called Mandiri Public Health Maintenance (JPKM) and is one of the innovative programs of the Dinoyo Community Health Center, because in Malang City counseling The health education program is still being carried out at the Dinoyo Community Health Center under the name of JPKM (Community Health Care Guarantee) which is an innovative effort and as one of the promotive and preventive and curative efforts. Promotive and preventive activities, namely with health education activities, counseling for students (kindergarten children) by involving the participation of parents.

Whereas the curative aspects include free medical treatment and referral activities. So, with the existence of the JPKM Mandiri program, it is hoped that later the community and children will be introduced to healthy life from an early age. Because health is one of the important factors in creating a quality generation in the future. The Mandiri Public Health Insurance (JPKM) program is very interesting and worth checking because it is able to increase community participation and partnership with the Government, especially the kindergarten community in an effort to realize optimal health degrees. The Mandiri Public Health Insurance Program (JPKM) implies that the community is invited to play an active role in health financing by paying predetermined contributions and some will be used in the implementation of health education activities so that children are expected to behave healthy life from an early age. This is in accordance with law No. 23 of 1992 concerning health, especially in article 5, article 65, and article 71 which states "that everyone is obliged to participate in maintaining the health of themselves, their families and their environment by funding from the government or the community [2].

Based on these conditions, this study suggests a problem statement, namely how is the Partnership Program between Puskesmas and Schools in the Mandiri Public Health Insurance Program (JPKM) to improve the quality of public health? and supporting and inhibiting factors in the Puskesmas Partnership Program with Schools in the Mandiri Public Health Insurance (JPKM) Program to improve the quality of public health?

II. LITERATURE REVIEW

A. Concept of Partnership

Partnership is a perspective that is a description of governance. Partnership is needed to involve doubling support from the public sector and the private sector in an effort to

build communication. From this explanation we can capture the cooperation between the government and the community, especially when building communication so that they can support each other's needs [3].

B. Concept of Public Service

According to Law No. 25 of 2009 concerning Public Services, public services are activities or series of activities in order to fulfill service needs in accordance with the laws and regulations for every citizen and resident for administrative goods, services and / or services provided by public service providers [4].

In the Decree of the Minister of Administrative Reform No. 63 / KEP / M.PAN / 7 / 2003, Public Services are all service activities carried out by the implementation of public services as an effort to fulfill the needs of recipients of services and the implementation of the provisions of legislation [5]. Service providers are government agencies where the public service provider has the task or the function of providing services to the public or parties who need services. Public services are also interpreted as all forms of public service activities carried out by government agencies at the center, in the regions and in the BUMN / Regional environment in the form of goods and services, both in the context of implementing statutory provisions [6].

III. RESEARCH METHODS

A. Types of Research

This study uses a type of descriptive research with qualitative methods. Kountur provides an understanding of descriptive research, namely the type of research that provides an overview or description of a situation as clearly as possible without any treatment of the object under study [7].

B. Research Focus

In connection with the research topic, the researcher focuses on this research as follows:

- Partnership Program between Puskesmas and Schools in the Mandiri Public Health Insurance (JPKM) Program to improve the quality of public health.
- Supporting and inhibiting factors in the Puskesmas Partnership Program with Schools in the Mandiri Public Health Insurance (JPKM) Program to improve the quality of public health.

IV. RESULTS AND DISCUSSION

The results of the study show that the responsiveness of health services through the implementation of the provision of sanitation facilities in improving the health status of the community (studies at the dinoyo public health center in the lowokwaru district of Malang city) can be seen in terms of the indicator of responsiveness and the principle of responsiveness. Indicators of responsiveness consist of two, namely the presence or absence of complaints from service users and the attitude of the bureaucratic apparatus in responding to complaints from service users. For indicators of whether or not

complaints from service users can be said that in the sanitation clinic so far there have been no complaints coming from the community. And the attitude of the bureaucracy in responding to complaints from service users is also very polite and friendly. While the principle of responsiveness consists of five principles, namely the principle of access, the principle of choice, the principle of information, the principle of improvement, and the principle of representation [1]. The principle of access to sanitation clinics as one of the most important parts of the Dinoyo Community Health Center is sufficient to provide fair and equitable services to all levels of society in terms of location and in accordance with the principle of public service that states that there must be equal rights, namely non-discrimination ethnicity, religion, race, gender or class of economic status. The choice principle is carried out by efforts to increase the responsiveness carried out by sanitation clinics regarding the choice of the community which is good enough that can be proven by services that are adjusted to the level of the problem, the level of needs, and place. The principle of information at the Dinoyo Health Center has informed about the importance of sanitation and the importance of health to the wider community openly through counseling to the community so that they can interact directly with the community. But from the side of the community itself is still not very understanding the importance of health [2]. The principle of improvement in the Dinoyo Community Health Center has made improvements to improve sanitation services so that they are more responsive to the community, for example: Increase the opening hours of sanitation clinics, which are initially only one day a week that is at 7:00 a.m. until 12:00 p.m., now added one day become two days a week, namely on Monday and Thursday; Improve coordination with health officers and cadres in inspections of SAB (Clean Water Channels); Improve the quality of recording and reporting; To repair damaged sanitation facilities carried out by the community itself. And the principle of representation in the Dinoyo Community Health Center has done good cooperation with the standby village, NGOs in the sanitation sector such as the ESP NGO and the Amantirta NGO, and PKK that represent the aspirations of the local community in every decision making. Meanwhile, to accommodate the people's aspirations directly, Dinoyo Health Center has provided a complaint box so that the community can directly file complaints or complaints against the Dinoyo Community Health Center service which is considered to be less than optimal and needs to be followed up by the Puskesmas to be repaired.

There have been efforts to increase responsiveness through preventive programs and promotive programs that are in accordance with the functions of the Puskesmas. With the decentralization of health, the regional government is required to take care of its own household. Preventive Program (Prevention Efforts) consisting of Hotel Sanitation Inspection and Guidance for Hotel Health Benefits; Pool Health Monitoring and Public Baths by taking water samples; Carry out procurement and guidance on family latrines; Hold supervision and guidance on housing environmental health counseling and SPAL (Waste Water Disposal Facility); Supervision of safeguarding the quality of clean water by conducting SAB sanitation inspection activities, taking and shipping samples of refill water, PDAM water, and well water;

Safety of Waste. While promotive programs (Health Improvement Efforts) consist of Clean and Healthy Life Behavior (PHBS); Health education. The programs carried out by the Dinoyo Health Center are expected to improve the health of the community towards Healthy Indonesia 2010, making the community able to be independent in healthy behavior so they do not depend on the government in accordance with the vision of the Dinoyo Community Health Center, "Independent Community for Healthy Life", and the mortality rate is reduced, creating a healthy and comfortable environment free from pollution Problems faced by the Dinoyo Community Health Center include the Government which considers sanitation issues not important and the budget for sanitation is not comparable to the problems faced; The relationship between the officers and the community is not conducive, there is a lack of sanitarian personnel because the sanitation problem is very complex; the absence of medical devices regarding sanitation, there was a misunderstanding of health information between the community and Puskesmas officers.

V. CONCLUSION

Efforts made to increase responsiveness through preventive programs and promotive programs that are in accordance with the functions of the Puskesmas. With the decentralization of health, the regional government is required to take care of its own household. Preventive Program (Prevention Efforts) consisting of Hotel Sanitation Inspection and Guidance for Hotel Health Benefits; Pool Health Monitoring and Public Baths by taking water samples; Carry out procurement and guidance on family latrines; Hold supervision and guidance on housing environmental health counseling and SPAL (Waste Water Disposal Facility); Supervision of safeguarding the quality of clean water by conducting SAB sanitation inspection activities, taking and shipping samples of refill water, PDAM water, and well water; Safety of Waste. While promotive programs (Health Improvement Efforts) consist of Clean and Healthy Life Behavior (PHBS); Health education. The programs carried out by the Dinoyo Health Center are expected to improve the health of the community towards Healthy Indonesia 2010, making the community able to be independent in healthy behavior so they do not depend on the government in accordance with the vision of the Dinoyo Community Health Center, "Independent Community for Healthy Life", and the mortality rate is reduced, creating a healthy and comfortable environment free from pollution Problems faced by the Dinoyo Community Health Center include the Government which considers sanitation issues not important and the budget for sanitation is not comparable to the problems faced; The relationship between the officers and the community is not conducive, there is a lack of sanitarian personnel because the sanitation problem is very complex; the absence of medical devices regarding sanitation, there was a misunderstanding of health information between the community and Puskesmas officers.

Based on the results of the analysis and facts in the field, the suggestions to be conveyed by the author are:

- The government places sanitation issues as the top priority in development programs and the budget for

sanitation is increased again because so far, the budget for sanitation is not comparable to the problems faced.

- The relationship between the officers and the community is further enhanced so that the community wants to be invited to cooperate in improving community health status.
- The number of sanitarian workers is added again because the sanitation problem is very complex.
- There are medical devices that are available regarding sanitation, because there is no medical device in Dinoyo.
- Information about health needs to be raised again because there are still many people who are not aware of the importance of health.

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