

Optimization of Corporate Social Responsibility Funds Through Partnership Strategies at Puskesmas Muara Jawa, East Kalimantan in 2019

Rahmat Bakhtiar^{1,*}, Muhammad Mufid²

¹*Fakultas Kedokteran, Universitas Mulawarman, Jl. Krayan Kampus Unmul Gunung Kelua, 75128, Samarinda, Indonesia*

²*Puskesmas Muara Jawa, Jl. Ir Sukarno Kec Muara Jawa Ulu, Postcode, Muara Jawa, Indonesia*

*Corresponding author. Email: bakhtiar_rahmat@yahoo.com.sg

ABSTRACT

Corporate Social Responsibility (CSR) is defined as a corporation's responsibility towards stakeholders to minimize negative impacts and maximize positive impacts which includes economic, social/health, and environmental aspects (triple bottom line). Although there is an increasing trend in the contribution of CSR towards health services in Indonesia, its participation in the public health programs is still low. This study aimed to determine the strategy of Puskesmas Muara Jawa in optimizing CSR funds and improving activities that initially aimed to create a good corporate image into programmed and structured activities. This study was a qualitative study conducted at the Puskesmas Muara Jawa during June – July 2019. We involved 8 informants from the Puskesmas, the District Health Office, community leaders and companies in this study. Puskesmas Muara Jawa was conducting partnership and synergy strategies through the socialization of the approach to health problems from an ecological perspective during the sub-district Musrenbang. Several steps were conducted starting from assessment, matching perception, role regulation and intensive communication to all stakeholders, partnering and collaborating in informing programs that had an impact on improving public health. Infrastructure programs in the health sector such as construction and renovation of supporting facilities for health services, clean water facilities, and renovation of Posyandu and Polindes still existed. However, programmed activities such as healthy homes monitoring, STBM triggering and monitoring of STBM villages had also been realized with an allocation of Rp. 52.185,000. Increasing CSR funds for programmed and structured public health activities can be done through partnership strategies by utilizing sub-district planning mechanism through Musrenbang activities.

Keywords: *CSR, partnership, public health program*

1. INTRODUCTION

In recent years, Corporate Social Responsibility (CSR) has become a central and popular issue in the health sector [1]. CSR in health development is the commitment of the business community to contribute continuously to health development together with employees, local community, and society to improve the quality of life and overcome health problems of the employees and community. According to World Business Council for Sustainable Development (2000), Corporate Social Responsibility can be defined as: *"The continuing commitment by business to behave ethically and contribute to economic Social development while improving the quality of life of the workforce and their families as well as the local community and society at large* [2]. Corporate social responsibility provides opportunities for company to help solve health problems in the area of the company [1][3–5].

In 2018, the Kutai Kartanegara Regency only allocated 8.8% of the Kutai Kartanegara District Budget (APBD) for the health sector. This percentage is still under the recommendation by the Ministry of Health which is 15%. Kutai Kartanegara health budget per capita was Rp. 501,184.00, while the Operational Activity Assistance (BOK) of all Puskesmas was Rp. 18,966,303,000.00 and the proportion of public health costs to the total health budget was 5.16%. The low allocation of the public health budget in Kutai Kartanegara district has an impact on the non-optimal implementation of public health program and national priority public health activities [6].

Kutai Kartanegara district has 24 health centres, one of which is Muara Jawa health center which has the highest burden of health problems. Analysis of Puskesmas achievements on the 12 Puskesmas Minimum Service Standards (SPM) indicators demonstrated that Puskesmas Muara Jawa only achieved the target in 3 indicators: Health care in elementary education, care of mental disorders, and care of tuberculosis while on the other 9 indicators only reached 15–93,74%. Many factors

contributed to low SPM achievement, one of which is suboptimal planning and limited operational costs [6].

One of the programs included in the scope of public health is environmental sanitation. The environmental sanitation program works by empowering and organizing communities, building sanitation facilities for households, facilitating the improvement of existing environmental health facilities, and increasing access to environmental health facilities [7][8]. One of the indicators for the environmental sanitation program is the percentage of villages that implement Community-Based Total Sanitation (STBM). Community-Based Total Sanitation is an approach to change hygiene and sanitation behavior through community empowerment using triggering methods. This method is an integrative effort to accelerate stunting management [9][10].

Referring to UU No. 25/2004 article 1 (21), the Musrenbang is an annual process during which residents meet together to discuss the issues facing their communities and decide upon priorities for improvements. Musrenbang is a participatory budgeting process and bottom-up approach to assure that government investment in neighborhoods meets community development needs. Sub-district level Musrenbang is an annual forum for stakeholders at the sub-district level to obtain input on priority development activities in the sub-district area based on input from the village-level Musrenbang. Health centre, as part of the sub-district government, can utilize this activity to deliver priority health problems based on facts and arrange activities to solve public health problems at the sub-district and cross sub-district level which are discussed and formulated in the sub-district development plan consultation forum [11].

Studies on the use of CSR funds in the health sector has been conducted. However, these studies are still quite general and the results obtained do not illustrate the linkage of the "bottom-up" planning system. Based on the problem of the low public health budget at the Puskesmas and the prospect in obtaining additional budgets through CSR funds in order to improve the quality of public health services, the researcher sought to know the efforts conducted by Puskesmas Muara Jawa in optimizing CSR funds through the Musrenbang system approach for community health program. This study aimed to explore the efforts to optimize CSR funds in improving the implementation of community health service activities in Puskesmas Muara Jawa, Kutai Kartanegara regency.

2. METHOD

We conducted a small scale, exploratory study of CSR in one of the national oil company PERTAMINA Hulu Mahakam (PHM). This study consisted of two major components: first, interviews with representatives from firms, sub-district officials, and health center; and second, review of documents which included proposals, sub-district annual reports, and budget planning. We used a purposive sampling method to get enough information related to the purpose of this study. List of respondents: Y (Manager CSR PHM), AW (Director Puskesmas), FS

(Sanitarian), MM (Promotion staf), TS (head of administrasi Puskesmas), PA from community dan leader), X and AA from Muara Jawa Sub-District Office. Researchers as research instruments were intended as interviewers and observers. As an interviewer researcher interviewed 8 informants while, as an observer, the researcher observed the Puskesmas planning documents, activity proposals for CSR funds, and the sub-district Musrenbang process.

This study was a descriptive study with a qualitative approach [12]. We conducted at Puskesmas Muara Jawa, Kutai Kartanegara Regency, East Kalimantan. The choice of location was due to the Muara Jawa sub-district being the exploration area of a national oil company, PERTAMINA, which had carried out CSR activities in the last 2 years. Data were collected from July to September 2019. The scope of this study was included in health promotion.

Data Collection and Instrument.

Primary was collected through interviews in which information was extracted directly through conversation or question and answer. The data collection tools used by researchers were as follows: a. Observation Guidelines. Observation guideline was arranged in order to conduct a structured direct observation. Observation guideline was prepared based on the research questions. Observation guideline was a list of observational records of the investigated objects; b. Interview guideline. Interview guideline was a list of questions arranged by researchers that were used to guide the interview process with informants. Interview guideline was prepared based on the research questions. Triangulation of the interview responses, Puskesmas annually report produced the results presented below.

Data collected through interview and observation underwent reduction process by selecting and simplifying rough data from field notes. The data were then compiled into logical statements and sentences in accordance with the expected results. Presented data were then used to draw a conclusion and formulate further actions.

3. RESULTS AND DISCUSSION

Puskesmas Muara Jawa is a public health center located at the Muara Jawa sub-district, a coastal area of Kutai Kartanegara regency. According to data from East Kalimantan Bureau of Statistics, in 2018 the population of Muara Jawa was 45,648 people that inhabited 8 villages. The largest village was Muara Jawa Ulu with the inhabitant of 15,562 people due to it being the center of sub-district administration and economic activities.

In 2018, PERTAMINA Blok Mahakam, a national oil corporation, officially operated in Muara Jawa after taking over the operation from two private companies: PT. Total Indonesia and PT. VICO Mutiara. This shift, of course, had a big impact on the economy of the people who depended their lives on the company. Various CSR programs that have been implemented by PT Pertamina

which were replicated in various activities include: CSR programs in health and hygiene, free cataract and cleft lip surgery activities for poor people. Pertamina improves the

quality of school sanitation, coastal cleaning and health promotion.

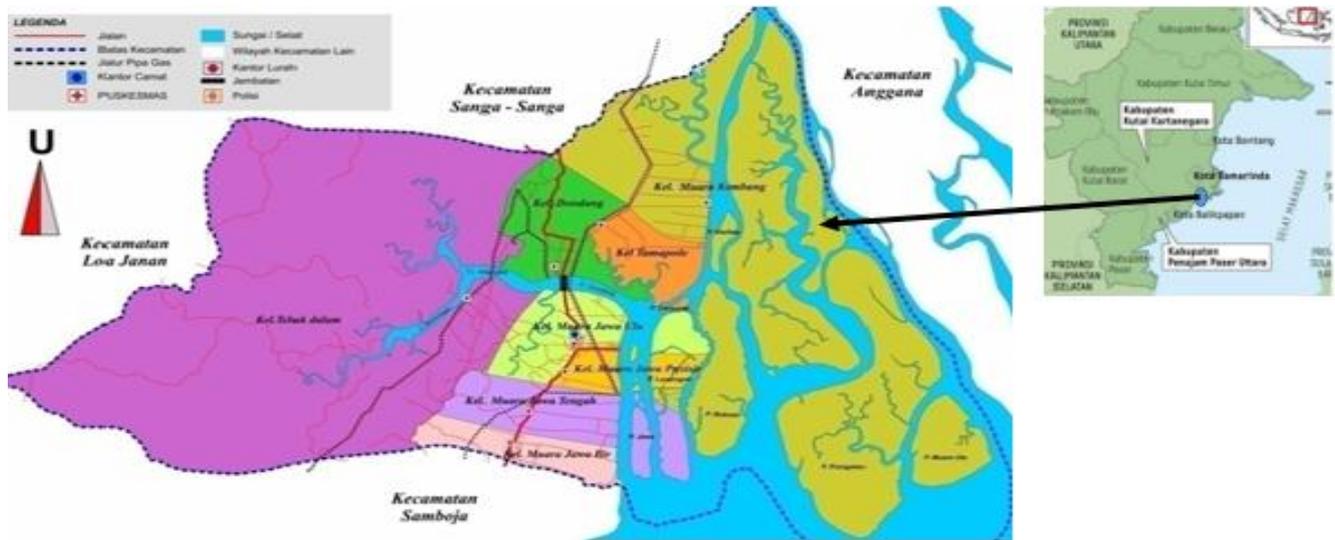


Figure 1. Map of research location

Table 1. CSR Activities Period 2002 - 2018 in Muara Jawa Health Center, Kutai Kartanegara Regency

Year Activity			
2002 -2009	2010-2014	2015 - 2017	2018 - 2019
<ul style="list-style-type: none"> Construction of Posyandu, Polindes, Public toilets and Construction of clean water facilities 	<ul style="list-style-type: none"> Construction of clean water facilities 	<ul style="list-style-type: none"> Construction of clean water facilities (drilled wells and water storage tanks) Construction of drain Ambulance mobile Health education (incidental) 	<ul style="list-style-type: none"> Construction Of Polindes Construction of polindes Health education (programmed) Healthy home inspection and STBM triggering

The information from the table above shows the CSR activities at the Puskesmas Muara Jawa. From 2002 to 2017, infrastructure activities such as the construction or renovation of Posyandu, Polindes, toilet, and clean water facilities were dominant. However, CSR activities were conducted in accordance with the national health program set by the Ministry of Health such as environmental sanitation programs. Environmental health services are a

series of activities aimed to create a healthy physical, chemical, biology, and social environment in order to prevent diseases and health problems caused by environmental risk factors (PMK No. 13/2015). This goal was achieved through several activities such as home inspection and triggering community-based total sanitation (STBM) to achieve the open defecation free (ODF) village.

Table 2. Description of proposed activities funded by Pertamina Hulu Mahakam

No	Activities	Objectives/Goal	Target
1.	Supervision and inspection of village healthy houses in the Muara Kembang village	To know the scope of sanitation for a healthy home	100% of houses are eligible
2.	ODF village triggering in the Muara Kembang village	To know a village that is ODF	100% of sub-village that are ODF
3.	Monitoring ODF Muara Kembang Village	To know the development of villages that are free from ODF	100% sub-village monitored

The Muara Kembang village was a model village for the STBM program due to lack of sanitary measures. Triggering of STBM in this village was needed to increase public awareness and create a clean, healthy, and sustainable environment to implement the vision of Puskesmas Muara Jawa.

During the period of 2000 to 2019, several changes were observed in the CSR activities of the health sector in Puskesmas Muara Jawa. Previous CSR activities focused on infrastructure projects while the most recent activities focus on non-physical activities such as public health programs.

"In the early 2000s, we built many clean water facilities and Posyandu. The reason was that Muara Jawa is a dry area with little supply of water that was, more or less, due to the impact of the company's activities. Building Posyandu became our focus because the focus of health development at that time was to improve maternal and child health services by collaborating with PKK and sub-district officials. Whereas, during 2017-2018, our focus was on running health programs. There was still some infrastructural work but only a few. Our activities are now oriented towards program activities." (Y, PHM, interview)

"The CSR thinking should shift from 'my responsibility' to 'what can we create together' for maximum impact. That's where I believe the more exciting opportunities for innovation lie" (Y, PHM, interview)

The CSR activities of oil companies in the Puskesmas Muara Jawa during the period of 2002-2018 were initially focused on improving clean water facilities, building wells, water reservoirs, and piping system, and building Posyandu facilities. In an effort to develop the community development, the company facilitated Posyandu activities to improve maternal and children health and performed several efforts to empower the community economically.

"The oil and gas industry do not merely carry out oil and gas exploration and production activities, but there are also various operational support programs in the form of community development activities in various fields such as health, education, environment, and community economic empowerment." (PA, Community Leader, interview)

Refers to health service strategic plan for 2016-2020 the focus of the program or activity is emphasized on efforts

to increase rates Human Development Index (HDI). The contribution of oil companies in helping health services in Muara Jawa sub-district has been ongoing since the company was still managed by international company.

"The proposed health programs from Puskesmas were gathered particularly the ones that are specific to target current health problems at the sub-district such as dengue hemorrhagic fever by performing fogging, malnutrition, and stunting are our priorities. Other routine activities such as Posyandu and elderly program have another funding source." (PA, TS interview)

"Before the sub-district Musrenbang, the Puskesmas and district officials discuss the priority programs based on data from field visits. Puskesmas also provides information related to the impacts if the proposed program is only partially implemented or not implemented at all." (TS, interview)

The implementation of a family health survey has greatly helped the Puskesmas to identify community health problems. The survey results are informed to the sub-district in tri-monthly meeting.

"We discussed the results of the healthy family survey at the Puskesmas in the monthly Puskesmas workshop and the quarterly workshop with the sub-district officials." (X, Health Centre, interview)

After the healthy family survey was conducted, data was analyzed to formulate a follow-up plan which was the healthy home inspection and community-based total sanitation.

"After collecting data from house to house, the PIS-PK team of Puskesmas searched for gaps in order to identify the problem. The Puskesmas team conducted a problem-solving cycle..... So that Puskesmas prioritized the healthy home inspection activities and triggering of community-based total sanitation." (MM, Promotor, interview).

As a very effective and efficient activity, STBM is an approach to change hygiene and sanitary behavior through community empowerment by means of triggering. Triggering is a way to encourage changes in the hygiene and sanitary behavior of individuals or communities of their own awareness by touching the feelings, mindsets, behavior and habits of individuals or society.

"We communicated the plan of conducting healthy home inspections and community-based total sanitation activities in every available occasion, formally and informally." (PA, X, Health centre, interview)

Muara Kembang village was used as a model for resolution because of the magnitude of the problem. The planned action was discussed in the monthly Puskesmas workshop forum by all Puskesmas staff and in the quarterly workshop forum by inviting all relevant stakeholders.

"In conducting healthy home inspections and community-based total sanitation activities, we discussed the task of every person involved: district staff, sub-district staff, and the head of the Muara Kembang village." (AA, Interview)

Development of the sanitation sector is faced at a level that will be limited especially at regional levels, so that sanitation development will be difficult if only from relied public funds. Under these conditions, it is necessary to explore alternative development financing sanitation from CSR.

"In determining the proposed programs, we analyzed data from home visits in Muara Jawa sub-district. We identified that the common problems encountered in several villages were poor proper toilet behavior and poor access to clean water. These problems were prioritized to be discussed in the sub-district Musrenbang." (FS, Sanitarian, interview)

The statement of two informants illustrated that the Puskesmas had used home visit data and the result of the program situation analysis to identify problems in its work area. Referring to PMK No. 39/2016 concerning the Healthy Indonesia Program with a family approach (PIS-PK). After analyzing the data and calculating the healthy family index (IKS), it was identified that the Muara Kembang village had an IKS of 0.12 with 69% family categorized as pre-healthy, 15% family was healthy, and 16% family was unhealthy.

"Making sure the target group gets the intervention in a total and comprehensive coverage, ensuring all stakeholders conducted interventions in the same time and unit of analysis, integrating and making the PIS PK and all training components as reinforcing factors." (AW, interview)

4. CONCLUSION

The conclusion of this study is that increasing CSR funds for public health activities can be done through partnership strategies by utilizing sub-district planning mechanisms through Musrenbang activities.

ACKNOWLEDGMENT

Thank you to head of Muara Jawa health centre, Head of Sub-district of Muara Jawa, and staff at Puskesmas and who had facilitated the conduct of the research and dean the Faculty of Medicine Mulawarman University which had funded this research.

REFERENCES

- [1] Macassa G, Francisco C, Mcgrath C. iMedPub Journals Corporate Social Responsibility and Population Health Corporate Social Responsibility and the New Context of Business Towards a Business Population Health Case. 2017;1–6.
- [2] Holme R, Watts P (2000). Corporate Social responsibility. Making Good Business Sense. World Business Council for Sustainable Development
- [3] Mapisangka A. Implementasi CSR terhadap Kesejahteraan Hidup Masyarakat. 2009;1(1).
- [4] Rangan K, Chase LA. Why Every Company Needs a CSR Strategy and How to Build It. 2012;
- [5] USAID. A Review of Health-Related Corporate Social Responsibility in Africa Dece. 2014;(December).
- [6] Dinas Kesehatan Kabupaten Kutai Kartanegara. Analisa Anggaran Kesehatan Kabupaten Kutai Kartanegara tahun 2018.
- [7] International Bank for Reconstruction and Development. Results , Impacts , and Learning from Improving Sanitation at Scale in East Java , Indonesia. 2013;(October).
- [8] Firmana AS, Hasanbasri M, Irvati S (2017). Operational Health Financing of Community Based Total Sanitation Program Within Health Departement of West Sumbawa Regency. Jurnal Kebijakan Kesehatan Indonesia, 6(01):29–37.
- [9] Dc W, Kramer C. Testing CLTS Approaches for Scalability CLTS Learning Series : Indonesia Country Report. 2015;
- [10] Lin A, Arnold BF, Afreen S, Goto R, Mohammad T, Huda N, et al. Household Environmental Conditions Are Associated with Enteropathy and Impaired Growth in Rural Bangladesh. 2013;89(1):130–7.
- [11] Setyanto WP (2008). Panduan penyelenggaraan musyawarah perencanaan pembangunan. Perpustakaan Nasional. Katalog Dalam terbitan (KDT)
- [12] Utarini A. Metode Penelitian Kualitatif di Bidang kesehatan. Yogyakarta: FK UGM. 2007.
- [13] USAID (2002). Roadmap to Corporate Social Responsibility Strategic Health Partnership Catalyst Consortium.
- [14] Tim Tekhnis Pembangunan Sanitasi (2010). Buku Panduan Tanggung Jawab Sosial Perusahaan (Corporate Social Responsibility-CSR) Sebuah Potensi Alternatif Sumber Pendanaan Sanitasi. Indonesia Sanitation Sector development Program (iSSdP)

[15] Saffkaur O. Corporate Social Responsibility In The Health Sector For Papua Indonesia. 2016;5(04).

[16] Pendidikan B, Hino PT, Sales M. No Title. 2013. Dwi Triyanto (2013). Pelaksanaan Corporate Social Responsibility (CSR) di Bidang Pendidikan PT Hino Motors Sales Indonesia (PT. HMSI). SKRIPSI. Fakultas Teknik Universitas Negeri Yogyakarta

[17] Merlo LJ, Boone EH. Better Health , Better Community , Better World .Corporate social Responsibility Report 2018;1–75.

[18] Siniora D. Corporate Social Responsibility in the Health Care Sector. 2017; The 4th Annual Graduate Student Research Symposium. Duquesne University Retrieved from <https://ddc.duq.edu/gsr/2017/proceedings/2>