

Optimization of community health services through health empowerment in Tamalate District Makassar City

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Abstract

This study aimed to explain some of the underlying problems were discussed, as follows: (1) identify the performance of District Health Clinics Tamalate, especially Jongaya and Barombong health center in order to improve the quality of health services; (2) to describes the optimization of the health center's empowerment in accordance with applicable law; (3) determining the level of empowerment of the health center in the realization of the tasks and functions carried in improving the quality of health services; (4) to evaluate the health center's empowerment program efficiently and effectively in improving public health in Tamalate District Makassar City. The method used in this research was descriptive with data collecting technique observation, interviews, and Focused Group Discussion (FGD) were carried out with the involvement of doctors, paramedics (midwives, nurse, nurse practitioner), the government and citizens. Data analysis technique used was qualitative to describe comprehensively optimizing the empowerment of PHC in improving the quality of health services in accordance with government standards.

The results of this study showed that, in health centers as an institutionalized health care unit had significant authority in creating innovative health care models in cedar base. That requires commitment and a willingness to improve / leveling the quality and quantity of health services by revitalizing basic health care, expanding the network effectively and efficiently in the health centers, increasing the number and quality of health personnel, the establishment of service standards minimum health, health system performance are comprehensive, and improving information systems at all levels of government. PHC had three functions, namely: (1) as the central driver of health oriented development; (2) the center of community empowerment, and (3) the family in the development of health and health care centers were first rate. The third function of this health center is not only a technical issue but also how medical skills of human resources capable of organizing the social capital in the community. The function and role of health centers as health agencies to reach people in the smallest area requires a strategy in terms of organizing society to be involved in the implementation of health independently.

Keywords: services, public health, empowerment of community health centers

Introduction

The decentralization policy as mandated in Law No. 32 of 2004 had given freedom to the region to regulate and manage the interests of their own households in the form of regional autonomy, through the concept of broad autonomy, real and responsible. In support of the autonomy of human resources was a major factor in the construction of which is expected to create a quality performance and high productivity so as to achieve development goals. Efforts to achieve these objectives, the necessary human resources (HR) were healthy physically and spiritually because health was basic needs that support all life activities. In Law No. 23 of 1992 on Health confirmed that, health development aimed to raise awareness and the ability of healthy life for everyone in order to realize optimal degree of public health. Under this law stated that every citizen of the Republic of Indonesia was entitled to retain the highest degree of health and participate in government health efforts.

In this context it should be understood that the government should be able to act as a deliberative actors (facilitators) public policy, which was expected to change this paradigm can be realized. If this was enabled, then the top down followed by other elements, especially those that carry out social functions in society, such as prosecutors, judges, police, professors, teachers, doctors, or even a village. Stagnation was these

structural few decades had led to distortions and anomalies system of public administration which is far from the context of the public interest. An idea that would like to offer in this research was how the local government, especially the city of Makassar as policy actors had to make changes early on bureaucracy proper orientation had been constructed, which was populist.

Decentralization of health problems the national level to the area was an innovation that should be welcomed properly to address various health issues such as disparity in health services was still high, the poor quality of health among the poor, poor conditions of hygiene, bureaucratization of health center services, and lack of awareness of the public to be involved in realizing Healthy vision of Indonesia in 2010, needed an integrated community organizing strategies, including the empowerment of the health center.

The existence of health centers are expected to provide public services equally and no discrimination so that these services become more accountable, effective and efficient. Therefore, Act No. 32 of 2004 on Regional Government gives authority to the regions, especially in Makassar to govern using the principle of broad autonomy. In the sense of the area given the authority to administer and manage the affairs that it had become regional authority. The authority owned areas

including: creating a policy to provide services, increase participation, and empowerment initiatives with the aim of improving people's welfare. With authority possessed, especially local governments Makassar City Government has an obligation to improve the quality of public services in the field of health by implementing excellent service.

In this regard, the City Health Department Health Center Makassar through various activities to provide insight to health workers about measures in health programming, and the preparation checklist for the health center. The expected output of this activity is drafting health care program at the health center. It is expected to optimize the implementation of public health services through the empowerment of the health center, as a provider of health infrastructure is able to improve its performance in providing health care to the community, especially in Tamalate District Makassar City.

Optimization of public health services through health centers, in this case more than three decades by the Indonesian government tried to work to resolve the issue of the health and welfare of the community. The government in this case the Health Department has conducted a variety of innovations and strategies to improve health services more effective, efficient and integrated. New ideas for solving various problems of the health service a try nevertheless the fact is that the quality of public health services is still far behind when compared with neighboring countries. Talking about the health data rather made sad when there is a finding that Indonesia ranked highest in terms of the number of infant deaths among members SEAMIC (Southeast Asia Medical Center). Most people still have difficulty obtaining optimal degree of health care.

Review of Literature

Health services (Health Service), according to Levey and Loomba in Azrul (1996: 34) ^[1] is the efforts held its own and / or together in an organization to maintain and improve health, prevents and cure disease and restore the health of individuals, families, groups and / or community. PHC is a means or an organization in providing health services to the community in which there is the concept of accountability (Muhasin. M, 2016) ^[22]. PHC itself is a unity functional health organization which is central to the development of public health also foster public participation in addition to providing a comprehensive and integrated services to the public in the working area in the form of principal activity.

Under Law No. 25 of 2000 on the National Development Program, one of the activities in improving public services is compiling Community Satisfaction Index as a benchmark to optimize the performance of public services by government officials to the public. Mandate that need be done is to study the quality of public services to generate Community Satisfaction Index as the embodiment of good governance in the form of accountability, transparency, and rule of law.

According Muninjaya (2009: 44), to determine the successful implementation of health care, government (MOH) has set indicators of success, the health care sector. This aspect is specifically outlined in the National Health System which includes:

1. The degree of health, long life, death, disability, illness, nutritional status, level of health education, clean water, environmental hygiene, latrine and effort kepenyuskesakan;
2. Health services; personnel, equipment, facilities, fees, policies, health information, organization and activities;

3. Demographics;
4. The behavior of the population for health;
5. Provision of resources;
6. Use of resources
7. Policy agreement,
8. The potential of civil society organizations, the role of other sectors such as education and the economy.

The last three decades, the Government of the Republic of Indonesia tried to work to resolve the issue of the health and welfare of the community. In this case the Department of Health has developed numerous innovations to improve health services more effective, efficient and integrated. New ideas for solving various problems of the health service a try nevertheless the fact is that the quality of health services in the State of Indonesia is still far compared with neighboring countries. Talking about the health data makes sad when there is a finding that Indonesia ranked top in terms of the number of infant deaths among the countries of Southeast Asia. Most people still have difficulty obtaining optimal degree of health care.

According Moekijat (2007: 3) suggests there are three elements that need to be developed qualities of each employee, namely:

- a) Expertise. In order that the work can be completed more quickly and more effectively;
- b) Knowledge, so that work can be completed in a rational way;
- c) The attitude that raised the willingness of cooperation with our friends and leaders. The ability of the cost is the amount of funds will be required to organize and or take advantage of a variety of health required by individuals, families, groups and communities.

Decentralization of health problems at the national level to the area is an innovation that should be welcomed properly to address various health issues such as disparity in health services is still high, the poor quality of health among the poor, poor conditions of hygiene, bureaucratization of health center services, and lack of public awareness to engage in realize the vision of Healthy Indonesia 2010, required an integrated community organizing strategies. In this case, the health center as an institutionalized health care unit has a huge authority in determining the model of public health services.

Comes from the combination of public health and public health said. Some understanding of health, among others, according to the WHO, Health is a state of perfect peace of physical, mental and social are not just limited to be free of any disease or infirmity. While the Health Act No. 9 of 1960, Health is a state and quality of the organs of the body are functioning appropriately with all environmental dipunyainya hereditary factors (WHO, 1957). From this sense it is understood that health is a state of being of body, soul and social that allow people to live socially and economically productive not just the state that is free of disease, disability and weakness.

Society by Linton in Indan Entjang (1993), is any group of people who have lived long enough together and work together so that they can organize themselves and think of himself as a social entity with certain limits. It can be concluded that public health is an attempt being made to the public with the aim to prevent disease, prolong life, and enhance the value of health. In other words, coordinate efforts in the community towards the implementation of efforts to improve environmental health, prevention and eradication of the disease, and educate the

public in the principles of the health of individuals, coordinating medical personnel in order to perform the treatment and care as well as possible, so as to achieve the level of a better life.

According to Azrul Azwar (1996) ^[1], Introduction to Health Administration found a good health care should have some basic requirements, among others:

1. Provided and sustained all kinds of health services needed by the people is not difficult, as well as their presence in the community is that there is at when needed;
2. Acceptable and reasonable health services that are natural and not on the contrary to customs, culture, confidence and public trust;
3. Easily accessible, especially from the point of location to be able to realize good health services, the settings related to the distribution of health facilities become very important;
4. Easy to reach, especially in terms of cost must be in accordance with the economic ability,
5. Quality is the level perfect health services being relevant parties to satisfy the users of the services.

Research Methods

The method used in this research is descriptive, with data collecting technique observation, interviews, and Focused Group Discussion (FGD) were carried out with the involvement of medical personnel, paramedics (midwives, nurse, nurse practitioner), the government of Makassar, and citizens in Jongaya puskesmas and puskesmas Barombong. Evaluative techniques of data analysis qualitative, that efforts to improve the performance of health centers include facilities and infrastructure (facilities), including the energy used to support decision making. Information from the clinic to the input and assessment of health development in planning built quality health care in the future. To process the data and information obtained using qualitative analysis, in order to explain the optimization of health care through the empowerment of PHC in improving the quality of health services in accordance with the standards set by the government, with any interviews can be developed in accordance with empirical facts and interpreted, then connected with theories relevant primarily to explain the quality of health services in health centers and Barombong Jongaya. Focus Group Discussion (FGD) was conducted to obtain information about the empowerment Tamalate District Health Center in Makassar City.

Results and Discussion

1. Condition of Community Health Services in Tamalate Makassar City.

Health development was directed to increase awareness, willingness and ability of healthy life for everyone in order to improve community health status can be realized. In other words, the health development can be held by humanity, empowerment and independence, fair equitable, and preference and benefits with particular attention to vulnerable populations, such as mothers, infants, children, the elderly (the elderly), and poor families. Handling of public health was more emphasis on the health of the nation's development, and not just treating the disease, but including disease prevention, protection, safety, and health promotion.

This suggests that, to foster the nation's health (created the

nation) was healthy, intelligent, skilled, cannot be implemented by the Ministry of Health alone. But until now, a paradigm shift was still very small (if you do not want to be called does not exist). Government policies more focused on the issue of "health care". One important factor to support the activities of health services is the availability of the number and quality of adequate health personnel in determining the success of efforts and management of health services. PHC during a health facility directly in contact with the poor. Puskesmas very beneficial for poor families living in rural areas.

With the Health Center, at least be able to answer the needs of adequate public health services, ie services which is easily accessible by the public. The background of the opening of the health center to meet the health needs of poor people, poor people generally are reluctant to undergo treatment at the hospital for fear the cost of treatment that will be issued. Moreover, hospital treatment and care costs tend to be expensive. Revitalization program today is still about discourse. Various diseases are caused today actually can be overcome if the function Posyandu and Puskesmas running as its role and functions. However, due to the existence of health centers that are identical to the forefront of the public service is not running optimally.

Conditions of health services in health centers were not optimal, so that people are more likely to directly go to the hospital rather than be hospitalized in health centers. This is because health centers are not yet ready to give a perfect service. During this time, public health has a dual function, with emphasis on the function of public health programs. However, in practice it functions is more dominant health care. No more time to visit the community, the extension services and other community programs. All busy serving the sick who went to the clinic. Therefore, in the future public health function or approach that is community takes precedence. While health care function performed as the first service to people who need treatment. If further action is required, it must be referred to the hospital. This certainly requires a well-coordinated referral system, including the means and facilities must be met. Curative services in health centers have only made people more dependent on medical personnel and adds to costs. Society was never educated to maintain health in order not to get sick, so the level of public health remains low.

This phenomenon was caused by lack of understanding of healthy behavior, also because of the low ability of the poor in dealing with problems related to health, particularly in access to quality health care services. In other words, they can only access the health service that the conditions of supply of health care workers is inadequate and insufficient, lacking equipment, inadequate health facilities and low drug quality. Hospital utilization as a means of health care tends to be dominated by people who can afford, while the poor tend to use health center services. Availability of health centers as a means of fulfilling the services mostly used by poor people has gradually been able to be satisfied health facility is one indicator of the level of prosperity of the region.

Optimization efforts on public health services through the empowerment of community health centers, namely: (1) the public health services in health centers preventive, promoted and rehabilitative in which there were management functions, and (2) dividing the management function of good work, by encouraging morale, exerting activities and coordinating the activities of medical workers into a compact activity. This is a

health management program, including activities prescribed program includes who is doing health management program, what to do in the work program, when the program has to be implemented, in which the work program can take place, why implement programs that work, and how the stages of the process implementation of the work program.

2. Empowering health centers as Basic Community Health Services in Tamalate District Makassar City

Puskesmas Jongaya covering three villages with a population of 39 609 inhabitants, the village Pabaeng-Baeng, Village Jongaya and Bongaya village, sub-district Puskesmas Tamalate Barombong Makassar City and is administratively located in the Village Barombong, Tamalate District, City of Makassar. Barombong distance from the village to the district capital 10 km. The population of the Village Barombong as many as 11 573 people, made up of as many as 5,714 men and women's lives as much as 5,859 people.

Village residents Barombong generally work as farmers, while the non-agricultural sector is mainly engaged in the field of business and retail trading. Community participation in the construction of quite large it can be seen from the contribution of property tax receipts that have reached 100 percent. Barombong Puskesmas in Sub Tamalate, abandoning the patient. Physicians and staff assigned at the health center are not in place. Syamsuddin, one of the patient's family, complained and was disappointed with the performance and service in health centers. Conditions that make Syamsuddin resigned, then he took his family were injured in the hand from sharp objects cut to get help at the center.

Shamsuddin said he did not have enough money to bring his family go to the hospital. I've complained about this to the Government of Makassar. We had to wait for the doctors to treat our family for nearly two hours. According to him, these conditions often occur in Puskesmas Barombong. The patients who want to get health services have to wait long for the doctor and the staff are always not in place. How can the service be good if the condition is always like this?

Previously, similar conditions have occurred in the health center-Kassi Kassi. Residents who want treatment cannot be of service, nearly 80% of medical personnel (doctors, nurses and nurses) in the health centers are not in place. According to their information was on leave and traveling abroad. Nothing to Singapore, Malaysia, and Thailand. Need diatahui that, Puskesmas Bara-Baraya already pocketed the certificate of ISO 9001: 2008. Other complaints were obtained in terms of health services, ie, the minimal number of specialist health centers in the city of Makassar. Disclosure of the complaints and the constraints on the formulation of public roundtable discussions with stakeholders in the health center Barombong Makassar.

The existence of a specialist in the clinic is considered very minimal, especially pediatricians, obstetricians, specialists in internal medicine, ENT specialist, and a lung specialist. In fact, there are few health centers that do not have a doctor. In fact, the services of expert doctors is urgently needed people, especially people who are poor, who are unable to see a specialist who opened a private practice or hospital on the grounds had enough funds. This roundtable discussion was held Kualisi for Civil Society Empowerment (peeled) in collaboration with the Ford Foundation and the City Government of Makassar. The discussion was attended by

dozens of participants consisting of representatives of the residents who are members of the Civil Society Forum (Formation) Makassar of 14 districts as Makassar and representatives of a number of SKPD scope of Makassar City Government, Planning Agency, and Makassar City Council.

3. Efforts and Measures in the Public Health Services Health Center and Barombong Jongaya Tamalate District of Makassar

The role of governments (puskesmas officers) as the agency responsible for public health, creating health of the surrounding environment, and how to empower and organize the community in order to consciously participate in improving health. To answer these questions, researchers invites the reader to understand the role and function of the health services in improving health status first. Furthermore, is to examine the problem and explanations from various sources to answer the questions above. As explained earlier that, to describe the importance and role of health services, including the health center, in improving health status.

Health care was any form of service or wellness programs aimed at individuals or communities and implemented individually or together in an organization, with the aim to maintain or improve health. In addition, there are five main functions of health services among which are:

1. encourage people to do activities to solve their own problems;
2. provide guidance to the public about ways to explore and use the means whose mother effectively and efficiently
3. provide direct health care services to the community
4. provide technical assistance, materials and referral,
5. To cooperate with other sectors in implementing the work program of the health center.

The goal of the health effort was the implementation of mutually supporting efforts to affordable and quality healthcare to ensure the implementation of health development in improving public health as high. Thus, the government and health care providers cannot work alone to build public health. Both societies and individuals from the community itself must also have the same understanding with the government. Therefore, it is a consequence of government or puskesmas officers to empower and organize people. As already explained that, health centers had a role to empower the community, with the goal of understanding in building public health. In addition, community empowerment issues arising from the outbreak of the health paradigm in order to improve health status in the community.

Conclusion

Based on the research and discussion above, it can be concluded as follows:

1. The condition of public health services in the district Tamalate Makassar, in accordance with the facts showed that the duties and responsibilities that must be run by the government of Makassar, in this case the Department of Health particularly health centers and health centers Jongaya Barombong, District Tamalate increasingly complex including preparedness evaluation of performance has been carried out;
2. empowering health centers as basic public health services, especially in Sub Tamalate (Puskesmas and Puskesmas

Jongaya Barombong) shows that the health center is equipped with various facilities and services that can be utilized to reach by public efficiently and effectively,

3. Efforts and measures step public health services through health centers in the district Tamalate empowerment, is a community-based programs at once a stimulant and learning materials for the public to participate and to be responsible for health problems through health centers.

All of it was carried out through the main strategies include:

1. Decentralization of Health, which contains strategies;
2. Development of Health Perspective;
3. Professionalism
4. Community Health Insurance. This activity aims to provide basic health services for the entire community with the goal of:
 - a) Provide an optimal service for the whole community;
 - b) Improvement of facilities and infrastructure in the provision of health services;
 - c) Cooperation for health centers and referral hospitals in terms of health;
 - d) The availability of medicines to people who need it;
 - e) The granting of licenses for pharmacies as the procurement of drugs,
 - f) The cooperation between the Department of Health and Hospitals in data and disease information.

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