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Evaluation of the Productive Age Health Services Implementation in Bekasi City

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Abstract

Introduction: Productive-age health services in Bekasi have not reached the standard target of 100%. By 2023, the percentage of productive-age health services was 27.96%. Therefore, this study aims to conduct a formative evaluation of the implementation of productive-age health services in Bekasi City based on the logical framework, especially in the Mustika Jaya Community Health Centre and Rawa Tembaga Community Health Centre.

Methods: This was a qualitative study with a case study design conducted over two weeks. The data were collected through in-depth interviews. The informants were selected based on the principles of appropriateness and adequacy.

Results: The study found that while health equipment, funding, and human resources are generally adequate, challenges persist in data management and human resource capacity-building. The recording and reporting system, *SI-PTM*, requires improvement in integrated data management. There is a need for increased awareness among the target population through innovative outreach programmes. The short-term goal of productive-age health services aligns with the long-term vision outlined in *RPJMD*.

Conclusion: The implementation of productive-age health services in Bekasi City requires further improvement to achieve the 100% minimum health service standard. Community Health Centers in Bekasi City can enhance cross-program and cross-sectoral collaboration with productive-age health services, increase people's awareness with an innovative outreach, and ensure that human resources in productive-age health services receive training.

Keywords: Logical Framework, Minimum Service Standards, Productive Age Health Services

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INTRODUCTION

Based on Government Regulation Number 2 of 2018 concerning Minimum Service Standards, specifically in the section on Minimum Service Standards in the health sector, Article 6 (1) states that Minimum Service Standards in the health sector are promotive and preventive, and cover both provincial and district/city levels. Population projections for Indonesia by 2025 indicate an increase in the productive age group as a demographic bonus, with productive-age individuals constituting 69.3% of the total population. According to the Bekasi City Profile for 2022, 71.77% of the Bekasi City population, or three-quarters of the age (15-64 years). The dependency ratio in Bekasi City in 2022 is

39.3%, which means that every hundred productive-age residents support 39 non-productive-age residents. Based on the 2023 Minimum Service Standards in health sector data for Bekasi City, Health Services for Productive Age is among the components with the lowest achievement percentage, at 27.96%.[1]

Therefore, this study aims to conduct a formative evaluation of the implementation of productive-age health services in Bekasi City, especially in Mustika Jaya Community Health Centers and Rawa Tembaga Community Health Centers.

METHODS

This study is qualitative research with a case study design conducted over two weeks. Data collection was conducted through in-depth interviews, and content analysis was performed using a logical framework to create a structured approach to analyze the data and perform a formative evaluation. Data processing and analysis involved data collection through in-depth interviews, document analysis, transcription of in-depth interview data, categorization of all data, and data presentation.

The informants were selected based on the principles of appropriateness and adequacy. The principle of appropriateness means that informants were chosen based on their direct responsibility for health services for their productive age. The principle of adequacy implies that the selected informants can provide sufficient information relevant to the research objectives. The informants in this study are program holders of Health Services for the Productive Age at two Community Health Centers in Bekasi City: the Rawa Tembaga Community Health Centre and Mustika Jaya Community Health Centre. Data validation was conducted using the triangulation of sources, data triangulation, and method triangulation.

RESULTS

Productive age health services in Bekasi City are one of the essential minimum services standards for health that every resident in Bekasi is entitled to receive, as stated in the Bekasi City Regulation Number 16 of 2022 concerning the Implementation of Minimum Service Standards. According to this policy, the target for basic service recipients based on performance indicators was set at 100%. In 2021, the percentage of the productive-age population receiving health screening services according to standards was 28.1%.[2] By 2022, this percentage increased slightly to 28.7%.[3] However, in 2023, the percentage of productive-age health services in Bekasi City was one of the lowest among all health service indicators at 27.96% (Bekasi City Health Office, 2024). The community health center in Bekasi, which has the lowest percentage of productive-age health services, is the Mustika Jaya Community Health Center. Meanwhile, the highest percentage of productive-age health services is the Rawa Tembaga Community Health Centre, with a percentage of 79,41%.

Implementation of Productive Age Health Services in Bekasi City from the Component of Input

According to informants who are program holders of productive age health services at two Community Health Centers in Bekasi City, the Rawa Tembaga Community Health Centre and Mustika Jaya Community Health Centre, it was revealed that the guidelines for productive age health services in Bekasi City refer to the Indonesian Ministry of Health Regulation No. 4 of 2019 on Technical Standards[4] for Quality Fulfillment of Basic Services in Minimum Health Service Standards. Activities under this regulation include measurements of height, weight, waist circumference, and blood pressure; clinical breast examinations; early detection of cervical cancer in women aged 30-50 years, referrals when necessary; and health education. The informant from the Bekasi City Health Office also confirmed that the guidelines for productive-age health services in Bekasi City refer to the Indonesian Ministry of Health Regulation No. 4 of 2019.[5]

"Funding for the productive age health services in Bekasi City comes from the Bekasi City Regional Budget (APBD), *as*

well as other legitimate and non-binding sources" (D1)

Based on the in-depth interview with the program holders of productive age health services, it is revealed as follows, *"Medical equipment and funding for each activity within the productive age health services at Community Health Center were already sufficient. Measurements of height, weight, waist circumference, and blood pressure at the Community Health Center were conducted by nurses and trained posbindu (integrated service post) personnel. Blood sugar level examinations were conducted by nurses and trained personnel. Trained midwives performed clinical breast examinations and early detection of cervical cancer. Subsequently, health education is provided by nurses."* (P1)

"All the medical equipment used is by the guidelines, and the funding is adequate. Height measurements were performed by nurses and trained personnel. Blood sugar level examinations were performed by doctors, nurses, midwives, and trained posbindu personnel. Clinical breast examinations and IVA tests were performed by doctors and trained midwives. Health education can be provided by doctors, nurses, midwives, trained posbindu personnel, and health promotion staff at Community Health Centre." (P2)

Additionally, the recording and reporting of healthcare services for the productive age health services in Bekasi City are conducted through the *SI-PTM* (*Non-Communicable Disease Information System*" and *ASIK (Aplikasi Sehat IndonesiaKu*). Recording and reporting for productive-age health services are conducted through the so-called, "SI-PTM system". According to the in-depth interviews, the obstacles in recording and reporting through *SI-PTM* were due to discrepancies in population data from the Population and Civil Registration Agency and the Ministry of Health, affecting the standardized and non-standardized data counts, and consequently the final count of residents receiving productive age health services.

Implementation of Productive Age Health Services in Bekasi City from the Component of Activities

Both Community Health Centers have been actively disseminating information through *WhatsApp* and other social media platforms such as Instagram to ensure easy access to information about activities included in productive-age health services, such as *posyandu* activities that involve height and weight measurements, blood pressure, sugar level examinations, IVA tests, early detection of cervical cancer, and health education. Based on in-depth interviews, it is known that in providing productive-age health services, both Community Health Centers collaborate with *posyandu* (integrated health posts) and other inter-cross collaborations, such as sensory and eye division, as well as health promotion division. Informant P2 also added that productive-age health services in their community health center collaborate with the Primary Service Integration *(ILP)* for both facility-based services and in-facility services, which align with the activities provided in productive-age health services.

Some obstacles in implementing productive age health services at Community Health Center were identified as follows, *"It's difficult when people are working, they don't have time to come to the Community Health Centre to get screening or another service in productive age health services. We also have collaborations with schools, but sometimes their schools are not within the Community Health Centre service area."* (P1). *"Many people don't want to come to the Community Health Centre if they feel healthy. However, screening is a preventive method. "* (P2). Based on this statement, one of the things that needs to be improved is to increase the awareness of people of productive age to maintain their health by preventing health, particularly through health screening.

Implementation of Productive Age Health Services in Bekasi City from the Component of Output

The output component includes training for human resources. Based on the in-depth interviews, it was found that some

of the human resources for productive-age health services at the Mustika Jaya Community Health Centers have not yet received training. Human resources that have not yet received training are those in communication, information, and education services; human resources in obesity screening; and diabetes mellitus screening.

On the component of *output*, evaluation is needed to determine the results of productive-age health service implementation in Bekasi City. In this case, the result can be analyzed from the coverage or percentage of the productive age population (15-59 years old) receiving standard-compliant screening services. In 2021, the percentage of the productive-age population receiving standard-compliant screening services was 28.1%, followed by an increase in the following year 2022 to 28.66%. By 2023, this percentage had decreased to 27.96%. From this result, it was found that the percentage of productive-age health services in Bekasi City has not yet met the minimum service standard target of 100%.

Additionally, output refers to a measurement used to monitor and report the evaluation. The output component also refers to a specific result, product, or service produced by carrying out a series of tasks or activities using inputs in a project. An example of an output component is an increase in the coverage of maternal and child health services.[6]

Based on the results of in-depth interviews, it was found that the Bekasi City Health Office conducts guidance and supervision through monitoring and evaluation of Primary Healthcare Facilities (FKTP) under the jurisdiction of the City Health Department's Community Health Centers. FKTP then controls non-communicable diseases through screening and early detection activities for the productive age group.

Implementation of Productive Age Health Services in Bekasi City from the Component of Purpose

According to a statement from the Bekasi City Health Office, the short-term goals for productive-age health services in Bekasi City include promotive,, which is to maintain and improve individuals' health, by doing some prevention such as health screening, curative such as treatment, rehabilitation, and recovery for individual, family, group, or community health and the environment. Meanwhile, the short-term goal of productive-age health services at Rawa Tembaga Community Health Centre is to raise public awareness about the importance of preventive measures through health screenings at the Community Health Centre. The short-term goal of the Mustika Jaya Community Health Centre is to enhance efforts toward the early detection of non-communicable diseases.

Implementation of Productive Age Health Services in Bekasi City from the Component of Goal

Based on the in-depth interviews, the Bekasi City Health Office stated that the long-term goal of productive-age health services in Bekasi City is to achieve the medium-term goals and targets of the Bekasi City Health Office, which aligns with Regional Strategies and Policies, as well as the priority program plan in the *RPJMD* (Regional Medium-Term Development Plan). Besides, the goal which is a long-term goal of Rawa Tembaga Community Health Centre is to increase community involvement in identifying healthy groups and those at risk of non-communicable diseases. The long-term goal of productive-age health services in the Mustika Jaya Community Health Centre is to provide optimal productive-age health services.

DISCUSSION

The percentage of productive-age health services in Bekasi City has not reached the 100% Minimum Service Standards in the health sector. The percentage of the productive-age population in Bekasi, which has received standard compliant screening, has fluctuated from 2021 to 2023. In 2023, productive-age health services had one of the lowest percentages among all minimum service standards for health in Bekasi City.

Formative evaluation with a logical framework is used in this study, which includes the components of input,

activities, output, purpose, and goal. Formative evaluation allows one to distinguish between failure in intervention and implementation by identifying early whether the desired outcomes have been achieved[7]. A logical framework is a tool for monitoring and evaluating government intervention by the government.[8]

In terms of input, the guidelines for productive-age health services in Bekasi City refer to Indonesian Ministry of Health Regulation No. 4 of 2019. The implementation of productive-age health services in Bekasi City is also supported by Bekasi Mayor Regulation No. 16 of 2022 on the Implementation of Minimum Service Standards. The aspects regulated in Bekasi Mayor Regulation No. 16 of 2022 pertain to the Minimum Service Standards overall, while there are 12 types of minimum service standards in the health sector out of the 26 total types of minimum service standards that Bekasi must provide to their residents. The regulation specifies that the target for productive-age health services is 100% of productive-age residents of Bekasi City to receive these health services.[5]

From the research findings on the input, it was found that both Community Health Centers have adequate medical equipment and funding. Human resources who are health professionals that provide productive-age health services are also sufficient and match the number of human resources that need to be based on the guidelines, although some staff members handle multiple roles. In response to the obstacles that are found in recording and reporting due to discrepancies in population data from the Population and Civil Registration Agency and the Ministry of Health, the Bekasi City Health Office stated in the in-depth interview that the Community Health Centers need to ensure that all indicators within the operational definition in, "*SI-PTM*" have been completely met so that it will reduce the occurrence of errors.

According to the guidelines, human resources for service provision are adequate, despite some staff members managing multiple roles. In addressing the challenges encountered in recording and reporting, the Bekasi City Health Office emphasized the importance of fully meeting all indicators within the operational definitions to minimize the likelihood of errors. Based on research on the Family Hope Program Evaluation in Kadudampit Village, Sukabumi District, the problem that is found in the input component of a Family Hope Program is the lack of coordination between the Family Hope Program facilitators and the group leader of the Family Hope Program.[9]

In terms of the activities component, Community Health Centers have been actively socializing with people in their productive age to obtain productive age health services at the Community Health Center. Furthermore, the activity component includes collaborations across different programs and sectors. Community Health Centers have engaged in cross-program collaborations for the implementation of productive-age health services, particularly through posyandu and posbindu. Community Health Centers are also active in disseminating information and schedules of productive-age health services to the community within their service areas. Meanwhile, cross-sectoral collaboration was conducted in schools and workplaces. Cross-sectoral collaboration is a key element that can support the implementation of health programs. A study conducted in Bekasi City on stunting prevention found that the implementation of cross-sectoral collaboration was still not optimal. Optimal implementation of cross-sectoral collaboration can enhance the success of stunting prevention.[10]

Some obstacles found in the activities components are people's awareness of the importance of health screening at Community Health Centers. Accordingly, Community Health Centers in Bekasi City can develop an innovative program for productive-age health services. A study by Taman Sari Community Health Centers showed that they had an innovative program for screening non-communicable diseases through an app called, "*SI-IMUT*." This app aims to simplify access to health screening for the residents of Jakarta, offering flexible scheduling options, which also increases people's awareness of health screening in Community Health

Centers.[11]

The output component includes training for human resources. This is as stated by Zakaria *et al.* (2020), where training is mentioned as part of the output component. Meanwhile, through in-depth interviews, the findings of this research indicate that some of the human resources in the Mustika Jaya Community Health Centers have not yet received training. A study in the Parangloe Subdistrict Community Health Center found that training for human resources in community health centers is a supporting factor for the effectiveness of health services. Therefore, in the future, community health services can ensure that all human resources for productive-age health services have received training according to their needs.[12]

Regarding the output component, it was also found that the percentage of productive-age health services in Bekasi City still needed to be increased to meet the minimum health service standard target of 100%. Productive-age health services have one of the lowest percentages among the minimum health service standards in Bekasi City, with 27.96% in 2023. In comparison, the minimum health service standards for Bekasi City in 2023 for prenatal, childbirth, and newborn care have already reached 100%. To increase the coverage of productive-age health services in Bekasi City, the Bekasi City Health Office conducts guidance and supervision through monitoring and evaluation of the Primary Healthcare Facilities (*FKTP*) for the primary healthcare facilities to reach out to a more productive-age population to receive screening and early detection, which is a part of the productive-age health services.

For the purpose component, both Community Health Centers have a short-term goal to increase the awareness of the productive-age population within their area to perform health screening, for a minimum of once a year. As for the goal component, the long-term goal of both Community Health Centers is to increase the involvement of people within the community health center area to find people in the productive age population who are at risk of non-communicable diseases.

CONCLUSION

The implementation of productive-age health services in Bekasi City still requires further improvement to achieve the 100% minimum health service standard. Based on the formative evaluation and logical framework conducted in this research, it was found that in the input component, there are already existing guidelines for productive-age health services. Both Community Health Centers already have adequate medical equipment and funding as part of the input component. Human resources for productive-age health services in both Community Health Centers were also adequate, although some of the human resources managed multiple roles. Regarding the recording and reporting system, there is a need to ensure integrated data management between the Population and Civil Registration Agency and Ministry of Health.

Regarding the component of activities, it would be better for the Community Health Centers in Bekasi City to enhance the cross-program and cross-sectoral collaboration for productive-age health services, so it could reach more people on their productive age to perform health screening, create an innovative program to increase the awareness of people in their productive age to perform health screening, improve the system for recording and reporting systems, and ensure integrated data management between the Population and Civil Registration Agency and the Ministry of Health. In terms of output, Community Health Centers should also provide training to all human resources for productive-age health services, and the short-term goals for productive-age health services can also be made more detailed, so that Community Health Centers can develop more specific plans to improve productive-age health services. On the goal component, the long-term productive age health services overall are aligned to the Regional Medium-Term Development Plan (*RPJMD*).

ETHICS APPROVAL

This research received ethical approval from The Research And Community Engagement Ethical Committee Faculty of Public Health University Indonesia (Ket-439/UN2).F10.D11/PPM.00.02/2024

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