

## AN ANALYSIS ON THE IMPLEMENTATION OF THE HUMAN RESOURCES IN THE HEALTH FIELD PLANNING POLICY IN DEPOK, 2017

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**Abstract.** According to the Minister of Health Regulation no. 33/2015 (Permenkes 33) on Guidelines for Composing the Human Resources in the Health Field (HRH) Planning, planning for HRH must be done from the bottom up. In 2016, Depok City has implemented the regulation, but the results were not applicable. This qualitative study analyzes the process of creating the planning document at Depok City in 2017 through in-depth interviews and documentary research. We discovered that the 2017 HRH planning document in Depok City did not completely follow all the steps stated in Permenkes 33. Ineffective communication caused lack of commitment and support from the stakeholders, which in turn, caused the lack of support from the bureaucratic structure, such as standard operational procedures, regulation, and allocation of resources, whether it was manpower, funding, or facilities. Therefore, we recommend that the socialization or advocacy process to the stakeholders to be increased.

**Keywords:** Planning, Human Resources in Health, Permenkes 33/2015.

**Abstrak.** Menurut Peraturan Menteri Kesehatan nomor 33 Tahun 2015 tentang Pedoman Penyusunan Perencanaan Kebutuhan Sumber Daya Manusia dalam bidang Kesehatan (SDMK), perencanaan SDMK harus dilakukan secara berjenjang dari bawah ke atas. Di tahun 2016, kota Depok telah melaksanakan permenkes tersebut, akan tetapi hasilnya belum dapat dijadikan pertimbangan dalam manajemen kepegawaian. Penelitian ini merupakan penelitian kualitatif yang bertujuan untuk melakukan analisis terhadap pelaksanaan penyusunan dokumen perencanaan kebutuhan SDMK kota Depok tahun 2017 dengan teknik pengumpulan data berupa wawancara mendalam dan telaah dokumen. Hasil penelitian menunjukkan bahwa penyusunan dokumen perencanaan kebutuhan SDMK kota Depok tahun 2017 belum sesuai dengan tahapan yang terdapat dalam Permenkes 33 tahun 2015. Permasalahan disebabkan oleh komunikasi yang tidak efektif, yang menyebabkan tidak adanya komitmen dan dukungan dari pemangku kepentingan, sehingga tidak terdapat dukungan dari struktur birokrasi yang berupa SOP dan peraturan, dan alokasi sumber daya, baik manusia, dana, maupun fasilitas. Untuk itu, sebaiknya proses sosialisasi atau advokasi ke para pemangku kepentingan ditingkatkan.

**Kata kunci:** Perencanaan, SDM Kesehatan, Permenkes 33/2015.

### INTRODUCTION

To guarantee the quality of healthcare in Indonesia, the government regulated the planning, utilization, guidance, and surveillance of the quality of healthcare human resources in Regulation No. 36/2009 Article 21 clause 7.<sup>1</sup> Which was further detailed in the Minister of Health No. 33/2015 (Permenkes 33) on Guidelines to Compose the Human Resources in the Health Field Planning that regulates the mechanisms in the creation of the documents. The regulation stated that the plans must be created at each tier, using the bottom-up method, from the Regency/City government to the central government. The resulting documents can be

another considering matter in the personnel management process, which includes personnel employment.<sup>2</sup>

In a research on the planning on the demand of doctors at the Pekanbaru City Health Office (HO), it was discovered that support from the local government through official commitment, in the form of a master plan, creating a Minimum Healthcare Standards (MHS), establishment of a special team for planning healthcare manpower and the issuing of a Standard Operational Procedures (SOP).<sup>3</sup> According to Murphy, et al (2016), several factors influenced the HRH planning, those

were changes in the population, the disease pattern, the models and scope of healthcare, and health technology.<sup>4</sup> However, the current planning method does not heed to all those factors.

According to Anna Kurniati, et al (2015), multisectoral coordination would bring positive effects to the development of HRH in Indonesia.<sup>5</sup> This approach can also increase technical support and funding from the country and other countries to develop HRH. Riley, et al (2012) found that information system is important for the HRH, however many countries still have inadequate information systems in the health field. An absence of reports will generate minimal data, and will limit the availability and quality of information.<sup>6</sup> Marlinda, et al (2011) also found that incomplete and inaccurate data would hinder the process of creating a good planning system, which would be aggravated by the minimal socialization and information distribution on the policies in effect in planning healthcare personnel, and inadequate coordination and consultation.<sup>7</sup>

A successful implementation of public policies, according to Edward III, is influenced by communication, resources, disposition, and the bureaucratic structure. Adequate resources are necessary to be able to employ a policy successfully, both manpower and other types of resources. The quality of the implementation is also influenced by the attitude and the characters of the persons employing it (disposition) and the bureaucratic structure where they work in, which would determine the standard operating procedures (SOP), organizing, and distribution of responsibilities of each person. However, this all would be impossible without effective communication.<sup>8</sup>

Depok is an autonomic city located at the South of Jakarta that acts as a residential, educational, trading, and recreational city. It also acts as a buffer to resorb water.<sup>9</sup> As one of the cities that support the capital, its population growth rate (PGR) in 2013 reached 6.88%, second only to Bekasi in the whole province (7.73%).<sup>10</sup> One of the major challenges cause by the high PGR is providing adequate HRH that satisfies the demand at the health institutions at all levels.

In 2016, the Depok City HO has compiled a HRH planning document, however it couldn't be used as a guideline to employ more personnel. Which is one of the causes of the current lack of manpower.<sup>11</sup> We intend to analyze and discover its cause. Since planning is the first step in managing human resources, we will evaluate the various stages of planning in 2017, from the implementation to the current bureaucratic structure. From this research, we will obtain a description on the implementation of Permenkes 33 at the regency/city level and will serve as feedback to the local HO.

## METHODS

This qualitative research analyzes the implementation of the planning document for HRH at Depok City in 2017. The research was done between January to March 2018. To obtain valid results, the data was obtained through in-depth interviews and documentary research. 11 respondents were selected through the purposive sampling method.

## RESULTS AND DISCUSSION

Although the leaders are aware and the HO has socialized the policy and has conducted a training to apply the regulation for the health institutions within its jurisdiction, the HRH planning document was not compiled exactly as stated by Permenkes 33. This was caused by the various problems summarized in the following table.

**Table 1.** Analysis Results of the HRH Planning Document Policy Implementation at Depok City, 2017.

Factor	Problems Discovered
<b>Communication</b>	Is the most influential factor; Socialization has only reached the implementers at the city level, and other health institutions, except the Public Health Centers (PHC) has not received socialization; The implementers understand the goals of the policy and the compilation process, but does not understand its relations with other policies that regulate the HRH planning; There is no specific regulation on the HRH planning process in Depok City.
<b>Resources</b>	HRH must be developed; There is no special funding for the process; The facilities used in the planning process requires reparation.
<b>Disposition</b>	Implementers in Depok accepts the policy and were assisted by the regulation, particularly by the calculation application; There is no incentive for the implementers to perform planning activities.
<b>Bureaucratic Structure</b>	There is no SOP and specific team that handles the compiling of the planning document in Depok; The document processing was sponsored only by the Depok City HO, in specific, the regulation and human resources division; Only the PHC calculated the manpower that was needed.

### Communication

According to Edward III, ineffective communication will hinder the implementation of a policy.<sup>13</sup> A policy will be implemented effectively, if the goals and contents of the policy is comprehended by its implementers and its targets. To achieve that, effective communication is necessary, where the information conveyed by the first person would reach the last person

with the same contents. We discovered that in the process of compiling the planning document in Depok in 2017, the communication was ineffective. The policy has not been socialized to the stakeholders in the city government. Only the implementers at the city has received any socialization, therefore, except for the PHC, any other healthcare institution has not received any socialization. This was what caused the lack of commitment and support from the city government, and why the policy was not included into the local programs.<sup>14,15</sup>

This was evident in the lack of data. The only data personnel requirements calculation was from the PHC. Other healthcare institutions do not have them. This lack of socialization also caused the lack of specific regulation and the absence of a specific team for the program.

The ineffective communication was also evident in the apparent confusion of the implementers in connecting all the policies on the planning for HRH, such as the following informant stated.

*"Well, that's it. Usually we use permenpan no. 26 for our documents, when this law appeared, we were confused, then permenkes 43 came out. So, its what I said previously, maybe there should be two socializations from the central or province. The first meeting on the policy and its contents, then the consequences and its relation with other regulations, those issued by the ministry of health, menpan, and BKN. The participants of these meetings should be the leaders and the second on the technical aspects of the implementation."*

The absence of a special team also caused problems with the data preparation. Only the PHC and the HO has prepared the data. Therefore, there is a lack of data and the personnel performing the socialization, and data and information analysis was only done by the regulation and human resources division of the HO. This lack of manpower hindered the team from calculating and analyzing all the personnel needed by all the healthcare institutions in Depok City. In addition, the documents that were created has not correlated the results of the calculation with the current conditions in Depok. More importantly, there is no follow-up on the documents, therefore no feedback to the health institution from the other stakeholders.

## Resources

### Human Resources

According to Permenkes 33, The HRH planning document must be processed by a special planning team that understands the planning method and is capable of analyzing the document. In comprehending the process,

the team can facilitate and guide the healthcare institutions in calculating the number of personnel that they need based on the needs of their region and the policies in effect in that region, as stated by Guspianto (2012).<sup>7</sup>

However, since Depok has a Specific Functional Office evaluation team (SFO team), that team was appointed to perform the tasks and functions of the HRH planning team. Albeit unofficially, since the team did not have a specific letter of appointment (LOA) that describes their tasks and functions or one that adds the new tasks and functions to their current list of tasks and functions. This is because that the document compiling process is considered one of the main tasks of this team, as stated by an informant in the following sentence.

*"No, there is no special team, there is no LOA or appointment letter as an implementer. Just task division... well, we asked help from the other sections and the PHC staff that has participated in the training..."*

As stated beforehand, the absence of this special team caused the lack of data. According to an informant, all the stages in the implementation was done by the same persons. As stated in the following quote.

*"...We're the ones who made the documents... the draft, I mean. Then it was corrected at each tier, to the head of the division and the division secretary. We were able to perform calculations using the application from the Pusrengun, because we were taught before, and we taught the others at the PHC in Depok. if you say that the numbers weren't adequate, well it actually is. Because we're the only ones doing it, and we still have to perform the competence testing, then there are the regulations on human resources in the health field..."*

## Funding

There was no specific funding separated for the operational and as incentives for the implementers of this policy. This was because there was no disposition from the government, which would allocate a portion of the budget for this program in the regional budget. As stated in the following quote.

*"...there are all the facilities. Laptops with the application, internet, paper for printing, but sometimes the application from the central is difficult to access, maybe its under maintenance."*

*"There isn't a special funding, we help each other at the HO... so the training we performed at the hall was from the general"*

*subdivision.”*

Because of limited funds and man power, the data prepared was only from the PHC and the HO. The team was unable to access other offline data sources and the data that was accessible by the HO as a Regional Apparatus Organization (RAO) was incomplete, the calculation process only portrayed the results from the PHCs. The data and information analysis was only done by the regulation and human resources division, therefore, the document has not revealed the whole picture. The document also has not correlated the results of the calculation with the current conditions in Depok. According Marlinda, Bachtiar & Astiena (2011), the lack of socialization and information on the policies used in planning human resources in the health field hindered the planning system.<sup>16</sup> To prevent that from happening again, more resources must be prepared, and the existing ones must be developed and maintained. As stated by Edward III, that stated that resources are vital in the implementation of a public policy, and therefore must be prepared well.<sup>17</sup>

### Disposition

We discovered that the implementers accepted permenkes 33 as the guidelines to compile a planning document for HRH necessitated by Depok City in 2017. This was evident in that they have socialized the regulation to all the PHCs and departments within the HO, appointment of the Depok City HO SFO team, and usage of online data to calculate the man power needed by healthcare institutions, except for the PHCs. However, the lack of impelling factors (such as incentives) for the implementers, limited the data search and analysis, and the document compiling was just “business as usual”. Even so, the central government has appreciated the implementers by providing a fee for each person in the Regency/City that has successfully created the planning document. This reality was supported by the following quote.

*“...Each province did have a DL (Decision Letter) from the Head of the PPSDMKK for the rebut manager. The DL was from each province for the representative of each Regency/City. Based on that DL, the Regency/City that successfully creates the planning document in that year, the representative will receive a fee from the central government, yeah... although it wasn't significant, it was a form of appreciation from the central.”*

Edward III stated that disposition is the attitude of the implementers, in relation to their true tendencies, will, and ability to implement the policy, to reach the goals of the policy. We discovered that the implementers had good dispositions, which meant that they supported and mainly implemented the policy as expected.<sup>13</sup> Those that rejected or ignored the policy probably did not

receive socialization, which was caused by the lack or resources and ineffective communication. Therefore, allocation of budget is necessary for providing incentives for implementers that has successfully performed their tasks in the document planning. This would act as an compelling factor for the implementers.

### Bureaucratic Structure

We did not find any SOPs and special teams assigned for the planning document activities, as stated below:

*“Yes... there isn't a team, no task and responsibility division.”*

This was the reason why the data preparation process was problematic, many data necessary was not available, and there was few personnel available to analyze the need and compile the document. This also hindered the follow-up process, documents signed by the head of the Human Resources of the Depok City HO was not officially conveyed to the other institutions in the planning for HRH in Depok.

Therefore, a clear task division and authority division, and a straightforward and simple SOP is necessary for an effective planning process. Clear task and authority division, and a concise SOP would ease and standardize the procedures and actions of the implementers in performing their duties.

### SUMMARY

The implementation of the HRH planning document compilation at Depok City in 2017 has not completely adhered to Permenkes 33. Ineffective communication was the largest factor causing this. Not all the stakeholders were aware on the policy, therefore the process did not receive adequate support. Which was evident in the lack of a team, lack of funding, and lack of regulations that specifically support this policy. As a result, the document has not conveyed the whole number of HRH needed by Depok. To solve this, we recommend that more socializations are performed, particularly to the stakeholders.

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