ROLE OF ACCREDITATION TO THE PERFORMANCE OF NON COMMUNICABLE DISEASES (NCD’S) CONTROL PROGRAM AND CONTROL IN ACCREDITED AND NON ACCREDITED PRIMARY HEALTH CARE IN CIMAHI DISTRICT

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Abstract. The Non-Communicable Disease (NCD’s) Prevention and Control Program is one of the essential Community Health Efforts implemented by the Puskesmas. Puskesmas accreditation is a form of program to maintain the quality and form of standardization to Puskesmas services in order to provide quality services. This research uses qualitative method, conducted in April-May 2018, aim to see improvement of performance at puskesmas especially at NCD’s Prevention and Control Program. Result of research, in general Output of program of implementation of NCD’s at Puskesmas accredited better than Puskesmas not yet accredited. Community-based partnership and funding activities have not been implemented, Iva test and CBE screening and DM screening are still around 5%, indicating the community and the lack of effective community empowerment. Input components of human resources, facilities, funds, screening instruction implementation are not adequated. Components of Planning Process (P1), Organizing and Moving (P2) at Accredited Puskesmas better than Puskesmas not yet accredited, P3 has been run even though not optimal in some Puskesmas. Need to improve community empowerment to support NCD’s Prevention and Control Program .. It is necessary to encourage the Puskesmas to improve the implementation of Puskesmas Management and conduct Continuous Improvement of Quality to achieve quality improvement as the main basis of Puskesmas Accreditation.

Keywords: Puskesmas Accreditation, NCD’s Prevention and Control Program


Kata kunci: Akreditasi Puskesmas, Program Pencegahan dan Pengendalian NCD’s
INTRODUCTION

Control of Non-Communicable Diseases (NCD’s) is significant because it is the leading cause of death in the world. According to data from the World Health Organization (WHO), in 2015, many deaths due to NCD’s occurred in developing countries. Regarding WHO data, 48% of all deaths due to NCD’s occur in developing countries and before the age of 70. A total of 56.4 million or about 70% of the world's deaths are caused by non-communicable diseases (1). The prevalence of NCD’s in Indonesia has increased; and the prevalence of hypertension in 2013 increased by 1.9% compared to 2007. In Cimahi, the prevalence of several NCD’s is higher than that of West Java and even nationally, especially for diabetes mellitus, stroke and heart disease, and obesity (2).

Globally, WHO 2000 formulated a strategy for tackling NCD’s, especially in developing countries, based on the international agreement of the World Health Assembly (WHA), with three pillars, surveillance, primary prevention, and strengthening health services. Furthermore, this agreement was developed with the Global Action Plan for the Prevention and Control of NCD’s 2013-2020 by setting nine global targets and a 25% reduction in NCD’s deaths.

Early detection and control of risk factors are important for preventing NCD’s. Research conducted by Ma et al states that changes in healthy lifestyles and systematic programs are needed to prevent epidemics of NCD’s cases in Asian countries (3). Grover states that one of the strategies for preventing NCD’s is to utilize community support. Based on this, screening and controlling risk factors and health promotion as promotive and preventive efforts are crucial to preventing NCD’s development (4).  

Accreditation is a form of the quality maintenance program and standardization of Community Health Center (Puskesmas) services. Accreditation should be viewed as a process in achieving quality improvement to make continuous improvement or Continuous Quality Improvement. The accredited Puskesmas will change the management of the Puskesmas, including the P2NCD Program. Accreditation is a form of the quality maintenance program and standardization of Puskesmas services, so accreditation is expected to increase the readiness of Puskesmas for providing quality services to UKP or UKM and changes in Puskesmas governance to improve Puskesmas performance. This study focuses more on the effect of accreditation on the prevention of NCD’s as part of Essential SMEs.

A lot of research on the effect of Puskesmas accreditation on the quality and performance of UKPs has been done. However, research on the effect of Puskesmas accreditation on the performance of SMEs has not been done much. Based on the description above, researchers are encouraged to research implementing NCD’s prevention and control programs at accredited and unaccredited health centers in Cimahi City in 2017. This study aims to determine the difference in performance between accredited and unaccredited health centers, especially in the implementation of the P2NCD Program.

This study modifies the theory of input, process, and output systems. Accreditation intervention based on Permenkes No. 46 concerning accreditation namely: making improvements to HR input, implementation instructions through Mentoring activities (Training, document preparation, Self-assessment) (5). The process is seen based on the Minister of Health Regulation No. 44 of 2016 concerning Guidelines for Health Center management, namely Planning (P1), Mobilization-Implementation (P2), Monitoring-Control-Assessment (P3). The implementation of the NCD’s Prevention and Control Program is assessed by, among others: by the Minister of Health Regulation No. 71 of the year concerning NCD’s Management, the Minister of Health Regulation No. 5 of 2017 concerning the Action Plan for NCD’s control, the Regulation of the Minister of Health No. 43 of 2016 concerning Minimum Service Standards (SPM) strengthened by the Government Regulation of the Republic of Indonesia No. 2 of 2018 and technical guidelines for Posbindu NCD’s (6).

MATERIALS AND METHODS

This study used a qualitative method with in-depth interviews with 15 people, namely the Head of the Cimahi City Health Officer, the Head of the Community Health Center, the Accreditation Assistance Team, and the officer in charge of the NCD’s Puskesmas. To understand the effectiveness of the Posbindu program, we applied a quantitative approach to collecting data. We also used the T-test analysis on composite variables with 48 samples, consisting of five cadre assessment dimensions, facilities, community, and partnerships funds, recording and reporting, and Posbindu activities at 48 NCD’s Posbindu. The quantitative data was collected at three accredited health centers and three unaccredited health centers in the Cimahi City Work area from April to May 2018.
RESULTS

The implementation of the P2NCD Program (output component) is assessed by looking at two components, namely the implementation of the NCD’s Posbindu and the scope of NCD’s program activities at the Puskesmas. This aspect of the assessment refers to the guidelines for organizing NCD’s Posbindu. Then an assessment of the input and process is carried out.

Implementation of P2NCD Program

Posbindu NCD

The NCD’s Posbindu assessment in this study uses a composite variable consisting of five assessment dimensions, including the dimensions of Cadres, Facilities, funds from the community and partnerships, recording and reporting, and Posbindu activities. The analysis results show that the score of Posbindu NCD’s at accredited health centers has an average score of 66.22. In contrast, the average score of Posbindu NCD’s at unaccredited health centers is 55.85, with variation values are 0-100. From the statistical test results (T-test), the average Posbindu score at accredited Puskesmas is higher than that of the unaccredited Puskesmas.

Table 1. Distribution of Average NCD’s Posbindu Scores at Accredited and Unaccredited Health Centers

<table>
<thead>
<tr>
<th>Variable</th>
<th>Accredited Puskesmas</th>
<th>P Value (2-tailed)</th>
<th>Unaccredited Puskesmas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>SE</td>
</tr>
<tr>
<td>Cadre</td>
<td>69.27</td>
<td>9.03</td>
<td>1.83</td>
</tr>
<tr>
<td>Facility</td>
<td>57.91</td>
<td>8.71</td>
<td>1.77</td>
</tr>
<tr>
<td>Community funds and partnerships</td>
<td>25</td>
<td>24.45</td>
<td>4.99</td>
</tr>
<tr>
<td>Recording and Reporting</td>
<td>95.83</td>
<td>8.86</td>
<td>1.80</td>
</tr>
<tr>
<td>Posbindu NCD Activity</td>
<td>90.10</td>
<td>10.41</td>
<td>2.12</td>
</tr>
<tr>
<td>Posbindu NCD Score</td>
<td>66.22</td>
<td>5.37</td>
<td>1.09</td>
</tr>
</tbody>
</table>

Assessment of P2NCD activities by looking at the Scope of Hypertension Screening, Diabetes Mellitus Screening, Iva Test Screening & Breast Clinical Examination. The lowest value variation applied is 0 and the highest value is 100. The overall average score for the prevention and control of NCD’s activities at accredited health centers is higher than that of unaccredited health centers.

Table 2. Percentage of Achievement of NCD’s Prevention and Control Activities at Accredited and Unaccredited Puskesmas

<table>
<thead>
<tr>
<th>Variable</th>
<th>Accredited Puskesmas</th>
<th>Unaccredited Puskesmas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Iva Screening Test and CBE</td>
<td>5.70</td>
<td>1.83</td>
</tr>
<tr>
<td>HT Screening</td>
<td>89.57</td>
<td>21.44</td>
</tr>
<tr>
<td>DM Screening</td>
<td>5.92</td>
<td>2.38</td>
</tr>
<tr>
<td>Average Value</td>
<td>41.69</td>
<td>8.36</td>
</tr>
</tbody>
</table>

Input

Human Resources

HR In terms of quality, there are still officers who have not received training, because of the rotation of officers between the puskesmas and the rotation of the holders of the internal puskesmas program. The distribution of training for HR prevention and control of NCD’s is described in the following table:
Table 3. Distribution of Training for NCD’s prevention and control HR who have received 2017 Training

<table>
<thead>
<tr>
<th>Puskesmas</th>
<th>Type of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DM Hipertensi</td>
</tr>
<tr>
<td>Central Cimahi</td>
<td>✓</td>
</tr>
<tr>
<td>Cipageran</td>
<td>-</td>
</tr>
<tr>
<td>South Cimahi</td>
<td>✓</td>
</tr>
<tr>
<td>Central Cigugur</td>
<td>-</td>
</tr>
<tr>
<td>Leuwigajah</td>
<td>✓</td>
</tr>
<tr>
<td>Pasir Kaliki</td>
<td>✓</td>
</tr>
</tbody>
</table>

Here’s an excerpt from the interview:

“Yes.. So all human resources since 2014 have been trained on NCD’s, only because of the rotation of officers and some trained officers have been rotated, so there are new NCD’s officers who have not received training” (D-2).

HR in terms of quantity is still lacking. This is due to the fact that there are many programs that must be carried out at the puskesmas while the available human resources are limited. In addition, implementing officers at the Puskesmas also carry out additional administrative tasks because almost all Puskesmas do not yet have a special officer in Administration to take care of administrative problems and activity accountability reports.

“Mmm.. in terms of adequacy of human resources, it’s still not right.. it’s not proportional to the number of programs that must be implemented at the puskesmas, so there are still officers who double the program. Of course this affects the implementation of the program...” (KP-3)

“Our SPJ is made by officers, yes... in TU there is no staff in charge of making SPJ, so we are... so the implementation is to make SPJ too” (P-5)

Source of Funds

The health budget allocation in the city of Cimahi has met the national target of 21.65% consisting of 3.97% for the Health Office and 17.68 for Cibabat Hospital.

Table 4. Comparison of the Health Budget of the Health Office, RSUD and the Total APBD of Cimahi 2016-2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Total of APBD Kab/Kota</th>
<th>Health Office Budget Allocation</th>
<th>RSUD Cibabat Budget Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of 2016</td>
<td>1.411.339.250.907</td>
<td>131.056.410.586</td>
<td>173.165.053.392</td>
</tr>
<tr>
<td>Year of 2017</td>
<td>1.637.050.871.413</td>
<td>80.979.841.804</td>
<td>396.079.097.672</td>
</tr>
</tbody>
</table>

At the puskesmas, the funds for P2NCD activities come from the Non-Physical DAK, JKN and APBD. Absorption of the non-Physical Special Allocation Funds of the BOK averages around 50%. This is due to the change in the TP mechanism to the APBD mechanism. The lack of absorption of BOK affects NCD’s activities which are meetings and out-of-building counseling activities.

Based on the results of interviews with the heads of puskesmas, most stated that the amount of funds for prevention and control of NCD’s was sufficient, the obstacles faced were the disbursement of BOK funds which were not routine every month, and the procedures were more complicated.

Here’s an excerpt from the interview:

“For our funds, we actually have funds from the APBD directly, from the BOK and JKN. There is already a special budget for NCD’s. In terms of funds.... eee... from the activities, the BOK is enough. Well... Constraints in the arrangements at the service, yes..., now the BOK down through the service is hampered because the disbursement is sometimes not routine and quite complicated” (KP-1)

“For funds are sufficient. Only BOK disbursement is uncertain, although BOK is more flexible in its use. JKN is definitely JKN only for participants” (KP-6)
Facility
The standard of facilities in this study was prepared based on the technical guidelines for NCD’s services at the puskesmas. Screening and detection facilities in all puskesmas have been met except for hearing aids. Extension facilities as IEC media already exist, but there are still puskesmas that do not have counseling aids in the waiting room in the form of audiovisual media. Cryotherapy tools as a follow-up to the Iva Test screening and UBM Clinic are only available at accredited health centers.

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Accredited Puskesmas</th>
<th>Unaccredited Puskesmas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening and early detection efforts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension screening equipment</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td></td>
</tr>
<tr>
<td>Obesity screening equipment</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td></td>
</tr>
<tr>
<td>Body fat detection equipment</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td></td>
</tr>
<tr>
<td>Blood sugar test kit</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td></td>
</tr>
<tr>
<td>Cholesterol test kit</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td></td>
</tr>
<tr>
<td>Iva test kit</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td></td>
</tr>
<tr>
<td>Visual acuity check tool</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td></td>
</tr>
<tr>
<td>Hearing acuity checker</td>
<td>− − − − − −</td>
<td></td>
</tr>
<tr>
<td>Promotional Effort</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leaflet brochure</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td></td>
</tr>
<tr>
<td>Flip chart</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td></td>
</tr>
<tr>
<td>Diet counseling aid</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td></td>
</tr>
<tr>
<td>Audio-visual counseling facilities</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td></td>
</tr>
<tr>
<td>Counseling facilities in the waiting room</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>− − − − − −</td>
</tr>
<tr>
<td>Further efforts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cryo Therapy</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td></td>
</tr>
<tr>
<td>UBM Clinic</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td></td>
</tr>
<tr>
<td>Recording and reporting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4. TNCD prevention and control equipment at Puskesmas in 2017

Here’s an excerpt from the interview:

“The health facilities for the health of the public health center do not yet have the equipment. for Cryo there are already 3 Puskesmas, currently being prepared in 6 puskesmas, and in 2018 they are applying for a physical DAK for 4 other puskesmas” (D-1)

“The facilities for our NCD’s screening activities are sufficient... but not for sharp hearing. There are also sufficient facilities for counseling outside the building and inside the building. for audio-visual counseling in our building, we already have it...” (KP-3)

1. Method
The methods assessed in this study were SK, SOP and guidelines used by the Puskesmas as a reference for implementing activities. Based on information, it is known that the SK or the appointment of NCD officers is made by the Head of the Puskesmas, all accredited Puskesmas have made a decree, while the unaccredited Puskesmas are still in the drafting stage. SOPs for prevention and control of NCD’s do not yet exist in all Puskesmas. There are no specific guidelines for P2NCD issued by the Health Office, but there is a policy that NCD’s screening must be carried out at the Puskesmas. Socialization activities on MSS have been carried out by the health office but have not run optimally. This is because there has been no special socialization activity on MSS.

As outlined in the following interview excerpt:

“ The decree doesn’t exist yet, we just have a distribution of program holders for diabetes hypertension, Iva test, soul and senses” (KP-5)

“The SOP for our NCD’s screening already exists. In the implementation there is an audit team that monitors the compliance of officers” (KP-2)

“There has been socialization of SPM, but it is being compiled at the city level regarding City SPM, if you say you understand about DO yet, even the program holders are still confused. Finally, we ask the health office to disseminate information to each program holder” (KP-3)
A. Process

The process seen from this research is the three stages of Puskesmas management planning (P1), Mobilization and Implementation (P2), Supervision, Control and Assessment (P3).

Planning (P1)
The information related to planning activities are including how the process of P1 activities and how the RUK, RPK, and not KAK documents in accredited health centers and health centers have not been accredited in Cimahi City.

At the accredited Puskesmas, it has been carried out through the stages of analyzing the Puskesmas data. Meanwhile, at Puskesmas that have not been accredited, these stages have not been carried out. Based on the Puskesmas document review, all accredited Puskesmas have made a KAK of activities. The KAK is made by all program managers, including those in charge of the NCD’s program. In contrast, all unaccredited Puskesmas have no KAK for NCD’s activities. In addition, based on a review of documents and information from accredited Puskesmas informants, a monthly POA has also been carried out as a reference for the person in charge of the program in one month’s activities. As outlined in the following interview, excerpt:

“For puskesmas that have been accredited, documents such as SOP, KAK, POA they already exist, at the time of assistance we help the process of preparation. For puskesmas that have not been accredited yet. Actually, you don’t have to wait for accreditation for that, because the head of the health center and the head of the TU have received training on Puskesmas management” (D-3)

“Indeed, since preparation for accreditation, we have made KAK program and monthly POA, because they are required” (P-2)

Mobilization and Execution (P2)
The implementation aspect seen in this research is the activities that have been carried out related to the PTM prevention and control program, as well as the implementation of monthly mini-workshops and quarterly workshops at accredited and unaccredited health centers.

At accredited and unaccredited Puskesmas in the form of cross-program coordination, cross-sectoral coordination in the form of monthly cadres and quarterly mini-workshops have been running. However, for quarterly mini-workshops, it is felt that there is less focus on discussing problems in the region because the activities are carried out in the sub-district, which consists of several Puskesmas.

Based on information from the Head of the Puskesmas, it is known that monthly Lokin activities in all Puskesmas have been running. However, there are still problems with the schedule, whether in the middle or at the end of the month

“Internal monthly working hours at the puskesmas, staff meetings have started but are still having problems with the schedule, sometimes they are held in the middle of the month and even at the end of the month” (KP-5)

“We call our monthly Mini-workshop a staff meeting, it’s been done routinely. Discussing the results of program coverage, problems related to program implementation and discussing follow-up actions or if there are those who have finished training, information dissemination can also be carried out at staff meetings” (KP-2)

Cross-sectoral coordination activities in the form of monthly mini-workshop cadres and quarterly mini-workshop. Monthly Mini-workshop cadres are held regularly every month. However, for Mini-workshop, NCD’s Posbindu cadres vary between Puskesmas.

Schedule of Mini Cadre Workshop in 2017

<table>
<thead>
<tr>
<th>No</th>
<th>Puskesmas</th>
<th>Posyandu Cadre and PKK Mini Workshop</th>
<th>Posbindu Cadre Mini Workshop</th>
<th>NCD Posbindu Cadre Mini Workshop</th>
<th>Quarterly Mini Workshop (Joint Activities)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Central Cimahi</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Once a year</td>
<td>Every 3 months</td>
</tr>
<tr>
<td>2</td>
<td>Cipageran</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Every 3 months</td>
<td>Every 3 months</td>
</tr>
<tr>
<td>3</td>
<td>South Cimahi</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Every 3 months</td>
</tr>
<tr>
<td>4</td>
<td>Leuwigajah</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Every 3 months</td>
<td>Every 3 months</td>
</tr>
<tr>
<td>5</td>
<td>Pasir kaliki</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Every 3 months</td>
<td>Every 3 months</td>
</tr>
<tr>
<td>6</td>
<td>Central Cigugur</td>
<td>Monthly</td>
<td>Monthly</td>
<td>-</td>
<td>Every 3 months</td>
</tr>
</tbody>
</table>

“The Posyandu Cadre Mini-workshop is routinely held every month, usually when this Mini-workshop the cadres collect monthly reports” (P-5)
“The NCD’s Posbindu Mini-workshop has not yet, but the Posbindu Mini-workshop already exists, then there is a refreshing activity or capacity building for cadres once every 1 year, if the funds are sufficient, we can do it twice”. (KP-6)

2) Supervision, Control and Assessment (P3)

Supervision of Puskesmas is divided into two, namely internal and external supervision. Internal supervision is supervision carried out by the Puskesmas itself, both by the Head of the Puskesmas, the internal audit team and each person in charge and program manager/implementer. Meanwhile, external supervision can be carried out by the Health Office. The supervision carried out includes administrative aspects, resources, program performance achievements, and technical services. Accredited and unaccredited Puskesmas are running but not optimal. Supervision activities from the head of the puskesmas to the administration are usually carried out at the time of collecting monthly reports. Supervision activities from the head of the Puskesmas to the administration are usually carried out when of collecting monthly reports. However, it is not explained what the aspects of the supervision are.

Based on information from the Health Office, monitoring and evaluation activities are carried out every three months to the Puskesmas for recording, reporting, or implementing activities.

“Supervision activities from the service already exist, in the form of Monev RR activities but they are not yet optimal” (KP-3)

“Supervision activities from the service on reports, on program implementation and obstacles do not yet exist, the service comes to supervise activities like that.” (KP-5)

Guidance activities for Posbindu NCD’s have been carried out even though they are not optimal. Assistance by the Puskesmas by providing technical assistance and Puskesmas facilities during the NCD’s Posbindu schedule in the region. Other activities such as selecting exemplary cadres, selecting exemplary NCD’s Posbindu, and conducting comparative studies for NCD’s Posbindu have not been carried out. As outlined in the following interview excerpt:

“Posbindu cadre development every 5 years, there is refreshment, the Service together with the Puskesmas monitors the results of Posbindu activities. There have been no NCD’s posbindu assessment activities and high achieving NCD’s posbindu cadres”. (D-2)

B. The Accreditation of Puskesmas

1. Stages of Accreditation

The stage of assisting the accreditation of Puskesmas in Cimahi is to raise commitments at the Puskesmas as the first step, then raise cross-sectoral commitments. Workshop activities aim to improve understanding of accreditation. A self-assessment activity was carried out to assess the condition of the health center; then, as a follow-up to the self-assessment activity, a POA was prepared regarding what preparations needed to be made and what documents needed to be prepared. The next stage is the preparation of the document, which is followed by implementation. The documents prepared include SK policy documents, SOP as the basis for activities and traceability documents as evidence of implementation. After implementation, a pre-survey assessment is a basis for submitting the Puskesmas for accreditation assessment.

“Accreditation stage, first is internal socialization of the formation of a joint commitment, because this commitment is very important for preparation for accreditation, then cross-sectoral socialization. Next is mentoring, about 9 months of preparation. We are accompanied by 2x a month now. During this mentoring, we exposed 776 Elements of accreditation assessment”. (KP-2)

“Stages Accreditation assistance activities are raising commitments at the Puskesmas as the first step, then raising cross-sectoral commitments, after that understanding the accreditation, followed by a self-assessment to assess how the condition of the health center is, compiling a POA related to what preparations will be made. Next is document preparation, followed by implementation. After implementation, a pre-survey assessment is carried out as the basis for submitting the puskesmas for accreditation assessment”. (D-3)

2. Accreditation and The Performance of Puskesmas

The aspects of the monitoring assessment are the achievement of service activities, service management, and service quality.
Results of Puskesmas’ Performance Assessment in 2017

<table>
<thead>
<tr>
<th>Rating Type</th>
<th>Accredited Puskesmas</th>
<th>Unaccredited Puskesmas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Central Cimahi</td>
<td>Cipageran</td>
</tr>
<tr>
<td>Service Coverage</td>
<td>69.54</td>
<td>72.72</td>
</tr>
<tr>
<td>Management</td>
<td>9.07</td>
<td>7.77</td>
</tr>
<tr>
<td>Service Quality</td>
<td>9.01</td>
<td>7.86</td>
</tr>
<tr>
<td>Final Result</td>
<td>85.59</td>
<td>83.32</td>
</tr>
</tbody>
</table>

The result of the highest PKP assessment was at PasirKaliki Public Health Center at 86.83, and the lowest was at Central Cigugur Public Health Center at 76.19. The average final result of the PKP assessment at the accredited Puskesmas is higher than the unaccredited Puskesmas. The management and quality of service at the accredited Puskesmas are higher than the unaccredited Puskesmas. In conclusion, the evaluation of the implementation of the CQI, Plan-Do-Check-Act cycle, has been implemented at the Puskesmas, although it is not yet optimal.

DISCUSSION

A. The Execution of P2NCD Program

The output of the NCD’s Prevention and Control Program in this study was assessed by looking at two components, namely an assessment of the implementation of the NCD’s Posbindu and an assessment of the scope of NCD’s program activities at the Puskesmas. Assessment of the NCD’s Posbindu by looking at the aspects of cadres, facilities, funds from the community and partnerships, recording and reporting, and activities at Posbindu. This aspect of the assessment refers to the guidelines for the implementation of the NCD’s Posbindu.

1. Posbindu NCD

The assessment of Posbindu NCD’s in research uses composite variables, with a composite variable score calculation technique consisting of five assessment dimensions, including the Cadre dimension, Facilities consisting of screening and basic examination facilities, screening and further examination facilities, IEC facilities, and supporting facilities. Furthermore, the dimensions of funds from the community and partnerships, recording and reporting, and Posbindu activities.

From the T-test results, it can be concluded that the average score of Posbindu NCD’s at accredited Puskesmas is higher than that of Puskesmas not yet accredited. When viewed from each of the assessed dimensions, the average score for the dimensions of cadres, facilities, and activities of NCD’s Posbindu at accredited Puskesmas is higher than that of unaccredited Puskesmas. While the scores for the dimensions of community funds, partnerships, and recording and reporting show insignificant results.

Posbindu recording and reporting activities have run well in all Posbindu, both accredited and unaccredited health centers. However, the recording and reporting of web based NCD’s FR Surveillance have not been implemented due to the limited capacity of cadres and the lack of internet facilities. These findings are in line with research conducted by Zakiah. Reporting on the results of activities through the web has not been used by cadres, because they have not received training. Based on a review of the DPPA document for the NCD’s section of the Health Service in 2016-2017 (7).

It is necessary to conduct training and refresh the material for Posbindu cadres. This is in line with research conducted by Wahyuni that knowledge of cadres increased by 24.5% after training (8). There is an influence on cadre refreshing activities on the skill level of cadres (9). Research that mentions the need for more effective capacity building (education, training and incentives) for posyandu cadres so that posyandu cadres have the power (10).

The number of NCD’s Posbindu that have funding from the community and which have carried out partnership activities with the private sector is only around 20-25% both at accredited health centers and unaccredited health centers. This lack of community participation shows that community empowerment is not optimal. This is in line with research conducted by Fadillah (11) The concept of empowerment in UKBM is decreasing because most of the funding comes from the APBN and APBD. Other research states that community participation and socialization of NCD’s posbindu activities are still lacking (12).

It is necessary to increase community empowerment to optimize the role of the community in health, through activities by coordinating with the kelurahan, PKK, RT, RW and related sectors to support the prevention and control of NCD’s. Conduct cross-sectoral collaboration with policy
makers and stakeholders to explore so that CSR can become a program that must be followed by factories and business units in the Cimahi City area. As mentioned by Mapisangka in a study in Batam City that the company’s CSR activities have a positive influence on improving people’s welfare (13). While according to Grover, one of the NCD’s prevention strategies by utilizing community support.

2. The Scope

The NCD’s prevention and control program at the Puskesmas emphasizes more on promotive and preventive activities. However, curative activities are still being implemented. This study assessed the prevention and control programs by looking at the Coverage of Hypertension Screening, Diabetes Mellitus Screening, Iva Test Screening & Breast Clinical Examination, and Counseling at the Puskesmas.

The analysis results show that the average coverage of NCD’s prevention and control activities at accredited Puskesmas is higher than that of unaccredited Puskesmas. However, when we looked at the details of the activities, it was found that the difference between the IVA test, CBE screening, and HT screening activities between accredited and unaccredited Puskesmas was insignificant. Activities for Hypertension Screening, Diabetes Mellitus Screening, Iva Test & Breast Clinical Examination, and Counseling at the Puskesmas.

The results showed that in terms of quantity, human resources were insufficient to implement NCD’s prevention and control programs, both at accredited and unaccredited health centers. From the quality of human resources, there are still puskesmas who have not received NCD’s training. The number of human resources is inadequate because many programs must be carried out by the Puskesmas, while the existing human resources are limited. The limited number of human resources at the Puskesmas has caused the Puskesmas officers to hold multiple programs. It leads to the implementation of NCD’s prevention and control activities becoming less than optimal.

The lack of human resources will affect the implementation of the NCD’s prevention and control program. This lack of human resources is especially felt for screening and early detection of NCD’s risk factors outside and inside the building. This is in line with research conducted by Miranti that limited quality and quantity of human resources affect program achievement (16). In another study, it was also stated that the availability of human resources positively impacted the achievement of PHBS (17).

To overcome these HR-related problems, the Puskesmas should review the division of tasks to achieve program equity. Heavy-duty programs do not fall on one person. In addition, the procurement of non-civil servant human resources for TU staff with administrative duties to reduce the burden on officers in administration and accountability reports.

2. Funding

Cimahi City’s 2016 health budget allocation was 18.22%, and 21.65% in 2017. The percentages following Health Law Number 36 of 2009 require a minimum health budget allocation of 10% of the total APBD. The allocation of funds to Health Office decreased from 7.2% to 3.97%.

This study also finds that absorption of the non-Physical Special Allocation Funds of the BOK averages around 50%. This low absorption was caused by a change in the mechanism for the absorption of BOK funds. The absorption of BOK funds since 2016 uses the DAK mechanism entered through the regional treasury, and the disbursement process uses the APBD mechanism. This change in mechanism affects the implementation of activities at the Puskesmas, especially SME activities because the process of disbursing funds is hampered.
The Puskesmas complained about the more complicated disbursement procedure and the funds that were not routine every month. This causes the implementation of SME activities at the Puskesmas to be less than optimal, one of which is the prevention and control of NCD’s. Based on research conducted by Fadrianti, the availability of funds affects the achievement of PHBS. However, with a sufficient budget, there can also be failure to achieve targets caused by improper financial management (17).

3. Facility
Screening and detection facilities at accredited and unaccredited health centers have been fulfilled even though they have not been maximized. Extension facilities such as IEC media already exist, but the Puskesmas has not yet been accredited and does not yet have extension aids in the waiting room in the form of audiovisual media. Cryotherapy equipment and new UBM clinics are available at accredited Puskesmas. Limited facilities will affect the implementation and achievement of the program. The limited number of cryotherapy equipment and facilities for UBM clinics means that services cannot be carried out even though there are trained staff.

With the many sources of funding for the Puskesmas, it is hoped that the Puskesmas will be able to budget for activities and facilities to facilitate service and program implementation, including the prevention and control program for NCD’s. The availability of adequate resources in terms of quantity and quality is one of the basics in shaping the organizational capacity of the Puskesmas (18).

4. Methods
From the results of the study, it was found that the appointment of NCD’s officers was made by the Head of the Puskesmas. SOP is a guideline or reference for carrying out work tasks according to government agencies’ functions and performance appraisal tools based on technical, administrative and procedural indicators according to work procedures, work procedures, and work systems in units in the work unit concerned.

This study found that an SOP for physical and laboratory examinations is already provided at the Puskesmas. However, there are no SOPs for the prevention and control of NCD’s in all Puskesmas. At an accredited Puskesmas, the implementing officer proposes the SOP to the coordinator.

At the accredited Puskesmas, there is already a mechanism for evaluating compliance with officers in implementing SOPs, which is carried out by the audit or quality control team. The implementation of monitoring of compliance by these officers is incidental. From the results of the study, it was also found that there were no SOPs or specific guidelines regarding the prevention and control of NCD’s programs issued by the Health Service. However, there was a policy that there must be an implementation of NCD’s screening at the puskesmas. The absence of SOPs as a reference for activities can cause the services provided not to be standardized. Therefore, making an SOP a reference in the NCD’s prevention and control program is necessary.

C. Process
Based on Permenkes No.44 of 2016 it is explained that management is a series of processes consisting of planning, organizing, implementing, and controlling (Planning, Organizing, Actuating, Controlling) to achieve goals/objectives effectively and efficiently. The management of the Puskesmas consists of three stages of activities, namely Planning (P1), Mobilization and Implementation (P2), Supervision, Control and Assessment (P3).

1. Planning (P1)
At the accredited Puskesmas, a series of planning activities had been carried out in accordance with the management of the Puskesmas, and there was already a planning team. The preparation of the annual plan is carried out through the stages of data analysis of activity results, availability of resources, problem analysis from the community's point of view and analysis of community needs, which are carried out through Self Insight Surveys (SMD) and Village Community Deliberations (MMD). Meanwhile, the unaccredited Health Center has not gone through all these stages. The assessment of planning documents by looking at PKP achievements and program evaluation. There have been no problem analysis activities from the community's point of view and analysis of community needs, which were carried out through the Self Insight Survey (SMD) and Village Community Deliberations (MMD).

At the RUK-accredited Puskesmas, it is proposed by the officer in charge of the program, which is prepared based on problem analysis. This RUK is then proposed to the planning team. The proposal, prepared by the person in charge of the program, becomes an input for preparing the RUK at the Puskesmas level. Meanwhile, in unaccredited Puskesmas, the RUK has not been proposed by the officers. It is usually prepared by the head of the Puskesmas and the treasurer. As the RUK, the Terms of Reference (KAK)/TOR and the POA Planning Of Action are prepared by the person in charge. These documents make activities at the Community Health Center more planned. The goals to be achieved and the activities to be carried out to achieve the goals are also apparent. These documents need to be compiled by all Puskesmas as a reference in
implementing activities. This follows research conducted by, which states that implementing Puskesmas activities is influenced by planning, organizing, and controlling (19). Accreditation is a tool to improve quality with leadership, commitment and strategic planning components as quality determinants (20).

It is recommended that the Puskesmas and the Health Office carry out a planning cycle in making activity plans, so that the planned activities are in accordance with the needs. So that it is hoped that it can solve health problems that occur in the region.

2. Mobilization and Execution (P2)

Based on the Minister of Health Regulation No. 44 of 2016. Stage of the movement of program/activity implementation can be done in various ways, including official meetings, briefings at employee meetings, implementation of activities from each program according to the schedule in the monthly Activity Implementation Plan, or through forums established specially for that

The study’s results showed that monthly mini-workshop activities in all Puskesmas had been running. This internal mini-workshop activity is called a staff meeting, carried out as cross-program coordination, discussing program coverage and problems arising in implementing activities. This activity is also used to socialize when there are new programs and activities and to disseminate material information if officers are participating in training.

The results of the study also found that cross-sectoral coordination activities at the Puskesmas in Cimahi City were quarterly mini-workshop. Monthly mini-workshop for cadres, monthly mini-workshop for elderly Posbindu, monthly mini-workshop for NCD’s Posbindu cadres and quarterly mini-workshop. Mini-workshop for cadres has been carried out routinely in all Puskesmas, but for Special mini-workshop for Posbindu NCD’s cadres it is carried out differently at each Puskesmas. At Puskesmas that have not been accredited, there are Puskesmas that do not carry out NCD’s Posbindu lokim activities at all.

Quarterly mini-workshop cross-sectoral coordination has been carried out regularly every three months to raise and increase cross-sectoral cooperation. Quarterly mini-workshop activities are carried out with the sub-district and involve all health centers in the same sub-district. However, because this activity involved all Puskesmas in the sub-district area, the process of discussing the problem was not focused. Cross-sectoral coordination activities are more effectively carried out in monthly mini-workshop activities with the kelurahan as the owner of the area, because the

puskesmas can focus more on describing activities, program achievements and health problems faced. It is necessary to involve village officials such as the head of the village, the head of the empowerment section in this monthly mini-workshop. So far, this monthly cross-sectoral Mini-workshop has been carried out at the Puskesmas by inviting PKK and representatives from the kelurahan.

3. Supervision, Control, and Assessment (P3)

The results of the study found that internal control activities had been carried out both at accredited health centers and at unaccredited health centers. Supervision activities from the head of the puskesmas to the administration are usually carried out during monthly report collection and discussed in monthly mini-workshops.

Supervision from the Health Office has been carried out in the form of monitoring and evaluation activities for recording and reporting. Monitoring and evaluation activities are carried out every three months to the puskesmas, both for recording and reporting or implementing activities.

The development activities for Posbindu NCD’s have also been carried out, although not optimally. One of these coaching activities is mentoring by the Puskesmas by providing technical assistance and facilities during the NCD’s Posbindu schedule in the region. However, other activities such as selection of exemplary cadres, selection of exemplary NCD’s Posbindu, implementation of comparative studies for NCD’s Posbindu have not been carried out. This activity needs to be carried out in addition to providing motivation to cadres as well as a way to evaluate NCD’s Posbindu. ommitment is needed from the Puskesmas and the Health Office by providing technical support and adequate budget allocations to carry out activities. This is in line with research that states that practitioners must be committed to providing guidance, consultation, and stakeholder support (11).

4. NCD’s Outcome Comparison

The number of hypertension cases at accredited Puskesmas in 2017 decreased compared to the previous year. Meanwhile, at the Puskesmas that have not been accredited, cases of hypertension have increased. Hypertension cases at unaccredited health centers are higher than accredited health centers.

The number of positive Iva tests and Puskesmas tumors in 2017 decreased compared to the previous year. In 2016, the total number of positive Iva tests at accredited health centers was 1.99%, down to 1.15% in 2017. Meanwhile at unaccredited health centers there were no positive Iva test cases and tumors netted in 2016, in 2017 found as many as 3.08% Iva test positive and 1.52% tumor cases. Iva
Test and tumor cases at unaccredited Puskesmas are higher than those at accredited Puskesmas. Accreditation is a form of standardization of services at Puskesmas which emphasizes structural standards to improve service quality (21). Accreditation is associated with implementing standards, procedures, improving working conditions, improving quality management and planning, enhancing management and leadership roles (22). Accreditation is a tool to improve quality with components of leadership, commitment and strategic planning as quality determinants (20).

D. Accreditation

Puskesmas accreditation assesses three service groups at the Puskesmas, namely: the management administration group, which consists of the administration of puskesmas services, the leadership and management of the puskesmas, and improving the quality of the puskesmas. The main objective of the accreditation of Puskesmas is to foster quality improvement, performance through continuous improvement of the management system, quality management system and service delivery system and programs, as well as the application of risk management.

The results of the study revealed that the role of the City Health Office in terms of preparation is coaching and mentoring. The Accreditation Assistance Team consists of three people, one administrative and management assistant, one UKP assistant and one UKP assistant. The accompanying TEAM had previously received training on mentoring in the accreditation of Puskesmas and had been determined through a decree from the Head of the Cimahi City Health Office. The coaching team is all section heads and heads of fields who carry out coaching related to the implementation of service activities. Mentoring activities assist Puskesmas in understanding accreditation and preparing documents. Research finds that technical assistance is related to accreditation progress (p=0.01) mainly to requirement (23).

Based on information from the informants, it was found that accreditation affected on the performance of the Puskesmas. With the accreditation, the performance indicators are more planned so that the achievement is more focused. In the preparation of planning documents by looking at the achievement of targets, input from the community, there are proposals from program holders. This is in accordance with research conducted by Ensa which states that the implementation of the Puskesmas accreditation policy has a positive and significant impact on the management of public health services in realizing work productivity (24). Other studies suggest that Accreditation is one possible way to ensure service quality (25). There is a shift in the

Accreditation also affects the HR of the Puskesmas, because of the standardization of activities at the Puskesmas to be more planned. The goals to be achieved and the activities to be carried out to achieve the goals are also clear. At accredited health centers, documents such as KAK, POA, RUK have also been made by the program holder. Accreditation was significantly associated with higher performance in six of the eight domain scores including HR of health care agencies (23).

CONCLUSION AND RECOMMENDATION

A. Conclusion

Based on the results of the discussion in this study, several conclusions can be drawn, namely:

1. In general, the implementation of the NCD’s prevention and control program at the accredited Puskesmas is better than the unaccredited Puskesmas (Posbindu NCD’s implementation and the scope of activities of the Puskesmas). The average total score of NCD’s Posbindu at accredited health centers is higher than that of unaccredited health centers. Dimensions of assessment, dimensions of cadres, facilities and activities of Posbindu at accredited Puskesmas are better than those at unaccredited Puskesmas. However, the scores for the dimensions of community funds & partnerships and recording and reporting showed insignificant results. The average coverage of NCD’s prevention and control activities at accredited health centers is higher than that of unaccredited health centers. DM screening and health promotion activities at accredited health centers are better than unaccredited health centers. While the Iva Test and HT screening activities showed insignificant results.

2. Input components include human resources, funds, facilities and implementation instructions. In terms of human resources, it is still inadequate because many program must be carried out by the Puskesmas, while the number of human resources is limited. In terms of adequate funds, the highest budget allocation is for promotive and preventive activities: counseling, screening, home visits, and cross-program and cross-sector coordination. Fund absorption is still low. The screening and detection facilities have been met, although not optimally. At the Puskesmas, the extension facilities have not been accredited as IEC media in audiovisual media, Cryotherapy Equipment and UBM clinics do not yet exist. Implementation of the Instructions for accredited health centers already have SOPs, while those for health centers that have not been accredited are still in the drafting stage. However, there are no SOPs for the prevention and control of NCD’s
in all Puskesmas. There is already a mechanism. The audit or quality control team assesses officer compliance in implementing SOPs. There is no SOP or specific guidelines related to the prevention and control of NCD’s programs issued by the Health Office. However, there is a policy that there must be an implementation of NCD’s screening at the Puskesmas.

3. Process components include planning (P1), Organizing and mobilizing (P2) and Supervision and Control (P3).

Planning (P1). At an accredited Puskesmas, a series of planning activities have been carried out in accordance with the management of the Puskesmas and there is a planning team. The RUK is proposed by the program’s officer in charge, which is prepared based on problem analysis. Activity References (KAK)/TOR, and POA Planning of Action as a reference for the implementation of activities are also prepared by the officer in charge of the program. The existence of these documents makes activities at the Community Health Center more planned. The goals to be achieved and the activities to be carried out to achieve the goals are also clear. Organizing and mobilizing (P2) Coordination activities across staff meeting programs have been routinely carried out at accredited and unaccredited Health Centers. Cross-sectoral coordination includes monthly mini-workshop for cadres, monthly Mini-workshop for elderly Posbindu, monthly Mini-workshop for NCD’s Posbindu cadres and quarterly Mini-workshop. There are still unaccredited Health Centers that do not carry out Lokim Posbindu NCD’s activities. Cross-sectoral coordination activities are more effectively carried out in monthly mini-workshop activities with the kelurahan as the owner of the area, because the puskesmas can focus more on describing activities, program achievements and health problems faced. Supervision and Control (P3). Although not optimal, internal supervision has been carried out both at accredited and unaccredited health centers. Supervision activities from the head of the puskesmas to the administration are usually carried out when collecting monthly reports and discussed in the monthly mini workshop. Supervision from the Health Office has been carried out as monitoring and evaluation activities for recording and reporting, monitoring and evaluation activities are carried out every three months to the puskesmas, both for recording and reporting or implementing activities. The development activities for Posbindu NCD’s have also been carried out, although not optimally. One of these coaching activities is assistance and visits during NCD’s Posbindu activities. However, the selection of exemplary cadres, selection of exemplary NCD’s Posbindu, and comparative studies for NCD’s Posbindu have not been carried out. Continuously Quality Improvement To achieve quality improvement as the main objective of Puskesmas Accreditation, it is still not optimally carried out. The function of developing comprehensive and strategic policies to address public health problems needs to be improved, one of which is community empowerment.

B. Recommendation

Health Office

1. Encouraging Puskesmas to carry out Continuous Quality Improvement to achieve quality improvement as the main objective of Puskesmas Accreditation. And improving the function of comprehensive and strategic policy development to address public health problems needs to be improved, one of which is community empowerment.

2. Conduct cross-sectoral collaboration with policymakers and stakeholders to explore so that CSR can become a program that factories and business units must follow in the Cimahi City area.

3. Carry out activities to improve the capacity of officers and cadres regarding the prevention and control of NCD’s, including on web surveillance reporting.

4. Conduct cross-sectoral collaboration to establish NCD’s Posbindu in unique settings, including schools, workplaces, pilgrims/KBIH, and public places, to reach the productive age target.

5. Conducting the selection of exemplary cadres, selecting exemplary NCD’s Posbindu or conducting comparative studies for NCD’s Posbindu to increase motivation and as a way to evaluate NCD’s Posbindu.

6. Improve cross-program/inter-sectoral collaboration so as to facilitate coordination, because NCD’s activities cover several fields.

Puskesmas

1. Improving Continuous Quality Improvement to achieve quality improvement is the main objective of Puskesmas Accreditation.

2. Improving the function of developing comprehensive and strategic policies to address public health problems needs to be improved, one of which is community empowerment by coordinating with sub-districts, PKK, RT, RW and related sectors to support the prevention and control of NCD’s.
3. Refreshing cadres to improve cadre abilities
4. Equitable distribution of HR responsibilities and tasks, so that programs with large burdens are evenly distributed.
5. Make a special SOP for the prevention and control of NCD’s as a guide for officers in implementing the program
6. Allocate sufficient resources to support NCD’s prevention and control activities including budgets, facilities, non-civil servant human resources for TU staff with administrative duties to reduce the burden on officers in administration and accountability reports
7. Improving the implementation of the UBM Clinic by maximizing the available resources including budget allocation for the provision of facilities
8. Implementing Health Center Management starting from Planning (P1), Mobilizing and implementing (P2), Supervision, controlling and assessment (P3).

REFERENCE


