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## Planning Analysis of Human Resource Needs at Public Health Centers in Pegunungan Bintang Regency

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### Abstract

**Background:** The Planning of Human Resources for Health (HRH) is carried out by adjusting health development needs, locally, nationally and globally. The calculation of HRH needs can be guided by the standard minimum labor force method, namely Health Minister Regulation (HMR) No 75 of 2014. Human resources at Public Health Center (PHC) in Pegunungan Bintang Regency have not yet met the criteria set out in the HMR No. 75 of 2014. Out of the 30 PHCs, 22 of them each have just 1 State Civil Apparatus (SCA) human health resources, 5 PHCs each have 5 SCAs human health resources, 1 PHC has 6 SCAs human health resources, 1 PHC has 7 SCAs human health resources, and 1 PHC has 10 SCAs human health resources.

**Research Objectives:** The objective of this study is to determine the planning of human resource health needs at the Public Health Centers in the work area of Pegunungan Bintang Regency Health Department. **Method of**

**research:** Research was conducted at the the Pegunungan Bintang Regency Health Department. Qualitative research is the research method. The data collection techniques used was in-depth interviews and focus group discussions. Data processing techniques include data reduction, presentation of data, drawing conclusions. The data were analyzed qualitatively. **Results:** The results showed that the Chief of the Public Health Center did not involve in the planning for HRH needs. The inadequate comprehension of the employees of the Health Department in implementing HMR No.75 of 2014. There is no budget for recruiting the HRH Civil Servant Candidates (CSC) in the Health Department. The facilities and infrastructure available in the Health Office are inadequate. The provision of CSC, which is not an annual quota, is limited for health workers.

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The distribution of HRH is mostly congested in the City Health Centres, and the state civil apparatus (SCA) is sometimes not available in the PHC. The Pegunungan Bintang Regency Health Department should plan HRH needs with a cross-sectoral involvement and implement the SCA Discipline Act.

**Keywords:** Planning; needs; Health Human Resources; Public health center.

## **1. Introduction**

Health is one of the main components of the Human Development Index (HDI) that can support the development of healthy, intelligent, qualified and skilled human resources for the success of health development. Health development is one of the fundamental rights of society, namely the right to access health services. There has therefore been a shift in perspective (mindset) from the sick paradigm to the healthy paradigm in line with the vision of a healthy Indonesia in the implementation of health development. The World Health Organization (2006) reports that health workers contribute up to 80 per cent to the success of health development and that one of the best ways to solve the human resources (HR) health crisis is through education and training, along with the improvement of HR management policies [1]. The Australian Graduated School of Management conducted research on 541 organizations, with the result that only 37 per cent had a science-based HR planning system and 41 per cent had no good HR planning system and the remaining 12 per cent had no HR planning at all. The results of this study show that even though only one third of the organizations in developed countries have an HR planning system, the majority of 63% have not carried out an HR planning function at all, which ultimately has an impact on the low quality of performance and productivity [2]. Human resources planning is a systematic process used to predict demand and supply of human resources in the future. In simple terms, an analysis of the needs of employees is a logical and orderly process of analysis in order to comply with the number and quality of employees required by the organizational unit. The aim is for every employee in all organizational units to be given a job in accordance with their duties and responsibilities [3]. Decentralization in Indonesia was implemented in 2001, bringing rapid changes to all developments, including the health sector. The role of human resource health planning is shifted to local governments to achieve comprehensive, integrated and sustainable health development goals. Efforts to improve the quality and quantity of human health resources are one of the indicators of success in the development of health development goals [4]. Human resource planning is an activity to gather and use information to support investment decisions in various human resource activities. HRH planning is carried out by adjusting health development needs, locally, nationally and globally. The calculation of HRH needs can be guided by three methods, namely: analysis of workload, minimum labor standards and population ratios [5]. The plan of HRH needs is limited to only 13 (thirteen) types of health personnel, namely specialist physicians, general practitioners, dentists, nurses, midwives, dental nurses, pharmacists, health workers, nutrition workers, community health workers, physical therapists, and medical and technical personnel. The mandate of Health Act No. 36 of 2009 stipulates that the Government shall regulate the planning, procurement, utilization and quality control of health personnel in the context of the provision of health services. The Ministry of Health's Strategic Plan 2010-2014, as stipulated by Decree No. 021/MENKES/SK/1/2011 of the Minister of Health of the Republic of Indonesia, was renewed by Kepmenkes Number 32/Menkes/SK/1/2013, where one of the Missions of the Ministry of Health is to ensure availability and equity of health resources. Availability and distribution of health resources, including health personnel who are

sufficient in number, type and quality and who are effectively distributed in accordance with the interests of the community in a fair manner, particularly in the Disadvantaged Border and Icelandic Areas (DTPK) and areas with health problems. In Indonesia, Lukman's research (2005) entitled Analysis of the needs and distribution of staff at the Aceh Besar District Health Centre, concluded that there was a gap between the needs and the condition of staff in the PHC due to the lack of human resource planning professionals, not using the staff calculation method, and the lack of proper planning [6]. Marlinda (2011) concluded in her research, Analysis of the Health Personnel Planning System in the Mentawai Islands District Health Office, that the planning system was not working well due to incomplete data available and incorrect data, lack of socialization and policy information [7]. The condition of HRH in Indonesia shows the results of the 2017 Health Worker Research (Risnakes), as cited in the research by Mimi Sumiarsih and Iin Nurlinawati in Problems and Planning for Health Human Resources Needs in Districts/Cities in 2019, that the condition of HRH in PHC in Indonesia is still lacking (82.5 per cent), only 12.7 per cent of which stated that the conditions of labor force in PHC were in accordance of the minimum labor standards [8]. The ratio method also does not reflect the real need for health workers. Planning the needs of health personnel by analyzing the workload according to the Ministry of Health Regulation (MHR) No 75 of 2014 concerning Public Health Centers (PHC) is considered more appropriate [9]. With a lack of health personnel, a large working area, travel time for services to remote villages, and multiple tasks that increase workloads to reduce the quality of service. Likewise, the integrated recording and reporting system of PHC did not work properly. There are also health facilities that are not used due to the lack of health workers and the unequal distribution of health workers in each health facility. HR is the most important part of the implementation of the service, so this research will focus on human resources linked to the number of needs needed, together with a description of the qualifications needed later in the procurement of those needs. Because with a sufficient number and supported by the right qualifications, leadership or management will indirectly help to optimize human resources through the principle of the right person in the right place. On the basis of these problems, the researcher considers that it is important to analyze HRH. In this context, the researcher was interested in taking the title Planning Analysis of Health Human Resource Needs at PHC in Pegunungan Bintang Regency.

## **2. Materials and Methods**

This type of research is a type of qualitative research. The informants in this study were the Head of the Human Resources Planning and Development Section and 30 Heads of the PHC in Pegunungan Bintang Regency. The research was conducted from December 2020 to February 2021. Data processing techniques include data reduction, presentation of data, drawing conclusions. The data were analyzed qualitatively.

## **3. Result and Discussion**

### ***3.1. Human Resources that involved in the planning of HRH in the PHC***

#### ***3.1.1. The role of HR in the Planning***

Based on the informant's comment in the in-depth interview that those who involved in the planning were the

Head of the Health Human Resources Division, the Head of the Planning Subdivision, the Head of the Pegunungan Bintang Regency Health Department and the Papua Province Human Resources Division. Meanwhile, according to the Head of Sub-division for General Affairs and Staff, that the Head of PHC must also be involved in the planning of HRH. Based on the informants' statements (the head of PHC), that they were not involved in planning human resource needs which would actually be distributed to their work areas. The head of the PHC knows that the Health Department has planned human resources for their PHC, without any suggestion from the PHC staff. Based on the assertion of the supporting informant, it can be seen that the head of the PHC wants to be included in the HR planning process.

### ***3.1.2. The amount of HRH available at the PHC***

From the informant's explanation that the health human resources at the PHC have not met the quality or minimum level specifications for the workers at the PHC, as stated in the MHR N0.75 of 2014. The current staffs that have an SK to serve in the PHC are not disciplined in carrying out their duties as State Civil Servants. Overall, many employees have issues, including not being in the place of assignment without permission. This would have a huge effect on services to the community and improve the degree of wellbeing in the community.

### ***3.1.3. Understanding of MHR No.75 of 2014***

Based on the statement explained by several informants, MHR No.75/2014 is a rule that relates to the preparation of a PHC, such as workforce requirements, health equipment that must be in PHC and even PHC building standards. This regulation is also not fully understood and they have not read it.

### ***3.1.4. Guidelines used in the preparation of staff requirements in the PHC***

The criteria used were the application for Renbut, based on the argument explained by the informant. In the meantime, MHR No.75/2014 is a law that refers to the preparation of PHC, such as labor requirements, mandatory medical equipment in PHC, and PHC Construction Standards, which are not used as criteria for the planning of staff needs in PHC. The Ministry of Health Regulation No 75/2014 was not completely known and also because the informants had never read the document on minimum labor standards.

## ***3.2. Budget Resources in the planning for the provision of human health resources***

Based on statements clarified by several informants, the budgeting for the preparation of the State Civil Service workers is not carried out by the Health Office, but is governed by the Regional Civil Service Agency Regulation. HRH's recommendation to the PHC was made to the Regional Personnel Board on the basis of data from the Health Office, but the quota that has been planned for health workers must be shared with other staff quotas, which result in the use of a priority scale of labor needs that must take precedence, given that the quota of health workers offered does not conform to the planning that has been made.

## ***3.3. Methods for recruiting HRH in the PHC***

Based on statements that have been explained by several informants, in the use of methods in planning health human resources at the District Health Office of Pegunungan Bintang Regency, namely the Renbut application that has been connected with the Ministry of Health and KemenPANRB.

### ***3.4. Facilities and infrastructure at the PHC***

Based on the comments made by a number of informants, the facilities and infrastructures at PHC do not comply with MHR No. 75 of 2014 requirements, such as the lack of a clean water system, an electrical system, a medical waste management system, and insufficient PHC rooms and facilities. This also results in health human resources that already exist in PHC, not working and not on duty, since they are not assisted by equipments and tools at work. Good planning starts from input in the preparation of the organization at the PHC, namely Human Resources and supporting facilities and infrastructure that will produce output, namely maximum community service.

### ***3.5. The method of procurement of HRH in the PHC***

On the basis of the statements made by a number of informants that the human resource procurement process has not been organized and planned because it does not have a clear demand flow structure.

### ***3.6. SCA HRH allocation in the PHC***

Presidential Decree number 159 of 2000 gives full duty to BKD to distribute health workers. In the process of distributing health workers it is the duty or authority of the Regional Personnel Division.

### ***3.7. Availability of HRH in the PHC***

#### ***3.7.1. Availability of HRH at PHC in compliance with standards***

Informants said that most PHC have only 1 person employed actively. The informant's statement also claimed that it had been proposed, but that it was not made available.

#### ***3.7.2. Human resources availability***

The challenge to this proposal process is attributable to the small number of workers to be hired in the process of receiving Civil Servant Applicants. The Health Office of the Human Resources Planning Department is investigating and planning health personnel to get to the location of the mission.

#### ***3.7.3. Request for HRH at the PHC***

"There must be a mechanism that has been passed" to report HRH data to the BKD, he says. "Many of our staff do not enter without knowledge," he adds. "On the basis of the supporting informants, the fact is that when someone does not join, it is an obstacle for us in the service"

#### **3.7.4. Service Accomplishments due to a shortage of human health services in PHC**

A small number of workers and a shortage of facilities and infrastructure is cited as a problem. A low percentage of service goals due to a lack of health personnel.

### **4. Discussion**

#### **4.1. Human Resources for Health**

HRH is one of the subsystems in the national health system that has an important role in improving the public health status through various health efforts and services. Health efforts and services must be carried out by health workers who are responsible, have high ethics and morals, expertise, and are authorized.

##### **4.1.1. Human Resources that involved in the Planning**

Notoatmodjo (2014) describes the procurement of HR in organizations where HR needs are expected within a period of time, accompanied by the fulfillment of the necessary vacancies or positions [10]. HRH is a crucial commodity, since its role in the enterprise cannot be replaced by other resources. Even though digital technology has been widely used, it will not be meaningful without the help of HRH who have technical skills [11]. The consequence of this research from the informants' statement is that there is no specific conceptual structure or flow and mechanism in the process or procedure for participation in the preparation of HR. The HRH preparation procedure carried out by the Pegunungan Bintang District Health Office did not include the institution of PHC. Research conducted by (Rizky and his colleagues 2019) on the lack of coordination between health center management and health service management in HRH planning would impede the process of meeting HRH needs in PHC [12]. This will, of course, lead to no shared understanding between PHC, the health office or policy makers. Research related to the involvement of PHC was carried out by Defi and his colleagues (2017) in 'Judicial Aspects of Preparation, Recruitment and Placement of Health Human Resources in PHC Kota Metro in 2017' according to the mandate of Article 16 of the UU No. 36 of 2009, the Government of Metro City is responsible and approved for the preparation, acquisition and placement of health human resources that are equal and equitable for the entire community. The Metro City Government's strategies for implementing health resource programs include: (a) conducting consultations and program coordination with relevant units and fields; (b) conducting cross-program and cross-sectoral coordination related to the implementation of health resource programs at Metro City level through meetings and socialization training. (c) distribution and application of legislation and policies to stakeholders relevant to the HRH program [13]. This should be accomplished by the Pegunungan Bintang Regency Health Office to interact and coordinate with the relevant program or unit. PHC is one of the associated areas MHR No. 33 of 2015 states that the HRH needs planning process is carried out in phases from the institutional level to the district/city level, to the regional level, and finally at the national level. PHC is also obligated to be involved in the planning process because PHC as an organization must be able to establish itself. In MHR No. 75 of 2014 Article 7(g) shall register, report and assess the quality and access of health services; Quality and Access to Health Services shall be part of the planning of HRH at the Health Centre. Therefore, PHC is obligated to make arrangements to increase the quality and access

of health services with the existence of Health Human Capital in compliance with the minimum requirements of MHR No. 75 of the year 2014.

#### ***4.1.2. Number of Workers in PHC***

Research conducted by Oktarina and Sugiharto (2010) indicate that the number of health workers is not adequate [14]. Distribution of health staff to community health centers in remote border and island areas is still inconsistent. There is a very complete issue with regard to the efficiency of PHC, where human resources are in the standard MHR No. 75 of 2014, including the minimum number of labor standards in PHC. SCA health staff previously appointed under the decree have decided to relocate to the City of PHC, according to informants. The informants' comments that workers have accumulated in the City. PHC for family reasons, the authors say. The findings of previous research were not equally distributed in HRH in remote areas as well as those encountered or what happened in Pegunungan Bintang Regency.

#### ***4.1.3. Understanding of MHR No.75 of 2014***

Determination of HRH in PHC is achieved by comparing the number of HRH currently available with the standard of health center employees, as reported in the 2014 MHR number 75 attachment on PHC, as explained in MHR No. 33/2015, that one of the methods for health workers is the maximum labor force standard as defined in MHR No. 75 of the year 2014. According to Notoatmodjo (2014), knowledge is the product of understanding someone through his senses about an object. Everyone's awareness can differ based on how each person perceives an object or something. Results of the statements of many informants related to MHR No.75 2014 that they do not understand the content of the regulation. Resources are an essential factor in policy implementation so that policies can be enforced as planned. Without money, strategies would be either wishful thinking or papers. In a study by Ryan Jarisman on the application of Health Minister Regulation No 75 of 2014 concerning PHC in Kampung Besar, Rengat District, Indragiri Hulu Regency, 2016, on factors that impede the application of Health Minister Regulation No 75 of 2014 concerning the wrong Public Health Centre, one of which is socialization [15].

#### ***4.1.4. Guidelines used in planning for HRH at the PHC***

Health human resources management, in particular planning for health human resources needs, is still in the context of personnel management and has not been professionally handled, is still top down from the middle, not bottom up (from below), does not fulfill organizational needs and real needs in the sector, and is not long-term. HR planning or labor planning is characterized as the process of determining labor needs based on the forecasting, growth, implementation and monitoring of those needs, which are combined with organizational planning in order to produce the number of employees, the proper placement of employees and the economic benefits. The results of the research obtained from the informants' replies explained that the criteria used in the preparation of the personnel needs of the PHC in Pegunungan Bintang Regency used the Renbut application. Informant 1's statement for preparation is typically an application called Renbut. In the Guide to the Implementation of the Health Human Resources Needs Plan for MHR No. 33 of 2015, the Ministry of Health

released a policy for the Health Information System called the Renbut Application in 2015, which is incorporated into the Ministry of Health through PHC, Hospitals or other health facilities. The aim of the Renbut Application is the systematic process of the HRH Health Information System to decide the number and qualifications of health human resources needed under the conditions of the region in order to achieve health development goals. Health human resources planning is carried out using an institution-based methodology, which is the Health Workload Review (ABK Kes) and Minimum Labor Requirements. While the region-based approach is based on the population ratio, that is, the ratio of health workers to the total population in the area. Developing the health HR calculation method and being able to use it, developing the implementation of the health HR planning method and its purpose, as well as compiling health HR planning documents at district/city and provincial levels. The HRH Renbut application, is used to measure the plan for the needs of health human resources, so that you can find out whether or not health human resources are already available in a health facility based on your needs. If the health facility is already short of employees, a plan will be made to fill the vacancy while, if there is an excess of staff, it will be redistributed to other health facilities in need. The issue is that the management of the HRH Renbut application is not yet focused on transparency, as there are still limitations on access rights for its administrators, making it difficult for them to track their proposed needs. Based on the statement explained by the informant 1, the criteria used were the application for Renbut. However, the Renbut Application or Requirement Plan can only be accessed via the website so that an internet network is necessary. At the same time, the issue of communication system facilities and infrastructure, namely the internet network for accessing the website, is not all in the PHC. Citing the argument of the informant 1, namely: *"If the problem is that we still face it, maybe the problem is only a little bit, in preparing what kind of our first online application, because if there is a deadline, perhaps our planning has just not been completed and the network here isn't good, that's possibly network-related problems, but for the last few years our eee data is generally available the ministry."* However, what needs to be paid attention is whether the application for Renbut is not socialized by the PHC. In the meantime, MHR No.75/2014 is a rule that refers to the preparation of PHC that has been governed therein, such as labor standards, medical equipment that are mandatory for PHC, and PHC Building Standards. It is not used as guidance documents for the planning of staff requirements in PHC.

#### ***4.2. Budget planning for the provision of human resources***

The results of the research obtained from the informants explained that there was no budget for the preparation of the needs of health personnel for the State Civil Apparatus, and I responded explicitly that there was no such budget because we were specifically asked to send a planning document for the needs of health personnel. Informant 1 clarified that if the planning budget is the responsibility of the Regional Civil Service Department. Support for health staff in MHR No. 75 of 2014 Article 42(1), Funding in PHC comes from: a.) Area Revenue and Expenditure Budget (APBD); b.) State revenue and expenditure budget (APBN); c.) Other sources that are legal and non-binding. Policies relating to the development of human resources for the apparatus are centrally supervised, under which the Ministry of Administrative Reform and the State Civil Service Agency collaborate with the Regional Civil Service Agency in the process of setting up the apparatus (BKD). The BKD therefore has more control than the other institutions in the regions to decide the distribution of quotas given by the centre. The disparity in authority in proposing and authorizing training for health workers is a factor that creates



a discrepancy between the proposals submitted and the formations that are eventually decided in terms of number, type, distribution and qualifications. Description of cases that arise, the findings are also not compatible with the real needs of health facilities. Apart from that, the presence of a variety of national policies to meet the needs of the workers is a problem in itself. One of the policies that has become a concern is the moratorium policy on the hiring of CPNS, even as the need for health workers is a matter of urgency. Cited from the document for the Action Plan for the Operations of the Central Agency for the Planning and Use of Health Human Resources in 2019, the need for a budget for the implementation of the planning and use of Health Human Resources is estimated for the needs of 5 (five) years from 2015 to 2019. The Preparation and Use of Health Human Resources Activity Plan is extracted from the State Budget, which consists of two (two) functions, namely the budget for the health function and the budget for the education function. The budget for the health role is used to promote the achievement of indicators for the number of health employees working in health facilities. Meanwhile, the budget of the Education Feature is intended to promote the achievement of indicators for the number of health workers who carry out internships. Planning and utilization activities in the province are also financed by the APBN through the de-concentration budget. The lack of engagement on the part of the local authority to provide budget funding to increase the ability of planners and to follow up the planning documents for HRH needs is also a challenge in HRH planning. The lack of adequate funding has resulted in the implementation of stages in the planning of the HRH needs not operating in an optimal and thorough manner, especially in the sense of the data collection process. According to Hapsara in Guspianto (2012), the lack of a budget indicates a low level of attention in the form of resource support for the development of HRH, especially at the regional level [16].

#### ***4.3. Human Resource Planning Methods***

The findings of this study show that the planning approach used is the implementation of Renbut as a method for the planning of HRH needs in the Health Office. Method is a mathematical system process or method used to accomplish certain objectives with efficiency. In MHR No. 33 of 2015, HRH needs planning is carried out using two methods: (1) an institutional approach that uses the Workload Analysis (ABK) and minimum jobs requirements MHR No. 75 of 2014 for annual planning purposes; and (2) a region-based approach that uses data on the ratio of health workers to population for medium-term planning purposes. It also emphasizes the process for compiling the needs of HRH by tiered planning, beginning from the regional government to the central government. This is also echoed in Law No 36 of 2014 on health workers Article 14, paragraph 2. The results of the research obtained from the informants' replies explained that the approach used to prepare the need for workers at the PHC in Pegunungan Bintang Regency was used by the Renbut application. Based on the assertion clarified by informant that the tool used was Renbut instead of MHR No. 75 of 2014. However, the Renbut Program or Requirement Plan can only be obtained via the website and those who have login access have the right to access it and the need for an internet network. At the same time, the issue of communication system facilities and infrastructure, namely the internet network for accessing the website, is not all available in the PHC.

#### ***4.4. Facilities and Infrastructure at the PHC***

The medical equipment used is to support facilities and infrastructure for health care. Infrastructure is something that is the main help for the production process. MHR No.75 of 2014 Article 11(1) that PHC buildings shall comply with the following requirements: administrative requirements, workplace safety and health requirements, as well as building technical requirements. In fact, there are many deficiencies, but it only happens that in the last few years, the non-physical DAK funds have been used to fulfill the health facilities in PHC, by the way, for the facilities and infrastructures to be fitted in such a way, there is no work. The facilities and equipment at PHC are not in line with MHR No. 75 of 2014 requirements. This has also resulted in health human resources that have not worked and left PHC and are not on duty. Good planning for the preparation of a PHC organization begins with human resources and funding for the facilities and infrastructure that will deliver production, namely maximum community service. The same PHC has also been used as a house of the Public Works Department, so our PHC building cannot be named PHC because it is quite unfit, our table is only 1, only 3 rooms can be called PHC. But we still provide services with our conditions like that, I want our PHC to be established in 2021. The statement of our 23 informants there still did not meet the criteria, but well there were solar lights or clean water, but there was an issue with what people have the right to direct us to pay for clean water so we still wonder where to pay.

#### ***4.5. Procurement of HRH***

Procurement of Human Resources for Health is based on the need for health at PHC. Recruitment of health personnel has been carried out since the Pegunungan Bintang Regency was formed in 2002. Not all health employees are in the position of duty for several reasons, even if local children or friends who are immigrants become SCAs here. There are 184 health employees working by the State Civil Service. The data for these staff did not meet the criteria. The issue was the discipline of the SCA, where the placement SK was not followed by approximately 95 per cent of the SCAs assigned to work in PHC . The recruitment of health staff has been done since 2002 in 13 other districts in the province of Papua. The number of health employees in the district is 184, but there are only 4 nurses. There is no place to live and no medical equipment to support them work there. Informants say they are generally not satisfied with the procurement of health human resources in Pegunungan Bintang Regency. Health Office had not complied with the minimum labor standards, says informant. Human resources that have been kept have issues with the SCA discipline.

#### ***4.6. Distribution of human resources***

The best distribution is a way of maximizing the talents. Placement is part of the employee development process (employer development). Employee management gives full duty to the BKD which refers to Presidential Decree number 159 of 2000 concerning guidelines for the formation of the BKD. The distribution process of health workers has the authority of the BKD because of the duties and responsibilities in issuing the SK of Personnel. In research by Ellius Enambe, A. J. M Rattu, Ch. R. Tilaar regarding the Human Resource Planning System at the Tolikara Health Planning Office of Papua Province in the Papua Province, they found problems in the distribution of health personnel. The HRH is lacking in communication, coordination, and often placed in several work units according to the background of the new employees but have obtained knowledge in the field they have obtained but often have no background in. They found that health workers were not placed in the

correct place in accordance with the SK stipulated by the BKD [17]. However, in the process there were obstacles, namely what was explained by informant that the placement or distribution was not in line with the needs. The BKD is a regional apparatus that implements regional civil servant management in assisting the main tasks of the Regional Civil Service Guidance Officers, they say. The report concludes that the HRH needs to be able to coordinate in involving the Health Office regarding the placement of SCA health personnel as needed at the PHC and the placement in the area where the SK is needed.

#### ***4.7. Availability of HRH at the PHC***

Planning in the health sector is categorized into two types. The first type is activity planning which is concerned with setting a schedule and a framework that can be monitored for implementation before the activity is executed. The second type is allocative planning which deals with making decisions regarding how resources should be allocated in order to be efficient and right on target. This type of allocative planning is commonly used in the health sector. This concept is translated into a national policy for planning the needs of Health Human Resources (HR) by the government as a systematic design for the fulfillment and placement of Health Human Resources (HRK) based on the types of health services and facilities needed with the appropriate composition of types and amounts. Proper HRH planning allows accurate work capacity to be found in order to obtain a balance between labor and workload.

##### ***4.7.1. Availability of HRH at the PHC***

The availability of human capital for the delivery of health care plays an important role. The strategic plan of the Ministry of Health for the period 2015- 2019 is in compliance with the Decree of the Minister of Health. There is no support for preparation, it has not been established by socialization and training, in particular limited internet network infrastructure in the health information system, planning for human health needs, limited facilities and the lack of regular work procedures, nor is the planning process carried out in a systematic, continuous and careful process. The Regional Government supports the preparation of our contras.

##### ***4.7.2. Constraints in the implementation of fulfillment and plans***

The results of this study indicate that the mechanism or flow of personnel proposals is not systematic, where the health office does not include PHC in proposing health workers. A mechanism that is not organized and follows the flow of proposals is very visible where the PHC does not provide suggestions through the HR Planning Department but directly through the Head of the Office, because the PHC does not ask for manpower proposals needed by the HR Planning and Development Division. Based on the statements that have been explained by several informants, the obstacle in the process of proposing and planning health personnel is the duty or authority of the Health Office, the Human Resources Planning Section, but the PHC is not given the authority to propose.

##### ***4.7.3. Service Achievements due to a shortage of Health Human Resources***

Health service according to the Indonesian Ministry of Health is an effort to organize individually or

collectively in an organization to prevent and improve health, maintain and cure diseases and also restore the health of individuals, groups, families and or the public. The results showed that we still got red report cards, because we still lacked ASN personnel at 30 PHC, so the reports that we received were still lacking about services, that was what made our service obstructed, the last service report card data of the Pegunungan Bintang Regency Health Office, we are still at number 24 or red out of 29 districts and cities throughout Papua Province. This can occur due to the lack of human resources available at the Public health centers.

## **5. Conclusion**

On the basis of the findings of the study and discussion of research on the analysis of human resource planning based on the Minimum Standards Permenkes No. 75/2014 at 30 PHC in the Pegunungan Bintang Regency covering human resources for health, expenditure, methods, facilities and infrastructure, procurement, delivery, availability of human resources, it can be concluded:

- a. Planning for HRH needs at the PHC involved, namely the Head of Human Resources, the Head of the Planning and Human Resources Development Section, the Head of the General and Civil Service Subdivision and the Head of the Health Office but has not yet involved the Head of the Puskesmas in the planning process.
- b. The budget for the provision of CPNS HRH is not in the the Pegunungan Bintang Regency Health Department, but the budget allocation is in the Regional Civil Service Agency.
- c. The Health Human Resource Planning Method has been carried out with the Requirement Plan application (Renbut) as a method for planning HRH needs but does not use the minimum standard PMK No. 75 of 2014.
- d. Health facilities and infrastructure in 30 the PHC in Pegunungan Bintang Regency have not yet met the standards of PMK No. 75 of 2014.
- e. The procurement of State Civil Servants is not carried out every year, so it becomes a problem in fulfilling the SCA HRH at the PHC
- f. The process of distributing health personnel is under the authority of BKD but the placement or distribution is not in accordance with the needs of the Health Office.
- g. The availability of human resources for health at 30 PHC at Pegunungan Bintang Regency is a buildup of health workers at the Puskesmas Oksibil, while other health centers are short on staff because the workplaces are far from their homes or families.

## **6. Suggestion**

### **6.1. For the Head of the Pegunungan Bintang Regency**

- a. The results of this study are expected to be a source of information for policy makers, in this case for the planning of health human resources in Pegunungan Bintang Regency.
- b. It is hoped that the Head of the Regent will reaffirm the rules regarding the SCA Law regarding the discipline of the State Civil Apparatus in carrying out their duties as a State servant to the community so that the goals

and visions and missions are created in the welfare of the people of Pegunungan Bintang Regency.

- c. Providing scholarships to indigenous children of the Pegunungan Bintang Regency for health professional schools so that they can return to serve at the PHC where they live.

### **6.2. For the Pegunungan Bintang Regency Health Department**

- a. The results of this study are expected to be used as input in proposing or planning health human resources at the Pegunungan Bintang Regency Health Department;
- b. It is hoped that the HRH planning process at the PHC can use the standard minimum labor method according to PMK No. 75 of 2014;
- d. The head of the PHC must be involved in the planning process for health human resources because this concerns the quality of PHC services in the future;
- e. Good coordination is needed between the Head of the PHC, the Head of the Planning and Human Resources Development Section, the Head of the Facilities and Infrastructure Section, the Head of the Sub-Division of General Affairs and Personnel, the Head of the Planning Subdivision and the Head of the Health Office in formulating good and tiered planning in improving quality and service.
- f. Cross-sectoral coordination with the Regional Personnel Agency and the Provincial Health Office in planning health human resources at the PHC and distribution according to the needs of the PHC areas that are more in need, which of course has been budgeted for in the preparation of the APBD.
- g. It is very necessary to have a planning document made by the Head of the Planning and Human Resources Development Section, the Head of the General Affairs and Personnel and the Head of the PHC as a reference or benchmark in human resources management not only related to recruitment policies, but also including employee rotation and promotion;
- h. Improve disciplinary rules and impose strict sanctions on SCAs who do not carry out their duties and obligations as health workers at the Public Health Centers;
- i. The Health Office, namely the Head of the HR Planning and Development Section and the Head of the General Affairs and Personnel Sub-Division to plan SCA in continuing education with the organizational career planning method;
- j. Conducting outreach on MHR No.75 of 2014 at the Health Service Agency Level itself and also at the Regency level by inviting the Head of the PHC and the Regional Civil Service Agency on an ongoing basis.

### **6.3. For Researchers**

This research adds insight and knowledge about the planning of health human resource needs and provides an understanding of MHR No. 75 of 2014 in the minimum labor standards for PHC.

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