



Analysis of Factors Preventing the North Ayamaru and Central Aitinyo Health Center Accreditation, Maybrat Regency, West Papua Province

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Abstract

Background: The minister assigns an accreditation administrator after completing standards. Health center accreditation improves service quality, patient safety, health human resources, the community, the environment, and health center performance in providing individual health services and/or public health. **Objectives:** The study examined North Ayamaru and Central Aitinyo Health Center's accreditation barriers in Maybrat Regency, West Papua Province. **Methods:** Design of descriptive study utilizing a qualitative technique. Purposive sampling was used to choose the 5 participants. In-depth interviews were used to acquire data. **Result:** According to the findings of a study, human resources for carrying out health center certification exist but are in short supply. There is no specific fund for implementing health center accreditation. According to Minister of Health Decree No. 43 of 2019, the facilities and infrastructure in terms of buildings have been satisfactory thus far, but there is still a shortage of supporting facilities such as medical equipments. It is claimed that health center planning does not yet exist, and officials do not understand health center accreditation, therefore they are waiting for regency health office planning.

Keywords: Health center; accreditation; obstacles.

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1. Introduction

To enhance community services provided by First Level Health Facilities (FKTP) or Health Center (Puskesmas), numerous initiatives have been made to improve quality and performance, including standardizing and implementing a quality management system and attempts to constantly improve performance. To guarantee that efforts to enhance quality and performance are carried out on a continual basis at the Health center, an external party must conduct an evaluation using defined criteria, specifically through an accreditation procedure [1].

Accreditation is a recognition granted by an Independent Accreditation Organizing Agency designated by the Minister upon compliance with Accreditation requirements. Accreditation by Health center seeks to enhance service quality and patient safety, boost protection for health human resources, the community, and the environment, and improve Health center' performance in providing individual health services and/or public health services [2].

According to Regulation of the Minister of Health Number 43 of 2019 concerning Community Health Centers (Puskesmas), periodic accreditation must be performed at least once every three (three) years in order to enhance the quality of Health center services. The following elements are evaluated in the execution of Health center accreditation: 1) administration and management, 2) implementation of public health initiatives, and 3) individual health efforts. An accreditation certificate serves as proof of accreditation determination. The Health center' accreditation status is determined as follows: not accredited, basic accredited, intermediate accredited, major accredited or plenary accredited [1].

In 2021, there will be 9,153 authorized Health center, accounting for about 89.69% of the 10,205 Health center in Indonesia. According to preliminary statistics from the West Papua Provincial Health Office in 2018, 51 (32%) of 159 Health center have been accredited. It climbed to 70 (44%) of 159 Health Centers in 2019. 5 Main Accredited Health Centers, 31 Middle Accredited Health Centers, and 34 Basic Accredited Health Centers are among the accomplishments. Whereas the East Ayamaru Health Center received basic level accreditation in 2017, the Aifat Health Center received basic level accreditation in 2018, and the South Ayamaru Health Center received middle level accreditation in 2019, there are still 11 health centers in the Maybrat regency that have not been accredited [3].

The health center must prepare different resources to carry out administrative and managerial operations, public health initiatives, and individual health efforts to meet accreditation criteria. To meet certification criteria, health center must continuously enhance quality, performance, and risk management. According to Sulistinah and his colleagues (2017), accreditation at the Community Health Center is a system with many linked, interdependent, and mutually affecting components, thus it is required to examine the system's input, process, and output (output) [4]. According to Idris (2015), there are several factors preventing health center in implementing accreditation, including inadequate health worker resources, inadequate facilities and infrastructure, a limited budget, and no accreditation policy to prepare and budget. An accreditation's effectiveness depends on the health center' health professionals' resources and facilities and infrastructure that fulfill standards, budget, and

budgeting [5].

According to the Health Human Resource Information System, only 48.9% of health center in Indonesia have nine appropriate health workers: doctors or primary service doctors; dentists; nurses; midwives; public health workers; environmental sanitation workers; medical laboratory technology experts; nutritional staff; and pharmacy staff. West Papua Province (8.6%) and West Papua Province West (12.4%) had the fewest health center with nine health professionals. West Papua Province (42.6%) has the most health center without doctors, followed by Maluku Province (23.0%) and West Papua Province West (20.4%) [6].

Planning involves sequential operations to solve issues and accomplish goals by using resources efficiently. Accreditation requires Health Center First Level Planning (PTP) [7]. Rantung (2021) examined the planning process at the Health center level at the Poso District Health Office. The preparatory stage had formed a planning team by the Head of the Health center, the situation analysis stage used Self-Introduction Survey (SMD), and the problem formulation stage used USG (Urgency Seriousness Growth), a deterrent method. The health center' final RUK (Proposed Activity Plan) still references government policy [8].

Based on early interviews, the North Ayamaru Health Center and Central Aitinyo Health Center, where the two Health center have carried out the accreditation stage, have issues compared to the South Ayamaru Health Center, which has been accredited Middle. This step differentiates the two health center from the nine unaccredited ones. On November 16, 2020, the North Ayamaru Health Center compared the South Ayamaru Health Center, and on September 8, 2022, the Aitinyo Health Center appealed. The Maybrat Regency Health Office Accreditation Team should have followed up after the comparison research, but it hasn't. The officers of the North Ayamaru and Central Aitinyo Health Centers also stated that human resources did not understand the accreditation planning process, so they had to wait for planning from the Regency Health Office. Facilities and infrastructure had not been fully fulfilled as there was still a lack of supporting facilities like medical devices, so the service was not maximized, and he wondered why the North Ayamaru Health Center and Central Aitinyo Health Center had conducted comparison studies but had not received accreditation support from the Maybrat Regency Health Office Assistance Team.

Based on the description above, what underlies the writer's interest in raising the title "Analysis of Accreditation Inhibiting Factors at North Ayamaru and Central Aitinyo Health Centers, Ayamaru District, Maybrat Regency, West Papua Province."

2. Methods

This sort of study is descriptive qualitative, which refers to social science research methods that gather and evaluate data in the form of words (oral or written) and human behaviors, with researchers not attempting to compute or quantify the qualitative data acquired [9]. Using a descriptive narrative qualitative approach method with sampling/informant approaches, namely purposive sampling with the purpose of understanding "How is the accreditation system of the North Ayamaru Public Health Center and Central Aitinyo Health Center in Maybrat Regency".

This research was carried out in December 2022 at 2 (two) Community Health Centers in Maybrat Regency, namely North Ayamaru Health Center and Central Aitinyo Health Center. In this study the informants consisted of 2 key informants, 7 supporting informants.

In this study, data collection using in-depth interview guidelines. In-depth interviews are common data gathering strategies in qualitative methodologies. Using the interview rules that had been created, in-depth interviews were performed with as many informants as feasible. The interview guide includes open-ended questions about the study topic. There were 9 informants in the study, as can be seen in Table 1.

Table 1: Characteristics of Informants Based on Sex, Education, and Position.

No	Informant	Sex	Education	Position
1	Informant 1	Female	Master of Health Management	Head of SDMK (Head of Health Service Accreditation Team)
2	Informant 2	Female	DIII Nursing	Head of Health Center
3	Informant 3	Female	S1 General Practitioner Profession	Person in charge of UKP Central Aitinyo health center
4	Informant 4	Male	Bachelor of Economics	Admin in charge of Central Aitinyo health center
5	Informant 5	Female	DIII Midwifery	The person in charge of UKM Central Aitinyo Health Center
6	Informant 6	Female	S1 Public health	The person in charge of UKM North Ayamaru Health Center
7	Informant 7	Female	Bachelor of Medicine	Person in charge of UKP North Ayamaru Health Center
8	Informant 8	Female	S1 Public health	Admin in charge of North Ayamaru Health Center
9	Informant 9	Female	Master of Health Management	head of SDMK (Head of Health Service Accreditation Team)

Based on the table above, it can be seen that the number of informants was 9 people, namely the head of the health center was 1 person, the head of the SDMK field (Head of the Health Service Accreditation Team) was 2 people, the person in charge of UKP was 2 people, the person in charge of UKM Health center was 2 people, the administrator in charge Central Aitinyo Health Center as many as 2 people.

3. Results

3.1. Human Resources at the Central Aitinyo and North Ayamaru Health Centers

Human Resources are one of the resources that might determine a company's performance in carrying out its tasks. Human resources play a critical and dynamic role in the organization. Human resources are a valuable asset in the accreditation of the North Ayamaru Health Center and the Central Aitinyo Health Center in Maybrat Regency, West Papua Province; consequently, accreditation requires Human Resources who understand the accrediting process.

Based on the results of interviews from the informants, it can be concluded that the HR element is still insufficient or lacking, causing the accreditation implementation to be hampered. There is also a team formed by the Health center in carrying out the accreditation of the health center, namely from working groups UKM, UKP, ADMIN, and for health center North Ayamaru has received assistance from the Regency Accreditation

Facilitator for two years beginning in 2019, but was constrained.

3.2. Funding

In addition to the human factor, funds or money are the most significant factor in achieving goals. Money is the most significant aspect in the modern world as a medium of transaction and a method of determining the value of a business. Money is required in every human activity to achieve its goals; particularly in the implementation of scientific management, where everything is calculated rationally, thus the requirement for funds in carrying out the accreditation of the North Ayamaru Health Center and the Central Aitinyo Health Center in Maybrat Regency, West Papua Province.

According to the findings of the interviews, there were no funding sources for implementing accreditation for health center since accreditation funds were administered by the regency health office.

3.3. Facilities and infrastructure

Humans without materials or goods (facilities and infrastructure) will not achieve the goals they want, so that the elements of facilities and infrastructure in management cannot be ignored. The availability of raw materials or materials is very vital in the production process which is useful in terms of supporting the implementation of the accreditation process for the North Ayamaru Health Center and the Central Aitinyo Health Center in Maybrat Regency, West Papua Province.

According to the result of the interviews, the factors of facilities and infrastructure, primarily for buildings, were sufficient in line with Permenkes no. 43 of 2019. However, they were encountering a lack of supporting facilities such as medical devices and equipment in the room, which has an impact on the health center' ability to carry out accreditation.

3.4. Planning

Planning is the process of overcoming problems in order to achieve specific goal, in this case the accreditation of the North Ayamaru Health Center and Central Aitinyo Health Center in Maybrat Regency, West Papua Province, in an effective and efficient manner.

Based on the results of the interviews, it is clear that from the planning aspect, it is the agency's responsibility to do accreditation and the health center' task to adjust. The health center have not yet carried out the accreditation plan, and it has been mentioned that they do not comprehend the accreditation planning process, so they are waiting for it from the regency health office.

4. Discussion

4.1. Human Resources

On the basis of the findings of the interviews, it is known that the HR component is still inadequate or lacking,

which causes difficulties in the process of carrying out accreditation. There is also a team formed by the Health center in order to carry out the accreditation of the Health center; this team is comprised of members from the UKM working group, the UKP, and the ADMIN, and for the North Ayamaru health center, assistance has been provided by the Accreditation Facilitator. The regency health office has been operational for two years beginning in 2019, but it had obstacles as a result of the widespread Covid-19 epidemic. Subsequently, for the Central Aitinyo health center, an accreditation team was established; however, it is not currently operational.

With regard to the accreditation of the health center, the head of the health center is obliged to provide the resources needed to provide services at the health center. Provision of resources includes resources for the implementation of UKM as well as the delivery of clinical services. The human resources or staff at the health center referred to the Permenkes 43 of 2019 [2].

4.2. Funding

Based on the results of the interviews, it was found that there were no sources of funds for implementing accreditation for health center because accreditation funds were managed by the health office.

Based on research from Mas'ud (2015) regarding the analysis of the use of capitation funds, it was found that one of the funding problems faced was the low effectiveness of the use of capitation funds in improving the quality of services at the First Level Health Facilities (FKTP) and then the Health center which were part of the FKTP had not been maximized managing the budget including the JKN capitation fund [10]. This condition also occurs at the Makale Health Center which has not been able to optimize its capitation funds in improving service quality [11].

The funding for the implementation of Accreditation, pre-accreditation assistance and assessment activities, as well as post-accreditation assistance at Community Health Centers, Primary Clinics, independent doctor practice places, and dentist independent practice places belonging to the Government or Regional Government shall be borne by the State Revenue and Expenditure Budget or the Regional Revenue and Expenditure Budget. This is to ensure that Community Health Centers, Primary Clinics, independent doctor practice places, and dentist independent practice places receive the highest level [1]. According to the findings of the study, it is vital to pay close attention to the regency health offices and health center when budgeting funds for implementing health center accreditation so that they can facilitate the accreditation process.

4.3. Facilities and infrastructure

Based on the results of the interviews, it was found that the elements of facilities and infrastructure, especially for buildings, were sufficient according to Permenkes no. 43 of 2019. But those who experience a shortage in terms of supporting facilities such as medical devices and equipment in the room, so that it has an impact on the readiness of the health center to carry out accreditation. The health center facility here is the health center building itself. Health center should be established in every sub-regency. Under certain conditions, in 1 (one) sub-regency more than 1 (one) Health Center may be established. Certain conditions are determined based on consideration of service needs, population size, and accessibility. Health center must meet the requirements for

location, building, infrastructure, equipment, personnel, pharmacy, and clinical laboratory [1].

Based on research from Ringrih (2022), implementation of the Health Center Accreditation Policy in Makassar City, it is known that human resources have met workforce standards based on Permenkes 43 of 2019, both inpatient and non-inpatient health centers, but there are several officers who have excessive workloads. The facilities and infrastructure at the Health center are sufficient and available around 60–80%, however, there are health center whose buildings are damaged and need repair, as well as health center buildings that are not up to standard.

This research is in line with research from Ringrih (2022), namely the elements of the facilities of the North Ayamaru and Central Aitinyo Health Centers are experiencing a shortage of facilities such as medical devices.

4.4. Planning

Based on the results of the interviews, it is known that the accreditation planning element has not been carried out by the health center, because it is the duty of the agency to carry out accreditation and for the health center to adjust so that the health center does not understand the accreditation planning process, so they are waiting for it from the regency health office.

Planning at the Health center is defined as the process of compiling plans for the activities of health center in the coming year, carried out systematically to address problems or some of the public health problems in their working areas. Health center planning includes all activities carried out at Health center both in carrying out the function of implementing Public Health Efforts (UKM) and Individual Health Efforts (UKP) at the first level, both essential UKM, as well as development as an Annual Health Center plan funded by the government, both central government as well as regional and other sources of funds [7].

5. Conclusion

From the results of the research and discussion above, the researcher can draw the following conclusions. In general, the inhibiting factors for the accreditation of the Central Aitinyo Health Center and North Ayamaru Health Center are as follows:

- a. It is known that human resources in carrying out accreditation of the Central Aitinyo Health Center and North Ayamaru Health Center are known to have a team but there is still a lack of Human Resources and are still waiting for an SK (decision letter);
- b. There are no funds devoted to accreditation at the Central Aitinyo Health Center and North Ayamaru Health Center;
- c. It is known that the facilities and infrastructure of the Central Aitinyo Health Center and North Ayamaru Health Center are known to still have a shortage of supporting facilities such as medical devices;
- d. It is known that the plans for the Central Aitinyo Health Center and the North Ayamaru Health Center are known to not yet exist and the officers do not yet understand the planning for the accreditation of

the health center, so they are waiting for a plan from the regency health office.

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