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“Evaluations of Cardiovascular Disease Program in Sleman District, Indonesia”

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Evaluation Of Cardiovascular Disease Programs: In Sleman, Indonesia

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ABSTRACT (10 PT)

Cardiovascular disease is one of the non-communicable diseases which is the main cause of death and physical disability suffered by the people of Indonesia and the world today. Cardiovascular disease remains the biggest cause of death, while hypertension is the biggest risk factor for heart disease for 12 years from 2000 to 2012. Various programs to prevent and control hypertension have been carried out throughout the Sleman District Health Center, but the achievement of Minimum Service Standards (SPM) hypertension has not met the target. The purpose of this study was to conduct an evaluation of the cardiovascular (PJP) program in Sleman Regency. This research is a qualitative study, with the sample consisted of 25 staff holding PJP programs in health centers in Sleman Regency. The instruments used in this study were interview guides and check lists, while the instruments used were stationery and voice recorders. Quantitative data analysis was conducted by entering data in spreadsheets and then categorizing, while qualitative analysis was conducted by using content analysis based on findings obtained from quantitative data. The results showed problems in the input aspect, namely the availability of human resources and facilities were still considered to be lacking, dual positions disturbed work effectiveness. In the aspect of the process it's good but there are still obstacles that are felt by the program holders. In the output aspect, Sleman Regency has not yet reached the SPM target for hypertension services.

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1. INTRODUCTION (10 PT)

Cardiovascular disease (PJP) is one of the non-communicable disease which is the main cause of death and physical disability suffered by the people of Indonesia and the world today. Based on NHANES data the prevalence of cardiovascular disease in adults from 2013 to 2016 was 48% and the total number of cases in 2016 was 121.5 million. Studies conducted among United States states that most cardiovascular

sufferers are related to unhealthy lifestyles such as a risky diet, high systolic blood pressure, high body mass index, high cholesterol levels, smoking habits and low physical activity.[1]According to the Decree of the Minister of Health of the Republic of Indonesia concerning Guidelines for the Control of Cardiovascular Disease, diseases that are a priority for national control of Cardiovascular Disease include hypertension, coronary heart disease, and stroke. [2] Cardiovascular disease remains the biggest cause of death, while hypertension is the biggest risk factor for heart disease for 12 years from 2000 to 2012. [3]

The results of Riskesdas in 2018 showed that the prevalence of several PJPD diseases in Indonesia was still relatively high, namely hypertension of 8.4%, heart disease 1.5%, and stroke 10.9% [4], while the results of riskesdas in 2013 showed that the prevalence of hypertension was 9.4%, heart disease 1.5%, and stroke by 7.0%. Riskesdas data in 2013 also showed that the prevalence of hypertension sufferers in DIY was still relatively high at 12.8%, heart disease by 1.3% and stroke by 10.9%.[5] DIY health profile data for 2017 shows that hypertension sufferers in DIY based on 2018 Integrated Health Center (STP) Surveillance Hospital data in 398 cases.[6]

The Heart and Blood Vessel Program carried out in Sleman Regency aims to prevent and overcome risk factors for heart disease and blood vessels. The PJPD program especially in hypertension that has been carried out in Sleman Regency is the Chronic Disease Management Program (Prolanis), Integrated Development Post (Posbindu), and Elderly Posyandu. Data obtained from Riskesdas 2013 showed that the prevalence of hypertension in Sleman was 9.9%, heart disease by 1.0%, and stroke by 8.5% (4), while according to data from the health profile of Sleman in 2018 also showed that hypertension entered into the top ten diseases in Sleman Regency in second place with 66,618 cases. Various prevention and control programs for heart and blood vessel diseases, especially hypertension have been carried out in all Sleman District Health Centers, but the achievement of the coverage of the Minimum Service Standards (SPM) of hypertension still has not met the target. Based on this, the researchers are interested in researching the evaluation of the Heart Disease and Blood Vessel (PJPD) program in Sleman Regency. Based on this, the researchers are interested in researching the evaluation of the Heart Disease and Blood Vessel (PJPD) program in Sleman Regency

2. RESEARCH METHOD (10 PT)

This research is a qualitative study. The sample consisted of 25 Cardiac and Vascular Disease Program staff (PJPD) staffing 25 staff at 25 Puskesmas in Sleman Regency, while those who were informants in qualitative research were those with the highest and lowest achievements including Non-communicable Disease Program Holders at the Puskesmas Depok 1, Turi Health Center, Moyudan Health Center, Elderly Posyandu Cadre, Posbindu Cadre. The instrument used in quantitative data is in the form of a checklist, while in qualitative data in the form of interview guides. Quantitative data analysis is done by entering data in a spreadsheet and then categorizing, while qualitative analysis is carried out using content analysis based on findings obtained from quantitative data. The validity of the data in this study uses source triangulation and method triangulation.

3. RESULTS AND DISCUSSIONS (10 PT)

3.1 Input Aspect

An overview of the aspects of the input of hypertension prevention and control programs in the Sleman Regency of Yogyakarta Special Region can be described as follows:

Table 1. Input Aspects of the Cardiovascular Program at the Puskesmas Sleman Regency

Variable	Frequency (Health Center)	Percentage (%)
Availability of Human Resources		
Available	25	100
Unavailable	0	0
Double HR Position		
Yes	25	100
No	0	0
Training for cadres		
Yes	23	92
No	2	8
Funding		
Adequate	23	92
Inadequate	2	8
Timeliness of Funding		

Yes	24	96
No	1	4
Hypertension Program Guidebook		
Yes	23	92
No	2	8
Hypertension Counseling Media		
Yes	25	100
No	0	0
Hypertension Checking Equipment		
Yes	25	100
No	0	0
Total	25	100

Source: Primary Data 2019

3.1.1. Human Resources

Based on table 1, it can be seen that all puskesmas in Sleman Regency have been responsible for the hypertension or non-communicable diseases program. Nevertheless, based on qualitative research conducted, all informants stated that the available human resources were considered insufficient in the implementation of prevention and control of hypertension programs. This is consistent with the following interview excerpt:

"The availability of human resources on average is lacking because the puskesmas itself and the health department have limited human resources due to the moratorium. So, for approximately 8 years there has been no recruitment of Civil Servants. So, now there is a lack of human resources because many retire, some move, some die and there is no substitute." (Informant A)

"The organizer of this Non-Communicable Disease clearly has no special staff, so I am only a part-time officer and carrying out additional tasks. So, this is not my main task. Ideally, there are officers who specialize in non-communicable diseases" (Informant B)

"Still less, just two staff might still be lacking.." (Informant C)

Based on quantitative and qualitative results, it can be seen that all Puskesmas in Sleman Regency already have a person in charge of the Non-Communicable Disease (hypertension) program, but the number of implementers is still considered insufficient. Based on table 1, it can be seen that all hypertension program managers have dual positions such as nurses, doctors, those in charge of other programs, and so on. This is also supported by the results of qualitative research. The following is an excerpt from the interview:

"The reason people hold concurrent positions at the puskesmas is probably because of limited human resources and their optimality is disturbed because sometimes they have to report. The non-communicable disease programmer reported to us because he was busy with other programs. Busy in the School Health Unit, he is busy taking part in screening and then he has the position of treasurer to send the report, sometimes it takes quite a long time like that, because he has multiple positions like that." (Informant A)

"... but the negative impact (dual position) is to become unfocused. That is because it is not the main duty and function, only while the output cannot also be full, we only leave the remaining main tasks. First basic tasks and only part time ..." (Informant B)

"... Well, I must be tired because I also have work here and most of the Posbindu are outside when I work here." (Informant C)

"... That is clearly quite tiring, confusing ..." (Informant D)

Based on the results of the quantitative and qualitative research, it can be seen that the concurrent positions of all holders of non-communicable disease programs (hypertension) in the Sleman District Health Center are considered tiring and reduce the effectiveness of work as the person in charge of non-communicable diseases programs especially hypertension. Based on table 1, it can be seen that the majority (92%) of puskesmas in Sleman District have conducted training for health cadres. This is also supported by the results of qualitative research. The following is an excerpt from the interview.

"Training, we always update knowledge. We are updating the knowledge for hypertension as well as we have PTB posbindu bimtek, PTB posbindu workshop, where later the biggest PTM diseases from internal medicine doctors will convey to their health workers and to cadres, PTB posbindu cadres. We train like that ..." (Informant A)

"The new cadre (who took part in the training) if not one, two ..." (Informant C)

"For us, it is more not just training for screening, miss, but training for officers is more towards the posbindu" (Informant D)

"Yes (there is training), later before we carry out the task we will be trained first at the puskesmas ..." (Informant E)

Health human resources are vital assets in an organization and cannot be replaced by other resources.[7] All puskesmas in Sleman Regency currently have program managers in their efforts to prevent and control hypertension, but in the implementation of the availability of resources humans in the field are still considered inadequate. Sufficient quantity of human resources is needed to maximize existing health services, in addition, the large number of population now also demands an increase in the quantity of human resources.[8] All holders of hypertension prevention and control programs in Sleman Regency state that they assume double positions both as nurses, doctors, and other program holders. Multiple positions are the most widely used to overcome the limitations of human resources, but this has become a problem in its implementation. The negative impact of having a double position is the cost of labor salaries to be smaller because the employees employed are not too many.[9]

The holders of hypertension prevention and control programs at the Puskesmas and the Sleman District Health Office also said that double occupation and high work intensity had an impact on fatigue and reduced work effectiveness, so that it could affect the success of a program. This slightly contradicts the results of previous studies which state that performance will remain effective despite multiple positions if the leadership and a good internal control system have been implemented by the company, in addition to the factor of not too much work intensity that must be completed also becomes the reason for high work effectiveness despite dual position. This shows that the concurrent position is not a major obstacle in the implementation of a program if the leadership and internal control systems are determined to be good, but vice versa.[9]

Cadre formation is also often used to overcome the shortage of human resources when implementing programs in the field. Most puskesmas in Sleman District have conducted training for health cadres in their working areas. In general, elderly cadres have a role, namely as implementers, managers, and users. Before the activity is carried out, health cadres are first given training on programs to be carried out so that they are more skilled in carrying out their duties.[10] This is in line with the results of previous research which states that there are differences in cadre skills in the health field between before and after training.[11] Health workers need to be trained according to standard care guidelines and protocols to strengthen the improvement in screening, diagnosis and management of risk factors for cardiovascular disease control. In addition health workers also need to be trained in health counseling in supporting screening and follow-up activities for patients.[12]

3.1.2. Facilities and Infrastructure

Based on the results of research conducted at 25 health centers in Sleman Regency, it can be seen that the majority (92%) health centers in Sleman regency have hypertension manuals or technical guidelines. This is also supported by the results of qualitative research. The following interview excerpts:

"There are SOPs, there certainly are, there are also those in the bag." (Informant A)

"For the manual there" (Informant C)

"There are (handbooks)" (Informant D)

Based on the results of research conducted in 25 public health centers in Sleman Regency, the results obtained are that all health centers in Sleman Regency have hypertension counseling media. This is also supported by the results of qualitative research. The following is an excerpt from the interview.

"There (IEC media), we always make, there is hypertension, diabetes. Yes, it has been (used by the community) but sometimes people do not care, with themselves sometimes do not care. On average, if people suffer from hypertension, there are no complaints yet, they don't want to be controlled, but my friends and I have told them that their main friends should often socialize to the community." (Informant A)

"Still limited (KIE media). Communication has been used but because it is limited so not all" (Informant B)

"Yes there is, like a leaflet" (Informant C)

"There are, some are utilized and some are still lacking" (Informant D)

Based on quantitative and qualitative findings, it can be seen that all puskesmas already have IEC media (Communication, Information, and Education), but in practice they are still underutilized by the community due to lack of awareness from the community itself. Based on table 1, it can be seen that all puskesmas in Sleman Regency have hypertension examination equipment such as tensimeter,

stethoscope, as well as weight and height measurements. This is also supported by the results of qualitative research. The following interview excerpts:

"For hypertension, maybe only the blood pressure, tension, stethoscope, posbindu kit, because the posbindu kit is already in ..." (Informant A)

"Posbindu kit already exists ..." (Informant C)

"It's complete. a tensimeter is there, a scale is there, then a laboratory check tool is there." (Informant D)

The availability of the equipment has been assessed as complete, but based on interviews conducted it has been found that the amount is still considered insufficient. The following interview excerpts:

"We have limited equipment, not yet for the screening, prevention and control of hypertension activities such as blood pressure, but due to limitations, the community itself has an awareness to be independent, Ms." (Informant A)

"Still not enough, for the people" (Informant B)

"As for the amount, it's lacking, I'm currently submitting" (Informant D)

Facilities and infrastructure is one aspect of input that can support the success of the program. The completeness of good facilities and infrastructure is very important in creating customer satisfaction.[13] Based on the results of the research that has been done, it is known that the facilities and infrastructure supporting the prevention and control of hypertension programs in all puskesmas in Sleman Regency have been considered complete, but according to the results interviews with several informants stated that although complete, the numbers were still considered to be lacking. The availability of PTM Communication, Information and Education (IEC) media has also been available in all Puskesmas in Sleman Regency, but based on interviews obtained from informants stated that IEC media such as leaflets, posters, videos, and others are still not fully utilized by the community and officers. This is in line with the results of previous studies which stated that health service infrastructure has a moderate effect on patient satisfaction because even though a health care institution has been equipped with adequate facilities and infrastructure, if it is not functioned as fully as possible to serve patients it will be less can provide satisfaction to patients.[13]The availability of facilities and gaps in the management of cardiovascular disease greatly affects the management of care at the primary level, if this gap exists then a strong system of cardiovascular health care is needed at the primary level to increase interventions in the prevention and management of chronic diseases to reduce the burden of universal.[14]

3.1.3. Funding

Based on table 1, it is known that as many as 23 (92%) program managers at the Puskesmas stated that the available funds were sufficient. This is also supported by the results of qualitative research. The following is an excerpt from the interview.

"Yes, we are forced to be enough because it has been plotted. PTM from BOK has already allocated 200 million less, but even then we have to be smart in thinking about managing the budget for activities from here, from the district" (Informant A).

"In my opinion, the funds are sufficient. It's just that the funds were not given directly as PTM money .." (Informant C)

"We carry out activities in accordance with the funds provided, for example we propose for 60 people to eat and drink, we are invited to 60 yes. So that can be said to be enough." (Informant D)

Based on the quantitative and qualitative results, it can be seen that the funds provided are sufficient because the person in charge of the program carries out activities in accordance with the funds set by the government. Based on table 1, it is known that 24 (96%) program managers at the Puskesmas stated that the funds provided were timely. This is also supported by the results of qualitative research. The following interview excerpts:

"... Yes, right, because there is a deadline for us ..." (Informant A)

"Right on time. There is, accordingly. On time ..." (Informant B)

"Yes, it's quite right." (Informant C)

"Exactly, it depends on us." (Informant D)

The availability of funds used for the prevention and control of hypertension in Sleman Regency has been considered sufficient, this is because the funds provided have been rationed, so that program

holders only carry out activities in accordance with the budget funds provided by the government. The timeliness in providing funding for the hypertension prevention and control program in Sleman Regency has also been assessed on time, because the funds spent have been devised by the government. The availability of funds affects the quality of health services provided by a health service agency.[15] One factor that is thought to affect the work motivation of officers is the speed of funds disbursement. If funds are disbursed more quickly at the beginning of the year, health workers are more comfortable working and do not have to be in debt or use personal money to carry out activities.[16] A financing mechanism must be developed in India to support health infrastructure at the primary and secondary levels and the existence of a publicly funded health insurance policy in the prevention and control of cardiovascular disease, this is done as a policy implementation to reduce the burden of cardiovascular disease deaths by 25-30%.[17]

3.2 Process Aspect

Process aspects in this research include the planning, implementation and supervision of the Posbindu, Posyandu Elderly and Prolanis programs. The results from the process aspects are as follows:

3.2.1. Posbindu

Based on quantitative results, it is stated that the majority of puskesmas in Sleman Regency have carried out the posbindu program process well. This is indicated by the fact that they have carried out Posbindu activities at least once a month in accordance with the standards. This is supported by the statement of the informant. The following is an excerpt from the interview

"Posbindu every month, every 23rd but sometimes adjust" (Informant E)

In addition to the implementation they have also carried out planning. This has also been supported by the statement of the informant. The following is an excerpt from the interview.

"In the beginning to stand up, there were only a few. Then we were offered posbindu, then I had to coordinate first with regional stakeholders, then later I would socialize the cadres first, later if I did not socialize, the cadres would not want to, I would later be bothered, then all at will, finally I would accept and eventually join the technical guidance for 5 days" (Informant E)

In addition to implementation and planning, most Puskesmas have also conducted monitoring. This is also supported by statements from informants. The following is an excerpt from the interview.

"For example, in this village there is Posbindu, the biggest problem is where we evaluate it with participants ..." (Informant C)

Based on the results obtained, it can be seen that the majority of puskesmas in Sleman Regency have run the posbindu process well, but even so there is still the process of implementing posbindu that has not been carried out in accordance with the specified standards. Posbindu PTM runs routinely but is not in accordance with the technical guidelines Posbindu PTM, where the understanding of the implementers of the activities is not in accordance with the concepts contained in the technical guidelines.[18] The role of cadres is not optimal, the lack of cadres, the lack of funding sources, the lack of coordination of the results of activities with stakeholders and cadres become influential factors in the implementation of posbindu activities.[19]

3.2.2. Elderly Posyandu

Based on quantitative results, it is known that the majority of puskesmas in Sleman Regency have carried out the posyandu program for the elderly well. This is indicated by the fact that they have conducted posbindu activities at least once a month in accordance with the standards and have conducted 5 table activities in accordance with the guidelines of the implementation of the elderly posyandu, but even so based on the results of interviews that have been carried out there are obstacles felt by one of the informants. The following interview excerpts:

"The obstacle is if there are parents, we have to pick up and then deliver" (Informant F)

The results of the interview show that the perceived obstacle is the lack of awareness from the community to independently come to the elderly Posyandu activities, so that in this case the role of cadres is needed to deliver the elderly Posyandu participants. The role of the cadre in the implementation of the posyandu for the elderly or posbindu has also been appreciated by the puskesmas, namely rewards in the form of recreation. The following is an excerpt from the interview

"Outbound, jambore posbindu PTM. The reward is given to them because they have worked hard for helping us, the reward is outbound, the whole district. One puskesmas is 4 thousand people, every year there is, this will also be there later." (Informant A)

"We might give more cadres later, for example strips of sugar, if later maybe when there is a meeting we will direct it more to outbound ..." (Informant C)

"Then, later as there is a term, posbindu who is the most diligent, then will continue to be rewarded during meetings" (Informant E)

Based on the research results obtained, it can be seen that the majority of puskesmas in Sleman Regency have carried out the elderly posyandu process well. The obstacle experienced is the lack of awareness of the community to independently come to the elderly posyandu activities, so that the role of cadres is needed to deliver the elderly posyandu participants. The role of cadres has also been appreciated by the puskesmas, namely by giving rewards in the form of recreation. This is in line with the results of previous studies which state that in order to retain cadres, the puskesmas provide rewards in the form of recreation or participation in socialization organized by the Health Office.[20] Programs carried out by the community responsible for reducing the risk of cardiovascular disease and community change carried out in the state of Maine can reduce poverty levels for more than 40 years when compared to other states. [21]

3.2.3. Prolanis

Based on quantitative results it can be seen that the majority of puskesmas in Sleman Regency have carried out the prolanis program process well. This is indicated by the fact that they have carried out prolanis activities in accordance with the provisions of the prolanis manual. The following interview excerpts:

"Prolanis are a way, all are required to do prolanis. Every family doctor, puskesmas, clinical, prolanis for diabetes and hypertension "(Informant A)

But in its implementation, there is one health center in Sleman Regency which only conducts diabetes mellitus prolanis program and does not carry out hypertension prolanis program, according to the health center program holder, this is due to limited human resources. Based on the results of the research that has been done, it can be seen that most puskesmas have carried out the entire process from planning, implementation, and supervision well, but it is known that there is one puskesmas that only conducts diabetes mellitus prolanis but does not do hypertension prolanis. After confirmation, the researchers found that this was due to the lack of human resources available at the Puskesmas so that hypertension prolanis could not be implemented. Sufficient quantity of HR was needed to maximize existing health services.[8] Human resources that have not yet been trained as prolanis implementers can influence the implementation of prolanis activities that are running well or not.[22] The need to provide training to improve staff skills, update knowledge and cooperation between program managers at the puskesmas. [23]

3.3 Output Aspect

The following is a description of the achievement of coverage of hypertension services according to 2018 standards per puskesmas in Sleman Regency

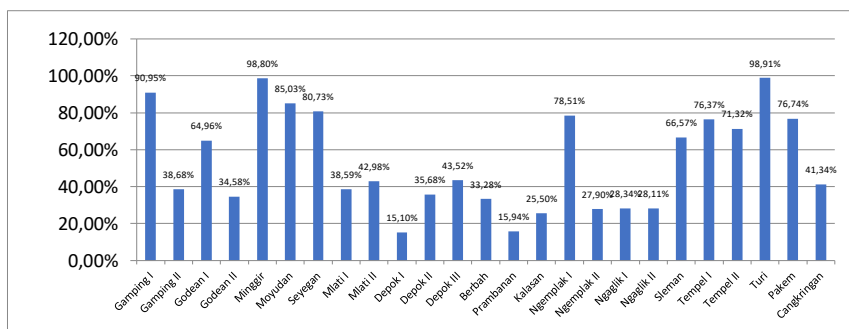


Figure 1. Achieving the Coverage of Hypertension Services in Accordance with 2018 Standards Per Puskesmas in Sleman Regency

Based on Figure 1, it can be seen that Turi Health Center is a health center that has the highest coverage of hypertension services at 98.91% of the 100% target, while Depok 1 Health Center is the health center that has the lowest hypertension service coverage at 15.10% of the 100% target. The coverage of hypertension services in Sleman Regency which has not yet reached the target is caused by

Title of manuscript is short and clear, implies research results (First Author)

several things. Qualitative results indicate that there are several obstacles that have caused the achievement of targets for coverage of hypertension services according to standards. The following is an excerpt from the interview.

"The obstacles are the limitations of HR" (Informant A)

"What is clear is that the first one was hindered because of limited manpower, right? The budget can be adjusted. Obviously there is a special officer there, because there are too many programs from the health center, everyone has to hold some, that's the problem. Even though the workforce is also limited. You also calculate effectiveness, so between the top and the bottom is not synchronous for energy." (Informant B)

"HR, that's all. The fix is that the programmer has to be able to all, must give everything" (Informant C)

"... that clearly lacks energy, it's the holders who do the screening only. The solution is to form a team" (Informant D)

Based on the qualitative results, it can be seen that all informants make limited human resources as an obstacle in the implementation of the PJP (hypertension) program in Sleman Regency. The output aspect can be seen from the hypertension service coverage data according to the standards obtained from the Sleman District Health Office in 2018. Based on the Republic of Indonesia Ministerial Regulation No. 43 of 2016 Concerning Minimum Service Standards in the Health Sector states that the performance achievements of District/City Governments in providing health services according to standards for hypertension sufferers, assessed from the percentage of the number of hypertensive patients who get health services according to the standards in their working area within one year. The target achievement of the performance of the Regency/City Government in providing health services to patients with hypertension or people with hypertension complaints according to the standard is 100%. Based on the results obtained, it can be seen that Sleman Regency still does not meet the specified SPM target of 100%. This means that there are still obstacles that affect the output results.[24]

Based on the results of interviews with several informants, they stated that the main obstacles in the implementation of hypertension prevention and control programs were the lack of availability of human resources and lack of public awareness to make efforts to prevent hypertension. The quantity of HR influences the performance of existing health services. (7) The implementation of the program process will affect the output, if the process is not appropriate then the resulting output will also be inappropriate.[25]

4. CONCLUSION (10 PT)

Based on the results and discussion of research that has been carried out, it can be concluded that the prevention and control program of Heart Disease and Internal Medicine in Sleman Regency from the aspect of input for the funds is already good because it is in accordance with existing standards, while for Human Resources and infrastructure even though it is available, but the amount is still considered insufficient. Aspects of the process which includes planning, implementing, and monitoring the prevention and control of Heart Disease and Internal Medicine programs in Sleman Regency are already good because they are in accordance with the existing standards. Output aspects in prevention and control of Heart Disease and Internal Medicine in Sleman Regency are still not good because the results of the achievement of hypertension service coverage according to minimum service standards have not reached the target.

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