

The Public Service Management Capacity of Community Health Centers in Cimahi City and Its Contribution to Human Development Index (HDI) of the Health Sector

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ABSTRACT

As one of institutions that spearhead healthcare services in Indonesia, Puskesmas (the Community Health Center) has its own strategic role in increasing the public health level. This research aims to discover how process management capacity in Community Health Centers in Cimahi City affects Human Development Index of the Health Sector of the city. The research method applied in this study was the qualitative research method. Informants in this research comprised elements of community, management and staff of community health centers, and also from the Health Office of Cimahi City. The result of this research shows that public service management capacity of community health centers in Cimahi City has a significant role in Human Development Index (HDI) of the Health Sector of Cimahi City. In spite of its significant role, process management capacity in community health centers in Cimahi City still needs an improvement.

Keywords: public service capacity, HDI, community health centers.

1. INTRODUCTION

The City Government of Cimahi as an autonomous region in the Republic of Indonesia has responsibility to improve the prosperity of its people. One of measures that can be used to find out the public's prosperity level in an area is human development, which according to the United Nations Development Programme (UNDP) (2016:2) is the development of the people through building human capabilities, by the people through active participation in the processes that shape their lives and for the people by improving their lives. In practice, a measure is necessary to find out to what extent the human development has proceeded. Therefore, a measure called the Human Development Index was created in 1990 by Mahbub ul Haq and Amartya Sen. According to UNDP (2016:3), the composite Human Development Index (HDI) integrates three basic dimensions of human development. Life expectancy at birth reflects the ability to lead a long and healthy life. Mean years of schooling and expected years of schooling reflect the ability to acquire knowledge. And gross national income per capita reflects the ability to achieve a decent standard of living. Therefore, it can be concluded that HDI is a measure that integrates three basic dimensions of human development, life expectancy (which represents the ability to lead a long and healthy life), mean years of schooling and expected years of schooling (which reflect the ability to acquire

knowledge), gross national income (GDP) per capita (reflects the ability to achieve a decent standard of living).

As an institution that spearheads the Indonesian Government's healthcare service for the public, the community health center is established and reaches rural areas in Indonesia. This institution has three main tasks, to serve the public by providing medical care, taking care of the health, and improving the health of the public. As one of autonomous regions in the Republic of Indonesia, Cimahi City also has an obligation to strengthen the institution of the Community Health Center in its area in order to improve the health level of the residence of the region, which is reflected in the measure of life expectancy (to show the ability of a region in leading the people to a long and healthy life). It can be conducted through the improvement of organizational capacity. Charles Lusthaus (2002:41) proposed, "*Organizational capacity entails eight interrelated areas that underlie an organization's performance. These are strategic leadership, organizational structure, human resources, financial management, infrastructure, program and service management, process management, and inter-organizational linkage.*" Because the concept established by Lusthaus is based on the context of resources owned by the organization, the proposed aspects are also in the form of resources owned by the organization.

Based on the explanation, one of the things that affect the capacity of an organization in conducting its activities is process management capacity owned by an organization. Process management according to Becker (2003) is the ensemble of activities of planning and monitoring the performance of a business process. Therefore, it can be concluded that process management capacity is a reference of the planning and controlling activity of a business/organizational process. Referring to the discussion above, this research would make an attempt to reveal how process management capacity (which is one of elements of organizational capacity) proceeds in community health centers in the area of Cimahi City and its effect on Human Development Index in the Health Sector in Cimahi City.

2. RESEARCH METHODS

Research Methods

The research method applied in this study was the qualitative research method. The qualitative method is appropriate to be applied to obtain a descriptive research result based on the phenomenon in the field which subsequently is revealed and analyzed thoroughly according to situation and condition of the research object. The procedure of the qualitative method was conducted by the writer through the following stages:

- 1) the pre-field stage;
- 2) the data collection stage;
- 3) the data analysis stage;
- 4) the last stage, the writing of research report.

Data Sources

The type of data needed in this research was secondary data. Secondary data refers to data that was collected by someone other than the user. In this case data was obtained from libraries, the Internet media, reports, interviews, and the mass media.

Documents related to the study and other data that related to the study were then combined with data obtained from informants (primary data) in the form of interviews and written data from the research object as necessary.

Sources of information used in this study were the important elements related to the service of the community health centers which were classified as follows:

1. the public using the service of community health centers in the area of Cimahi City;
2. heads of community health centers and employees of community health centers (including doctors and nurses) in the area of Cimahi City;
3. the Health Office of the City Government of Cimahi.

The selected informants were the people considered to thoroughly understand the condition of community health centers in Cimahi City.

Techniques of Data Collection, Data Recording, and Data Processing

The technique used for data collection was documentation, collecting necessary data from various media, both the print media and the electronic media. Besides that, the researcher conducted a literature review. The literature review was conducted through the library research and the internet research. This technique was conducted to obtain information on the studied issue and to obtain data that supported this research.

Data recording was in the form of words, substances of discussion, and observation in the field based on the accuracy and structuredness. Accuracy means the researcher's ability in processing data that it results in accurate data appropriate for the research study. Structuredness means the recording of data which are initially general to be specific ones. This technique was conducted by processing the data which had been collected and testing their objectivity and correctness by confirming them to one informant and another according to the observation in the field, interviews, and the existing document.

Data Analysis

Data analysis conducted by the researcher is an attempt to find and systematically arrange the record of observation result in the field and documentation, in order to the researcher's comprehension of the findings based on the studied issue. This data analysis is a process to arrange the sequence of data, and then to organize them in a pattern of research. Therefore, activities in data analysis comprise: reduction of data, presentation of data, conclusion drawing, and verification.

3. DISCUSSION

Before discuss the result of this research, author describe the different between community health center and public hospital. Ratnawati (2017) find some inputs for public hospitals are generated such as the need to pay more attention and focus to the main aspects that determine the quality of the healthcare service which consists of the availability of the medicine, the hospitality of the staff to the patients and their attendants, the availability of information from the doctors concerning the disease and other related factors such as the waiting time for the patient to get services, the comfort in conducting medical treatment in hospitals as well as affordable prices for medical service. How about Community Health Centers, describe below.

Process Management Capacity

As a dimension to find out how an organization's capacity proceeds, process management capacity should be considered when we intend to understand service capacity of an organization, which in this research is public organization (the community health centers). Looking at this dimension, there are three indicators that should be considered to measure the extent of public service capacity, namely problem solving, decision making, and communication.

Problem Solving

This indicator focuses on how the management of community health centers comprehends and solves the problem in the community health center he or she manages. This indicator is divided into two elements, obstacles in managing community health centers and steps to overcome the obstacle in the management.

The main problem agreed by all management of community health centers was insufficient human resources and infrastructures owned by the community health centers. Steps which have been taken by the management of community health centers were proposing the addition of human resources and proposing the improvement of related infrastructures to the Health Office of Cimahi City. As for problems other than human resources and infrastructures the management of community health centers would collect data on the problems and as much as possible found the solution for the problem.

Decision Making

This indicator focuses on how the management of community health centers makes decisions in the community health center he or she manages. This indicator is divided into two elements, the authority of decision making and alteration of inappropriate decision making.

Every head of community health center is responsible for the activity planning of the community health center, the appointment of the person in charge of the program and the person in charge of the completion of the activity, emergency decision making regarding services, and others. All management of community health centers agreed that when there is a problem, it should be analyzed and examined further to find the solution hence it will not inflict losses on the public.

Communication

This indicator focuses on how the management of community health centers builds communication networks in the community health center he or she manages. This indicator is divided into two elements, the effort to build communication and access to information needed by employees.

All management of community health centers has made every attempt to build communication in the community health centers, ranging from WhatsApp groups, employee meetings, to discussion. On the other side, employees of community health centers also got access to information they needed, except those in the Community Health Center of Pasirkaliki, where there was lack of coordination among related parties. Candradewini (2016)

stated that linkage would help the organization to adapt the development another aspects which relate to the vision of organization

Human Development Index (HDI) of Cimahi City

The measurement of HDI of a region, according to UNDP (2016), needs data on three things, life expectancy (LE), mean years of schooling (MYS) and expected years of schooling (EYS), and gross domestic product (GDP) per capita. However, because Indonesia has not had data on GDP per capita at the province and regency/city levels, Statistics Indonesia (2015:20) stated that data on GDP per capita is represented by data on expenditure per capita which are adjusted by using data on National Socio Economic Survey (Susenas).

Table 1
Human Development Index of Cimahi City

Year	HDI	LE	EYS	MYS	Expenditure per Capita
2010	73.76	73.53	12.24	10.33	10,363.93
2011	74.41	73.54	12.76	10.38	10,428.29
2012	74.49	73.55	13.23	10.44	10,473.53
2013	75.85	73.56	13.7	10.66	10,622.25
2014	76.06	73.56	13.71	10.78	10,680.87
2015	76.42	73.58	13,73	10.78	11,011.88
2016	76.69	73.59	13.75	10.89	11,141

Source: <http://ipm.bps.go.id/data/kabkot/metode/baru/3277>, November 2017

Based on the data above, it can be known that Human Development Index of Cimahi City has continuously increased (by 2.93 points) during the period of 2010 – 2016, in which the 2016 saw the highest HDI (with 76.69 points) in Cimahi City. It shows that there is a continuous improvement of life quality in Cimahi City.

HDI in the Health Sector of Cimahi City

This discussion focuses on how process management capacity may affect Human Development Index (HDI) in the health sector. Considering that matter, the writer would highlight the component of HDI relating to health, life expectancy (LE). Looking at that matter, the writer would highlight the component of HDI relating to health, that is, life expectancy (LE). According to Statistics Indonesia of Cimahi City (2016:11) LE is an estimate of the average number of years the population could expect to live if current mortality rates continue to apply. The following table shows the life expectancy (LE) of Cimahi City.

Table 2
Life Expectancy of Cimahi City

Year	LE
2010	73.53
2011	73.54
2012	73.55
2013	73.56
2014	73.56
2015	73.58
2016	73.59

Source: <http://ipm.bps.go.id/data/kabkot/metode/baru/3277>, November 2017

Based on the table, we can see that the life expectancy (LE) of Cimahi City during the period of 2010–2016 has continuously increased (by 0.06 points). Although it is not as high as the overall increase in HDI of the same period (by 2.93 points), the increase in life expectancy may indicate the increase in the public health level in Cimahi City.

Furthermore, LE has some indicators which include the percentage of the household visit to be treated as an outpatient, which is categorized as follows:

1. Hospital
2. Physician Practice
3. Community Health Center
4. Paramedic
5. Traditional Medical Treatment
6. Other Medical Treatments

Besides that, LE also considers the percentage of households based on birth attendants, which can be categorized as:

1. Physician
2. Midwife
3. Traditional Midwife
4. Other Parties

Based on the following information and data from Statistics Indonesia of Cimahi City (2016:11), it can be known that the indicators of LE in Cimahi City are as follows:

Table 3
Health Indicators of Cimahi City Years 2014–2015

Details	2014	2015
Households by the Place to be Treated as Outpatients (%)		
Hospital	19,00	20,76
Physician Practice	48,59	48,59
Community	31,11	31,11

Details	2014	2015
Health Centers		
Paramedic	4,67	4,67
Traditional Medical Treatment	0,06	0,06
Others	0	0
Households by Birth Attendants (%)		
Physician	23,68	23,68
Midwife	72,54	72,56
Traditional Midwife	3,08	3,06
Others	0,7	0,7
LE	73,56	73,58

Source: https://cimahikota.bps.go.id/new/website/pdf_publicasi/Statistik-Daerah-Kota-Cimahi-2016.pdf, November 2017

Based on the table, it can be concluded that the change in the health indicator in 2014 to 2015 only occurred in the birth attendants. Meanwhile, in the healthcare service of the places for treating outpatients, there was no structural change, in which only 31.11 percent of households in Cimahi City have used the service community health centers.

Impact on HDI in the Health Sector

The research result revealed that community health centers in Cimahi City still faced the problem of insufficient human resources and infrastructures, in which the problem could be addressed only by putting forward a proposal to the Health Office of Cimahi City. Aside from the proposal, community health centers eventually could only solve the problem with whatever was available, hence it can be concluded that the solving of the problem/obstruction faced by community health centers was far from sufficient. Although almost all community health centers have created communication networks via WhatsApp, decision making on the problems faced by community health centers still depended on the management of community health centers, hence if the management of community health centers could not make decision, obstruction would likely occur in the public service process of the health community center.

Looking at the indicator of LE, for the healthcare service of places for treating outpatients, there was no structural change, in which only 31.11 percent of households in Cimahi City that used the service of community health centers. It shows that the public's trust in the service of community health centers has not improved, considering only a few people have used the service of community health centers.

Looking at that matter, a fact can be drawn that process management capacity conducted by community health centers has created a depiction and experience stating that the public have not wholly trusted the community health center as a place to obtain medical treatment.

Therefore, eventually the improvement of process management is necessary for every community health centers.

The facts and data above indicate that process management capacity has a quiet significant effect on the service of community health centers. In this case, the service level of community health centers will influence the public's perception which eventually will affect LE through the percentage of people who use the community health centers as a place to obtain medical treatment.

4. CONCLUSION

Conclusion

Based on the research which has been conducted, it can be concluded that:

1. Looking at the indicator of the dimension of process management capacity, the problem faced by all community health centers in Cimahi City is the insufficient human resources and infrastructures which are addressed only with whatever is available while waiting for the assistance from the Health Office of Cimahi City. Moreover, the existing communication groups via WhatsApp has not yet been effective because decision making is mostly in the hand of the head/management of community health centers.
2. Process management capacity has a significant significant effect on the service of community health centers on the service of community health centers. In this case, the service level of community health centers will influence the public's perception which eventually will affect LE through the percentage of people who use the community health centers as a place to obtain medical treatment.
3. Although LE has increased (by 0.02 points) during the period of 2014–2015, the usage level of community health centers remained at a stagnant level of 31.11 percent.

Recommendation

Local governments (in this case the City Government of Cimahi) should immediately provide assistance to overcome the problem of process management occurring in every community health centers in Cimahi City. It is necessary as a way to help improve the service capacity of every community health centers in Cimahi City which eventually will improve life expectancy (HDI of the Health Sector) of Cimahi City.

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