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POST-ACCREDITATION EFFICACY IN PUBLIC HEALTH INTERVENTIONS: A QUALITATIVE INQUIRY INTO COMMUNITY HEALTH CENTERS' PERFORMANCE

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ABSTRAK

Abstract:
Community Health Efforts (CHE) function as primary healthcare services with a predominant emphasis on preventive and promotive measures. This study addresses the issue of the performance efficacy of the Community Health Efforts (CHE)Program at the Katoi Community Health Center (Puskesmas) in North KolakaRegency following accreditation. This research aims to elucidate and critically analyze the performance of the Community Health Initiatives post-accreditation at Katoi Community Health Center. Employing a descriptive methodology with a qualitative approach, the study incorporates in-depth interviews, systematic observations, and comprehensive documentation. The collected data were subjected to analysis through processes of data reduction, data display, and conclusion drawing. The findings reveal that the performance of the Health Promotion, Environmental Health, Family Health, and Community Nutrition programs is classified as Excellent, whereas the performance of the Disease Prevention and Control program is rated as Satisfactory. Additionally, there is a discernible correlation between the accreditation status of the community health center and the performance metrics of the CHE program at Katoi Community Health Center.

***Abstrak*:**
Upaya Kesehatan Masyarakat (UKBM) berfungsi sebagai layanan kesehatan primer dengan penekanan utama pada upaya pencegahan dan promotif. Penelitian ini membahas masalah efektivitas kinerja Program Upaya Kesehatan Masyarakat (UKBM) di Puskesmas Katoi, Kabupaten Kolaka Utara pasca akreditasi. Penelitian ini bertujuan untuk menjelaskan dan menganalisis secara kritis kinerja Upaya Kesehatan Masyarakat (UKBM) pasca akreditasi di Puskesmas Katoi. Menggunakan metodologi deskriptif dengan pendekatan kualitatif, penelitian ini menggabungkan wawancara mendalam, observasi sistematis, dan dokumentasi yang komprehensif. Data yang terkumpul kemudian dianalisis melalui proses reduksi data, penyajian data, dan penarikan kesimpulan. Hasil penelitian menunjukkan bahwa kinerja program Promosi Kesehatan, Kesehatan Lingkungan, Kesehatan Keluarga, dan Gizi Masyarakat diklasifikasikan sebagai Sangat Baik, sedangkan kinerja program Pencegahan dan Pengendalian Penyakit dinilai Memuaskan. Selain itu, ada korelasi yang terlihat antara status akreditasi puskesmas dan metrik kinerja program PKBM di Puskesmas Katoi.

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INTRODUCTION

The implementation of quality healthcare development can enhance awareness, willingness, and the ability of individuals to live a healthy life independently, ultimately achieving optimal public health levels. To meet the public demand for healthcare services, the government has established community health centres (Puskesmas) across Indonesia, delivering both Public Health Efforts (UKM) and Individual Health Efforts (UKP) at the primary level. These centres emphasize promotive and preventive measures to achieve the highest possible public health standards within their service áreas [1].

First-level UKM services comprise essential UKM programs such as health promotion, environmental health, family health, nutrition services, and disease prevention and control. Additionally, the development consists of innovative public health efforts tailored to prioritize local health concerns. As an integral part of primary healthcare facilities, community health centres must address key challenges in basic healthcare services, ensuring and maintaining service quality through accreditation [2].

Accreditation alone does not guarantee the absence of quality-related issues in a community health centres. There is no concrete evidence proving that all accredited community health centres perform better than non-accredited ones [3]. According to Ministerial Regulation No. 34 of 2022, the primary objective of Puskesmas accreditation is to enhance quality and performance through continuous improvement in quality management systems, healthcare service programs, and risk management implementation rather than merely obtaining an accreditation certificate.

Preliminary surveys through observations and brief interviews with Puskesmas staff in North Kolaka Regency revealed several issues regarding the accreditation process. These include undergoing accreditation merely to maintain BPJS Health cooperation, the financial burden on the head of the Puskesmas and staff for preparing infrastructure and documentation that is not consistently maintained post-survey, and the absence of incentives from local governments for accredited centres compared to non-accredited ones. These findings contradict the intent of Ministerial Regulation No. 34 of 2022 [4].

This is consistent with the findings of Zahra et al., who found that there was no correlation between accreditation achievements and the performance of Puskesmas in Kuningan Regency [5]. Katoi Puskesmas is one of the 16 accredited Puskesmas in North Kolaka Regency, with an "Utama" rating in 2023. Despite its efforts to implement health policies for optimal public health outcomes, the centres still faces challenges in improving community health status. According to 2022 Katoi Puskesmas Performance Assessment, healthcare service coverage reached 78.80%, placing it in Group III, indicating a low performance level. The general objective of this study is to describe and analyze the impact of Puskesmas accreditation policies on UKM program performance post-accreditation at Katoi Puskesmas, North Kolaka Regency [6].

RESEARCH METHOD

This study adopts a qualitative research design with a descriptive approach. The research was conducted at Katoi Puskesmas from May 13 to June 25, 2024. The research variables focus on essential UKM services. The primary informants include the UKM Workgroup Head, while additional informants consist of UKM program managers. Research instruments include interview guidelines, observations, and documentation. Data analysis was performed through data reduction, data presentation, and conclusion drawing. Data validity was ensured using a triangulation approach.

RESULT AND DISCUSSION

Table 1 presents the performance measurement results of the health promotion program at Katoi Community Health Center, indicating that each indicator of the Health Promotion Efforts has achieved a "Good" category. This finding is corroborated by in-depth interviews conducted by the researcher with the health promotion program officer at Katoi Community Health Center.

Table 1.
Performance Results of the Health Promotion Program at Katoi Public Health Centers in 2023

Indicator	Target	Achievement
Number of active posyandu (integrated service posts)	100%	100%
Number of villages implementing the Healthy Living Community Movement (Germas)	100%	100%
Number of households practicing clean and healthy behavior (PHBS)	100%	80%
Number of villages receiving health education in the community	100%	100%

Source: Secondary Data

Table 2 provides an overview of the performance measurement results for the environmental health program at Katoi Community Health Center, with all indicators achieving the Good category. In-depth interviews with key informants and environmental health program managers identified several factors contributing to this achievement. These factors include robust inter-program and inter-sectoral collaboration in program supervision, as well as efforts by food establishment managers to enhance the quality of their services.

Table 2.
Performance Outcomes of the Environmental Health Program at Katoi Community Health Center in 2023

Indicator	Target	Achievement
The Number of Total Sanitation Community (STBM) Village	100%	100%
Percentage of Public Facility (TFU) Under supervised	100%	100%
Percentage of Food Processing Places (TPP) under supervised	100%	100%
Percentage of drinking water facilities under supervised	100%	100%

Source: Secondary data

Table 3.
Performance Results of the Family Health Program at Katoi Community Health Center in 2023

Indicator	Target	Achievement
First visit of pregnant women in pregnancy (K1)	100%	90,1%
Pregnant women receive services according to standard at least four visits (K4)	90%	85,5%
Pregnant women receive integrated antenatal services according to standards during pregnancy a minimum of six times (K6)	80%	77,1%
Third neonatal visit (KN3)	95%	100%
Deliveries assisted by healthcare workers	100%	100%
Brides-to-be receive health screening	100%	100%
Postpartum mothers receive standard services	85%	86,4%

Source: Secondary Data

According to Table 3, the performance evaluation of the family health program at Katoi Community Health Center shows that all indicators have attained a "Good" rating. However, interviews with key informants and maternal and child health (KIA) program staff reveal that indicators K1, K4, and K6 have not yet reached their targets. This shortfall is attributed to some pregnant women seeking prenatal care only after reaching four months of gestation or later, combined with insufficient knowledge among pregnant women about the importance of early prenatal care as childbirth approaches

Table 4.
Performance Outcomes of the Community Nutrition Program at Katoi Public Health Centers in 2023

Indicator	Target	Achievement
Children aged 6-24 months receiving complementary feeding (MP-ASI)	70%	72%
Prevalence of stunted toddlers (short and very short)	<14%	5.1%
Infants aged 0-6 months exclusively breastfed	50%	68.3%
Coverage of toddlers receiving Vitamin A capsules	90%	95.8%
Weighing of toddlers at Integrated Health Service Post (D/S)	80%	94.1%
Growth monitoring of toddlers	50%	50.6%

Source: Secondary data

According to Table 4, the performance measurement for the Community Health Efforts at Katoi Community Health Center, specifically focusing on the community nutrition improvement program. Notably, all six key performance indicators for the nutrition program have been successfully achieved. Informant interviews reveal that this success is primarily attributed to the active participation and collaboration across different programs and sectors, which has facilitated a cohesive and integrated approach to supervision and program development

Table 5 provides a detailed overview of the performance measurement results for the Disease Prevention and Control program at Katoi Community Health Center in 2023, categorizing it as Satisfactory. Out of the five primary performance indicators for the Disease Control and Eradication Program (P2P), only two indicators met their targets: tuberculosis (TB) patient recovery rate reached 100% (exceeding the target of 90%), and the accuracy and completeness of the Early Warning System and Response (SKDR) reporting also achieved 100% (meeting the target of 100%).

Table 5.
Performance Results of the Disease Prevention and Control Program in 2023

Indicator	Target	Achievement
Infants aged 0-11 months receiving complete basic immunization	100%	94%
Population aged >15 years receiving standard health screening services	70%	64.3%
Tuberculosis Patient Recovery Rate	90%	100%
Accuracy and Completeness of Early Warning and Response System Reporting	100%	100%
Services for patients with severe mental disorders according to standards	100%	22.2%

Source: Secondary data

In-depth interviews with key informants and mental health program managers revealed that the failure to meet several program indicators was primarily due to the low level of public knowledge regarding the implementation of mental health program activities.

Observations at the Integrated Health Service Posts (Integrated Health Service Post) in Lambuno Village indicated an increase in the number of target attendees, reflecting an improvement in Integrated Health Service Post visit coverage and a high level of community participation in bringing infants to the Integrated Health Service Post. According to the researchers' assessment, the effectiveness of the essential community health program implementation at Katoi Community Health Center can be attributed to effective communication and coordination across programs and sectors, high community participation, and the competence of healthcare personnel.

Health Promotion Program

The health promotion program is a highly strategic initiative aimed at improving public health by providing health information to the community and encouraging them to adopt clean and healthy living behaviours in daily life. Research findings indicate that the performance measurement of health services at Katoi Community Health Center (Puskesmas) in the Health Promotion Program has met its target, except for the indicator of the number of households practising Clean and Healthy Living Behavior (PHBS), which has only reached 80% of the 100% target. PHBS in households is an effort to empower family members to understand, be willing, and be capable of practising clean and healthy living behaviours while actively participating in community health movements.

Implementing PHBS in households aims to achieve a healthy household environment. Based on interviews with informants and a recap of household PHBS indicator achievements, out of the ten indicators, the lowest achievement was the habit of not smoking inside the house, which reached only 48.25%. This means that the majority of the community, at 51.75%, still smoke indoors. Several factors contribute to this, including the long-standing smoking habits that are difficult to change due to perceived benefits such as increased stamina and focus on work, limited knowledge, and awareness of the dangers of smoking indoors, and the misconception that smoking indoors only harms the smoker, even though secondhand smoke can pose serious health risks to other family members.

These findings align with the research conducted by Zahra et al., which states that there is a relationship between knowledge and attitudes towards household PHBS and smoking behaviour inside the house [5].

Environmental Health Program

The environmental health program includes efforts such as Water Sanitation through environmental health inspections of clean water facilities, Guidance and Supervision of Food Management Establishments (TPM), Guidance and Supervision of Public Places (TTU), and Community-Based Total Sanitation (STBM). Research findings indicate that the performance measurement of health services at Katoi Community Health Center in the Environmental Health Program has achieved the four key performance indicators at the "Good" category, with a target achievement of 100%.

Several factors contributed to the achievement of these indicators at Katoi Community Health Center, including inter-program and inter-sectoral collaboration in supervision, efforts by food management establishments to improve their service quality, and operational funding (BOK) [7]. Additionally, the collective commitment by all cross-sector stakeholders in Katoi

District to declare Open Defecation Free (ODF) or Stop Open Defecation (Stop BABS) simultaneously. This declaration serves as a form of cross-sector support for the success of the Environmental Health Program.

Family Health Program

The Family Health Program is one of the core programs of the Community Health Center (Puskesmas) aimed at strengthening and improving the reach and quality of Maternal and Child Health Services effectively and effeciently. Research findings indicate that the performance measurement of Katoi Community Health Center in the Family Health Program has not yet met its targets, specifically for K1, K4, and K6 indicators [8].

The Family Health Program is one of the core programs of the Community Health Center (Puskesmas) aimed at strengthening and improving the reach and quality of Maternal and Child Health Services effectively and efficiently. Research findings indicate that the performance measurement of Katoi Community Health Center in the Family Health Program has not yet met its targets, specifically for K1, K4, and K6 indicators. The factors contributing to the failure to meet these targets include pregnant women delaying their first prenatal check-up until after four months of pregnancy. According to program criteria, K1 is counted when a pregnant woman undergoes her first prenatal check-up within the first three months of pregnancy. Additionally, a lack of awareness among pregnant women about the importance of prenatal check-ups before childbirth and the disparity between projected and actual target numbers contributed to the shortfall [9].

This study aligns with the research conducted by Sutan, which identified a significant correlation between knowledge levels and the completeness of Antenatal Care (ANC) visits at Klinik Pratama Sahabat Bunda in 2022, with a p-value of 0.001 [10].

However, several Family Health Program indicators have achieved their targets, including the third neonatal visit (KN3), deliveries assisted by healthcare professionals, and premarital health screening. These achievements were facilitated by the efforts of the coordinating midwife and village midwives in increasing pregnant women's visits to Posyandu, Polindes, and the Community Health Center, implementing accreditation standards as guidelines for program execution.

This research is consistent with the findings of Fauzi, which demonstrated a significant correlation between the implementation of accreditation standards and community health efforts at community health centres in the South Konawe Regency [11].

Community Nutrition Program

The Community Health Center provides nutritional services, including health examinations and counselling [12]. This program seeks to enhance community knowledge and awareness regarding nutrition and health, recognizing the crucial factor that directly influences the quality of human resources; therefore, high-quality nutritional services for individuals and communities are essential [13].

Research findings indicate that the performance measurement of the Public Health Service (UKM) at Katoi Community Health Center in the Community Nutrition Program has successfully met all six key performance indicators [14]. The factors contributing to the success of these indicators include inter-program and inter-sectoral collaboration.

Every community nutrition service activity is consistently communicated and coordinated with relevant programs and sectors, allowing for joint supervision and implementation. Furthermore, the improved

implementation of accreditation standards by each program manager also played a significant role [15].

To maximize outreach while considering limited resources, healthcare services must be integrated across programs and sectors. The Head of the Community Health Center must be able to build cooperation and coordinate programs internally and externally with cross-sector partners. Such coordination is crucial, as the root causes of specific health issues may only be addressed effectively through cross-sectoral collaboration [16].

This aligns with research by Fermayani, et al., which states that cross-sectoral collaboration enables Youth Posyandu to effectively enhance adolescent health, prevent stunting, and empower communities [17].

Disease Prevention and Control Program (P2P)

The Disease Prevention and Control Program (P2P) is a strategic initiative by community health centres aimed at reducing morbidity, mortality, and disability due to communicable and non-communicable diseases [18]. The primary objectives of the P2P program are to enhance efforts in disease prevention and eradication, improve early detection and rapid response to outbreaks, promote healthy behaviours and community-based health efforts, and ensure early detection and treatment of infectious disease patients to prevent widespread transmission [19].

Research findings indicate that out of the five key performance indicators of the P2P Program, only two have met their targets: the tuberculosis (TB) cure rate at 100% and the accuracy and completeness of the Early Warning and Response System (SKDR) reports at 100%. The factors contributing to the success of these indicators at Katoi Community Health Center include cross-program collaboration, family involvement in monitoring medication adherence, staff competency, and adherence to timely and complete reporting by healthcare personnel.

These findings align with research by Idawati states that there is a significant correlation between the role of Directly Observed Treatment (PMO) and tuberculosis patients' adherence to medication consumption. The Immunization Program is a priority initiative under the Minimum Service Standards (SPM) in the health sector, ensuring Universal Child Immunization (UCI) coverage at the village/urban ward level, complete basic immunization for infants aged 0-11 months, follow-up immunization for toddlers, and coverage of new antigen administration, which has not yet reached the set target [20]. Overall, the immunization service performance of Katoi Community Health Center has achieved 94% of the 100% target. Several factors influence this shortfall, including specific cultural influences. Socio-cultural factors also impact individuals' knowledge and attitudes towards vaccination. Vaccine rejection is observed not only among parents but also among religious leaders. Cultural elements persist due to deep-rooted beliefs and societal structures, which are shaped through socialization from an early age, including religious and traditional influences. This finding is consistent with research by Wiguna, et al., which states that cultural factors significantly influence mothers' attitudes toward immunization [21]

CONCLUSION

Based on the research findings regarding the performance of essential Community Health Efforts (UKM) at the Katoi Community Health Center, it can be concluded that the performance of the UKM programs at Katoi Community Health Center in North Kolaka Regency, as assessed from the implementation components of the health service programs Health Promotion, Environmental Health, Family Health, Community Nutrition after

accreditation falls into the good category. Meanwhile, the performance of the Disease Prevention and Control program is classified as Fair. This achievement is attributed to the integration of inter-program and inter-sectoral collaboration, community participation, staff competence, the implementation of community health centre accreditation standards in program execution, guidance from the District Health Office, and financial support from the Health Operational Assistance (BOK) fund.

Additionally, there is a correlation between the accreditation status of the Community Health Center and the performance achievements of Katoi Community Health Center. Based on the conclusions of this study, the researcher provides the following recommendations:

1. The overall performance of SME service delivery, which falls under the "good" category, should be maintained and improved. For essential SME programs that have not yet met their targets, cross-program support from relevant sectors and the implementation of innovative activities are necessary, as these programs can serve as alternative approaches to enhancing healthcare services based on local wisdom.
2. The achievement of performance standards after accreditation should be continuously sustained following the community health centre management guidelines. Regular monitoring and evaluation of quality improvement activities should be conducted to institutionalize a culture of continuous performance improvement in alignment with the core values, vision, mission, and objectives of the community health centre.
3. The North Kolaka District Health Office, particularly the Cluster Guidance Team (TPCB), should strengthen understanding and teamwork in the context of quality by integrating the community health centre accreditation standards into program processes and targets. Additionally, continuous monitoring of strategic improvement planning post-accreditation should be conducted through coaching, supervision, and joint evaluations with relevant cross-program stakeholders.

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