



Analysis of Resources in the Implementation of Local Government Policy related to Efforts to Improve Access to Health Services in Remote Indigenous Communities of Suku Anak Dalam (SAD) in Batang Hari Regency Jambi Province (A Case Study on Durian Luncuk Inpatient Primary Healthcare Centre)

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Abstract

SAD Remote Indigenous Communities have problems in accessing health services due to geographical conditions in the area. The availability of resources that have not been optimal is also an obstacle, such as human resources, financial resources, and infrastructure resources. This type of research is qualitative research with a case study approach. Data collection methods used are in-depth interviews,

observation, and document review. Informants in this study were Head of SDK for the Batang Hari District Health Office, Head of Durian Luncuk Inpatient Primary Healthcare Centre, Special Health Personnel for SAD Remote Indigenous Community at Durian Luncuk Inpatient Primary Healthcare Centre, Facilitator from KKI WARSI. The results showed that the health human resources at the Durian Luncuk Inpatient Primary Healthcare Centre were adequate. However, there will be no special health personnel to accompany the SAD Remote Indigenous Community in 2021. The financial resources come from the Central Government, while from the Regional Government, there is no special budget in implementing this policy. The absence of double garden car transportation or trail bikes is an obstacle for health workers in providing health services to the SAD Remote Indigenous Community area.

Keywords: SAD Remote Indigenous Communities, Health Human Resources, Financial Resources, Facilities, and Infrastructure Resources

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INTRODUCTION

Remote indigenous communities are socio-cultural groups that are local, relatively small, closed, left behind, homogeneous, scattered, nomadic, their lives still adhere to customs, geographical conditions are difficult to reach, livelihoods depend on local natural resources, the technology used is still simple and subsistence economy and limited access to social services. (Koentjaraningrat, 2013)

Not only limited in access to social services, it is known that the Remote Indigenous Community of SAD also has limitations in access to health services. However, the local government has actually tried to solve this problem by issuing a special policy for SAD Remote Indigenous Communities. The policy is stated in the Decree of the Regent of Batang Hari No. 45 of 2018, which aims to improve the welfare of the SAD Remote Indigenous Community, including efforts to improve the health status of the SAD Remote Indigenous Community through the provision of access to health services. (Decree of the Regent of Batanghari No. 45 of 2018)

It is known that the SAD Remote Indigenous Community has problems in accessing health services due to geographical conditions in the SAD Remote Indigenous Community area which is a challenge in providing health services. It is undeniable that several public health problems have not been resolved, one of which is the problem of access.

The research of Forouz Nader et al (2017) suggests that there are obstacles in accessing health services for indigenous peoples, especially residents living in Nature Reserves. In addition, geographical barriers were also identified as barriers to the use of health services for indigenous peoples. This study also proves that the more indigenous peoples work in the health care sector, the greater the acceptance of health services for indigenous peoples. (Nader, 2017)

Access to health services is closely related to the availability of resources as supporters and barriers in the implementation of health service delivery in SAD Remote Indigenous Communities. The resources include human resources, financial resources and infrastructure

RESOURCES.

Research by Suharmiati, et al (2012) shows that the use of Community Health Centers in remote border areas is influenced by access to services. It is known that the affordability of health services at the Community Health Center is still low, one of which is related to service factors which include the resources of the Community Health Center, especially regarding the balance of working period, workload and rewards for health workers for Civil Servants and Non-Permanent Employees, availability of medical equipment, materials consumables and insufficient medicinal materials, as well as the availability of effective means of transportation that can reach the community. (Suharmiati, 2012)



Research by Jane South, et al (2014) shows that what is needed by the community is a paradigm shift from seeing community involvement as a form of wrong public health action, to seeing the community as an important part of the public health system. Means evaluations focused on causal chains, alignment between interventions and target populations to build an understanding of whether and how they contribute to social determinants of health. (South, 2014)

Research by Stephen G. Harfield (2018) proves that culture is the most prominent characteristic that underpins the other seven characteristics identified. In addition, access to health services, community participation, continuous quality improvement and a skilled and culturally appropriate workforce are characteristics of the model for providing health services to indigenous peoples (indigenous peoples). (Harfield, 2018)

Based on information obtained from the Batang Hari District Health Office, it is known from various types of health workers in the working area of the Batang Hari District Public Health Center, it is known that there are an excess of midwives and nurses, while other health workers are still lacking and need to be added These health workers include: doctors, dentists, pharmacists, environmental health, nutrition and medical laboratory technology analysts.

It is also known that the SAD Remote Indigenous Community still has a nomadic lifestyle, so it requires health services that are carried out directly to the location where the SAD Remote Indigenous Community resides. In this case, sufficient health workers are needed to be able to reach their presence in the forest where they live.

Various problems in the availability of resources in the implementation of local government policies are the cause of the non-optimal implementation of local government policies in an effort to improve health status in SAD Remote Indigenous Communities that need more attention. For this reason, this research was conducted in order to see the various obstacles in the availability of existing resources.

The purpose of this study is to analyze resources in implementing local government policies related to efforts to increase access to health services in SAD Remote Indigenous Communities in Batang Hari Regency.

METHOD

This research design uses a qualitative design with a case study approach. The study was conducted from April to May 2021, which was located at the Durian Luncuk Inpatient Community Health Center, Batang Hari Regency, Jambi Province. Data collection methods used were in-depth interviews, observation and document review. The selection of research subjects used a purpose sampling technique. The informants in this study were the Head of the SDK for the Batang Hari District Health Office, the Head of the Durian Luncuk Inpatient Community Health Center, the



Special Health Personnel in the SAD Remote Indigenous Community at the Durian Luncuk Inpatient Community Health Center, and the facilitator from KKI WARSI. The data were processed manually and analyzed using the Miles and Huberman method, through three stages of analysis, namely data reduction, data presentation and drawing and parsing conclusions. (Miles, 1994) In this study, the credibility test used was a triangulation technique.

RESULT

SAD Remote Indigenous Communities have complex social problems such as poverty, education and health. In Jambi Province, the population of SAD Remote Indigenous Communities is quite large and is spread over several districts, namely: Batang Hari, Sarolangun, Merangin, Muaro Bungo and Muaro Tebo districts. Based on the results of a survey conducted by KKI Warsi in 2018, the following data were obtained:

Table 1. Data on SAD Remote Indigenous Communities in Several Districts in Jambi Province based on Survey Results by KKI WARSI in 2018

No	Districts	Total
1	Batang Hari	629
2	Sarolangun	2.228
3	Merangin	1.276
4	Muaro Bungo	395
5	Muaro Tebo	707
Total		5.235

(Source: KKI WARSI Survey Results, 2018)

Table 1. shows that the population of SAD Remote Indigenous Communities spread over 5 districts in Jambi Province has a total of 5,235 people. In Batang Hari (629 people), Sarolangun (2,228 people), Merangin (1,276 people), Muaro Bungo (395 people) and Muaro Tebo (707 people).

HUMAN RESOURCES

In the Regulation of the Minister of Health of the Republic of Indonesia No. 75 of 2014, in Roman Appendix V concerning Manpower Standards for Public Health Centers, it is stated that the minimum conditions required for Community Health Center activities to be carried out properly are 11 types of personnel, as shown in the following table (Regulation of the Minister of Health of the Republic of Indonesia Number 75 of 2014) :

Table 2. Labor Standards in Community Health Centers



No	Power Type	Rural Community Partnership Program Remote Community Partnership Program		Rural Community Partnership Program Remote Community Partnership Program	
		Non Inpatient	Inpatient	Non Inpatient	Inpatient
		Total		Total	
1	Doctor	1	2	1	2
2	Dentist	1	1	1	1
3	Nurse	5	8	5	8
4	Midwife	4	7	4	7
5	Public Health Workers	1	1	1	1
6	Health workers	1	1	1	1
7	Environment	1	1	1	1
8	Medical Laboratory Technologist	1	2	1	2
9	Nutritional Power	1	1	1	1
10	Pharmacy Staff	2	2	2	2
11	Administration staff	1	1	1	1
Jumlah		19	27	19	27

Table 2. shows that the number of manpower standards that must be met in Rural Community Health Centers and Remote Regional Community Health Centers. As for the Non-Inpatient Rural Community Health Center (19 staff), Inpatient Rural Community Health Center (27 staff), Non-Inpatient Remote Regional Community Health Center (19 staff) and Inpatient Remote Area Community Health Center (27 staff).

In Batang Hari Regency as a whole there are sufficient health personnel, it's just that the number of doctors is still lacking and needs to be increased. Apart from doctors, pharmacists, environmental health workers, nutritionists and medical laboratory technology experts are still lacking. This is in accordance with the results of an interview with one of the informants who is the Head of the SDK for the Batang Hari District Health Office.



"Nurses and midwives are too much for Batang Hari. We are the ones who lack the power, namely pharmacy, environmental health, nutrition, labor, maybe those four. Doctors may need more." (Interview March 30, 2021, R.1)

Durian Luncuk Inpatient Community Health Center which is one of the Community Health Centers around the SAD Remote Indigenous Community settlement. It is known that this Community Health Center has quite a lot of health and non-health workers. It's just that in 2021 there are no longer special health workers who accompany and provide routine health services to the SAD Remote Indigenous Community, which of course will affect the health status of this SAD Remote Indigenous Community.

The number of health workers at the Durian Luncuk Inpatient Community Health Center can be seen in the following table (<http://bppsdmk.kemkes.go.id/>):

Table 3. Data on Health Human Resources (HR) of Durian Luncuk Community Health Center

No	Types of Health Workers	Total
1	General practitioners	3
2	Dentist	1
3	nurse	1
4	Nurse (Non Nurse)	47
5	Clinical Midwife	23
6	Village Midwife	7
7	General Midwife	3
8	Pharmaceutical Analyst	1
9	Public Health (Health Promotion)	1
10	Environmental Health (Environmental Sanitation)	2
11	Nutritionist (Nutritionist)	2
12	Dental Technician	2
13	Medical Laboratory Technologist (Health Analyst)	2
Total		93



(Source: Indonesian Ministry of Health's Health PPSDM Agency, 2016, Durian Luncuk Inpatient Community Health Center, 2021)

On the other hand, it is known that the lack of health personnel from accompanying facilitators and the absence of special health personnel from the Community Health Center to reach the location of the SAD Remote Indigenous Community is caused by security factors. This is in accordance with the results of an interview with one of the informants who is a facilitator or assistant to the SAD Remote Indigenous Community.

"Placing health workers for jungle people, whether they're forest nurses, jungle midwives, jungle doctors or something like that, because if we ask the Puskesmas or the local government, we don't dare to put our (health) workers into the forest, that is. . related to security, access and others, that is." (Interview 12 April 2021, R.4)

FINANCIAL RESOURCES

Financial resources are important in determining the success or failure of a policy. In fact, sometimes implementing policies requires a large enough budget to produce quality policies, such as implementing the Batang Hari District Government policies as stated in the Batang Hari Regent's 2018 Decree concerning the Establishment of Remote Indigenous Community Working Groups in Batang Hari Regency, Jambi Province for the 2018 period – 2020. The financial resources at the Community Health Center come from the Central Government, while from the Regional Government it is known that no special budget is provided for carrying out the policies of the Batang Hari District Government today. This is in accordance with the results of interviews with informants who are the Head of the Durian Luncuk Inpatient Community Health Center and special health workers in the SAD Remote Indigenous Community.

Source of funding for Health Operational Assistance (from Central Government)

"We have funds for Health Operational Assistance here, especially for activities, then there are funds from the Regional Public Service Agency. The Regional Public Service Agency for Community Health centers operational funds for incentives is also there." (Interview March 30, 2021, R.3)

"There are operational funds, if for the health sector there are for operations, the funds are from the center and there are Puskesmas there." (Interview May 1, 2021, R.5)

Source of funds from local government

"The source of the funds is from the Health Office, in that year, yesterday, I don't know, for 2021, I don't know, twice in one year." (Interview May 1, 2021, R.5)

Resources for Facilities and Infrastructure



The Durian Luncuk Inpatient Community Health Center has adequate facilities and infrastructure, so that it can support the implementation of health service activities for the community, especially Remote Indigenous Communities who come to visit the Community Health Center directly. However, for health service activities that come to the settlement area of the SAD Remote Indigenous Community, it is not yet optimal. This is due to the lack of transportation that can be used in accordance with the existing road conditions, in the form of heavy terrain, damaged and potholes. It is even known that the Durian Luncuk Inpatient Community Health Center does not have double garden car transportation. On the other hand, there are several Public Health Centers that already have a double garden car, but most of the Public Health Centers do not have transportation in the form of a double garden car. Can be seen in the following table:

Table 4. Availability of Double Garden Car Transportation

No	Community Health centers	SAD Lokasi location	Number of Cars
1	Durian Luncuk Inpatient Community Health Center	Applied River	-
2	Rengas River Community Health Center	Rengas River	-
3	Muara Bulian Community Health Center	Singkawang	-
4	Muara Bulian Community Health Center	Damn	-
5	Muara Tembesi Community Health Center	Trap Junction	-
6	Penerokan Community Health Center	Penerokan	1 Unit Pajero Sport Mobil
7	New Jangga Community Health Center	No SAD	1 Unit Car Double Garden
8	Tidar Kuranji Community Health Center	No SAD	1 Unit Car Double Garden

(Source: Research Results, 2021)

DISCUSSION

The implementation of a policy is the culmination of a regulation or policy being made. The implementation stage is a process of how a policy issued becomes an answer to the problems experienced by the community so that it can be applied optimally and can answer existing problems. However, the implementation stage is not the easy part. Policy makers need to see and develop a good strategy, so that the policies made can actually run optimally. (Patu, 2016)

The success of the policy implementation process is highly dependent on the ability to utilize available resources. Humans are the most important resource in determining a successful



implementation process. Certain stages of the entire implementation process according to the presence of qualified human resources in accordance with the work required by politically determined policies. But when the competence and capability of the resource is nil, it is very difficult to expect.

However, apart from human resources, other resources that need to be taken into account are financial resources and facilities and infrastructure resources. Because like it or not, when competent and capable human resources are available, while the disbursement of funds through the budget is not available, there is indeed a difficult problem to realize what the objectives of this public policy are intended to be. Likewise, infrastructure resources, when human resources are actively working and the disbursement of funds is going well but collided with infrastructure problems, this can also be the cause of the unsuccessful implementation of policies. As the resources requested and referred to by Van Metter and Van Horn (1975) are the three forms of these resources. (Subarsono, 2005)

In line with the results of Sakir et al (2017) research, it shows that the quality of health services for isolated indigenous peoples has been going well, although not optimally. The influencing factors are local wisdom, geographical location, infrastructure and quality of government apparatus resources. (Sakir, 2018) In addition, this study also recommends that local governments provide optimal health services, through the placement of health workers (doctors, paramedics and midwives).) quality and have adequate experience, improve infrastructure conditions and add health facilities at the Village Maternity Boarding School (Polindes) and Supporting Community Health Centers (Pustu), as well as create special health service innovations for marginalized communities in order to create synchronization between medical treatment with non-medical.

HUMAN RESOURCES

The main resource in policy implementation is human resources (policy implementers). One of the failures that often occur in policy implementation is caused by insufficient, adequate, or incompetent human resources in their fields. The addition of the number of implementers alone is not sufficient, but sufficient implementers are needed and have the appropriate capabilities to carry out the policy. The human resources at the Community Health Center are health workers who are active in providing health services to SAD Remote Indigenous Communities.

Agus Riswandi's research (2020) suggests that without resources, implementing personnel who are responsible for implementing policies will work ineffectively, even though orders have been given clearly and consistently, and distributed appropriately. Important resources include a sufficient number of staff and capabilities, appropriate information on how orders are carried out, the authority to ensure that policies are implemented as expected, and facilities that can provide services such as buildings, equipment, land and supplies. (Riswandi, 2020)



Financial Resources

The financial resources of the Community Health Center come from the Central Government, and only part of it comes from the Regional Government. This is because the Community Health Center is a Regional Public Service Agency, which has duties and responsibilities in providing health services to the community, including the SAD Remote Indigenous Community. The sources of Health Operational Assistance funds are used to carry out health activities including health services, while the Regional Public Service Agency funds are used for operational funds for Community Health Centers, while incentives are included. In addition, it is known that there are no special funds or budgets provided by the Regional Government in implementing existing policies. However, the Health Office in supporting health service activities is known to provide a budget twice a year during visits made by the Health Office together with the Community Health Center to the SAD Remote Indigenous Community area.

Luthfi Patu's research (2016) suggests that regional financial management accountability needs to be supported by government financial reform considering the many problems that develop in the sector such as the low level of effectiveness and efficiency of budget utilization, irrationality in management, and the many irregularities or abuses. (Patu, 2016)

In implementing the policy, budget transparency is needed from all sectors involved in implementing the policy. If the existing budget is unable to maximize policy implementation, it is necessary to review the existing policies, so as to minimize the obstacles encountered, especially from the aspect of financial resources.

Resources for Facilities and Infrastructure

In carrying out health service activities that directly come to the settlement area of the SAD Remote Indigenous Community, it is known that it is not optimal. This is due to the lack of transportation that can be used in accordance with the existing road conditions, namely in the form of heavy terrain, damaged and potholes. It is also known that several Community Health Centers already have double garden cars that can be used for direct health services to the location. However, most of the Community Health Centers around the Community Health Center do not have transportation in the form of the double garden car.

The area that already has a double garden car in the form of a Pajero sports car is the Penerokan area. In addition, Janggar Baru and Tidar Kuranji are also equipped with double garden cars. It's just that for these two areas there is no SAD Remote Indigenous Community that resides. The reason these two areas (Janggar Baru and Tidar Kuranji) are equipped with double garden cars, is because these two areas have rough terrain, so they really need transportation in the form of a double garden car. Other areas that have not been equipped with transportation in the form of double garden cars or trail bikes are the Durian Luncuk area, Rengas River. In fact, these two regions have quite a large number of SAD Remote Indigenous Communities. One of the informants said that the Durian Luncuk area was in the stage of requesting transportation in the form of a double garden car.



In line with the research of Pendius Wanimbo, et al (2020) revealed that in the implementation of HR development policies, the supporting facilities are facilities and infrastructure for technical guidance and socialization, including vehicles for transportation to carry out socialization to the level of the Community Health Center. If the available facilities are inadequate, it will have an impact on the delivery of health services to be constrained. (Wanimbo, 2020)

CONCLUSION

Resource indicators have a very important relationship in the successful implementation of a policy. In this case, the resources in question are human resources, financial resources, and facilities and infrastructure resources to support the implementation of local government policies in an effort to increase access to health services in SAD Remote Indigenous Communities in Batang Hari Regency.

The health human resources (HR) at the Durian Luncuk Inpatient Community Health Center are adequate. However, for special health workers who are tasked with assisting and providing services for SAD Remote Indigenous Communities routinely twice a week, it is known that there will be no longer available in 2021. The financial resources of the Community Health Center come from the Central Government, while from the Regional Government it is known that there is no special budget. in implementing this policy. The resources of the Community Health Center facilities and infrastructure are sufficient. However, it is known that there is no double garden car transportation or trail bikes, which is an obstacle for health workers in providing health services to the SAD Remote Indigenous Community area.



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