



Evaluation Of Sanitation Clinic In An Effort To Overcome Enviromental Based Disease At Ciracas Public Health Center

Raissa Queena¹, Onny Setiani², Nikie Astorina Yunita Dewanti³

^{1,2,3}Departement Environmental Health, Faculty of Public Health, Diponegoro University, Semarang, Indonesia

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Abstract

The low quality of life, especially public health related to poor environmental conditions and behavior can cause environmental-based diseases. Residential problems in Serang City can generally be seen from the low quality and level of sanitation services, both in urban and rural areas. In 2020 there were 9,254 cases of diarrhea, 256 DHF and 1,346 TB cases in Serang City. Serang District is the sub-district with the most cases, namely 2,417 for diarrhea, 116 for DHF, and 691 for TB. The low quality of life, especially public health related to

poor environmental conditions and behavior can cause environmental-based diseases. From 5 health centers in Serang District, The Ciracas Health Center is a health center that is still actively carrying out sanitation clinic activities until now. The purpose of this study was to evaluate the implementation of the sanitation clinic program at the Ciracas Public Health Center, Serang City in an effort to overcome environmental-based diseases. From the results of the study, the implementation of the sanitation clinic program has been running but still had many problems in managing environmental based diseases. From an organizational perspective, it only consisted of a sanitarian officer who had a high workload, operational funds were not available, infrastructure supporting activities were inadequate and there was no achievement target for the sanitation clinic program which caused this program of sanitation clinic was not optimally running. In terms of interaction, the services provided counseling activities and home visits, but counseling activities were only carried out twice a week due to limited health personnel. In terms of impact, not all patients and clients received intervention in the form of repair and construction of sanitation facilities, most patients and clients only receive intervention in the form of counseling.

Keywords: *Sanitation Clinic, Environmental Based Disease, Public Health Center*

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Introduction

Low quality of life, especially public health related to poor environmental conditions and behavior can cause environmental-based diseases. Poor sanitation can be a medium for transmitting environmental-based diseases, such as flies, mosquitoes, cockroaches, fleas, fleas, rats that can cause health problems, such as diarrhea, skin, ARI, and others (Indonesian Public Health, 2016). In Serang City, housing problems in general can be seen from the low quality and level of sanitation services, both in urban and rural areas. In 2020 there were 9,254 cases of diarrhea, 256 DHF and 1,346 TB cases in Serang City. Serang District is the sub-district with the most cases, namely 2,417 for diarrhea, 116 for DHF, and 691 for TB (Badan Pusat Statistik Kota Serang, 2020)

Of the 5 health centers in Serang District, Ciracas Health Center is a health center that is still actively implementing the sanitation clinic program until now. Ciracas Public Health Center in an effort to reduce environmental-based disease implements a sanitation clinic program, a sanitation clinic is an activity program that integrates the implementation of health promotion between promotive, preventive and curative which are at risk of high risk (Indonesian Public Health, 2016). The implementation of the sanitation clinic program is in line with the Regulation of the Minister of Health Number 13 of 2015 concerning the Implementation of Environmental Health Services in Puskesmas.

The benefits of the sanitation clinic at the puskesmas are to help solve environmental health problems experienced by patients or clients as well as being useful for meeting basic sanitation needs in the community, such as increasing the quantity of clean water facilities and family latrines in an area. Possession of basic sanitation becomes important in preventing various kinds of environmental-based diseases (Sugiharto and Oktami, 2018).

According to Tousu's research, one of the factors that influence the occurrence of diarrhea is the availability of basic sanitation at home that does not meet health requirements, such as advice on clean water, latrines and sewerage (Tousu and Azihzadi, 2013). This is also in line with Syarifuddin's research which proves that areas that have sanitation clinic services at puskesmas have lower cases of environmental-based diseases such as diarrhea (19.3%) compared to areas that do not have sanitation clinics at puskesmas (66.2%) and also ownership of family latrines is 77.8% in areas with a sanitation clinic at the Puskesmas, while areas without a sanitation clinic at the Puskesmas are only 42.7% (Syarifuddin, Ishak and Arifin, 2010)

Even though the sanitation clinic program is on going but environmental-based diseases are still not resolved. One of them is the finding of diarrhea cases that have not yet reached the target, which is 59% of the target of 100% diarrhea cases found in Serang City (Dinas Kesehatan Kota Serang, 2018). On that basis, the research question is how to describe the activities of the



sanitation clinic at the Ciracas Public Health Center in Serang City in tackling environmental-based diseases

However, there is no routine evaluation of the sanitation clinic program at the Ciracas Health Center and based on the results of preliminary studies related to environmental-based diseases which are still high and have not met the targets of the Serang City Strategic Plan in 2018-2023, the authors wanted to see whether the application of clinical sanitation at the Ciracas Public Health Center in disease management based on the environment is in accordance with the Regulation of the Minister of Health Number 13 of 2015 concerning the Implementation of Environmental Health Services at the Ciracas Public Health Center. On that basis, the question is the evaluation of the sanitation clinic program at the Ciracas Health Center in Serang City in an effort to control environmental-based diseases?

Method

The type of research was a qualitative with descriptive approach to assess the implementation of sanitation clinic program in Ciracas Public Health Center in Serang city. This type of research was a qualitative research. There were 3 aspects evaluated in this study, including aspects of organization, interaction and impact. The evaluation basis used to evaluate the sanitation clinic program based on the Minister of Health Regulation Number 13 of 2015 concerning Environmental Health Services at the Puskesmas. The data used in this study primary data taken from by an in-depth interviews with the main informant, the sanitation clinic officer. There were 3 triangulation informants, namely, the Head of the Ciracas Health Center, Head of Environmental Health Sie and staff of integrated sanitarian functional positions at the Serang City Health Office. The data of the role of organization, interaction and impact taken from in-depth interviews will be evaluated, while the secondary data from the report of the results of services in sanitation clinics and health profile of Serang City Banten province in 2020, includes environmental based diseases data. The population in this study were all the Public Health Center in Serang city as many as 16 Ciracas Public Health Center in each sub-district. In this study, data processing and analysis used include data collection, data reduction, data presentation, and drawing conclusions.

Result

Ciracas Public Health Center is located in Serang Village, Serang District, Serang City. Ciracas Public Health Center ciracas is located in Serang District which is strategically located because it is in the middle of residential areas and also close to the center of Serang City. The area of Serang Subdistrict is 25.88 ha consisting of 12 villages. Ciracas Public Health Center Ciracas is one of the Technical Implementation Units of the Serang City Health Office which is responsible for public health services in Ciracas Village consisting of 20 RW.



Based on Minister of Health Regulation Number 13 of 2015 concerning the Implementation of Environmental Health Services in Ciracas Public Health Center, this environmental health service aims to realize a healthy quality of the environment and prevent diseases or health problems stemming from environmental factors. These health service activities include counseling activities, environmental health inspections and interventions or health responses. In a program, of course, there are several aspects that are formed to make the program easier to implement. Therefore, aspects are made in each program that include: objectives, policies, rules, funds and strategies in its implementation.

After in-depth interviews and direct observations in the field regarding the implementation of sanitation clinics, both indoor and outdoor activities based on Minister of Health Regulation Number 32 of 2015. There are three components needed to conduct a program evaluation, namely organization, interaction and impact. This evaluation aims to determine whether the implementation of sanitation clinic services at the puskesmas is in accordance with the requirements set out in the regulation. Thus, the results of the evaluation can be used as lessons for improving and improving the quality of sanitation clinic services at the Ciracas Health Center.

1. Organization in the Implementation of the Sanitation Clinic Program

In the organization there is a process in which there is interaction between people who are members of the organization. It can also be said that the organization is a form of human cooperation to achieve common goals. In organizations, it is necessary to have basic resources to achieve existing goals, these basic sources are in the form of human resources, funds, standard operating procedures (SOPs), infrastructure, marketing and supervision.

Based on the results of in-depth interviews with key informants, it is known that there is only one sanitarian officer in charge of the program. This is in line with the results of interviews with triangulated informants, he said that indeed the number of sanitarian workers in each puskesmas was equalized, one officer per puskesmas. In practice, officers not only carry out the sanitation clinic program but also have other responsibilities outside the sanitation clinic program. The Serang City Service and the Head of the Puskesmas as supervisors certainly carry out monitoring and evaluation of the performance and achievements of the programs that have been carried out by officers, but for the sanitation clinic program, although the supervision system has been implemented, there is no achievement target for this program.

For the availability of funds, the key informants and triangulation agreed that the sanitation clinic program did not have funds for program operations. This limited funding



causes the services provided at the sanitation clinic and the existing infrastructure to support the sanitation clinic program to be less than optimal. Based on the results of interviews with key informants, it is known that every officer has a sanitarian kit but most of the existing measuring instruments have been damaged due to the absence of equipment maintenance. This is in line with the results of interviews with triangulation informants who said that indeed every sanitarian officer was given a sanitarian kit, but there was no maintenance of the equipment due to limited funds. Puskesmas Ciracas in running the sanitation clinic program already has a reference in the form of Standard Operating Procedures (SOP) for sanitation clinic activities that refer to the Guidelines for the Implementation of the Environmental Health Program at the Puskesmas. However, even though there are standard operating procedures that regulate the operation of this program, in reality the implementation of the sanitation clinic program is still not in accordance with the applicable standard operating procedures. Based on the guidelines, patients suffering from environmental-based diseases should be referred to a sanitation clinic before receiving medication. This referral system is an effort that can be done by the puskesmas to promote the sanitation clinic program to patients, but in the implementation of the sanitation clinic at the ciracas health center, patients can get medicine even though they do not visit the sanitation clinic. From these findings, it can be concluded that the implementation of the applicable operational standards is still inadequate and results in the marketing of sanitation clinic programs not being optimal.

2. Interaction in the Implementation of the Sanitation Clinic Program

Based on the results of research services provided in the sanitation clinic program, namely counseling and home visits. In counseling activities, interviews were conducted regarding problems faced by patients or clients, officers also asked about the condition of the home and surrounding environment related to the type of disease or problems with sanitation facilities. From the results of the interview, a diagnosis of the cause of the disease was obtained in terms of behavior and the environment where the patient or client lived, then the officer gave advice which was then applied by the patient to minimize the occurrence of environmental-based diseases. This counseling activity were held every Monday and Thursday, from 09.00 to 11.00 WIB. Home visits were carried out after the patient has done counseling and made an agreement with the officer to make a home visit if needed. Home visit activities at the Ciracas Public Health Center did not have a fixed schedule for implementation, home visits were carried out based on the results of the agreement between the officer and the patient or client. However, during this



pandemic, patient visits to the Ciracas Public Health Center have decreased, this has also resulted in fewer patients coming to the sanitation clinic. Home visits were the same, at the beginning of the pandemic, most people were still afraid of home visits. Even so, officers carry out their duties properly with a note when making home visits that they must use complete PPE.

During the COVID-19 pandemic, of course, there have been changes in the services provided. At the beginning of the pandemic, sanitation clinic activities had stopped because the Serang Village was included in the red zone so services at the Ciracas Public Health Center were focused on preventing and handling COVID-19. In addition, the number of patients who come to the Ciracas Public Health Center has also decreased since this pandemic because most people are still afraid to go to public places let alone health services. The new sanitation clinic can operate normally in June, with the condition that it uses full PPE.

In 2020, there were 19 visits to the sanitation clinic. 18 of them have the same problem, namely the absence of latrines and the unavailability of clean water which causes people to practice open defecation (BABS).

3. Impact of the Sanitation Clinic Program

The expected impact of sanitation clinic activities was a change in community behavior and a decrease in the number of diseases. Based on the results of direct observation, it could be seen that there has been a change in behavior in clients who visit the sanitation clinic. 9 out of 18 clients who previously practiced open defecation, now have adequate basic sanitation facilities, namely the construction of wells and latrines. However, because the construction of the sanitation facility has not yet been completed, the officer advises the client to share latrines with his neighbors or defecate at the local mosque.

However, the implementation of the sanitation clinic program was still less than optimal and the lack of visits from patients with environmental-based diseases to sanitation clinics has led to the existence of cases of environmental-based diseases in the working area of the Ciracas Health Center. The number of cases of environmental-based diseases varies in number, some have increased and some have decreased every month. Based on the results of interviews with key informants, he said that the Serang City Health Office hoped that the impact of this sanitation clinic program was the discovery of an increasing number of disease cases.



Discussion

1. Organization in the implementation of the sanitation clinic program

Based on the Regulation of the Minister of Health Number 13 of 2015 concerning the Implementation of Health Services at the Puskesmas, it explains the resources for the implementation of environmental health service activities at the Puskesmas, in which it is explained about the basic resources that support the implementation of the sanitation clinic program so that it runs optimally. In the Minister of Health Regulation No. 13 of 2015, that to run the sanitation clinic program, 3 adequate resources are needed, which include aspects of human resources, funds and infrastructure (Menteri Kesehatan Republik Indonesia, 2015). Based on the results of the study, it is known that the human resources at the Ciracas Public Health Center consist of 1 sanitarian who has responsibility for many programs. Based on the results of interviews with key informants and triangulation, This is due to the lack of sanitarian staff in Banten Province, especially Serang City. In addition, the absence of an achievement target for the sanitation clinic program also causes officers not to prioritize the implementation of the sanitation clinic program compared to programs that have achievement targets. This finding is in line with the research of Agung Maria Putri who found that the sanitation clinic program could not be implemented properly because of the limited sanitation clinic staff and infrastructure (Putri and Mulasari, 2018). Furthermore, the unavailability of funds also affects the quality of services and infrastructure in the sanitation clinic. Funds are an important thing in a program, with funds it can affect the effectiveness of the program services provided.

Based on the results of in-depth interviews with informants, it is known that the funds for the implementation of the sanitation clinic are not available. Its because the sanitation clinic program is not included in the 12 minimum service standards, so the program does not receive health operational assistance funds. This is not in line with the research of Agustin Nandya, who found that the success of sanitation clinic services at the puskesmas is the presence of sufficient funds, so that health services run well (Agustin Nandya Andila, 2020). This limited funding also causes the infrastructure provided to support the sanitation clinic program to be not optimal, each officer is given one sanitarian kit each to support the implementation of the environmental health program. However, due to this unavailability, there is no equipment maintenance which causes some tools to be damaged and cannot be used. In fact, according to the Minister of Health Regulation number 13 of 2015 the availability of supporting infrastructure for sanitation clinics is important because if there are no adequate facilities and infrastructure to support the program, it will certainly complicate the completion of existing work. If you want to run optimally, it must be balanced with adequate facilities and infrastructure according to program needs. This is also supported by McCord's research, that



maintaining facilities and infrastructure in health facilities is an effective thing to maintain environmental health such as water supply, waste management, sanitation and so on (McCord, Crock and Etc, 2019). Therefore, another aspect that must be met in the existence of operational standards in accordance with the guideline. The standar operating system is a system that is designed to facilliate, tidy up, and bring order to our work (Ekotama, 2015). The sanitation clinic program at the Ciracas Health Center already has implementation guidelines that have been implemented.adjusted to the Guidelines regarding the Implementation of Environmental Health Services at the Puskesmas. However, for the flow of activities itself, there are differences from Regulation of the Minister of Health Number 13 of 2015. The regulation explains that patients can receive drugs after visiting the sanitation clinic room, but in the implementation of the sanitation clinic at the Ciracas Public Health Center, patients from the treatment center can receive drugs directly without must visit the sanitation clinic. Whereas this referral system is a marketing effort that can be done by the puskesmas to increase patient visits to sanitation clinics. This is caused by the inappropriate implementation of standard operating procedures and also the lack of public knowledge about the sanitation clinic program. Someone who has low knowledge of sanitation clinics has a tendency not to use sanitation clinics in carrying out environmental-based disease prevention (Husnawati, Arifin and Yuliani, 2017). Therefore, it is important to carry out regular mini-workshops with internal and external health centers. In an internal mini-workshop, it is necessary to monitor the suitability of the implementation of the sanitation clinic program with the operational standards that have been made. Meanwhile, mini workshops with cross-sectoral activities can be used to promote sanitation clinic programs to cadres or local officials. it is important to carry out regular mini-workshops with internal and external health centers. In an internal mini-workshop, it is necessary to monitor the suitability of the implementation of the sanitation clinic program with the operational standards that have been made. Meanwhile, mini workshops with cross-sectoral activities can be used to promote sanitation clinic programs to cadres or local officials. It is important to carry out regular mini-workshops with internal and external health centers. In an internal mini-workshop, it is necessary to monitor the suitability of the implementation of the sanitation clinic program with the operational standards that have been made. Meanwhile, mini workshops with cross-sectoral activities can be used to promote sanitation clinic programs to cadres or local officials.

2. Interaction in the implementation of the sanitation clinic

Interaction is a relationship between two or more individuals, where individual behavior affects or changes other individuals or vice versa. In the sanitation clinic program, there is a relationship between service providers or officers and consumers, namely clients or patients.



The sanitation clinic program service consists of two activities, namely activities inside and outside the building. Services inside the building are counseling services, while services outside the building are home visits.

Based on the results of interviews and direct observations that have been carried out by researchers that the sanitation clinic program services are in accordance with the Regulation of the Minister of Health of the Republic of Indonesia No. 13 of 2015. Environmental health services provided include activities inside and outside the building. However, the implementation of this activity is still not optimal. For counseling activities should be done every day, but in reality it is only done 2 times a week. This happens because of the lack of human resources as implementers of the sanitation clinic program, sanitarian officers at the Ciracas Health Center not only run the sanitation clinic program but are also responsible for carrying out other environmental health activities. This is not in line with Sari's research, which found that all elements of the puskesmas are obliged to socialize sanitation clinics to the community so that people realize the importance of sanitation clinics to tackle environmental-based diseases (Sari, 2012).

For activities outside the building, there is also no definite schedule for conducting home visits. In the implementation of the intervention, the sanitarian staff must first collaborate with cross programs or sectors due to the unavailability of funds. Therefore, to improve services at sanitation clinics, it is necessary to improve organizational aspects which include the availability of human resources and adequate funds so that the services provided are more optimal. And also to the Serang City Health Office to actively propose to the Banten Provincial Health Office to add human resources to assist the implementation of the sanitation clinic program.

3. Impact of the implementation of the sanitation clinic program

According to Regulation of the Minister of Health Number 13 of 2015, the specific objectives of the environmental health service program at the puskesmas are to reduce the number or health problems caused by environmental risk factors, increase knowledge, awareness and behavior of the community to prevent diseases or disorders caused by environmental risk factors, and also create integrated activities.

Based on the results of interviews with informants regarding changes in the behavior of patients who have been given services, the informants said that there was a change in behavior. Based on data obtained from the sanitation clinic report from June-December 2020, there were 19 people who received environmental health services. 10 clients and patients only received intervention in the form of counseling, this was due to limited funds to build infrastructure in the neighborhood. Meanwhile, the other 9 clients are neighbors and have the same



environmental problem, namely not having clean water facilities. Therefore, the officers took the initiative to build wells as a means for the community to have clean water. The officers collaborated with the Public Development and Public Housing Service to build the well and the construction is still ongoing. There are also patients who have problems not having a latrine, these patients are used to defecating in the river. After being given counseling and counseling several times, the patient finally showed a change in behavior by no longer practicing open defecation because now he is sharing latrines with his neighbors. The officer also gave advice to the head of the neighborhood to build latrines for residents who do not have latrines. Finally the patient showed a change in behavior by no longer practicing open defecation because now he is sharing latrines with his neighbors.

This development is in accordance with presidential regulations, that one part of national development is health development. Health development is directed at increasing awareness, willingness, and ability to live a healthy life for everyone in order to achieve health status the highest society. Human resources are an indicator of the success of health development with a contribution of 80% of all factors related to health development (Peraturan Presiden, 2012). This result is in line with Syarifuddin's research which proves that the ownership of sanitation facilities in communities whose areas already have sanitation clinic services at the puskesmas is better than areas that do not have sanitation clinic services at the puskesmas (Syarifuddin, Ishak and Arifin, 2010). In order for the community to show behavioral changes, cooperation with policy makers in the surrounding environment is needed. Able to set a good example to the community about environmental health. In addition, there is a need for regular monitoring and evaluation to determine the impact of the sanitation clinic program on the community.

Conclusion

The results showed that the description of the implementation of the sanitation clinic program at the Ciracas Health Center was still less than optimal. The limitations that exist in the organizational aspect affect the services provided in the interaction aspect. If the services provided are not optimal, the resulting impact will not be optimal too. Based on the evaluation of organizational aspects, interactions and impacts, it can be concluded that there is a link between one aspect and another in producing optimal sanitation clinic services.



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