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Epidemiological Overview of Implementation of the First Monthly Mini Workshop of Community Health Centers in Jeneponto Regency in 2024

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ABSTRACT

Puskesmas is a place where promotive, preventive, curative and rehabilitative health efforts are carried out by the government, regional government and community. The main aim of this research is to obtain an epidemiological picture of the implementation of the first month of the Puskesmas Mini Workshop in Jeneponto Regency in 2024. This research uses a descriptive survey method. The results showed that 7 (35%) Community Health Centers carried out mini workshops (Lokmin) in the first month on time, 13 (65%) not on time, and 11 (55%) produced annual RPK, and 9 (45%) did not produce Annual RPK. 8 (40%) Puskesmas produce monthly RPKs, and 12 (60%) do not produce monthly RPKs. 2 (10%) Community Health Centers carry out the distribution of tasks for the target areas (Darbin), and 18 (90%). 7 (35%) community health centers produced a Proposed Activity Plan (RUK) for the coming year, while 13 (65%) did not produce a RUK for the coming year. 19 (95%) community health centers produced a Strategic Plan, while 1 (5%) did not produce a Strategic Plan. Therefore, policy makers must evaluate the head of the community health center as an additional position to assess the implementation of the main duties and functions. The head of the community health center pays more attention to the Puskesmas management cycle to increase the accuracy of the TPCB in accompanying the mini workshop. The RPK report and Decree of the Person in Charge of Darbin must be sent to the Health Service no later than the second week of January of the current year. using RUK as a source for Village and District Musrenbang proposals

INTRODUCTION

Community Health Center, hereinafter referred to as a health service facility, carries out community health efforts and first-level individual health efforts by prioritizing promotive and preventive efforts in its work area.

A first level health service facility is a place used to provide health service efforts, both promotive, preventive, curative and rehabilitative, carried out by the government, regional government and/or the community.

To create a Community Health Center that is effective, efficient and accountable in providing quality and sustainable first-level health services by paying attention to patient and community safety, organizational arrangements and work relations arrangements for community health centers are needed.

In carrying out its activities, the community health center has principles that include a healthy paradigm, regional accountability, community independence, availability of access to services, appropriate technology, as well as integration and sustainability.

Based on the above principles, community health centers encourage all stakeholders to participate in efforts to prevent and reduce health risks faced by individuals, families, groups and communities, take responsibility for health development in their area, encourage community independence to live healthy lives for individuals, families, groups and community, provide health services that are accessible and affordable to all people in the area without differentiating social, economic, cultural, religious and belief status, utilize technology that is appropriate to service needs, easy to use and does not have a negative impact on the environment, implement a referral system supported by Puskesmas management, integrating and coordinating the implementation of UKM and UKP across programs and across sectors through Community Health Center Mini Workshop meetings, both monthly mini workshops and quarterly mini workshops.

THEORETICAL REVIEW

Epidemiology is a knowledge of the health and illness of a population. (Moris, 1964). Epidemiology as a science regarding the occurrence and distribution of health conditions, diseases and changes in the population, as well as their determinants and the consequences that occur in population groups (Abdel.R.Omran, 1974).

a. Descriptive Epidemiology
   Science that studies the distribution of public health problems
b. Analytical Epidemiology
   Analyzing the determinant factors of health problems
c. Experimental Epidemiology
   Prove the truth with trials/experiments

The First Monthly Mini Workshop is a team-raising workshop, held in the context of organizing the implementation of the Community Health Center Activity Implementation Plan. Organization is carried out in the context of determining the person responsible and implementing each activity as well as for the work area unit. All Puskesmas work programs and work areas are

distributed to all Puskesmas employees, taking into account their abilities. The first monthly mini workshop is held in the first month of the current year.

Community Health Centers as the backbone of the implementation of basic health services for the community in their working areas play a role in organizing health efforts to increase awareness, willingness and ability to live healthily for every resident in order to obtain an optimal level of health. To implement Health Efforts, both First Level Health and First Level Individual Health Efforts, Puskesmas management is required to be carried out in an integrated and sustainable manner to produce effective and efficient Puskesmas performance. Therefore, an effective and efficient planning process is needed which is carried out through the Community Health Center mini workshops, especially the first monthly mini workshops.

In this research, the variables that will be examined are limited to the implementation of the mini workshop in the first month which is related to Time and Output. Based on the description above, as a process of thought flow in this research, the following conceptual framework was created:

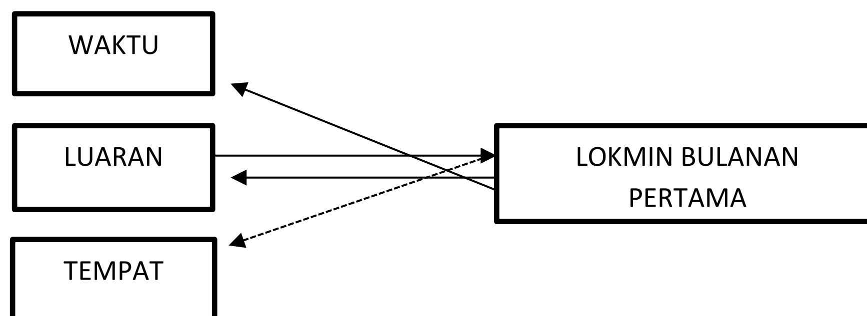

Figure 1. Conceptual Framework

1. Time is the time period for holding the first monthly mini workshop which is viewed based on the month of implementation in a particular year. (Puskesmas Management Module)
   Objective criteria: On time: If done no later than Sunday second month January of the current year
   Inappropriate: If carried out after a week second in January of the current year
2. Outputs are documents produced in the first month of mini workshop activities. (Permenkes No. 44 of 2016)
   Objective Criteria:
   Exists: If there is an output document intended
   None: If the output document is less than the provisions

METHODOLOGY

a. Types of research

This type of research is a survey with a descriptive approach which aims to see an overview of the implementation of the first month's mini workshop based on time and output. This research was carried out by identifying the implementation of the first monthly mini workshops

retrospectively through primary data (First Month Lokmin Minutes) in all Community Health Centers in Jeneponto Regency in 2024.

b. Located

This research will be carried out at all Community Health Centers in Jeneponto Regency in 2024.

1. Population

The population in this study is all community health centers in Jeneponto Regency in 2024

2. Sample

The sample in this study was all community health centers in Jeneponto Regency in 2024

3. Sampling

Sampling in this research was carried out using the total sample

RESULTS AND DISCUSSION

Descriptive analysis of research results

1. *Implementation of the First Month Mini Workshop According to Implementation Time*

Tabel 1

Distribusi Pelaksanaan Loka Karya Mini Bulanan Pertama Puskesmas Menurut Waktu Pelaksanaan Di Kabupaten Jeneponto Tahun 2024

NO	PUSKESMAS	Pelaksanaan				
		Waktu Pelaksanaan			Keterangan	
		Tanggal	Bulan	Tahun	Tepat Waktu	Tidak Tepat Waktu
1	Bangkala	24	01	2024		V
2	Kapita	19	02	2024		V
3	Buludoang	28	02	2024		V
4	Barana	02	01	2024	V	
5	Tamalatea	31	01	2024		V
6	Bontoramba	29	01	2024		V
7	Binamu	29	01	2024		V
8	Bts. Kota	07	02	2024		V
9	Binamu Kota	05	01	2024	V	
10	Bululoe	21	02	2024		V
11	Bontomatene	23	01	2024		V
12	Togo Togo	31	01	2024		V
13	Arungkeke	31	01	2024		V
14	Tino	10	01	2024	V	
15	Tarowang	22	01	2024		V
16	Tolo	31	01	2024		V
17	Rumbia	07	01	2024	V	
18	Tompobulu	09	01	2024	V	
19	Bulusibatang	15	01	2024	V	
20	Embo	29	01	2024		V

	Jumlah				7	13
	%				35	65

Based on Table 1 above, it shows that of all the community health centers that implemented the first monthly mini workshop, there were 7 (35%) community health centers that implemented the first monthly mini workshop (Lokmin) on time, and there were 13 (65%) community health centers that implemented it incorrectly time.

2. *Implementation of the first monthly mini workshop according to output.*

Table2. Distribution of Output (Out Put) Implementation of the First Month Mini Workshop According to Community Health Centers in Jeneponto Regency in 2024

NO	PKM	Keluaran (Out Put) Lokmin Bulan Pertama					
		RPK Tahunan		RPK Bulanan		Pebagian Tugas Daerah Binaan	
		Ya	Tidak	Ya	Tidak	Ya	Tidak
1	Bangkala		V		V		V
2	Kapita	V			V		V
3	Buludoang		V		V		V
4	Barana	V		V			V
5	Tamalatea		V		V		V
6	Bontoramba	V					
7	Binamu	V		V			V
8	Bts. Kota		V		V		V
9	Binamu Kota	V		V		V	
10	Bululoe	V			V		V
11	Bontomatene	V			V		V
12	Togo Togo		V		V		V
13	Arungkeke		V		V		V
14	Tino	V		V			V
15	Tarowang		V		V		V
16	Tolo	V		V			V
17	Rumbia		V	V		V	
18	Tompobulu	V		V			V
19	Bulusibatang		V		V		V
20	Embo	V		V			V
	Jumlah	**11**	**9**	**8**	**12**	**2**	**18**
	%	**55**	**45**	**40**	**60**	**10**	**90**

Based on table 2 above, it shows that there are 11 (55%) community health centers that carry out the first monthly mini workshops which produce (output) annual RPKs, and 9 (45%) community health centers do not produce annual RPKs.

Furthermore, there are 8 (40%) Community Health Centers implementing the first monthly Lokmin which produces (out put) monthly RPKs, and 12 (60%) Community Health Centers do not produce monthly RPKs.

There were 2 (10%) Community Health Centers that carried out mini workshops in the first month which produced (output) a distribution of tasks for the target areas (Darbin) and 18 (90%) Community Health Centers did not produce a distribution of tasks for the target areas (Darbin).

Table 3. Distribution of Output (Out Put) Implementation of the First Month Mini Workshop According to Community Health Centers in Jeneponto Regency in 2024

NO	PKM	Keluaran (out put) Lokmin Bulan Pertama							
		Kesepakatan Pelaksanaan RPK		Bahan Musrenbang		Draf RUK Tahun yang akan datang		DRAF RENSTRA	
		Ya	Tdk	Ya	Tdk	Ya	tdk	Ya	Tdk
1	Bangkala		V	V		V		V	
2	Kapita	V			V		V	V	
3	Buludoang		V		V		V	V	
4	Barana	V		V		V		V	
5	Tamalatea		V		V		V	V	
6	Bontoramba	V			V			V	
7	Binamu	V		V		V		V	
8	Bts. Kota		V		V		V	V	
9	Binamu Kota	V		V		V		V	
10	Bululoe	V			V		V	V	
11	Bontomatene	V			V		V	V	
12	Togo Togo		V		V		V	V	
13	Arungkeke		V		V		V	V	
14	Tino	V		V		V		V	
15	Tarowang		V		V		V	V	
16	Tolo	V		V		V		V	
17	Rumbia		V	V		V		V	
18	Tompobulu	V			V		V	V	
19	Bulusibatang		V		V		V	V	
20	Embo	V			V		V		V
	Jumlah	**11**	**9**	**7**	**13**	**7**	**13**	**19**	**1**
	%	**55**	**45**	**35**	**65**	**35**	**65**	**95**	**5**

Based on table 3 above, it shows that of the 20 Community Health Centers that implemented the first month's mini workshop, there were 11 (55%) Community Health Centers that produced (output) an agreement on implementing the RPK and 9 (45%) of the Community Health Centers did not

produce an agreement on implementing the RPK at the first month's mini workshop. .

Furthermore, there are 7 (35%) community health centers that produce musrenbang materials and 13 (65%) that do not produce musrenbang materials. There are 7 (35%) community health centers that produce a Proposed Activity Plan (RUK) for the coming year, 13 (65%) do not produce (output) a Proposed Activity Plan (RUK) for the coming year.

There are 19 (95%) Puskesmas that produce (output) Strategic Plans / Five Year Puskesmas Plans and there is 1 (5%) Puskesmas that do not produce (output) Puskesmas Strategic Plans.

DISCUSSION

1. ***Implementation of the First Month Mini Workshop According to Implementation Time.***

Based on Table 1 above, it shows that of all the community health centers that implemented the first monthly mini workshop, there were 7 (35%) community health centers that implemented the first monthly mini workshop (Lokmin) on time, and there were 13 (65%) community health centers that implemented it incorrectly. time.

Based on the puskesmas management cycle, the first month's mini workshop is held on the second week of January, so based on table 1 above there are still 13 (65%) puskesmas that carry out the first month's mini workshop not on time, this is because the head of the puskesmas is also position as a functional official.

2. ***Implementation of the first monthly mini workshop according to output.***

Berdasarkan tabel 2 di atas menunjukkan bahwa terdapat 11 (55%) Puskesmas yang melaksanakan loka karya mini bulanan Pertama yang menghasilkan (out put) RPK tahunan, dan 9 (45%) puskesmas tidak menghasilkan RPK tahunan. Selanjutnya terdapat 8(40%) Puskesmas melaksanakan lokmin bulanan pertama yang menghasilkan (out put) RPK bulanan, dan 12(60%) Puskesmas tidak menghasilkankan RPK bulanan. Hal ini disebabkan karena keterlambatan penanggungjawab program menyampaiakan RPK tahunan dan RPK bulanan kepada tim perencana Puskesmas

Terdapat 2(10%) Puskesmas yang melaksanakan Loka karya mini bulan Pertama yang menghasilkan (output) Pembagian tugas daerah binaan (Darbin) dan 18(90%) Puskesmas tidak menghasilkan Pembagian tugas daerah binaan (Darbin). Hal ini disebabkan karena adanya pemahaman bahwa di Desa sudah ada bidan Desa dan kepala Puskesmas Pembantu (PUSTU). Yang bertanggungjawab atas wilayah kerjanya, sehingga Kepala Puskesmas tidak membagi staf yang ada di Puskesmas Induk ke setiap Desa/Wilayah sebagai bahagian dari Tim Pembina Daerah Binaan.

Berdasarkan tabel 3 di atas menunjukkan bahwa dari 20 Puskesmas yang melaksanakan Loka karya mini bulan Pertama terdapat 11 (55%) Puskesmas yang menghasilkan (output) kesepakatan pelaksanaan RPK dan 9(45%) puskesmas tidak menghasilkan kesepakatan pelaksanaan RPK pada Loka karya mini bulan pertama. Hal ini disebabkan karena RPK dari penanggungjawab

program belum di laporkan ke tim Perencana Tingkat Puskesmas sehingga tidak dilakukan pembahasan RPK yang mengakibatkan tidak dihasilkannya kesepakatan pelaksanaan RPK.

Selanjutnya terdapat 7(35%) puskesmas yang menghasilkan bahan musrenbang dan 13(65%) yang tidak menghasilkan bahan musrenbang. Terdapat 7(35%) puskesmas yang menghasilkan Rencana Usulan Kegiatan (RUK) tahun yang akan datang, 13(65%) tidak menhasilkan (output) Rencana Usulan Kegiatan (RUK) tahun yang akan datang. Hal ini disebabkan karena beberapa penanggungjawab program belum melaporkan RUK kepada Tim Perencana Puskesmas.

Terdapat 19(95%) Puskesmas yang menghasilkan (output) Renstra (Rencana Strategis) / Rencana Lima Tahunan Puskesmas dan terdapat 1(5%) Puskesmas tidak menghasilkan (output) Rencana Strategi Puskesmas. Hal ini karena Puskesmas Embo adalah Puskesmas yang baru beroperasi sehingga renstra sementara dalam proses pembuatan

CONCLUSIONS AND RECOMMENDATIONS

Based on the results of the research and discussion, the following conclusions were obtained:

1. There are 7 (35%) Community Health Centers which carry out mini workshops (Lokmin) in the first month on time, and there are 13 (65%) Community Health Centers which carry out them not on time due to limited time for the Head of the Community Health Center and the transfer of the Head of the Community Health Center
2. There are 11 (55%) Community Health Centers that carry out the first monthly mini workshop which produces (out put) an annual RPK, and 9 (45%) Community Health Centers do not produce an annual RPK because the person in charge of the program has not reported it to the Community Health Center planning team.
3. There are 8 (40%) Puskesmas implementing the first monthly Lokmin which produces (out put) monthly RPK, and 12 (60%) Puskesmas do not produce monthly RPK. because the person in charge of the program has not reported it to the Puskesmas planning team.
4. There were 2 (10%) Community Health Centers that carried out the First Month Mini Workshop which produced (output) a distribution of tasks for the target areas (Darbin) and 18 (90%) Community Health Centers did not produce a distribution of tasks for the target areas (Darbin). Because in the village there are already Pustu nurse officers and Village Midwives.
5. There were 11 (55%) Community Health Centers that produced (output) an agreement on the implementation of the RPK and 9 (45%) of the Community Health Centers did not produce an agreement on the implementation of the RPK at the first month's mini workshop. Because the person in charge of the program had not reported it to the Puskesmas planning team so it was not discussed in first month mini workshop

6. There are 7 (35%) community health centers that produce musrenbang materials and 13 (65%) that do not produce musrenbang materials. There are 7 (35%) community health centers that produce a Proposed Activity Plan (RUK) for the coming year, 13 (65%) do not produce (output) a Proposed Activity Plan (RUK) for the coming year.
7. There are 19 (95%) Puskesmas that produce (output) Strategic Plans / Five Year Puskesmas Plans and there is 1 (5%) Puskesmas that do not produce (output) Puskesmas Strategic Plans.

And as the recommendation:

1. It is recommended that the head of the Health Service carry out an evaluation of the head of the community health center regarding the implementation of his main duties and functions as an additional position.
2. To further increase the activeness of TPCB in assisting the implementation of mini workshops in their respective areas, and for the Head of the Community Health Center to always pay attention to the Community Health Center management cycle.
3. It is recommended to the head of the Health Service that all heads of Community Health Centers are required to send annual and monthly RPK reports to the Health Service no later than the second week of January of the current year.
4. It is recommended to the Head of the Health Service that all Heads of Community Health Centers are required to send a report on the Decree on the appointment of the person responsible for the development (Darbin
5. It is recommended to the Head of the Health Service that all Heads of Community Health Centers must send the RUK to the Health Service no later than the second week of January of the current year.
6. It is recommended to the Head of the Community Health Center to use the RUK as material for proposals for the Village Level Musrenbang and Subdistrict Level Musrenbang

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