



Implementation of Environmental Health Service Policy at Kalimas Community Health Center Based on Minister of Health Regulation No. 13 of 2015

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ABSTRACT

The healthy environment program aims to realize a healthier environmental quality through the development of a regional health system in encouraging the development of a health-oriented sector to support promotive and preventive services in overcoming environmental-based diseases such as diarrhea, so that it can organize environmental health counseling, examination and intervention activities. Analyze environmental health counseling, examination and intervention activities/sanitarian. This research method is qualitative. There are environmental health actions, namely counseling that have not been carried out as has been implemented in the Regulation of the Minister of Health Number 13 of 2015, such as communicating with patients with the aim of identifying and overcoming environmental health problems. There is still a lack of communication between Sanitarian Officers and other Kalimas Health Center employees. Sanitarian Officers at the Kalimas Health Center are expected to be able to establish better coordination and communication, so that things do not happen that should be part of their duties as Health Workers, especially environmental health..

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INTRODUCTION

The Solid Environment Program points to realize a more advantageous quality of living environment through the advancement of a territorial wellbeing framework in driving cross-sectoral advancement with a wellbeing viewpoint. Natural Wellbeing Quality Benchmarks and Wellbeing Prerequisites are set in natural media counting water, discuss, soil, nourishment, offices and buildings, as well as vectors and disease-carrying creatures. Accomplishing natural wellbeing objectives is an collection of different usage of exercises from different cross-sectors, the part of the private division and the community where natural wellbeing administration is the foremost complex dealing with, these exercises are closely related to one another, specifically from upstream beginning from arrangements and physical advancement from different cross-sectors taking an interest (Industry, Environment, Farming, Open Works, Open Lodging and others) to

downstream, to be specific wellbeing impacts. The Service of Wellbeing itself centers on overseeing wellbeing impacts (Central Java Provincial Health Office., 2020)

Within the control of wellbeing centers, it is emphasized that one of the fundamental public health endeavors is within the shape of Natural Wellbeing Administrations. Each Wellbeing Center must organize these fundamental open wellbeing endeavors to bolster the achievement of least benefit measures for districts/cities within the wellbeing division. Direction of the Serve of Wellbeing No. 13 of 2015 concerning the Usage of Natural Wellbeing Administrations in Wellbeing Centers which was sanctioned on Walk 18, 2015 states that "to realize a solid natural quality and avoid illnesses and/or wellbeing disarranges from natural hazard components and to back the accomplishment of least benefit guidelines for districts/cities within the wellbeing division, it is essential to organize natural wellbeing administrations in Wellbeing Centers. (Kementrian Kesehatan RI, 2015)

Based on the Indonesian Wellbeing Profile information, in 2016 there were 3 the runs episodes with 198 sufferers and a CFR of 3.04%. In 2017 there were 21 loose bowels flare-ups with 1,725 sufferers and a CFR of 1.97% and in 2018 there were 10 loose bowels flare-ups with 756 sufferers and a CFR of 4.76%. In spite of the fact that there are variances in the runs episodes that cause passing, the CFR figure is still over 1% making loose bowels a wellbeing issue in Indonesia (Service of Wellbeing, 2018). Based on information from the Indonesian Service of Wellbeing, the number of the runs cases in Indonesia increments each year, in 2016 the number of loose bowels cases was 2,544,084 (36.9%) and kept on increment in cases, specifically in 2017 as numerous as 4,274,790 (60.40%) cases and in 2018 as numerous as 4,504,524 (62.93%). The increment within the number of the runs cases too happened in South Sumatra Territory. Wellbeing information from South Sumatra Territory 3, expressed that the revelation of the runs cases from 2016 to 2018 experienced an increment and diminish. In 2016, 44,015 (20%) cases were found and expanded to 176,859 (79.23%) in 2017 cases and in 2018 the number of the runs cases got to be 164,934 (72.98%) cases (Indonesian Wellbeing Profile, 2018).

So also, in Pemalang Rule, Natural Based Maladies within the Pemalang zone are very tall, such as ISPA (*Upper Respiratory Tract Disease*). Based on the Pemalang Rule Wellbeing Profile in 2019, the number of loose bowels cases was 6,095 cases. For ISPA cases at the Kalimas Wellbeing Center, it is very tall where in 2019 ISPA cases were found as numerous as 3,637 cases. This was since in 2019 there was serious fog in South Pemalang Rule counting in Kalimas. In expansion, climate change is anticipated to have a negative impact on the environment, leading to an increase in health issues. Another thing that causes an increase in infection issues is additionally due to constrained community get to to solid drinking water quality and the utilize of solid toilets. Based on the comes about of the natural Well-being Assessment movement report at the Kalimas Wellbeing Center in 2019, the rate of Nourishment Administration Places (TPM) that met the prerequisites was 72.6%, the rate of the populace with get to to legitimate sanitation offices (sound toilets) was 89.2%, the rate of Open Places that met the prerequisites 4 was 90%, whereas the rate of drinking water offices was 50%, this appears that the comes about accomplished are not in understanding with the target set by the Pemalang Rule Wellbeing Office, which is 100%. Within the Kalimas Wellbeing Center work range, the tall rate of environmental-based illnesses can be caused by the need of natural wellbeing



benefit facilities/facilities, such as clean water offices, wastewater seepage, solid lodging, solid family toilets and so on (Kalimas Wellbeing Center, 2019)

Agreeing to investigate by Sugiharto and Sertiana 2018, natural wellbeing exercises such as counseling, domestic visits and natural wellbeing intercessions must be carried out at the Wellbeing Center, since they back promotive and preventive administrations in overcoming environmental-based illnesses such as the runs. The accessibility of natural wellbeing laborers at the Wellbeing Center is additionally an impediment within the usage of natural wellbeing administrations. Since not all patients get natural wellbeing administrations and get domestic visits, as it were patients who have been inspected by a specialist who appear moo sound behavior are alluded or coordinated to natural wellbeing administrations. The comes about of the consider moreover appeared that not all patients meet the suggestions for environmental health mediations in avoiding environmental-based illnesses, this is often due to financial confinements, making it troublesome to back the fulfillment of fundamental sanitation needs that meet wellbeing necessities. 5 To overcome the over, the government has made a arrangement on the execution of natural wellbeing administrations at the Wellbeing Center. Based on the Control of the Minister of Wellbeing No. 13 of 2015, natural wellbeing benefit exercises are carried out within the frame of counseling, reviews and natural wellbeing mediations. One hypothesis that can be utilized in actualizing the over arrangement is the hypothesis put forward by George Edward III. In looking into a arrangement usage handle, Edwadrs expressed that there are a few components and factors that impact a approach implementation. These components incorporate communication, assets, mien or behavior. These three components work together and impact each other both within the handle of making a difference or preventing the usage of the arrangement. The arrangement of natural wellbeing administrations at the Kalimas Wellbeing Center must be carried out economically to overcome wellbeing issues caused by the environment such as contamination, clean water and sanitation, so that the arrangement of natural wellbeing administrations at the Kalimas Wellbeing Center can move forward the wellbeing of the community and decrease the number of dismalness and mortality from infections caused by the environment.(Sugiharto et al., 2018)

METHOD

The focus of research in qualitative research is used as a factor to deepen the research. The focus of this research is the Implementation of Environmental Health Service Policy Based on the Regulation of the Minister of Health No. 13 of 2015. The informants involved in this study were, Sanitarian staff, Head of the community health center and Community Health Promotion (PKM) of the Kalimas Community Health Center, Village residents and village cadres. The focus of this research is the results of the evaluation of counseling, inspection, and intervention of the implementation of environmental health service policies which are a form of Environmental Health Service efforts Based on the Regulation of the Minister of Health No. 13 of 2015 at the Kalimas Health Center.

RESULT

In this observational study, there are 3 informants involved in the study, namely: 1) Main Informant, 2) Companion Informant, 3) Triangulation Informant. The selection of research informants is based on inclusion and exclusion criteria to avoid respondent characteristics deviating from the population. The main informant is 1 person, namely the Environmental Health Division of the Kalimas Health Center who is the holder of the Environmental Health program. The accompanying informant is the Head of the Health Center and the PKM Promkes of the Kalimas Health Center. Triangulation informants for the Kalimas Village Community are 5 people.

Pattern Matching Result

A. Counseling

1. Implementation

In this case, the author explains the activities that support the counseling program. The government requested that several procedures be held regarding the implementation of the program in the Regulation of the Minister of Health No. 13 of 2015 concerning the Implementation of Environmental Health Services. This is reinforced by the results of the author's interview with the Main Informant, the results of the interview excerpt are as follows:

"...The flow of environmental health service activities at the Kalimas Health Center is as follows, sir. Patients come to the health center due to environmental factors and are then referred to the health room for patient counseling. After that, if the patient still has no changes regarding their illness, I will make a home visit..."

However, for the implementation of environmental health, it is currently rarely used as a primary activity. Because, patients who come to the health center due to diarrhea are immediately given medicine but are no longer referred to the health room and then the patient is allowed to go home.

B. Inspection

1. Observation

In this activity, there is monitoring in every implementation of activities from several fields to report the results of the monitoring to the main field. The results are reinforced by the results of the author's interview with the Companion Informant, here are the results of the interview:

"P1. Every month we have a report and also logmin (program achievement) if it has not been achieved we ask why this is the problem, the results we ask to follow up until the expected target is achieved."

"P2. There are monitoring activities related to environmental health programs carried out by the health center, one of which is by conducting monitoring and evaluation by the head of the health center to the environmental health programmer in terms of environmental health implementation. This is done periodically and is resolved in a forum or cross-program coordination meeting."



2. Facilities and Infrastructure

The availability of facilities and infrastructure is one of the important components that must be met in supporting the implementation of the program. The author interviewed with the PKM Health Promotion Informant. here are the results of the interview:

"P2. There are many facilities and infrastructure for environmental health, one of which is promotional media, then educational media and stimulus tools or stimulants in environmental health programs. One example is a toilet making tool, septic tank, then measuring tools for levels, both water and soil levels and other measuring tools related to environmental health."

As for the next statement after the author asked the next statement regarding target achievement, here are the interview results:

"There are only a few that cannot yet be procured, one or several tools due to budget limitations at the health center."

Meanwhile, the Main Informant also stated suggestions for facilities and infrastructure in environmental health services at the Kalimas Health Center, the following is evidence from the author's interview with respondents which can strengthen the statement above:

*"The facilities and infrastructure have been fulfilled, there is only the repair of the wastewater treatment plant and the suction of domestic workers' feces must be in accordance with the standards, but it has not been implemented.
Wastewater treatment plant and suction mean one function"*

Based on the results of the author's interviews with the informants above, it can be concluded that these facilities and infrastructure cannot be said to have reached the target, because there are still things that need to be owned at the Kalimas Health Center, namely a feces suction device. This is due to the limited budget at the Health Center which has not been able to meet the facilities and infrastructure according to the target.

C. Intervention

1. Implementation Program

In the implementation of Environmental Health Service activities, there are follow-ups carried out such as conducting interventions in all villages, there must be a program implementation flow in running existing programs or activities. The data is in accordance with the author's interview with the Main Informant regarding how the program activities are implemented, here are the results of the interview:

"Yes, usually we carry out interventions to follow up on cases in the environment. Like the implementation of the STBM program, then we educate the community about the 5 pillars of STBM, there is also the Stop BABS program and the results, thank God, now the Kalimas area is ODF."

In this implementation, the implementation of activities, the following are the results of the author's interview with triangulation informants which are in accordance with the statement:

"T1. The activities include observing drinking water supply facilities, food quality conditions and building quality conditions."

"T2. There are several activities, sir, checking drinking water sources, garbage disposal sites, toilet availability, air circulation."

"T3. The activities include checking houses such as air in and out, water sources, house building conditions, garbage"

Based on what the author got from the results of the author's interviews with the two informants above and the results of existing observations, it can be concluded that the implementation of this program has been carried out by the Cross-Sub-District Deliberation program and continued at the Regency level. The implementation in Kalimas Village was also fairly good in implementing its activities. All communities gave positive responses by participating in following the existing program.

2. Coordination

Program coordination is the unification, integration, synchronization of efforts in providing unity of action in pursuing common goals (Charles Worth, 2021). This is reinforced by the results of the author's interview with the Main Informant, and the following are the results of the interview excerpts:

"Yes, there must be, yesterday we had an environmental-based case of worms in children and I usually do it with the sub-district people, BKK, and cadres. Those who monitor our toilets are usually from BASARNAS, OPB Pemaslang and Pustu."

As for the results of the interview with PKM Promkes which can be used to strengthen the statement, here are the results of the interview:

"Cross-program coordination is always carried out if there are problems or incidents related to cross-programs, we continue to discuss and solve them together, whether it is cross-sector or cross-program, we always work together."

From the findings and data analysis conducted by the author, it can be concluded that program coordination is carried out during the implementation of environmental health activities. Those involved in the implementation of this program coordination are all cross-programs involved and from



implementing officers at the Health Center such as nutrition, health promotion, and village midwives also cooperate and coordinate with each other in the implementation of environmental health services in the field.

D. Budget Fund

Budget is a management tool in achieving goals (Rusdianto, 2017). Every program implementation always requires a budget in order to run the program in order to achieve the success of the program implementation, so the author will explain the budget obtained by the Kalimas Health Center for all activities related to facilities and infrastructure to other procurement. The Kalimas Health Center receives a budget from the BOK according to the activities to be carried out by the Kalimas Health Center. The funding data is supported by the results of the researcher's interview with the main informant, here are the interview results:

"The amount of funds comes directly from the agency, each depending on the program. There is and following the RAB. Yesterday I submitted a program but some were approved and there were also 64 that were not. But from those that were approved, the budget was given according to the approved program."

The results of the researcher's interview with the Main Informant above can be concluded that the source of funds for the implementation of environmental health services comes from the BOK for environmental health programs. However, only a few activities are approved and the budget is adjusted to the approved activities.

E. Obstacles and Constraints

Obstacles/constraints that often arise in the implementation of Environmental Health Services in the framework of this environmental health program will always be present in every program run. This is reinforced by the results of the researcher's interview with the Main Informant, the following are the results of the interview:

"Yes, there are often obstacles, for example we make a visit and the next day it turns out it is not carried out. That's what often happens."

Apart from the main informant, it was also strengthened by the PKM Promkes informant, the interview results are as follows:

"There must be, one of which is the scope or space for the community to know the environmental services of the health center is still lacking so that environmental health services are mostly carried out outside the building or the health center. Or in terms of environmental health services if there is a problem in the environment, it is not reported to the health center but in the village so that later we will relate it to cross-sectors."

Based on the results of the author's interviews with the informants above, the author can conclude the obstacles/constraints encountered during the implementation of the existing program, namely that residents do not participate enough, many myths are still believed, human resources are inexperienced, and funding is lacking.

DISCUSSION

After writing the data presentation and findings produced by the researcher from interviews, observations and documentation, the researcher will then analyze the collected data based on the specific objectives of the study, namely analyzing counseling activities, inspections and environmental health interventions at the Kalimas Health Center Based on Permenkes No. 13 of 2015 as follows:

A. Counseling

Counseling is a communication relationship between Environmental Health Workers and Patients that aims to identify and solve environmental health problems faced. Based on the results of the author's interviews with key informants, companions, and triangulation, it was found that the implementation of the counseling program at the Kalimas Health Center was no longer the main activity, only medication was given without getting a referral to the health room. Because after getting the medicine, the patient was immediately allowed to go home. In the implementation of the counseling program, sanitarian health workers did not provide education to patients who were referred to the health room.

B. Inspection

Environmental Health Inspection is an activity of direct inspection and observation of environmental media in the context of supervision based on applicable standards, norms and quality standards to improve the quality of a healthy environment. Environmental Health Inspection is carried out based on the results of Counseling for Patients and/or the tendency of the development or spread of disease and/or morbidity due to Environmental Risk Factors. Environmental Health Inspection is also carried out periodically, in the context of investigating Extraordinary Events (KLB) and other health programs in accordance with the provisions of laws and regulations. Environmental Health Inspection is carried out by Environmental Health Workers (sanitarians, entomologists and microbiologists) who bring a letter of assignment from the Head of the Health Center with complete details of the tasks.(Goldman & Coussens, 2004) In the implementation of Environmental Health Inspection, Environmental Health Workers should, as far as possible, involve Health Center officers who handle related programs or invite officers from Assistant Health Centers, Village Health Posts, or Midwives in the village. In this regard, the Cross-Health Center Program plays a role in: a) Carrying out synergy and cooperation so that promotive, preventive and curative efforts can be integrated. b) Assisting in conducting Counseling and during home and environmental visits. c) If in the field you find sufferers of diseases due to Environmental Risk Factors, you must report this at the Puskesmas mini workshop, for information and follow-up.(Alderwick et al., 2021)

Based on the results of the author's interviews with key informants, assistants, and triangulation, findings were obtained in the Inspection Activity, namely direct observation of environmental media in the context of supervision based on applicable standards, norms, and quality standards to improve the quality of a healthy



environment. In the implementation of the observation activity program, cooperation was carried out between cross-health programs and also the Village Secretary who already knew about the location or place that seemed to have to and needed guidance or direction from health workers and also with 69 other sectors involved only as supporters and monitored in realizing the success of the Inspection activity. Based on the findings and data analysis, the author can conclude that monitoring of this health service activity was carried out by monitoring from the Pemalang Regency Health Office and then the Head of the Kalimas Health Center held a meeting regarding the results of the Kesling performance in the field. As for that, these facilities and infrastructure cannot be said to have reached the target, because there are still things that need to be owned at the Kalimas Health Center, namely a feces suction device from this due to the limited budget at the Health Center not being able to meet the facilities and infrastructure according to the target.(Kalimas Wellbeing Center, 2019)

C. **Intervention**

Environmental Health Intervention is a health, security, and control action to realize a healthy environmental quality from physical, chemical, biological, and social aspects, which can be in the form of communication, information, and education, as well as community mobilization/empowerment, improvement and construction of facilities, development of appropriate technology, and environmental engineering. In its implementation, Environmental Health Intervention must consider the level of risk based on the results of the Environmental Health Inspection.(Vardoulakis et al., 2020) In principle, the implementation of Environmental Health Intervention is carried out by the Patient themselves. In the case that the scope of Environmental Health Intervention becomes broad, its implementation is carried out together with the government, local government and community/private sector. To improve the quality of Environmental Health Services, each Health Center must monitor and evaluate Environmental Health Services. Monitoring and evaluation include Environmental Health Services of Health Centers and the implementation of environmental media quality supervision in the context of health programs. The results of monitoring and evaluation are used to measure the performance of Environmental Health Services in Health Centers which are also indicators in the assessment of Health Center accreditation. Monitoring and evaluation are carried out to obtain an overview of the results of Environmental Health Services at Community Health Centers regarding community access to obtain Environmental Health Services, the quality of Environmental Health Services at Community Health Centers, problems faced, and the impact on public health.(Haldane et al., 2019)

Based on the results of the author's interviews with the main informants, assistants, and triangulation, findings were obtained in the Intervention evaluation, namely health, security, and control measures to realize healthy environmental quality from physical, chemical, biological, and social aspects. The Health Office made efforts by proposing a healthy environmental intervention program, and other programs in Kalimas Village, one of which was an understanding of the STBM case. In its implementation, there were obstacles to the healthy environmental program found,

such as the level of human resources, budget, facilities and infrastructure. As well as in environmental factors, and human attitude factors that caused this program to not be optimal. Thus, based on what the author got from the results of the author's interviews with the two informants above and the results of existing observations, it can be concluded that the implementation of this program has been carried out by the Cross-District Program Discussion program and continued at the Regency level. The implementation in Kalimas Village was also fairly good in implementing its activities. All communities gave positive responses by participating in following the existing program. In Kalimas Village, all activity programs run according to the flow and coordination where when the Sanitarian Officer finds a case of Diarrhea through a Health Inspection, they immediately report to the Environmental Health Sector to then be given action according to the existing case, and residents who are diagnosed are properly targeted. Then the results of the researcher's interview with the Main Informant can also be concluded that the source of funds for the implementation of this environmental health service comes from the BOK for the environmental health program. However, only a few activities are approved and the budget is adjusted to the approved activities. As for the obstacles/constraints encountered during the implementation of the existing program, namely residents do not participate enough, many myths are still believed, human resources are inexperienced, and funding is lacking.

CONCLUSION

Based on the results of research on environmental health service policies based on Minister of Health Regulation No. 13 of 2015 which has been described in the previous chapter, the following conclusions can be drawn:

1. From the Counseling aspect, it was found that the Sanitarian Staff at the Kalimas Health Center implemented the environmental health service policy in the Minister of Health Regulation No. 13 of 2015 concerning the Implementation of Environmental Health Services in every program implementation. that in handling inspection cases, residents did not know that the disease they suffered was due to environmental factors, so when they came to the Kalimas Health Center, patients only went to the general examination section and were given medicine and then went home.
2. From the inspection aspect, it was found that in handling inspection cases, program evaluations were carried out once a month by involving all implementing officers involved, and across sectors aimed at realizing the success of the program.
3. From the Intervention aspect, it was found that the proposed community empowerment intervention program efforts in Kalimas Village, one of which is Stop BABS, and other environmental health programs. In its implementation, obstacles were found, and the government developed an innovation program as an effort to overcome problems in the field, namely Community Empowerment related to the STBM (Community-Based Total Sanitation) pillar.

RECOMENDATION

From the above research, it can be expected that there will be a more innovative program as an effort to improve the achievement of Environmental Health and Improve the role



and function of officers, especially the Kesling, Promkes, and Cadres in monitoring residents who still do not know the importance of a clean and healthy environment.

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