

Evaluation of Health Worker Availability in Remote Areas

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Keywords: Distribution, Health worker, Remote area.

Abstract: The problem of quantity and distribution of health personnel is a health policy problem that is often faced in remote areas. Health development is an effort to fulfil the basic rights of the people, namely the right to access health services. One of them with the distribution of health workers were evenly certain locations in. Indonesia is one of 57 countries experiencing World Health Human Resources crisis in the world. Health crisis is increasingly felt in remote areas resulting in the development of Indonesian dwarfs as a whole. This condition is exacerbated by the low retention of health workers in the region. The purpose of this study was to evaluate the inequality of distribution of health workers in remote areas. This research uses qualitative design with descriptive analysis approach. The imbalance of health personnel is caused by the demand and supply that do not go hand in hand. Therefore, to improve the distribution of health workers in remote areas, there needs to be policy support from the government, including compulsory work with adequate infrastructure support. Incentives both financial and non-financial should also be considered as an effort to improve access to health workers in remote areas.

1 INTRODUCTION

Human Resources is the key to the success of an organization because the quality of the organization's products is influenced by the quality and productivity of its human resources and the thing that must now be realized is that human resources is the highest asset of influence, because the level of benefits from other resources both financial and non financially depend on the level of effectiveness of human resource utilization (Azwar, 1996).

The implementation of health development refers to the National Health System with 6 sub-systems. Among them is the human resources (HR) health subsystem with the aim of making available competent health human resources as needed, distributed fairly and equitably and optimally utilised in supporting the implementation of health development and as the main element supporting other health sub-systems. Health Resources refer to someone who actively works in the field of health, whether they are educated in formal health or not. Certain types require authority in executing various health efforts. Health Resources play the role of planner, mobiliser and also as the executor of

ongoing health developments (Indonesia Ministry of Health, 2009).

The availability of health human resources should be evenly distributed in all areas in Indonesia, especially in the area of 3T (Disadvantaged, Leading and Outermost). The Agency for Development and Empowerment of Health Human Resources has included 143 districts / cities included in the 3T (Disadvantaged, Leading and Outermost). According to Indonesia's health profile in 2016, the distribution of health workers in the Regencies / Municipalities of Disadvantaged, Leading and Outermost Regions, there is still an unequal distribution of health personnel. There are some health facilities that do not have certain specifications of health worker in their areas. Areas that include 3T are the provinces of West Sumatra, South Sumatra, Bengkulu, Lampung, Central Kalimantan, South Kalimantan, East Kalimantan, North Sulawesi, Central Sulawesi, South Sulawesi, Southeast Sulawesi Maluku and West Papua. Most still do not have specialist dentists (Agency for Development and Empowerment of Health Human Resources, 2017). Almost all districts belonging to the 3T areas do not yet have traditional health workers. The distribution of unequal health

personnel means that the area has a low level of health status.

2 METHODS

The research type was qualitative with a literature study approach involving secondary data collection. The type of research conducted was descriptive. The descriptive analysis was used to analyse the data by describing phenomenon and events. The main purpose of qualitative research is to understand the phenomenon or social phenomena by giving a clear description in the form of a series of words. Secondary data collection was obtained through journals and sites that discuss the topic of health personnel equality.

3 RESULT

The data on the number of health human resources utilised in Puskesmas in the 3T (Disadvantaged, Leading and Outermost) Areas was obtained from the recapitulation conducted by the Agency for Development and Empowerment of Health Human Resources. The availability of Health Human Resources in 143 districts / municipalities of 3T was quite varied. Some areas still do not have traditional health personnel, clinical psychologists and other specialist health workers.

The government has made a strategic plan to increase the number, type, quality and even distribution of health personnel. In the performance plan, various indicators have been set. In order to support the achievement of the targeted outcome indicators, one of the activities to be undertaken is the Planning and Utilisation of Health Human Resources which can be seen in Table 1.

Table 1: Targets and Performance Indicators Performance of Center for Planning and Utilisation of Health Human Resources 2015 & 2016

Number of health personnel utilized in Health Care Facility				
Baseline (2014)	Year 2015		Year 2016	
	Target	Achievements	Target	Achievements
-	950	3.572	20.600	4.987

Source: Report on the Performance Accountability of Government Agencies 2016

Table 1 explains that the indicator of the number of health personnel used in health care facilities by 2015 has reached the target while in 2016 it has not reached the target set. In 2015 the government set a target of 950 and has been reached of 3,572. while in 2016 the government set a target of 20,600 and achievement of only 4,987. This affects the distribution of health workers, especially in remote areas. Increased efforts to achieve these targets continue to be undertaken by local governments by implementing several work programs that can address the problem. Unequal distribution of health workers in remote areas can be caused by many factors. This report will also evaluate the inequality of distribution of health workers in remote areas. This analysis is based on a review of journals and other scientific papers discussing the distribution of health workers in remote areas.

4 DISCUSSIONS

Equality of medical personnel in rural areas has been a challenge for the Indonesian government. Several innovative policies have been identified that can help improve the distribution of health workers geographically. By combining all teams that work together and complement each other, it will be an appropriate strategy to improve effective health services in rural and remote areas. Indonesia needs to define its health personnel in a manner that is more in line with changing state health needs. The difficulty in attracting and maintaining health workers to rural and remote areas is a common problem in much of Asia and elsewhere. Based on international experience, WHO has developed 16 recommendations to improve the distribution of health workers. These 16 recommendations are grouped into four broad headings: policy interventions; education; regulatory environment; financial incentives and professional and personal support.

Distribution of health workers who are still not evenly distributed, especially in rural areas in general the degree of public health is much lower than other regions. This in addition to impact on the health sector will also impact on social conditions and economic conditions. Several factors are suspected to be the cause of unequal distribution of health workers includes environmental conditions, income and motivation.

In Indonesia there are already some areas that have programs to improve the fulfilment of the needs of medical personnel. In Raja Ampat, for example, to meet the needs of the village midwife,

the Morotai Regional Government of North Maluku will provide scholarships for 15 women's sons of the female high school / high school graduates who are married, not more than 30 years old, have the blessing of their families and husbands devote himself in the village as a village midwife (each village 2 people), and pass the selection. In this case, the local government cooperates with one of the private obstetric academies in Tobelo. The students of D3 Midwifery get full scholarship from APBD.

The Government of Indonesia has used several programs to increase the availability of medical personnel in rural and remote areas. The program includes higher financial incentives and shorter contract periods for rural and remote posts, recruitment based on ethnicity and location programs and internships. The distribution of health workers to remote and rural areas has increased. Maintaining health workers is a priority of the Indonesian government. As a result, MOH has implemented several policies:

1. Scholarships to improve the level of education (training of medical specialists, public health midwives, and nursing specialists / medical specialist assistants).

2. Encourage local governments to use the Special Allocation Fund from the central level to improve health facilities (including equipment and vehicles) and housing for health workers in very remote areas.

3. Career Opportunities: Upon completion of PTT services, staff have 3 options: (i) continue their education to become specialists; (ii) to become a civil servant (PNS) by taking civil servant examinations; or (iii) entry into the private sector. General Practitioners in very remote areas have a 90% chance of entering civil servants after completing their service; Public practitioners in remote areas have a 50% chance while those serving in regular areas only have 10% (Efendi, et al., 2012).

5 CONCLUSIONS

The availability of Human Resource Health is one of the most important things in the implementation of public health. Equality in the distribution of health personnel should be carried out so that all communities have the same degree of health. Inequality in relation to the number of health workers still occurs in various regions, especially in remote areas. The data on the number of health human resources utilized in the 3T (Disadvantaged, Leading and Outermost) Areas was obtained from the recapitulation conducted by the agency for the development and empowerment of health human

resources. The availability of Health Human Resources in the 143 districts / municipalities of 3T is quite varied. There are still some areas that do not have traditional health workers, clinical psychology and other health workers. The government continues to pursue various policies to address the issue.

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