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Human Resources Analysis Of Healthy Indonesia Programs With Family Approach (Pis-Pk)

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Abstract: Human Resources for Health is one of the key elements that are very important in improving health services to the community, especially in the public health center. This study raises the problem of the still low index of healthy families in Banyuwangi Regency 0.09 (unhealthy) by analyzing human resources for optimizing a healthy Indonesia program with a family approach. The purpose of this study was to analyze the availability of human resources at the public health center in implementing PIS-PK. The availability of human resources is important in implementing a program because they are the main driving force of program success. This research was conducted with a descriptive-qualitative approach through action research. The research was conducted at 10 public health centers in Banyuwangi Regency. This study uses primary and secondary data obtained from informants through in-depth interviews, Focus Group Discussions, and guided observations with instruments in the form of interview guides and FGD guides. The results showed that the implementation of PIS-PK was carried out by the health center officers. Roles and tasks are regulated through the SK head of the public health center with one person holding more than one responsibility other than the responsibility for services at the public health center. HR analysis shows that all public health centers experience overwork, especially after the start of the PIS-PK program, this affects the service at the public health center. The implementation of PIS-PK in Banyuwangi is still not running according to the target, this is due to the lack of competent human resources owned by the public health center in implementing PIS-PK. This causes excessive workload on public health center staff in implementing PIS-PK.

Keywords: Human Resources for Health, PIS-PK, Public health center

1. INTRODUCTION

The Healthy Indonesia Program with the Family Approach (PIS-PK) integrates the program implementation through 6 main component approaches in strengthening the health system (six building blocks), which includes strengthening health service endeavor, availability of health workers, health information system, access to the availability of essential medicines, financing, and leadership or governance. The implementation of PIS-PK is emphasized on

integrating approach to access to health services, availability of health workers, financing, and infrastructures, including public and individual health programs that cover all families in the work area of the public health center and heed the management of public health center[1].
Banyuwangi Regency is an area located in the eastern part of Java Island. It is the regency with the largest area in East Java Province with an area of 5,782.50 km^2. The north border of Banyuwangi is Situbondo Regency, and on the east side is the Bali Strait, the south is the Indonesian Ocean, and the west is bordered by Jember and Bondowoso Regencies. Banyuwangi Regency consists of 25 districts, 28 sub-districts and 189 villages, 87 neighborhood and 751 hamlets, 2,839 Citizen Associations (RW) and 10,569 Neighborhood Associations (RT). In 2018, the population of Banyuwangi Regency was 1,735,845 people (Banyuwangi Regency Government, 2018). Banyuwangi Regency has 45 public health centers, 105 sub public health centers and 45 mobile 4-wheeled health centers[2].
Banyuwangi Regency in 2017 implemented a Healthy Indonesia Program with a family approach. Starting from 2017, a survey of healthy families has been running in all public health centers (45 public health centers). The current results in 2019 stated that the healthy family index is 0.09 (unhealthy), the healthy family index should be 0.8 (healthy). This research raises the issue of the low healthy family index in Banyuwangi, 0.09 (unhealthy) by analyzing human resources to optimize the healthy Indonesia program with a family approach.
Human Resources for Health (HRH) is one of the key elements that is very crucial in improving health services to the society. Especially in public health center as health service implementers who should be placed in accordance with the main duties and functions of the HRH as well as the educational background and skills they possess[3]. The problems that occur in the placements of HRH in health centers with high workloads and the increasing need for good quality of health services are limited HRH because they are not evenly distributed, and the placements of HRH are not in line with their competence. This has resulted in many people receiving substandard health services and even not receiving health services at all[4].

Study shows that health workers are the main key in the successful achievement of health development goals. Health workers contribute up to 80% in the success of health development. In the 2006 WHO report, Indonesia was one of the 57 countries which faced a HRH crisis, both in insufficient numbers and in the distribution. Health workers play a role in the endeavor to improve public health. However, Indonesia is still experiencing problems in terms of quantity, distribution, quality, and regulatory authority of human resources for health. Many problems in the field showcase confusion and overlap between the functions of each health worker profession[4].
The purpose of this research is to analyze the availability of human resources in the public health center in implementing PIS-PK. The availability of human resources is important in implementing a program because they are the main driving force for the success of the program.a

2. RESEARCH ELABORATIONS

This research was conducted using a descriptive-qualitative approach through action research. Qualitative research is one of the methods to obtain the truth and is classified as scientific research which is compiled based on theories which are developed from research and are controlled on an empirical basis. Thus, this qualitative research does not only present the data as it is but also tries to interpret correlation as an existing applied factor, including point of view or an ongoing process.
This research is a type of qualitative descriptive research that studies existing problems and applicable working procedures. This qualitative descriptive study aims to describe what

currently applies. In this research, there is an attempt to describe, record, analyse and interpret conditions that occur in the present or is existing. In other words, this qualitative descriptive study aims to obtain information about the existing situation[5].

The population of this research is from all the main public health centres in the Banyuwangi Regency, which consists of 45 units, including 27 public health centres with outpatient care and 18 public health centers with outpatient and inpatient care. The sample criteria in this study are the main public health centers located in the Banyuwangi Regency both for outpatient and inpatient care. The minimum sample size of this research is 9 which is then rounded to 10 samples of the main public health centers, both with outpatient and inpatient care. The sampling technique used in this study is the simple random sampling technique through the help of computer applications. The goal is to ensure that the selected sample has the same opportunity and is representative[6].

The informants of this research are: Human resources in the public health centers, the people in charge of PIS-PK at the public health centers, the Head of the Health Resources Division, and the Head of the Health Resources section at the Banyuwangi Regency Health Office. The research was conducted at the main public health centers in the Banyuwangi Regency area, which is the research sample.

This research uses primary and secondary data obtained from informants through in-depth interviews, Focus Group Discussions, and observation guided by instruments in the form of interview guides and FGD guides. The processing and analysing of research data are done descriptively.

3. RESULTS

The Healthy Indonesia Program with a Family Approach (PIS PK) is integrated into Program Management/Health Service through three stages, which are Planning (P1), Commencement-Implementation (P2), and Monitoring-Control-Assessment (P3). The implementer of PIS-PK is the public health centre by collecting data, processing data, analysing, and formulating intervention policies, planning, counselling, society-organizing, and implementing health services[7].

The implementation of the Healthy Indonesia Program with a Family Approach in Banyuwangi Regency is carried out by all human resources who come from (internal) public health centers. In line with Sugiharti's research, 2019 which stated that data collection on healthy families are mostly carried out by public health center officers (94.5%). Health center officers include midwives, nurses, environmental health section, nutrition, family planning, maternal and child health, non-communicable diseases, and health promotion must make family visits to the homes of residents in the working area of the public health center.

"Doctors, midwives, nurses, nutritionists, sanitarians and laboratories were also involved, basically I, involved all health workers according to the Regulation of the Ministry of Health without exception, but the head of the public health center was only coordinating it." (A204)

"Well, starting from doctors, there are two doctors. The dentists are all involved too. Then, yes, all nurses, although yes, we serve at the clinic (BP), yes, we take the time to do it. Suppose afterwards there are two doctors and five nurses in the clinic. It will be arranged later, three will go out and two will stand by later, but the duration will be fixed, from seven to nine o'clock, for example. Seven o'clock to nine o'clock. Hence, at nine o'clock they return. Indeed, the consequence is that the patients queue up, if there are three people what we can do as stated in the Regulation of the Ministry of Health, is that we can collaborate with students majoring in health field for example, but the control can't be like employees, first the control, second the data input process and others are not as valid as when we go by ourselves, yes." (A202)

Public health centers have their respective policies in implementing PIS-PK to be able to achieve the target, some public health centers prefer to include only health workers, but some also order all employees to participate in the implementation of PIS-PK. This is based on assessment of the human resource capacity in implementing PIS-PK optimally, especially in field activities. Administrative staff at some public health centers are not included in field activities due to their level of knowledge in the health sector, so that administrative staff are directed more to do data entry from the data that were collected by the field officers.

The system carried out by public health center officers in implementing PIS-PK is a shift system, which places some health workers at the public health center to provide direct services to the society who come to the public health centers and other officers collect data from the field, especially those who have received training in implementing PIS-PK.

"The regulations are that ... we make a team, a team of 2 people, one team has to be able to take blood pressure, we visit with the medical and the medics. For the regulations, there is a call from the office to collect the data on the visit, we have a certain target, and we have to achieve it because every month it is always evaluated by the health office." (A205)

"Yes, from the human resources side, we actually lack manpower because in the region, especially in the public health centers, there are quite a lot of programs, so yes, how do we keep going, like that. Yes, there are many obstacles, and the tight deadline isn't over yet. We have to catch up like that." (A208).

The workload of public health center officers after implementing the PIS-PK based on the results of interviews shows that it is getting more excessive compared to the number of human resources of the public health center, this affects the service of the public health center where people have to queue longer because the number of medical workers is reduced than usual because they are involved in the implementation PIS-PK.

Technical Guidelines for Strengthening Management of PIS-PK for the recruitment of data collection officers can be conducted by the public health centers based on an analysis of the needs for data collection officers considering the aspects of the availability of worker at the public health centers, the number of families in the public health centers working area, the size of the work area, the geographical conditions of the work area and funding. If the results of the analysis state that additional officers are required, then the recruited data collection officers include the health workers and non-health workers. However, the reality is that public health center maximizes performance by deploying all the workers of the public health centers.

The most difficult consideration for the public health center to recruit external staff is related to the competence and validity of the obtained data due to concerns over inconsistencies on the expected results, even though the public health centers can actually provide training to contract employees to implement PIS-PK. Apart from that, public health center officers are also more familiar with their area, so that people don't have to worry when they are interviewed because some people tend to experience anxiety due to being interviewed by unknown health workers, not to mention the time required to conduct the training if it is not facilitated by the health office.

Research conducted in Kulon Progo Regency regarding PIS PK with contract employees showed that the target-family was not sure what was conveyed by the contract employees, the respondent thought that employee only collected data and did not provide relative benefits in the form of counselling, coaching or health education to solve health problems in the family as expected by the respondent, this is due to the lack of socialization received by the target family, resulting in ignorance which affects the confidence and trust of the target family in contract employees[8].

The working area of the public health center, which includes several villages, must, of course be adjusted to the presence of adequate health workers in accordance with the Regulations of

the Minister of Health Republic of Indonesia Number. 75 of 2014 concerning the Public Health Center so that all indoor and outdoor programs of the public health center can work well.

The implementation of the Healthy Indonesia Program with a Family Approach is carried out by several teams, starting from the data collection team, the regional coaching team, and the family development team. The descriptions of each team and their assignments are written in the Decision Letter of the Head of the Public Health Center. In general, there are three teams, which include the data collection team that is assigned with the initial visits to the society, the regional coaching team that is assigned with carrying out further coordination and intervention at the family level, and the regional development team that is assigned with coordination and socialization at the beginning of the implementation of PIS PK and preparing the requirements for PIS PK including evaluation of the implementation of PIS PK in the area of the public health center. The description of this job is of course important for every health worker to have a better understanding of the roles and duties that are carried out[3].

The family approach is one of the ways of the public health center to increase target coverage and bring closer access to health services in the working area of the public health center by visiting families. Health services do not only focus on services in the building but also on services developed by visiting families in their work areas[1].

The Healthy Indonesia Program with a Family Approach is conducted by the public health center by forming teams to carry out their respective duties accordingly. Starting from socialization, data collection, data entry, to analysis which then leads to the making of health intervention policies according to the needs of the society in the respective working area. Socialization is addressed to the internal party, the public health center workers and also to the external party, that is the society. The socialization to the society is carried out with the help of the head of the village, RT and RW which aims to ease the coordination with residents. The aim of holding the socialization is to provide means of communication with cross-sectors and society so that the implementation of a policy or program can run well[9].

"Yes, our activities are home visits, before home visits we gather first, we map the area first after that we determine the schedule of visits, then we inform those villages in the form of socialization and advocacy at the village level, that there will be visits from this date until this date by the public health center, so that its residents must be prepared for the socialization, so that it does not have to be done twice, then when we make a home visit, we meet the family, and we convey 12 indicators according to the Prokesda form earlier, …….".

"We have the first socialization at the sub-district level. Hence, before we make our PIS PK visit, we first gather some people such as the village head, the sub-district head, we also informed first that we wanted to hold a PIS PK in the Singojuruh area." (A208)

External socialization is urgently required to gain support from the sub-district head, village head and the staffs[10]. After conducting the socialization, the PIS PK Team then coordinated with the regions to prevent society's rejection when data collection was carried out. Aside from that, this is done to ease the data collection so that residents are willing to be at home at the specified time.

At the time of conducting data collection, the public health center officers also carried out socialization and health interventions, especially if symptoms or signs of infectious or non-communicable diseases were found. In addition to that, NCR was also given to be taken to the public health center for further treatment.

At the time of collecting data, public health center officers can conduct socialization to people who suffer from health problems and provide referrals for them to go to the public health center for further examination. The implementation of PIS PK basically provides good consideration to the public health center because the public health center can formulate

policies that are in accordance with the culture and conditions of the region considering that each region has different conditions and problems. The society also receives visits from public health center officers because not all people can visit the public health center during their working hours, so that with the existence of PIS PK they get visitation to have their health checked and can consult with public health center officers about their health problems.
"(Sighs), at the same time at the public health center there is also ... promotion and prevention, yes, we all convey about health, like that. How to prevent it and how the health promotion works too. What is available in the public health center, we tell, and health issues can also be conveyed there. After they need the initial one, we usually have something like, yes ... if it is family with problem, we will provide counselling, knowledge about health for those with problems. Later the decision will come from the family, right ... the one who can decide, we can only give it like that." (A210)
The results of the visit are then analysed to see the IKS score and basic for further intervention can also be done if there are health issues that require further treatment. The public health center can also assess the focus of the intervention after the IKS assessment is carried out. This is the basis for determining the future of the public health centre's policies.
The results of the IKS scores are then grouped by the public health center to determine which society would be visited for further intervention. Program holders can formulate and determine the need for further interventions in the public health center area. In the implementation of the Healthy Indonesia Program with a Family Approach, there are several obstacles as well as impacts caused by this program, one of the reasons for that is due to the lack of health workers at the public health center level. Obstacles that take place such as inadequate labour, resident's rejection, resident who cannot be met and time that is not suitable for the resident. These are in line with the research conducted by Agni, (2018) which stated that the daily workload has already consumed energy and time, thus making it difficult if it's added with the duty to carry out PIS PK[11].
"The constraint for the data collector is perhaps something like this when some of the family members who have been scheduled are not at home then when we asked the family... usually there is a lot of cover-up, if we ask whether they have ever done this, they will answer never even though they have, so we still collect the data based on what we see not what we hear, the problem for the data entry is if the internet connection is very slow so that the problem of multiple same names appear, but for the last time editing has been done again so that the names that do not exist have been removed." (A204)
The implementation of integrated tasks in the implementation of Healthy Indonesia with a Family Approach at the sub-district or village level. Cross-sector integration is needed to ease health workers in implementing PIS PK. The duty arrangements do not have to be formally formed, but it can be in the form of a network of coordination and cooperation between the internal campus and external parties who are expected to support it. The success of PIS PK depends on cross-sector coordination (Indonesian Ministry of Health, 2016). The success of PIS PK requires solid support from the central to regional levels, including the society because after all, the society is the main objective in implementing PIS PK.
The family approach, although not new to the public health center, is something new to most public health center officers because it has not been implemented by the public health center for a long time. Thus, it is necessary to optimize the training to realize the success of PIS PK in every public health center in Banyuwangi.
PIS PK as a new program of course is facing obstacles in its implementation, especially related to human resource issues. The availability of human resources for health greatly affects the success of health programs. The supply of human resources for health aims to determine the number and types of personnel to meet the requirements. Human resource needs that are not planned properly will result in a shortage of personnel which affects the

service and comfort to the patient[12]. This is in line with the research conducted by Fauzan, Chotimah and Hidana (2019) in Bogor city which stated that the human resources involved in PIS PK are still inadequate compared to the number of households in the society[13]. The limited human resources at the public health center even before the PIS PK became more limited during the implementation of the PIS PK, this impacted the health services in the building which made visitors must be willing to queue longer.

“Although yes, we serve at the clinic (BP), yes, we take the time to do it. Suppose afterwards there are two doctors and five nurses in the clinic. It will be arranged later, three will go out and two will stand by later, but the duration will be fixed, from seven to nine o’clock, for example. Seven o'clock to nine o'clock. Hence, at nine o'clock they return. Indeed, the consequence is that the patients queue up," (A202)

The technical guidelines for strengthening the management of public health center in 2016 stated that the recruitment of data collection officers can be carried out if the results of the analysis shows that there is a need for additional officers, however, even so this is not conducted by the public health center considering the difficulty of controlling when taking external worker outside of the public health center, especially if the quality of human resources from outside does not meet the requirements the criteria desired by the public health center.

“if there are three people what we can do as stated in the Regulation of the Ministry of Health, is that we can collaborate with students majoring in health field for example, but the control can't be like employees, first the control, second the data input process and others are not as valid as when we go by ourselves, yes." (A202)

The obstacles to the implementation of PIS PK are not only from the society such as people’s rejection but also from internal of the public health centers, such as stated in research conducted by Shinta in 2018 at the public health center in Kulon Progo Regency which stated that there is rejection from public health center officers if PIS PK is carried out annually because it will increase the burden on public health center[8]. Several public health center officers in Banyuwangi initially refused, but the socialization and training activities that were conducted became the solutions to that problem.

"Sometimes we face rejections between friends, things like that also exist. But it is over, along with the frequent socialization, there are several friends who also participated in the training nationally, in Murnajati 5 people were taken". (A209)

The successful implementation of the family approach by the public health center within the framework of the Healthy Indonesia Program requires a strong understanding and commitment from all health workers in the public health center. Apart from that, strong support from decision makers and cooperation from various sectors outside health is required, from the district, sub-district/village level to Neighborhood Associations (RT) and Citizen Associations (RW). Without all of those, of course various obstacles can occur or be complicated to solve.

"Certainly, at the beginning of the year two thousand and seventeen when we were about to implement it, that is, we started in the district. Advocacy to the head of district, there was a meeting, all of the heads of the district of Banyuwangi were present, so when we joined, automatically all the sub-district heads were exposed. Our socialization is about PIS PK. Well, aside from that, we will schedule the 2017 RPK for three sub districts. Every time we want to go, we do socialization, we invite the head of district and sub-district, some public figures, as well as cadres because if they are not involved later when we want to collect data per household, we need coordination with the head of district. That is so, we can provide socialization and advocacy at the sub-district level every time we want to implement the PIS PK program in that sub district,". (A202)

Another obstacle is that people who are sometimes not at home, so the public health center officer has to visit them two to three times to meet them. This is because the activity of people outside the home are at the same time where the public health center officers collect data, so that coordination with district or sub-district is needed to do the socialization to the people. In line with the research conducted by Virdasari, Arso and Fatmasari (2018), the obstacles faced in data collection activity is large working area with a large population, people cannot be met such as residential areas that sometimes do not open doors, or only meet 1/2 people in 1 family, the lack of socialization, the data collection can only be done after service hours, officers lacks the knowledge of operational definitions, lack of coordination among officers, and lack of commitment from officers. For this reason, there is a need for coordination between data collection officers and public health centers with cross-sectors in order to facilitate family data collection[14].

Language is also an obstacle of its own itself for public health center officers, this is because it is not uncommon for a public health centers area to consist of several ethnicities or tribes, some of which do not speak Indonesian fluently, so the officers are assisted by the head of the district or sub-district or cadres as a communication connector to the people.

Basically, the point is that cross-sector coordination is required in the implementation of PIS PK. This is done so that people can cooperate well with public health center officers who conduct home visits because cadres or policy makers in the area are role models and the trust of the public. The people’s perception that sometimes mistakenly thinks that officers are salespeople, so that sometimes there is rejection from society, in addition to that, the level of society’s understanding that is still lacking on the importance of this program needs to be overcome by socializing and asking regional cadres to accompany officers who go to the field.

The implementation of policies in PIS-PK involves the participation of the health office, public health center, and related cross-sectors which work in synergy. Support from village sub-district officials is also very much required to ease access to the society. For regions that have not conducted data collection, it is necessary to mobilize support from cross-sectors because both the health office and the public health center have not conducted socialization[15].

In this research, the analysis of the workload in the public health center was also carried out to see the number of human resources owned by each public health center in Banyuwangi in optimizing the success of the performance of the public health center, especially regarding PIS-PK. The workload analysis carried out by the Banyuwangi District Health Office shows that most of the number of workers in certain functional positions from 45 public health centers in Banyuwangi Regency have excessive workload, this is because the number of officers owned by the public health center is less than what is required. This is also in line with the results of research by Fauzan, Chotimah and Hidana (2019) which showed that the availability of human resources in the implementation of PIS-PK at Mulyaharja public health center, Bogor is inadequate, which resulted in excessive workload[13]. Apart from that, the large area, geographic location, and large population made the data collectors felt overwhelmed to meet the target of family visits. This is the reason why the public health center has not reached the total coverage that should have been anticipated from the start based on the officers at the public health center, the number of families, the area of work, and the geographical conditions of the work area. In line with the research conducted by Hartawan and Ilyas (2016), the high workload is due to the insufficient available workers, hence it is necessary to recruit new workers[16].

The Achievement Report of Family Visits (Figure 1) shows that Muncar District occupies the area with the highest number of family heads, which are 40,966 households. Meanwhile, the sub-district that has the least number of family heads is Giri (9,427 households) and Licin (9,249 households). With the difference in the number of heads of households in each region

which varies, it is possible that the achievement of the family visits obtained by the public health center is not in the form of total coverage. Also, it can be used as a benchmark for public health center to recruit surveyors (health and non-health workers).

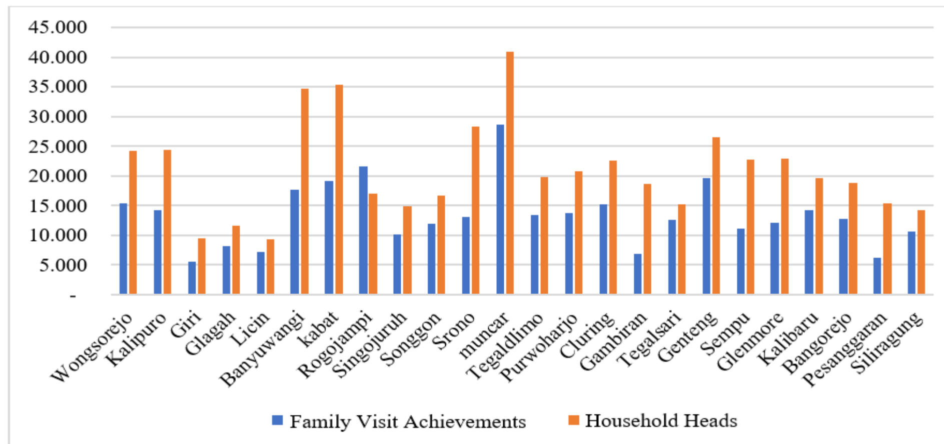

Figure 1. Comparison of the Achievement of Family Visits with the Number of Heads of Household in Banyuwangi Regency

In the workload analysis in the Banyuwangi Regency table (Table 1), it can be seen that the majority of health workers in Banyuwangi are insufficient in number, this of course can be an obstacle itself to ease the run of the PIS PK program. From those two data, it can be concluded that the level of public health center human resources has not met the minimum requirements so that it is burdened with excessive workload, especially if it is added with PIS PK, thus, additional workers are required at all public health centers in Banyuwangi Regency to meet the minimum requirements in carrying out public health center activities.

This is in line with the research conducted by Agni (2018) who found that the obstacles that most people complain about are the limited human resources and time at the public health centers[11]. Officers feel that the daily workload is already consuming energy and time, hence it is hard if it's added with the duty to carry out PIS PK. Excessive workload will certainly have an impact on public health center officers who eventually can increase the risk of contracting disease, even though public health center officers have the right to maintain their health and safety (PMK No. 75 of 2014). In addition to that, excessive workloads can also result in being less optimal in carrying out the given responsibilities because their productivity level has decreased[17].

The lack of health workers compared to the existing public health centers has made the workload of health workers at the public health centers higher and not in accordance with their main duties and functions and educational background. Hence, eventually it has an impact on decreasing the quality of services at the public health centers so that there are several aspects that must be considered in the provision of health workers in the future, which involve production (related to quality and competence), placement (related to government policies, locations placement, and availability of health facilities), distribution (related to the ratio per population), and the performance of health workers (related to the number of visits or target achievement)[18].

This insufficient health workers must of course be fulfilled by the Banyuwangi Regency government in order to optimize the level of success of PIS-PK as well as direct preventive and promotive policies. However, policies in the health sector are still not directed towards promotive and prevention as proved by the lack of workers at the public health center in several fields such as health educators, health epidemiologist (epidkes), and entomologists in addition to several formations such as pharmacists, medical records, laboratory personnels, and several other formations that are lacking. This of course must move the government of

Banyuwangi Regency to carry out policy reforms in the health sector, which is to analyze the needs for HRH development in planning HRH development so that it is right on target, efficient, and effective so that later a comprehensive health service system can be formed in Banyuwangi Regency.

Tabel 1. Workload Analysis of Specific Functional Positions of Public Health Centers in Banyuwangi Regency

No	Public Health Center	Specific Functional Positions															
		Sanitarian	Doctor	Dentist	Nurse	Dental Nurse	Midwife	Pharmacist	Pharmacist Assistant	Health Epidemiologist	Public Health Educator	Entomolog	Nutrisionis	Medical Record	Dental Technician	Radiografer	Laboratory Institutions
1	Wongsorejo	B	B	B	B	S	K	B	B	B	B	B	B	B	B	B	B
2	Bajulmati	B	S	S	B	B	K	B	B	B	B	B	B	B	B	B	B
3	Kelir	S	B	S	B	B	B	B	B	B	B	B	B	B	B	B	B
4	Klatak	B	B	B	B	B	B	B	B	B	S	B	B	B	B	B	B
5	Mojopanggung	S	K	S	B	B	K	B	B	B	S	B	S	B	S	B	S
6	Paspan	S	S	S	B	B	S	B	S	K	B	S	B	B	B	B	B
7	Licin	B	B	S	K	B	K	B	B	B	K	B	B	B	B	B	B
8	Sobo	B	B	B	B	B	B	B	S	B	S	B	B	B	B	B	B
9	Singotrunan	B	B	S	B	S	B	B	S	B	S	B	S	B	B	B	B
10	Kertosari	S	B	S	B	B	K	B	S	B	B	B	B	B	B	B	B
11	Kabat	S	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
12	Badean	B	B	B	B	B	K	B	B	S	B	B	B	B	B	B	B
13	Gitik	B	B	B	B	S	B	B	B	B	S	B	B	B	B	B	B
14	Gladag	S	B	B	B	B	B	B	B	S	B	B	B	B	B	B	B
15	Singojuruh	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
16	Songgon	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
17	Kebaman	B	S	B	B	B	B	B	B	B	B	B	B	B	B	B	B
18	Parijatah Kulon	B	B	S	B	B	B	B	B	S	B	B	B	B	B	B	B
19	Wonosobo	B	B	S	B	B	B	B	B	B	B	B	B	B	B	B	B
20	Kedungrejo	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
21	Sumberberas	B	B	B	B	B	S	B	B	B	B	B	B	B	B	B	B
22	Tapanrejo	B	B	S	B	S	B	B	B	B	B	B	B	B	B	B	B
23	Tembokrejo	B	B	B	B	B	B	B	B	B	B	S	B	B	B	B	B
24	Tegaldlimo	S	B	S	B	B	S	B	B	S	B	B	B	B	B	B	B
25	Kedungwungu	B	B	B	B	B	B	B	B	S	B	B	B	B	B	B	B
26	Purwoharjo	B	B	B	B	S	B	B	B	B	B	B	B	B	B	B	B

No	Public Health Center	Specific Functional Positions															
		Sanitarian	Doctor	Dentist	Nurse	Dental Nurse	Midwife	Pharmacist	Pharmacist Assistant	Health Epidemiologist	Public Health Educator	Entomolog	Nutrisionis	Medical Record	Dental Technician	Radiografer	Laboratory Institutions
27	Grajagan	B	S	B	K	B	K	B	B	B	S	B	B	B	B	B	B
28	Benculuk	B	B	B	B	S	B	B	S	S	S	B	B	B	B	B	B
29	Tampo	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
30	Jajag	B	S	S	B	S	S	B	S	S	B	B	B	B	B	B	S
31	Yosomulyo	S	B	S	B	S	S	B	B	B	B	B	S	B	B	B	B
32	Tegalsari	B	B	S	B	S	B	B	S	B	S	B	B	B	B	B	B
33	Genteng Kulon	S	B	B	K	B	B	B	B	B	B	B	B	B	B	B	B
34	Kembiritan	B	S	B	B	B	B	B	B	S	B	B	B	B	B	B	B
35	Sempu	B	B	B	B	B	K	B	B	B	B	B	B	B	B	B	B
36	Karangsari	B	B	B	B	B	B	B	B	S	B	B	B	B	B	B	B
37	Gendoh	B	S	B	S	B	S	B	B	S	B	B	B	B	B	B	B
38	Sepanjang	B	B	B	B	B	B	B	S	B	B	B	B	B	B	B	B
39	Tulungrejo	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
40	Kalibaru Kulon	B	B	S	B	B	S	B	B	K	B	B	B	B	B	B	B
41	Kebondalem	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
42	Sambirejo	B	B	B	B	S	K	B	S	B	B	B	B	B	B	B	B
43	Pesanggaran	B	B	B	B	K	K	B	B	B	B	B	B	B	B	B	B
44	Sumberagung	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
45	Siliragung	S	S	S	B	S	K	B	B	B	B	B	B	B	B	B	B
	Rata-Rata	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B

Caption : B = more, S = moderate, K= less

4. CONCLUSIONS

The implementation of PIS-PK in Banyuwangi Regency is still not running according to target, this is due to the lack of competent human resources possessed by public health centers in implementing PIS-PK. This has resulted in excessive workload for public health centers officers in implementing PIS-PK so that the need for additional number of human resources is in line with the minimum requirements in providing services at the public health centers. Overall, the hindrance faced in implementing PIS-PK in Banyuwangi Regency are competent human resources, the presence of public health center officers who refuse to implement PIS-PK because of the already excessive workload even without PIS-PK, and the changing schedules for meeting the society because they are sometimes not at home.
The results of this research provide recommendations to the government of Banyuwangi Regency to increase the HRH of the public health centers in order to optimize the success of the program according to the recommendations for the number of additional workers listed in table 2. This number has been adjusted to the guidelines for implementation of the public health centers that have been issued by the Ministry of Health.

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