PUSKESMAS & POSYANDU

Saptawati Bardosono
PUSKESMAS

- Pusat Kesehatan Masyarakat or primary health care center
- Functional organization that provides health services:
  - Comprehensive
  - Integrated
  - For all ages
  - Acceptable
  - Affordable
  
  and supported by community participation
Pemerintah Kabupaten Natuna
Dinas Kesehatan dan Kesejahteraan Sosial
Puskesmas Perawatan
Jalan Arung Raja, Kamp. Air Sekain Kec. Serasan
PUSKESMAS - Policy

- Puskesmas is an operational unit that has to perform health development operational task in sub-district level.
- Vision: To achieve healthy community at sub-district level to be able to reach Healthy Indonesia 2010.
- Mission:
  - Encourage people to practice clean and healthy lifestyle.
  - Increase intersectoral cooperation in health aspects.
  - Increase working disciplinary and health staffs performance.
  - Sustain and increase the health service standard.
PUSKESMAS - Policy

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- Vision: To achieve healthy community at sub-district level

**Puskesmas coverage:**

Based on sub-district area or number of population? Why?
PUSKESMAS - Functions

1. Center for development program for health,

2. Center for community and family empowerment in health program and

3. Center for primary health services
Puskesmas functions:

How to manage the activities to meet all of its functions? Manpower needed?

1. Center for development program for health,
2. Center for community and family empowerment in health program and
3. Center for primary health services
PUSKESMAS - Functions

- Function for medical techniques
- Function for human resource skills that could organize community social modality:
  - Finding the social modality provided,
  - Determine problems,
  - Formulate alternative solutions
- Build social institution which are democratic, based on community aspiration, needs, strength and potency
How to overcome nutrition problems among under-five children?

- Function for medical techniques
- Function for human resource skills that could organize community social modality:
  - Finding the social modality provided,
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PUSKESMAS - Staffs

- Medical doctor
- Dentist
- Midwife
- Nurse
- Sanitarian
- Administration staff
- Volunteer

Sufficient manpower as institution (organization) and do its functions?
<table>
<thead>
<tr>
<th>Health promotion</th>
<th>School health program</th>
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<tbody>
<tr>
<td>Maternal and child health</td>
<td>Disease prevention and elimination program</td>
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<tr>
<td>Policlinic</td>
<td>Environment health</td>
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<td>Dental health clinic</td>
<td>Mental health</td>
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<td>Nutrition counseling</td>
<td>Laboratory</td>
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<td>Puberty and elderly counseling</td>
<td>Hearing clinic</td>
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Puskesmas program:

What are the minimal activities to meet its functions?

- Health promotion
- Maternal and child health
- Policlinic
- Dental health clinic
- Nutrition counseling
- Immunization
- Puberty and elderly counseling
- School health program
- Disease prevention and elimination program
- Environment health
- Mental health
- Laboratory
- Eye clinic
- Hearing clinic
PUSKESMAS – Referral system

- Sick individual to Puskesmas
- Being examined and treated optimally
- Need further examination and/or therapy, will be referred to local hospital
- The referred patient should be referred back to the Puskesmas for further evaluation for its disease
Puskesmas referral system:
Is it needed?

- Sick individual to Puskesmas
- Being examined and treated optimally
- Need further examination and/or therapy, will be referred to local hospital
- The referred patient should be referred back to the Puskesmas for further evaluation for its disease
PUSKESMAS - Problems

- Not optimally used
- Limitation on:
  - Facility
  - Man-power
  - Capability to run the program
- Other personal problem:
  - Time consuming for registration and examination
  - Unfriendly medical staffs
Puskesmas problems:

How to overcome these problems?

- Not optimally used
- Limitation on:
  - Facility
  - Man-power
  - Capability to run the program
- Other personal problem:
  - Time consuming for registration and examination
  - Unfriendly medical staffs
Summary:

- What is Puskesmas?
- Puskesmas coverage?
- Puskesmas functions and activities?
- Puskesmas staffs and its limitations?
POSYANDU

- Pos pelayanan terpadu or integrated health care post
- Starting as an organization of services aimed to prevent diseases and family planning for reproductive mothers and underfive children
- It is expected that Posyandu could be existed and developed based on community awareness and effort or social participation of each community in village or kelurahan level
1. Increase intersectoral cooperation to conducting Posyandu in the scope of LKMD (village community security organization) and PKK (family welfare organization)

2. Develop community participation to increase Posyandu function and increase community participation in village community development programs

3. Increase the functions and roles of LKMD and PKK, prioritizing in the role of development of cader

4. Implementing the formation of Posyandu in each village to conduct integrated health and family planning services

5. Dana sehat (health fund) is a way to manage integrated health maintenance
1. Responsible person: Head of LKMD (village head)
2. Responsible for its operation: Vice head-1 of LKMD (Key person)
3. Executive leader: Vice head-2 of LKMD /section 10 of LKMD (Leader of PKK)
4. Secretary: Head of section 7 of LKMD
5. Executive staffs: PKK cader, assisted by national working group at local level
POSYANDU - COMMITTEE

National working group for Posyandu at sub-district level:

- Puskesmas,
- Family planning field supervisor
- Development section
- Village development cader
Tasks of National working group for Posyandu at sub-district level:

- Preparing data and target group, and program coverage
- Cader preparation
- Problem analysis and determine alternatives for problem solving
- Proposal formulation
- Monitoring and supervising
- Inform any problems to related institutions
- Report the activities to LKMD.
POSYANDU - DEVELOPMENT

1) Inter program and inter sectoral meeting at subdistrict level
2) Self-evaluation survey by PKK cader under supervision of health and family planning technical staffs
3) Community meeting at village level to discuss the survey results, facilities and funding
4) Selection of Posyandu cader
5) Training of Posyandu cader
6) Supervision
POSYANDU – DEVELOPMENT CRITERIA

1) Not too close to Puskesmas
2) One Posyandu can serve 100 underfives
POSYANDU – CADER
CRITERIA

1) Can read and write
2) Social and willing to volunteer
3) Understand culture and habits of the local community
4) Can provide time
5) Living around the Posyandu location
6) Friendly and sympathetic
7) Accepted by the local community
POSYANDU - OBJECTIVES

1. Decrease infant mortality rate (IMR), maternal mortality rate (MMR) – pregnant women, delivery and post-partum

2. Develop NKKBS, norma keluarga kecil bahagia sejahtera (small happy and wealthy family norm)

3. Increase community participation and capability to develop health and family planning activities, and other activities supporting the attainment of healthy and wealthy community

4. Function as reproductive movement vehicle to achieve wealthy family, family security, and economically wealthy family
For children, early detection of any disorder of growth and development

For mothers (pregnant and nursing), counseling, weight monitoring, iron pill distribution, and preparation for save delivery care
POSYANDU - ACTIVITIES

1. Maternal and child health (MCH)
2. Family planning
3. Immunisation
4. Nutrition
5. Tackling diarrhea
POSYANDU – IMPLEMENTATION

- Running once a month by LKMD, cader, PKK and health and family planning staffs at village level
- Providing service known as “5 table system”:
  - Table I : Registration
  - Table II : Weighing
  - Table III: KMS recording
  - Table IV: Individual counseling based on KMS
  - Table V : Health and family planning services
    - Immunization
    - High dose vitamin A distribution given orally every February and August
    - Providing pill or condom
    - Simple medication
    - Health, nutrition and family planning counseling
**POSYANDU – INDICATORS**

- Evaluated using SKDN-coverage:
  - S: Semua, all underfive children in Posyandu coverage
  - K: KMS, all underfive children owned KMS
  - D: Datang, all underfive children weighed this month
  - N: Naik, all weighed underfive children who increased their body weight

- Interpretation:
  - D/S, presenting the quality of community participation
  - N/D, presenting the posyandu’s achievement
Indicators to determine strata/level

Posyandu:

1. Number of open-day per-year
2. Number of active cader
3. Program coverage
4. Additional program
5. Availability of Dana sehat
POSYANDU – FUNDING

Source of funding:

- community self-supporting through mutual cooperation, e.g. contributing small amount of rice (jimpitan) or other local potential product and other funding from donators to be accumulated as health fund (Dana Sehat)
POSYANDU – LEVEL

Posyandu Pratama (red):
- Not steady yet
- No routine activities
- Limited numbers of cader

Posyandu Madya (yellow):
- More routine activities
- Number of cader 5

Posyandu Purnama (green):
- Routine activities
- Good program coverage
- Number of cader 5
- Having additional program

Posyandu Mandiri (Blue):
- Routine activities and steady
- Good program coverage
- Having steady Dana Sehat
POSYANDU - PROBLEMS

- Not all village has Posyandu
- There is a Posyandu physically but not really running
- Only providing nutrition activities (monthly weighing, weight monitoring using KMS/weight monitoring card, and supplementary feeding)
- Being used as place for curative service by the paramedic’s private practice
- Inactive cader and member of PKK
POSYANDU - ISSUES

- Participation, otoriter, not democratic in developing posyandu
- Gender bias
- Who is responsible
- Poor understanding
- Only related to health aspect
Summary:

- What is Posyandu?
- Posyandu policy?
- Posyandu program, activities and its implementations?
- Evaluate Posyandu?
- Problems and issues?