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A Comprehensive Evaluations the Implementation of Healthy Indonesia Program with the Family Approach in Indonesia Through a Context, Input, and Process: A Qualitative Study

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Abstract

The research aims to evaluate the Healthy Indonesia Program with the Family Approach (PIS-PK) in Aceh, Indonesia, through a context-input-process-output model. The informants were specifically chosen for this research's qualitative approach and interviewees. The informants included the head of the province health office for Aceh, four district health office directors, four directors of community health centres (PUSKEMAS), and four PUSKEMAS programme managers. In-depth interviews were used to gather the data, which was then thematically analysed. The study showed four themes. The first theme: Context theme with five sub-themes: (1) interdisciplinary health care worker, (2) home visit, (3) individual approach, (4) promotes and preventive, and (5) finding and solving problems. The second theme: Input theme with five sub-themes (1) health care worker, (2) budget, (3) facilities, (4) socialization, and (5) stakeholder support. The third theme: Process with three sub-themes: (1) planning, (2) implementation, and (3) evaluation. The fourth theme: Product themes with two sub-themes: (1) family health problems and (2) program achievements. The programme that can improve public health in Aceh, Indonesia, in terms of inputs, processes, and products, it must be improved. As a suggestion, provincial and district health offices must increase monitoring and evaluation every month to make sure the implementation of program is running according to predetermined targets.

Keywords: *Family Health, Community Health Centre, Healthcare Workers, Patient Care*

1. Introduction

The Healthy Indonesia Program with Family Approach (PIS-BK), a government initiative that aims to improve the health status of the community through families. This programme is further supported by several other cross-sectorial programs, namely Smart Indonesia, the Indonesia Work Program, and the Indonesia Prosperous Program. The family approach is one of the ways for the community health centre (PUSKEMAS) to expand their coverage and improve access to healthcare services in their operational areas by directly engaging with families (Kemenkes, 2017). The Ministry of Health has placed special emphasis on the PIS-BK

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as a key initiative. This program is designed to enhance the overall quality of life for the people of Indonesia. To ensure the success of the program, PUSKEMAS adopt a unique approach by conducting home visits within their operational areas. This approach enables the monitoring of the health of every household member (Kemenkes, 2017).

The health conditions can actually be improved with PIS-PK, where the data collection and health services to the community are carried out through home visits by Puskesmas health care worker, but this program implementation has not been successful. (Shivalli et al., (2015) said the family approach has to be one approach that has been implemented in several countries. The family approach to primary health care is an effective strategy to find important factors outside the conventional ways and find appropriate and sustainable solutions of problems.

The 'family approach' here involves integrating individual health efforts (UKP) and public health efforts (UKM) using data from family health profiles. These profiles are gathered during the home visits conducted by PUSKEMAS staff (Kemenkes, 2016). There are 12 key indicators that serve as benchmarks for assessing the health status of families, namely (1) assisted births, (2) complete immunizations, (3) exclusive breastfeeding, (4) toddler growth monitoring, (5) tuberculosis medication, (6) hypertension medication, (7) mental health treatment, (8) none-smoking household, (9) health insurance membership (JKN), (10) healthy latrines usage, and (12) clean water usage (Kemenkes, 2016).

One of the strategies used by PUSKESMAS to enhance their goals and improve access to healthcare services involves the 'family approach.' Through this approach, PUSKESMAS visits families in their homes, going beyond their health centre services. This method not only boosts healthcare targets but also emphasizes the role of families in implementing the Healthy Indonesia program (Kemenkes, 2016). One result of implementing PIS-PK is the Health Family Index (IKS) score. The IKS score reflects the proportion of healthy families in each area. Families are categorized as 'Healthy Families' if the IKS value is > 0.8, 'Pre-Healthy Families' if the value is 0.5 - 0.8, and 'Unhealthy Families' if the value is < 0.5. The IKS provides data at various levels, from national and provincial to district, city, sub-district, and village (Kemenkes, RI 2016).

Implementing the PIS-PK program by health care workers in PUSKEMAS comes with its share of challenges. These include a lack of understanding about the program's objectives among both health care workers and families. The workload for health care workers is also a concern, as they must juggle home visits alongside providing services at the PUSKESMAS. Additionally, family members are often unavailable when health care workers visit their homes (Fauzan et al., 2019). To gain a more comprehensive understanding of how PIS-PK is working in Aceh Province, Indonesia, researchers are interested in evaluating its implementation there.

2. Theoritical Framework

Indonesia's achievement towards health is dreamed of by all levels of health stakeholders (Fuady et al., 2013), especially the ministry of health as the spearhead of policy making which will be forwarded to each provincial health office which eventually information enters each PUSKESMAS which acts as a Technical Implementation Unit (UPT) of the Health Office in each region. PUSKESMAS is the spearhead in the implementation of all policies formed. The success of a program is largely determined by the achievements of each PUSKESMAS (Afrianti & Pujiyanto, 2020). Therefore, it is necessary to strengthen more optimally in preparing PUSKESMAS in carrying out a program.

The healthy Indonesia program is one of the 5th agendas of Nawa Cita (Pratidina & Rokayah, 2023), which is to improve the quality of life of Indonesian people by upholding three main pillars, namely: the application of a healthy paradigm; improvement of health services; and the implementation of health insurance (JKN) (Print et al., 2022). The efforts used to achieve health development start from the smallest unit of society, Therefore, the government launched the Healthy Indonesia Program with a Family Approach (PIS-KS) through healthy family survey activities in each PUSKESMAS area (Habibie et al., 2017).

In succeeding the big agenda of this PUSKESMAS as one of the spearheads that can embrace every existing community (Tambunan & Mansor, 2018). Those who interact directly with the community through the provision of health services so far, and they also interact more often with health cadres in the community. The Healthy Indonesia Program with Family Approach (PIS-KS) has been started since 2016 which is implemented in 9 provinces, but in 2018 it is targeted to be implemented throughout Indonesia (Siregar, 2022). The quality of a program can be seen from the results of monitoring and evaluation that have been implemented, in this case the ministry of health has made monitoring and evaluation guidelines that focus more on the process and output of program implementation which includes preparation for HR training, implementation in the field, to intervention plans and analysis of changes in the Healthy Family Index (IKS).

In this case, researchers are interested in conducting an Evaluation of the Healthy Indonesia Program with a Family Approach (PIS-KS) through an approach system. The current strengthening of the regional health system encourages many local officials to master system analysis and use it to create programs. A system consists of inputs, processes, and outputs. Inputs consist of sources that become raw materials. Process is a strategy of processing raw materials into finished materials / products. The output is the finished goods/products purchased or used by consumers. Outcomes are benefits felt by consumers or parties outside the system. So that with this evaluation method, it is expected to be able to get the advantages and disadvantages of the program. This, for policymakers, will make it easier to decide on new policies that are more optimal in overcoming existing problems. The purpose of this study is to ignite the Healthy Indonesia Program with Family Approach (PIS-PK) through an approach system input-process-output and outcome.

3. Methods

3.1. Design

This study used a qualitative research approach, combined with a cross-sectional design. The analysis focused on describing themes that emerged from in-depth interviews. These interviews aimed to gain insights into respondents' perspectives, guided by open-ended questions.

3.2. Participants

This research was conducted across four districts and cities in Aceh Province: North Aceh District, Bener Meriah District, Nagan Raya District, and Banda Aceh City. The data was collected from a total of 13 participants, including the Head of the Aceh Provincial Health Office, Heads of Health Offices in each district (North Aceh, Bener Meriah, Nagan Rayan and Banda Aceh City), and personnel from specific community health centers (PUSKESMAS) such as Kuta Makmur, Pante Raye, Beutong and Kopelma Darussalam. These individuals provided

insights into the program's implementation.

3.3. Data Collection

Data collection took place between November 2022 and January 2023. In-depth-interview was conducted to explore the perspective of respondents a set of open-ended questions was used to guide the process of face to face interview. Topic guides were developed from study aims and objectives and related literature. Interviews was conducted around 30 min duration.

3.4. Data Analysis

Data collected through face-to-face and online meetings by telephone was recorded using an audio recorder. The data in audio form then was translated by the researcher into words and recorded in a copy of the excel file and then the thematic analysis was carried out manually.

3.5. Ethical Considerations

The research ethical aspect was approved by Universiti Kebangsaan Malaysia (UKM) Medical Centre Medical Research Ethical Committee (UKM.FPR.SPI 800-2/28). In addition, local approval was obtained from Aceh Province Health Office in Indonesia (No: 070/DPMPTSP/1356/2022) to ensure the protection of the identities of the respondents and to avoid the improper dissemination of the personal information of the research respondents, the researcher was signed a confidentiality agreement for the respondents.

The study was carried out as per UKM and Aceh Province Health Office research governance guidelines. All participants gave written consent. There were no participant expenses and no incentives were offered. Participants were aware of their right to withdraw from the study without reason.

4. Results

Total of 13 participants participated in the study across a range of roles from healthcare worker at Puskesmas to administrators. Long work experience ranged from 4 years to those with over 25 years of experience. N= 7 participants were female and n= 6 were male. There was n= 7 nationally were nurses and n= 6. Other professions from the Aceh health Aceh province, 4 district health offices and 4 PUSKESMAS in Aceh province, Indonesia.

4.1. Findings

In evaluating the Healthy Indonesia program with a family approach, researchers used the context-input-process-output (CIPP). The results of the study as follows:

Tabel 1: Evaluation implementation of the PIS-PK in Aceh, Indonesia.

Themes		Sub-Themes
Context	1.	Interdisciplinary health care worker
	2.	Home visit
	3.	Individual approach
	4.	Promotive and preventive
	5.	Finding and solving problems
Input	1.	Human Resources
	2.	Budget
	3.	Facilities
	4.	Socialization
	5.	Stakeholder support
Process	1.	Planning
	2.	Implementation
	3.	Evaluation and monitoring

Product	1.	Family health problems
	2.	Program achievements of healthy family index (IKS)

The research participants unanimously expressed their approval of the 'PIS-PK' program within its context that highlighting its potential to mitigate family health challenges in Indonesia. Their consensus rested on several factors, the primary one being the program's integration of multidisciplinary healthcare professionals.

According to Respondent Number Six

PIS-PK will be able to improve public health status because the PIS-PK team consists of multidisciplinary health workers, going to the villages, visiting people's homes, sharing knowledge and skills, there are health promotion worker, environmental health, nurses, doctors.

According to Respondent Number Eleven

PUSKESMAS health workers who have been trained consist of doctors, nurses, midwives, sanitarian, and nutritionist.

The participants held a positive outlook on the 'PIS-PK' program, viewing it as a commendable initiative. They believed that the program's merits could contribute significantly to addressing prevalent health issues within Indonesian families. One of the key factors driving this optimism was the program's collaboration with a diverse team of healthcare experts. The 'PIS-PK' program boasted a comprehensive workforce comprising health promotion specialists, environmental health experts, nurses, midwives, nutritionists, and medical doctors. This team was not confined to clinical settings; rather, they would actively engage with communities by visiting villages and households, effectively disseminating valuable knowledge and skills. Apart from that, PUSKESMAS health care workers who participated in the implementation of this program were, nurses, doctors, midwives, sanitarians, and nutritionists.

Secondly, another noteworthy aspect of this program is its implementation strategy, cantered around home visits conducted by dedicated health care personnel from PUSKESMAS. These visits serve a threefold purpose: to collect crucial health data concerning family members, to conduct thorough health assessments of each family member, and to offer immediate interventions to individuals grappling with health issues.

Statement made by Respondent One

This program is very good because health care workers conduct direct visits to families to survey family health, so we know the problems of each family specifically.

In essence, the program's success is rooted in its direct engagement methodology. By bringing health care professionals to families' doorsteps, the initiative effectively captures in-depth health data and addresses family-specific health issues.

The third compelling aspect of the PIS-PK program lies in its personalized service delivery to individual family members. This approach is orchestrated by PUSKESMAS healthcare workers during their household visits. Under the PIS-PK initiative, healthcare services are thoughtfully tailored to cater to the unique needs of each family member. PUSKESMAS healthcare workers play a pivotal role in this process, ensuring that the care provided is attuned to the specific health requirements of every individual.

Statement made by Respondent Five

Able to improve the health status of the family, because this is an individual approach to the family member by health care workers, collecting data directly from the family, by name by address, a family's health problem can be directly intervened by health care workers.

In essence, the program's strength rests in its capacity to treat each family member as a unique entity, fostering a targeted and effective healthcare intervention during home visits.

The fourth compelling aspect of the PIS-PK program revolves around its promoted and preventive approach. PIS-PK places a strong emphasis on maintaining family well-being and proactively averting illnesses.

Statement made by Respondent Five

PIS-PK is easy to implement because this is the main and functional task of health care workers at the PUSKESMAS, and now the paradigm has changed from curative to promoted and preventive.

The program's commitment to fostering family health through proactive measures. PIS-PK does not simply react to health issues; instead, it actively prioritizes endeavours that keep families in good health and prevent the onset of ailments. In essence, the strength of the program lies in its ability to anticipate health needs and uphold family well-being by embracing a holistic, preventive ethos.

Fifth, a pivotal aspect of the PIS-PK program: its adeptness in both identifying and resolving health concerns within families. The program's inherent ability to engage with families at their own residences, thereby facilitating direct data collection and issue detection. This, in turn, paves the way for targeted problem-solving interventions.

Statement made by Respondent Number Five

This program is suitable, health care workers come directly to the families' house to collect data, find problems, and then carry out problem-solving interventions.

Respondent number five eloquently captures the essence of this approach: This program is exceptionally fitting, as healthcare personnel visit families in their homes to not only amass essential data but also to actively unearth underlying health challenges. What sets this initiative apart is its immediate and strategic approach to intervene and alleviate these identified issues. In essence, the program shines by harmonizing data-driven health issue identification with swift and personalized intervention, all within the familial context.

Finally, its proficiency in not only recognizing but also effectively resolving various challenges. Central to this, the programs strategic approach, wherein healthcare personnel visit individuals or families within their homes. This personalized interaction facilitates not only the collection of essential data but also the identification of prevailing issues. This can be seen from the statement made by respondent number five.

Statement made by Respondent Number Five

The method is suitable because health workers come to the house to collect data, find problems, and then intervene to solve the problems"

Respondent five articulates the rationale behind this method succinctly: The program's methodology is eminently fitting due to the direct engagement of healthcare workers in households. This enables the meticulous identification of issues, followed by timely

interventions geared toward effective problem resolution. In essence, the program's efficacy lies in its dual nature of comprehensive issue detection and swift, targeted intervention, all while operating within the familiar environment of the individual or family.

4.2. Capacity of Puskesmas Human Resources

Generally, it is observed that there exists a suitable number of health care professionals within PUSKESMAS to execute the PIS-PK initiative. However, the context demands careful coordination due to the dual responsibilities these professionals' shoulder – performing home visits as part of the program while concurrently catering to the needs of PUSKESMAS. The sentiment resonates with Respondent one, who acknowledges the adequacy of health care personnel at PUSKESMAS. However, the statement underscores the necessity for systematic scheduling. Moreover, Respondent one highlights the presence of village midwives in each locality.

Statement made by Respondent One

The resources for PUSKESMAS health care workers sufficient, but they must be scheduled regularly, besides that in each village there is also a village midwife"

However, in North Aceh district, according to the statement from the Head of North Aceh Health Office, the health personnel resources are still lacking.

Statement made by Respondent Two

The number of health workers is still lacking, there must be additions.

In contrast, respondent two, representing the North Aceh district, conveys that there exists an insufficiency of health care personnel. This suggests that the availability of health care workers might vary by region. Apart from the number of health care workers, all respondents agreed that it is necessary to increase the knowledge and skills of PUSKESMAS health care workers who run this programme through training and socialization of the implementation of PIS-PK.

Statement made by Respondent Two

It is necessary to increase the ability of human resources. we must socialize more often to PUSKESMAS health care workers so that their knowledge increases and they are skilled in implementing PIS-PK."

Respondent two underlines the necessity of increasing the ability of human resources. They suggest that regular socialization sessions and training are required to increase the knowledge and skills of health care workers in carrying out the PIS-PK program. According to all respondents, not all PUSKESMAS health care workers in all districts or cities have attended PIS-PK training, some of them only received guidance from healthcare workers who had attended training.

4.3. Statement made by Respondent Eleven

"There are five health care workers who have attended training at the Jantho training centre. They consist of doctors, environmental health, computer operators, health promotion and nurses, then they train other health care workers in the PUSKESMAS.

4.4. Budget

In general, the funds for the implementation of PIS-PK are still insufficient; one of the reasons is that there is no special fund provided by the provincial or central government to meet the needs of PIS-PK implementation by the PUSKESMAS.

Statement made by Respondent One

There are no special funds for PIS-PK, generally for the implementation of services outside the building there are Health Operational Assistance (BOK) funds, capitation of National Health Insurance can also be used."

Due to there being no special funds from the Aceh or the Indonesian government, the incentives given to PUSKESMAS health care workers varied between Rp. 100,000 - 120,000. In Bener Meriah district, healthcare workers were paid Rp.100,000 for a single home visit.

Statement made by Respondent Twelve

PUSKESMAS health workers are paid 100,000 per field visit, it was paid after data entry."

4.5. Facilities

Generally, facilities are available for conducting home visits, such as the Family Health Information Package (PINKESGA), health information brochures, densitometers, scales, and vehicles.

Statement made by Respondent Five

So far there have been no reports of infrastructure problems such as computers, internet, transportation, and other supports.

Socialization

However, in Bener Meriah district, which is a mountainous area, the available cars or motorbikes have not met the needs of home visits, as well as the internet network for several PUSKESMAS is still constrained.

Statement made by Respondent Three

Bener Meriah district is in a mountainous area, requiring a four-wheel car to reach houses in the hills. The internet network is generally good, but 2 of 13 PUSKESMAS are still not good enough because they are far from the internet towers.

Stakeholder Support

Generally, stakeholder support (sub-district and village heads) was good, especially in conveying information to the community.

Statement made by Respondent Twelve

Stakeholder support is good, there is support from the sub-district head, and the village head, including the delivery of information to the community

However, cross-sectorial support has not been as strong as it should be; for example, village officials should have accompanied PUSKESMAS health care when it visited homes, but this has not happened.

Statement made by Respondent Eleven

Stakeholder support is still lacking, according to regulations the village head must accompany when the PUSKESMAS health care worker conducts a home visit, but this still rarely happened

4.6. Process

Planning

Before PUSKESMAS healthcare workers embark on home visits, they are equipped with the knowledge and skills required to gather crucial health data and address any family health issues.

Statement made by Respondent Thirteen

Before PUSKESMAS health care workers conduct home visits, they had been equipped with the understanding and skills to collect data and intervene on the 12 PIS-PK indicators.

During the planning phase, healthcare workers ensure they have all the necessary tools ready for home visits. This includes forms for collecting family data, brochures for health education, and stickers that will be affixed to the homes they visit.

Statement made by Respondent Twelve

During the planning stage, we prepared forms for collecting family data, facilities, and infrastructure, as well as stickers and health education brochures, if we have visited the house, then the house will be affixed with stickers.

In the planning stage, PUSKESMAS health care worker informed the sub-district head, village head and the community that PUSKESMAS the health team would visit people's homes to record family health data and provide health interventions.

Statement made by Respondent Eleven

At meetings, whether with the community or stakeholders, we always say that PUSKESMAS health care workers will come to the family's home for collecting family health data, we also convey that this team is focused on health problems not to bring donations.

In essence, the main objective of this planning phase is to ensure that healthcare workers are well-prepared, resources are in place, and all relevant parties are informed about the purpose of the home visits.

Implementation

This section discusses the practical aspects of carrying out home visits by healthcare workers from PUSKESMAS. For instance, healthcare workers who will carry out home visits are provided with an order to carry out their duties from the head of the PUSKESMAS. This order serves to establish the legitimacy of their visits and the distribution of honorariums (compensation).

Statement made by Respondent Ten

When the health care workers carried out a home visit, the head of the PUSKESMAS issued a travel order for the legality and distribution of honorariums.

Then, there was the activities during home visits. The activities carried out during home visits included conducting interviews to collect family health data, surveying the family's home

environment, and performing health checks. For example, healthcare workers measured blood pressure for adults and checked the height and weight of children. They also inspected the family's living conditions, such as bathrooms, latrines, ventilation, and sources of clean water. Additionally, health education was provided to the families based on their specific living conditions. This education aimed to promote healthy practices within the household.

Statement made by Respondent Seven

The activities carried out started from interviews, filling out family health data forms, environmental surveys, and data entry to the PIS-PK data application."

Statement made by Respondent Eleven

For adults checking blood pressure, for children measure weight and height, also check the environment, clean water resources, and latrines.

Statement made by Respondent Six

They checked the environment of people's homes, both inside and outside, for example, toilets, bathrooms, as well as house ventilation. Health promotion personnel provide counselling, provide directions according to the conditions they encounter in people's homes, for example how to have a healthy bathroom or latrines, also how to have a healthy home.

After collecting family health data, healthcare workers conducted follow-up interventions based on the results. This means that if any health issues were identified during the initial visit, healthcare workers returned to the homes to provide further assistance and interventions. This iterative process aimed to improve the achievements of the health program.

Statement made by Respondent Thirteen

We come again to the houses when there are problems, so when the data collection is complete, we come again for follow-up interventions, over and over again, so that the IKS achievements increase.

Evaluation and Monitoring

Then there are the special teams for evaluation and monitoring. The Aceh Provincial Health Office has a special team to evaluate and monitor the implementation of PIS-PK by the PUSKESMAS. Each district or city health office also has a team to carry out evaluation and monitoring, such as the North Aceh district health office. This ensures that the program's progress is being tracked effectively.

Statement made by Respondent One

The Aceh Health Office also has a special team to monitor and develop the PIS-PK program.

Statement made by Respondent Two

At the North Aceh Health Office there is already a team conducting evaluation and monitoring, this team is chaired directly by the Secretary of the North Aceh Health office.

Apart from that, there is also the online application for monitoring. The method used for evaluating and monitoring the PIS-PK program involves a national online application. This application allows authorized personnel to monitor the data and progress of the program from various locations across Indonesia. This digitized approach enhances the efficiency of the

evaluation process.

Statement made by Respondent Four

To monitor, we just need to sign in to the application. This data can be monitored throughout Indonesia by the staff who manage it.

In addition, the achievements of the PIS-PK program are presented to stakeholders, highlighting both successes and challenges. These presentations serve to identify problems and achievements, offering a comprehensive view of the program's status. Presentations can take place either at PUSKESMAS or at the health office.

Statement made by Respondent Four

PIS-PK achievements must be presented so that we know the problems and achievements. One of the functions of the district health office is monitoring and evaluation. The presentation can be conducted at the PUSKESMAS or health office.

The evaluation process involves reviewing various implementation documents, such as family health data reports, assignment letters, and photographs taken during home visits. The completeness and accuracy of these documents contribute to the assessment of the program's success. Despite the efforts of the Provincial and District Health Offices in evaluating and monitoring, there are noted limitations. The current approach tends to focus more on the results of the program rather than the actual process of conducting home visits. One respondent highlighted that the evaluation should also consider the process, not just the outcomes.

Statement made by Respondent Four

What we evaluate is a report with implementation documents such as Pisga sheets, photos, assignment letters, and others. If it is complete, it means they have done it right.

Statement made by Respondent Eleven

The team of the health office only took data from the PUSKESMAS, they should have also taken samples from each village to prove whether there were home visits from the PUSKESMAS. Not only must the results but the process also be monitored.

4.7. Product

For product evaluation, two items were evaluated: the achievement of family data collection during home visits in terms of finding health problems in families and the achievement of the results in terms of achieving a family health index (IKS), which is the main goal of implementing PIS-PK.

Family Health Problems

There are some similarities and differences in family health problems in the four districts or cities. In the Kuta Makmur PUSKESMAS in North Aceh district, the main problem is tuberculosis (TB), while the best achievement is that all families have health insurance coverage and give birth at a health facility.

Statement made by Respondent Ten

"Of the 12 PIS-PK indicators, the most cases are pulmonary tuberculosis, perhaps due to economic factors, many TB sufferers do not take medication regularly. The best achievement is family having health insurance and giving birth at a health facility.

In Bener Meriah district, common family problems are hypertension sufferers who do not receive regular medication, pulmonary tuberculosis, and smoking. The highest achievements are completing basic immunisation and having health insurance.

Statement made by Respondent Three

High achievement, babies get complete basic immunization, babies are weighed, families have health insurance, clean water sources, healthy latrines, and mothers give birth at health facilities, as well as family pregnancy settings is also good. Family health problems with low achievement are smoking, hypertension, and tuberculosis sufferers did not receive medication regularly, but not many TB sufferers.

In Nagan Raya district, family's problems are that many residents smoke, and many families have no latrines or clean water. On the other hands, many families have participated in the family pregnancy programme and breastfeed their babies, exclusively between the age of 0 to 6 months.

Statement made by Respondent Four

Cigarettes, latrines, and clean water are three main problems…family pregnancy program and exclusive breastfeeding are good.

In the PUSKESMAS Kopelma, Banda Aceh City, the main health problems according to the 12 PIS-PK indicators are the lack of visits by infants to health facilities to be weighed, and monitoring of the health card (KMS).

Statement made by Respondent Nine

Drinking and cooking are using refilled water purchased from shops, for bathing and washing from the government-owned drinking water company (PDAM). Visits of babies to be weighed and monitoring of the health card (KMS) is still lacking.

Program Achievements of healthy family index (IKS)

The achievement of the healthy family index (IKS) in 2022 is as follows: PUSKESMAS Kuta Makmur, North Aceh District 0.21 (Unhealthy), North Aceh District IKS average 0.326 (unhealthy). PUSKESMAS Pante Raya Bener Meriah District 0.34 (Unhealthy), Bener Meriah District IKS average 0.287 (unhealthy). PUSKESMAS Beutong Nagan Raya District 0.210 (Unhealthy) Nagan Raya District IKS average 0.210 (unhealthy). PUSKESMAS Kopelma Banda Aceh City 0.83 (healthy), Banda Aceh City IKS average 0.807 (healthy). Aceh Province's IKS average is 0.311 (unhealthy). (3).

5. Discussion

This programme has involved all the health teams in the PUSKESMAS (interdisciplinary). They are, nurses, midwives, environmental health workers, nutrition workers, doctors and many others. The involvement of all health workers will provide comprehensive services to families. Collaboration between health workers is the main capital for successful patient care.

Every health worker has been trained with knowledge and specific skills that allow them to do what they do best. Those who come together from various disciplines will provide specific strengths to treat patients and will complement the weaknesses of other teammates. Besides that, an effective interdisciplinary team will reduce costs, speed up service, increase patient satisfaction, and reduce errors while increasing the overall satisfaction of healthcare workers (Allen et al., 2006).

PIS-PK services are provided through visits to homes. Officers come directly to families to collect health data, carry out health checks such as measuring blood pressure, measuring, and weighing toddlers, examining pregnant women, and examining the health of the home environment such as bathrooms and latrines and clean water sources. Not to mention, provide counselling to family members. The home visit programme is an attempt to bring health services closer to families in the framework of addressing the problems of family members for improvement and preventing the risk of becoming sick. Home visits offer services and support to improve the health of family members through education, counselling, and health care for both family members, their homes, and their environment (Peacock S et al., 2013). PIS-PK services are provided on an individual basis, meaning that PUSKESMAS health care workers who come to visit homes must meet the family members directly to conduct interviews and observations to obtain their health data and check up on their health status if necessary. It is very important to know the problems and specific needs of family members and help them try to change the bad habits that damage their health. Individuals need to improve their health status by changing bad behaviours that do not support their health. Healthcare workers must help family members integrate new skills and knowledge into everyday life.

PIS-PK is promoted and preventive oriented, currently, the services provided by the PUSKESMAS to the community are more curative. People come to the PUSKESMAS only when they are sick, thus requiring large funds for recovery and reducing their productivity (https://everymind.org.au, 2023). Lack of family concern for their health status will affect the health status of family members. Intervention strategies that can be carried out are to help families find their health problems and provide counselling on how to solve them. This can be done by collecting family health data, followed by counselling. Changes in family knowledge, attitudes, and skills are an integral part of the role of community healthcare workers in maintaining optimal health (Word Bank, 2018).

Input

One of the inputs is human resources, or PUSKESMAS health care workers who carry out home visits. In general, the number of them is sufficient because they involve many types of health care workers, but not all health care workers have attended PIS-PK training; on average, only five health care workers per PUSKESMAS have attended training. In addition, these healthcare workers, apart from carrying out home visits, must also carry out services in the PUSKESMAS. One way that can be done to accelerate the collection of family health data is to empower village midwives because they work in villages that are closely related to families in the village.

Regarding the availability of funds, this is still lacking because the Indonesian government has not provided a specific fund for the program's activities. The funds were taken from the Health Operational Assistance (BOK), which is used to provide travel expenses for home visits, which amount to between Rp 100,000 and Rp 120,000 per home visit. Funding is a very important aspect of the implementation of data collection and follow-up interventions. Funds will

influence the success of data collection because it is related to the transportation of health care workers and the procurement of family health profile forms (PROKESGA) as well as family health information packages (PINKESGA) as a tool in early intervention of home visits to collect data of family members, and also because funds are needed to procure facilities such as computers or laptops and the internet (Novianti et al, 2020).

Regarding facilities, in general, there are sufficient because the PUSKESMAS has prepared various materials for home visits. Availability of vehicles, apart from using PUSKESMAS vehicles, the healthcare workers also use private vehicles. However, there is a bit of a problem in the Central Aceh district because it is a mountainous area and they need vehicles that are more suitable for uphill terrain.

Regarding socialization among stakeholders and the community, it has been carried out, but many stakeholders still do not understand this programme. However, they support the program and one of the supports is to notify the community if there is a home visit from the PUSKESMAS health care worker to the villages. Stakeholders are everyone who is affected by the activity and interested in these activities, including individuals, or groups both inside and outside health organizations. Stakeholder support is necessary to expedite all activities carried out by PUSKESMAS (Lailiyah et al., 2021).

Process

The process evaluation of PIS-PK in this study consisted of planning, implementation, and evaluation, as well as monitoring. Planning has been carried out well, where the PUSKESMAS health care worker who will be transferred to families were equipped with knowledge and skills regarding the implementation of PIS-PK through training conducted by the Aceh Provincial Health Office. For participants who have attended the training, it is mandatory to socialize with PUSKESMAS healthcare workers who have not attended the training. Program implementation will reach the target if health workers carry out a detailed assessment and planning regarding family health needs, educational needs, and equipment needs before implementing the program. The facilities that need to be prepared by PUSKESMAS health care workers before carrying out home visits include family health data collection forms, health education brochures, and stickers to be affixed to homes where data collection has been carried out (Kemenkes, 2016, 2017).

During the home visit, the PUSKESMAS healthcare worker got an assignment letter from the head of PUSKESMAS, which functions for the legality of the visit and the administration of honorariums. Things that must be done during home visits are interviews to collect health data and filling out brochures to record 12 indicators of family health problems. An environmental health survey is also carried out to find out latrines and clean water sources, as well as physical examinations of family members, including blood pressure measurements, weight, and children's height checks, and giving health education. According to family health problems (Kemenkes, 2026, 2017). The implementation of monitoring and evaluation must involve the programme manager, the head of the PUSKESMAS, the district and provincial health offices, as well as other relevant stakeholders. Monitoring and evaluation are indeed very important to do to assess the progress of PIS-PK implementation in each working area of the PUSKESMAS, find out what obstacles are being faced, and find solutions for officers in carrying out data collection and further intervention (Kemenkes 2017, Lailiyah et al., 2021).

Product

The main problems according to the 12 PIS-PK indicators were tuberculosis, hypertension sufferers who do not receive regular medication, smoking, many families having no latrines and clean water, infants being weighed, and monitoring of the health card (KMS) still lacking. The achievements of a family health index (IKS) have not reached the target because most are still in the unhealthy and pre-healthy categories (Dinkes Aceh, 2022). The success of the programme is strongly influenced by monitoring and evaluation. The problem is that monitoring and evaluation cannot be carried out properly due to a lack of funds and commitment. Most of the funds for the process of monitoring and evaluation activities have been allocated for handling coronavirus diseases of 2019 (COVID-19) (Darmansyah, 2021).

Strengths and Limitations

This study only collected and analysed the data from four Puskesmas of four Regency in Aceh Province, while there are 23 regencies. Thus, this study has not yet represented the whole healthcare worker who implemented PIS-PK in Aceh Province. The data collection based on qualitative approach might lead the respondents to convey any specific information or feel reluctant to respond based on the facts. Researcher needed to spend between 30 minutes to one hours to complete each questionnaire depending on respondents' education and knowledge in PIS-PK, because of the time constrain in which the respondents have to perform their main duty it is possible that not all of the questioners will be answer and not all of the answer Meet the researcher's expectation.

6. Conclusions

Our study highlights how Puskesmas healthcare worker particularly the nurse who are the most in PIS-PK team member in implementing PIS-PK program for families. The study identified the views of participants about contexts, inputs, processes, and products of PIS-PK implementation. It highlighted what worked well and aspects that require further action when planning, implementation, follow up services and policy design of the program. This requires full attention of the provincial and district or city health to ensure the future development implementation of the program.

Author Contributions

All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; and (3) final approval of the version to be submitted.

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Conflict of Interest Statement

No conflict of interest has been declared by the author.

Data Availability Statement

The data that support the findings of this study are available with the corresponding author. Qualitative data of this study was in Indonesia.

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