

Analysis of Planning and Fulfillment of Health Human Resources Needs in Manokwari District

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ABSTRACT

Background: Health human resources are in accordance with the ratio of population so that services provided can be maximized. The problems that occur in the distribution of health workers have not been evenly distributed in the Manokwari District Health Center which is influenced by inputs and processes and outputs in meeting the needs of health workers.

Research objectives: Analyze planning and fulfillment of health human resources needs of puskesmas in Manokwari District. **Research Methods:** Qualitative with a case study approach carried out on 22 October - 4 December 2018 with a total of 8 informants using interview guidelines and being accurately acquainted.

Results: The availability and distribution of Health Human Resources in Manokwari District is not sufficient and Efforts to meet the needs of Health Human Resources by receiving contract / apprenticeship workers or honorariums funded by the puskesmas. The unavailability of budgetary resources in the recruitment of adequate health workers and the lack of facilities and infrastructure in meeting the needs of Health Human Resources. There was no planning team in preparing the planning of health HR needs. Information on HR Health data at the Puskesmas is available for health HR needs in Manokwari District. Efforts to fulfill health human resources by holding honorariums and contracts. The method of planning and fulfilling Health Human Resources uses Workload Analysis (ABK) according to the minimum workforce standard from the Minister of Health Regulation Number 75 on year 2014.

Keywords: Planning, Fulfillment, Health Human Resources

1. INTRODUCTION

Health Human Resources (HR) Management Especially health human resource needs planning is still a personnel administration and has not been managed professionally, it is still top down (from the Center), not yet bottom up (from below), not yet in accordance with the needs of the organization and real needs in the field, and have not been oriented in the long term Tri Rini Puji Lestari's (2014) study entitled Analysis of the Availability of Health Workers in Mamuju City Health Center in West Sulawesi Province in 2014 concluded that the lack of a number of health workers in puskesmas made the health workforce's workload higher and not in accordance with the tasks and settings, back of his education. So that in the end it has an impact on the decline in the quality of health center services. For this reason, it is necessary to do a real and comprehensive HR management. Whereas according to Grace A. Salamate et al (2014) entitled Analysis of Health Human Resource Planning at the Southeast Minahasa District Health Office concluded that there was no equity in the procurement of health human resources through the minimum number of formations provided by local governments in the sense of reducing reconciliation.

Manokwari Regency is also the capital of West Papua Province because the center of the West Papua Provincial Government located in Manokwari is also experiencing problems of Health Human Resources, namely in the number, type, distribution and quality of health human

resources. Placement of puskesmas officers is uneven in number and type. The number of Puskesmas in Manokwari District according to Pusdatin's data is 14 health centers with a total number of Health Human Resources as many as 711 people where the distribution of the number and types of Health Human Resources is not balanced. There are a number of puskesmas that do not have several types of health workers and the number of health workers is also lacking but on the other hand there are puskesmas that have both the number and type of HR. The above conditions indicate that the number and distribution of health workers in Manokwari District is still very lacking and uneven.

Based on Law Number 21 Year 2001 concerning Special Autonomy for the Papua Province, which regulates the acceptance and enforcement of special state civil apparatus for Papuan Indigenous People (OAP) including the acceptance and appointment of health human resources at the Health Office. This study aims to obtain in-depth information about the activity of planning the health needs of the Puskesmas in Manokwari District. The results of this study are expected to be input for decision makers and policy makers, especially in the Manokwari District Health Office so that they are able to develop strategic planning policies for health HR needs in 2019-2024. The reason the authors conducted a study of the Analysis of Planning and Fulfillment of Human Resources Needs in Health Centers in Manokwari District was from the above background, because as the capital of West Papua Province the distribution and fulfillment of HR needs for both the number and types of health human resources were not evenly distributed in puskesmas Manokwari Regency so that it can become a benchmark for West Papua Province.

2. RESEARCH METHODS

2.1 Research design

This type of research is descriptive qualitative with a case study approach. The method of case study research examines a

particular case or phenomenon that exists in society that is carried out in depth to study the background, circumstances, and interactions that occur. Case studies are better understood as approaches to studying, applying and interpreting a case in its natural context without intervention from outside parties. Dianta all the variety of case studies the most prominent tendency is an effort to highlight a decision or set of decisions that is why the decision was taken, how it was applied and whatever the results (Pongtiku, 2016).

Case studies are carried out on a unified system that can be a program, activity, event or group of individuals that is in certain conditions or conditions. Qualitative methods were chosen because qualitative methods of researching humans interpret their experiences in an event (Willig, 2001).

2.2. Location and Time of Research

The study was conducted at the Manokwari District Health Office and 5 health centers in Manokwari District, namely Puskesmas in urban areas, remote areas and very remote areas.

2.3 Research Time

The study was conducted in October - November 2018

2.4. Population and Informant

1. The population in this study is Health Human Resources in the Manokwari District Health Center.
2. Informants in this study are: Parties involved in Planning Needs and Fulfillment of Human Resources Health of Puskesmas, namely Head of Health Office, Head of information and public relations sub-section, Head of Health Resources, Head of general division of law and staff, staff the Health HR section of the Renbut manager at the Health Office which is directly related to the Health HR data source and several Heads of Public Health Centers (Puskesmas) in the Manokwari Regency area. Sources of informants are determined purposively. The purposive technique in question is that the informants interviewed were determined intentionally by the

researcher, because the informant was directly involved with the policy of

Planning Needs and Fulfillment of Health HR.

3. RESULTS

Input

Table 1 Minimal Employment Standards for Puskesmas

No	Staffs	Puskesmas in City		Puskesmas Village		Puskesmas in remote and isolated areas	
		Non RI	RI	Non RI	RI	Non RI	RI
1	Primary service doctor / doctor	1	2	1	2	1	2
2	Dentistry	1	1	1	1	1	1
3	Nurse	5	8	5	8	5	8
4	Midwifery	4	7	4	7	4	7
5	Health staff	2	2	1	1	1	1
6	Environment staff	1	1	1	1	1	1
7	Medical Lab	1	1	1	1	1	1
8	Nutritionist	1	2	1	2	1	2
9	Tenaga Kefarmasian	1	2	1	1	1	1
10	Farmasi	3	3	2	2	2	2
11	Pekarya	2	2	1	1	1	1
Number		22	31	19	27	19	27

1) Human Resources

Human Resources (HR) is one of the most important factors that cannot even be separated from an organization, both institutions and companies. In essence HR is employed in an organization as a driver, thinker and planner to achieve organizational goals.

2) Adequacy of Health Human Resources for services in the Puskesmas was reviewed from the availability and distribution of the Community Health Center HRH.

The Ministry of Health through Minister of Health Regulation No. 75 of 2014 concerning Puskesmas stipulates the Minimum Workforce Standard method which is a reference for puskesmas to meet the minimum number of health personnel that must be owned by Puskesmas both in type and number. The minimum standard of work method can be described in the table below:

Based on the results of interviews about the adequacy of HRH for servants at the puskesmas in terms of the availability and distribution of the Health Center HRH, information was obtained:

"It is sufficient for the bu but if from the calculation of the Workload Analyst there is still a shortage of temporary general practitioners for nurses and midwives who are excess. DMK comes from PNS, Honor

and internship." (informant 5) "In my opinion, it is enough that only public health workers do not yet exist." (informant 6) "Praise God all the energy has been fulfilled. If according to me, it has only been fulfilled, it is requested from the service that civil servants must be responsible for the programs' responsibilities. (informant 8). "It's enough because the average sidah is right ... it's ... it's enough ..." (informant 9). But there was one informant who claimed to be different

"In my opinion it has not been fulfilled because we still lack general medical staff, dentists and pharmacies. Especially the general practitioner we really need because the patient wants to be examined by a doctor. For our midwives there are over 3 people"

(informant 7)

Based on interviews with informants about the adequacy of HRH for ministers at the green health center from the availability and distribution of the Pusk Puskesmas, 3 informants said that the Pusk Puskesmas was sufficient, 1 person said that it was enough even though there were 1 type of SDMK and 1 informant said. Besides being based on interview information, it was also obtained from document data available in the health office and from the health center as berikut:

Table 2. Health Condition of Puskesmas in Manokwari District

No	Health centre (Puskesmas)	General doctor	Dentist	Pharmacy	Nurse	Midwifery	Analyst	Nutrition	Environment	Health staff	Dentist
1	Amban	2	1	2	34	12	2	2	2	-	1
2	Maripi	1	-	2	24	17	2	2	1	1	-
3	Masni	1	1	1	17	20	3	2	2	3	-
4	Pasir Putih	1	-	3	31	10	1	2	2	1	-
5	Prafi SP IV	2	1	5	30	20	10	2	1	3	-
6	Sanggeng	2	1	3	29	10	4	2	1	1	2
7	Sidey	-	-	1	13	10	-	1	1	1	-
8	Warmare	1	-	1	25	13	1	2	2	1	-
9	Wosi	1	2	3	29	16	2		1	1	2
10	Nuni	1	-	1	13	14	1	1	1	2	-
11	Tanah Rubuh	2	-	1	7	10	1	1	1	1	-
12	Moubja	1	-	1	11	18	1	1	2	2	-
13	Mansinam	2	-	1	10	10	1	1	1	2	-
14	Sowi IV	1	1	1	16	12	2	1	-	1	-

Based on table 2 above, it can be explained that out of the 14 Puskesmas in Manokwari only 3 health centers were fulfilled with 10 types of health workers and 11 other health centers had not met 10 types of health workers. There are 2 health centers that lack 1 type of health worker, there are 8 health centers that lack 2 types of health workers and there are 1 health center that lacks 3 types of health workers. The results of interviews and document data can be concluded that the fulfillment of Community Health Center HRH is still a problem, namely the distribution of HRK is not evenly distributed both the type and number of human resources where there are more HRH but on the one hand there is also a lack of health centers or more HRH.

a) Empowerment of HRH from Papuan Native People (OAP) in Puskesmas according to the mandate of the Special Autonomy Law. The results of the HRH empowerment interviews from OAP in the Puskesmas were in accordance with the mandate of the Special Autonomy Law, namely: "In my opinion, it fulfills the ma'am ..."

(informant 5)

"In my opinion it is fulfilling because in our puskesmas more than fifty percent is OAP" (informant 7)

But there were two informants who answered differently:

"In my opinion, it doesn't meet the bu because there are only a few from OAP in our puskesmas" (informant 9)

"Wow ... if I don't know about OAP and Otsus law, ma'am" (informant 6). In addition to the interviews, the data obtained from the document also illustrates the situation of the Health Human Resources of Puskesmas originating from Orang Asli Papua (OAP) in Manokwari from table 2 below:

Table 3. General Description of Head of Puskesmas Based on OAP and Non OAP, Education Level, Gender and Age in Manokwari Regency

No	Nama Puskesmas	Head Puskesmas			
		OAP/Non OAP	Education	Sex	Age
1	Amban	OAP	D III	L	38
2	Maripi	OAP	SPK	L	37
3	Masni	OAP	D III	L	48
4	Pasir Putih	OAP	D III	P	48
5	Prafi SP IV	OAP	S1	P	38
6	Sanggeng	Non OAP	S2	P	40
7	Sidey	OAP	D III	L	49
8	Warmare	OAP	SPK	L	31
9	Wosi	OAP	S1	L	51
10	Nuni	OAP	SPK	L	48
11	Tanah	Non OAP	SPK	L	54
12	Rubuh	OAP	S1	L	42
13	Moubja	OAP	SPK	L	48
14	Mansinam Sowi	OAP	D III	P	43

Based on table 3 above, it can be explained that the Head of the Puskesmas from OAP and Non OAP from the 14 Health Centers studied were 12 puskesmas whose Head of Puskesmas was Papuan Native (OAP) or 85.71 percent, while 2 Pukesmas Heads came from Non-indigenous Papuans or around 14.29

percent. Whereas based on education level, out of the 14 puskesmas studied there were 1 Head of Community Health Center with a Masters degree (S2) or 7.14 percent or 7.14 percent, 3 Head of Puskesmas with Bachelor degree (S1) or 21.43 percent, 5 Head of Puskesmas with D III education or 35.71 percent, and 5 Heads of Puskesmas with SPK education or 35.71 percent.

Based on the gender of the 14 existing puskesmas heads studied there were 10 Head of Community Health Centers of male sex or 71.43 percent while the Head of

the Puskesmas was female as many as 4 people or 28.57 percent. While the division of Head of Community Health Center is based on the age of 14 health centers studied, the heads of Puskesmas aged between 30 years and 39 years are 4 people or 28.57 percent, while the heads of Puskesmas aged between 40 years and 49 years are 8 people or as much as 57.14 percent and the Head of the Puskesmas above 50 years old as many as 2 people or 14.29 percent.

Table 4. The amount of health center health center based on indigenous Papuans and non-indigenous Papuans in Manokwari Regency

No	Name of Puskesmas	Number SDMK OAP	%	Number SDMK Non OAP	%	Total SDMK
1	Amban	19	30,00	44	70,00	63
2	Maripi	16	29,62	38	70,38	54
3	Masni	6	09,09	60	90,09	66
4	Pasir Putih	34	58,62	24	41,38	58
5	Prafi SP IV	6	08,33	66	91,67	72
6	Sanggeng	20	23,52	65	76,48	85
7	Sidey	13	41,93	18	58,07	31
8	Warmare	24	45,28	29	54,72	53
9	Wosi	21	32,30	44	67,70	65
10	Nuni	21	63,63	12	36,37	33
11	Tanah Rubuh	4	16,66	20	83,34	24
12	Moubja	5	11,90	37	88,10	42
13	Mansinam	16	61,53	10	38,47	26
14	Sowi IV	17	43,58	22	56,42	39
	Number	411	57,80	300	42,20	711

Based on Table 4 above, it can be explained that out of the number of health human resources in 14 puskesmas totalling 711 employees, there are 411 indigenous Papuan Health Human Resources (OAP) or around 57.80 percent while there are 300 health people not Papuan Native employees or around 42.20 percent. Thus there is a difference of 111 employees or 15.60 percent between Papuan Orang Asli health HR and Non Papuan Indigenous health human resources. The data from table 3 and 4 above show that the Manokwari District Government has empowered Health Human Resources for Indigenous Papuans (OAP) in 14 puskesmas at the Manokwari District Health Office.

This can be seen from the data from the head of the puskesmas from 14 puskesmas in Manokwari that 12 puskesmas were indigenous Papuans and from the total health human resources of the puskesmas from 14 puskesmas in Manokwari 57.8%

were indigenous Papuans. For Gender Head of puskesmas has been represented by men and women. For the general public health center the average is above 30 years and above so it is expected that they already have sufficient work and sufficient work experience, but what still needs attention from the Manokwari Regency government is that there are still heads of puskesmas with SPK education or below D III still need to improve their education.

a) Influence and adequacy of HRH in meeting the standards of the Center for Accreditation

Based on interviews about the influence and adequacy of HRH in fulfilling Puskesmas accreditation standards, information was obtained as follows: "In terms of accreditation standards, there must be conditions for health personnel, right, they must influence, if it is fulfilling, we always try to fulfill it." (Informant 2)

"Yes, it affects accreditation standards and we strive to fulfill them" (Informant 3)

"Yes ... because all the elements of assessment in puskesmas accreditation are included in the renbut-ABK planning" (Informant 4) "For those who already meet the nurses because they are the largest number in us and the midwife has fulfilled" (Informant 5) "If ... eee ... for accreditation standards in my opinion it has met the standard even in accordance with PPMK 75 already overloaded" (Informant 6)

"There is an influence ... also influence also for BPJS in particular ... no capitation doctors go down" (Informant 7)"In my opinion, it has fulfilled and from the agency,

it is requested that 2020 be proposed for accreditation" (Informant 8)

"Already fulfilled" (Informant 9)

The results of the interview can be explained that all informants said HRK influenced the accreditation of puskesmas and seven informants said that SDMK had fulfilled Puskesmas accreditation standards, but one informant said that SDMK did not fulfill the accreditation standard of the health center which influenced the assessment of Puskesmas accreditation standards and Health Human Resources at the puskesmas in Manokwari District it has been fulfilled to fulfill the accreditation standard of the puskesmas. Apart from the interviews, secondary data was obtained from the documentation in table

Table 5. Characteristics of Puskesmas Based on the characteristics of the Puskesmas working area, the ability to administer and accredit the Puskesmas

No	Name of Puskesmas	Charateristik area	Ability	Acreditasi of puskesmas
1	Amban	Kota	Non Rawat Inap	Dasar
2	Maripi	Kota	Non Rawat Inap	Belum terakreditasi
3	Masni	Terpencil	Rawat inap	Madya
4	Pasir Putih	Kota	Non Rawat Inap	Dasar
5	Prafi SP IV	Terpencil	Rawat Inap	Madya
6	Sanggeng	Kota	Non Rawat Inap	Madya
7	Sidey	Terpencil	Rawat Inap	Belum terakreditasi
8	Warmare	Sangat Terpencil	Rawat Inap	Madya
9	Wosi	Kota	Non Rawat Inap	Dasar
10	Nuni	Terpencil	Non Rawat Inap	Belum terakreditasi
11	Tanah Rubuh	Sangat Terpencil	Non Rawat Inap	Survey
12	Moubja	Terpencil	Non Rawat Inap	Dasar
13	Mansinam	Terpencil	Non Rawat Inap	Belum terakreditasi
14	Sowi IV	Kota	Non Rawat Inap	Belum terakreditasi

From table 5 above, then based on the characteristics of the working area of the Puskermas it can be grouped into 3 working areas, namely the working area of the city, remote working areas and very remote work areas. The division of work areas is 6 Puskermas in the city area or 42.86 percent, and 6 health centers located in remote areas or 42.86 percent, and 2 health centers located in very remote work areas or amounting to 14.29 percent. While based on the ability of the organizer, it can be divided into 2, namely the ability to provide nursing care and the inability to provide nursing care. From these data there are 4 health centers that have hospital care or 28.57 percent and 10 health centers that have no hospital treatment or 71.43 percent. Based

on the results of the interview on Puskesmas accreditation, it can be explained that the distribution of accreditation for puskesmas in the Manokwari Regency area can be grouped into 4, namely health centers that have not been accredited, Puskesmas have been accredited, health centers with basic accreditation and health centers with intermediate accreditation. From these data there are 5 health centers that have not been accredited or as much as 35.71 percent, 1 health center that has been surveyed or amounted to 7.14 percent, as many as 4 health centers with basic accreditation level or 28.57 percent and 4 health centers with middle level accreditation or 28.57 percent. In addition, from table 4.6 above, it can be explained also that there is a diversity of

accreditation of puskesmas in Manokwari Regency towards the characteristics of the region and its carrying capacity as follows:

1. Basic accredited health center Three non-hospitalized puskesmas in the basic accredited city area, one non-inpatient health center in a remote area with basic accreditation.

2. Public health centers accredited One non-inpatient health center in the city area is accredited mid-level, two puskesmas are hospitalized in remote areas accredited to madya and one inpatient hospital in a very remote area is accredited madya.

3. New health center One non-inpatient health center in a very remote area is only the health center accreditation survey.

4. The health center has not been accredited Two non-hospitalized health centers in the city area have not been accredited, two non-hospitalized health centers in remote areas have not been accredited and one health center in remote areas has not been accredited.

The data above can be concluded that the accreditation of puskesmas is not influenced by regional characteristics or the ability to administer it but is influenced by accreditation standards, one of which is Health Human Resources in the Puskesmas.

Puskesmas services

Based on the results of interviews with informants obtained information as follows:

Services have gone well, if seen from HRH there is still less for doctors, based on ABK there are still gaps. (Informant 5) Here for the activities of the puskesmas, it has been running, but for the very good it is not yet because we are now fixing the waiter system according to the accreditation request. (Informant 6)

In my opinion, it is still not going well because there are no doctors, dentists and pharmacies ... we need those workers especially doctors because people need doctors, as well as dentists if we have patients with toothache we refer to the nearest health center. (Informant 7) It's

gone, ma'am, but we are a new health center, so we still see ... it can't be heard, ma'am ... Informant 8) Service so far has been running with existing HRH, in my opinion it has been running even though it's not very good. (Informant 9)

From the interview results, it can be explained that one informant said that the service at the puskesmas was working well, two people said that it had been running even though it was not very good and one informant said that it had not gone well because there were no health workers in the Puskesmas, already running even though it's not very good.

1) Source of Budget in fulfilling Health Human Resources at Puskesmas
Regarding planning, which includes the provision and distribution of workforce needed by the budget that needs to be prepared by the government in providing health human resources needs.

a) Budget allocation for efforts to fulfill the Pusk Puskesmas

Based on the results of interviews about budget allocations given by the regional government in the effort to fulfill HRH in community organizations (in terms of adequacy and continuity of policy implementation) the reasons cited from the following interview below. We have already proposed a budget allocation, but when we discuss it, we are often crossed out (Informant 2) Eee ... if talking about honest budget is very lacking, that's what we allocate 2 years, in 2017-2018 ... socialization is not implemented (Informant 3). Regarding the budget allocation for us in the health department, honestly, we still lack (Informant 4) Budget allocation is insufficient ... still poor ..(Informant 8) I think it's enough bu ... (Informant 5) Yes ... as this is how mom ... (Informant 6) For financial problems I don't pay too much attention to mom, it might be wrong, yeah, I am the TU ... I want to pull my head instead of pulling money ... he ... he (Informant 7) I don't know about the budget (Informant 9)

Based on the results of the interview, it was concluded that budget planning in meeting the needs of personnel in the Puskesmas, one informant said that the budget had been proposed but when the discussion was often crossed out, three informants stated that the budget was still lacking and one person stated enough. Three informants said they did not know about the budget in the planning of health workers at the Puskesmas.

Follow-up addressing budget issues

Responding to these matters from the responses of informants regarding the problems of the budget allocation Actually there is no problem for the budget, because they have BOK funds, there are JKN, it can all be used because there are several sources of funds in the puskesmas, there are JKN, there are BOK and operations so they can use it all ... there are jampersal ... actually a lot budget at the puskesmas (Informant 2).

Well ... we have tried to advocate to the regent but until now it has not been able to because of the limited budget, hopefully in the future it will be better (Informant 3). There are many activities in HR, but we still have to do it with collaboration and integration so that it can be implemented. Suggestions, it is also important to provide incentives for renbut managers at the puskesmas because HR planning is not carried out by all puskesmas (Informant 4)

We adjust it to the activities of the bu, either from the BOK or from JKN (Informant 5) We carry out activities according to available funds (Informant 6) So far, we rarely propose a budget for development (Informant 7). The effort hopes for the management of the BOK funds themselves, self-operational and JKN itself, as well as incentives that honor manokwari including the smallest in West Papua, only hoping that regional governments increase the nominal incentives for honorary employees. (Informant 8)

Facilities and infrastructure

Provision of facilities and infrastructures in addition to supporting health workers in the Puskesmas to improve health services in their respective working areas.

a) Infrastructure facilities to support the fulfillment of HRH and Puskesmas Operations

The statement of the informant about the means to support operations was quoted from the following interview below. I think it has been fulfilled even though not all (Informant 2)

If we average it, there are still many who are lacking ... then if we talk at work ... we are still struggling, for example, we have NSI, a place to stay in a doctor's house, mattress, no, I have to buy from personal money because I feel sorry to serve us it is fitting that we also meet their needs ... sorry if they have to sleep on the floor. (Informant 3) For sarpras, there are a number of puskesmas that are in accordance with PK 75, but there are also some that are not suitable for the mother. For medical devices, they have begun to be equipped according to the mother's PMK (Informant 4)

The local government has not yet fully fulfilled Sarpras, but we have health centers that have JKN funds and can share with each other, meaning that we are issuing RUK and reporting to the health office to consider Sarpras what the district government and Puskesmas will fund so that they can complement Sarpras puskesmas (Informant 5) For sarpras, it is not sufficient for all service activities, especially if we ask for NSI, for example, the conditions must be a place to live for them. He only has official houses for doctors. (Informant 6)

Not yet fulfilled, for facilities ... here there is no latency for dentists, indeed our dentists don't exist yet, but if we want to propose asking dentists, there must be lat dentists so they can work. Also for official housing facilities ... NS still lives in the doctor's house, only the problem is they are often disturbed. (Informant 7) The infrastructure facilities are sufficient to support the service to the community (Informant 8). Mothers are fulfilled, but

there are many that are damaged which cannot be used. We made requests to the health office but there was no response (Informant 9)

Based on the information, it can be explained that six informants said that Puskesmas infrastructure facilities were insufficient to support efforts to fulfill HRH and puskesmas operations, two informants said that they were sufficient, so it could be concluded that facilities or infrastructure to support HRK and operational puskesmas bulum were fulfilled.

Follow-up taken to fulfill the Puskesmas infrastructure facilities as quoted from the following interview below. Indeed we are constraints in the house, but every year we fix one by one, we cannot at the same time complete everything we gradually complete (Informant 2)

There needs to be a joint commitment, especially in synergy with the regional staff administration agency in dividing the existing equal distribution of energy while we as the source of information must also be clear and need cooperation, because usually there are workers who have been placed in other health centers, but he doesn't work there other puskesmas that are closer, so there needs to be cooperation in this system, so that the facilities and infrastructure will be more adequate and measurable for each puskesmas (Informant 3)

Communicating with policy holders in determining HR and operational needs, so there are shortcomings that can be known and sought for joint solutions, because so far the lack of energy also affects the calculation of existing facilities and infrastructure (Informant 4)

From the interview results, it can be explained that one informant said the follow-up to fulfill Puskesmas facilities or infrastructure by completing it in stages, two informants said that policy support from the local government and joint commitment was needed, so it could be concluded that what follow-up was done to fulfill facilities or infrastructure Puskesmas need policy

support from the local government and joint commitment and fulfillment in stages.

4. DISCUSSION

4.1 . An overview of the situation of the adequacy of Health Human Resources from the availability and distribution of Health HR

In Law No. 36 of 2014 Health workers are all people who are devoted to the health sector and possess knowledge and / or skills through education in the health sector which requires certain types of authority to carry out health efforts. Health workers have an important role to improve the quality of maximum health services to the community so that the community is able to increase awareness, willingness and ability to live healthy so that the highest degree of health will be realized as an investment in the development of socially and economically productive human resources as well as wrong one element of general welfare as referred to in the Opening of the 1945 Constitution of the Republic of Indonesia.

Various studies show that health workers are a key factor in the success of achieving health development goals. Health workers contribute up to 80% in the success of health development. (Ministry of Health, 2011). Of all available Health Human Resources, around 40% work in Puskesmas. The number of health workers is quite large but the distribution is not evenly distributed. In addition, the health human resources who work in the Puskesmas, the composition of the type of energy is still very unbalanced (Indonesian Ministry of Health, 2015).

The number of health human resources in 14 health centers totalling 711 employees, there were 411 indigenous Papuan Health Human Resources (OAP) or around 57.80 percent while there were 300 employees from non-Papuan Native Health or around 42.20 percent. Thus there is a difference of 111 employees or 15.60 percent between Papuan Orang Asli health HR and Non Papuan Indigenous health human resources. The data from table 3 and

4 above show that the Manokwari District Government has empowered Health Human Resources for Indigenous Papuans (OAP) in 14 puskesmas at the Manokwari District Health Office.

This can also be seen from data from the head of the puskesmas from 14 puskesmas in Manokwari that 12 puskesmas are indigenous Papuans and from the total health human resources of the puskesmas from 14 puskesmas in Manokwari 57.8% are indigenous Papuans. For Gender Head of puskesmas has been represented by men and women. For the age of the puskesmas head, the average is above 30 years and above, so it is expected that they have sufficient work and sufficient work experience, but what still needs the attention of the Manokwari Regency government is where there are heads of Puskesmas with SPK education or below D III. improved education.

Based on the Special Autonomy Law in article 27 as cited that (1) the Provincial Government establishes provincial staffing policies based on norms, standards and procedures for the management of Civil Servants in accordance with the laws and regulations. (2) In the event that the provisions referred to in paragraph (1) are not fulfilled, the Provincial Government and the Regency / City Government may establish staffing policies in accordance with the needs and interests of the local area. (3) The implementation of the provisions referred to in paragraph (2) is regulated by Perdasi.

4.2. Source of budget in recruiting health human resources

Some of the problems faced by the current district / city government in the implementation of HRH are the lack of commitment of the local government in budget support, planning that has not described HRH planning for each institution, the number and capacity of HRH planning staff is still low and information data (Permenkes No. 33 2015 concerning Guidelines for Preparing Health Human Resource Needs Planning, 2015).

Lukman's (2005) research in Aceh Besar District, concluded that there was a gap between the need and the state of labor in the health center due to the absence of professionals in human resource planning, not using a power calculation method, the absence of proper planning. Merlinda (2011) based on the results of her research in the Mentawai Islands concluded that the planning system had not gone well due to incomplete data available and inaccurate data, lack of socialization and information on policies used in planning health workers and lack of consultation and coordination well

4.3. Facilities and infrastructure in meeting the needs of Health Human Resources

In the era of globalization, the development of the service sector is increasingly important in efforts to improve public welfare and health. Puskesmas as the first strata health center, which is holistically responsible for the efforts of individual health services and public health efforts requires the support of quality health center staff as well as supporting adequate facilities and infrastructure. The availability of health human resources greatly influences the success of health development. Procurement of health human resources aims to determine the amount and type of energy that is in accordance with needs. If human resource needs are not well planned, there will be a shortage of personnel that affects service and patient comfort and results in increased workload (Paruntu, 2015).

Increasing the number of residents and lack of improvement in the kjulmah of health human resources can lead to increased workloads and services that are not optimal and health programs for the community do not work well, meanwhile every year through community aspirations many new villages and sub-districts are demanding construction of new health clinics and puskesmas to bring health services closer to the community. Physically the health center facilities continue to

increase every year, while the availability of health human resources that have been lacking, will certainly experience greater shortages. The policies adopted must have a clear agenda for the short, medium and long term. The informant's statement that the facilities and infrastructures in the Puskesmas in the Manokwari Regency area were quite adequate, but there were still shortcomings. This is because the existing facilities are in line with the management staff in carrying out the functions of the tools used. From the statements of informants, the needs of existing staff are dentists, so that not all puskesmas can serve dental examinations.

Health HR needs planning team

The results of interviews with informants were obtained that in the preparation of the HR HR workforces planning in Manokwari District, the results of the interviews were not formed by the planning team. HRK is someone who works actively in the health sector, whether or not having formal health education, which for certain types requires authority in carrying out health efforts (Permenkes No. 33 of 2015 concerning Guidelines for Preparing Health Human Resource Needs Planning, 2015).

Good management of HR management will certainly affect the quality of health services provided (Kabene, Orchard, Howard, Soriano, & Leduc, 2006). As done in Blitar District, anticipating an increase in community accessibility to health services in 24 existing health centers by recommending efforts to regulate health work to improve service quality that begins with an analysis of employment policies (Laksono, Pudjirahardjo, & Mulyono, 2012). A literature study conducted by Elarabi and Johari (2014) states that effective HR management will have a strong influence on service quality and the development of hospital staff performance.

According to Robert L. and Jackson (2006) in Lestari (2014) HR management there are several groups of activities that are interconnected with each other, namely: 1).

HR planning and analysis. Done to anticipate the forces that will affect the inventory and demands of employees in the future. 2). Equality of employment opportunities. Compliance with laws and regulations regarding equality of employment opportunities affects all other HR activities and is integral to HR management. 3). Appointment of employees. Aim to provide adequate provision for qualified individuals to fill job vacancies in an organization. The absence of a team from HR Health planning shows that these HR needs can occur due to lack of coordination related to the needs and methods that are in accordance with the planning of Health HR needs. This shows the lack of seriousness of the Health Office in planning HR needs that are in accordance with existing needs.

4.5. Information on Puskesmas Health HR data

Information about Health HR data at the Puskesmas from the informant statement revealed that the informants had attended training - training or outreach on the perencanaan of HR needs using existing methods in accordance with Permenkes No. 33 of 2015 concerning Guidelines for Preparing Health Human Resource Needs Planning, 2015). Based on the results of the data search that the planning of the health of human resources at Puskemas uses the ABK method. The use of this method is in accordance with the existing socialization, but until now the distribution of health workers in the Puskesmas was uneven, of which 14 Puskesmas as many as 6 puskesmas had fulfilled the number of available HR.

4.6. Efforts to fulfill the needs of Health Human Resources

The main issue in the development of health human resources is the imbalance of HR related to the number, type of health personnel, functions, and distribution. Research at the Sajingan Besar Health Center, Sambas District, found that the number of health workers including general

practitioners available at the puskesmas still lacked and there were health workers who did not match their competencies, so it was not enough to complete all health service efforts at the puskesmas (Suharmiati, Handayani, & Kristiana1, 2012 in Hasiu, 2017). Of the 14 Puskesmas in Manokwari District only 3 health centers were met by 10 types of health workers, while 11 other health centers were not yet fulfilled 10 types of health workers. There are 2 health centers that lack 1 type of health worker, there are 8 health centers that lack 2 types of health workers and there are 1 health center that lacks 3 types of health workers. The results of interviews and documentary data can be concluded that the fulfillment of Community Health Center HRH is still a problem, namely the distribution of HRK is not evenly distributed both the type and number of human resources where there are more HRH but on the one hand there is also a lack of health centers. or more HRH.

This research is in line with the research conducted by Pandesia (2017) in North Minahasa Regency, the number of Health Workers that are still needed is found by Informants who do not know exactly how many Health Workers are still needed, but based on the statements of Informants both for Puskesmas and Health Service shortage of health workers. The shortcomings of health workers in the Puskesmas and in the effort to obtain these employees from the statements of informants from several Puskesmas raised honorary, apprenticeship or voluntary staff and some puskesmas wrote to the health office to be approved and could be provided by health workers to meet existing HR vacancies

5. CONCLUSION

- a. Description of the situation of the adequacy of Health Human Resources from the availability and distribution of Health Human Resources in Manokwari District is insufficient
- b. There are no sufficient budgetary resources in the effort to fulfill adequate

human health resources in Manokwari Regency

- c. Facilities and infrastructure in meeting HR needs Health in the Puskemas is still lacking.
- d. There was no planning team in preparing the planning of the need for Health HR in Manokwari District
- e. Information on Health Center Health HR data is available.
- f. Efforts to fulfill HR human resources needs in health centers that are under-staffed by receiving contract / apprenticeship staff or honorariums funded by puskesmas, honorariums by the regional government and proposing to the Ministry of Health through the Nusantara Healthy program.

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