

Development of Program Performance Index with Baldrige Assessment Method for Performance Evaluation of Public Health Programs in Jakarta

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Abstract— The Jakarta Health Office initiated the “Knock on Doors, Serve with Heart” (hereinafter called KPLDH standing for *Ketuk Pintu Layani Dengan Hati*) program with the main objective of serving the community with a heart to the fullest and preventing sick people from becoming poor. KPLDH is an effort by the government to bring health services closer to the community, especially in the promotional and preventive fields. This study aims to develop a construction variable model for the KPLDH Program Performance index to measure the effectiveness of the KPLDH public policy program in Jakarta using the Baldrige Framework approach. This evaluation implementation research aims to determine the level of success of a program or to determine the effectiveness of program implementation. This research was conducted in mix-method. The study was followed by 44 sub-district health centers in Jakarta with a total of 308 respondents who submitted the KPLDH Program Performance Index assessment using the Baldrige assessment method approach. The results of the KPLDH Program Performance Index assessment are 82,16% with the predicate level of Benchmark Leaderat the excellent level. These results indicate the implementation of the program with a systematic, effective, and responsive approach to the derivatives of the policies that have been determined, and good to excellent integration is proven by analysis, learning and sharing of organizational best practices as a key management strategy.

Keywords: Community health, public policy, evaluation, effectiveness, KPLDH

Introduction

Jakarta Province as one of the most populous provinces in Indonesia has varied health problems. This is due to the low level of public awareness of having periodic checks and due to financial problems. The vision of the Provincial Health Office of Jakarta was Healthy Jakarta 2017. To support this vision, several missions of the Provincial Health Office of Jakarta were made, such as providing public and individual health services as well as health emergencies with the principle of prime health services; strengthening the public health sector until the village level; increasing cross-sector partnerships in the implementation of health development; and increasing community empowerment in the health sector. The Jakarta Health Office is committed to being a quality organization in carrying out activities in the health sector through a regulatory function by implementing a Health Quality Management System that prioritizes customer satisfaction and continuous improvement in accordance with applicable regulations. The pattern of health problem management seems to have shifted from what should have been dominant in promotive and preventive efforts towards curative and rehabilitative efforts.

The Jakarta Health Office then initiated KPLDH program with the main objective of serving the community with a thorough heart and preventing sick people from becoming poor. Knock on Doors, Serve with Heart (KPLDH) is an effort made by the government to bring health services closer to the public, especially in the promotional and preventive fields. The targets of this program are residents who live in Jakarta with the KPLDH priority areas covering the village of row houses, rented/subsidized flats, and slum environments that are dense and poor. The basic service of the KPLDH program is through two health components, namely the family doctor approach and the principles of community medicine. In carrying out its program,

KPLDH carries out seven implementation activities which include home visits (visiting families with health prone, including postnatal families from the hospital), home health promotion (providing information so that families always carry out a clean and healthy lifestyle), home education (providing health education, counseling and assistance to family members after being hospitalized), home care (caring for family members who are sick including complementary therapy or utilization of biodiversity such as palliative care), health environment (maintaining the health of the surrounding environment), home surveillance (monitoring infectious and non-communicable diseases transmitted to families and special groups in the community), and referrals (making case referrals based on the SOP). The target of the KPLDH program is that every resident who is domiciled in Jakarta, including the environmental health aspect around their house, can be in a particular community and/or at the neighborhood level.

Since this program was launched in 2015, varied health services have been carried out, such as screening for hypertension and diabetes, IVA examinations, respiratory exercise programs in several flats, education on hygiene and healthy living habits, review of children's nutritional status, and patient care at home. The results of the examination showed that the top five diseases recorded were hypertension, pulmonary tuberculosis, pneumonia, kidney disease, and type 2 diabetes mellitus. Through this KPLDH program, health problems in the Jakarta are expected to decrease so that people can live in prosperity and become increasingly aware of the importance of health and a healthy environment. Health issues in Jakarta remain the focus of the government at this time. In implementing this program, it is necessary to evaluate the success and benefits felt by the residents, as well as the effectiveness of the overall program implementation, especially in improving health and changing people's behavior. Evaluation of the implementation of the KPLDH program is carried out on the entire assessment process in order to achieve the objectives of the implementation, to determine developments and obstacles in the implementation of KPLDH policies, programs and activities. From the aforementioned background, the formulation of the problem in this research is an evaluation of the public policy implemented by the Provincial Government of Jakarta, i.e. Knock on Doors, Serve with Heart (KPLDH) program. This study aims to develop a KPLDH Program Performance Index to measure the effectiveness of the KPLDH program public policy using an approach Baldrige Assessment.

Methodology

This study is an implementation research conducted to assess the effectiveness of the KPLDH program implementation. This research uses the processes and stages of policy implementation in increasing the degree of public health which is carried out through qualitative and quantitative methods (mix-method), with a design-based approach that aims to know and understand a policy being implemented. This study is a qualitative study with a descriptive approach combined with quantitative data from secondary data available in the KPLDH program. Mixed method produces facts that are more comprehensive in researching research problems, because researchers have the freedom to use all data collection tools according to the type of data needed. This research is a descriptive qualitative study in order to see the effectiveness of the KPLDH program as a continuous quality improvement with the Malcolm Baldrige Assessment approach at the Jakarta Health Office. This research has received an ethical approval from the Ethics Committee of the Faculty of Public Health, Universitas Indonesia.

Finding and Discussion

The number of informants assessing the KPLDH Program Performance index using the Baldrige Assessment approach were 308 people. Table 5.6 shows the characteristics of the informants involved. The frequency distribution for the most information age was 30-40 years (51.6%), followed by <30 years

(34.1%) and > 40 years (14.3%). Based on the position of the informant, the distribution of the frequency distribution consisted of the head of the community health center (14.3%), doctors, midwives and nurses (28.6%), respectively. All informants have worked at the community health center in their area > 3 years (100%). Most of informants have the educational background of S1 (57.1%), D3/D4 (28.6%), and S2 (14.3%).

Table 1. Characteristics of Respondents

| Characteristics (N=308) | Total | Percentage (%) |
|---------------------------------|-------|----------------|
| Age | | |
| <30 years | 105 | 34.1 |
| 30-40 years | 159 | 51.6 |
| >40 years | 44 | 14.3 |
| Position | | |
| Head of community health center | 44 | 14.3 |
| Doctor | 88 | 28.6 |
| Midwife | 88 | 28.6 |
| Nurse | 88 | 28.6 |
| Length of service | | |
| <1 year | 0 | 0 |
| 1-3 years | 0 | 0 |
| >3 years | 308 | 100 |
| Educational background | | |
| D3/D4 | 88 | 28.6 |
| S1 | 176 | 57.1 |
| S2 | 44 | 14.3 |
| S3 | 0 | 0 |

Assessment process refers to the method used with informants answering categories one to six. There are four factors used in the review of Approach, Deployment, Learning, Integration (ADLI), by determining strength and Opportunities for Improvement (OFI) based on the implementation of the KPLDH program process. Strength is an advantage or strength possessed by the KPLDH program identified in regulations, profiles, modules and/or other KPLDH program governance, while OFI is a weakness in the program that can be used as an evaluation material where the results can be used by policy makers to improve program performance. Assessment of results using the Level, Trend, Comparison, Integration (LeTCI) approach, assessing secondary data from indicators of each criterion that has been recapitulated in the results document. There are four factors used in the assessment of KPLDH data from the indicators of each criterion, namely the level, trend, comparison, and integration. The scores of Program Performance index are achieved using the Baldrige Assessment instrument as a whole obtained from the results of the process assessment and outcome assessment as shown in the following table.

Table 2. Scores of Program Performance index of KPLDH

| Criteria | Mean | SE | Median | Skewness | SD | Min-Max | Score |
|------------------------------|------|-------|--------|----------|-------|---------|-------|
| Leadership (VR1-11) | 4,15 | 0,088 | 46 | 0,224 | 1,551 | 43-49 | 82,98 |
| Strategic Planning (VR12-20) | 4,11 | 0,067 | 37 | 0,476 | 1,181 | 35-40 | 82,27 |
| Customer focus (VR21-28) | 4,13 | 0,067 | 33 | 0,476 | 1,181 | 31-36 | 82,55 |

| | | | | | | | |
|---|------|-------|----|-------|-------|-------|-------|
| Measurement, Analysis, and Knowledge Management (VR29-38) | 4,18 | 0,099 | 41 | 0,579 | 1,734 | 39-45 | 83,56 |
| Workforce focus (VR39-50) | 4,12 | 0,103 | 50 | 0,318 | 1,804 | 46-54 | 82,47 |
| Operation focus (VR51-60) | 4,14 | 0,087 | 41 | 0,638 | 1,525 | 39-45 | 82,76 |
| Result (VR61-67) | 3,93 | 0,080 | 28 | 0,316 | 1,404 | 25-31 | 78,54 |

Table 2 shows the total score achieved was 82,16%, indicating the position of the Program Performance index of KPLDH in Jakarta Province was benchmark leader with the excellent level. This means that the implementation of the program with a systematic, effective, and responsive approach to the derivatives of the policies that have been determined, and good to excellent integration is proven by analysis, learning and sharing of organizational best practices as a key management strategy. The results of this study show a leadership 82,98%, strategic development of 82,27%, customer focus 82,55%, Measurement, Analysis, and Knowledge Management 83,56%, workforce focus 82,47%, operation focus 82,76% and result 78,54%.

Table 3. Relationship between the criteria and Program Performance Index Level

| Kriteria | R | R2 | P Value |
|---|-------|-------|---------|
| Leadership (VR1-11) | 0,932 | 0,868 | 0,000 |
| Strategic Planning (VR12-20) | 0,959 | 0,920 | 0,000 |
| Customer focus (VR21-28) | 0,959 | 0,920 | 0,000 |
| Measurement, Analysis, and Knowledge Management (VR29-38) | 0,909 | 0,826 | 0,000 |
| Workforce focus (VR39-50) | 0,943 | 0,890 | 0,000 |
| Operation focus (VR51-60) | 0,901 | 0,811 | 0,000 |
| Result (VR61-67) | 0,422 | 0,178 | 0,000 |

Table 3 shows that all the criteria in the Performance Index have a significant relationship with the KPLDH Program Performance Index level ($p = 0.000$). Based on the table above, the criteria for leadership criteria affect the IKP level (86.8%), strategic planning (92.0%), customer focus (92%), measurement, analysis, and knowledge management (82.6%), focus on personnel work (89%), focus of operations (81.1%) and results (17.8%).

Evaluation or appraisal was carried out on the KPLDH program which is the object of the implementation of the KPLDH program activities or processes. The evaluation uses the Malcolm Baldrige (MB) theory which consists of 6 (six) indicators, where each indicator is given a value and the results are compiled. The results of the assessment of the Performance Indicators of Jakarta Provincial KPLDH Program were in the position of Good Performance, meaning that this program has been implemented in a good performance. This position is in the average level which is neither too good nor too bad. There are lessons learned and processes that have benefits for programs implemented, but there is still room for improvement of the program implementation up to the Excellent level in a world leader position. The position achieved by the KPLDH Program as stated by informants indicates that this program can be continued with continuous evaluation and by creating policies to improve the KPLDH program that is more effective and efficient. Below is a discussion of the results of the KPLDH Program Performance Indicator achievements using the Baldrige Assessment instrument approach.

Leadership in implementing the KPLDH program has an approach that is effective, systematic, responsive to some of the basic needs of items referring to the KPLDH program guidelines. This approach has been

already well used although its distribution can vary across regions or work units. The implementation of the KPLDH program refers to Governor Regulation No. 115/2016 and the policy from the Head of the Health Office as an effort to strengthen technical regulations, namely the management of the KPLDH program implementation. Systematic evaluation and improvement as well as some organizational learning, including innovation to increase efficiency and effectiveness, became a key process, although obstacles in the process can be still encountered. Development of governance for the implementation of the KPLDH program has been in accordance with overall needs and identified in response to organizational processes and other process items. The leadership variable in the implementation of the KPLDH program appeared to have partially run and had clear program objectives and targets. The things that are still needed as an effort to increase the sustainability of this program are the achievement of clear indicators and the continuity of the achievement of the target indicators. Therefore, the output of the KPLDH program will be clearly measured to facilitate evaluation of the effectiveness of the KPLDH program run by the Jakarta Provincial Government.

Strategic planning shows that the KPLDH program has an effective, systematic, responsive approach to some of the program needs in accordance with the guidelines. However, the approach used has characteristics that are tailored to each region so that innovation is needed as well as systematic evaluation for improvement and learning for the organization. The implementation of activities at the stage of compiling a joint work plan includes the community health center and KPLDH officers compiling a work plan based on the results of data processing and analysis of health problems, agreeing on a meeting schedule, making a plan of action (POA), and agreeing on a joint work plan that has been compiled. The implementation of activities at the implementation stage includes monitoring the health status of each family member regularly (screening) through home visits, providing counseling, education, caring for family members who are sick (home care), conducting environmental health guidance, and making case referrals according to the provisions and applicable procedures and the severity (severity) including emergency services. The implementation of the above activity plan involves partnerships, cross-program and cross-sectoral cooperation, appropriate technology, and empowerment. The strategic plan for the KPLDH program is also contained in the Strategic Plan of the Jakarta Provincial Health Office for 2017-2022.

Customer focus shows that the KPLDH program has a systematic approach that is effective, responsive to several basic needs, is clear and in accordance with the KPLDH program guidelines. This approach is used even though some regions or work units are in the early stages of deployment. The initial systematic approach to evaluation and improvement becomes the main process, so that this approach is at an early stage alignment with the basic needs of the organization identified in response to the organization's profile and other processes. The community satisfaction survey for the KPLDH program has not been carried out/implemented consistently and since the beginning there has been no community satisfaction survey for the KPLDH program. The approach taken by officers was by direct communication when KPLDH officers approached community health center staffs. However, surveys conducted as an evaluation and control of program implementation were not yet optimally implemented. Current subscriber votes are not specific to the KPLDH program but are more generally integrated with those issued by the Jakarta Health Office, such as the Jakarta health insurance hotline which can be accessed by the public on the website of the Jakarta Health Office. It is in accordance with the results of this study where the focus on customers is still clearly visible, including the goals and objectives of the KPLDH program, namely for the people of Jakarta Province. This is in accordance with Governor Regulation No. 115 on KPLDH that promotive and preventive efforts aim to improve the health status of the people of Jakarta Province by "knocking on doors" of people's homes with a family health approach. Further efforts should be made to improve the program, namely evaluating the response from the community which is very meaningful to provide input for the sustainability of the KPLDH program.

Measurement, Analysis, and Knowledge Management shows that the KPLDH program has a systematic approach that is effective, responsive to some of the basic needs, is clear and in accordance with the KPLDH program guidelines. This approach is good to use although it is still varied and it requires adjustments to national programs, a process based on improvement and some organizational learning including innovation

to increase efficiency and effectiveness. This approach fits the needs of the organization as a whole identified in response to other profile and process items. One thing that has not been seen is public access to view data on the KPLDH program, both in the early stages of the program being implemented to date. Based on information from informants on the measurement, analysis and knowledge management, the KPLDH program collected data related to the program in a neat and complete manner, as an effort to improve gradually. Not all data and information have been analyzed and followed up for program implementation in the coming period. It is felt that the information obtained from the recording and reporting system related to KPLDH has not been fully utilized by related parties for decision making and/or planning, so that information about KPLDH has not been optimally disseminated at all levels, especially at the community/public level. KPLDH officers have a mobile application with an online system to make it easier to record and provide information related to fostered participants. However, sometimes it finds some obstacles in carrying out their functions, including limitations on data packages, networks, and the number of officers at that time who have to provide services to public.

Workforce focus KPLDH officers received training when initially accepted as KPLDH officers. The materials provided are mainly those contained in the guidelines and refer to Governor Regulation No. 115/2016. Most of the material for KPLDH officers is related to the program and the scope of their duties. When collecting data, officers also provided socialization, education, and information to the assisted community related to the KPLDH program activities that would be carried out. The status of KPLDH officers is non-civil servant contract workers who are recruited by the community health center in each sub-district. Thus, all forms of benefits received by officers vary; the main component is salary, while other components depend on the ability of the community health centers. Officers have contribution in the success of the KPLDH program in their regions. However, since the beginning of the program, it has not been fully implemented and there has not been an optimal assessment of the performance of officers and an assessment of job satisfaction of KPLDH officers. Another thing that needs to be considered is that KPLDH officers are still limited in expressing opinions, so that some officers resigned as KPLDH officers after knowing in detail the obligations that must be fulfilled as KPLDH officers. Program Performance Index Assessment of KPLDH uses the Baldrige Assessment approach which explains that the focus category on the human resource or KPLDH officers has a very strong influence. With the large number of people in Jakarta Province, the main task of KPLDH officers is to achieve the targets in a certain time, but the unsuitable number of officers can result in the program not running effectively enough. The obstacles mentioned above clearly show that the role of KPLDH officers is very important. To assess the performance of KPLDH program, information can be obtained on the performance position of the KPLDH program and become a basis for consideration for the program's sustainability so that there will always be improvements in its implementation.

Operation focus category places the KPLDH program requiring improvement efforts in running the program operationally, where the KPLDH guidelines are short-term and long-term steps to achieve the target referred to in Governor Regulation No. 115/2016. These guidelines can be implemented and are in accordance with the Governor Regulation. The challenge is in the implementation. One thing that can be developed for operational effectiveness is to make clear measurable indicators of both targets and achievements to monitor activities so that their achievements can be seen over a certain period of time. The challenges faced in carrying out the operation of the KPLDH program are especially in the early stages of this program the officers' understanding of the duties and functions as well as the aims and objectives of the KPLDH program, frequent change of officers due to high turnover, the workload considered quite heavy by officers, large population which is not proportional to the ratio of the number of officers, refusal from the community, and adjustments to regulations and/or other programs such as the National PIS-PK program. Those have made officers experienced difficulties in adjusting reports where the application system came into effect in 2017 so that data that has been collected in 2016 could not be input due to different indicators. The implementation of the KPLDH program did not appear to be fully consistent based on the policies that have been set, in which the KPLDH program was established in 2016 through Governor Regulation No. 115/2016. When the National PIS-PK program from the Ministry of Health was launched in 2017, it was necessary to make adjustments to recording and reporting as well as measurement of its performance indicators, so that all officers running the KPLDH program felt confused. In addition, the strategy in terms

of the number of human resources that is not in accordance with the ratio of the number of officers to the population written in the Governor Regulation has changed according to the budget capacity of the District Health Center. This inconsistent policy can certainly cause the program to not run effectively. Governance in implementing the KPLDH program becomes a distinct strength such as having a Standard Operating Procedure (SOP) which is part of the governance.

Learning and learning process outcomes for the level of organizational work of all relevant stakeholders, it is fairly well reported and responsive to the needs in accordance with the KPLDH program. There is an increase in data collection, so that improvements can be increased and maintained over time in most areas that are important for fulfilling the organization's vision and mission. Some of the evaluations have been carried out, although the results are not yet optimal. It is expected that this evaluation is relevant, and the benchmarks show relatively excellent leadership and performance. Reporting is done in stages and the coordination between units is quite good. Customer focus outcome, the targets of the program are the community, where officers do knock on the doors of the people's houses. The KPLDH program is community oriented. The results of this measurement have not been carried out systematically, where there is no survey of community satisfaction with the KPLDH program. Human resource focus outcome, according to informants from this study, there is no measurement of KPLDH officer satisfaction. When referring to the Baldrige Assessment, the level of organizational performance shows only a few items from the program have been implemented. There has been no evaluation of the human resource focus, so it is necessary to make efforts for improvement and clear measurements. Leadership and governance outcome, these results indicate that the KPLDH program is in a relatively good performance level and the program performance results are reported to improve the services provided. The leadership already has efforts in implementing this program with all the challenges and obstacles. There is no clear measurement related to the outcome of leadership and governance which can be indicated by the Program Performance Index. Therefore, the researcher made the Program Performance Index instrument of KPLDH that could be applied using the Baldrige Assessment approach. Budget and finance outcome, the budget and finance in running the KPLDH program are adjusted to the capacity of the community health centers in each sub-district as the executors and that go directly to the field. The data for the amount of budget for each community health center are unacceptable due to the limitations of the research. The Jakarta Health Office's budget plan for the KPLDH program are 81 million (2018), 156 million (2019), 166 million (2020), 176 million (2021), and 186 million (2022), indicating an increase of 10 million in its budget allocation per year.

Conclusion

Program Performance Index of KPLDH using the Baldrige Assessment approach obtained was 82,16% with the level of benchmark leader at the Excellent level. These results indicate the implementation of the program with a systematic, effective, and responsive approach to the derivatives of the policies that have been determined, and good to excellent integration is proven by analysis, learning and sharing of organizational best practices as a key management strategy. Referring to the Program Performance Index and the characteristics of Jakarta which are different from other regions, there is a high sense of empathy to the community contained in the program called "Knock on Doors, Serve with Heart." The effectiveness and efficiency of the implementation of the KPLDH program has never been evaluated comprehensively on the sustainability of this program, so it is still not possible to say whether this program is effective or not. From each process, there are developments and improvements from the earlier condition before the implementation of this program. The sustainability of the KPLDH Program is a strategic matter for the Regional Government of Jakarta Province in overcoming health problems in Jakarta with continuous improvement efforts in implementing programs in the JKN era in synergy with the PIS-PK National Program.

Competing Interest

The author states that there is no conflict of interest in this study.

Acknowledgment

This research was funded from PublikasiTerindeksInternasional (PUTI) Doctoral for 2020 Fiscal Year. Contract number: BA-785/UN2. RST/PPM.00.03.01/2020.

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