

EVALUATION OF THE IMPLEMENTATION OF HEALTH WORKER DISTRIBUTION POLICIES ON THE AVAILABILITY OF HEALTH SERVICES

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ABSTRACT

The unequal distribution of health workers remains a major challenge in delivering primary health services in Indonesia, including in Pesawaran Regency. This study aims to evaluate the implementation of health workforce distribution policies on the availability of services at community health centers (puskesmas). A descriptive approach was used, incorporating secondary data from the Health Office and in-depth interviews with key informants. The results showed that several puskesmas still lack essential health personnel, particularly dentists, nutritionists, and pharmacists. Distribution disparities are more pronounced in coastal and remote areas. Major barriers to policy implementation include limited funding, low incentives, and geographical constraints. However, local regulations and human resource planning systems serve as key enabling factors. Workload-based planning and affirmative incentives are necessary to ensure a more equitable and effective health workforce distribution.

Keywords: health policy; health workforce distribution; policy evaluation; primary care; puskesmas

INTRODUCTION

The availability of adequate and evenly distributed health workers is one of the main factors in the provision of quality primary health care services. In Indonesia, especially in districts such as Pesawaran District, the distribution of health workers remains a major challenge. This imbalance in distribution has a direct impact on the availability and quality of primary health care services provided to the community, particularly in rural and remote areas. Pesawaran District, as part of Lampung Province, faces challenges in the uneven distribution of healthcare workers between urban and rural areas. Health centres in rural areas often lack medical personnel, particularly general practitioners and midwives, which impacts the quality of healthcare services (Nurul Hikmah B et al., 2020). This phenomenon reflects the national situation, where approximately 9.6% of health centres in Indonesia do not have doctors, and 32.4% do not have dentists. This disparity is exacerbated by healthcare workers' preference to work in large cities that offer more comprehensive facilities and better compensation. As a result, people in rural areas must travel long distances to access medical services, which can hinder access to quality healthcare (Nadhif, 2024).

Healthcare workers are a vital component of primary healthcare systems, such as community health centres and primary clinics. They not only provide curative services but also essential promotive and preventive services to improve community health (Nurul Hikmah B et al., 2020). In areas with limited medical personnel, promotive and preventive efforts are often neglected, leading to increased rates of illness and mortality. The presence of adequate healthcare workers in primary healthcare facilities is crucial to ensuring the public's access to quality basic healthcare services. Without sufficient medical support, government health programmes, such as immunisation and routine health check-ups, are difficult to implement effectively (Dwi, 2024). The uneven distribution of healthcare workers directly impacts the availability and quality of primary healthcare services. Areas with a shortage of medical personnel often experience a decline in service quality, which can lead to delays in diagnosis and treatment of diseases. This is particularly risky for vulnerable groups, such as pregnant women, infants, and the elderly, who require immediate medical attention (Nadhif, 2024).

Additionally, this disparity contributes to increased mortality and morbidity rates in these areas. The uneven distribution of healthcare workers also hinders the government's efforts to achieve universal health coverage, which aims to ensure that everyone has access to the healthcare services they need without financial hardship. The Indonesian government has implemented various policies to address the uneven distribution of healthcare workers, such as the Non-Permanent Employee (PTT) programme and Nusantara Sehat. The Nusantara Sehat programme, launched in 2015, aims to deploy healthcare workers in teams to remote, border, and island areas (DTPK) (Listya Dewi, 2013). Additionally, Health Law No. 17 of 2023 emphasises the importance of equitable distribution of healthcare workers across all regions of Indonesia. However, the implementation of these policies still faces various challenges, including budget constraints, inadequate infrastructure, and insufficient incentives for healthcare workers to work in remote areas. As a result, the imbalance in the distribution of healthcare workers remains an unresolved issue (Nadhif, 2024).

An evaluation of healthcare worker distribution policies in Pesawaran District is important to identify the effectiveness of programmes that have been implemented and determine the necessary improvement measures. By conducting evaluations, local governments can understand the obstacles faced in policy implementation, such as a lack of medical personnel, inadequate infrastructure, and geographical challenges. Evaluations can also help in designing more effective strategies to attract and retain health workers in underserved areas. In addition, the results of evaluations can be used as a basis for requesting additional support from the central government or donor agencies in efforts to improve the distribution of health workers in the region. Various studies have shown that the uneven distribution of health workers is a complex problem that requires a multidimensional approach to address it. Research by (Nurul Hikmah B et al., 2020) shows that community health centres in Eastern Indonesia experience more staff shortages, particularly doctors and midwives, which has an impact on the low quality of primary health care services.

Another study by (Listya Dewi, 2013) highlights that healthcare worker distribution disparities are not only present in Indonesia but also in developed countries like France, which faces the phenomenon of 'les déserts médicaux' or healthcare deserts. These findings underscore the importance of comprehensive and sustainable policies to address the uneven distribution of healthcare workers. The uneven distribution of healthcare workers in Pesawaran District reflects the challenges faced by many regions in Indonesia in providing quality and equitable primary healthcare services. Despite the implementation of various policies, the results have not been fully effective in addressing this issue. Therefore, evaluating healthcare worker distribution policies is a crucial step in understanding existing barriers and formulating more effective strategies. It is hoped that through a comprehensive and participatory evaluation, the local government can improve the availability and quality of primary healthcare services, enabling all residents across Pesawaran District to access their right to adequate and affordable healthcare.

METHOD

This study uses a descriptive evaluative approach to assess the implementation of health worker distribution policies on the availability of primary services at community health centres in Pesawaran Regency. The evaluation is based on field data and policies applicable at the regional level. The research was conducted in the working area of the Pesawaran District Health Office, Lampung Province. The activity lasted for 6 weeks, starting from 19 May to 24 June 2025. Primary data was obtained through: In-depth interviews with key informants, such as the Head of the SDK Division, the SDM Team, human resource planners, and several Puskesmas heads. Direct observation and Focus Group Discussions (FGD) to explore the obstacles to distribution and the need for health workers. Secondary data was obtained

from: Official documents from the Health Department, such as the results of the Renbut application, Anjab ABK, and the current year's health workforce distribution report. The Health Profile of Pesawaran District and the summary of human resource needs at each Puskesmas. Identification of issues based on the gap between the needs and availability of health workers at each Puskesmas. Determination of problem priorities using the USG (Urgency, Seriousness, Growth) method to assess the urgency and impact of issues. Determination of alternative solutions, analysed using the priority formula $P = (M \times I \times V) / C$, considering the factors of magnitude, importance, vulnerability, and implementation costs. Root cause analysis using the Fishbone Diagram (Ishikawa) approach, which examines the aspects of Man, Method, Machine, and Money. Development of operational plans and policy briefs based on data validation results and stakeholder recommendations. Data validity is strengthened through triangulation of sources (quantitative and qualitative data) and discussions with field supervisors. All activities are conducted with the approval of the institution and follow ethical principles in collecting information from informants.

RESULT AND DISCUSSION

Findings from In-Depth Interviews

In-depth interviews with key informants at the Pesawaran District Health Office revealed that the distribution of health workers is uneven. Several community health centres (Puskesmas), such as Maja, Gunung Sari, and Kota Jawa, have vacancies in important positions, such as pharmacists and dentists. According to the Head of the Health Resources Division (SDK), the main challenges are budget constraints and the attractiveness of the work area, particularly in coastal or remote regions. From a policy perspective, there are no local regulations specifically governing the distribution of healthcare personnel. Although the Renbut and Anjab ABK application-based planning systems have been implemented, their effectiveness is limited due to insufficient staff numbers and technical capacity. Distribution monitoring is conducted internally and still relies on monthly reports. From a funding perspective, informants noted that the fulfilment of needs is highly dependent on the allocation of the Regional Budget (APBD) and central government approval. There are no special incentives for civil servants assigned to difficult areas, while for contractual staff, transportation incentives are only provided on a limited basis. Additionally, although some health centres have adequate service facilities, human resource limitations prevent these facilities from being utilised to their full potential. Geographical conditions also play a significant role in influencing the placement and retention of health workers, leading to proposals for a distribution scheme based on domicile.

Results of the Focus Group Discussion (FGD)

The focused group discussion held on 10 June 2025 with the Health Department and two health centre heads confirmed several key issues, namely: The distribution of healthcare workers is uneven, particularly in the fields of nutrition, sanitation, pharmacy, and dentistry. The use of the Renbut application is not uniformly understood by health centre staff, leading to inaccurate data on needs. Budget constraints hinder the recruitment and placement of contract workers. There is no local distribution policy regulating incentives and performance evaluations for workers in remote areas. Staff rotations without replacements cause service disruptions and public complaints. A residence-based distribution system is considered more effective for improving retention. Technical training on Renbut and the establishment of a cross-unit coordination forum are needed.

Implementation Challenges

There are two main challenges in implementing the residency programme: Restricted access to Renbut application data. Disintegration of some staff who do not support procedural health workforce planning.

Based on the results of interviews and FGDs, several strategies are recommended: Enhancing coordination with community health centres as BLUDs in the recruitment process. Providing transportation or geographical incentives for health workers in remote areas. Promoting residence-based recruitment and strengthening technical training for human resources in the use of the health workforce planning application.

The results of the study indicate that the uneven distribution of health workers remains a major issue in Pesawaran District. This is consistent with the findings of Dussault & Franceschini (2006) that the imbalance in the distribution of health human resources is a global challenge, particularly in developing countries. In the local context, shortages of health workers, especially dentists, pharmacists, and nutritionists, are most prevalent in coastal and remote areas. This situation indicates that the implementation of policies for the equitable distribution of health workers is not yet optimal. Although the Renbut and Anjab ABK-based planning system has been implemented, its execution still faces technical challenges and limitations in the capacity of managing human resources. Some health centre staff even admitted to not understanding how to accurately fill in the data. This highlights the need for regular training to improve data accuracy as the basis for planning.

In line with the WHO study (2022), the success of healthcare worker redistribution heavily depends on an accurate and integrated human resource information system. Budget constraints are the main limiting factor. Only a small portion of the hundreds of positions proposed to the central government can be realised, leaving many vacant positions unfilled. This reinforces the argument that distribution cannot be separated from regional financial aspects, as explained in Law No. 17 of 2023 on Health. The absence of local regulations specifically governing distribution, performance evaluation, and incentives for health workers in difficult areas means that central policies cannot be fully adapted at the regional level. However, the study by Kruk et al. (2018) emphasises the importance of a decentralised and affirmative approach to the distribution of health human resources to improve access and quality of services. The proposal for a residence-based distribution system, which emerged from the FGD results, should be considered as a realistic alternative strategy. This approach is believed to increase the retention of health workers in their home regions, while reducing logistical burdens and geographical adaptation. Additionally, collaboration with community health centres (puskesmas) with BLUD status is considered crucial in creating a flexible and sustainable recruitment system. Limitations in access to information systems such as Renbut and internal disintegration between units also need to be addressed. Internal governance reforms, digitisation of distribution monitoring, and the establishment of cross-sector coordination forums will greatly support overall improvements in human resource management. Thus, the implementation of health worker distribution policies requires a multi-level and multi-actor approach, strengthening coordination, local regulations, and incentive schemes that are adaptive to the geographical and social challenges of the region.

CONCLUSION

Based on the results of the residency, interviews, observations, and focus group discussions, it can be concluded that the distribution of health workers in Pesawaran Regency is not yet optimal. Several community health centres still experience a shortage of key medical personnel. The implementation of the health worker distribution policy has referred to the Renbut and Anjab ABK systems, but its implementation still faces obstacles, including:

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