

Evaluation of Home Care Program Implementation in Primary Health Care at Tobadak Public Health Center

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Abstract

The home care program is a public health policy initiative designed to improve access to and the quality of primary health care services at the community health center level. This study aims to evaluate the implementation of the home care program in terms of input, process, and output aspects at the Tobadak Public Health Center, Mamuju Tengah Regency. This study employed a descriptive qualitative approach, with data collected through in-depth interviews, field observations, and document analysis. The findings indicate that, in the input aspect, facilities, infrastructure, and program funding are relatively adequate; however, human resource capacity, particularly the number of health workers and task distribution, remains suboptimal. In the process aspect, home care services have generally been implemented in accordance with established procedures, although challenges related to scheduling and coordination among implementers persist. In terms of output, the home care program provides tangible benefits for the community by improving access to health services and increasing user satisfaction. Therefore, the implementation of the home care program is considered effective; however, strengthening human resource management and public service governance is necessary to ensure more optimal and sustainable policy implementation.

Keywords: program evaluation, home care, health care, public policy, Indonesia

1. Introduction

Healthcare is a basic need of the community and is one of the main indicators of successful development in the health sector. The government is obliged to provide quality, equitable, and accessible healthcare services to all levels of society, particularly through primary healthcare services provided by community health centers as first level healthcare facilities (Narullita et al., 2023). As public demand for quality healthcare services increases, the government is required to deliver service innovations that address limitations in access, cost, and affordability of healthcare services (Rosnania, Afrida, 2023). One form of health service innovation that is developing is the home care program, which is a continuous and comprehensive health service provided to individuals and families in their homes. This program aims to improve, maintain, or restore health and maximize patient independence, while minimizing the impact of illness and disability (Akbar & Ferdi, 2022). Home care services are considered effective because they provide comfort for patients, reduce transportation costs, and improve the efficiency of health services, especially for patients with limited mobility (Jabriani et al., 2022).

In Indonesia, the implementation of home care programs has become part of public policy in the health sector, carried out by local governments through community health centers. However, the implementation of this program still faces various challenges, particularly related to the availability of human resources, the division of tasks among personnel, service mechanisms, and the effectiveness of implementation in the field. Research (Ma'mur, Wahidin, 2019) shows that although home care programs have provided tangible benefits to the community, there are still problems in terms of input and process, such as the dual roles of health workers and the suboptimal scheduling of officers. Furthermore, from a public policy perspective, the success of a program is not only determined by policy formulation, but also by the implementation and evaluation of the policy (Kasmad, 2018). Program evaluation is an important instrument for assessing the extent to which policies have been implemented in accordance with their objectives, as well as for identifying obstacles and opportunities for improvement in program implementation. A systematic evaluation of the input, process, and output aspects is necessary for the home care program to run effectively and sustainably (Kadar et al., 2023).

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Based on these conditions, there is still a gap in research related to the evaluation of the implementation of home care programs at the community health center level, especially in the context of primary health care in rural areas. Therefore, this study is important to examine in depth the implementation of home care programs from the aspects of input, process, and output as a basis for policy improvement and quality of health services. This study aims to evaluate the implementation of home care programs at the Tobadak Community Health Center in Mamuju Tengah Regency, so that it can contribute scientifically and provide practical recommendations for the development of community-based health service policies.

2. Method

Research Design

This study employs a descriptive qualitative approach designed to provide a comprehensive understanding of the implementation of public service policies. The qualitative method was chosen to explore the complex dynamics, challenges, and contextual factors influencing the home care program that cannot be fully captured through quantitative quantification. The research locus is the Tobadak Community Health Center (Puskesmas) in Mamuju Tengah Regency. This location was selected strategically as it represents a key frontline unit in translating regional health policies into grassroots services.

Data Sources and Informants Data sources were categorized into primary and secondary data. Primary data were gathered directly from informants selected through a purposive sampling technique. The selection criteria focused on individuals who possess specific knowledge, hold authority, and are directly involved in the home care program. The key informants included the Head of the Puskesmas, the Home Care Program Coordinator, and medical staff assigned to the field. Additionally, service users (patients and their families) were interviewed to obtain a balanced perspective regarding service quality and accessibility. Secondary data served to support the primary findings, sourced from relevant regulations, standard operating procedures (SOPs), annual performance reports, and demographic data of Mamuju Tengah Regency.

Data Collection

To ensure the depth of data, three data collection techniques were utilized: 1) In-depth Interviews: Semi-structured interviews were conducted using an interview guide to maintain focus while allowing flexibility for informants to elaborate on their experiences; 2) Observation: Non-participant observation was carried out to directly witness the home care service delivery process, the interaction between medical staff and patients, and the availability of supporting infrastructure. 3) Documentation: A comprehensive review of policy documents was performed to analyze the normative standards versus the actual implementation in the field.

Data Analysis

The collected data were analyzed using the interactive model proposed by Miles, Huberman, and Saldaña, comprising three concurrent flows of activity: data condensation (selecting and simplifying raw data), data display (organizing data into narrative text or matrices), and conclusion drawing/verification. This rigorous process allowed the researcher to identify patterns and assess the alignment between policy formulation and implementation practices. Finally, data validity was ensured through triangulation. Source triangulation was applied by cross-checking information from different informants (e.g., comparing staff statements with patient experiences), while method triangulation involved comparing interview results with observational notes and official documents to guarantee the credibility and accountability of the research findings.

3. Results

The results of the study on the implementation of the home care program at the Tobadak Community Health Center (Puskesmas), Mamuju Tengah Regency, were comprehensively analyzed based on the program evaluation framework. This evaluation focuses on three fundamental dimensions: input (resources), process (implementation mechanism), and output (program achievements). The following sections detail the empirical findings for each aspect.

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Input Aspect: Resources and Capacity

In the input dimension, the study assessed the readiness of resources required to support the program. The results indicated that the availability of facilities and infrastructure is relatively adequate to support basic service delivery. Specifically, the Puskesmas has equipped the home care team with essential medical kits (such as tension meters, stethoscopes, and minor surgery sets) and transportation fleets to reach patients in residential areas. Furthermore, in terms of financial resources, the operational funding for the program has been specifically allocated through the regional health budget, ensuring that the logistical needs of the visits are generally met.

However, a critical bottleneck was identified regarding Human Resources (HR). Although the Puskesmas has competent medical personnel, the study revealed a quantitative shortage of staff dedicated specifically to the home care program. The current organizational structure relies on a "double-burden" system, where officers assigned to home care are the same personnel responsible for daily services at the Puskesmas building. This suboptimal distribution of tasks creates a conflict of priority; officers often face fatigue or conflicting schedules between static services at the clinic and mobile services in the field. Consequently, this HR constraint serves as a significant inhibiting factor that potentially compromises the focus and effectiveness of the medical team during home visits.

Process Aspect: Mechanism and Coordination

Regarding the process aspect, the study found that the home care service mechanism generally adheres to the Standard Operating Procedures (SOP) established by the Health Office. The workflow is structured systematically: it begins with a proactive request for service from the community or a referral from village midwives, followed by case verification, scheduling of visits, and the execution of medical care at the patient's home.

Despite the procedural compliance, the implementation in the field is not without challenges. The most prominent obstacle identified is the irregularity in staff scheduling. Field observations and interview data highlight that service delays frequently occur, often caused by the dual responsibilities of the staff mentioned in the input aspect, as well as geographical challenges in reaching remote operational areas in Tobadak. Furthermore, coordination between the administrative team and the field team occasionally exhibits gaps, particularly in communicating sudden schedule changes. This condition suggests that while the "rules of the game" (SOPs) are followed, the management of the implementation is somewhat rigid and lacks the necessary agility to respond to dynamic conditions in the field. Therefore, the managerial aspect of the program requires significant improvement to ensure timeliness and consistency.

Output Aspect: Impact and Satisfaction

In terms of output, the home care program has demonstrated tangible positive impacts on the community in Mamuju Tengah. The most significant finding is the increased accessibility of health services for vulnerable groups. Patients, particularly the elderly, individuals with chronic diseases, and those with limited physical mobility, reported that this program effectively removes the barriers of distance and transportation costs.

The study also recorded a high level of community satisfaction. Informants expressed that the personal approach taken by health workers during home visits created a sense of psychological comfort and trust, which is often difficult to achieve in a crowded clinic setting. The program is perceived not just as a medical service, but as a form of social support from the government.

Nevertheless, it is important to note that the sustainability of these positive outputs is still fragile. The quality of the output is heavily dependent on the stability of the inputs and processes previously discussed. If the issues regarding HR workload and scheduling coordination are not addressed, there is a risk that the quality of service will decline over time, potentially reducing community trust and the overall efficacy of the program in the long run.

4. Discussion

The results of this study are in line with the findings (Ma'mur, Wahidin, 2019) which state that the implementation of home care programs at the community health center level has generally been running quite well, but still faces obstacles in terms of human resources and the division of tasks among officers. Research (Husada, 2018) confirms that the dual role of health workers is one of the factors hindering

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the effective implementation of home care programs. From a public administration perspective, an evaluation of the input aspect shows that resources are a key factor in policy implementation. This is in line with the opinion of (Aswar, 2010) which states that the success of a program is greatly influenced by the availability and utilization of resources, including human resources, facilities, and funding. Without adequate resource support, policy implementation may not achieve its intended objectives (Kasmad, 2018).

In terms of process, the findings of this study support the view (Peters, 2018) that policy implementation is determined not only by the clarity of the policy, but also by the capacity of the implementing organization and the coordination mechanisms between implementers. Constraints in scheduling and task distribution indicate that the managerial and governance aspects of public services still need to be strengthened so that the implementation of home care programs can run more effectively. Meanwhile, in terms of output, the results of the study show that home care programs can provide direct benefits to the community, especially in increasing access to and satisfaction with health services (Jamil et al., 2015). This finding is in line with international research by (Ferreira et al., 2023) which states that community based and home-based health services can increase patient satisfaction and service efficiency when supported by good management systems and policies.

Thus, the results of this study confirm that although the home care program at the Tobadak Community Health Center in Mamuju Tengah Regency has provided benefits to the community, strengthening human resources and policy implementation management are important factors in improving the effectiveness and sustainability of the program as part of public health services.

5. Conclusion

This study concludes that the implementation of the home care program as part of the primary health care policy at the Tobadak Community Health Center in Mamuju Tengah Regency has been quite effective in improving community access to and satisfaction with health services but has not yet been fully optimized in its implementation. The evaluation shows that although the support for facilities, infrastructure, and funding is relatively adequate, limitations in human resource capacity and weak management and coordination among implementers are still the main obstacles to program implementation. These findings confirm that the success of the home care program is not only determined by the clarity of the policy but also depends heavily on the capacity of the implementing organization and supportive public service governance. Therefore, it is necessary to strengthen human resource management and coordination mechanisms to improve the effectiveness and sustainability of the program.

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