



Cite this article: Yusuf, F. Kameo, D. Kurniasari, M.D.2024. Process of Health Services for Children Under Five in Jayapura Regency. Global International Journal of Innovative Research. 2(6). <https://doi.org/10.59613/global.v2i6.188>

Received: May, 2024
Accepted: June, 2024

Keywords:
Health Services, Disease, Management, Process, Indonesia, Children, Jayapura

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Published by:

GLOBAL SOCIETY
PUBLISHING

Process of Health Services for Children Under Five In Jayapura Regency

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The aim of implementing modern and professional health services is to pay attention to local cultural values and adopt these cultural values as an effort to adapt to community culture in achieving the goals of modern health services. There are two research methods used by researchers in the social sciences, namely quantitative methods and qualitative methods. This process provides an overview of the researcher's efforts in processing data in depth and elaborating on the research database until the researcher succeeds in building a complete data set. In this process, researchers involve respondents interactively. The research results show that health services are carried out according to IMCI standards. Access for referrals from the health center to the hospital is quite far, as a result, assistance for MTBS patients with serious conditions is difficult to handle, and this is a fairly large contributor to the infant mortality rate. Variable characteristics of officers and other factors outside the treatment of children studied, the service process is very different in each development area.

1. Introduction

In 1990, Integrated Management of Sick Toddlers (IMCI) was used as a service standard as well as a service guide for health workers, especially in basic health service facilities, but its implementation was not optimal, the infant mortality rate was still in the high category. Most of the causes of under-five deaths are preventable diseases, such as pneumonia, diarrhea, malaria, measles or a combination of these diseases and are caused by malnutrition.

Based on the 2012 Indonesian Health Demographic Survey (SDKI), 2017 SDKI, and 2020 Indonesian Health Survey (SKI), the main cause of death for babies under five years (toddlers) in Indonesia is neonatal problems (asphyxia, Low Birth Weight (LBW) Babies). and sepsis) problems of pneumonia and diarrhea as well as malaria in endemic areas (Ministry of Health of Indonesia, 2008). LBW according to (Proverawati and Ismawati, 2010), Low Birth Weight Baby is a baby with a birth weight of less than 2500 grams regardless of age. Likewise, according to (FMOH, WHO, 2012) LBW is one of the biggest contributors to the under-five mortality rate. The Neonatal Mortality Rate (AKN) in Indonesia was 19/1000 live births (KH) in 2012 and AKN 15/1000 KH in 2017, the Infant Mortality Rate (IMR) was 32/1000 live births (KH) in 2012 and IMR 24 KH in 2017, as well as the Infant Mortality Rate (AKABa) and 40/1000 live births (KH) in 2012 and AKABa 24/1000 in 2017. This means that in 2017 that for every 1000 neonatal births there were 15 cases of death that occurred , for every 1000 births there are 24 deaths, and for every 1000 births of toddlers there are 32 deaths.

Since 1990, Indonesia has shown significant progress in reducing the under-five mortality rate (AKABa), however this downward trend has slowed down in recent years, namely 40 deaths per 1000 live births (KH) and the under-five mortality rate was 32 per 1000 KH in 2017. The 2012 SDKI and 2017 SDKI recorded provinces in Indonesia that had AKABa under-five mortality rates higher than the national average, including Riau Islands 42 per 1000 live births in 2012 and 18 per 1000 live births in 2017, then 115 per 1000 live births in Papua Province in 2012 and 109 per 1000 live births in 2017.

Then in the Infant Mortality Rate (IMR), it is known that the national Infant Mortality Rate (IMR) (2012 SDKI) was 32 per 1000 KH and (2017 SDKI) 24 per 1000 KH, while for Papua Province it was 54 per 1000 KH in 2012 and 32 per 1000 KH in 2017.

The 2023 Indonesian Health Survey (SKI) aims to provide an overview of the current health situation of mothers and children, especially neonates, to support efforts to reduce MMR, AKN, IMR, AKBa with more appropriate and effective strategies. The Ministry of Health's

policy for pregnant women is to receive a minimum of 6 antenatal services. There is a gap in the continuity of use of maternal health services during pregnancy (continuum of care), this is known in the national proportion of pure K1 visits of 87.1%, K4 of 84%, and K6 of 17.6%. In terms of the proportion of women aged 10-54 years taking classes for pregnant women, Papua Province is of serious concern because as many as 88.5% did not take part and as many as 1.0% did. Judging from the reasons for not participating, 43.2% were not interested, 29.4% did not know the information, and 15.9% had other reasons. During the postpartum period, mothers are vulnerable to complications, so postpartum visits are expected to be carried out 4 times (complete KF). Like antenatal visits, postpartum visits have gaps in the continuity of utilization, this is known from the national proportion of KF 1 as much as 83.9%, KF 2 as much as 71.9%, KF 3 as much as 44.3%, KF 4 as much as 32.8% , and complete KF was 26.8%. In the proportion of postpartum services for women aged 10-54 years, Papua Province also experiences a gap with KF 1 as much as 75.0%, K2 as much as 43.0%, KF3 as much as 28.1%, KF4 as much as 24.8%, and KF complete as much as 18.0%. The higher the number of mothers giving birth, the more it triggers the possibility of an increase in the infant mortality rate, therefore, to maintain pregnancy spacing, mothers are expected to utilize family planning (KB) services, but it is seen from the proportion of types of modern contraceptive devices/methods used after giving birth to children. Lastly, for women aged 10-54 that as many as 51.5% do not use family planning in Papua Province. Judging from the reasons for not using contraception, as many as 45.3% were not permitted by their husband/family (SKI, 2023).

In the 2023 Indonesian Health Survey (SKI), the Ministry of Health's policy for neonatal services is that the neonatal period refers to the first 28 days after birth. During this period, neonates are expected to receive 3 Neonatal Visits. Neonatal visits decrease with age. This is known from the national proportion of neonatal visits 1 (KN1) of 87.6%, KN2 of 67.9% and KN3 of 45%. Likewise, Papua Province also experienced a decrease in neonatal visits 1 (KN1) by 71.8%, KN2 by 47.2%, and KN3 by 39.9%. Neonatal visits decrease with the age of the neonate, reflecting problems in the continuum of care. LBW (Low Birth Weight Babies) is a serious problem in the neonatal period that must be treated appropriately. Proper treatment of LBW can reduce infant mortality. The proportion of LBW babies in SKI 2023 is 6.1%, but there are 23.6% LBW babies who do not receive special care (SKI, 2023). Proper treatment of LBW can reduce infant mortality. Therefore, IMCI has become a standard for integrated service and management of sick toddlers in basic level health facilities.

(Puspitarini and Hendrati, 2013). This shows large differences nationally and the existence of big challenges to address the issue of justice (equity issue), Indonesia, 2014. In the book *Implementing Community-Based Integrated Management of Sick Toddlers*.

Table 1. Global Development of MTBS Implementation in Indonesia

No	Year	Under-five Mortality Rate (AKABA)	Infant Mortality Rate (IMR)	Source
1.	2003	10.6 million 46/1000	35/1000	IDHS in research(Nurhayati, Dasuki and Wibowo, 2010)
2.	2007	44/1000	34/1000	IDHS Report,(Ministry of Health, 2011)
3.	2009	7.5 million 49.3/1,000	27/1000	In research(Gera et al., 2016)
4.	2012	40/1000	32/1000	SDKI Report, (2014)
5	2017	32/1000	24/1000	SDKI Report, (2017)

Source: Prepared by the author, (2024)

The World Health Organization (WHO) has formulated efforts to improve the quality of basic level health services, especially for toddlers. WHO and the United Nations Children's Fund (UNICEF) developed a comprehensive package of classification and therapy guidelines, combining these separate interventions into a single package, namely the IMCI package. The reason for prioritizing the management of toddlers is that at this age the morbidity and mortality rates are very high, while the causes are mainly caused by five main types of diseases, which are actually very likely to be cured with good management. IMCI is not a health program, but an integrated standard of service and management of sick toddlers in basic level health facilities. WHO introduced the concept of the IMCI approach, which is a health service strategy aimed at reducing mortality and morbidity rates for infants and toddlers in developing countries.

Papua's socio-demographic conditions are very full of limitations, both in terms of facilities and human resources. It would be very unprofitable if the treatment of sick toddlers were still carried out separately/not integrated according to the fixed MTBS protocol, so that the IMCI results when assessing the success/evaluation of IMCI were less than optimal. It can be described that the results will result in misdiagnosis and even malpractice. If this bad incident actually occurs, and the patient's family complains about the incident, then the officers who handle the patient who are involved in the IMCI service flow become suspects of malpractice. Starting from the examination stage, this means that what is visible is the

nurse/midwife who handles the records, then the doctor who handles it, then the pharmaceutical officer involved, and finally the head of the Community Health Center who is responsible for IMCI. The MTBS service officers who are responsible for MTBS services are consequently very protective of the assessment because they feel they have done their maximum, so that this first factor is what the researcher got at the beginning of the research observation and has already obtained important notes for the researcher (opening the closed/protectiveness of the service officers) for improvement. stages of MTBS services and a culture of adhering to MTBS procedures, so that patients are served according to the regular MTBS protocol flow. Second note for the author, there is a view of some Papuan people who have a perception that health services are not appropriate, namely, in health services "if you don't get an injection, it means you haven't been treated", this is very contrary to an evidence-based service system because can damage the flow of the service process. In this case, it is socio-cultural or just incidental, but this is very unfavorable for basic health services. In the book (Byron J. Good, no date) "Customs and Beliefs" they are elements in a complex cultural system that public health experts should better understand before advocating new habits and ideas. The author strongly agrees with this idea, so a special research approach is needed in changing people's habits towards good and correct treatment behavior.

IMCI in Jayapura Regency started in 2002. Jayapura Regency is one of the districts in Papua Province chosen by UNICEF to implement IMCI. Jayapura Regency has a land area of 17,516.60 km² which is divided into 19 districts, 144 villages and 5 sub-districts, based on their geographical characteristics. The administrative area of Jayapura Regency is grouped into 4 (four) Development Areas (Griapon and Ma'rif, 2016). Development Area I is a rural geographical area around Lake Sentani. It is a rural area that surrounds lakes and villages on small islands in the middle of the waters of Lake Sentani. In Development Area I there are 5 (five) Community Health Centers, Sentani Community Health Center in Sentani District, Harapan Health Center in East Sentani District, Dosay Community Health Center in Sentani District West, Waibu Health Center in Waibu District, Kanda Health Center in Waibu District. Development Area II is a geographical area of rural coastal areas of the North Sea. Jayapura Regency. It is a rural area along the north coast facing the Pacific Ocean. This area is isolated by the Cycloop Mountains and sloping hills, stretching between Muaif village in the west to Ormu village in the east. Development Area II has 4 (four) Community Health Centers, namely Depapre Community Health Center in Depapre District, Demta Community Health Center in Demta District, Yokari Community Health Center in Yokari District, Ravenirara Community Health Center in Ravenirara District. Development Region III is a rural

geographical area of the hills and valleys of Grime-Sekori-Muaif. It is a rural area with wide, fertile plains. In Development Area III there are 6 (six) Community Health Centers, namely Ebungfau Community Health Center in Ebungfau District, Kemtuk Community Health Center in Kemtuk District, Sawoy Community Health Center in Kemtuk Gresi District, Genyem Community Health Center in Nimboran District, Nimbokrang Community Health Center in Nimbokrang District, Namblong Community Health Center in Namblong District, Development Region IV is a geographical area of hilly villages and upstream plains of the Nawa and Wirwai rivers which is the southernmost region of Jayapura Regency, has wide and fertile plains. In Development Region IV there are 4 (four) health centers, namely Yapsi Health Center in Yapsi District, Lereh Health Center in Kaureh District, Unurum Guay Health Center in Unurum Guay District, Saduyap Health Center in South Gresi District. Part of this area is still isolated because the land road infrastructure that connects it has not yet been built. areas around the area, especially Yapsi district to Airu district. Development Area V (special zone), Airu District is an area of Jayapura Regency which is isolated from other districts. In Airu District there are 2 (two) Community Health Centers, namely Airu Health Center in Airu District, Pagai Health Center in Airu District.

Development Area I, included in the urban category, behavior and culture of modernization of society has been formed and modern health services will experience fewer obstacles compared to Development Areas II, III, IV and V. However, the adjustment of community culture to the culture of service by officers, for development area II, III, IV and V require the formation of the character of a society that is still a bit primitive/not yet modern. Service officers also need guidance who can see the cultural reality of the society they are serving. It is hoped that it will not clash with the culture of the local community, supporting the research carried out, (Isnati, 2012) professional health services can be implemented in certain regions or cultures by adopting local culture and modifying it with modern and professional health service procedures, (Isnati, 2012). By continuing to use IMCI standards such as the statement, (Ministry Health of Indonesia, 2008). Researchers elaborate IMCI standards and modern medicine by taking into account local cultural patterns before providing services to patients treated with IMCI standards in order to achieve optimal service targets for each case of toddler disease treated with IMCI.

This district has 21 health centers consisting of 6 inpatient health centers (Sentani, Genyem, Demta, Lereh, Unurumguay, Yapsi) and 15 outpatient health centers (Waibu, Depapre, Dosay, Sawoy, Harapan, Nimbokrang, Kanda, Ebungfau, Namblong, Yokari , Kemtuk, Ravenirara, Airu, Pagay, South Gresi). Each Puskesmas is located in one District/Subdistrict, only Airu District has 2 (two) Puskesmas, namely Pagai and Airu due to their very remote

geographical location and Kanda and Waibu Puskesmas due to the uneven distribution of the population.

The number of MTBS officers in 21 Jayapura District Health Centers is 492 people, consisting of 26 general practitioners, 206 nurses, 145 midwives, 26 public health workers, 33 nutrition workers, 33 laboratory experts, 19 pharmacists, 4 pharmacists. From the data from the Jayapura District Health Service Profile (2018), it shows that IMCI practices at Jayapura District Health Centers are carried out routinely only in urban health centers, namely Sentani Community Health Center, Waibu Health Center and Harapan Hope Community Health Center.

The Infant Mortality Rate (IMR) is 24 per 1,000 live births and the Infant Mortality Rate (AKBA) is 16 per 1,000 live births recorded in the Jayapura Regency health profile in 2018 (p: 18). This figure is far above the average throughout Indonesia of 40 deaths per 1000 live births (KH) and infant mortality rate (IMR) of 32 per 1000 KH in 2012, (Ministry of Health of Indonesia, 2008) and SDKI (2012). As many as 15 (fifteen) of the 33 (thirty three) provinces in Indonesia have AKABA higher than the national average, ranging from 42 per 1000 live births in the Riau Islands Province to 115 per 1000 live births in the Papua Province (2012 SDKI)(Indonesia, 2014). In Jayapura Regency, according to the 2018 report, 9,648 toddlers were weighed (Jayapura Health Service, 2018). There is a very large difference in the results of the 2012 SDKI research from (Indonesia, 2014) and the 2018 Jayapura Regency Health Service Profile data, the author wants to analyze the truth of the data presented, especially the Jayapura Regency IMCI data.

There are 3 (three) components in implementing the IMCI strategy, namely: Component I: improving the skills of health workers in managing cases of sick toddlers (doctors, nurses, midwives, health workers) Component II: improving the health system so that disease management in toddlers is more effective Component III: Improving family and community practices in home care and efforts to seek help in cases of sick toddlers (increasing family and community empowerment, known as "community-based Integrated Management of Sick Toddlers"), (Ministry of Health of Indonesia, 2008).

Efforts made to improve the health service system enable health workers to properly apply IMCI skills in basic service facilities. This effort is to develop and implement new strategies to prevent and treat diseases with IMCI, (Ministry of Health, 2011). This strategy includes: 1) Improving the skills of health workers in managing cases of sick toddlers (doctors, nurses, midwives, health workers). 2) Improving the health system so that the treatment of diseases in children under five is more effective. 3) Improving family and community practices in

home care and help seeking efforts for cases of children under five.

Based on data on high mortality and morbidity among children under five, it is important to evaluate health services, especially IMCI services. This is the reason why researchers conducted research on the quality of services for toddlers by health workers using the Integrated Management of Sick Toddlers (MTBS) approach in Jayapura Regency, Papua Province.

IMPLEMENTATION OF IMCI in Development Area I Category Urban Area, one of which is the Sentani City Community Health Center, which is located in Hinekombe Village, Kampung Kemiri, the number of MTBS patient visits is 30 – 40 patients under five, who are served with the fixed MTBS protocol of 10 patients. There are 70 MTBS service staff, approximately 150-200 visitors visit patients other than MTBS every day. MTBS service officers also serve other general patients, apart from MTBS patients. The results of the author's research at the Sentani Community Health Center show that MTBS is already running, but due to the large number of patient visits, the staff ignores the fixed MTBS protocol, the infant mortality rate is 0 (zero) because most of the baby patients who cannot be treated at the Sentani Community Health Center are referred to the Yowari Regional General Hospital. or other hospitals, based on officer information and baby referral data. Service officers have been touched by MTBS training.

In Development Area I, which is part of the urban geographical transition of the Kanda Community Health Center, the infant mortality rate is quite high, 9 babies for one year out of the target number of babies in the Kanda Community Health Center, namely 895 babies, while there are 28 service staff. Geographically, access to referral facilities is not too far between Community Health Centers and Urban Hospitals. What's worse is that there is no MTBS clinic, so MTBS patients are treated according to the standard protocol for adult patients. Service officers carry out their duties just to carry out their duties, with a social spirit of serving with minimum service facilities, a special MTBS room which is not yet standard.

Likewise, the Demta Health Center is located in the Development Area III, coastal area. The infant mortality rate was 12 babies died in one year in 2018, while the target number of live babies was 506 babies. IMCI is not running and there are no IMCI clinics available. The number of MTBS officers is 21 people. MTBS patients are served the same as adult patients, the culture of serving with MTBS standards has not been imbued in the service staff, even though an MTBS clinic has not been prepared either. Geographically, access to referrals is very far and the terrain is difficult.

Kemtuk Community Health Center with an infant mortality rate of 13 patients in 2018, the Kemtuk Community Health Center's target number of babies was only 335 babies, 26 MTBS officers, IMCI service clinics were not operational. Access for referrals from the health center to the hospital is quite far, as a result, assistance for IMCI patients in serious conditions is difficult to handle, this is a large contributor to the infant mortality rate.

Of the three health centers, the largest contributor to the infant mortality rate, the first is the Kemtuk Health Center with 13 babies, the second is the Demta Health Center with 12 babies, the Kanda Health Center with 9 babies. All three MTBS are not yet running at all and have not become a culture among Puskesmas staff, for various reasons, starting from being complicated, taking a long time, no financial support, and being difficult. All patients are treated the same as other general patient services, while babies must receive standard IMCI services.

The further inland you go, the higher the infant mortality rate. From this case, researchers are interested in knowing the process of IMCI health services at community health centers in development areas I, II and III in Jayapura Regency.

2. Method

There are two research methods used by researchers in the scope of social sciences, namely quantitative methods and qualitative methods. Quantitative research according to Robert Donmoyer in Prajitno, (2015), is approaches to empirical studies to collect, analyze and display data in the form of figures from the narrative.

Meanwhile, in Qualitative Research and Research Design according to, Creswell (2013) presents five approaches to qualitative research which are described comparatively to provide a theoretical and applicable basis for anyone who wants to conduct qualitative research with one of the five approaches. The five approaches are narrative, phenomenology, grounded theory, ethnography, and case study approaches. Below we will briefly explain the five approaches in terms of definitions, types, procedures and data analysis in qualitative research reports. Next, these five approaches will be applied to research the phenomenon of officers in 3 community health centers in the Jayapura Regency area.

Definitions of qualitative research can be found in much literature. Qualitative methods place greater emphasis on observing phenomena and examining the substance of the meaning of these phenomena. The analysis and sharpness of qualitative research is greatly influenced by

the strength of the words and sentences used.

3. Result and Discussion

Based on the results of this research, at the Sentani Community Health Center which is located in development area I, where geographical characteristics are that it is located in an urban area and the mingling of communities from various ethnicities has occurred, it was found that health services for toddlers have been implemented in a complete process, this is proven by the service using the IMCI method. (Integrated management of sick toddlers), namely the sequence of services starting from registration, initial assessment, laboratory examination, medication compounding to referral, which is in accordance with the standards set based on the SOP (standard operating procedures) at the Community Health Center.

For toddler health services, the results of the observation are carried out in a structured manner, starting with checking for general danger signs, namely by asking if the child appears lethargic or unconscious, the child vomits everything or the child has a seizure or steps, has been carried out properly. The next examination process is a cough and shortness of breath examination, followed by a fever examination for dengue hemorrhagic fever, malaria and measles. Based on the results of the observations, the officer then checks for diarrhea, whether it is acute, chronic or persistent.

The next observation is that the officer checks nutritional status and anemia, followed by an examination for ear problems, namely acute or chronic ear infections. then an immunization examination is carried out by asking the mother about the immunization status and checking the child's vaccination card or book, then continuing with an examination for other health problems, whether there are skin disorders or not. The researcher's observations continued by observing officers carrying out counseling on whether to feed children with breast milk or not and officers teaching how to breastfeed a baby or child and how to assess whether the mother understands whether the child is drinking breast milk correctly. Counseling on how to feed children who are no longer drinking Breastfeeding is also carried out and how to choose a menu that is appropriate to the child's age.

After that, observation is continued with laboratory examinations and for patients who do not have general danger signs and are in an urgent situation, they must be referred immediately, then a classification or diagnosis is carried out and when this stage has been completed, the patient is allowed to be taken home by checking the mother's understanding

regarding this, which must be carried out by the mother or family. patient at home and what to pay attention to if you find signs that indicate the patient must return to the health center immediately. Based on the research results of several researchers, Novita (2014), Lisna Pradnyandari (2018), Sri Rustika et al (2023), and Imawanti et al (2023), the research results show that knowledge has an effect on health services carried out using IMCI standards.

Slightly different from the results of research at the Depapre Community Health Center which is included in Development Area II, the health service process for toddlers has been implemented well, but not as completely as the process at the Sentani Community Health Center. This is proven by the service using the MTBS (Integrated Management of Sick Toddlers) method, namely the sequence of services starting from registration, initial assessment, laboratory examination, drug compounding to referral, it is in accordance with the standards set based on the SOP (standard operating procedures) at the Community Health Center, this is because not all officers and the community have carried out the complete step-by-step process but only only part of it.

Research conducted by Lisna Pradnyandari (2018) aimed to determine the level of knowledge of Puskesmas officers in implementing the Integrated Management Program for Sick Toddlers (MTBS) at Denpasar City Puskesmas. Research shows that the majority of respondents have a good level of knowledge regarding the IMCI program, namely 89.5%. This is indirectly influenced because most respondents have experience in following IMCI training previously and have sufficient work experience length of time at the Community Health Center, namely ≥ 5 years. This is in accordance with Nugroho's (2000) statement in Jiryantini (2016) which states that good knowledge can be influenced by many factors, such as experience, advice and information obtained through media, a mass or from the surrounding environment.

Research conducted by Rustika et al (2023) aims to determine factors related to MTBS services for mothers of toddlers at the Jaboi health center, Sabang City. Researchers show that knowledge has a relationship with MTBS Services at Jaboi Health Center, Sabang City. The results of respondents with poor knowledge were 40 respondents (59.7%), according to the researcher's assumptions and confirmed by direct interviews with mothers of toddlers that so far mothers of toddlers have had no information from Jaboi Community Health Center officers about the benefits of MTBS, so that mothers of toddlers in the Puskesmas area Jaboi doesn't know about MTBS examinations, all this time the toddler's mother said that the officers did not give an advice card to the mother after providing services to her toddler. In

fact, the toddler's mother didn't know at all about the benefits of the advice card because the toddler's mother never received information about MTBS socialization from the Jaboi Community Health Center.

Research conducted by Imawanti et al (2023) aims to determine the relationship between health workers' knowledge and the implementation of IMCI at the Sendana I Community Health Center, Majene Regency. Researchers show that well-informed health workers do not necessarily implement IMCI according to standards. This can happen because of many influencing factors, among others, the training they receive is on-the-job training where those who carry it out are officers who have received training from the District Health Service where the material provided is limited to theory without any training and the implementation is only 1 just one day. Another factor is the lack of motivation of officers in implementing IMCI due to the lack of support from the Head of the Community Health Center in the form of moral support, material in the form of services, as well as equal management of personnel/officers, as well as support from the Health Service which is also not optimal, for example supervision of the Community Health Center, Pustu, and Poskesdes so that obstacles regarding IMCI can be found.

Based on the research results of several researchers, Rusmilawati et al (2016), Tisnawati et al (2018), and Yuli Mulyana et al (2021), the research results show that training has an effect on health services carried out using IMCI standards.

Research conducted by Rusmilawati et al (2016) aimed to analyze the effect of training on knowledge, attitudes and treatment of non-specific diarrhea according to IMCI in toddlers at the Balangan District Health Center. The research results showed that there was a relationship between training and knowledge ($p=0.000$), training with attitudes ($p=0.011$) and training with the irrationality of treating diarrhea ($p=0.001$).

Research conducted by Tisnawati et al (2018) aimed to determine the effect of using IMCI chart books on increasing the knowledge of officers at the Belimbing Community Health Center, Padang City. The results of this study show that after being given training the average knowledge increased from 14.67 to 22.33. This is supported by Sudarmayanti's research in Husni & et al (2012), namely, one of the successes of a program is the availability of sufficient human resources, both in terms of quantity and quality. Human resources who are less skilled, less capable or less capable are one of the reasons why work cannot be completed optimally quickly and precisely. Human resources here can be seen from age, type of education, length of work, workload and training.

Research conducted by Yuli Mulyana et al (2021) aims to determine the influence of health facilities, training, supervision and work experience on the performance of midwives in implementing IMCI at the Banggai district health center. The results of the parameter coefficient test between training and supervision on the performance of midwives in implementing IMCI in the work area of the Banggai district health center in 2020 showed a direct effect of 46.25%. The test results on the parameter coefficient between training and supervision on the performance of midwives in IMCI implementation show that there is a positive influence of 0.624. Based on the results of this research, it can be concluded that of the four variables studied, the variable that most dominantly influences the performance of midwives in implementing IMCI is training.

Research conducted by Tisnawati et al (2021) aims to determine the effect of using the MTBS-M Modification Module on the skills of cadres at the Naggalo health center. Researchers show that the skills of cadres in the Nanggalo health center working area are still limited in carrying out early detection of pneumonia in sick toddlers regarding coughing and difficulty breathing. In terms of early detection of pneumonia, it is very necessary so that people can quickly get help and avoid death. With this book and training, the knowledge and skills of cadres in carrying out communication and early detection to be effective in managing pneumonia in sick toddlers can increase. The guidebook for community-based management of sick toddlers can be used as a guide for cadres in carrying out assessments. The results of the skills analysis show that the average value after the intervention group was 19.35 and the control group was 16.27. The results of statistical tests using the independent t test have a value of $p = 0.000$ ($p < 0.05$), which means that there is a significant difference between the skills after the intervention group and the control group.

Observations are very different from the results of research at the Sentani Community Health Center in Development Area I and Depapre which is included in Development Area II, the health service process for toddlers has been implemented less well, the results are not as good as Sentani and Depapre. This is proven by the service using the MTBS (Management) method. integrated sick toddlers) namely the sequence of services starting from registration, initial assessment, laboratory examination, drug compounding to referrals in accordance with the standards set based on the SOP (standard operating procedures) in the Puskesmas, this is because not all officers and the community have not There are toddler health services that use IMCI according to standards, so the results are very far from the standards set by the government. Toddler health services are only served with the knowledge and competencies learned and possessed during previous education.

Research conducted by Fadli Syahputra (2023) aims to analyze the factors of work period, workload and employment status with the performance of midwives in implementing the IMCI program at the Indrajaya and Delima health centers. Years of work describe a person's experience in mastering their field of work. The longer you work, your practical abilities and knowledge will increase. Practical knowledge is obtained through direct observation and experience (Ivancevich et al., 2007). Researchers explain that the longer they work, the better their performance will be. Work experience is related to a person's work experience. As research results found, as many as 20% of respondents had long service periods but lacked performance, this can be influenced by other variables such as workload.

4. Conclusion

Based on the results of this research at the Sentani Community Health Center, the health service process for toddlers has been implemented well, this is proven by the service using the MTBS (Integrated Management of Sick Toddlers) method, namely the sequence of services starting from registration, initial assessment, laboratory examination, drug compounding to referral. It is in accordance with the standards set based on the SOP (standard operating procedure) at the Puskesmas, and the process is carried out in its entirety.

Slightly different from the results of research at the Depapre Community Health Center which is included in Development Area II, the health service process for toddlers has been implemented well, but not as good as the process at the Sentani Community Health Center. This is proven by the service using the MTBS (Integrated Management of Sick Toddlers) method, namely the sequence of services starting from registration, initial assessment, laboratory examination, drug compounding to referrals, it is in accordance with the standards set based on the SOP (standard operating procedure) at the Community Health Center, this is because not all officers and the community carry out the MTBS service process in its entirety but only in part. Of course, sometimes the process follows the procedures, sometimes not.

Observations: Very different from the research results at the Sentani Community Health Center in development areas I and II, the Kemtuk Community Health Center which is included in the III development area, the health service process for toddlers has been implemented poorly, with the results not being as good as Sentani and Depapre. This is

proven by the service process not being used. IMCI method (Integrated Management of Sick Toddlers), namely the sequence of services starting from registration, initial assessment, laboratory examination, drug compounding to referrals, is in accordance with the standards set based on the SOP (standard operating procedures) in the Community Health Center, this is because not all officers and the community or whether there are no officers who carry out the service process for sick toddlers with the SOP, namely using MTBS procedures. so the results are very far from standard.

Based on the results of this research at the Sentani Community Health Center, the quality of health services for children under five has been implemented well, this is proven by the service using the MTBS method (integrated management of sick children), namely the sequence of services starting from registration, initial assessment, laboratory examination, drug compounding to referral. it is in accordance with the standards set based on the SOP (standard operational procedures) at the Puskesmas, and the process is carried out in its entirety and the assessment is carried out exactly according to the SOP.

Slightly different from the results of research at the Depapre Community Health Center which is included in Development Area II, the quality of health services for toddlers has been implemented well, but not as good as the process at the Sentani Community Health Center. This is proven by the service using the MTBS method (Integrated Management of Sick Toddlers), namely the sequence of services starting from registration, initial assessment, laboratory examination, drug compounding to referrals, it is in accordance with the standards set based on the SOP (standard operating procedure) at the Community Health Center, this is because not all officers and the community carry out the MTBS service process in its entirety but only in part. Of course, the same goes for the assessment, some of which are appropriate, some of which are not in accordance with the standards, or the assessment at each step is still wrong or inappropriate.

Observations: In sharp contrast to the results of research at the Sentani Community Health Center in development areas I and II, the Kemtuk Health Center which is included in the III development area, the health service process for toddlers has been carried out with poor quality, with the results not being as good as Sentani and Depapre. This is proven by the service process. not yet using the IMCI method (Integrated Management of Sick Toddlers), namely the sequence of services starting from registration, initial assessment, laboratory examination, drug compounding to referral, is in accordance with the standards set based on the SOP (standard operational procedures) in the Community Health Center, this is because

not all officers and the community or there are no officers who carry out the process of providing services for sick toddlers with the SOP, namely using MTBS procedures. so the results are still very far from standard quality.

From the scientific studies that the author has researched, the level of knowledge of health workers does not fully influence the process of health services for children under five because research by Imawanti et al (2023) shows that health workers who have good knowledge do not necessarily implement IMCI according to standards. This can happen because of many influencing factors, among others, the training they receive is on-the-job training where those who carry it out are officers who have received training from the District Health Service where the material provided is limited to theory without any training and the implementation is only 1 just one day. Another factor is the lack of motivation of officers in implementing IMCI due to the lack of support from the Head of the Community Health Center in the form of moral support, material in the form of services, as well as equal management of personnel/officers, as well as support from the Health Service which is also not optimal, for example supervision of the Community Health Center, Pustu, and Poskesdes so that obstacles regarding IMCI can be found. The impact of good knowledge without implementing MTBS according to standards can spread in the case of research conducted by Rustika et al (2023) where the researcher's assumption and reinforced by direct interviews with mothers of toddlers was that so far mothers of toddlers have had no information from Jaboi Community Health Center officers about the benefits of IMCI. , so that mothers of toddlers in the Jaboi Community Health Center area do not know about MTBS examinations, so far mothers of toddlers have said that officers do not give advice cards to mothers after providing services to their toddlers, even mothers of toddlers do not know at all the benefits of the advice cards because mothers of toddlers never get them. regarding IMCI socialization from the Jaboi Community Health Center.

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