

Evaluation of the Sanitation Clinic Program on Environment-Based Diseases Between Tanjung Pinang Health Center and Paal V Health Center in Jambi City

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SUBMITTED: 10 October 2025; REVISED: 8 January 2025; ACCEPTED: 10 January 2025

ABSTRACT: Public Health Centers with a high incidence of environment-based diseases showed that the percentage of sanitation clinic program implementation was lower compared to those with a low incidence of environment-based diseases. This study aimed to evaluate the outcomes of sanitation clinic activities at the Tanjung Pinang Public Health Center and the Paal V Public Health Center in Jambi City in 2024. This study employed a qualitative method conducted from May to June 2024. Data were obtained from 11 informants selected through purposive sampling techniques. Data collection was carried out through in-depth interviews, observations, and document analysis. The sanitation personnel at both Public Health Centers had not received sanitation clinic training. There was no budget allocated for sanitation clinic activities at either health center. The facilities at Paal V were less complete than those at Tanjung Pinang. The method used at Tanjung Pinang followed the Indonesian Ministry of Health Regulation No. 13 of 2015, while Paal V referred to the Ministry of Health guidelines from 2001. Both health centers had planning activities. Tanjung Pinang implemented counseling, environmental inspections, and environmental interventions, while Paal V only provided counseling. The output for counseling, environmental inspections, and environmental interventions was higher at Tanjung Pinang compared to Paal V. Tanjung Pinang is expected to remain consistent in implementing the sanitation clinic program. Paal V is encouraged to improve its counseling, environmental inspections, and environmental interventions.

KEYWORDS : Sanitation clinics; diseases; health center

1. Introduction

The Indonesian Ministry of Health Regulation No. 13 of 2015 established sanitation clinic services for the provision of environmental health services at public health centers. Sanitation clinic activities involved staff and the community in integrating promotive, preventive, and curative health services to address environmentally-based diseases in high-risk populations

within and outside Public Health Centers [1]. These activities focused on residents at high risk (high-risk groups). The implementation of sanitation clinics consisted of several activities, including environmental inspections, counseling, and environmental health interventions, which had to be supported by adequate resources, infrastructure, and funding [2]. Sanitation clinic services were also part of the strategy for delivering environmental health services and were considered one of the indicators in the Public Health Centers accreditation assessment [1]. The success of sanitation clinic activities could be assessed through several indicators, including the percentage of patients who underwent counseling, the percentage of environmental inspections conducted, and the percentage of environmental interventions implemented. The success of these activities contributed to a reduction in the incidence of environmentally related diseases, such as diarrhea, malaria, Dengue Hemorrhagic Fever (DHF), pulmonary tuberculosis (TB), acute respiratory infections (ARI), and food and chemical poisoning [3].

Based on sanitation clinic achievement data released by the Jambi City Health Office and an initial interview with the Head of the Environmental Health, Occupational Health, and Sports Section, it was found that the sanitation clinic program at Public Health Centers had been running from 2005 to 2024. According to the 2023 sanitation clinic activity report in Jambi City, out of the 20 Public Health Centers, Tanjung Pinang Public Health Center was one of only two that reported their sanitation clinic achievements to the Jambi City Health Office. In 2023, Tanjung Pinang Public Health Center was among those with low rates of environmentally-related diseases. Meanwhile, according to the Jambi City Health Office's 2023 report on environmentally-related diseases, Paal V Public Health Center had the highest number of such diseases [4]. In 2022, Tanjung Pinang Public Health Center achieved a counseling rate of 24.2%, an environmental inspection rate of 57.6%, and 100% implementation of environmental interventions. Meanwhile, in 2023, Tanjung Pinang Public Health Center recorded a counseling rate of 70%, an environmental inspection rate of 2.3%, and again, 100% implementation of environmental interventions. According to a follow-up survey conducted at Paal V Public Health Center, its sanitation clinic coverage was lower than that of Tanjung Pinang. In 2022, Paal V Public Health Center achieved only 20% in counseling, with 0% for both environmental inspections and intervention implementation. In 2023, it achieved 5.7% in counseling, while both environmental inspections and intervention implementation remained at 0% [5].

In 2023, the total number of diarrhea cases at Tanjung Pinang Public Health Center was 90, making it the third-ranked center with the lowest number of cases. Meanwhile, Paal V Public Health Center ranked second for the highest number of diarrhea cases, with 495 cases. In the same year, Tanjung Pinang Public Health Center reported 26 pulmonary tuberculosis (TB) cases, while Paal V Public Health Center had 40 cases. Tanjung Pinang Public Health Center ranked first for the lowest number of Dengue Hemorrhagic Fever (DHF) cases in Jambi City in 2023, with 0 cases, while Paal V Public Health Center ranked second-highest, with a total of 15 cases [4]. Based on data obtained from surveys and initial interviews, it was evident that Paal V Public Health Center had an increased percentage of environmentally-based diseases compared to Tanjung Pinang. Therefore, the sanitation clinic program played a crucial role in the strategy to reduce environmentally-based diseases. This was not only related to public health but also to the overall improvement of quality of life. Implementing the sanitation clinic program was an integral part of the system and could not be separated

from the activities and policies of Public Health Centers. Thus, the synergy among these various elements strengthened the effectiveness of efforts to address environmental health issues [6].

2. Materials and Methods

The research method applied in this study was qualitative research with a comparative approach, aimed at comparing the implementation of sanitation clinics between Tanjung Pinang Public Health Center and Paal V Public Health Center. This research was conducted using data collection techniques such as in-depth interviews, participatory observation, and document review to evaluate the sanitation clinic program concerning environmentally-based diseases at Paal V and Tanjung Pinang Public Health Centers in Jambi City.

The study was carried out from May to June 2024. The research locations were Paal V and Tanjung Pinang Public Health Centers in Jambi City. The informant selection technique used in this study was purposive sampling, which involved selecting informants based on specific criteria, focusing on the sufficiency and relevance of the information. The informants selected for this study were divided into three categories: key informants, primary informants, and supporting informants.

Key informants provided invaluable insights and often had significant influence in guiding the research. In this study, the key informants were the Heads of Tanjung Pinang and Paal V Public Health Centers. The primary informants were individuals directly involved in the topic being researched. In this study, the primary informants were sanitation clinic officers from Tanjung Pinang and Paal V Public Health Centers. Lastly, the supporting informants provided additional perspectives or complementary data. In this study, the supporting informants were patients or clients who had received consultations at the Paal V Public Health Center's sanitation clinic.

3. Results and Discussion

3.1. Human resources.

The number of healthcare personnel at Tanjung Pinang Public Health Center is currently sufficient. However, the staff have not received any training related to sanitation clinics; therefore, no training certificates were found. Despite this, the sanitation clinic staff are considered competent. At Paal V Public Health Center, there are three sanitation clinic personnel, which complies with the regulations set by Minister of Health Regulation No. 43 of 2019 concerning Community Health Centers, requiring one sanitation officer per clinic [7–9]. However, similar to Tanjung Pinang, the sanitation clinic staff at Paal V have not received any training related to sanitation clinics, and thus, no training certificates were found.

At the Public Health Center in the Tegal area, environmental health officers have followed Minister of Health Regulation No. 13 of 2015, possessing a minimum education level of a diploma and a permit in accordance with applicable regulations. However, their knowledge, skills, and overall work performance remain insufficient, as they have never attended training related to sanitation clinics [10]. A similar situation was also observed at a Public Health Center in Indragiri Hilir Regency, where sanitation clinic staff had not received in-depth training or understanding of the sanitation clinic program. Additionally, many

environmental health officers in that region were fresh graduates with limited experience [11].

The research findings indicate that the number of sanitation clinic staff at Tanjung Pinang Public Health Center is adequate, with two sanitation clinic officers holding an Associate Degree (D-3) in Environmental Health. This standard aligns with Minister of Health Regulation No. 13 of 2015 concerning the Implementation of Environmental Health Services at Public Health Centers, which requires at least one environmental health worker with a minimum education level of a Diploma Three [1]. Similarly, research at Paal V Public Health Center showed that, in terms of quantity, the number of sanitation staff met existing guidelines, consisting of three sanitation clinic officers with D-3 Environmental Health backgrounds.

However, neither the sanitation staff at Tanjung Pinang nor those at Paal V Public Health Center have received specialized training on sanitation clinics. This is primarily due to the City Health Office not organizing training activities related to sanitation clinics. The improvement of effective and efficient health service quality depends significantly on the role of human resources. Training related to the sanitation clinic program is essential to ensure that staff can work professionally and achieve optimal results. Additionally, disseminating information about sanitation clinics to the community can help raise awareness and improve public understanding of the clinic's role in preventing and addressing environment-related diseases [12].

Given the challenges at Tanjung Pinang and Paal V Public Health Centers in Jambi City, special attention is required from the Jambi City Health Office to organize sanitation clinic training. This would ensure that all sanitation officers in Jambi City's Public Health Centers have uniform knowledge about sanitation clinics. The discrepancy in sanitation clinic guidelines between Tanjung Pinang and Paal V Public Health Centers indicates a gap in training and policy dissemination. Paal V Public Health Center still relies on outdated guidelines, partly due to the lack of training and limited socialization of sanitation clinic policies from both the Public Health Centers and the Health Office.

Training is a crucial effort to enhance the competence of sanitation personnel in implementing sanitation clinics at Public Health Centers. With proper training, it is expected that staff will improve their knowledge, abilities, and skills, ensuring that the sanitation clinic program is implemented in accordance with the regulations and standards set by the Ministry of Health of the Republic of Indonesia. Training plays a significant role in strengthening the capacity of sanitation personnel, who serve as the primary implementers of sanitation clinic activities [13].

3.2. Funding.

There were no special funds provided by the Jambi City Health Office for the implementation of sanitation clinics at either Tanjung Pinang Public Health Center or Paal V Public Health Center. Tanjung Pinang Public Health Center indicated that regional public service agency health center funds were available and could be used for sanitation clinic activities requiring funding. Additionally, the implementation of inspection and intervention activities for the sanitation clinic also drew funds from the environmental health program, which aligned with these inspection and intervention activities. Meanwhile, Paal V Public Health Center did not have a budget allocated for the implementation of the sanitation clinic program. As a result,

environmental inspection and intervention activities at the Paal V sanitation clinic were not carried out as intended.

In the Tegal area, the Public Health Center had environmental health officers who followed Minister of Health Regulation No. 13 of 2015, with a minimum education of a Diploma and a permit in accordance with applicable regulations. However, the officers' knowledge, skills, and work performance were still lacking because they had never attended training related to sanitation clinics [10]. Similarly, sanitation clinic activities at Pajangan Public Health Center in Bantul Regency were not well implemented due to insufficient funding. Some activities that lacked funding included environmental inspections and environmental interventions [8].

The research findings indicated that there was no specific budget allocated for the implementation of sanitation clinic activities. At Tanjung Pinang Public Health Center in Jambi City, there was a regional public service agency health center fund that could be used to support sanitation clinic activities. Additionally, according to reports from informants at Tanjung Pinang Public Health Center, the funds for inspections and interventions that aligned with environmental health activities could be sourced from the environmental health program itself. A similar issue also occurred at Paal V Public Health Center, where no budget was allocated for sanitation clinic activities. The Public Health Center prioritized other environmental health programs that had specific targets and achievements, meaning that Health Operational Assistance (BOK) funds were only allocated to environmental health programs with set targets and achievements.

Sanitation clinic staff had previously submitted funding proposals for sanitation clinic activities, but their proposals were not accepted by the Public Health Center because funds for sanitation clinic activities were not included in the Technical Guidelines of the Public Health Center. One of the reasons for the lack of funding was that the Public Health Center prioritized other environmental health activities. Another reason was the directives and policies set by leadership, which stated that field visits for sanitation clinics requiring funding could be combined with other activities. However, this merging of field activities was highly ineffective because staff tended to focus more on activities with allocated budgets due to their associated targets. In light of these issues, it is hoped that the City Health Office and the relevant Public Health Centers will pay more attention to sanitation clinic programs. Increased attention to funding is necessary to ensure the proper implementation of sanitation clinic activities, particularly those requiring financial support, such as inspections.

3.3. Facilities and infrastructure

The availability of facilities and infrastructure at Tanjung Pinang Public Health Center was adequate, including a sanitation clinic room, a sanitarian kit, promotional media, a guideline book, and interview forms. However, there were no transportation vehicles available, as there was no procurement agenda for transportation specifically for the sanitation clinic from the Public Health Center. Nevertheless, Tanjung Pinang Public Health Center had provided official vehicles that sanitation staff could use for field activities.

In contrast, at Paal V Public Health Center, the availability of facilities and infrastructure, such as the sanitarian kit and interview forms, had been met. However, the guideline book for the sanitation clinic at Paal V Public Health Center still relied on the guidelines sourced from the Ministry of Health from 2001, whereas the latest regulation

regarding the implementation of sanitation clinics was Minister of Health Regulation No. 13 of 2015 concerning the Provision of Environmental Health Services at Public Health Centers [8]. Additionally, there was no promotional media, such as posters and leaflets regarding environmental health, in the sanitation clinic room. Paal V Public Health Center had also not provided a dedicated room or a transportation vehicle specifically for sanitation clinic activities.

Facilities and infrastructure were essential to support the ongoing sanitation clinic program. At the Ciracas Public Health Center, officers were equipped with measuring tools for duty. However, some of the devices were damaged and could no longer be used due to maintenance issues. Due to limited funds, damaged tools could not be repaired [14]. At the Kendalsari Public Health Center in Malang City, the facilities and infrastructure for the sanitation clinic program were adequate. The Kendalsari Public Health Center had a dedicated counseling room with educational tools to support the program. However, the counseling room was still used simultaneously for other programs [6]. Meanwhile, at the Denpasar City Public Health Center, it was observed that there was a counseling room, but only 54.5% of the 11 public health centers had available water quality measuring devices and facilities in the form of communication media, information, and education [15].

The implementation of sanitation clinic programs, such as counseling activities, health inspections, and health interventions, could not be separated from the availability of facilities and infrastructure to support the success of these programs. Research findings at Tanjung Pinang Public Health Center indicated that the availability of sanitation clinic facilities and infrastructure was nearly adequate, provided that the Public Health Center also offered transportation for sanitation clinic activities. Meanwhile, at Paal V Public Health Center, several facilities were still lacking, such as a counseling room for the sanitation clinic, promotional media like posters and leaflets, and vehicles for sanitation clinic activities.

The facilities and infrastructure required for a sanitation clinic at a Public Health Center, according to Minister of Health Regulation No. 13 of 2015, included a counseling room, transportation, equipment for health inspections and interventions (such as sanitation kits), and communication, information, and education media (such as leaflets, information sheets, and brochures about diseases related to environmental health) [1]. Limitations in facilities and infrastructure for sanitation clinic activities would undoubtedly affect the implementation of programs at the Public Health Centers. Inadequate facilities and infrastructure could hinder sanitation clinic programs, preventing them from running optimally and ultimately impacting the success of the programs and the achievement of environmental health goals. Therefore, the selection of media or information facilities had to be done carefully and in accordance with established methods [16]. Improving the quality of sanitation could be achieved by rehabilitating damaged sanitation facilities and increasing access to development in areas with poor sanitation [17].

The facilities and infrastructure at Tanjung Pinang Public Health Center in Jambi City met the standards, as it had adequate sanitation clinic rooms, complete sanitation kits, and available promotional media. This achievement was largely due to the strong commitment of leadership to the implementation of sanitation clinics, leading to a dedicated room being allocated for sanitation clinic use, the availability of sanitation kits to support environmental inspections, and promotional media being provided to aid in community education. However,

challenges still arose regarding the lack of facilities at the Public Health Center, particularly the absence of operational vehicles.

At Paal V Public Health Center in Jambi City, the facilities and infrastructure that were still lacking included a consultation room for the sanitation clinic program due to the limited space available in the Public Health Center. The Public Health Center had not yet proposed the addition of rooms through physical construction proposals. The Public Health Center could propose physical construction through the Health Office; however, if that was not feasible, the Public Health Center could optimize existing rooms even if they were still combined with other programs.

3.4. Policy.

The sanitation clinic policy at Tanjung Pinang Public Health Center adhered to Minister of Health Regulation Number 13 of 2015 concerning the Provision of Environmental Health Services at Public Health Centers. Meanwhile, the sanitation clinic policy at Paal V Public Health Center still relied on the older policy issued by the Ministry of Health in 2001 [9]. The implementation of the sanitation clinic method in this study was based on the policy that served as a guideline for sanitation clinic activities at community health centers (Public Health Centers), namely Minister of Health Regulation Number 13 of 2015 concerning the Implementation of Environmental Health Services at Public Health Centers [1].

Based on the research findings, the sanitation clinic policy at Tanjung Pinang Public Health Center had been adjusted to align with Minister of Health Regulation Number 13 of 2015 [1]. However, Paal V Public Health Center continued to apply a policy based on the counseling guidebook for sanitation clinic officers compiled by the Ministry of Health in 2001. This outdated guideline indicated that the policy at Paal V Public Health Center needed to be updated to align with the latest regulations and standards.

The policy for implementing sanitation clinics at community health centers was governed by Minister of Health Regulation Number 13 of 2015, which aimed to ensure the provision of environmental health services at community health centers. The details of implementing this regulation were outlined in the Implementation Guidelines and the Technical Guidelines for Sanitation Clinics. These guideline books served as references for sanitation clinic activities, including the Sanitation Clinic Implementation Guidelines, Sanitation Technical Guidelines, and Standard Operating Procedures and Counseling Guidelines [1].

At Tanjung Pinang Public Health Center in Jambi City, the policy was not an issue, as the center had implemented the guidelines from Minister of Health Regulation Number 13 of 2015 [1]. The sanitation clinic officers were committed to carrying out sanitation clinic activities in accordance with the applicable policies. In contrast, Paal V Public Health Center faced a different situation, as its officers still adhered to the outdated policy from 2001 [9]. Additionally, sanitation clinic policies were not prioritized at Paal V Public Health Center because the health center focused more on other environmental health activities. As a result, the officers' understanding of the sanitation clinic policies stated in Minister of Health Regulation Number 13 of 2015 was less than optimal. Therefore, it was essential to communicate the updated policies to the implementers through socialization activities.

To strengthen the commitment of all health personnel involved in sanitation clinic implementation, the Health Office needed to formulate a comprehensive policy. The

regulations regarding the mechanisms for implementing sanitation clinics should be incorporated into this policy while still referring to Minister of Health Regulation Number 13 of 2015. Furthermore, the policy had to be adjusted to the conditions and needs of the community health centers under the jurisdiction of the Jambi City Health Office. The issued policy could take the form of specific rules or mechanisms for implementing sanitation clinics or recommendations mandating that all community health centers conduct sanitation clinic activities. Once the policy was developed, the next step was socialization to ensure a shared understanding across all community health centers, ultimately helping to achieve the objectives of sanitation clinic implementation in Jambi City.

3.5. Planning.

The planning of the sanitation clinic program at Tanjung Pinang Public Health Center was discussed in monthly meetings with the Public Health Efforts program holders and during the annual Public Health Center meeting. The sanitation clinic activities were carried out based on the plans outlined in the Environmental Health Plan of Action (POA). Meanwhile, the planning activities for the sanitation clinic at Paal V Public Health Center were conducted monthly during the Public Health Center's mini workshops and annual meetings, where discussions regarding the Environmental Health Plan of Action took place.

Based on the research findings, both Tanjung Pinang and Paal V Public Health Centers had designed sanitation clinic activity plans within their Environmental Health Plan of Action (POA). The planning process was carried out in response to community requests, utilizing a mechanism based on the needs presented by each program holder and implemented in coordination with other programs. The plan included activities, timelines, funding sources, and responsible parties for each activity.

Planning was a crucial aspect of management, as it influenced other management functions. Without proper planning, organizations could struggle to carry out their activities effectively. Furthermore, planning could be defined as the process of determining the objectives that the organization aimed to achieve. These objectives served as a guide for all activities undertaken. The planning process involved creating appropriate strategies to accomplish these objectives. These strategies needed to be relevant and realistic to ensure effective implementation. Ultimately, planning encompassed the development of a detailed work plan for the organization. This work plan had to include concrete steps necessary to achieve the established goals [18].

Public Health Centers needed to incorporate sanitation clinic activities into the environmental health planning process, which was developed collaboratively across programs and sectors. This planning had to consider implementation capacity and budget adequacy, aligning with the vision and mission of both the Public Health Centers and the Health Office. The plan needed to include detailed information about activities, timelines, funding sources, and responsible parties. It also had to be measurable, feasible, and targeted toward addressing sanitation issues at the Public Health Centers. The success of the program was significantly influenced by proper planning, and during evaluations, all planned activities needed to be demonstrably executed effectively.

3.6. Implementation.

The implementation of the sanitation clinic at Tanjung Pinang Public Health Center aligns with the Minister of Health's guidelines, which include consultations, inspections, and environmental interventions for sanitation clinic patients. The program operates twice a week, on Mondays and Fridays; however, sanitation clinic staff are available for consultations on other days if there are no field activities. One challenge in the consultation process is that polyclinic staff sometimes forget to refer patients with environmental health issues to the sanitation clinic. Regarding inspections, a major challenge is that patients scheduled for home visits are sometimes not available, requiring rescheduling. Additionally, interventions are limited to Information, Education, and Communication (IEC) due to budget constraints.

At Paal V Public Health Center, the implementation of the sanitation clinic does not comply with Minister of Health Regulation No. 13 of 2015, as staff only conduct consultations and do not carry out inspections or environmental interventions. Furthermore, the sanitation clinic guidelines at Paal V Public Health Center have not been updated to reflect the latest Minister of Health regulations. There is no dedicated room for the sanitation clinic, and staff primarily focus on specific environmental health issues such as diarrhea, dengue fever, and skin diseases.

Research findings indicate that Tanjung Pinang Public Health Center has implemented the sanitation clinic in accordance with the guidelines and Standard Operating Procedures (SOP). The flow and methods of sanitation clinic implementation are well understood by all staff and sanitation personnel. The clinic is scheduled to operate every Monday and Thursday, with patients referred from the general polyclinic, maternal and child health polyclinic, and elderly care polyclinic. Patients experiencing environmentally related diseases, such as skin infections, acute respiratory infections (ARI), diarrhea, dengue fever (DF), malaria, and tuberculosis (TB), are referred to the sanitation clinic for counseling. Following counseling, environmental inspections and interventions are conducted. However, interventions are limited to IEC and do not include physical facility improvements, appropriate technology development, or environmental engineering due to budget constraints and a lack of cross-sector collaboration.

At Paal V Public Health Center, the sanitation clinic is not yet implemented in accordance with the guidelines and SOP, as personnel still use outdated guidelines. The clinic operates on Mondays and Fridays and primarily treats cases of diarrhea, DF, and skin diseases. The sanitation clinic activities consist mainly of counseling for environmentally related diseases, with no follow-up actions for environmental inspections or interventions. This reflects a lack of commitment from sanitation personnel in fully implementing sanitation clinic activities. Additionally, the absence of environmental inspection and intervention activities is due to a lack of funding allocated for sanitation clinic operations at the health center.

The implementation of the sanitation clinic at Tanjung Pinang Public Health Center faces several challenges. One issue is that polyclinic staff sometimes forget to refer patients to the sanitation clinic. Additionally, the sanitation clinic is located on the upper floor, making it difficult for elderly patients to access, requiring sanitation staff to actively assist with consultations. Another significant challenge is the lack of transportation for environmental inspection activities, forcing personnel to use their personal vehicles.

Similarly, sanitation personnel at Paal V Public Health Center face challenges such as polyclinic staff forgetting to refer patients for counseling and the absence of a dedicated sanitation clinic room. The available counseling rooms are shared with other programs. In terms of environmental inspections, the main obstacles include the lack of operational vehicles designated for sanitation clinic activities and the absence of a budget, which hinders the execution of inspections and interventions.

At Tanjung Pinang Public Health Center in Jambi City, staff integrate environmental inspections from the broader environmental health program, particularly activities related to dengue fever prevention, which remain relevant to sanitation clinic initiatives. This allows environmental inspection and intervention activities to continue despite funding limitations. In 2023, sanitation clinic counseling coverage at Tanjung Pinang Public Health Center reached 70%, with environmental inspection coverage at 2.4% and environmental intervention coverage at 100%. Meanwhile, at Paal V Public Health Center, sanitation personnel only conducted counseling activities, with no environmental inspections or interventions. Counseling coverage at Paal V Public Health Center in 2023 was just 20%, with no recorded environmental inspections or interventions.

A study conducted at Jalan Gedang Public Health Center in Bengkulu City found that sanitation clinic implementation included counseling, field visits for sanitation clinic inspections, and sanitation clinic interventions. According to the Standard Operating Procedures, counseling activities and field visits for sanitation clinic inspections were successfully conducted. However, interventions at Jalan Gedang Public Health Center were not planned due to the COVID-19 pandemic [19].

Cross-program involvement is essential to ensure the smooth execution of sanitation clinic activities, allowing sanitation personnel to directly interact with patients referred from the general polyclinic, child polyclinic, maternal and child health polyclinic, and elderly polyclinic. Sanitation personnel must also actively foster strong relationships with cross-sector stakeholders to facilitate physical intervention activities in the field. To ensure that sanitation clinics operate according to established procedures and guidelines, all involved personnel must demonstrate strong commitment. Regular supervision from Public Health Center management is also necessary to ensure that all activities are carried out correctly and efficiently [20].

3.7. Recording and reporting.

At Tanjung Pinang Public Health Centers in Jambi City, record-keeping is done daily, and reporting is conducted monthly. The recording and reporting process is carried out conventionally, where reports are processed using Microsoft Excel and are divided into two types: visit reports based on the number of consultation, inspection, and environmental intervention activities, and visit reports based on environmental health issues. At Paal V Public Health Centers, record-keeping is done daily, and reporting is conducted monthly and quarterly to the City Health Office. Reports are also submitted to the Head of Public Health Centers. The record-keeping and reporting forms consist of two types: visit reports based on the number of consultation, inspection, and environmental intervention activities, and visit reports based on environmental health issues.

The research findings show that recording has been conducted by Public Health Centers Tanjung Pinang. Recording related to sanitation clinic counseling activities is carried

out directly by the program holders whenever a patient with an environmentally-based disease is referred by the polyclinic staff. Reporting related to sanitation clinic activities is performed by the sanitation personnel to the Jambi City Health Office once a month. Recording is done conventionally, where the reports are processed using Microsoft Excel and divided into two types: reports of visits based on the number of counseling, inspection, and sanitation clinic intervention activities, and reports of visits based on environmentally-based diseases. Public Health Centers Tanjung Pinang routinely reports its program achievements to the Jambi City Health Office.

At Public Health Centers Paal V, patient recording is also conducted whenever there are patients referred from the polyclinic. Reporting related to the implementation of the sanitation clinic is divided into two types: monthly reports and quarterly reports. In practice, Public Health Centers Paal V does not report its sanitation clinic achievements in a timely manner. According to data from the Jambi City Health Office, at the beginning of 2024, only two out of 20 Public Health Centers reported their monthly sanitation clinic visits: Public Health Centers Tanjung Pinang and Public Health Centers Talang Bakung. This indicates a lack of commitment from program holders regarding the implementation of sanitation clinics.

3.8. Output components.

At Tanjung Pinang Public Health Center in Jambi City, record-keeping is conducted daily, and reporting is carried out monthly. The process follows a conventional approach, with reports processed using Microsoft Excel. Reporting is categorized into two types: (1) visit reports based on the number of consultations, inspections, and environmental intervention activities, and (2) visit reports based on environmental health issues. At Paal V Public Health Center, record-keeping is also conducted daily, while reporting is carried out monthly and quarterly to the City Health Office. Reports are additionally submitted to the Head of the Public Health Center. Similar to Tanjung Pinang, the reporting system consists of two types: visit reports categorized by consultation, inspection, and environmental intervention activities, and visit reports based on environmental health issues.

Research findings indicate that Tanjung Pinang Public Health Center maintains proper records of sanitation clinic counseling activities. Recording is conducted directly by program holders whenever a patient with an environmentally related disease is referred by polyclinic staff. Reporting is performed by sanitation personnel and submitted to the Jambi City Health Office on a monthly basis. The reports, processed in Microsoft Excel, follow the same two-category format: (1) reports of visits based on counseling, inspection, and sanitation clinic intervention activities, and (2) reports of visits based on environmentally related diseases. Tanjung Pinang Public Health Center consistently reports its program achievements to the Jambi City Health Office.

At Paal V Public Health Center, patient records are also maintained whenever patients are referred from the polyclinic. However, reporting related to sanitation clinic activities is divided into two types: monthly and quarterly reports. In practice, Paal V Public Health Center does not report its sanitation clinic achievements in a timely manner. According to data from the Jambi City Health Office, as of early 2024, only two out of 20 Public Health Centers—Tanjung Pinang and Talang Bakung—had submitted their monthly sanitation clinic visit reports. This highlights a lack of commitment from program holders regarding the proper implementation and monitoring of sanitation clinic activities.

4. Conclusions

The human resources at both Public Health Centers are adequate; however, none of the staff have received training in sanitation clinics. Additionally, there is no allocated budget for sanitation clinic activities at either facility. In terms of infrastructure, the facilities at Paal V Public Health Center are less comprehensive compared to those at Tanjung Pinang Public Health Center. Tanjung Pinang Public Health Center follows the latest policy framework, as outlined in Minister of Health Regulation No. 13 of 2015, while Paal V Public Health Center still relies on outdated guidelines from the Department of Health issued in 2001. Both Public Health Centers conduct planning activities; however, the scope of implementation differs. Tanjung Pinang Public Health Center carries out counseling, inspections, and interventions, whereas Paal V Public Health Center is limited to counseling activities only. Regarding reporting, Tanjung Pinang Public Health Center routinely submits sanitation clinic activity reports to the Jambi City Health Office. In contrast, no records of sanitation clinic visits from Paal V Public Health Center for 2023 were found at the Jambi City Health Office. The output coverage for counseling, environmental inspections, and interventions at Tanjung Pinang Public Health Center is notably higher than that of Paal V Public Health Center. To improve program effectiveness, the Jambi City Health Office, along with the involved Public Health Centers, should reinforce their commitment to sanitation clinic implementation. This includes providing training, allocating a dedicated budget, and addressing resource and infrastructure deficiencies. Additionally, enhancing personnel understanding of sanitation clinic policies is essential to improving the effectiveness of counseling, environmental inspections, and interventions.

Acknowledgments

The author extends sincere gratitude to Tanjung Pinang Public Health Center and Paal V Public Health Center for their valuable assistance in data collection related to sanitation clinic services, including both secondary data and in-depth interviews. Appreciation is also extended to the research team and the Faculty of Medicine and Health Sciences at the University of Jambi, Indonesia for their support and contributions to this study..

Author Contribution

The contributions of the author to this research are as follows: Conceptualization: Arnild Augina Mekarise, Auffa Nabila; Methodology: Andree Aulia Rahmat, Auffa Nabila, Carey Louise Arroyo; Data Collection: Auffa Nabila, Fajrina Hidayati; Data Analysis: Arnild Augina Mekarise, Auffa Nabila; Writing: Auffa Nabila, Fajrina Hidayati, Nour Abdeljawad, Carey Louise Arroyo; Supervision: Andree Aulia Rahmat, Auffa Nabila, Nour Abdeljawad, Carey Louise Arroyo

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