

## STRATEGY AND POLICY INCREASING HUMAN DEVELOPMENT INDEX OF MANGGARAI REGENCY 2016-2021

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### LATAR BELAKANG

*Indeks Pembangunan Manusia (IPM) adalah indeks paduan: indikator kesehatan melalui harapan hidup, indikator pendidikan melalui harapan rata-rata dan usia sekolah, dan daya beli yang nyata per kapita. Tingkat IPM provinsi NTT pada 2016 adalah 63,13 poin, dan Kabupaten Manggarai pada tahun yang sama sebesar 61,87 poin. Bila dibandingkan dengan HDI nasional, HDI Kabupaten Manggarai masih rendah. Oleh karena itu, perlu dikembangkan strategi dan kebijakan Manggarai HDM selama 2016-2021. Mengembangkan strategi dan kebijakan untuk memperbaiki Indeks Pembangunan Manusia di Manggarai 2016-2021. Metode. Menganalisis publikasi data BPS Nusa Tenggara Timur dan Kabupaten Manggarai 2014-2016, profil kesehatan Kabupaten Manggarai. Data kualitatif diperoleh dari persiapan FGD Rencana Pembangunan Jangka Menengah Kabupaten Manggarai 2016-2021. 42 peserta FGD 42 orang. Hasil. Pengembangan strategi dan kebijakan ekonomi, pendidikan dan pengembangan kesehatan yang dapat mempercepat pertumbuhan IPM di Kabupaten Manggarai selama tahun 2016-2021. Kesimpulan .IPM di Kabupaten Manggarai telah berada dalam kelompok “moderat/ sedang” dengan angka 2014 sebesar 60,08 poin, 2015 oleh 60,87 poin, dan pada tahun 2016. Pertumbuhan IPM antara 2015-2016 adalah 1,31% jika menggunakan pengurangan kekurangan, pertumbuhan IPM di Manggarai termasuk dalam kategori lambat karena tingkat akuisisi <1,70. Mempercepat pertumbuhan IPM merupakan harapan bagi semua pihak. Oleh karena itu, diperlukan strategi dan kebijakan yang efektif untuk meningkatkan pertumbuhan HDI yang lambat agar bisa berakselerasi dengan memanfaatkan semua sumber daya yang ada.*

*Kata kunci: Indeks Pembangunan Manusia, Strategi Pembangunan*

### INTRIDUCTION

Human Development Index (HDI) is one way to measure the performance of a country or region in the field of human development. IPM is a composite index covering three areas of human development: health indicators, educational level, and economics. The physical quality of a human being reflects the life expectancy, while the non-physical quality is reflected in the expectations of the school, the average

length of the population in school, and the economic capability of real per capita expenditure.

Data on the development of HDI has been expressed by experts, where in 2014, Indonesia was ranked 108 out of 187 countries in the world, with the HDI rate of 73.81 consisting of; Health Index (life expectancy) 70,10; Education Index (school length) 9.10; and 3.455 Buying Power Index. Compare it with world average of HDI in the same year equal to 74,70; with health index 68.30 education index;

81.00, and purchasing power index; 9,361. While the development of HDI in the province of NTT in 2016 amounted to 63.13 points, and the district Manggarai HDI in the same period of 61.67 point.

To prepare the Regional Medium-Term Development Plan (RPJMD) of Manggarai Regency in 2016-2021, it is necessary to analyze the development of Human Development Index of Manggarai Regency in 2016 as a basis for determining the priority policy of regional development in the field of human resources in the future.

**METHOD**

Types of research combined quantitative and qualitative approaches. In a quantitative approach using a meta-analysis approach analyzing the development of the Human Development Index from 2010-2015 that has been processed by the Central Bureau of Statistics of East Nusa Tenggara Province is integrated with health profile data of the public health offices of Manggarai Regency in 2015. Qualitative approach, the FGD results of the preparation of the Manggarai Regency Medium-Term Development Plan of 2016-2021 which has become the development reference in Manggarai regency for the next five years. The FGD participants are 42 people, consisting of representatives from the local government budget team, district heads and agencies, LSM, community leaders, and religion leaders.

**RESULTS**

The Human Development Index (HDI) is expressed in terms of numbers as a resultant established, mean of School Expectancy (HLS), School Average (RLS), Life Expectancy Period (UHH), and per Capita Expenditure Average per year. In its development in Manggarai districts during 2014 to 2016 experienced positive growth, although with very small numbers. Development in Manggarai district, always below the average level of the province of East Nusa Tenggara. Look at the following table 1.1

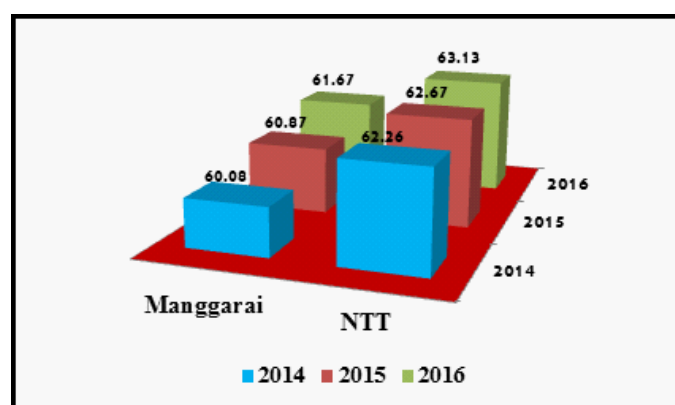
**Table 1.1 Development of HDI-forming Elements in Manggarai Regency 2014-2015**

No.	Unsur Pembentuk IPM	Tahun					
		2014		2015		2016	
		Manggarai	NTT	Manggarai	NTT	Manggarai	NTT
1	HLS (tahun)	11,29	12,65	11,60	12,84	11,52	12,97
2	RLS (tahun)	6,79	6,85	6,81	6,93	6,97	7,02
3	UHH(tahun)	64,78	65,91	65,48	65,96	65,66	66,04
4	Pengeluaran per capita/th(Rp.000)	6.934	6.934	6.875	7.003	7.008	7.112

Source: BPS NTT Tahun 2014-2016

The numbers listed in table 1.1 form HDI as the resultant, can be observed in the development of Manggarai district during the year 2014-2016 with comparison of the development of HDI Nusa Tenggara Timur in the same year. The growth rate of Manggarai Regency HDI in 2014 is 60,08 point (NTT 62,26 point), 2015 is 60,87 point (NTT 62,67 point), and year 2016 is 61,67 point (NTT is 63, 13). Although the HDI of NTT province is above Manggarai district, but if it is compiled with national level and ranked according to the provinces in Indonesia, the result of NTT province is always ranked 31 out of 34 provinces in Indonesia. Notice the chart below.

**Graph 1. Development of HDI in Manggarai Regency Compared to the Development of HDI Nusa Tenggara Timur 2014-2016.**



The achievements of human development in a region at a certain time can be grouped into four groups. This grouping aims to organize the territories into four groups in terms of human development, that is; (1) “highest” group: IPM ≥ 80; (2) “high” group:

$70 \leq \text{HDI} < 80$ ; (3) “Medium” group:  $60 \leq \text{HDI} < 70$ ; and (4) “Low” group:  $\text{HDI} < 60$ .

The figures shown in graph 1 show that HDI in Manggarai district and in NTT province have been in “moderate” group but HDI of Manggarai Regency has been out of “low” group since 2014 with HDI 60,08 point, year 2015 of 60.87 points, and the year 2016 of 61.67 points.

Referring to the publication of BPS Nusa Tenggara Timur 2017 on the growth of HDI number in 2015-2016 in Manggarai regency of 1.31% and NTT province by 0.73%, adjusted by using shortfall reduction, IPM growth in Manggarai is included in slow category because the number of  $< 1.70$ . IPM’s slow growth affects human competitiveness.

Superior human resources have the opportunity to access educational, economic and health resources will eventually be able to contribute to the economic growth of a region. Accelerating the growth of HDI is a hope for all parties. Therefore, effective strategies and policies are needed to boost the slow growth of HDI to accelerate by utilizing all available resources.

## STRATEGIES AND POLICIES

### 1. Economic Region

The strategy of economic development as one of the decisive pillars improves the Human Development Index in Manggarai by strengthening the regional economy based on agro-agriculture. Policy is done through; (1) Building microcredit institutions for the poor by encouraging people to help themselves, because the poor actually have hidden capabilities that have not been utilized; (2) To develop community economic empowerment through human cultivation, community development, business development and assistance by independent professional groups; (3) Creating rural economic business packages leading to rural independence, environmental sustainability, rural ecotourism. For example: organic compost business packages, organic farming packages, rural energy packages; (4) Encourage informal enterprises based on micro enterprises of rural communities; (5) Increased purchasing power is not just an economic problem, but also a social, cultural, and environmental issue.

It needs to be upgraded Simple Living Movement, non-consumptive culture, no exception applied to

all walks of life that leaders emulate; (6) Moving afforestation, reforestation, restoration of protected areas, water catchment at irrigation water sources and drinking water; (7) The development of labor-intensive construction is accompanied by independent professional institutions, and is always audited in a transparent manner.

### 2. Field of Education

There are three main strategies of education to improve the Human Development Index, namely: equity and access expansion, quality improvement and relevance; and governance, accountability and public image. The translation through policy; (1) Improved access to quality secondary education; (2) Strengthening the private sector’s role in providing quality early and qualified primary and secondary education services; (3) Construction of school library facilities and infrastructure at every level of education; (4) Extension of access to basic and general secondary and vocational education; (5) Improvement of facilities and learning infrastructure; (6) enhancing the private sector’s role in education; (7) provision of scholarship budget in APBD; (8) Partnership with reputable State and Private Universities; (9) Provision of facilities and facilities to support the quality of learning; (10) development of quality of learning and quality of educator; (11) Development of transparent and accountable education governance; (12) Management of an accountable national education curriculum and the provision of supporting facilities and infrastructures; (13) Development of public library facilities and infrastructure in every sub-district and village; and (14) Sports Development on the leading sports branches; (15) Scout Development and Youth Organization and Scouting; (16) BLK development and enhancement of education and training in the formation of labor competencies in various business fields.

### 3. Health Sector

Manggarai district health development policy of 2016-2021 with the following policy; (1) Enhancement of Health Efforts, consisting of Individual Health Enterprises (UKP) and Public Health Enterprises (UKM), through; (i) improving the governance

of the Ben Mboi District Hospital as a secondary referral service; (ii) improvement of facilities and infrastructure of puskesmas, posyandu as central of primary health service in order to provide optimal and equitable service for rural community; (iii) improving the nutritional status of the community, especially the poor, babies, toddlers, pregnant women, lactating mothers, and the elderly; (iv) the fulfillment of access to quality Maternal, Child, Adolescent and Aged Health Services; (v) improvement of infectious and non-infectious disease control and environmental sanitation; (2) Management Sub-System, Information and Health Regulation, through; (i) strengthening of managerial capacity in health offices, *puskesmas*, *pustu*, *posyandu*; (ii) strengthening the Regional Health Information System (SIKDA), SP2TP and reporting at the Regional General Hospital as well as at the *Puskesmas*; (iii) the preparation of district-level health regulations (village regulations and district regulations), enhanced by the villages; and (iv) improvement of supervision and promotion and training of health personnel as well as improvement of health information system coordination; (3) Health Human Resource Sub-System, through; (i) improving the quality of health human resources through distance education (PJJ) enabling health workers working in health care facilities without leaving the workplace; (ii) increasing the number, type of health human resources as needed to achieve MSS standards; (iii) distribution of Health Human Resources distribution of health service centers throughout Manggarai regency; (iv) fair and transparent incentives (medical services); (4) Sub-System of Pharmaceutical Supplies, Medical Devices and Foods, through; (i) providing essential medicines and ensuring access to drugs to the public; (ii) improvement and calibration of health equipment and facilities and laboratories to support health services; (iii) supervision of food and food products containing hazardous substances; (iv) supervision of drug sales and distribution; (5) Health Financing Sub-System, through (i) coordination of various sources of health financing in the framework of efficiency, and effectiveness of health budget; (ii) balancing health financing in APBD between promotive, preventive, curative and rehabilitative; (6) Community Empowerment Sub-System through; (i) revitalization and development of Community-Based Health Efforts (*posyandu*, *standbye village*); (ii) the change of customary paradigm in financing

the care of sick members; (iii) strengthening the institutional of customary capacity, religion and community in an effective and integrated health and referral system; (d) increasing promotion to create PHBS to the community; and (7) Sub-System of Research and Development of Health Science and Technology, through; (i) improvement of research and policy-based policy development activities based on evidence of vidence based policy); (ii) research on health-care tariff based on ability and willingness to pay the community; (iii) strong institutional and human resources strengthening of researcher and professionals.

## CONCLUSION

HDI in Manggarai district has been in the “moderate” group with 2014 figures of 60.08 points, 2015 by 60.87 points, and by 2016. The growth of HDI between 2015-2016 amounted to 1.31% if using the reduction of shortfall, the growth of HDI in Manggarai included in the category of slow because of the acquisition rate <1.70. Accelerating the growth of HDI is a hope for all parties. Therefore, effective strategies and policies are needed to boost the slow growth of HDI to accelerate by utilizing all available resources.

## APPRECIATION

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