

The implication of Short-Term Strategic Plan Changes in BLUD-status Community Health Center during The Covid 19 Pandemic towards the Community Health Service and Workers Performance

Ken SabardimanSoetjipto
STMIK Bina Sarana Global

Sri Rahayu
STMIK Bina Sarana Global

Afrizal
STMIK Bina Sarana Global

Abstract:-The reinforcement regarding the good quality of primary health care has become health-related policy as stated in RPJMN 2015-2019. Nevertheless, both the access and the basic health services quality haven't yet reached all society particularly people living in abandoned, remote areas and certain islands. The basic health service is required to meet the unfulfilled MDGs target: *Sustainable Development Goals (SDGs) 2030* and the Minimum Service standard (MSS). The indicators for the success of the basic health services, mainly promotive and preventive, will help reduce the burden for further services. In fact, *Basic Health Services* encompass a number of essential services to protect the health of individual, family, and community in order to support productive lives in lieu of economic and social aspects. The strategic plan set up by the Community Health Centers has implications towards the long term goals amidst the spreading of Covid 19 virus. Hence, the Community Health Center should prioritize its health services to all members in the society by reducing outdoor activities, yet plays its role as the provider for the primary health care. In addition to becoming members of Covid 19 duty officers, the primary health services should be deemed necessary. Moreover, the commitment to show good quality performance by all heads and staff of the Community Health Center still become the main priority. The objective is to control the pandemic from getting more worrying and to support the national work program regarding the pandemic issue. This research is aimed at monitoring the implications concerning the short-term strategic plan changes during the Covid 19 pandemic towards the health service and the workers performance. It is expected that the researchers could gain vivid description whether or not the workers' performance remained stagnant or there is an inclination for an enhanced service bearing direct implications toward the the health service or the changes in the strategic plan at the Community Health Center. This is a descriptive qualitative research by describing the subject or object of the research. The results of the research showed that the workers' performance concerning the outside the building health services hasn't meet the optimum standard. The workers' performance bears no impact even though there is a decreasing number of people getting infected by Covid 19 virus since the optimization of the national vaccination has now become the primary

concerns. The research uses descriptive-qualitative design by portraying the conditions of both the subject and the object of the research. The report for this research will be published in SINTA 1-6 accredited journal. In addition, there will be a copy right and a book design in cooperation with WawasanIlmu Publisher.

Keywords:-Strategic Plan, Regional Health Service Unit (BLUD), Community Health Center Services, Workers' Performance

I. INTRODUCTION

Based on the simulation results regarding the Covid 19 epidemic in Indonesia using Richard Curve conducted by the Center for Math Modeling and Simulation at Bandung Institute of Technology (ITB), it was found that there was an increasing number of cases, reaching up to 8000 and ended in mid April 2020. This Math Modelling was not a standardized model, due to the facts that predictions may undergo changes. The data gained and the rest of the data using different Math Modelling can be the bases for the government to set up more effective and comprehensive strategic plans. Earlier when the pandemic started, no one predicted similar cases would recur in Indonesia. The government didn't anticipate that the spreading of the virus detected since early December 2019 would affect the country. The slow response in a bid to prevent the virus from spreading has made the Director General of WHO questioned about the readiness of Indonesian Government to take anticipatory steps in his letter addressed in March 2020 to the president of Indonesia. WHO required the country to inform the society what preventive actions the government have taken and how open the government are towards the handling of this pandemic situations. This is necessary since the citizens' health and safety should be the top priority. The government are required to ensure that health issues are not individual concerns, since the fourth amendment of constitution in 2002 stated that it is the responsibility of the government to protect the health of the citizens. The aim of this research is to monitor the implications towards the changes in the short term strategic plan at the Community Health Center during the Covid 19 pandemic in regard to the health services and the workers' performance. A number of innovations have been created to enhance the health services, commencing from the entrance services to the

examination ward and the other outside the building services such as clinical visit to patients infected by Covid 19 virus, the picking up and transporting to the examination wards for individual isolation, facilitated by the local government of Tangerang district, as well as references to the appointed hospitals.

II. THEORETICAL REVIEWS

A. Strategic Plan

BLU sets up a five year-strategic plan by referring to strategic plan concerning on public as part of strategic plans health by ministry /institutions (Renstra K/L). Business strategic plan is a term that similarly relates to Renstra for the government institution. Therefore, Presidential Instruction Number 7, 1999 regarding the accountability of the government institution performance should be the base for this strategic plan. In addition, the Presidential Instruction bears the vision, mission, objectives and realistic programs to anticipate the expected future outcome and achievements.

B. Business Service Unit

In chapter 1 number 23 Acts Number 1 2004 on state terminology, 'a Business Service unit is defined as a government agency set up to provide the needs of the society in the forms of goods or services, non profit business and bases its activity on the principles of both efficiency and productivity. The definition is then adopted in the rules of conducts, chapter 1 number 1 Presidential Regulations (PP) number 23 2005 regarding the financial management of the Public Service Unit. The purpose of this Business Service Unit as stated in chapter 68 verse (1) is that "The Business Service Unit should be set up to enhance services to the society to reach the public welfare and the intelligence life of the nation, offer flexibility in financial management in accordance to the economic principles, productivity and an implementation of healthy business practices.

C. Health Service

The service provided should give satisfaction to the society and this will be the base to identify which services need evaluating, hence, it drives every unit involved to improve the quality of the service. Indeed, a service is connected to the needs fulfillment through certain activities dedicated to the society, be it individually or through organization aiming at maintaining and enhancing people's welfare as permeated in the acts number 25 2009 on service provision, causing a higher demand in the society for a proper service. This is reflected in the demand for a number of other services, such as one at the Community Health Center, where people expect a better quality of service due to the fact that a health center is a supporting unit to reach the goal of the national health building. An enhancement in the awareness, a healthier life, a strong will and a healthy living become the grounds for the national goal concerning public health. As stated in Chapter 30 verse 1, a Community Health Center is obliged to nurture services and support optimum health services to the society within its work unit. In addition, a community Health Center functions as 1) the motor for health-oriented development in its sub-district, 2)

Society and Family empowerment for community building, (3) First level of society health, (4) Service counselling and community health establishment (5) Technical guidance for private health services and health development support, (6) developing self-reliance community health, (7) other responsibilities given by the unit head. Despite the main functions and responsibilities the Community Health Center has to conduct, it is a challenge to ensure the society to visit the health services provided by the Community health Center due to the underlying reasons: unsatisfactory services, inefficiency in handling the patients and low quality medicine.

D. Workers' performance

Performance refers to achievements in any forms as a result of activities in a work series for a certain period of time. Robbin as cited by Nawawi (2006: 62), further stated that performance is "what is achieved after the work done. Mangkunegara (2000: 67) defined performance as a work result both in quantity and quality achieved by a person as an accomplishment from the given responsibility. A work performance is deemed necessary for an organization or an institution. Performance is not merely achieving goals but in its broader sense, relates to other aspects as explained by Prawirosentono (2008): Performance is the work result achieved by an individual or a group of people in an organization based on the job titles and responsibility to reach a goal without violating the law and is abide by the moral and ethics. For public agencies in particular, such definition has become the main concern so that everyone plays his roles and can function well. Hence, there is never a possibility of violation in the acts that are considered unlawful and people are still within acceptable norms and ethics. Based on the former definitions, it can be concluded that workers' performance refers to the achieved work results within a certain period of time, to meet the shared goals.

III. RESEARCH METHODOLOGY

This research uses descriptive quantitative method. Descriptive method is defined as procedures for solving the problems by describing a subject or an object of a research (individual, institutions, society), based on the available or existing facts (Nawawi, 2001:63). Rakhmat (2004:25) stated that the purpose of descriptive research among others are: (1) collecting actual information in detail by describing a number of factors (2) identifying problems or investigating certain conditions and practices, (3) making comparison or evaluation.

This research was conducted in a Community Health Center located at Kutabumi, Pasar Kemis region, Tangerang district, Banten. The location was selected for this research on the bases of (1) a large number of patients visiting the center and an increasing number of staff from year to year, (2) a government agency with the purpose of serving the community.

The research population were all workers in a Community Health Center at Kutabumi, Pasar Kemis , with the total of 46 employees.

Sample refers to a part or representatives of population being researched on. The aim is to investigate the workers' performance in providing services to the community. The researcher chose samples from a group of visitors by using *Accidental sampling method*, an on-site sample taking. Based on the data, an average of 100 patients in a week could be investigated. Arikunto (2002: 75) stated that if the number of population is less than 100, all population is used, thus this is a population research. On the other hand, if the number of population is more than 100, the researcher can take only 10-15 percent up to 20-25 percent or more. Therefore, based on the former statement, since the population for this research reaching 100, then the sample is 25% from the whole population or around 25 people.

Data Collection technique is a technique to gain a scientifically proven truth in a research toward the whole results. The researcher uses 2 different data types of data namely: (1) Primary data, collected by direct observation in which observable signs from the object of the research can be investigated;

and (2) Secondary Data, derived from library which serves as supporting data and as comparison to the primary data.

IV. RESULTS

A. The history of UPTD Community Health Center Kutabumi

Initially, the establishment of UPTD Community Health Center at Kutabumi was an extension of another

Community Health Center located on Canna Raya street Pondok Indah covering the work unit of Kutabumi sub district. The extension unit was part of a Community Health Center in Pasar Kemis region. As the district developed in 1987, the status of UPTD Community Health Center at Pasar Kemis district was changed to the primary unit, covering the following areas:

- Kutabaru sub-district
- Kutabumi sub-district
- Kutajaya regency
- Gelam Jaya village

The new establishment of UPTD Community Health Center building was the building area of 2.000m with land coverage of 1.750m², and since 6 January 2021 all services, administration and management activities were moved to the new building. The new building was funded by APBD Tangerang sub-district in 1994.

In order to improve the services for the society, on September 1, 2014, a 24 hour maternity was initiated. The purpose was to reduce the death rate of mothers and infants and to support low income families as well as the members of National Health Insurance (JKN) who are in need of the services.

B. Business Location

Kutabumi UPTD Community health Center is located on Canna Raya street number 1 and connects Kutabumi and Kutabaru regencies. This enables the society residing not only at Pasar Kemis sub district but also at Kutabumi and Periuk Sub-districts in Tangerang, for an easier access to a number of facilities at the Community Health Center.

Business Location

| | | |
|--------------|---|--|
| Address | : | GunungCeremai Street, Blok B3 No 23 Kutabumi regency, Pasar Kemis District sub-district, Tangerang District, Postal Code 15560 |
| Telephone No | : | (021) 5928094 |
| Email | : | puskesmas_kutabumi2014@yahoo.co.id |

Table 1. Business Location

Basic Health Services for sub-district Levelwith UPTD Community Health Center,Kutabumi

| No | AREAS | NAMES OF RSU/RSUD/Community Health Centers | Distances from UPTD Kutabumi Community Health Center |
|----|---------------------------|--|--|
| 1 | Pasar Kemis Sub-district | RS Puri Agung | 500 M |
| 2 | Pasar Kemis Sub-district | Clinic/ RB Mekar Asri | 300 M |
| 3 | Pasar Kemis Sub-district | UPTD Pasar Kemis Community Health Center | 2 Km |
| 4 | Sindang Jaya Sub-district | UPTD Sindang Jaya Community Health Center | 3 Km |
| 5 | Pasar Kemis Sub-district | Indosehat Clinic 2003 | 3 Km |
| 6 | Rajeg Sub-district | UPTD Rajeg Community Health Center | 7 Km |
| 7 | Kutabumi Sub-district | UPTD Kutabumi Community Health Center | 8 Km |

Table 2. Basic Health Services for sub-district Levelwith UPTD Community Health Center,Kutabumi

UPTD Community Health Center Kutabumi covers 28 Ha spreading at 3 regencies and 1 village with the average population of 10.645 people / Ha.

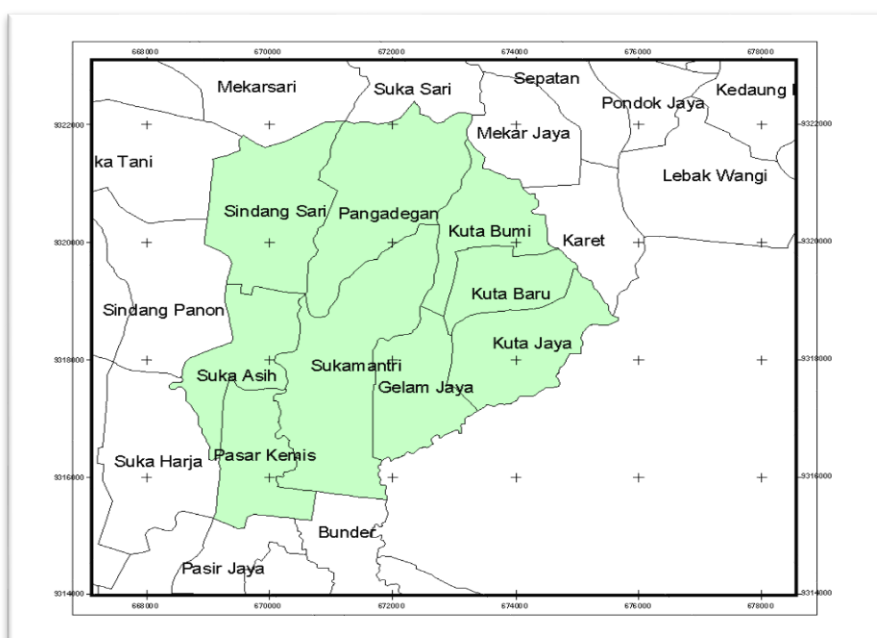
- Kutabaru Regency

- Kutabumi Regency
- Kutajaya Regency
- Gelam Jaya village

The number of population at Kutabumi sub-district in 2020.

| No | Village / Regency | Area Coverage | The number of population | The number of household | The number of family members in 1 house | Population Density |
|--------------|-------------------|---------------|--------------------------|-------------------------|---|--------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | KUTABUMI | 3,9 | 62.135 | 11.464 | 5,4 | 15.932,1 |
| 2 | KUTABARU | 2,1 | 37.165 | 8.999 | 4,1 | 17.697,6 |
| 3 | KUTA JAYA | 3,7 | 38.030 | 9.182 | 4,1 | 10.278,4 |
| 4 | GELAM JAYA | 2,0 | 47.953 | 10.586 | 4,5 | 23.976,5 |
| TOTAL | | 11,7 | 185.283 | 40.231 | 4,6 | 15.836,2 |

Table 3. The number of population at Kutabumi sub-district in 2020.



MAP 1: WORK AREAS AT UPTD COMMUNITY HEALTH CENTER KUTABUMI C. PASAR KEMIS TAHUN 2020

C. Community Health Center Performance

➤ The Increase Of Society Satisfaction Index (IKM) From 2017 To 2020

The measurement of IKM at UPT Kutabumi Community Health Center was conducted in 2013 as stated by a decree of MenpanNo : KEP/25/M.PAN/2/2004 dated 24 February 2004 and Regency Regulations (Perbup) No.15 2008 dated 31 December 2008 concerning the administration of Public Services after 4 years survey on community satisfaction has been conducted , it could be concluded that there was an increase of value concerning the consumers’ satisfaction as shown by IKM data. Additionally, in semester 1 2020, there was another increase from the average of 79,36 to 82,00, as evaluation was conducted from July to October 2020.

➤ Patients Lining Up Machine With Online Application

Called "SIANTER" (Sistem Antrian Terintegrasi Dengan SIKAT Dan Pcare BPJS KESEHATAN) To Prevent A Long Queue Of Patients At The Counter.

Purposes:

- Reducing the spread of Corona Virus Disease (Covid 19) and breaking the spreading chain of Covid 19 by limiting the contact between patients and duty officers.
- Long queue at the registration counter could be avoided, thus a speedy service to the patients can be provided.
- Efficiency in the waiting time.



➤ *Maternity Ward For Patients Infected By Covid 19 Virus.*

Purpose: Reducing the spreading effects of *Corona Virus Disease* (Covid 19) and breaking the chain by avoiding physical contact between pregnant mothers and duty officers.



➤ *Chamber Installation For Normal Birth.*

Purpose: Reducing the effects of *Corona Virus Disease* (Covid 19) and breaking the chain by limiting contact between pregnant mothers and duty officers.



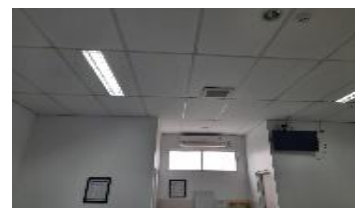
➤ *Extraoral Suction For Aerosol*

Purpose: Reducing the infection and spreading of *Corona Virus Disease* (Covid 19) and breaking the chain of Covid 19 virus by limiting physical contact among patients and with the duty officers.



➤ *Exhaust Fan At Service Polls*

Purpose: Reducing the effects of *Corona Virus Disease* (Covid 19) and breaking the chain of Covid 19 virus spread by limiting contact among patients and with the duty officers.



➤ *Hand-Wash Sinks*

Purpose: Reducing the effects of *Corona Virus Disease* (Covid 19) from spreading and breaking the chain by implementing 3M plus and health protocols.



| No. | MONTH | Outpatient Care (First time Visit) | Outpatient Dental care (First Time Visit) | Outpatient General Check up (Former Visit) | Outpatient Dental Care (Former visit) |
|--------------|-----------|------------------------------------|---|--|---------------------------------------|
| 1 | January | 3484 | 242 | 164 | 12 |
| 2 | Febuary | 4070 | 358 | 26 | 0 |
| 3 | March | 3672 | 308 | 22 | 0 |
| 4 | April | 1174 | 64 | 0 | 0 |
| 5 | May | 1179 | 42 | 2 | 0 |
| 6 | June | 2040 | 130 | 7 | 0 |
| 7 | July | 2695 | 222 | 21 | 0 |
| 8 | August | 2160 | 230 | 37 | 0 |
| 9 | September | 2176 | 215 | 38 | 0 |
| 10 | October | 1736 | 211 | 3 | 0 |
| 11 | November | | | | |
| 12 | Desember | | | | |
| TOTAL | | 24386 | 2022 | 320 | 12 |

Table 4 DATA FOR PATIENTS VISIT

D. About the Organization

Kutabumi UPTD Community Health Center is a technical organization in Tangerang Municipality with its main concern: the health service. Kutabumi UPTD Community Health center is led by the head of UPTD Community Health Center and hierarchically works under and reports to a head of health department at Tangerang Sub-district. The Regency decree no 116, 2016 bases the establishment of Kutabumi UPTD Community Health center. The 2016 Regent decree encompasses position, organizational chart, main duties, detailed work responsibilities and technical conduct of work unit regarding community health center in Tangerang regency.

The organizational chart of UPTD Community Health Center are as follows:

- Head of UPTD
- Sub division for administration
- Duty officers
- Functional officers

➤ Duties And Functions Of Community Health Center

The main duties and Functions (TUPOKSI) refer to what is stated in Tangerang Regency Regulations number 116, 2016 concerning citizenship, organization chart, main duties and job responsibilities as well as work regulations for the technical implementation unit of the Community Health Center at the Public Health Office in Tangerang sub-district, as follows:

• Technical Implementation by The Unit Head

The head of Community Health Center is responsible for leading, conducting, coordinating, controlling, supervising the duties and functions of UPTD Community Health Center as follows:

- ✓ Conducting first level of public health services which includes:
 - Essential health care for the society
 - Health promotional services
 - Environmental hygiene services
 - Mother and infant plus family planning health services.
 - Nutrition Care Services; and
 - Prevention and controlling of diseases from occurring.
 - Community Health care development.

Community Health care development refers to any unovatic and extensified activities and/or intensifying services based on the priorities of existing health problems in the work area, and the availability of potential workforce in each Community Health Center.

- ✓ First level health services that encompass:
 - Outpatient services
 - Emergency services
 - One day-care
 - Home care; and/or
 - Hospitalization upon consideration on the needs of particular health services.
- Conducting other duties assigned by the Department Head in accordance to the job description.
- *Sub department for administration*
- ✓ Sub department for administration is led by an administration head.
- ✓ The administration head is responsible for the setting up of general activities, personnel and financial matters.
- ✓ In conducting his duties, the head of sub department for administration handles the following:
 - Making some planning related to administration such as: dealing with personnel matters, correspondence and financial activities.
 - Providing facilities and technical service support and administration.
 - Administering correspondence, copying, distributing and filing.
 - Inventory handling, maintenance the facilities and infra structure, equipment, and unit assets.
 - Dealing with financial administration in his unit.
 - Coordinating with administration department.
 - Monitoring, controlling, evaluating and reporting all activities in his unit.
 - Conducting other duties assigned by the head of UPDT.
- ✓ The head of sub administration works under the head of UPTD.
- *Implementation*
- ✓ The job description is set up and decided by the department head.
- ✓ In doing the tasks, the duty officers work under and are responsible for the the head of UPTD.
- *Functional Position Group*
- ✓ Functional Position Group consists of a number of work force within its functional position in various group and doing their duties accordingly.
- ✓ The functional position group is assigned to conduct activities at UPTD Community Health center professionally, based on the needs.
- ✓ The group works under and report to the head of UPTD.
- ✓ A senior functional officer coordinates functional position group and he is appointed among officers working at UPTD Community Health Center in the area.
- ✓ In doing the tasks, functional position group report to the head of health unit under the head of UPTD Community Health Center. The types and functional career paths are based on regulations as stated in the existing and valid acts.

| No | DESCRIPTION | Human resources minimum standard | 2020 |
|----|---|----------------------------------|-----------|
| 1 | The head of UPTD Community Health Center Kutabumi | 1 | 1 |
| 2 | The head of administration division | 1 | 1 |
| 3 | General practitioner | 1 | 1 |
| 4 | Dentists | 2 | 2 |
| 5 | Pharmacist | 0 | 0 |
| 6 | Pharmacist assistant | 1 | 1 |
| 7 | Nurses | 6 | 6 |
| 8 | Midwives | 19 | 18 |
| 9 | Dental care | 1 | 1 |
| 10 | Nutritionist | 1 | 1 |
| 11 | Sanitarian | 1 | 1 |
| 12 | Health Care counsellor | 1 | 1 |
| 13 | Radiographer | 0 | 0 |
| 14 | Medical Record officer | 1 | 1 |
| 15 | Laboratorium assistant | 1 | 1 |
| 16 | General Administration officers | 8 | 8 |
| 17 | Finance Administrasi | 0 | 0 |
| 18 | Security officers | 4 | 4 |
| 19 | Data Processing officers | 3 | 3 |
| 20 | Janitor | 0 | 0 |
| 21 | Drivers | 2 | 2 |
| 22 | Inventory officer | 1 | 1 |
| 23 | Office maintenance officers | 8 | 8 |
| 24 | Village midwives | 4 | 4 |
| | TOTAL | 58 | 66 |

Table5 Staff Composition at UPTD Community Health Center, Kutabumi Year 2020

Source : Personnel sub-division of Kutabumi UPTD Community Health center 2020

The above table showed the total number of staff amounting to 66 people comprising 29 civil servants, 1 non-permanent officer, and 37 honorary workers. It could also be seen that Kutabumi UPTD Community Health Center has not recruited pharmacy officers and finance administrator.

E. Reports On Performance And Financial Aspects

The performance report is based on the measurements towards the results of business activities strategic plan , Kutabumi UPTD Community Health Center, with the budget duly set up and based on the rest of activities when they came to completion in 2020

| No | HEALTH CARE | TYPES OF ACTIVITIES | Coverage | Average |
|----|---|---|----------|---------|
| 1 | 2 | 3 | 6 | 7 |
| 1. | MOTHERS, CHILDREN, TEENAGERS, ELDERLY AND FAMILY PLANNING PROGRAM | A. MOTHER HEALTH CARE | 44,67 | 47,67 |
| | | B. BABY HEALTH CARE | 30,43 | |
| | | C. TODDLERS AND PRE-SCHOOL TODDLERS HEALTH CARE | 41,26 | |
| | | D. CHILDREN AND TEENAGERS HEALTH CARE | 100,00 | |
| | | E. ELDERLY HEALTH CARE | 36,55 | |
| | | F. FAMILY PLANNING RPOGRAM | 85,43 | |
| 2. | PROMOTIONAL HEALTH CARE | A. CLEAN AND HEALTHY LIVING GUIDANCE | 0,46 | 53,17 |
| | | B. PHBS-BASED HOUSEHOLD CARE | 85,71 | |
| | | C. SUPPORT FOR PHBS ESTABLISHMENT | 112,50 | |

| | | | | |
|----|--|--|--------|---------------|
| | | D. GROUP COUNSELLING | 13,17 | |
| | | E. HEALTH CARE POLICY | 100,00 | |
| | | F. HEALTH CARE FOR SCHOOL CHILDREN | 7,15 | |
| 3. | ENVIRONMENT SANITATION | A. WATER HYGIENE | 49,92 | 52,30 |
| | | B. FOODS AND BEVERAGES HYGIENE AND SANITATION | 39,19 | |
| | | C. TTU SANITATION MONITORING | 96,55 | |
| | | D. HOUSING ENVIRONMENT SANITATION | 23,53 | |
| 4. | FAMILY NUTRITION CARE | A. FAMILY NUTRITION IMPROVEMENT | 42,04 | 42,04 |
| 5. | PREVENTION FROM AND CONTROLLING OF CONTAGIOUS DISEASES | A. TUBERCULOSIS | 17,60 | 50,39 |
| | | B. LEPROSY | 63,33 | |
| | | C. DIARRHEA | 42,72 | |
| | | D. RESPIRATORY PROBLEM | 40,85 | |
| | | E. DENGUE FEVER (DBD) | 94,12 | |
| | | F. IMS AND HIV / AIDS | 62,68 | |
| | | G. FILARIASIS & SCHISTOSOMIASIS | 0,00 | |
| | | H. IMMUNIZATION PROGRAM | 31,43 | |
| 6 | PREVENTION FROM AND CONTROLLING OF CONTAGIOUS DISEASES | PREVENTION FROM AND CONTROLLING OF NON_CONTAGIOUS DISEASES | 100,00 | 100,00 |
| 7. | MENTAL FITNESS CARE | MENTAL FITNESS | 14,73 | 14,73 |
| 8. | TRADITIONAL HYGIENE CARE (KESTRAD) | TRADITIONAL HYGIENE (KESTRAD) | 86,67 | 86,67 |
| 9. | EYE CARE (PREVENTION FROM BLINDEDNESS) | EYE CARE (PREVENTION FROM BLINDEDNESS) | 35,23 | 35,23 |
| 10 | EAR CARE (PREVENTION FROM HEARING PROBLEMS) | EAR CARE (PREVENTION FROM HEARING PROBLEMS) | 6,48 | 6,48 |
| 11 | PREVENTION FROM AND CONTROLLING OF DENTAL PROBLEM CARE | PREVENTION FROM AND CONTROLLING OF DENTAL PROBLEM | 15,50 | 15,5 |
| 12 | SPORTS AND EXERCISE CARE | SPORTS AND EXERCISES | 55,41 | 55,41 |
| 13 | WORK HEALTH CARE | WORK HEALTH CARE | 0,00 | 0 |
| 14 | OUTPATIENT CARE | OUTPATIENT CARE | 8,14 | 8,14 |
| 15 | HOSPITALIZATION CARE | HOSPITALIZATION CARE(FOR DTP COMMUNITY HEALTH CENTER AND PUSKESMAS DTP / HOSPITALIZATION) | | |
| 16 | PHARMACY SERVICE CARE | PHARMACY SERVICE (QUALITY ATTEMPT) | | |
| 17 | COMMUNITY HEALTH CARE (PERKESMAS) | COMMUNITY HEALTH CARE (PERKESMAS) | 54,17 | 54,17 |
| 18 | LABORATORY CHECK UP | LABORATORY CHECK UP | 48,65 | 48,65 |

Table 6 Work Performance N 2020

➤ *Financial Performance*

The realization for local government revenue from January 1 to December 31, 2020 was IDR 1.887.191.300 atau 104,32% from the targeted revenue of IDR 1.809.060.000. The local expenditure at Kutabumi UPTD Community Health Center for the budget year of 2020 was IDR 8.817.481.336, and the realization was terealisasi IDR

8.528.487.671 or 96,72% from the total budget, consisting of direct and indirect expenditure. Indirect expenditure was IDR **4.349.662.131** (97,80%) from the budget of IDR **4.447.299.556**, whilst direct expenditure was IDR **4.178.825.540** (96,81%) from the available budget amounting to IDR **4.370.181.780**.

| CODE | PROGRAM/ ACTIVITIES | BUDGET (RP) | REALIZATION (IDR) | % |
|------------|---------------------------------|----------------------|----------------------|---------------|
| 4 | REVENUE | 1.809.060.000 | 1.887.191.300 | 104,32 |
| 4.1 | LOCAL GOVERNMENT REVENUE | 1.809.060.000 | 1.887.191.300 | 104,32 |
| 5 | EXPENDITURE | 8.817.481.336 | 8.528.487.671 | 96,72 |
| 5.1 | INDIRECT EXPENDITURE | 4.447.299.556 | 4.349.662.131 | 97,80 |
| 5.2 | DIRECT EXPENDITURE | 4.370.181.780 | 4.178.825.540 | 96,81 |

Table7 REVENUE AND EXPENDITURE OF KUTABUMI UPTD COMMUNITY HEALTH CENTER YEAR 2020

| NO | PROGRAM / KEGIATAN | BUDGET (IDR) | REALIZATION (IDR) | % | BALANCE (IDR) |
|----|--|-----------------------|-----------------------|--------------|--------------------|
| | OFFICE ADMINISTRATION SERVICE PROGRAM | 495.900.000 | 462.561.399 | 93,28 | 33.338.601 |
| 1 | MAILING SERVICES | 12.000.000 | 12.000.000 | 100 | |
| 2 | COMMUNICATION, WATER, ANDELECTRICITY SERVICES | 148.000.000 | 117.561.199 | 79,43 | 30.438.801 |
| 3 | MAINTENANCE AND LICENSES FOR OPERATIONAL CARS SERVICES | 5.000.000 | 2.500.200 | 50 | 2.499.800 |
| 4 | OFFICE CLEANING SERVICES | 201.840.000 | 201.840.000 | 100 | |
| 5 | INVENTORY OF OFFICE STATIONERY | 14.000.000 | 13.600.000 | 97,14 | 400.000 |
| 6 | PRINTING AND COPYING SERVICES | 27.700.000 | 27.700.000 | 100 | |
| 7 | OFFICE SECURITY SERVICES | 87.360.000 | 87.360.000 | 100 | |
| | FACILITIES AND INFRASTRUTURE PROGRAM FOR DUTY OFFICERS | 63.000.000 | 60.282.109 | 95,69 | 2.717.891 |
| 8 | CLEANING TOOLS | 20.000.000 | 18.950.000 | 94,75 | 1.050.000 |
| 9 | REGULAR MAINTENANCE FOR OFFICE EQUIPMENT | 19.000.000 | 17.358.200 | 91,36 | 1.641.800 |
| 10 | REGULAR MAINTENANCE FOR OPERATIONAL CARS | 24.000.000 | 23.973.909 | 99,89 | 26.091 |
| | IMPROVEMENT AND DEVELOPMENT FOR REPORTING SYSTEM ON WORK PERFORMANCE AND FINANCE PROGRAMS | 4.000.000 | 4.000.000 | 100 | |
| 11 | FINANCIAL REPORT PROGRAM | 4.000.000 | 4.000.000 | 100 | |
| | SKPD PLANNING IMPROVEMENT PROGRAM | 12.100.000 | 12.000.000 | 99,17 | 100.000 |
| 12 | SKPD DOCUMENTATION PLANNING | 12.100.000 | 12.000.000 | 99,17 | 100.000 |
| | HEALTH SERVICE IMPROVEMENT PROGRAM | 3.795.181.780 | 3.639.982.032 | 95,91 | 155.199.748 |
| 13 | MATERNITY SERVICES BY THE COMMUNITY HEALTH CENTER | 33.500.000 | 8.875.000 | 26,49 | 24.625.000 |
| 14 | HEALTH CARE SERVICES IN COMMUNITY HEALTH CENTER AND ITS NETWORK | 2.883.563.780 | 2.833.939.032 | 98,28 | 49.624.748 |
| 15 | COMMUNITY HEALTH CENTER BOK | 878.118.000 | 797.168.000 | 90,78 | 80.950.000 |
| | TOTAL | 10.626.541.336 | 10.415.678.971 | 98,02 | 237.601.026 |

Table 8

V. CONCLUSION

From the on-site and outside the building activities observed at the community health center, it was found out that the target hasn't yet been achieved due to the setting up of too high target. Nevertheless, there was an increase in the service quality, as seen from the decreasing of AKI and AKBB. A number of achievement target that requires mending among others are as follows:

- 2 death rate occurred to infants, due to the asphyxia and congenital problems.
- TB program in which several suspects were not handled.
- HIV/AIDS program, suspected people were not approached optimally.
- Minimum Prolanis approaches
- Minimum visits from family planning acceptors
- UKGS activities (dental care) haven't been optimally conducted due to a more focus on on-site services
- A large number of environmentally-based diseases.
- Minimum report program with SARYANKES such as: UKGS services, LBI, KB, Immunization, environmentally-based diseases.

SUGGESTIONS

The researcher hereby suggests the following points to be taken into considerations and actions:

- Providing thorough guidance and improvement on necessary knowledge and skills.
- Supporting the availability of program tools (KIT Program).
- Setting up standardized regulations and differences in the target, goals and program achievements.

ACKNOWLEDGMENT

We would like to extend our gratitude to the Ministry of Research and Technology (Kemenristek)/BRIN for funding the lecturers' research under the program called Penelitian Dosen Pemula (PDP), 2020-2021 grant. The researcher could finally come up with this journal.

REFERENCES

- [1]. Arikunto, Suharsimi 2002. *Prosedur Penelitian: Suatu Pendekatan Praktek*. Jakarta: PT Rineka Cipta.
- [2]. Bahrul. 2009. *Mengukur Kinerja Pelayanan dan Kepuasan Konsumen*. Bandung: Pustaka Reka Cipta
- [3]. Deliana, Irwan Nasution. 2016. Kinerja Pegawai Dalam Memberikan Pelayanan Kesehatan di Puskesmas Medan Denai Kota Medan. *Jurnal Ilmu Administrasi Publik* 4 (2) (2016): 152-161 diakses 27-10-2020 jam 13.23 WIB
- [4]. Husman Husaini. 2011. *Metodologi Penelitian Sosial*. Jakarta: Kiram
- [5]. Muhyiddin. 2020. Covid-19, New Normal dan Perencanaan Pembangunan di Indonesia. *The Indonesian Journal of Development Planning*. Volume IV No. 2 – Juni 2020. Diakses 27-10-2020 jam 9.37 WIB.

- [6]. Notoatmodjo, 2010. *Metode Penelitian Kesehatan*. Jakarta: Penerbit Rineka Cipta.
- [7]. Peraturan Pemerintah Nomor 23 Tahun 2005 tentang *Pengelolaan Keuangan Badan Layanan Umum*.
- [8]. Peraturan Undang-Undang: UUD Nomor 25 tahun 2009 Tentang *Pelayanan Kepmenkes No.128 tahun 2004*
- [9]. Prof. Dr. Dede Anwar Musadad SKM, M.Kes. 2020. *Peran Puskesmas Dalam Penanganan Wabah Covid-19*. Kajian Covid-19 Badan Litbangkes. 31 Mei 2020. Diakses 27-10-2020 jam 17.03
- [10]. Puskesmas Kutabumi. 2020. Profil PKM Kutabumi Tahun 2020.
- [11]. . 2020. Laporan Kinerja LKPJ 2020.
- [12]. Ratminto, Winarsih A.S. 2007. *Manajemen Pelayanan*. Yogyakarta: Pustaka Pelajar
- [13]. Sanjaya. Wina. 2013. *Penelitian pendidikan Jenis Metode dan Prosedur*. Jakarta :Kencana Prenada Media Group
- [14]. Sekaran, Uma. 2003. *Research Methods for Business (A Skill Building Approach)*. John Wiley & Sons. USA.
- [15]. Siti Nurhalimah. 2020. Covid-19 dan Hak Masyarakat atas Kesehatan. *Jurnal Sosial & Budaya Syar-i*. FSH UIN Syarif Hidayatullah Jakarta Vol. 7 No. 6, pp. 543-554. diakses 27-10-2020 jam 12.26 WIB
- [16]. Sugiono. 2012. *Metode Penelitian Kuantitatif Kualitatif dan R & D*. Bandung: Alfabeta
- [17]. Taufik, Hardi Warsono. 2020. *Birokrasi Baru Untuk New Normal: Tinjauan Model Perubahan Birokrasi Dalam Pelayanan Publik Di Era Covid-19*. *JURNAL ILMU ADMINISTRASI PUBLIK*. Vol 2, Nomor 1, Juni 2020. Diakses 27-10-2020 jam 13.27 WIB.