

Able People Puskesmas Cirimekar, Bogor District In Prevention And Treatment of COVID-19

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Abstract

This study aimed to analyze the able people of the Cirimekar Community Health Center, Bogor Regency, in the Prevention and Handling of COVID-19. The research method used is qualitative, with data collection techniques using observation, interviews, and literature study. The survey results stated that Able People at the Cirimekar Health Center had not been built because team member recruitment had not used a merit system, and there were limitations to developing team member competencies. This has an impact on efforts to build innovation that could be more optimal. In terms of prevention and handling of the COVID-19 pandemic, there were several complaints, including exposed residents who were not handled optimally, ineffective communication of health workers in handling COVID-19 services, and the inconsistency and commitment of puskesmas in conveying vaccination targets. Improvement strategies include: (1) filling the shortage of health workers with a merit system (2) In the recruitment of BLUD employees, which is preceded by job analysis and workload analysis (3) maximizing existing resources (HR, facilities/infrastructure and budget) to improve service quality. (4) building and developing innovation and cross-sectoral collaboration in carrying out tasks. (4) Consistency and commitment to service, as well as building good communication with the community.

Keywords: able people, prevention, treatment of COVID-19.

1. Introduction

Since November 2019 the world has been shocked by the news of the COVID-19 outbreak confirmed by WHO, an international body that handles human health. This world health institution announced originality of outbreak from the city of Wuhan, China then spreading to more cities before being transmitted to the closest countries with death rates and isolation care for infected cases. So, efforts to prevent the spread the virus by closing public business activities including closing schools have been done immediately (Putra et al., 2020). The COVID-19 pandemic hit Indonesia from 2020 to 2021, including the working area of the Cirimekar Health Center, Cibinong District, Bogor Regency. An increase in the number of exposure to COVID-19 occurred in the three working areas of the Cirimekar Health Center, namely the Cirimekar sub-district, the Ciriung sub-district, and the Cibinong sub-district. The UPTD of the Cirimekar Health Center as a first-level health facility (FKTP) has a vital role, starting from the field of prevention to handling, namely prevent, detect and respond (Rusliandy & Puspitasari, 2021). However, the prevent-detect and response efforts made by the UPTD of Cirimekar Health Center have yet to be maximized in preventing and handling COVID-19. This can be identified from the following: (1) The increase in community members exposed to COVID-19 in Cibinong District, especially in 2021, cannot be handled optimally by the Cirimekar Health Center, (2) The emergence of several public complaints in July and August 2021 in the working area of the Cirimekar Health Center during the Prevent-detect-response implementation (COVID-19 Task Force Data, Cibinong District), (3) Weak communication among health workers in health services, especially testing and treatment for people exposed to COVID-19 in the Cirimekar Health Center area (Kecamatan Cibinong, 2021).

Based on the explanation stated above, the main problem raised in the research is the weakness of the able people of the Cirimekar Health Center in preventing and handling COVID-19. The research locus was the Cirimekar Health Center, Cibinong District, Bogor Regency, while the research focused on able people at the Health Center. The

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analytical knife used is the concept of able people put forward by (B, 2007) , covering talent selection, talent development, and Leadership.

2. Research Method

The research object was at the Cirimekar Health Center, Cibinong District, Bogor Regency, to see how able people at the Cirimekar Health Center are in the Prevention and Handling of the COVID-19 Pandemic. The research method used is qualitative to analyze able people at the Cirimekar Health Center, Cibinong District, Bogor Regency. This study's data sources are divided into primary and secondary data. Preliminary data were obtained from critical people (informants) at the Cirimekar Health Center, or sub-districts and Cibinong District, Bogor Regency, who were asked to help provide various related information to different activities to prevent and handle the COVID-19 pandemic by the Cirimekar Health Center. Determination of informants is based on the criteria that actors or people because of their competence, credibility, and expertise, as well as manifestations of their position, position, and expertise as resource persons so that they are considered capable of providing data and information about the main issues studied in the study, namely able people at the Cirimekar Health Center, Cibinong District, Regency Bogor. The data and facts needed include opinions, perceptions, and actions of informants who provide information about how able people are at the Cirimekar Health Center, Cibinong District, Bogor Regency. Methodologically, secondary data is obtained from various archives, documents, literature, and writings in the mass media and the internet, which show the existence of the same or different values. The data collection techniques chosen in this study were participatory observation (Sarantakos, 1993), in-depth interviews, and the collection of written or printed documents (Guba, 1983).

3. Results and Discussions

3.1. The Concept of Able People in Organizations

In the concept of Dynamics Governance put forward by Neo and Chen (2007), able people have an essential role in realizing organizational capabilities. Competent people can think, continue to learn, and make choices. Leadership is the most critical factor in building dynamic capabilities, which can be done through recruitment, competency development, and retaining talented people (B, 2007).

Team member criteria needed by an organization that can be the key to success are (1) knowledge, (2) competence, (3) experience. (4) personal attributes or who the person is (Smith & Paese, 2002). These criteria will support the achievement of organizational goals and are in line with the opinion of Robert Rogers, who considers team member performance management: (1) the capacity for skills and knowledge. (2) there is compatibility between goals and organizational values (3) there is team member motivation. (4) there is reinforcement. (6) the existence of reward and punishment. (7) there are obstacles encountered (Rogers, 2006).

3.2. Able People at Cirimekar Health Center

The human resources of the Cirimekar Health Center are 34 people. They can be grouped into two staff, namely: first, operational staff, including doctors, midwives, nurses, pharmacists, environmental health, public health, nutrition, and health promotion. Second, supporting staff, namely administrative staff, financial staff, and officers, assist with registration, drivers, and security. From the aspect of educational qualifications and competencies, the human resources of the Cirimekar Health Center still need to have the educational qualifications and competencies as mandated in the provisions. Of the 34 employees, 80% of employees have educational qualification standards and competency standards, while 20% employees do not meet the educational qualification and competency standards. There are still employees with educational qualifications of high school graduates in health, while provisions require a minimum educational qualification of diploma III. Likewise, with supporting staff, there are still many whose educational qualifications still need to be under educational requirements; for example, the financial staff is filled and carried out by midwives. The person concerned is believed to be a financial officer because he has been supported by training in financial management.

In connection with the presence of 20% of employees who do not meet the required educational qualifications and competencies, the Cirimekar Health Center seeks to improve their competence through training either organized by the Health Office or by being included in professional organizations. For example, for vaccination expertise, several employees are involved in immunization and vaccine expertise training to assist the Puskesmas in vaccination activities during the COVID-19 pandemic.

a. Talent Selection

From the aspect of type or status of employment, the human resources of the Cirimekar Health Center can be classified into three types/status of employment, including (1) CPNS and PNS, (2) Honorary Staff. Honorary workers are distinguished from non-permanent employees (PTT) whose recruitment was carried out by BKPSDM Bogor Regency or West Java Province (before the birth of Law Number 5 of 2014), and some honorary workers were recruited directly by the Health Center before the implementation of the Regional Public Service Agency (BLUD), (3) Recruitment personnel after the implementation of the BLUD. The Cirimekar Health Center has been designated as a Health Center with a BLUD so that it is allowed to recruit employees according to the BLUD's financial capacity.

The stages in team member recruitment at the Cirimekar Health Center are as follows:

- 1) The Cirimekar Health Center prepares a team member needs plan. It begins with job analysis and workload analysis (ABK). These needs planning activities determine the number of employees needed, including the type of position, competency, and educational qualification requirements required.
- 2) After planning team member needs are met, then the following steps can be carried out according to the type of staffing as follows:

CPNS recruitment is distinguished between CPNS paths from general applicants and CPNS from honorary workers. The stages are as follows:

- a) CPNS from general applicants. For those with CPNS status from general applicants, team member selection or recruitment is carried out concerning statutory regulations. The agency that organizes the CPNS selection is the Bogor Regency Personnel and Human Resource Development Agency (BKPSDM). The Cirimekar Health Center only accepts employees assigned with a work order, according to the formation announced at the time of selection. The recruitment mechanism from the general line begins with the stages of job analysis and workload analysis carried out by the Cirimekar Health Center, which produces job descriptions, several team member needs, analysis of needs based on position and job requirements, as well as the needs of the Cirimekar Health Center human resources. The results of the analysis of positions and crew members were then proposed to be proposed team member formations addressed to the Ministry of Administrative Reform and Bureaucratic Reform through the Bogor District BKPSDM. If approved, it is determined to be a team member formation and used as a basis for recruitment. The results of determining the formation followed up with the formation of national and regional selection committees, the announcement of team member recruitment, written selection regarding essential competencies and field competencies, and ending with graduation announcements to propose obtaining an Employee Identification Number (NIP) and being determined as a team member of the Bogor Regency Government.
 - b) Civil Service Candidates from honorary workers were carried out by BKPSDM Bogor Regency and started from 2005 to 2009 based on Government Regulation Number 48 of 2005 in conjunction with Government Regulation Number 43 of 2007. Then from 2010 to 2014, category I temporary team member recruitment was carried out, and II, based on MenPan Circular Number 5 of 2010 and Government Regulation Number 56 of 2012.
 - c) Meanwhile, the Recruitment of CPNS from honorary workers began after job analysis and workload analysis, and selection was not even carried out for admissions which were carried out in the period 2006 to 2012. The selection was only carried out in 2005 and 2013, with a passing grade or threshold far lower than the selection from the general path.
- b. Recruitment of temporary employees or non-permanent employees. Particularly for PTT selection, the selection is carried out with one selection, namely a basic competency test, while for the Recruitment of dominant honorary employees, no selection is carried out.
 - c. The Puskesmas carry out the Recruitment of BLUD employees, but subjectivity is still felt.

In terms of the placement of employees, the Cirimekar Health Center seeks to implement a merit system, namely paying attention to (1) educational qualifications that are by position requirements, (2) competency possessed, (3) discipline, having good work behavior and integrity (4) work performance in carrying out tasks. The Cirimekar Health Center seeks to place employees according to the educational qualifications and competencies required for a position. The Cirimekar Health Center has also outlined higher regulations (Regent Regulation, PP, Law) in the regulation within the Puskesmas regarding HR management of the Regional Public Service Agency (BLUD).

3.3. Talent Development

In order to develop team member competencies, the Cirimekar Health Center takes the following steps: (1) Prepare an analysis of team member competency development needs starting from the type of competency development, as well as employees who need competency development for both new employees and existing employees, (2) Sending the Cirimekar Health Center employees to participate in various training and competency development. This is one of the advantages of the Puskesmas as a BLUD so that it can plan training needs, including delivery of team member competency development.

The obstacles the Cirimekar Health Center faced in carrying out competency development are: first, limited budget/financing. Even though the Cirimekar Community Health Center is already in the form of a BLUD, the income for the Puskesmas BLUD is still minimal. This resulted in the Puskesmas sorting out and prioritizing the training to be attended by its employees. Second, institutions that provide training and training are held in remote places, which results in employees having to leave work. This resulted in the Community Health Centers seeking training close to the office or where the training time was shorter. Overcoming these various obstacles, the Cirimekar Health Center formulated a strategic plan by considering the sub-districts that became the working area of the Cirimekar Health Center. The strategic plan includes program strategies and HR development activities regarding health services, how to manage premier services with a family approach, such as medical aspects of doctors, nursing aspects, and plans for digitizing services.

3.4. Leadership

From the aspect of reward and punishment, the Head of the Cirimekar Health Center carries out reward and punishment. In awarding rewards, some criteria serve as guidelines, namely, work discipline. Work behavior and work performance. These criteria apply to employees with CPNS/PNS status, honorary or PTT, and BLUD employees. The forms of reward given by the head of the puskesmas for Puskesmas employees include (1) verbal greetings for outstanding employees, (2) a certificate signed by the Head of the Puskesmas, (3) sending to attend education and training or competency development, (4) remuneration refers to the financial management of the BLUD. This means that awards can be in the form of funds or money as remuneration, (5) propose for promotion.

While the implementation of punishment refers to the following:

1. PP 94 of 2021 concerning PNS Discipline and Law 5 of 2014 concerning ASN for ASN and PNS
2. Work agreements for honorary employees or BLUD employees
3. Bogor Regent's regulations regarding honorary staff management for employees non-permanent staff (PTT) and honorary staff appointed by the Bogor Regency Government

The forms of punishment carried out are (1) imposition of disciplinary punishment in the form of verbal warnings, written warnings, and so on, according to the type and form of disciplinary punishment stipulated in PP 94 of 2021. (Nomor 10 Tahun 2021 Tentang Pelaksanaan Vaksinasi Dalam Rangka Penanggulangan Pandemi Corona Virus Disease 2019 (COVID-19)., 2021)(2) reduction of remuneration from BLUD funds or capitation for employees who violate it, (3) postponing proposals for promotion or periodic salary increases for employees who violate it, (4) provide team member demotion and rotation. The Cirimekar Health Center has several times imposed punishments for undisciplined employees, not achieving or being productive, and for work behavior problems.

Regarding handling public complaints, the Cirimekar Health Center is making various efforts to improve and handle several complaints in health services. Incoming complaints are formulated, evaluated, corrected, and adjusted to the established SOPs. The Cirimekar Health Center has also prepared the infrastructure for various complaints, criticisms, and suggestions for the services provided. These infrastructure facilities include Facebook, Instagram, and suggestion boxes. These various complaints, suggestions, and criticisms serve as a mirror for improvement, not as a threat to the Puskesmas.

The Community Health Center also conducts outreach to employees about how employees behave in handling various community complaints. Employees are expected to be able to hear and record various complaints so that employees can describe complaints accompanied by recommendations for handling them. Sometimes complaints need to follow what is done by the puskesmas or the puskesmas' duties, but even so, the puskesmas continue to evaluate and make action plans.

Evaluation of complaints is carried out in stages, where there is the person in charge of UKM, a person in charge of clinical services, and a person in charge of the governance management system. An example of evaluation being carried out in stages, including in clinical services, is if the results of the healthy visit indicator are not achieved, then it is discussed with the person in charge. However, there are complaints about the achievements of the UKM program. In that case, it is discussed with all existing service units comprehensively, including how the healthy family program and the infectious disease program are up to evaluation starting from input, process, and even output. The Puskesmas also conducts quarterly meetings by presenting cross-sectors (sub-districts, sub-districts, cadres, TNI, and Police) to discuss various programs and activities, including the formulation of strategies in service and complaint handling. This meeting has given birth to various comprehensive solutions to various problems, especially if it requires collaboration with various stakeholders.

From the governance aspect, the governance of the Puskesmas has been contained in various laws and regulations. The Puskesmas have reviewed the governance that has been implemented by adjusting to these regulations. Reviews are also carried out on various new ideas and innovations so that these ideas are in line with the Puskesmas governance regulations. Reviews are carried out periodically, namely weekly and monthly, and on the achievements of each UKM and UKP. A systemic approach is also carried out, starting from input, process, output, and management.

Various obstacles in the governance of Puskesmas are handled carefully and with a systemic approach, especially with the existence of Puskesmas accreditation; reviewing, analysis, and efforts to overcome various problems/obstacles are always carried out. Puskesmas also always carry out PCDA or Plan Do Check Action on an ongoing basis. Thus, the input and outcome indicators are likely to be achieved eventually. There are always obstacles in implementing programs and activities, so the implementation does not run smoothly. These obstacles can be in the form of inputs such as human resources, budgets, or even materials. Other obstacles occurred in the process in terms of procurement of goods/services, maintenance of infrastructure, and budget realization, which still need to be achieved, resulting in the emergence of Silpa. These various obstacles are constantly analyzed and handled to make improvements or even redesign a program/policy or idea that will be carried out.

The Cirimekar Health Center strives to create a culture of innovation. Innovation often comes from suggestions from employees or even from the community. Various innovations have been carried out in many aspects of SMEs using limited resources but having significant leverage. Various innovations have been made, including the integrated electronic medical record program with all services, from registration to drug collection, to reduce the need for employees. This innovation has benefits, including saving time and saving paper because it is paperless, more efficient, and service effectiveness. The Cirimekar Health Center applies the values of honesty, openness, transparency, accountability, and teamwork. These values are implemented into an organizational culture as agreed upon so that it becomes the habit and behavior of all employees to maintain the values and realize organizational performance.

3.5. Able People at Cirimekar Health Center in the Prevention and Handling of COVID-19

COVID-19 prevention and management activities at the Cirimekar Health Center in Cibinong District refer to Presidential Decree No. 11 of 2020 concerning the Establishment of a Public Health Emergency and Presidential Decree No. 12 of 2020 concerning the Stipulation of Non-Natural National Disasters with the policy of Law Number 4 of 1984 concerning Outbreaks of Infectious Diseases as well as Law Number 6 of 2018 concerning Health Quarantine and Regulation of the Minister of Health Number 10 of 2021 concerning Implementation of Vaccinations in the Context of Mitigating the 2019 Corona Virus Disease (COVID-19) Pandemic. The Cirimekar Health Center, as a first-level health facility (FKTP), has a vital role in its work area, starting from the field of prevention to handling the COVID-19 Pandemic. The operational strategy for handling COVID-19 is Prevent-detect-response. Puskesmas carry out prevention by conducting outreach about COVID-19, methods of transmission and prevention, socialization of clean and healthy lifestyles, using masks, carrying out physical distancing, and eliminating negative stigma against positive cases of COVID-19. As well as appealing to the public to delay seeking treatment at health facilities, they must wear a mask and keep their distance if forced to seek treatment.

In terms of detection, the Puskesmas is tasked with tracing COVID-19 cases online (telemedicine) or offline and conducting PCR Swab tests for close contacts and suspects to establish a diagnosis of COVID-19. Regarding responsiveness, the Community Health Center treats suspected confirmed cases following guidelines, conducts referrals to hospital isolation for patients with confirmed cases of moderate to high symptoms, and requires further treatment as well as confirmed cases of asymptomatic and mild symptoms for which independent isolation is not

feasible. Responses regarding the handling of the bodies were carried out in collaboration with the corpse-handling team under the command of the District Task Force.

From June to August 2021 is the peak (Nomor 10 Tahun 2021 Tentang Pelaksanaan Vaksinasi Dalam Rangka Penanggulangan Pandemi Corona Virus Disease 2019 (COVID-19)., 2021) number of residents exposed to COVID-19; there are several complaints directed at the Cirimekar Health Center, including: (1) The slowness of health workers in detecting and responding. Many residents wish to be tested and referred to an integrated isolation place or hospital but need to be faster and more optimal in getting services from the Puskesmas. This is due to the limited health human resources at the Puskesmas, limited ambulances, and there are Puskesmas health workers who are exposed to COVID-19 at the same time. (2) In carrying out the vaccination, there were complaints from the lurah, RW, and RT regarding commitment and consistency in the vaccination targets served. There are often differences between the vaccination targets that will be served and those that have been socialized, but in practice, they are below that target. This is a complaint and criticism from executors such as kelurahan or RW and RT as accountability to the community. Meanwhile, for the community, many are disadvantaged because they have permission not to go to work for vaccinations but are not served because the vaccine has run out. (3) Weak communication among health workers in health services, especially testing and treatment for people exposed to COVID-19 in the Cirimekar Health Center area (COVID-19 Task Force Data, Cibinong District).

Table 1. Number of Vaccination Targets and Residents Who Have Been Vaccinated in the Work Area of the Cirimekar Health Center, Cibinong District on December 6, 2021

No	District	TOTAL POPULATION	VACCINATION TARGET POPULATION	CITIZENS WHO HAVE BEEN VACCINED	TASE PROCENT
	Working area Puskesmas Cirimekar		52.641		
1	Cibinong	27.145	19.002	17.544	92,33%
2	Cirimekar	13.711	13.008	12.633	97,12%
3	Ciriung	29.474	20.631	19.941	96,66%
	TOTAL	70.330	52.641	50.118	95,2%

Source: *Satgas COVID-19 Kecamatan Cibinong, 2021*

The table 1 also shows that in December 2021, the Cirimekar Health Center completed the vaccination target above 95.2% for three urban villages. This is one of the health center performance indicators that can be classified as good. The sub-district awarded the Cirimekar Health Center the second winner in achieving the most vaccination targets.

Based on the results of the study, the Cirimekar Health Center's able people in the prevention and treatment of COVID-19 are not by the concept put forward by (B, 2007); in its implementation, they are still faced with the following problems:

- a. Able People still needs to be developed, which is still a weakness of the Cirimekar Health Center. It can be identified as follows: (1) recruitment of employees, especially CPNSD from the honorary route, honorary employees, and BLUD recruitment workers/employees, have yet to use the merit system. Employees must still match their educational qualifications with the specified position requirements, (b) Limitations in team member competency development due to budget constraints or the location of the training, which is far away.
- b. Barriers to able people result in non-optimal efforts to build innovation. This can be seen from the minimal participation of puskesmas in holding regional innovations.

4. Conclusion

Able People at the Cirimekar Health Center have yet to be developed because team member recruitment, especially the honorary and BLUD pathways, have not used the merit system, and the limitations in developing team member competence are due. This has an impact on efforts to build innovation that could be more optimal. On the other hand, the Prevention and Handling of the COVID-19 Pandemic carried out by the Cirimekar Health Center faced several complaints, including residents' exposed to not being handled optimally (especially from June to August 2021), ineffective communication of health workers in handling services for COVID-19, especially testing and treatment, and the inconsistency and commitment of the puskesmas in conveying the target of the vaccinations carried out which resulted in complaints from the village head, RW, RT, and the community. Taking into account the research results,

there are several suggestions for building and improving the Able People of Cirimekar Health Center in preventing and handling the COVID-19 Pandemic as follows: (1) The Regional Government through BKPSDM needs to meet the shortage of health workers at the Cirimekar Health Center with a merit system approach (2) Health Center Cirimekar in recruiting BLUD employees must pay attention to the results of job analysis and workload analysis, as well as the merit system approach. (3) To effectively prevent and deal with the COVID-19 Pandemic, the Cirimekar Health Center must maximize existing resources (HR, facilities/infrastructure, and budget) to improve service quality. Then build and develop innovations in the prevention and handling of COVID-19 in the working area of the Cirimekar Health Center, and build cross-sectoral collaboration in carrying out tasks. (4) Consistency and commitment to service, especially if it has been socialized to the community regarding vaccination targets.

References

- B, C. N. (2007). *Dynamic Governance: Embedding Culture, Capabilities and Change in Singapore*. World Scientific Publishing Co.
- Guba, Y. S. L. (1983). *Naturalistic Inquiry*. SAGE Publications.
- Kecamatan Cibinong. (2021). *Data Capaian Vaksinasi di Kecamatan Cibinong Tahun 2021*.
- Nomor 10 Tahun 2021 tentang Pelaksanaan Vaksinasi dalam Rangka Penanggulangan Pandemi Corona Virus Disease 2019 (COVID-19)., (2021).
- Putra, P., Liriwati, F. Y., & Tahrim, T. (2020). The Students Learning from Home Experience during COVID-19 School Closures Policy in Indonesia. *Jurnal Iqra' : Kajian Ilmu Pendidikan*, 5(2), 30–42.
- Rogers, R. W. (2006). *Realizing the Promise of Performance*. DDI Press.
- Rusliandy, R., & Puspitasari. (2021). Prevention and Handling of COVID-19 in the Work Area of UPTD Puskesmas Tanah Baru through Collaborative Governance. *Budapest International Research and Critics Institute (BIRCI-Journal): Humanities and Social Sciences*, 4(3), 3826–3835.
- Sarantakos, S. (1993). *Sosial Research*. Macmilan Education Australia Pty Ltd.
- Smith, B., & Paese, M. (2002). *Grow Your Own Leader*. Prentice Hall.