



How is the District Health Center Improving the Quality of Health Services in the Kampar Kiri Tengah Subdistrict?

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ABSTRACT

This research was conducted at the Kampar Kiri Tengah District Health Center, Kampar Regency. This research aims to determine the community health center's strategy for improving the quality of health services in the Kampar Kiri Tengah sub-district. Data was processed using qualitative descriptive methods. Data was obtained through direct observation, documentation, and interviews, where the respondents' answers were described and then analyzed by the author. In this research, the community health center's strategy for improving the quality of health services in the Kampar Kiri Tengah sub-district is seen based on the 2020 Strategic Plan (BLUD) of the UPTD Kampar Kiri Tengah Community Health Center, Kampar District Health Service regarding Program Strategy, Funding, Indicators, and Targets. From the results of program measurements for each indicator, the strategy for improving the quality of health services in the Kampar Kiri Tengah sub-district can be good. Efforts made by community health centers include establishing family health service programs, nutrition improvement programs, infectious disease eradication programs, environmental health programs, and health promotion efforts where the program aims to improve public health and provide good services.

Keyword:

Strategy, Program, Quality, Health Services

INTRODUCTION

Article 28 H Paragraph (1) of the 1945 Constitution states, "Everyone has the right to live in physical and spiritual prosperity, to have a place to live, and to have a good and healthy living environment and the right to receive health services." The right to live a healthy life is a fundamental right that must be guaranteed because health is part of the primary needs of

every human being. A healthy body and soul enable every human to carry out his activities and work.

According to Azwar (2000), health services are provided individually or within an organization to maintain and improve health, prevent and cure disease, and restore the health of individuals, families, groups, and communities. Health services are a fundamental right of society that must be fulfilled in health development. This must be seen as an investment to improve the quality of human resources, support economic development, and have an essential role in poverty alleviation efforts (Hidayat, 2017). Health services aim to meet the needs of individuals and society to overcome, neutralize, or normalize health problems that may arise in society.

To ensure health, a quality and optimal health service system is needed to meet people's needs to maintain healthy lives. Quality services are health services that care and are focused on community needs and meet community expectations and values as requirements that can be met to satisfy people who use health services. Of course, people expect responsible, safe, and quality health services so that people who use health services feel protected when using these health services (Rosdiana, 2017).

To realize quality health services, the government is responsible for regulating, controlling, and managing health services reasonably and beneficially for the community. One of the government's efforts to bring health services closer to the general public is establishing community health centers (*puskesmas*) in every sub-district (Ratnasari, 2020).

According to the Ministry of Health of the Republic of Indonesia (2004), *Puskesmas* is the technical implementation unit of the Health Service, which carries out some of the operational technical tasks and is the spearhead of health development. The services provided by community health centers are comprehensive services, which include curative (treatment), preventive (prevention), promotive (health improvement), and rehabilitative (health restoration) services. This service is aimed at all residents without discriminating between gender and age group, from conception in the womb until death (Ii, 2014).

In carrying out its programs, *Pusat kesehatan masyarakat (Puskesmas)* or District Health Center must have a clear strategic plan based on the priorities of health problems that are currently occurring. The strategy is outlined in target indicators and targets to be achieved within a specific period. Preparing the community health center strategy refers to the health service's strategic plan. It adapts it to resources, the environment, community needs, and the role of the community in the work area of the community health center. The Kampar Kiri Tengah Community Health Center is a community health center that has never been researched before, so researchers are interested in conducting research at this community health center by discussing the program strategies implemented to improve the quality of health services.

Kampar Kiri Tengah Community Health Center is a community health center located in a rural area with a high population density and various potential health problems. Several public health problems are related to the Kampar Kiri Tengah Community Health Center program in the form of Health Promotion, Environmental Health, MCH, Nutrition, and P2PL. One example is that in the Health Promotion program, the formation of inactive standby villages still lacks support from the village and a minimal budget at the Kampar left-center health center. For example, the *Puskesmas* carries out inactive Village Health Program activities with funding requirements for this program reaching Rp. 11,000,000, but there is no allocation of funds for developing alert villages. The following is a table of the achievements of the community health program at the Kampar Kiri Tengah Community Health Center from 2017-2021:

**Table 1. Achievements of the Kampar Kiri Tengah
Community Health Center Program 2017-2021**

NO	TYPE OF SERVICE			YEAR ACHIEVEMENTS (%)				
				2017	2018	2019	2020	2021
1	Pregnant Services	Women's	Health	88	92	92,90	98,2	90,0
2	Maternal Health Services			90	93	91,07	98,8	81,3
3	Newborn health services			94	97	77,60	100	63,6
4	Toddler health services			97	81	67,66	70	80,3
5	Health Services at primary education age			92	95	94,11	99,2	0
6	Health services at productive age			100	100	11,39	40	31,6
7	Health services in old age			60	100	9,11	70	100
8	Health services for hypertension sufferers			51	3	7,90	50	8,87
9	Health services for diabetes mellitus (DM) sufferers			84	100	54,57	30	100
10	Health services for people at risk of HIV infection			0	100	9,08	70	33,3
11	UCI Achievements	Village/Subdistrict		72	64	80	95	0
12	Health services for people suspected of Tuberculosis			73	89	53,68	40	63,7
13	Community satisfaction with community health center services			80	80	85	85	85

Source: Kampar Kiri Tengah Health Center Strategic Plan, 2020

From the table above, the realization of program achievements from 2017-2021, the entire program tends to fluctuate. While the realization is that some have achieved the target every year, some have yet to achieve it. The table 2. provide the targets to be achieved in 2022 to improve the quality of health services and create a healthy society in the Kampar Kiri Tengah sub-district.

**Table 2. Strategic Targets for the Kampar Kiri Tengah
Community Health Center in 2022**

No	Strategic	Performance Indicators	Target
1	Increasing the quality of maternal and child health services and reproductive health	1. Coverage of visits by pregnant women (K4)	95 %
		2. Coverage of childbirth by health workers	90 %
		3. Postpartum delivery coverage	90 %
		4. Neonatal visit coverage (KN3)	90 %
		5. High-risk detection coverage in pregnant women	90 %
		6. Coverage of early initiation of breastfeeding	58 %
2	Increasing the nutritional status of the community	7. Weighing toddlers	88 %
		8. Distribution of vitamin A to infants (6-11 months)	100 %
		9. Vitamin A for toddlers (12-60 months)	95 %
		10. Vitamin A for postpartum mothers	90 %

No	Strategic	Performance Indicators	Target
3	Increased prevention and control of communicable and non-communicable diseases	11. Scope of administration of 90 tables of iron (Fe-3) to pregnant women	81 %
		12. Complete basic immunization coverage for babies	93 %
		13. Coverage of BIAS immunization (Class I, II, and V)	95 %
		14. Universal Child Immunization (UCI) village/subdistrict achievement coverage	100 %
		15. Coverage of villages or sub-districts experiencing outbreaks that were carried out by epidemiological investigations in < 24 hours	100 %
4	Increasing the quality of environmental health	16. Complete basic immunization coverage for babies	100 %
		17. Public places (TTU) that meet health requirements	65 %
5	Increasing health promotion efforts and community empowerment	18. Active alert village coverage	80 %

Source: *Kampar Kiri Tengah Health Center Strategic Plan 2020*

METHODS

This study uses qualitative methods, using descriptive qualitative data collection through observation, interviews, and documentation. Types of data In this study, the authors used (two) types of data sources, namely Primary Data and Secondary Data. The research focus is a problem that originates from the researcher's experience or knowledge obtained through other decisions: data Collection Techniques, Observations, Interviews, and Documentation. Data analysis includes data reduction, presentation, and decision-making or verification.

The research object is in Simalinyang village, Kampar Kiri Tengah District, Kampar Regency. This research uses a qualitative approach, so the population and sample are not used, but critical informants are used. So, the informants in this research can be seen in the following table:

Table 3. Key Informants at the Kampar Kiri Tengah Community Health Center

No	Key informant	Amount
1	Head of UPTD <i>Puskesmas</i> Kampar Kiri Tengah District	1
2	Kampar Kiri Tengah District Health Center employee	4
3	People who are patients or who live around the Kampar Kiri Tengah District Health Center	10
Total		15

Source: researcher

RESULT AND DISCUSSIONS

Program measurement framework

Strategic targets are formed by the leading performance indicators, targets, and realization to achieve the targets. To obtain the percentage of program achievements

calculated from the number of realizations within one year divided by the number of targets within one year in the same year multiplied by 100%.

Family Health Services Program

Family health services are one of the leading programs that aim to increase the reach and quality of MCH services effectively and efficiently. The following table shows the realization of program achievements from 2018-2022, namely:

Table 4. Comparison of Realization of Program Achievements for 2018-2022 Targets for Improving Reproductive Health of Mothers and Children

Target	Indicator	Realization (%)				Achievement 2022			
		2018	2019	2020	2021	Target (%)	Target	Realization	%
Improved maternal and child/reproductive health	Coverage of Pregnant Women's Visits (K4)	91,0	98,2	94,3	94,3	95	629	562	89,3
	Coverage of childbirth by health workers	83,6	97,9	98,8	81,3	90	598	486	81,3
	Postpartum service coverage	92,7	80	79,1	76,9	90	598	460	76,9
	Neonatal Visit Coverage (KN3)	82,1	100,5	98,2	101	90	572	537	93,9
	High-risk detection coverage in pregnant women	98	69	73	100	90	126	33	26,1
	Early Breastfeeding Initiation (IMD) Coverage	74	77	89,97	84,1	58	598	486	81,2

Source: Kampar Kiri Tengah Health Center Strategic Plan, processed

The table above shows the comparative percentage of realization of program achievements for 2018-2022. In terms of coverage of visits by pregnant women, there is a difference in realization, which decreased by 5% in 2021 and 2022. In 2022, the number of visits by pregnant women at the Kampar Kiri Tengah Community Health Center decreased from previous years, one contributing factor being the decreasing level of public knowledge about the importance of health for mothers and children (MCH). Based on the results of interviews on April 10, 2023, it is known that the decline in coverage of pregnant women's visits was caused by various factors, namely family support, education, age, distance, work, behavior, and so on.

Regarding delivery coverage by health workers, it is clear that the realization trend for 2018-2020 has increased gradually and has reached the target determined each year. In 2021-2022, the realization stayed the same and did not reach the targets set each year, but the realization was included in the suitable criteria. The reason that coverage of childbirth has not increased in the realization of target achievements is that a small portion of the population prefers non-health workers or traditional birth attendants as birth attendants at home.

In terms of coverage of postpartum services, it can be seen that the realization trend for 2018-2021 continues to decline gradually from year to year. In 2022, the realization is the same as in 2021, where the realization has not changed or increased and has not reached

the target determined yearly. This is because postpartum mothers do not understand the importance of postnatal health checks.

For Neonatal Visits (KN3) coverage, the realization from 2018-2022 tends to fluctuate. However, all the realizations have reached the targets set each year, such as improved health service facilities handling cases of neonatal emergencies, which are followed up on according to authority or referred to a higher level of service. For coverage of high-risk detection in pregnant women, the realization from 2018-2022 tends to fluctuate, but not all realization reaches the yearly target. There is a difference in realization, which decreased by 73.9% in 2021 and 2022. In 2021, the realization reached 100%, while in 2022, the realization decreased to 26.1%. For the coverage of Early Breastfeeding Initiation (IMD), the 2018-2020 realization trend continues to increase from year to year. Meanwhile, in 2021-2022, realization decreased, but all realizations reached the targets set each year. There was a decrease in realization difference of 2.9% in 2021 and 2022. Based on the description of the indicators above, several program indicators have achieved targets. Only a few indicators have not achieved the desired target realization, but on average, the program achievements are classified as good.

Nutrition Improvement Program

The Community Nutrition Improvement Program is implemented to improve the nutritional status of the community and identify and improve/correct malnutrition, especially for toddlers and pregnant women. The following is a table of realization of program achievements, namely:

**Table 5. Realization of Targets for 2018-2022
Target of Increasing Community Nutritional Status**

Target	Indicator	Realization (%)				Target (%)	Achievement 2022		
		2018	2019	2020	2021		Target	Realization	%
Increasing Community Nutritional Status	Toddler weighing	89,6	63,8	71,5	63	88	2142	1449	67,6
	Distribution of vitamin A in infants (6-11 months)	107	97	98,1	99	100	286	285	99,6
	Vitamin A for toddlers (12-60 months)	102	95,2	97	96	95	1610	1576	97,8
	Vitamin A for postpartum mothers	93	90,4	91	96	90	598	486	81,3
	Scope of administration of 90 tables of iron (Fe-3) to pregnant women	89,1	90	89,4	98	81	629	562	89,3

Source: Kampar Kiri Tengah Health Center Strategic Plan, processed

The table above shows the comparative percentage of realization of program achievements for 2018-2022. For the coverage of toddler weighing, there is a tendency for realization to fluctuate, where realization from 2019-2022 does not reach the target determined each year. There is an increasing difference in realization from 2021 and 2022 of

Target	Indicator	Realization (%)				Achievement 2022			
		2018	2019	2020	2021	Target (%)	Target	Realization	%
	investigations in < 24 hours								
	Coverage of hypertension sufferers who receive services according to standards	3	7,90	50	8,87	100	779	250	32,1

Source: *Kampar Kiri Tengah Health Center Strategic Plan, processed*

The table above shows the comparative percentage of realization of program achievements for 2018-2022. For complete basic immunization coverage for babies, there is a trend towards a gradual decline in realization from 2018-2021. In 2022, realization will increase to 73%, with the difference increasing by 17% from 2021 to 2022. The target set was not achieved because beliefs still prohibit immunization. Based on the results of interviews conducted on April 13, 2023, it is known that the informants did not carry out further immunizations due to various factors, one of which was the belief that after immunization, their children became sick. Other factors are also busy: many activities, the immunization place is far from home, no vehicles, no one to accompany it, and so on.

For the scope of implementation of BIAS immunization (Classes I, II, and V), it appears that the realization trend is stable and has reached the targets set each year; there is a difference in realization, which decreased by 5.7% in 2021 and 2022. The BIAS immunization target was achieved because it is carried out at school, and the students are also accompanied by their parents, thus increasing the students' courage when being injected.

For the coverage of Universal Child Immunization (UCI) village/sub-district achievements, there is a tendency for realization to increase from 2018-2020, but in 2021-2022, the realization will decrease drastically, far from achieving the targets set each year. In 2022, the realization achievement will only be 9%; 10 villages still have yet to reach UCI out of the 11 existing villages. This is due to incomplete or poor record keeping from officers, and there are still beliefs that prohibit immunization.

For the coverage of villages or sub-districts experiencing outbreaks carried out by epidemiological investigations in < 24 hours during 2018-2021, villages were stable, while in 2022, it increased to 100%. In previous years, the frequency of outbreaks has increased from 0 incidents to 1 incident, with one village experiencing an outbreak with PE < 24 hours. For coverage of hypertension sufferers who receive services according to standards, there is a tendency for realization to fluctuate from 2018-2022, where program coverage does not reach the predetermined target. The difference in realization increased from 2021 to 2022 by 23.23%.

Environmental Health Program

Environmental health programs aim to create a healthy environment to protect people from environmental threats and dangers. The following is the realization of the program targets for 2018-2022, namely:

Table 7. Realization of Targets for 2018-2022
Target: Increase the quality of environmental health

Target	Indicator	Realization (%)				Achievement 2022			
		2018	2019	2020	2021	Target (%)	Target	Realization	%
Increasing the quality of environmental health	Public places (TTU) that meet health requirements	61,0	60	61	61,0	65	101	43	61

Source: Kampar Kiri Tengah Health Center Strategic Plan, processed

Performance indicators for public places (TTU) that meet health requirements are places or facilities run by the government/private sector or individuals used for community activities, including health facilities, school facilities, places of worship, and markets. The table above shows the comparative percentage of realization of program achievements for 2018-2022. The realization trend for the Public Places (TTU) indicator that meets health requirements appears to be constant/stable from 2018-2022 at 61%. There is no difference between 2021 and 2022. The target has not been achieved. However, the performance indicators of this program are included in the good criteria because they are close to achieving the specified program targets.

Increasing Health Promotion and Community Empowerment

Health promotion and community empowerment aim to increase the community's awareness, willingness, and ability to recognize, overcome, maintain, protect, and improve their welfare. The following is the realization of the program targets for 2018-2022, namely:

Table 8. Realization of Targets for 2018-2022 Alert Village Indicators

Indicator	Realization (%)					Achievement 2022		
	2018	2019	2020	2021	Target (%)	Target	Realization	%
Active alert village coverage	0	0	0	0	80	11	0	0

Source: PKP Kampar Kiri Tengah Health Center, processed

The scope of active alert villages is to build a village system responsible for maintaining the community's health under the guidance and interaction of a midwife and two village cadres. Table 8 shows that in the inactive alert village coverage indicator, realization from 2018-2022 tends not to change and never reaches the yearly targets. Based on PKP data from the Kampar Kiri Tengah Community Health Center, it is known that one of the factors causing the failure to establish an active alert village is that the funding requirements for this program are insufficient, and there is a lack of support from the local village for the program to be achieved. Based on the 2023 Kampar Kiri Tengah Community Health Center PKP, it is stated in Problem-solving efforts that it is necessary to approach villages and collaborate with cross-sectors to achieve an active alert village.

Increasing the Quality of Health Services

Improving the Quality of Health Services refers to healthcare facilities' attempts to deliver healthcare services that meet standards and emphasize patient safety. For this reason, improvements are needed in various systems, including human resources, budgets, health facilities, and infrastructure, to achieve service quality that meets standards.

Human Resources

Table 9. Number of Staff at the Kampar Kiri Tengah Community Health Center

No	type of profession	Amount	Requirement Standards	Lack
1	General practitioners	2	4	2
2	Dentist	1	2	1
3	Pharmacist	0	2	2
4	pharmacist assistant	0	2	2
5	Administration	1	1	0
6	Medical Records Personnel	2	2	0
7	Midwife	15	10	0
8	Village Midwife (Pustu)	11	11	0
9	Nurses & Village Nurses (Pustu)	14	14	0
10	Dentist	1	1	0
11	Laboratory Personnel	2	4	2
12	Sanitarian	1	2	1
13	Nutrition Executive	2	2	0
14	Public Health Workers	2	1	0
15	Health Epidemiology	0	1	1
16	Night Watch Officer	1	2	1
17	Ambulance driver	0	2	2
18	Cleaning Servis	1	3	2
	Total	56	66	16

Source: Kampar Kiri Tengah Health Center Strategic Plan, processed

In Table 9, it can be seen that the Kampar Kiri Tengah Health Center 2022 has increased its health workforce. Previously, in 2020, based on data in the strategic plan, health workers numbered 33 employees, which then increased in 2022 to 56 employees. In 2022, the number of health workers has increased a lot, and there have been many changes for the better, namely that many medical workers have been selected based on their knowledge, and cadre coaching and retraining have also been carried out. However, there are still shortages of doctors, pharmacists, pharmacist assistants, ambulance drivers, security officers, and other funds. However, the adequacy and quality of human resources are included in the suitable criteria.

Health Facilities and Infrastructure

Table 10. Data on the Availability of Facilities and Infrastructure at the Kampar Kiri Tengah Community Health Center 2022

Activity	Target	Achievemen t	Scope	
			Variable	Sub Variabel
1. Availability of facilities by Minister of Health Regulation 75 of 2014			75,0 %	
a. Non-Inpatient Health Center	21 Space	21		100%
b. Inpatient Health Center	26 Rooms	0		0%

Activity	Target	Achievement	Scope	
			Variable	Sub Variabel
2. Availability of Infrastructure by Minister of Health Regulation 75 of 2014	10 Systems	10		100%
a. Aspek Data Filling Percentage	Completeness 100%	100		100%

Source: Simalinyang PKP Format, 2022

Table 10 shows that in the Kampar Kiri Tengah Community Health Center in 2022, the availability of facilities and infrastructure, according to Minister of Health Regulation 75 of 2014, the availability coverage is 75%. The target for the availability of facilities is by Minister of Health Regulation 75 of 2014 for non-inpatient health centers with 21 rooms, with the target being achieved at 100% of available spaces, and for inpatient health centers with 26 rooms, with the target achievement of inpatient health centers being 0%. This is because the Kampar Kiri Tengah Community Health Center is a community health center that does not provide inpatient services other than standard delivery services.

Table 11. Data on the Condition of Health Facilities and Infrastructure of the UPTD Kampar Kiri Tengah Health Center in 2022

No	Location	Facility Name	Unit	Condition
1	Simalinyang	Main Health Center	1	Good
		Medical Home	3	Moderately Damaged
		Mobile Health Center	2	Good
		Toddler Posyandu	2	Damaged
2	Penghidupan	Pustu	1	Good
		Toddler Posyandu	4	The building is there
3	Mayang Pongkai	Pustu	1	Good
		Integrated Healthcare Center	2	Moderately Damaged
4	Lubuk Sakai	Pustu	1	Good
		Integrated Healthcare Center	2	Good
5	Bukit Sakai	Pustu	1	Good
		Integrated Healthcare Center	1	No Buildings
6	Bina Baru	Pustu	1	Good
		Integrated Healthcare Center	4	Good
7	Koto Damai	Pustu	1	Good
		Integrated Healthcare Center	3	Good
8	Hidup Baru	Pustu	1	Good
		Integrated Healthcare Center	2	Good
9	Karya Bakti	Pustu	1	Good
		Integrated Healthcare Center	2	Good
10	Mekar Jaya	Pustu	1	Moderately Damaged
		Integrated Healthcare Center	1	Good
11	Utama Karya	Pustu	1	Moderately Damaged
		Integrated Healthcare Center	1	Good

Source: Simalinyang Community Health Center PKP, 2022

100% Infrastructure Availability has been achieved, with the target of 10 systems being available. Moreover, the percentage of filling in aspect data is 100% complete. Table 11 shows that each village's Kampar Kiri Tengah Health Center 2022 will have various conditions. For

facilities that need repair, there needs to be support from various parties, especially support from the repair budget. The condition of the facilities is quite good with every village having a *pustu* and *posyandu* building, only certain buildings need repairs.

Administration and Management Performance Achievements

Kampar Kiri Tengah Community Health Center conducted a Community Satisfaction Survey to see community satisfaction with community health center services. The average level of community satisfaction at the Kampar Kiri Tengah Community Health Center is relatively high, with an IKM score reaching more than 80%.

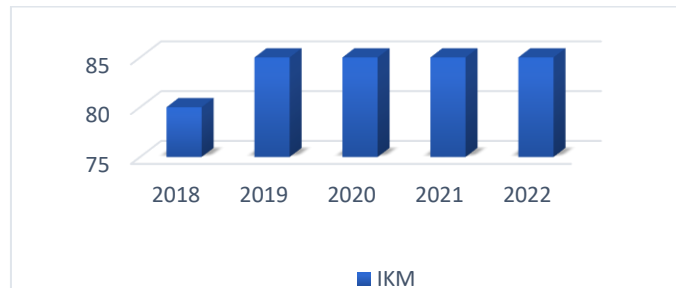


Figure 1. Bar Diagram of Community Satisfaction Index for Kampar Kiri Tengah Community Health Center 2018-2022.

From the results of interviews conducted from 12 to April 13, 2023, at the homes of several informants, it was concluded that the satisfaction received by each community was different, and on average, service recipients said they were pretty satisfied with the services provided by the Kampar Kiri Tengah health center.

Problems and Obstacles

Researchers found obstacles to improving the quality of services at the Kampar Kiri Tengah Community Health Center in the research conducted, for example: 1) Lack of budget at the Kampar Kiri Tengah Community Health Center. Budget is the most crucial factor to consider when improving facilities, infrastructure, and quality services. However, due to budget limitations, *Puskesmas* does not optimally improve the quality of its services. For example, the *Puskesmas* carries out inactive Village Health Program activities with funding requirements for this program to reach IDR. 11,000,000, but funds must be allocated for developing alert villages. Apart from that, another cause of the problem is the lack of support from the village to form a standby village. 2) Lack of medical personnel, the ratio of health workers by profession (general practitioners, dentists, pharmacists, pharmacist assistants, laboratory staff, sanitarians, Health Epidemiologists, night watch officers, ambulance drivers, and Cleaning Services) does not meet the required standards. Recording or reporting is incomplete and poor by officers. There is not yet optimal cross-sector coordination in handling health problems.

External Factors. 1) Lack of public awareness of health, for example, there is a lack of awareness among mothers to provide exclusive breastfeeding because the mother is working, after immunization she no longer comes to the *posyandu* for various reasons, the network is still loose, and so on; 2) Public knowledge is still low, For example, the decreasing level of public knowledge about the importance of maternal and child health (MCH), the habit of parents marrying off their children at a young age, and the lack of knowledge about reproductive health.

Steps implemented by the Kampar Kiri Tengah Community Health Center to overcome obstacles: 1) Take an approach with villages and across sectors in forming active alert villages to create healthy, caring communities responsive to their health problems; 2) Carrying out outreach and increasing education in various areas of health programs that are spread across various levels of society to increase public knowledge about the importance of health; 3) Recruit medical personnel according to the required areas of expertise; 4) Approach families who refuse immunization; 5) Provide support to officers for better recording in the future; and 6) Increase the ability to detect patients early

The funding or budget support available to carry out the duties and functions of the Kampar Kiri Tengah Health Center in 2022 comes from JKN *Puskesmas* Capitation, APBD Operations, and Health Operational Assistance. In 2022, health funding for the Kampar Kiri Tengah Community Health Center will include funding for IDR's Health Operational Assistance (BOK) program Rp. 748,114,731, and details of financing for the National Health Insurance (JKN) program amounting to Rp. 828,000,000, with a total financing amount of around Rp. 1,576,114.73, intended to support implementing programs directly related to strategic target indicators and supporting programs.

CONCLUSION

The author's research regarding Improving Family Health Services is divided into several indicators, namely the coverage of visits by pregnant women (K4), which is classified as good with the percentage of realization of visits by pregnant women of 89.3% from the previously set target of 95%. The realization is included in health workers' good criteria for delivery coverage, with a percentage of realization achieved at 81.3% of the previously set target of 90%. The realization of program achievements of 76.9% for postpartum service coverage is quite good. The coverage of neonate visits (KN3) is considered good, with the realization of program achievements of 93% having achieved the target that has been determined; this is because all referral facilities have provided services for all cases of neonates with complications found. For high detection coverage in pregnant women, the realization of program achievements is classified as poor, where the achievement percentage is only 26.1%, which is not by the target set. For early initiation of breastfeeding (IMD), the realization of achievement is classified as good, with the achievement obtained at 81.3%

Furthermore, for the nutrition improvement program, which is divided into several sub-indicators, the overall performance indicators for nutrition improvement are classified as good. It is only necessary for the community health center to carry out further outreach and education activities so that the community participates more in every health program and knows the importance of health. Furthermore, the program to eradicate communicable and non-communicable diseases is divided into several sub-indicators, realizing that all performance indicators are good. In this infectious disease eradication program, the coverage of program results achieved in 2022 is 57.9%. The Environmental Health Program is divided into several sub-indicators where the realization of the overall performance indicator program is classified as good, with the percentage in each program reaching the predetermined target. In health promotion and community empowerment efforts, the coverage of inactive alert villages in their implementation by the community health center was not realized. This is due to the lack of support from the village for the formation of villages and the allocation of insufficient funds to form active standby villages. Regarding the quality of health services, if we look at human resources, the availability of human resources is sufficient. There are only a few shortages of types of personnel who do not meet the required standards but are

considered good. Let us look at the availability of facilities and infrastructure in 2022. The availability is included in the perfect criteria, where both in terms of space and completeness of medical systems or equipment have increased a lot.

From these indicators, it can be said that the health service strategy is in the excellent category of improving family health and nutrition, eradicating infectious and non-communicable diseases, environmental health, health promotion, and quality of health services. However, several aspects still hinder the community health center program strategy, such as lack of budget, professional medical personnel, public awareness, and low public knowledge of health.

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