

SERVICES MANAGEMENT OF INTEGRATED HEALTHCARE CENTER FOR MOTHERS AND THEIR TODDLERS INDIMITO VILLAGE, WONOSARI DISTRICT BOALEMO DISTRICT

Hasan DjafarKani¹⁾, Darman²⁾Sitti Husna Noviana Djou³
^{12,3)} Universitas Bina Mandiri Gorontalo, Indonesia.

Email : senaarsilakani@gmail.com

ABSTRACT

The purpose of this study is to ascertain the management of Dimito Village's Integrated Service Post (*Posyandu*) for Mothers and their toddlers. This is a descriptive study with a qualitative approach. Qualitative research utilizes both primary and secondary data sources. The data analysis technique used is data analysis techniques based on the Miles and Huberman model of data processing. The finding of this study indicate that 1) the service of *posyandu* Program in term of its availability base upon the stages is already running well. 2) Meanwhile from its social acceptability is operating efficiently. 3) From an accessibility standpoint, it is already functioning properly. 4) From a practical standpoint, its has been accomplished .5) It has been going well in terms of quality.

Keywords: Management, Service, *Posyandu* Program and Mother and Toddler

BACKGROUND

Service management is the process of combining science and art in order to plan, organize, implement, and control service activities in order to accomplish service objectives. Public service management is critical in implementing public services in providing excellent service to the community, which is a manifestation of obligations as civil servants, in order to fulfill the aspirations of public services, such as transparency, accountability, conditionality, participation, equality for all, and a balance of rights and obligations.

The Dimito Village Government in collaboration with the Boalemo District Health Office built three *posyandu*

units. They are *Posyandu Mawar Putih*, *Posyandu Kaci Dingin* dan *Posyandu Pos Pasar*, which are located under the auspices of the Wonosari Public Health Center. Thus far, *posyandu* development in Dimito Village has fallen short of expectations. The *posyandu's* primary objective is to improve services for mothers and their toddlers. In reality, however, people believe that the services provided are still inadequate. This is because many people in Dimito Village have not fully grasped the significance of the *posyandu*.

Routine visits to *posyandu* are still not at their best. This is due to the fact that virtually every month, visits to the

posyandu are still considered insufficient. Table 1 shows the same information as the data below. The following are the statistics for visits to Posyandu:

Tabel 1. Visits to Posyandu

Month	% Visit
January	29%
February	30%
March	35%
April	35%
May	34%
June	35%

Sumber :District Health office of Boalemo in 2019.

The table represents the monthly visit to Posyandu in only about 25%. It means that only 29-35% visit of mother and toddler.

1. Management Theory

a. The Definition of Management

Management is the science and art of directing the process of effectively and efficiently employing people and other resources to achieve specific objectives [1].

Management also explains that management is a series or process that includes planning, organizing, implementing, monitoring, evaluating and controlling activities in order to empower all of the company's organizational resources, both human resources and human resources.[2].

a. The Functions of Management

There are four basic functions of management, they are:[3]

1) Planning

Planning is the selection and linking of facts, making and using forecasts or assumptions in the future by describing and formulating the activities needed to achieve the desired results.

2). Organizing

The determination, grouping and preparation of activities needed to achieve goals, placement of employees, activities, provision of suitable physical factors for work needs and appointment of authority relationships delegated to each person related to the implementation of each activity.

3). Implementation is an effort to encourage all group members to will and try hard in achieving goals sincerely and in harmony with the planning and organizing efforts of the leadership.

4). Supervision can be formulated as a process of determining what must be achieved, such as assessing implementation, and making improvements, so that implementation is in accordance with the plan.

From some of the management functions above, it can be understood that all management begins with planning (planning). After that, organizing (organizing). Then apply the directive function which is defined in different words such as actuating and leading. Then the last function in management is controlling. [4].

1. The Management of Human Resource

a. The definition of Human Resource Management

Human Resource Management is a planning, organizing, directing and supervising the procurement, development, compensation, integration, maintenance and termination of employment with a view to achieving the company's organizational goals in an integrated manner [5].

b. The Functions of Human Resource Management

Human Resource Management has two functions when it comes to managing a company's existing human resources. Managerial and operational functions are the two types of functions. The following is the explanation.

1) Managerial Function

a) Planning

The planning function includes determining human resource programs that will help to achieve the company's goals that have been set.

b) Organizing

Organizing function is to form an organization by designing the structure and various relationships between positions, personnel and physical factors.

c) Briefing

The function of direction is to make employees want to work effectively through motivational commands.

d) Controlling

The control function is to make observations on the implementation and compare it with the plan and correct it if there are deviations or if it is necessary to readjust the plans that have been made.

2) Operational Function

a) Procurement

The procurement function includes human resource planning, recruitment, selection, placement and orientation of employees, quality planning and number of employees. While recruitment, selection and placement are related to the withdrawal, selection, preparation and evaluation of job application forms, psychological tests and interviews.

b) Development

The development function aims to improve the skills, knowledge and attitudes of employees in order to carry out their duties properly. This activity becomes more and more important as the manager's tasks grow and become more complex..

c) Compensation

This can be interpreted as giving fair and proper rewards to employees as compensation for their work. Providing compensation is the most complex task and is also one of the most meaningful aspects for employees and organizations.

d) Integration

This function includes efforts to align the interests of individual employees, organizations and society. In this case we need to understand the employees' attitudes and feelings before making decisions.

e) Maintenance

The maintenance function is not only about efforts to prevent the loss of employees but it is intended to maintain a cooperative attitude and work ability of these employees.

f) Termination

Termination of employment is to terminate employment and return it to the community, the main process of termination of employment is retirement, dismissal and dismissal.

c. The principles of Human Resource Management.

Human resource management is based on numerous principles:

- 1) Human resource service orientation, which involves attempting to address the needs and desires of human resources.
- 2) Creating opportunities for human resources to participate actively in the organization, with the goal of boosting morale and motivating employees to do their jobs well.
- 3) Have an entrepreneurial spirit, such as:

a) a desire to gain access to all of the company's people resources.

b) a desire to achieve the company's objectives.

c) High levels of motivation at work

d) Receptive to company awards

e) Have a vision.

g) Well-prepared,

h) Hard worker

i) Able to complete the work

j) High self-confidence

k) Dare to take the risks

l) Able to sell the idea outside and inside the company

m) Have high business intuition

n) Sensitive to situations and conditions, both inside and outside the organization.

o) Able to establish cooperative relationships with all interested parties

p) Careful, patient and compromising

2. Service Management

a. The Definition of Service Management

According to Cambridge English Dictionary, service is a system or organization that meets a minimum public requirement. Service relates to Sedangkan Service is a material-based activity carried out by a person or group of persons using specified systems, procedures, and methods in order to meet the interests of others in compliance with their rights. [6].

Planning, arranging, collating, directing, and overseeing human resources to meet defined goals is the art and science of management. [7].

b. The Elements of Service

Several aspects support the activities of these elements in the process of public service activities, and they are:

1) *Systems, Procedures and Methods.*

It is necessary to have information systems, procedures and methods that support the smooth running of services.

2) *Personnel, particularly emphasized on the behavior of the apparatus.*

Government officials as service personnel must be professional, disciplined and open to criticism from customers or the public.

3) *Facilities and infrastrucur.*

In public services, equipment and work space as well as public service facilities are needed. For example waiting room, adequate parking space.

4) *Society as customer*

In public services, the community as customers. The community consisted of heterogeneous people in terms of education level and behavior. In implementing the service system, several concepts are needed that are in accordance with the needs of the organization.

3. The Concept of Health Management Service

a. Health Service

Health management is the application of general management principles to the public health service system, with the ongoing system as the object or target of management [8]. Health service management refers to the

application of management principles to health services in order to create a system and implement health services that can run smoothly, according to procedures, on a regular basis, with the best people in their fields of work, are efficient, and, most importantly, can satisfy consumers with the health services provided.

b. Basic Terms of Health Service

Even though medical services are different from public health services, to be called a good health service, both must have various basic requirements, the main requirements in question are[9]

1) Available and sustainable

The first basic requirement for good health services is that health services must be available in the community and be continuous.

2. Reasonably acceptable

The second main requirement for good health services is acceptable by the community and is appropriate.

3. Accessible

The third basic requirement for good health services is that it is easily accessible by the community.

4. Affordable

The third basic requirement for good health services is that it is easily affordable by the community.

5. Qualified

The fifth basic requirement for good health services is quality.

5. Posyandu

a. Pengertian Posyandu

Posyandu is a form of Community Based Health (UKBM) which is managed and organized from, by, for and with the

community in the implementation of health development (Law Number 36 of 2009 concerning Health) and at the same time as an investment so that it needs to be strived for, fought for, and improved by each individual and by all components of the nation, so that people can enjoy a healthy life, and in the end can realize an optimal degree of public health

This is necessary because health is not solely the responsibility of the government, but rather a shared responsibility of the government and the community, including the private sector, in order to empower the community and make basic health services more accessible to the community in order to reduce maternal and infant mortality. [10]

b. Posyandu Development Level

Posyandu is consisted of 4 development level, they are:

- 1) Posyandupratama, is a posyandu that is not yet established, which is characterized by monthly posyandu activities that have not been carried out routinely and the number of cadres is very limited, namely less than 5 (five) people.
- 2) Posyandumadya, is a posyandu that has been able to carry out activities more than 8 times per year, with an average number of cadres of five or more people, but the coverage of the five main activities is still low, which is less than 50%.
- 3) Posyandupurnama, is posyandu that has been able to carry out activities more than 8 times per year, with an average number of cadres of five or more people, the coverage of the five main

activities is more than 50%, is able to organize additional programs, and has obtained funding sources from healthy funds managed by the community whose participants are still limited, namely less than 50% of families in the Posyandu working area.

- 4) Posyandumandiri, is a posyandu that has been able to carry out activities more than 8 times per year, with an average number of cadres of five or more people, the coverage of the five main activities is more than 50%, is able to organize additional programs, and has obtained funding sources from healthy funds managed by the community whose participants are more than 50% staying in the Posyandu working area.[11]

c. Posyandu Activities

Posyandu activities consist of the following:

- 1) Main Activity
 - a) Maternal and child health (MCH)
 - (1) Services for a pregnant woman
 - (a) Administration of Fe tablets.
 - (b) Provision of Tetanus Toxoid (TT) immunization.
 - (c) Examination of the uterine fundus.
 - (d) Counseling including delivery planning and prevention of complications (P4K), the importance of IMD, and exclusive breastfeeding.
 - (e) Post-partum family planning.

- (2) Services for postpartum and breastfeeding mothers.
 - (a) Health education / counseling.
 - (b) Post-partum family planning.
 - (c) exclusive breastfeeding.
 - (d) Nutrition for post-partum and breastfeeding mothers.
 - (e) Administration of vitamin A capsules.
 - (f) Breast care.
 - (g) General health examination.
- (3) Services for infants and toddlers
 - (a) Weighing.
 - (b) Determination of growth status.
 - (c) Extension and counseling.
 - (d) Health check.
- b) Family Planning
Family planning services at Posyandu that can be provided by cadres are giving condoms and giving monthly family planning pills. If there are health workers at the *Puskesmas*, family planning injections and counseling can be provided.
- c) Immunization
Immunization services in *Posyandu* are only carried out by *Puskesmas* staff. The type of immunization given is adjusted to the program for infants and pregnant women.
- d) Nutrition
Nutrition services in *Posyandu* are as follows:
 - (1) Weighing.

- (2) Early detection of growth disorders
- (3) Counseling and nutrition counseling.
- (4) Local supplementary feeding.
- (5) Supplementation of vitamin A capsules and Fe tablets.
- (6) Prevention and control of diarrhea.

d. Development Activity

The addition of new activities should be carried out if the 5 main activities have been carried out well, meaning that the coverage is above 50%, and supporting resources are available.

e. Posyandu Implementation

1) Time

Posyandu is available once a month. However, it can be more than that in certain situation.

2) Venue

The place where Posyandu activities are held should be in a location that is accessible by the community. The venue can be in one of the residents' houses, the yard, the village/*kelurahan* hall, the RW/RT/hamlet hall, a kiosk in the market, an office space, or a special place built independently by the community.

3) Organizing Activities

Regular Posyandu activities are organized and driven by Posyandu Cadres with technical guidance from the *Puskesmas* and related sectors. At the time of the *Posyandu* the minimum number of cadres is 5 (five) people. This number corresponds to the number of steps implemented by the

Posyandu, which refers to the 5-step system. The activities carried out at each step and the people in charge of their implementation can simply be described as follows:

Tabel 2. Step, Activity and Posyandu Implementation

STEP	ACTIVITY	IMPLEMENTATION
First	Registration	Cadre
Second	Weighting	Cadre
Third	Administri ngKMS/bo ok KIA	Cadre
Fourth	Counselin g	Cadre
Fifth	Health Service	All cadres

Source :POKJANAL Posyandu PUSAT

4) Organizers

The posyandu service involved many instances.

- a) Cadre.
- b) Puskesmas officials.
- c) *Stakeholders*
 - (1) Subdistrict head and village head.
 - (2) Relevant agencies .
 - (3) Posyandu Teamwork.
 - (4) Family Welfare Movement(PKK).
 - (5) Public figure/healthcare forum (if formed).
 - (6) Civil Organization.
 - (7) Private sector.

5) Funding

- a) The funding can come from many sectors:
 - (1)Self-subsistent.
 - (2)Private sector.
 - (3)Government
- b) Fund utilization and management

The funds obtained by Posyandu are used to finance Posyandu activities.

- (1) Posyandu operational costs.
- (2) The cost of providing Supplementary Food Provision.
- (3) Reimbursement for cadre travel expenses.
- (4) KUB working capital.
- (5) Assistance with referral fees for those in need.

c) Fund Management

- (1) Conducted by Posyandu management.
- (2) The fund will be the capital.
- (3) For routine expenses, petty cash is provided which is held by the appointed cadre.
- (4) Every debt and credit must be recorded and managed responsibly.

d) Recording and Reporting

- (1) Recording is carried out by cadres immediately after the activities are carried out. Recording is done using a standard format in accordance with the health program, Posyandu Information System.
- (2) Basically, Posyandu cadres are not required to report their activities to the Puskesmas or to other related sectors. For this reason, each Puskesmas must appoint an officer who is responsible for taking a copy of the data on the results of *Posyandu* activities.

f. Posyandu Service Indicators

The purpose of the study is to determine the level of development

of *posyandu* which is generally divided into 4 levels as follows:

- 1) **Posyandu Pratama**
This kind of *posyandu* that is not established yet, which is indicated by monthly *posyandu* activities that have not been carried out regularly and the number of cadres is less than 5 (five) people.
- 2) **Posyandu Madya**
Madya *Posyandu* is a *Posyandu* that has been able to carry out activities more than 8 times per year, mostly there are five or more people, but the coverage of the five main activities is less than 50%. Examples of interventions that can be carried out are:
 - a) Training of community leaders, using the *posyandu* Module with the simulation method.
 - b) Implementing SMD and MMD in *posyandu*, with the aim of formulating problems and determining how to solve them, in order to increase *posyandu* coverage.
- 3) **Posyandu Purnama**
Purnama *Posyandu* is a *Posyandu* that has been able to carry out activities more than 8 times per year, mostly there are five or more cadres, the coverage of the five main activities is more than 50%, is able to organize additional programs, and has obtained funding sources from healthy funds managed by community whose

participants are less than 50% of the families in the *posyandu* working area.

- 4) **Posyandu Mandiri**
Posyandu Mandiri is a *Posyandu* that has been able to carry out activities more than 8 times per year, with an average number of cadres of five or more people, the coverage of the five main activities is more than 50%, is able to organize additional programs, and has obtained funding sources from healthy funds managed by the community whose participants are more than 50% of households living in the *Posyandu* working area.

RESEARCH METHODS

This research is descriptive research with a qualitative approach. Descriptive research is a type of research conducted to determine the existence of independent variables, only on one or more variables, (stand-alone variables or independent variables) without making comparisons of the variables themselves and looking for relationships with other variables.[12]

RESEARCH RESULTS

1) Available and Incessant

In terms of availability and sustainability, several steps in the implementation of services in each *posyandu* are carried out on an ongoing basis once or twice a month in Dimito Village. This process became evident with the existence of several problems that could be seen in terms of procedures or health services available at the Puskesmas in Dimito Village.

2) Reasonably Acceptable

The role of posyandu in the community is very large. Although identical to infants and toddlers, posyandu activities and their benefits are not limited to that. Many posyandu programs are also intended for pregnant women, breastfeeding mothers and couples of childbearing age.

3) Accessible

Posyandu of Dimito Village, is accessible by the community.

4) Affordable

Posyandu services in Dimito Village for infants and toddlers carried out properly and affordable by the community. One thing that needs to be assessed is the issue of costs and the availability of facilities and infrastructure at the Dimito Village Health Center. Particularly in providing services to the community and spurring the creativity of community development in posyandu implementation.

5) Qualified

In the implementation of services, the quality of service carried out is adjusted to the conditions that have been the basis for service management at the Dimito Village Health Center. One of the benchmarks is the management of the services provided. Is it quality or not.

at the Dimito Village Posyandu must be available in the community and be sustainable. Where the types of health services at the Dimito Health Center needed by the community are not difficult to find, and their presence in the community is needed at any time. The implementation of services in each posyandu is in accordance with the stages. Which starts from the implementation of counseling guidance, immunization, nutrition services, disease prevention, posyandu development and so on. This step base upon the needs that will be implemented in improving the management of health services in Dimito Village.

2. Reasonably Accepted InPosyandu Services For Mothers And Babies, Toddlers In Dimito Village

The second main requirement for good health services is that it is acceptable to the community and is reasonable. This means that the health service does not conflict with the beliefs of the community. The point is to gain the trust of the local community, in this case the *Puskesmas* in DimitoVillage, holding a monthly collaborative services with the Dimito Health Center and the Dimito Village Government.

3. Accessible in Posyandu services for Mothers and Babies, Toddlers in Dimito Village.

The third basic requirement is that good health services are easily accessible by the people of Dimito Village. From the point of view of the location of the *Puskesmas* in Dimito Village, it is located right in the middle of the mountain and right in the middle of Dimito Village. Where the posyandu in Dimito

DISCUSSION

1. Availability and Sustainability in posyandu service for Mothers and Babies, Toddlers in Dimito Village

The first basic requirement for Integrated Service Post services for good health is that health services must be available in the community and be continuous. Health services

Village has been able to carry out posyandu services well.

4. Affordable in Posyandu services for Mothers and Babies, Toddlers in Dimito Village.

Affordable means low cost. To be able to realize a situation like this, it is necessary to strive for the cost of these health services in accordance with the economic capacity of the community.

5. In Dimito Posyandu, there is a high level of quality for Mothers and Babies, as well as Toddlers.

Quality is the most important need for good health care. In this situation, it refers to the level of perfection of health services provided at the Dimito Village Health Center, which on the one hand may satisfy service consumers and, on the other hand, the procedures for implementing them are compliant with the established code of ethics and standards. In this scenario, the Dimito Health Center consistently increases quality by following well-defined SOPs. The puskesmas' grade of service in Dimito Village has been carried out in conditions that the community desperately needs.

CONCLUSION

Based on the findings of the study and the discussion above, it can be concluded that

1. *Posyandu* services are viewed in terms of their long-term availability in accordance with stages ranging from counseling guidance, immunization, nutrition services, disease prevention, and *posyandu* development. This phase becomes obvious in light of the

requirements for enhancing the management of health services in Dimito Village.

2. *Posyandu* Program has been doing well in terms of resident acceptance, as evidenced by the local community's trust. In this case, the Puskesmas in Dimito Village hold monthly collaborative services with the Dimito Health Center and the Dimito Village Government.
3. *Posyandu* Program services are good so far because the costs of implementing *Posyandu* are only conditioned by the disease suffered by each mother, child, and toddler in Dimito Village in terms of availability in a sustainable manner in accordance with the stages from the standpoint of being easy to reach.
4. Quality service standards have been maintained over time by following the steps of extremely clear SOPs. The puskesmas' grade of service in Dimito Village has been carried out in conditions that the community desperately needs. At the Dimito Village Health Center, the implementation has been modified to each community's SOPs.

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