

Management Analysis of Covid-19 Prevention and Control at Public Health Center in Musi Rawas Utara Regency

Nelly Haryanti¹, Novrikasari², Rizma Adlia Syakuroh³

^{1,2,3}Faculty of Public Health, Universitas Sriwijaya, Indonesia

Abstract

This study aims to analyze in depth the factors, effectiveness, constraints, and efforts to prevent and control the COVID-19 pandemic at the public health center in Musi Rawas Utara Regency, viewed from the management system. The method of study is qualitative research. The research was carried out through observation, document review, and in-depth interviews. The informants are the Head of Public Health Center, the person in Charge of the COVID-19 prevention and control (PC) program at the public health center, the COVID-19 prevention and control (PC) Team and the doctor in charge of health service activities. Data analysis according to Miles, Huberman, and Saldana's theory, which consists of three steps: data condensation, data display, and conclusion drawing and verification. Results: The factors for implementing the prevention and control of the COVID-19 pandemic at public health centers in Musi Rawas Utara Regency are five factors, namely human resources, facilities and infrastructure, budget or funds, IPC methods and policies. The effectiveness of the implementation of the prevention and control of the COVID-19 pandemic at the public health centers in Musi Rawas Utara Regency, which is viewed from the management system consisting of planning, organizing, implementing, and monitoring the five factors above, is generally effective.

Keywords

implementation; program; prevention; covid-19



I. Introduction

The current state of the Corona Virus Disease-19 (COVID-19) pandemic is still engulfing the world, threatening mortality and morbidity. Based on data from the Task Force for the Acceleration of Handling COVID-19 on February 20, 2021, the number of positive confirmed cases of COVID-19 in Indonesia was 1,271,353 people. Of those, 34,316 patients (2.69%) died of positive confirmed cases of COVID-19 in Indonesia. In South Sumatra, 15,490 people were confirmed positive, with 745 (4.8%) dying (KPCPEN, 2021). The number of confirmed COVID-19 positive patients in Musi Rawas Utara Regency is also quite large. Based on data on February 20, 2021, there were 251 positive confirmed COVID-19 patients and 15 people died (Muratara & P2P, 2021).

Beside that, it is necessary to change the behavior of officers when serving patients by adapting to changes in lifestyle in the COVID-19 situation. The public health center also carries out other integrated services such as vaccine socialization and vaccine delivery to health workers and the community. For this reason, infection prevention and control (IPC) efforts are needed in service facilities. The role of first-level health facilities in the COVID-19 pandemic is very important, especially the role of public health centers in carrying out prevention, detection, and response in the prevention and control of COVID-19 (Wibowo, 2020).

The outbreak of this virus has an impact of a nation and Globally (Ningrum *et al*, 2020). The presence of Covid-19 as a pandemic certainly has an economic, social and psychological impact on society (Saleh and Mujahiddin, 2020). Covid 19 pandemic caused all efforts not to be as maximal as expected (Sihombing and Nasib, 2020). The spread of COVID-19 is increasingly widespread in all health services, including public health centers. At the beginning of the pandemic, many cases of COVID-19 occurred in hospitals, but now they have spread to health centers. Based on the results of research conducted by Rahman in 2020 at the Mangunjaya Health Center, Bekasi Regency, it was reported that the number of officers at the Mangunjaya Health Center in Bekasi Regency who were confirmed positive for COVID-19 was seven people, and at the Public health center in the Musi Rawas Utara Regency area, the number of health workers confirmed positive for COVID-19 was 30 people. (Health General Direktorat, 2018).

The results of initial interviews with several public health center heads as policymakers at public health centers in the Musi Rawas Utara district stated that they had carried out preventive efforts, including having had service SOPs, having a COVID-19 team structure, and having prepared budgetary support for personal protective equipment (PPE). Indeed, there has never been a comprehensive evaluation of whether the implementation is in accordance with the standards for preventing and controlling COVID-19 at the public health center in the area of the public health center in the Musi Rawas Utara Regency. The strategy for preventing and controlling COVID-19 in the public health center needs to be structured in a systematic policy as an effort to minimize the transmission or spread of Corona 19 from patients to service officers at the public health center. To achieve optimal service, it is necessary to apply policies from the health center in a professional manner; team work is needed; employee competence is needed; equipment according to standards (Health General Directorate, 2018).

II. Research Method

2.1 Research Design

The design of this research is a qualitative research method. The qualitative research method according to Sugiyono (2015) is a naturalistic research method, where the research is carried out scientifically. Data collection in qualitative research using interviews, observation, and documentation.

2.2 Types, Data Sources and Research Instruments

This type of research data is primary data, namely data directly obtained from respondents or informants. The data was gathered from a number of respondents who were knowledgeable about the issues being discussed. The data collection method used in-depth interviews, observation, and documentation.

2.3 Data Analysis

The data analysis used qualitative analysis techniques, with in-depth interviews from the field presented through written presentations. Data analysis was carried out by collecting in-depth interview data from informants with an interest in COVID-19 prevention and control, namely the Head of the Health Center, the Person in Charge of the COVID-19 Prevention and Control Program at the Public Health Center, the COVID-19 Prevention and Program Team, and the doctor in charge of activities. After the data was collected, the researcher took various steps, including data reduction, data display, and conclusion drawing and verification.

III. Results and Discussion

3.1 Results

a. Factors for Implementing the Prevention and Control of the COVID-19 Pandemic at Public Health Centers in Musi Rawas Utara Regency

1. Human Resource (HR)

The results of interviews with several informants stated that the number of human resources involved in preventing and controlling the COVID-19 pandemic at the public health center in Musi Rawas Utara Regency was sufficient. This is in accordance with the statement of the Head of the Muara Rupit Public Health Center, who stated:

“Enough, because everyone can work well together. Coincidentally, at the Muara Rupit Health Center, I have a staff holding a solid COVID-19 pandemic prevention and control program. So when he has something, he coordinates with the doctor and the other team, there, we call the officer in the field to find a solution”

This is supported by the statement of the Head of the P2P Health Office, which states that:

“Yes, that's enough, because it has been able to serve community activities so far, The Health Office has always monitored the progress of the COVID-19 pandemic prevention and control program at health centers in the Musi Rawas Utara Regency area”

Based on the results of the interviews above, in terms of the planning that has been carried out by either the Health Office or the public health center, regarding the human resources are sufficient and covered. This is because the personnel or human resources at the public health center in Musi Rawas Utara Regency have been able to serve community activities and everything can work well together.

Several informants, such as the Head of the Muara Kulam Health Center in Ulu Rawas District, stated that:

“Yes, if the training must be held like for health workers, some of us have carried out vaccinator training and surveillance officer training”

This is also supported by the statement of one of the health workers at the Muara Kulam Public Health Center in Ulu Rawas District, which stated that:

“I took part in training on vaccinators and surveillance, as well as PP COVID-19 program holders at my health center. All health workers are often involved in the vaccination program, so we get directions every time we vaccinate”

Based on the results of the interviews above, it shows that the problem of training health workers is actually not a problem; it's just that discipline is needed from all health workers in serving the community.

2. Infrastructure

The availability of facilities and infrastructure for an activity such as the COVID-19 pandemic prevention and control program at the Public health center must be supported by various adequate facilities and infrastructure. This is to protect health workers who carry out their service duties to the community. The public health center must prepare protective equipment and other needed items according to the specified standards. This was stated by the Head of the Karang Jaya Community Health Center, Karang Jaya District, who stated that:

“In general, the infrastructure facilities are sufficient, and the facilitation at the public health center in handling COVID is all at the Health Service Sport”

This is supported by the statement of the Head of P2P Health Office, which stated that:

“Yes, that's enough. We always monitor if there is a shortage. The community health center should report it as soon as possible if there is a shortage of facilities and infrastructure to quickly deal with COVID-19 in health centers in the Musi Rawas Regency area “

Based on the results of the interview above, it shows that the infrastructure program at the Musi Rawas Utara Regency Health Center is on average sufficient. The necessary infrastructure, such as PPE, sterilizers, washbasins, screening, examination tools in the form of rapid antigens, rapid antibodies, and PCR swabs that working together with BBLK and the nearest hospital. Hand hygiene already exists, SOPs already exist as well as SOPs. Medical and non-medical waste boxes for public health center waste disposal already exist. Disinfection of patient care equipment already exists. Medical equipment is disinfected using dry heat sterilizers as well as regular spraying of disinfectants according to SOPs. If the existing facilities and infrastructure experience shortages, then a proposal for facilities and infrastructure is made with the relevant (Department) parties and in collaboration with other parties who have more complete facilities.

3. Funds/Budget

The problem of funding/budgeting in the COVID-19 pandemic prevention and control program at the Musi Rawas Utara Regency Health Center was stated by the average informant as quite good, because the funding for the COVID-19 pandemic prevention and control program at the Musi Rawas Utara District Health Center was in accordance with its designation, along with the confessions of several informants. The statement from the Head of the Rupit Public Health Center, Muara Rupit District, stated that:

“Oh, if only the budget or funds used for the prevention and control of the COVID-19 pandemic had been sufficient. The source of funds is obtained from the BOK. The planned budget for 2021 is 295,750,000, while the realization until the 3rd trimester is less than 10,000,000, then the percentage of realization is less than 10%”

“The allocation of funds/budget so far has experienced problems in its realization due to the decreasing number of cases. People who are caught in close contact do not want to have an RDT antigen examination and there are obstacles in the application of the ministry of health, Si-Lacak”

Meanwhile, a statement from the Head of Nibung Community Health Center, Nibung Sub-district, stated that:

“Yes, the source of funds obtained by the public health center so far is from the BOK. Yes, if the amount is around 200 million, but the realization is not up to 40 million. Yes, that amount of funds is sufficient, but it depends on the rise and fall of COVID cases at this public health center.

“If the constraints on the allocation of funds and budgets are not a problem, but in the realization of the budget there are several problems, namely the error of the Si-Lacak application, which is a source of patient data and close contacts for COVID-19. There are public reluctance to be treated. Sometimes they don't want to, and many people do not report their cases and choose to stay home without health worker supervision”

The obstacle to the low realization of the COVID-19 budget at the public health center level, which was sourced from the Operational Assistance (BOK) of the Ministry of Health's Non-Physical Special Allocation Fund, was frequent interruptions and errors in

the Si_Lacak system (data on COVID-19 patients and close patient contacts), which led to the process data entry being disrupted and many worksheets being unable to be printed, so that the number of patients who could claim for disbursement was also limited. This obstacle was also experienced by eight health centers in Musi Rawas Utara

4. IPC Method

Methods for preventing and controlling COVID-19 infections at health service facilities at the public health center level can be carried out by applying the principles of prevention and control to the risk of COVID-19 infection and implementing isolation precautions and transmission precautions, along with the confessions of several informants. The statement of the Head of P2P of the Musi Rawas Utara Regency Health Office stated that:

“Yes, if the operational standards of all health services, including the public health center, refer to the IPC method. Yes, if there are no obstacles, I think, if the efforts I have made are in the form of socialization with friends of health workers in the public health center and to the community through mobile health centers and online media”

This is supported by a statement from the Head of the Nibung Community Health Center, Nibung District, stating that :

“most of them already refer to the IPC method. If there are obstacles, it could be the lack of health workers' compliance with the prevention and control of the COVID-19 pandemic, a lack of public awareness of following the COVID-19 protocol, or the efforts we make in implementing the IPC method, such as carrying out periodic evaluations and follow-ups related to COVID-19 pandemic prevention and control programs.”

Based on the results of the interview above, it shows that the implementation of the IPC method at the public health center has mostly referred to the IPC method, but it cannot be 100% implemented. There are still some IPC regulations that cannot be implemented at the public health center. The obstacles that exist are, on average, due to the lack of compliance of health workers, the lack of knowledge of health workers in understanding the IPC method, and the lack of public awareness of following the COVID-19 protocol. Meanwhile, efforts are being made to overcome these obstacles, namely by carrying out periodic evaluations and follow-ups related to the COVID-19 pandemic prevention and control program.

5. Policy

Policy factors will determine the success of the COVID-19 prevention and control program at the Public Health Center. Good policies from the relevant agencies in this case are the local government, the Ministry of Health and other related parties. Prevention and control of COVID-19 in Health Center Health Services by Minimizing the Risk of the Spread of COVID-19 to health workers, non-health workers, patients, and visitors at the Public health center This is in accordance with the statement of the Head of the P2P Health Office of Musi Rawas Regency, stating that:

“In terms of policies that have been carried out by the health department, leaders in the context of implementing the prevention and control of the COVID-19 pandemic at the public health center, such as the Regent's Regulation, the Circular of the Head of Service”

“While the health office in documenting or adopting government policies in formulating the IPC COVID-19 policy carries out various steps, namely (a) the

policy of staying at home (Stay at Home); (b) the policy of social distancing (Social Distancing); (c) the policy of physical restraint (Physical Distancing); (d) the policy on using personal protective equipment (masks); (e) the policy on maintaining personal hygiene (washing hands); (f) the policy on working and studying at home (Work/Study From Home); (g) the policy on postponing all activities that gather large crowds; (h) Large-Scale Social Restriction Policy (PSBB); until the last, and (i) New Normal policy implementation”

“The statement from the person in charge of the COVID-19 program from the Rupit Health Center stated that the regulations already have references from the local government and the health service; we just have to implement them as best as possible”

Based on the results of the interviews above, it can be concluded that the policies carried out by the Musi Rawas District Health Office in the context of implementing the prevention and control of the COVID-19 pandemic at the public health center issued a Regent Regulation and issued a circular for the Head of the service. Meanwhile, the public health center carried out a policy of making picket schedules to reduce congestion at the public health center, forming a tracer team and carrying out home care for COVID patients.

b. The effectiveness of the Implementation of Prevention and Control of the COVID-19 pandemic at public health centers in Musi Rawas Utara Regency

1. Planning

The problem of planning in the prevention and control of the COVID-19 pandemic at the public health center was that the average informant stated that it was quite effective because the planning had been carried out before the activity was carried out. This is in accordance with the statement from the Head of the Muara Rupit Health Center stating that:

“The plan is carried out by making the RUK, referring to the BOK technical guidelines on Covid. The proposed RUK is reviewed and ratified as the RPK for Covid 19 activities. Furthermore, the budget is inputted to SIPD and e-ranggar to be legalized as a budget year activity. After that, the annual RPK is broken down into monthly RPKs and carried out by the person in charge of the activities”

“If there are obstacles in planning, such as the COVID-19 technical guidelines, it will be in the 4th month of 2021. The interpretation of the technical guidelines has not been fully understood by the public health center. The process of preparing the RUK and RPK in consultation with the health office with a limited time”

This is supported by a statement from the UKP Doctor in Charge (responsible person in charge) who is involved in the COVID-19 PP COVID-19 Team of the Muara Rupit Health Center stating that:

“Oh yes, planning is done before the program is implemented, such as holding coordination meetings with the Health Office and other parties, including making a RUK, which refers to the BOK technical guidelines on Covid. Then the budget is inputted to SIPD and the budget is to be legalized as an activity for the budget year. After that, the annual RPK is broken down into monthly RPKs and carried out by the person in charge of activities. The planning is good enough... and there are no obstacles.... because the communication is going well”

Based on the results of the interviews above, it can be concluded that the planning carried out by the public health center before the COVID-19 pandemic prevention and control program at the public health center in Musi Rawas Utara Regency was quite

effective because the planner was in accordance with the COVID-19 technical instructions at the respective public health center. Planning is done by making the RUK and referring to the BOK technical guidelines on Covid. The proposed RUK is reviewed and ratified as the RPK for Covid 19 activities. Furthermore, the budget is inputted to SIPD and e-ranggar to be legalized as a budget year activity. After that, the annual RPK is broken down into monthly RPKs and carried out by the person in charge of activities. These procedures are carried out actively and in coordination with various parties so that planning runs effectively.

2. Organizing

Organizational problems in the COVID-19 pandemic prevention and Control program at the public health center in Musi Rawas Regency on average stated that it was quite effective because in the organization a Team Decree was made as the person in charge of activities, so that activities could run smoothly, along with the confessions of several informants. The statement of the PP COVID-19 program holder at the Pauh Health Center, Rawas Ilir District, stated:

“We have a team in charge of activities, which is made by a team decree, then a team is made with a description of each task, while the media used are leaflets, banners, notifications using loudspeakers, and electronic media. While there are no obstacles to organizing, I don't think there are”

This is supported by a statement from the UKP Doctor in Charge (PJ) who is involved in the COVID-19PP COVID-19 Team of the Pauh Health Center, Rawas Ilir District, stating that:

“It's been good. The coordination has been carried out, such as a ceremonial event facilitated by the Health Service... Regarding the organization, I started by submitting names for my team that will carry out the activities”

Based on the results of the interviews above, it can be concluded that the organization carried out by the public health center for the prevention and control of the COVID-19 pandemic at the public health center in Musi Rawas Regency has been effective. This is because the implementation team has made a decree and carried out the division of tasks according to the existing guidelines. The media used in the organization are leaflets, banners, notifications using loudspeakers, and electronic media, and there are no obstacles in organizing.

3. Implementation

The problem of implementing the COVID-19 pandemic prevention and control at the public health center in Musi Rawas Utara Regency was that the informant stated that the implementation had gone well. This is in accordance with the statement of the PP COVID-19 program holder at the Muara Rupit Health Center, stating:

“If the implementation of prevention and control of the COVID-19 pandemic in general has gone well, if the obstacles in implementation are the lack of public awareness in carrying out PHBS and distrust of COVID-19”

This is supported by a statement from the Head of the Pauh Health Center, Rawas Ilir District, stating that:

“If the implementation does not go smoothly according to plan, there are usually several obstacles, such as public distrust of COVID-19 and lack of discipline of health workers in carrying out health protocol”

Based on the results of the interviews above, it can be concluded that the implementation of the COVID-19 pandemic prevention and control at the public health

center in Musi Rawas Utara Regency has been running well and has been effective. This is because the implementation has been carried out by technical guidance, or implementation standards in the guidelines for health services at the public health center, and in accordance with existing operational standards. It's just that there are some obstacles to the implementation, namely the lack of trust in the community who do not believe in the existence of COVID, the lack of public knowledge about environmental hygiene, and the discipline of health workers in carrying out health protocol.

4. Supervision

The problem of supervision in the prevention and control of the COVID-19 pandemic at the public health center in Musi Rawas Utara Regency is that the information obtained on average is quite good. Even, this is due to monitoring and evaluation activities. Supervision is carried out directly by the Regent, who is also the Head of the Health Service and the Head of the Public Health Center. This is in accordance with the statement of the Head of the Muara Rupit Health Center, who stated:

“If the surveillance has gone well enough, this is because we are collaborating with cross-sectors related to pandemic control, by tracking suspected patients. Supervision is carried out directly by the Regent, the Head of the Health Service, and the Head of the Health Center alone, if the problem is due to the size of the area, long distances, and difficult terrain”

This is supported by a statement from the Head of the Musi Rawas Utara Regency Health Office stating that:

“Supervision on prevention and control of the COVID-19 pandemic has been going well. It is carried out verbally at meetings at the health office and cross-sectoral meetings at local governments, in writing through social media groups such as Facebook and Whatsapp, while in the field it is carried out incidentally. While supervision is carried out by the Task Force Team of the Musi Rawas Utara regency, there are some areas that are hampered by signals from four health centers, namely Karang Dapo Health Center, Nibung, Muara Kulam, and Bingin Teluk. Transportation from the district and from the sub-district is geographically affected; flooded and difficult to pass in certain circumstances”

“The supervision constraints from the KUPT of the Karang Dapo public health center stated that the shift guarding patients in the afternoon and evening when they had to refer patients with suspected COVID-19 to hospitals with a limited number of picket officers, sometimes heavy rainfall for days, bad access to flood roads, and carrying patients must wait a few hours until the water recedes. The solution is to observe the patient in a special room at the public health center”

Based on the results of the interview above, it can be concluded that the supervision of the prevention and control of the COVID-19 pandemic at the public health center in Musi Rawas Utara Regency has been running quite effectively. This is because the supervision has been carried out directly by the Regent, the Head of the Health Service, and the Head of the Public Health Center. Supervision is carried out by collaborating with cross-sectors related to pandemic control and by tracking suspected patients. Meanwhile, the supervision constraint is that there are several areas where the signal is constrained by 4 health centers, namely Karang Dapo, Nibung, Muara Kulam, and Bingin Teluk health centers. Transportation from the district and from the sub-district is geographically affected by flooding and is difficult to reach in certain circumstances.

3.2 Discussions

The factors that play a role in the successful implementation of the COVID-19 prevention and control program at the public health center in Musi Rawas Utara Regency include Human Resources (HR), facilities and infrastructure, funds and budget, and IPC methods and policies. Problems related to the number of human resources (HR) in each of the public health centers in Rawas Regency are averagely sufficient and covered. This is because the personnel or human resources at the public health centers in Musi Rawas Utara Regency have been able to serve community activities and everything works well together. This result is in accordance with the regulations of the Ministry of Health, which regulate the planning of the health workforce. Based on the availability of health workers and the need for public health management, it must be in accordance with standards as an effort to maximize health services to the community (Kemenkes RI, 2020).

These results support previous researchers (Rachman, 2021) analysis of the implementation of the COVID-19 infection prevention and control (IPC) at the Mangunjaya Health Center, Bekasi Regency. The results show that the human resources (HR) factor, namely health workers at the Mangunjaya Health Center, is quite good, because most of the incidence of infection in public health center officers is a family cluster case, not due to a lack of staff. In the process aspect, isolation awareness and HR training education are considered quite good.

On average, the infrastructure facilities that support the COVID-19 pandemic prevention and control program at the Musi Rawas Utara Regency Health Center are sufficient. The results of this study support researchers (Santosa, 2020) that regional preparedness at the public health center as the first level of health facilities in dealing with the COVID-19 pandemic must have supporting infrastructure. Supporting tools and facilities for controlling and preventing Corona 19 infection are sufficient, with various parties trying to equip PPE and infrastructure facilities that have reached 85.3%.

Funding or budget issues in the COVID-19 pandemic prevention and control program at the Musi Rawas Utara Regency Health Center on average stated that it was good enough because the funding for the COVID-19 pandemic prevention and control program at the Musi Rawas Utara Regency Health Center was in accordance with its designation. Most of the implementation of the IPC method in the public health center has referred to the IPC method, but it can't be implemented 100% yet.

The findings showed that the factors that supported the success of the COVID-19 prevention and control Program in the Community Health Center were influenced by human resources, facilities and infrastructure, and IPC methods and policies. The organization carried out by the public health center in the prevention and control of the COVID-19 pandemic at the public health center in Musi Rawas Utara Regency has been effective. This is because the implementation team has made a decree and divided the tasks according to the existing guidelines. The media used in the organization are leaflets, banners, notifications using loudspeakers, and electronic media, and there are no obstacles in organizing.

The implementation of the COVID-19 pandemic prevention and control at the public health center in Musi Rawas Utara Regency has been running well and has been effective. This is because the implementation has been carried out by ssusia ataria, or implementation standards in the guidelines for health services at the public health center, and in accordance with existing operational standards. It's just that there are some obstacles in the implementation, namely that there is still trust in the community who does not believe in the existence of COVID, the public's lack of knowledge about environmental hygiene and the discipline of health workers in carrying out health protocol.

The implementation of public health services that rely on the public health center requires a solid work team or a strong work group in order to avoid the transmission of the COVID-19 Virus. This requires the movement of professional human resources to carry out their duties. It requires good organization and coordination as well as solid teamwork to carry out a series of activities, both health services and other service activities in the public health center area. The leader or coordinator of the program work team must be able to motivate his subordinates and always maintain integrity in serving the community with pleasure and responsibility so that program goals are achieved (Firmansyah et al., 2020).

The supervision of the prevention and control of the COVID-19 pandemic at the public health center in Musi Rawas Utara Regency has been running quite effectively. This is because the supervision has been carried out directly by the Regent, Head of the Health Service, and Head of the Public Health Center. Supervision is carried out by collaborating with cross-sectors related to pandemic control and by tracking suspected patients. Meanwhile, the supervision constraint is that there are several areas where the signal is constrained by four public health centers, which is influenced by geography and is difficult to pass in certain circumstances. Supervision is a systematic effort to design information feedback. Supervision will get information on program implementation so that feedback can be carried out in the form of program improvements (Wibowo, 2020).

There are several obstacles to implementing the prevention and control of the COVID-19 pandemic at the public health center in Musi Rawas Utara Regency, namely: 1) there is still a lack of community compliance with health protocols; 2) there are several areas that are hampered by signals from 4 public health centers, namely Karang Dapo, Nibung, Muara Kulam, and Bingin Teluk, transportation from the district and from the sub-district are geographically affected, flooded, and difficult to pass in certain circumstances. 3) a lack of compliance and knowledge among health workers in understanding the IPC method; 4) There is still trust in the community among those who do not believe in the existence of COVID; and 5) A lack of public awareness of environmental hygiene.

IV. Conclusion

Factors for implementing the prevention and control of the COVID-19 pandemic at the public health center in Musi Rawas Utara Regency, namely human resources, facilities and infrastructure, budget funds, IPC methods and policies. The personnel at the health service or public health center are sufficient and covered. This is because the personnel or human resources at the public health center in Musi Rawas Utara Regency are able to serve community activities and all of them can work well together. The infrastructure is generally well- sufficient. There are IPC method, complete guidance or policy and budget availability. The effectiveness of the implementation of the prevention and control of the COVID-19 pandemic at the public health center in Musi Rawas Utara Regency can be viewed from the management system consisting of planning, organizing, implementing, and supervising. The planning and organizing were quite effective and effective, respectively. The methods and policies already exist and are supported by the available budget. Based on the implementation, it has been going well and has been effective, but there are several aspects that are not optimal yet and need improvement and be implemented consistently. From Supervisory point of view, it still needs to be improved by optimizing a comprehensive evaluation of all its implementation. The supervision is in accordance with policies or guidelines, but it still needs better coordination between related parties. The obstacles to implementing the prevention and control of the COVID-19

pandemic at public health centers in Musi Rawas Utara Regency, namely: 1) If health center staff are not supervised, they might continue to be inconsistent in implementing the COVID-19 Prevention and Control Guidelines; 2) In terms of supervision, communication, and coordination, some areas are hampered by signals in four public health centers, namely: Karang Dapo, Nibung, Muara Kulam, and Bingin Teluk. Transportation from the district and sub-district is influenced by geography, being flooded and difficult to pass in certain circumstances; 3) There is a lack of compliance and understanding of the IPC method by health workers; 4) The slow absorption and implementation of COVID-19 activities from the Health Center Operational Assistance Budget as a result of frequent errors in the Si-Lacak application; 5) a lack of community compliance with health protocols, as well as community participation in recognizing the importance of keeping the environment clean.

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