



## Implementation of the Governance of the Aek Habil Community Health Center in North Sumatra in 2024

Oktaviani Putri Yanti Zega

Sekolah Tinggi Ilmu Kesehatan Nauli Husada Sibolga

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### ABSTRACT

This study aims to analyze the implementation of governance at the Aek Habil Community Health Center in Sibolga City in 2024, focusing on the planning, implementation, supervision, and evaluation of health service programs. Good governance at the community health center level is key to realizing effective, efficient, transparent, and accountable health services. The research method used was a qualitative case study approach. Data were collected through in-depth interviews, observations, and document reviews, then analyzed using triangulation techniques. The results of the study indicate that the implementation of governance at the Aek Habil Community Health Center has been running quite well, as evidenced by the existence of a community-based planning system, routine monitoring and evaluation mechanisms, and cross-sector involvement in supporting health programs. However, there are still obstacles such as limited human resources, facilities and infrastructure, and low community participation in several preventive programs. In conclusion, the implementation of governance at the Aek Habil Community Health Center in 2024 has met most of the principles of good governance, but efforts are needed to strengthen the capacity of health workers, improve coordination between stakeholders, and optimize the role of the community to ensure higher quality and sustainable primary health care.

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### Corresponding Author:

OOktaviani Putri Yanti Zega,

Sekolah Tinggi Ilmu Kesehatan Nauli Husada Sibolga,

Jln.Kader Manik No. 2 Aek Muara Pinang, Sibolga Selatan, Kota Sibolga, Sumatera Utara,

Email: [stikesnaulihusadasbg@gmail.com](mailto:stikesnaulihusadasbg@gmail.com)

### 1. Introduction

Health is one of the fundamental aspects of national development and is the main indicator of community welfare (Sitanggang, 2024),(Sulaiman, 2021)The Indonesian government, through its health service system, has positioned Community Health Centers (Puskesmas) as the spearhead of primary health care services (Rahma, Arso, & Suparwati, 2017),(Lutfiana, Lestari, Annisa, Puspita, & Rasyid, 2024). The Community Health Center functions to organize first-level public health efforts (UKM) and individual health efforts (UKP) which emphasize promotive and preventive aspects, without neglecting curative and rehabilitative efforts (Anita & Febriawati, 2019),(Syaidar, 2023).

To provide quality services, good governance is required at the community health center level. Governance encompasses transparency, accountability, effectiveness, efficiency, and community participation (M PAHRI, 2024),(ISHAK, 2024)The implementation of these governance principles is in line

with the Ministry of Health's policy as stipulated in Minister of Health Regulation No. 43 of 2019 concerning Community Health Centers, which emphasizes the importance of needs-based planning, measurable program implementation, and continuous monitoring and evaluation (Pally, Baharuddin, & Ba'ka, 2024),(Rinovian Rais et al., nd).

Aek Habil Community Health Center, located in Sibolga City, North Sumatra, is one of the community health centers that plays an important role in improving the health status of the local community (Manalu, Batubara, Silaban, & Rosmega, 2024),(Tambunan, 2021)With a relatively dense population and complex health issues, implementing good governance is a strategic aspect of successful health services. Challenges include limited human resources, infrastructure, and low levels of community participation in supporting health programs (Tunnizha, Haeruddin, Arman, Asrina, & Yusriani, 2023),(Sufriadi, 2021).

Through this research, it is hoped that a real picture can be obtained regarding the implementation of governance at the Aek Habil Community Health Center, the obstacles faced, and improvement efforts that can be made to realize effective and sustainable health services (Juwita, 2024),(Shabri, 2019).

## 2. Methods

This research uses a qualitative approach with a case study. This approach was chosen based on the research objective of gaining an in-depth understanding of the implementation of governance at the Aek Habil Community Health Center in Sibolga City in 2024, including aspects of planning, implementation, monitoring, and evaluation. The research location was determined to be the Aek Habil Community Health Center in Sibolga City, North Sumatra, with implementation focused on 2024 (Assyakurrohimi, Ikhrum, Sirodj, & Afgani, 2022),(Syahrizal & Jailani, 2023).

The research subjects included heads of community health centers, program coordinators, health workers (doctors, midwives, nurses), health cadres, and community service users. The number of informants was determined gradually until data saturation was reached, with a range of 12 to 20 people. The informant selection technique used purposive sampling, which is selection based on considerations of roles and knowledge relevant to governance, and snowball sampling if additional informants were needed based on recommendations from key parties.

Data were collected through several techniques, including in-depth semi-structured interviews, observations of service processes and managerial activities, and document reviews of program reports, work plans, and administrative archives. Furthermore, focus group discussions (FGDs) were conducted with cadres and community members to further explore aspects of participation. All activities were recorded through field notes and documentation to strengthen the findings. The instruments used in the research included interview guides, observation sheets, and document analysis formats. All instruments were designed flexibly to capture the dynamics in the field.

Data analysis was conducted using the Miles and Huberman model, which includes three main steps: data reduction, data presentation, and conclusion drawing. The analysis process began with coding and categorizing data, ultimately identifying key themes related to governance implementation. To maintain data validity, triangulation techniques were used, including source, method, and time. Member checking was also conducted with key informants to ensure interpretations aligned with real-life experiences. Ethical aspects of the research were also considered, including obtaining official permission from relevant parties, providing informed consent to informants, and maintaining the confidentiality of respondents' identities. The data obtained was used solely for research purposes and stored securely.

The research results will be presented in the form of thematic descriptions, supplemented by direct quotes from informants and a summary table of findings. Although this research is contextualized within a single community health center, the findings are expected to provide relevant insights for improving community health center governance in other areas.

### 3. Results and Discussion

#### 3.1. Planning

The research results show that the Aek Habil Community Health Center has developed program planning based on public health data, such as survey results on infectious diseases, malnutrition, maternal and child health, and immunization coverage data. The Proposed Activity Plan (RUK) and the Activity Implementation Plan (RPK) are prepared annually, involving the program coordinator and the head of the community health center. However, community involvement remains relatively low. Only a small number of health cadres and community representatives are invited to planning forums, so the community's real needs are not fully accommodated.

This aligns with the principles of good governance, which emphasize the importance of public participation at every stage of policymaking. Minimal public involvement can create a gap between needs and implemented programs. Therefore, strategies are needed to increase public participation in the planning stage, for example through.

Table 1.  
Participation in the Planning of the Aek Habil Community Health Center Program in 2024

The issuing party	Number of attendees	Percentage (%)	Information
Head of the health center	1	100	Always present
Program coordinator	7	100	Complete Present
Medical personnel (Doctors/Midwives)	6	85.7	Some are unable to attend
Health Cadres	4	50	Only a part
Community/Village Representatives	2	33.3	Still very limited

This table shows that community and cadre involvement is still low compared to internal health center staff.

#### 3.2 Implementation

Health programs at the Aek Habil Community Health Center are running according to plan, particularly in the areas of public health initiatives (UKM), such as immunizations, maternal health services, and nutrition programs. Individual health initiatives (UKP), such as general and emergency polyclinic services, are also being implemented effectively, despite frequent challenges faced by limited medical personnel.

The limited number of doctors often results in backlogs during certain hours, while midwives and nurses must juggle multiple functions. This situation impacts the quality of care and patient satisfaction.

Similar obstacles were also found in the availability of infrastructure, for example incomplete laboratories and limited inpatient rooms.

In general, the implementation of the program is in accordance with the minimum service standards (SPM), but its effectiveness is not optimal due to limited resources.

Table 2.  
Achievements of the Aek Habil Community Health Center's Main Programs in 2024

Health program	Target (%)	Achievement (%)	Information
Complete Basic Immunization	95	89	Not yet reached the target, obstacles in the field.
Health worker dialogue delivery	90	87	Almost on target
TB case discovery	85	80	Need for increased active screening
Gozi toddler (Normal BB/U)	90	82	There are still cases of malnutrition

General Polyclinic Visit	100/month	850/month	Affected by limited doctors
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Data shows that although most programs are approaching their targets, there are still some achievements that are not optimal, especially in immunization and toddler nutrition.

### 3.3 Monitoring and Evaluation

Program monitoring is conducted routinely through monthly meetings to discuss indicator achievements and implementation challenges. Annual evaluations are also conducted by compiling activity reports to the Sibolga City Health Office. However, evaluations focus more on outputs, such as the number of immunizations or deliveries handled, while outcomes, such as reduced disease rates or improved quality of life, remain largely unmeasured. This highlights the need for a more comprehensive evaluation system, including indicators of sustainability and long-term impact.

Table 3.  
Monitoring and Evaluation Mechanism

Types of evaluation	Frequency	Focus of evaluation	Results achieved
Monthly meeting	Each month	Program indicator achievement	Identifying technical constraints
Quarterly meeting	Every 3 months	Cross-sector coordination	Developing a temporary repair strategy
Annual evaluation	Every end of the year	Report to the health department	Preparation of reports and proposed needs

### 3.4 Constraint

This study identified several key obstacles to the implementation of governance at the Aek Habil Community Health Center, namely: Limited human resources, particularly general practitioners and midwives. Inadequate facilities and infrastructure, such as laboratories, medical equipment, and service rooms. Low community participation in promotive and preventive programs. A relatively high administrative burden for health workers, reducing focus on direct services.

Table 3.  
Obstacles and Improvement Efforts at Aek Habil Community Health Center

Main Obstacles	Impact on Services	Efforts Made
Shortage of doctors	Long queues, slow service	Submit additional formations to the Health Office
Limited laboratory facilities	Referral checks increased	Proposing procurement of simple tools
Low community participation	The promotional program is less than optimal	Increasing the role of cadres and socialization
High administrative burden	Reduce patient service time	Gradual digitalization of records

### 3.5 Improvement Efforts

In response to these challenges, the Aek Habil Community Health Center has implemented several initiatives, including optimizing health cadres to support field programs, strengthening cross-sector coordination with local governments, and proposing additional medical personnel through the Health Office. However, these efforts still need to be enhanced with community-based innovations, such as establishing a communication forum for patients and cadres to accommodate their concerns.

### 3.6 Discussion

Overall, the research results indicate that the implementation of governance at the Aek Habil Community Health Center adheres to the principles of good governance, particularly in terms of planning transparency and reporting accountability. However, gaps remain in terms of community participation, service effectiveness, and program sustainability. This finding aligns with previous studies that identified the main challenges to community health center governance in Indonesia as limited human resources and a lack of community participation. (Nurazizah, 2022),(Syam, 2021)Therefore, Aek Habil Community Health Center needs to strengthen the capacity of health workers, improve infrastructure, and empower the community to ensure optimal and sustainable governance.

### 4 Conclusion

The study results indicate that the implementation of governance at the Aek Habil Community Health Center in Sibolga City in 2024 generally adhered to the principles of good governance, although various obstacles remain. From a planning perspective, program development is based on public health data, but community involvement remains limited, resulting in unrealistic needs not being fully addressed. In terms of implementation, health programs, both public and individual, have been implemented in accordance with minimum service standards, but their effectiveness is hampered by limited medical personnel and facilities.

In terms of monitoring and evaluation, internal oversight mechanisms operate routinely, but the evaluation focuses more on output achievements than outcomes that directly impact community quality of life. The main obstacles identified include limited human resources and infrastructure, low community participation, and the high administrative burden on healthcare workers.

Overall, the governance of the Aek Habil Community Health Center demonstrates transparency and accountability, but needs improvement in terms of service effectiveness, community participation, and program sustainability. Therefore, improvement strategies are needed, including strengthening the capacity of health workers, providing adequate infrastructure, digitizing administration, and empowering the community to optimize governance implementation and improve public health in the Aek Habil Community Health Center's work area.

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