



The Implementation of Infection Prevention and Control at the Lubuklinggau City Community Health Center: An Observational Study

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ABSTRACT

Introduction: Implementation of Infection Prevention and Control (IPC) is one of the characteristics of the quality of Health Care Services. Health care facilities must do the surveillance, IPC education and training. This aims to describe the implementation of IPC at the Lubuklinggau City Community Health Center (CHC).

Methods: Descriptive qualitative study with a participant observation approach used.

Result: The results showed that the priority problem was the ineffectiveness of the IPC team in implementing the IPC at the Lubuklinggau City CHC.

Discussion: The preparation stage consists of socialization of IPC technical guidelines at CHC, assistance in implementing management and organization, assistance in disseminating policies, guidelines, SOPs, IPC, and IPC indicators, IPC implementation and reporting at the Primary Healthcare Facilities level, and IPC education and information at the level of health cadres and community leaders in every Health Center. The stages of monitoring and supervision are starting from the planning, implementation, and reporting stages. Evaluation is carried out with indicators of success in the form of accuracy and completeness of the report. Reporting is done at the end of the activity. Internal constraints that may occur are constraints on organizational culture, human resources, and funds, while external constraints include regional characteristics, reinforcing factors, and changing/accelerating factors. From these possible obstacles, strategies are made to overcome them.

Conclusion: In this study, in order to further increase the effectiveness of the implementation of IPC at the Lubuklinggau City CHC, it is necessary to carry out continuous upgrading of the competence of health workers and IPC data at CHC.

Keywords: *Program Management, IPC, Community Health Center*

INTRODUCTION

The Strategic Plan of the Ministry of Health 2020-2024 states that in increasing access and quality of health services towards universal health coverage, the emphasis is on strengthening basic health services (primary health care) by encouraging increased promotive and preventive efforts supported by innovation and the use of technology. [1][2]. Basic health services are carried out at first level health facilities (*Fasilitas Kesehatan Tingkat Pertama / FKTP*), one of which is Community Health Center (CHC) [3]. CHC is a health service facility that organizes public health efforts and first-level individual health efforts, by prioritizing promotive and preventive efforts in its working area. CHC is categorized into non-inpatient CHC and inpatient CHC. Non-inpatient CHC is health centers that provide outpatient services, home care, and emergency services [4][5]. However, non-inpatient CHC can provide inpatient services for normal delivery services. Inpatient CHC is health center that given additional resources according to the consideration of health service needs to carry out inpatient care for normal delivery services and inpatient services [6][7]. CHC that provides inpatient and non-inpatient services is supported by good service quality so that patients get excellent service [8].

The condition of the COVID-19 pandemic has greatly affected the health sector, the whole world is worried and panicked about cases of the COVID-19 virus [7]. Various efforts have been made by government to overcome the serious impact of corona virus, and the infected patients are dominated by health workers [9]. Every effort is made to maintain the quality and safety of patients in the midst of limited facilities and infrastructure of CHC in Indonesia, one of them is

implementation of Infection Prevention and Control (IPC) in CHC.

The safety of work environment really needs to be improved in order to reduce the risk of transmission. The leader of CHC must provide support to manage implementation in terms of procurement of facilities, training for health workers, and counseling for patients and visitors. [10]. For this reason, it is necessary to manage IPC program development at the Lubuklinggau City CHC in the form of a mini project to accelerate the implementation of IPC.. This study aims to analyse the Infection Prevention and Control (IPC) Program at the Lubuklinggau City Health Center.

RESEARCH METHODS

This study is a case study with an observational qualitative approach. Researchers observe objects directly in the field and participate in activities carried out in accelerating the implementation of IPC at the Lubuklinggau City CHC. The implementation of activities will be carried out from May 2021 until the end of 2021. The subjects of this study are all of the health service staff in the fields of health services, SDK, P2P, also public health department at Public Health Office and the object observed was the implementation of IPC at the Lubuklinggau City CHC with a health program management approach consisting of initiation, planning, implementation, supervision and monitoring, evaluation, and report generation stages. Data were analyzed descriptively qualitative based on document studies from several sources such as news, articles, books and other sources and presented in narrative form.

RESULTS AND DISCUSSION

The IPC program at the Lubuklinggau City Health Center is carried out in five steps based on the project management methodology: the initiation stage, the preparation stage, the implementation stage, the monitoring and supervision stage, and the evaluation and reporting stage. During the start phase, priority problems are generated. The IPC team's implementation of the IPC at the Lubuklinggau City CHC has proven ineffective. During the preparation stage, the internal and external stakeholders whose functions and responsibilities have been specified are involved. The PPI was implemented at the Lubuk Linggau Health Center once preparation, socialization, and assistance had been completed.

The initiation stage is the initial stage of forming a program by critically examining the underlying causes and encouraging policy-making to make certain policies [11]. During COVID-19 pandemic, the role of FKTP is very important, especially CHC in carrying out early detection of confirmed cases of COVID-19 in community for preventing and controlling COVID-19. In an effort to break the chain of transmission of COVID-19 at the individual, family and community levels, CHC must be able to manage and utilize its resources effectively and efficiently to support the government's efforts to reduce the number of confirmed cases of COVID-19 in Indonesia. This can be done through risk communication and educational information communication, community empowerment, and cross-sectoral collaboration [12]. The activity of this study affects the level of knowledge of health workers even though the COVID-19 pandemic continues to plague.

In order to protect the health and safety of health workers and public from the transmission of COVID-19, The Ministry of Health has issued the Implementation of the Technical

Guidelines for Infection Prevention and Control (IPC) in First Level Health Facilities (FKTP). The benefits of implementing IPC in FKTP is to prevent and protect visitors, health workers, patients, and public from the risk of exposure to infection transmission in health facilities. Minimize the incidence of infection between visitors and health care workers. Provide an overview of the quality of health services in FKTP according to applicable standards. Through IPC management, resource management becomes more effective starting from planning, implementing, monitoring, coaching, evaluating and reporting infection events [13].

In carrying out this mini health program development project, it is necessary to analyze the problem and identify the stakeholders who play a role. During the 2020 Covid-19 pandemic, it was identified that 45 health workers at the Lubuklinggau City CHC were exposed to Covid-19 spread over 5 health centers

During the accreditation process which took place in Lubuklinggau City in 2016-2018, of course, a small number of CHC officers had to be exposed even though they had never attended training. Minimal exposure through the preparation of answering elements. Based on data from the Lubuklinggau City Health Office, IPC training has never been carried out on a scheduled basis. Accreditation has demanded the formation of a formal IPC Team. Low understanding will certainly hamper implementation, it will be difficult to form a work team, and the achievement of indicators will not be able to be implemented. In accordance with the information at the Lubuklinggau Health Office, the recording and reporting data does not yet exist.

Surveillance of infections related to HAI health services has also never been

carried out. This is because there is no exact directive on who is in charge of implementing IPC in health care facilities, including in CHC. The situation above can unlock the key in the implementation of IPC at the Lubuklinggau City CHC because there has not been a good service between the CHC and the health office regarding IPC in services, the availability

of adequate budget support in program implementation, and the ineffectiveness of the IPC team at the Lubuklinggau City CHC. [14].

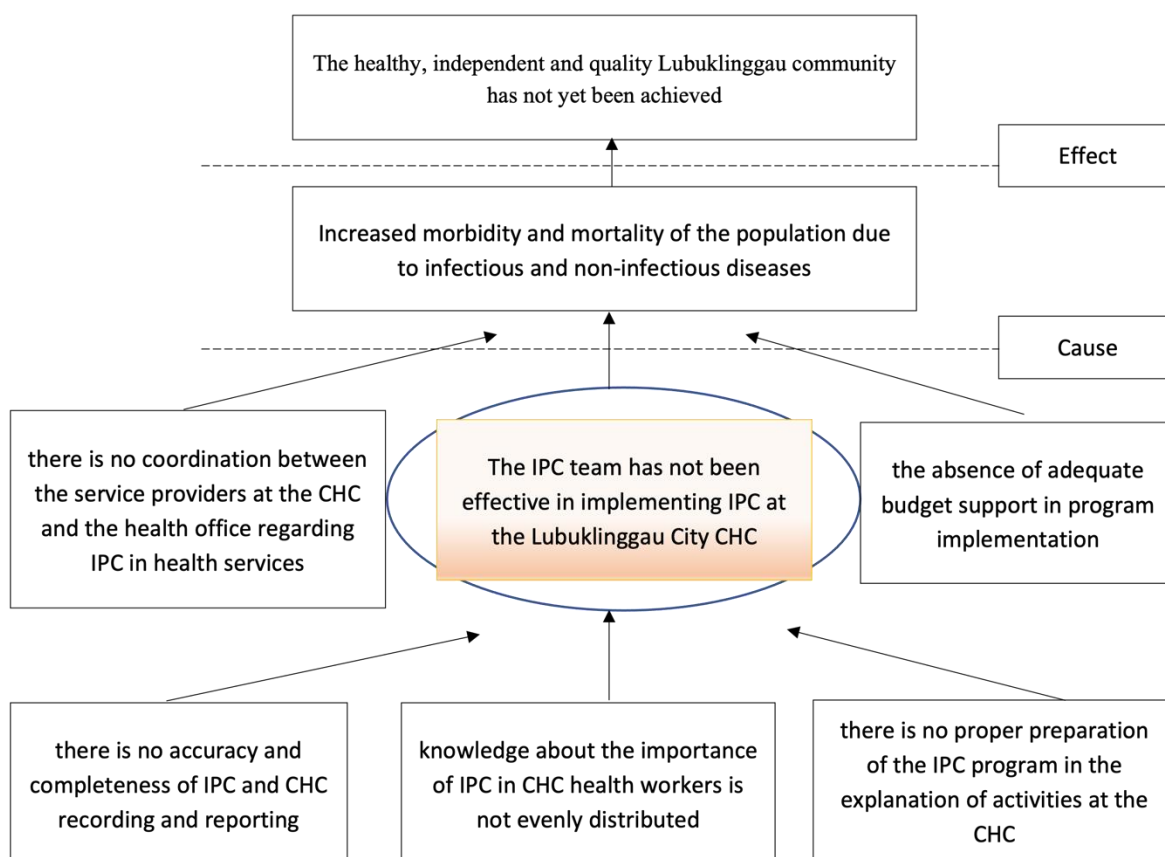
From the gap above, it can be seen that there is a relationship with one another, and the priority problems are listed in table 1.

Table 1. Priority Problem

No.	Main Problem	U	S	G	TTL	Priority
1.	The IPC team has not been effective in implementing the IPC at the Lubuklinggau City CHC	5	5	4	14	I
2.	There is no coordination between the service providers at the CHC and the health office regarding IPC in health services	5	4	4	13	II
3.	There is no adequate budget support for program implementation	4	4	4	12	III

Based on the priority table of the problem, it was found that the priority problems in this study were the ineffectiveness of the PPI team at the Lubuklinggau City Health Center, the lack of coordination between service providers at the Puskesmas and the Health Office regarding PPI and the unavailability of budgetary support regarding program implementation. The implementation of PPI by the PPI team has not been effective due to the team not having sufficient

knowledge about PPI as well as inadequate advice and infrastructure. In addition, coordination between problem officers has not been established causing miscommunication. Budget support is also inadequate so the implementation of this activity is quite difficult to carry out. From the problem priority table, a problem analysis can be made using the problem tree as follows:



Picture 1. The Problem Tree of the Ineffectiveness of the IPC Team in the Implementation of the IPC at the Lubuklinggau City CHC

Based on the analysis above, the program development that can be carried out is to accelerate the implementation of the IPC at the Lubuklinggau City CHC. The implementation of IPC in health care facilities has the same principle. The difference lies in competence and authority, availability of medical devices, facilities and infrastructure, financing, environment, targets and activities. CHC services are specific because their services are not only inside the health facility (inside the building) but also provide services outside the health facility (outside the building) or directly in the community. The application of IPC in building activities can be exemplified, namely registration and medical record services, general examination or outpatient services, dental and oral health services,

emergency services, service and basic emergency obstetric and neonatal services (*pelayanan obstetri dan neonatal emergensi dasar/PONED*), inpatient services, family health services, nutrition services, disease prevention and control services, laboratory services, pharmaceutical services, and counseling services (such as health, nutrition, and PKPR). The application of IPC activities outside the CHC building can also be described, namely data collection activities in the SME program, screening activities, target visits (home), vaccination activities and other medical actions, drug distribution and administration activities, PMT distribution and administration activities, training, counseling and counseling activities, and monitoring, coaching, and community empowerment activities.

Stakeholder identification is the process of identifying people, groups, or organizations who can have an impact or are affected by project decisions and outcomes. This activity is carried out based on the Minister of Health Regulation 27 of 2021 concerning IPC Guidelines in Health Facilities and technical guidebooks at first level health facilities. The person in charge of this activity is still attached to the Service Sector of the Lubuklinggau City CHC. The stakeholders involved in this mini project are the Lubuklinggau City Health Office, head of health office, secretary of health office, health department planning, health department finance, health service and SDK, P2P field, public health sector, provincial health office, health service quality sector, IPC managers and accreditation of provincial health offices, CHC, heads of CHC, CHC administration, CHC quality team, CHC IPC teams, UKP/UKM CHC teams, CHC patient safety teams, service providers, CHC accreditation surveyors, CHC accreditation assistants, IPC training implementers at the national/provincial level, hospitals that have implemented IPC activities, health cadres in the CHC area, and the Lubuklinggau City Communications and Information Office. In line with other research, in accelerating the control of the spread of COVID-19, health facilities such as CHC has increased collaboration with various cross-sectors in controlling the spread of COVID-19 [15].

Preparation Stage

At this stage, the focus should be on accelerating the implementation of the IPC at the Lubuklinggau City CHC. The Covid-19 pandemic demands directed and

continuous disease prevention and control, so that CHC must implement it as soon as possible. The scope limitation and the effective team that will implement it must be formed immediately with a clear time limit. This stage also requires detailed planning documents so that they can be used as a guide for the program team during program activities, such as resource planning and communication plans.[16].

This mini health project is limited to accelerating the implementation of the IPC at the Lubuklinggau City CHC. Of course, according to the problems discussed in the first stage, 9 CHC out of 10 CHC already have an IPC Team as a necessity during accreditation, while the last CHC has not been accredited, so until now the IPC Team has not been formally formed. The IPC team has the task of carrying out assessment, planning, implementation, monitoring and evaluation activities, and coaching [17]. The IPC team at the Lubuklinggau City CHC that has been formed has not been effective in implementing its program. There are three causes, namely the unequal knowledge of the importance of IPC among health workers at the CHC, the absence of an appropriate preparation of the IPC program in the description of activities at the CHC, and the absence of accuracy and completeness of IPC recording and reporting from the CHC.

Solving problems that arise will be addressed through activities carried out in this health mini-project. The activities that will be carried out in accordance with the targets in the IPC technical guidelines in first-level health facilities are staff, patients, and the community served. The scope of this activity is of course related to the above targets, namely the formation of an effective team at the health office in

a health mini-project, CHC officers must be given the same knowledge in understanding IPC in CHC through socialization and training education, assistance in the preparation of management and organization of the IPC program, determining IPC indicators in

CHC, and accuracy and completeness of IPC recording and reporting at CHC.

The roles of stakeholders, work teams, and implementation time can be described simply as contained in table 2, table 3, and table 4.

Table 2. Stakeholder Relationship Overview

No.	Stakeholder	Role	Relationship
Internal			
1.	Head of Health Service	Play a role as a sponsor as well as a Leader, providing guidance, direction and approval of the Health Mini Project, as well as stakeholders, policy makers	Hierarchy/consultation
2.	Office Secretary	Coordinate to section program/planning and information	Hierarchy/consultation
3.	All Heads of Divisions and Sub Planning and Finance Section of the Lubuklinggau City Health Office	Coordinate program activities, coordination partners, consultation	Hierarchy/consultation/coordination
4.	Head Section of prevention and control infectious disease	Information sources and coordination partners	Hierarchy/coordination
5.	All Section Heads in Health Services and SDK	Information sources and coordination partners	Hierarchy/coordination
6.	All Heads of Divisions and Sub-Planning and Finance Section of the Lubuklinggau City Health Office	Coordinate program activities, coordination partners, consultation	Hierarchy/consultation/coordination
7.	CHC and organizational devices and teams at the CHC	Support in implementing and executing Information and data processing	Coordination, information partner
8.	CHC Accreditation Assistant	Assist in mentoring the implementation of IPC and monitoring of IPC in health centers	Coordination and teamwork
External			
1.	Provincial Health Office	Consultation, sources of information, coaching and supervision	Bureaucracy
2.	Communication and Information Office of Lubuklinggau City	Lubuklinggau city information beneficiaries, information media / promotion of health problems in particular IPC	Coordination and Bureaucracy
3.	Hospital	Support in implementation	Coordination
4.	Accreditation Surveyor	Support in the implementation and supervision of IPC implementation at the CHC and the quality of CHC services	Coordination

5. Implementing IPC training in national/provincial level	Support in IPC training at the CHC	Coordination
6. Professional organization	Health technical implementing coordination partner	Coordination, Improving the ability of IPC health workers
7. Health Cadre	Acting as a supporting and implementing implementer	Information partner

Table 3. Working Team in the Implementation of the Health Mini Project

WORKING TEAM		Description:
1. Head of Health Department		1. Head of Department; has the authority to make policies and decrees as well as a director and resource person.
2. Secretary of Health Department		2. Secretary; has the authority to administer technical services, administrative activities and administration.
3. Head of Health Services and SDK Division		3. Head of Health Services and SDK Division; IPC management coordinator at health facilities.
4. Head of P2P Division		4. Head of P2P and Head of Public Health Division; have the authority to coordinate and inform activities.
5. Head of Public Health Division		5. Head Section of Health Services; collect IPC recording and reporting, as the manager of the IPC program at CHC.
6. Head Section of Health Services		6. Head Section of SDK; has authority in HR training.
7. Head Section of SDK		7. Head Section of Farmakmin; has authority in BMHP and medical equipment usage reports.
8. Head Section of Farmakmin and alkes		8. Head Section of Direct Infectious Diseases; collect data on infectious diseases, and experts of infectious diseases.
9. Head Section of Direct Infectious Disease		9. Head Section of Immunization and Surveillance; has authority in disease surveillance and outbreaks, information on activities.
10. Head Section of Immunization and Surveillance		10. Head Section of Family Health; has the authority to coordinate and provide IPC information for mothers and children, as well as productive ages and the elderly.
11. Head Section of Family Health		11. Staff; assisting the implementation of IPC management at the CHC through meetings with Zoom and KIE on social media.
12. Staff of Health Services and SDK		12. CHC Accreditation Assistant; has the authority in the preparation of IPC activities at the CHC.
13. Accreditation Assistant		

Table 4. Implementation Time in the Preparation Stage

No.	Stages	Time
1	Identification and mapping of stakeholders involved in IPC	1st week of May 2021
2	Making a Decree from the Head of Service concerning the Mini Work Team for Health Projects to Accelerate the Implementation of IPC in CHC	3rd week of May 2021
3	Working team meeting on preparation for the implementation of activities	2nd week of June 2021
4	Meeting of the IPC CHC team and the Work Team of the Health Office	3rd Sunday of May 2021

Appropriate communication in this mini project is to apply the principles of effective communication, communication strategies between individuals, groups with the principle of mutual respect both verbally, in writing, formally and informally in equalizing perceptions. The communication media used are SMS, WA, Zoom Meeting, especially during the Covid-19 pandemic, reducing face-to-face meetings [18]. Besides that, it is also done openly/transparently, that is informative and honest in communicating, this is done when the author conveys the change project idea to external stakeholders, so that they can provide support for the achievement of success in the change project. As a form of this communication is to collaborate and be structured, namely this communication occurs when the author communicates with internal stakeholders, especially the head office and staff in the Lubuklinggau City Health Office, so that they are motivated to help

and play an active role in the success of the change project. In addition, communication is also needed in order to establish a good relationship between team members and not cause difficulties in coordination [19].

Implementation Stage

Implementation is the process of realizing a plan into practice. Implementation can also be interpreted as an effort to implement the policy decisions that have been made [20]. In principle, implementation is a way to make a policy can be implemented to achieve program objectives [21]. The IPC implementation program at the Lubuklinggau City CHC is carried out after setting goals and targets, as well as compiling a program of activities. In addition, the important thing to do next is to make a schedule, such as work groups and types of activities. The scheduling of the IPC Implementation Program activities at the Lubuklinggau City CHC can be seen in table 5.

Table 5. Implementation of The IPC Execution Program at The Lubuklinggau City CHC

No.	Activity	Time
1	Preparation	
1.a	Formation of an effective team in the field of Health Services and SDK	May 24, 2021
	Conducting consultations with the Head of Service and the secretary of the Health Office in order to identify strategic issues in the implementation of the main tasks and functions of the field	May 20, 2021 (by phone)
1.b	Information dissemination to all staff in the field of health services and SDK, P2P, public health	May 20, 2021
1.c	Formation of an effective team for change projects in the P2P field	March 24, 2021
2	Socialization meeting with the work team about IPC at the CHC and preparation for the implementation of activities	May 28, 2021
2.a	Division of tasks for the composing of health mini projects	27 May to 12 June 2021
2.b	Discussion meetings in each field and sub-section of the Lubuklinggau City Health Office with a deepening of IPC technical guide material in first-level health facilities	28 May to 5 June 2021
3	Meeting of the IPC CHC team and the Health Service Work Team The meeting found out the obstacles faced in understanding and implementing	June 5, 2021
3.a	IPC at the CHC 5 June 2021	June 5, 2021
	Commitment Taking in Service Quality Improvement June 5, 2021	
3.b	Discussion on the preparation of IPC policies, guidelines, and SOPs at the CHC level	June 5, 2021
4	Determination and issuance of a decision letter from the Head of the Lubuklinggau City Health Office regarding the implementation of the IPC at the Lubuklinggau City CHC	June 7, 2021
5	Implementing socialization of IPC technical guidelines in CHC	9-18 June 2021
6	Assistance in the implementation of IPC management and organization in health centers starting from policies, guidelines, IPC SOPs and indicators, as well as discussions on IPC Education and Training with 3rd parties	18-30 June 2021
7	Assistance in disseminating policies, guidelines, SOPs, IPC, and IPC indicators for CHC	1-15 July 2021
8	The implementation of IPC at the level of the first-level health facility reports through communication media, both formal reports and subsequent verbal reports, managed by the health service manager of the Lubuklinggau City Health Office.	16 July 2021 onwards
9	IPC education and information at the level of health cadres and community leaders in each CHC and so on	16 July 2021 onwards
10	timely and complete recording and reporting of contents	5th of every month

Determination of the project schedule, the duration of the project for each work item from the start of the project to the completion of the project is needed to facilitate program control activities so as to avoid project delays. Time schedule or time planning is one of the basics of control. A project becomes

meaningless if plans are drawn up, but there is no effort to implement controls [19].

In implementing the IPC program, the Health Office includes policy socialization as a scheduled program activity. This is related to the constraints that have been described and the findings of previous studies, that the low

performance of the infection prevention and control team is the lack of socialization of the program to the team and all nurses or health workers [22].

According to Afandi, socialization is also rarely carried out related to technical guidance and program administration, lack of support and commitment from program management or there is no coordination from the IPC committee and team [23].

Monitoring and Supervision Stage

Monitoring is the process of observing, examining, controlling and evaluating the entire process of program activities. Another meaning of monitoring is to ensure what has been implemented, evaluate work performance and, implement corrective actions so that the results of implementing a program are in accordance with the predetermined plan [24].

The stages of monitoring and supervision are carried out starting from the planning, implementation, and reporting stages. In this stage, several obstacles will be found. There are three main internal constraints that are usually found in organization, namely organizational culture, human resources, and funds. External constraints include regional characteristics, reinforcing factors, and enabling factors. Strategies to overcome internal constraints, such as dealing with overlapping activities of the health services staff in the SDK and other fields, can lead to lack of understanding and responsibility for commitments in the health mini-project. It should be carried out according to its main duties and responsibilities, namely by providing periodic guidance and streamlining

meetings with program coordination meetings that will be carried out immediately and schedule activities so that mutual reminders are carried out. Always carry out togetherness and motivational activities to strengthen the team in completing health mini projects. It is possible that inaccurate data and information will occur, namely by providing reinforcement through program indicator information and the form of reports to the CHC as a large source of data, which can be seen in the appendix to the progress of this activity, and supporting evidence for its activities [25].

Strategies to overcome external constraints such as responding to external constraints of the health office work team can be approached through the head of the health department in making policies and motivation in melting program egos and field egos in maintaining data and analysis, as well as through socialization to health cadres and community leaders, carrying out activities to understand work indicators and incidence rates for stakeholders, here the CHC as the largest data contributor is carried out by means of re-understanding through socialization and re-dosing of things related to IPC, and increasing the level of attendance and participation by making a joint commitment to the P2P program as a tool to assess the performance of the CHC leadership.

Evaluation and Report Stage

Evaluation is an activity of collecting the results of activities, analyzing, and presenting the results of activities in the form of documents, then an assessment is carried out and compared with evaluation indicators. The evaluation results are used as a reference for making

decisions regarding the results of the program evaluation [26]. The evaluation is carried out to assess the performance or the continuity of the implementation of IPC activities at the CHC, both in terms of the methods used, the work team, and the equipment used, which later the results of this evaluation will determine the policies to be taken for follow-up interventions. Activities are carried out in the third and fourth trimesters, with indicators of success in the form of accuracy and completeness of reports. This mini health project report is carried out at the end of the activity, the implementation report is submitted to the planning section which is used to compile reports on the performance achievements of the Lubuklinggau City Health Office. The report contains indicators of program achievements, photo evidence of activities and other documents deemed necessary which are compiled in a neatly bound report.

Evaluation is carried out to ensure whether the IPC activities at CHC are running well according to the plans that have been made and to find out what the results of IPC activities have not achieved the target. Evaluation serves to assess the performance or continuity of the implementation of IPC activities at CHC, both in terms of the methods used, the work team, and the equipment used, this is for follow-up interventions. The stages of monitoring and supervision are carried out starting from planning, implementation, and reporting stages.

Monitoring, evaluation and reporting of the implementation of IPC in CHC is carried out periodically (monthly, 3 months, 6 months, and annually) with indicators of success in the form of accuracy and completeness of reports. The

IPC activity report contains the success of IPC activities in the field whether it has reached the target of the IPC activity program planning as well as recommendations for improvement of follow-up for related parties as an infection control strategy at the CHC [13].

Internal constraints that may occur are constraints on organizational culture, human resources, and funds, while external constraints include regional characteristics, reinforcing factors and changing/accelerating factors. The strategy to overcome internal obstacles is that the implementation is carried out according to the main task and function by providing periodic guidance, streamlining program coordination meetings that are immediately carried out, and making a schedule of activities. In addition, always carry out togetherness and motivational activities and provide reinforcement through information on program indicators and in the form of reports to the CHC. Strategies to overcome external policy and motivational constraints in dissolving program egos and field egos in maintaining data and analysis, as well as through socialization to health cadres and community leaders, carrying out activities to understand work indicators and incidence rates for stakeholders and increase attendance and participation levels by make a joint commitment to the P2P program and serve as a tool for assessing the performance of CHC leaders.

Suggestions that can be given to improve the effectiveness of the implementation of IPC at the Lubuklinggau City CHC are that it is necessary to carry out continuous upgrading of the competence of health workers on IPC at the CHC, it is necessary to upgrade the IPC data at the

CHC which is accurate and sustainable so that the resulting analysis actually realized in program interventions and targeted activities, required accuracy and completeness of program reports with program performance indicators every 30th or the end of the current month, accuracy and speed of events that have the potential for outbreaks every hour, day, and week. If it does not occur will follow the weekly routine report in the evaluation (closing case) every Monday every week at 09.00 WIB, monitoring and evaluating programs using indicators of existing health programs and based on health events at the end of each month, and a joint commitment from the CHC with P2P program at the time of evaluation, which is signed by the CHC leadership and is known by the head of the health department.

CONCLUSION

The priority problem found was the ineffectiveness of the IPC team in implementing infection prevention and control (IPC) at the Lubuklinggau City Community Health Center (CHC). In the preparation stage, it is focused on accelerating the implementation of the IPC at the Lubuklinggau City CHC, then the stakeholders both internal and external are arranged and a mini project implementing team is formed and the implementation schedule is arranged.

The activities carried out were in the form of socializing IPC technical guidelines at CHC, assisting the implementation of IPC management and organization at CHC starting from policies, guidelines, IPC SOPs and indicators, as well as discussing IPC education and training with 3rd parties, assistance in disseminating policies, guidelines, SOPs, IPC, and indicators of IPC CHC, implementation of IPC at the

level of first-level health facilities reporting through communication media, both formal reports and onward reports verbally managed by the health service manager of the Lubuklinggau City health service, and IPC education and information at the level of health cadres and community leaders in each CHC.

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