

## ANALYSIS OF FACTORS AFFECTING THE PERFORMANCE OF POSBINDU NON-COMMUNICABLE DISEASES

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### ABSTRACT

The cause of death of approximately 71% (36 million) people per year is due to non-communicable diseases. The 2018 Riskesdas data shows an increase in key NCD indicators. The significant increase in NCDs is expected to add to the burden on both the public and the government in healthcare financing. According to Government Regulation No. 71 of 2015, the prevention and control of NCDs are to be carried out through community health efforts and individual health efforts. The prevention and control of NCDs in the community are implemented through the activities of the NCD Posbindu. This research analyzes the factors affecting the performance of NCD Posbindu. The research method used is a Cross-Sectional approach with a quantitative method. The population consists of 486 NCD Posbindu, and the research sample uses Total Sampling, consisting of 29 NCD Posbindu. Data analysis includes univariate, bivariate (Spearman Rank), and multivariate (Multiple Linear Regression). The research results show that the majority of NCD Posbindu's performance falls into the "good" category, with 17 (58.62%), while the human resources (HR) are good in 19 (65.50%) cases, infrastructure is good in 12 (41.38%) cases, and the budget is good in 16 (53.20%) cases. Human resources, infrastructure, and the budget are positively and significantly correlated with the performance of NCD Posbindu, with correlation coefficients of HR ( $r=0.688$ ), infrastructure ( $r=0.650$ ), and the budget ( $r=0.598$ ). The results of the Multiple Linear Regression test reveal that human resources, infrastructure, and the budget, when considered together, collectively affect the performance of NCD Posbindu, with an F value of 7.240, an adjusted R-squared value of 0.401, and a regression coefficient ( $\beta$ ) of 18.799. Human resources, infrastructure, and the budget are related and significantly influence the performance of NCD Posbindu by 40.1%.

**Keywords:** Posbindu NCD, Performance, Human Resources, Facilities and Infrastructure, Budget.

## INTRODUCTION

In 2016, about 71 percent of the world's causes of death were non-communicable diseases (NCDs) that killed 36 million people per year. About 80% of these deaths occur in middle- and low-income countries, 73% of deaths are currently caused by non-communicable diseases, 35% of which are due to heart and blood vessel diseases, 12% by cancer, 6% by chronic respiratory diseases, 6% by diabetes, and 15% caused by other NCDs (WHO, 2018).

Based on Riskesdas data in 2018, it shows that there has been an increase in the key indicators of NCDs listed in the 2015-2019 RPJMN as follows: the prevalence of high blood pressure in residents aged 18 years and over increased from 25.8% to 34.1%, the prevalence of obesity in residents aged 18 years and over increased from 14.8% to 21.8%, smoking prevalence of residents aged  $\leq 18$  years increased from 7.2% to 9.1% (Ministry of Health, 2018).

Based on the Health Profile Data of the Kebumen District Health Office in 2020 and 2021 for the working area of the Karangsembung Health Center, it shows the following results: the prevalence of hypertension of residents aged  $\geq 15$  years who received services according to standards increased from 71.5% to 84%, the prevalence of Diabetes Mellitus for residents aged  $\geq 15$  years who received services according to standards decreased from 99.7% to 99.3%.

Concern over the increasing prevalence of NCDs has led to agreement on global strategies for NCD prevention and control, particularly in developing countries. NCDs have become a strategic issue in the 2030 SDGs agenda so that it must be a development priority in every country. Indonesia is currently facing a double burden of diseases, namely Communicable Diseases and Non-Communicable Diseases. Changes in disease patterns are strongly influenced by, among others, changes in the environment, community behavior, demographic, technological, economic and socio-cultural transitions. The increase in burden due to NCDs is in line with the increase in risk factors which include increased blood pressure, blood sugar, body mass index or obesity, unhealthy diet, lack of physical activity, and smoking as well (Director General of P2PTM & PM, Ministry of Health of the Republic of Indonesia, 2019).

The significant increase in NCD cases is expected to increase the burden on the community and government, because handling it requires large costs and requires high technology. This can be seen from data from the Health Social Security Organizing Agency (BPJS) in 2017, as many as 10,801,787 million people or 5.7% of JKN participants received services for catastrophic diseases and spent health costs of 14.6 trillion rupiah or 21.8% of all health service costs with a composition of heart disease ratings of 50.9% or 7.4 trillion, chronic kidney disease of 17.7% or 2.6 trillion rupiah (Director General of P2PTM & PM, Ministry of Health of the Republic of Indonesia, 2019).

The 2030 Agenda for Sustainable Development recognizes NCDs as a key challenge to sustainable development. As part of the Agenda, heads of state and government committed by 2030, to reduce by one-third premature deaths from NCDs through prevention and treatment (SDGs target 3.4). Sustainable Development Goal 3.4 by 2019. The World Health Assembly extended WHO's Global Action Plan for NCD prevention and control from 2013–2020 to 2030 and called for development *Roadmap* Implementation 2023 to 2030 to accelerate progress in preventing and controlling NCDs (IHME, 2020)

Based on Minister of Health Regulation Number 71 of 2015 concerning the Prevention and Control of Non-communicable Diseases, the implementation of NCD mitigation is carried out through Public Health Efforts (SMEs) and Individual Health Efforts (UKP). NCD prevention focuses

on controlling NCD risk factors that can be changed through health promotion activities, early detection of risk factors and special protection. Early detection is carried out to find risk factors as early as possible which is carried out on individuals and / or groups who are at risk or not at risk on a regular basis. Early detection of NCD risk factors is carried out in health service facilities / places where Community Based Health Efforts (UKBM) are carried out. The community, both individually and in groups, plays an active role in tackling NCDs. The role of the community is carried out through community-based health efforts (UKBM) by forming and developing an Integrated Development Post (Posbindu PTM) (Regulation of the Minister of Health of the Republic of Indonesia, 2015).

Based on data from the Central Java Provincial Health Office in 2021, the development of PTM Posbindu in Central Java with 35 Regencies / Cities, 880 Puskesmas, 8607 Villages / Villages and consisting of 10,264 Posbindu. Kebumen Regency consists of 26 sub-districts with the development of Posbindu from 2019 increasing from 417 Posbindu in 2019, to 435 Posbindu in 2020 and 486 Posbindu in 2021. The development of Posbindu in the working area of the Karangsembung Health Center, Kebumen Regency, which consists of 14 villages, has also increased the number of Posbindu from 14 Posbindu in 2019 to 22 active Posbindu in 2021 and 29 Posbindu in 2022.

The increasing number of PTM Posbindu in the working area of the Karangsembung Health Center, Kebumen Regency, is comparable to the increase in the number of NCD cases found. The goal of the NCD Posbindu to control NCD risk factors has not been achieved, because more and more community members are detected NCD risk factors. The morbidity rate of NCDs through UKP visits at the Karangsembung Health Center has also increased from year to year. Based on data from preliminary studies conducted at the Karangsembung Health Center, the achievement of the performance of productive age health service activities through screening at the PTM Posbindu in 2020 was 87.37% (there are still 12.63% of the productive age population who have not received health screening services at the PTM Posbindu), in 2021 there are 52.76% (there are still 47.24% of productive age residents who have not received health screening services at the PTM Posbindu), and in 2022 as many as 92.68% (there are still 7.32% of the productive age population who have not received health screening services at the PTM Posbindu) (Performance Assessment of the Karangsembung Health Center, 2022).

The results of a preliminary study at the Karangsembung Health Center, through information from the PTM Posbindu Program, problems were found including, PTM posbindu activities did not attract public attention, because the community considered that if they were not sick there was no need for health checks, socialization about the importance of regular health checks was still not optimal, participants who came to the PTM Posbindu were mostly the same people where very few male residents wanted to come to the posbindu and there is also no PTM Posbindu Referral Form for those in need (PTM Programmer Puskesmas Karangsembung, 2023).

The results of previous research conducted by Susilawati stated that the implementation of Posbindu activities has not been effectively proven through the discovery of constraints in input, inadequacy of resources, incompleteness and inadequacy of infrastructure, inadequacy of funding, constraints in the process, implementation of activities not in accordance with SOPs, undistributed smart books of cadres, low socialization and counseling of PTM in posbindu and village apparatus, unavailability of Cards Towards Health (KMS) for posbindu participants, incomplete reports, *low stakeholders*, output *constraints*, target discrepancies, low visit

coverage, low documentation of records and referrals have an impact on the uncontrollability of NCDs, namely hypertension (Susilawati et al., 2021).

Another study states that based on the evaluation of the integrated non-communicable disease (NCD) development post program with a system approach (*inputs, processes, and outputs*) it still has shortcomings and obstacles. The evaluation of inputs seen from human resources, funding, and infrastructure facilities is still not evenly distributed throughout the region. Process evaluation is seen from how the PTM post is implemented. Indeed, the PTM posbindu has been carried out routinely but the quality of service is still inadequate and inadequate *input* is also an obstacle in the process of implementing the PTM posbindu. So that the evaluation of *outputs and outcomes shows that the PTM Posbindu* has not achieved its target and *its outcome to control NCDs has also not been achieved* (Mahdur et al., 2021).

## METHOD

The research design to be carried out in this study uses the Descriptive Analytic method with a Quantitative approach. The research design used *Cross Sectional*. The target population in this study is all PTM Posbindu in Kebumen Regency totaling 486 PTM Posbindu. The affordable population in this study is all PTM Posbindu in the working area of the Karangsembung Health Center totaling 29 PTM Posbindu. The sample in this study was taken using Total Sampling where there were 29 PTM Posbindu. The respondents in this study were health workers and health cadres implementing PTM Posbindu activities. Univariate, bivariate data analysis using Spearman Rank and Multivariate using Multiple Linear Regesions.

## RESULTS AND DISCUSSION

### Overview of the Research Site

Puskesmas Karangsembung Kebumen Regency is an Inpatient Health Center whose rural area where this research was carried out, located on Jl.Karangsembung Km.19 Kebumen, Central Java. Data was taken from respondents on May 23-June 10, 2023, then data processing was carried out and analyzed using statistical applications. Posbindu in the working area of the Karangsembung Health Center consists of 29 posts spread across 14 villages. The population in 2022 is 37,138 people with a target productive age of 21,198 people. The results of this study include univariate, bivariate and multivariate analysis to determine the influence of human resources, infrastructure and budget on the performance of PTM Posbindu in the working area of the Karangsembung Health Center, Kebumen Regency.

### Overview of Performance, Human Resources, Infrastructure and Budget of PTM Posbindu

**Table 1**  
**Performance of Posbindu PTM**

<b>Performance</b>	<b>f</b>	<b>%</b>
Good	17	58.62
Enough	12	41.38
Total	29	100

Based on Table 1, it is known that most posbindu are in the good category at 58.62%.

**Table 2**  
**HR Posbindu PTM**

TBSP	f	%
Good	19	65.50
Enough	10	34.50
Total	29	100

Based on Table 2 shows that most of the posbindu human resources are in the good category at 65.50%.

**Table 3**  
**Posbindu PTM infrastructure**

Sarpras	f	%
Good	12	41.38
Enough	17	58.62
Total	29	100

Based on Table 3 shows that most of the posbindu sarpras in the category is sufficient at 58.62%.

**Table 4**  
**Anggran Posbindu PTM**

Budget	f	%
Good	12	41.38
Enough	17	58.62
Total	29	100

Based on Table 4 shows that most of the posbindu budget in the category is good at 55.20%.

**Bivariate Analysis of the Relationship between Human Resources, Infrastructure and Budget with the Performance of PTM Posbindu**

**Table 5**  
**The Relationship between HR and PTM Posbindu Performance**

TBSP	Performance of Posbindu PTM				<i>r</i>	<i>P</i>
	Good		Enough			
	f	%	f	%		
Good	15	51.72	4	13.79	0.688	0.001
Enough	2	6.90	8	27.59		
Total	17	58.62	12	41.38		

Based on Table 5, it is known that human resources with good categories provide a tendency to good Posbindu performance as well. The results of the statistical test obtained a p value of 0.001 (<0.05), it was concluded that there was a relationship between HR and the

performance of the PTM Posbindu, with a strong correlation level (0.688) and a positive relationship direction. This shows that the higher the quality of human resources, the better the performance of Posbindu PTM.

**Table 6**  
**The Relationship between Sarpas and the Performance of PTM Posbindu**

Sarpras	Performance of Posbindu PTM				<i>r</i>	<i>P</i>
	Good		Enough			
	f	%	f	%		
Good	11	37.93	1	3.45	0.650	0.001
Enough	6	20.69	11	37.93		
Total	17	58.62	12	41.38		

Table 6 shows that facilities and infrastructure with good categories give a tendency to good Posbindu performance as well. The results of the statistical test obtained a p value of 0.001 (<0.05), it can be concluded that there is a relationship between facilities and infrastructure with the performance of the PTM Posbindu, with a strong correlation level (0.650) and a positive relationship direction. This shows that the better the facilities and infrastructure, the better the performance of the PTM Posbindu.

**Table 7**  
**Budget Relationship with PTM Posbindu Performance**

Budget	Performance of Posbindu PTM				<i>r</i>	<i>P</i>
	Good		Enough			
	f	%	f	%		
Good	14	48.28	2	6.90	0.598	0.001
Enough	3	10.34	10	34.48		
Total	17	58.62	12	41.38		

Table 7 shows that budget variables with good categories give a tendency to good Posbindu performance as well. The results of the statistical test obtained a p value of 0.001 (<0.05), it can be concluded that there is a relationship between the budget and the performance of the PTM Posbindu, with a moderate correlation level (0.598) and a positive relationship direction. This shows that the better the budget, the better the performance of Posbindu PTM.

### Multivariate Analysis of the Effect of Human Resources, Infrastructure and Budget on the Performance of PTM Posbindu Simultaneous Significance Test (F Test)

**Table 8**  
**Simultaneous Significance Test (F Test)**

Type	F Count	F	Sig
Regression	7.240	2.93	0.001

a. Dependent Variable : Performance  
b. Predictor (constan) : HR, sarpras, budget

Table 8 shows that the F-count obtained a value of 7.240 greater than the F-table (2.93) with a *p value* of < 0.05 (0.001), it can be concluded that HR, sarpras and budget simultaneously and together affect the performance of the PTM Posbindu.

#### Coefficient of Determination Test (R2 Test)

**Table 9**  
**Coefficient of Determination Test (R2 Test)**

Type	R	R Square	Adjusted R Square
1	0.682a	0.465	0.401

a. Dependent Variable : Performance  
b. Predictor (constan) : HR, sarpras, budget

Table 9 shows that the results of the R2 test obtained an adjusted R2 value of 0.401, it can be concluded that all independent variables (human resources, infrastructure and budget) have an influence on performance by 40.1% while the remaining 59.9% is influenced by other variables that were not tested in this study.

#### Multiple Linear Regression Test

**Table 10**  
**Multiple Linear Regression Test**

Type		Unstandardized Coefficient		Standardized Coefficient	T	Sig.
		B	Std. Error	Beta		
1	Constan	18.799	15.512		1.073	0.293
	TBSP	0.355	0.824	0.390	1.249	0.223
	Sarpras	0.248	0.297	0.175	0.836	0.411
	Budget	0.101	0.136	0.189	0.743	0.464

a. Dependent Variable: Performance

Based on Table 10 can be described multiple linear regression equations as follows:

$$Y = \alpha + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + e$$

$$Y = 18.799 + 0.355X_1 + 0.248X_2 + 0.101X_3 + e$$

From the multiple linear regression equation, it can be explained as follows:

- a. The constant value ( $\alpha$ ) has a positive value of 18.799. A positive sign indicates a unidirectional influence between the independent and dependent variables. This shows that all independent variables including HR, sarpras, and budget do not change, so performance will still be valued at 18,799.
- b. The regression coefficient value for the HR variable ( $X_1$ ) is 0.355 which shows a positive influence between performance and HR. This means that if HR increases by 1%, then performance will increase by 35.5%.
- c. The regression coefficient value for the sarpras variable ( $X_2$ ) is 0.248 which shows a positive influence between performance and sarpras. This means that if sarpras increases by 1%, then performance will increase by 24.8%.
- d. The regression coefficient value for the budget variable ( $X_3$ ) is 0.101 which shows a positive influence between performance and budget. This means that if the budget increases by 1%, then performance will increase by 10.1%.

#### **Overview of performance, human resources, sarpras and budget of Posbindu PTM**

The results of research on 29 PTM Posbindu in the working area of the Karangsembung Health Center showed that, PTM Posbindu with good performance as many as 17 Posbindu (58.62%), Posbindu human resources were also mostly good as many as 19 Posbindu (65.50%), while the facilities and infrastructure of PTM Posbindu were mostly sufficient as many as 17 Posbindu (58.62%) and PTM Posbindu with a good budget as many as 16 PTM Posbindu (53.20%).

The human resources of the PTM Posbindu in the working area of the Karangsembung Health Center consist of health cadres and health workers in each posbindu in each service activity. There are 5 health cadres per Posbindu with minimum high school education competence and have attended PTM Posbindu training while 2 health workers with minimum education competence D3 health, have been registered (have STR) and have also attended PTM Posbindu training (PTM Programmer, 2023).

PTM Posbindu is carried out every month in each village, and to increase the coverage of early detection/screening of NCD risk factors, Friday Posbindu is carried out. The facilities and infrastructure of the posbindu are fulfilled by the Karangsembung Health Center and also non-governmental organizations of the village. Equipment that is usually used in every activity is a TB / BB measuring instrument, blood pressure measuring instrument, body mass index measuring instrument, diagnostic tools for GDS examination, kholesterol and uric acid, and consumables (PTM Posbindu Programmer, 2023).

The PTM Posbindu budget is sourced from Health Operational Assistance through Puskesmas in the form of cadre transportation and fulfillment of medical consumables. Some villages also budget for PTM Posbindu through APBDes in the form of Posbindu Kits and health cadre incentives. Budget support is very important in the implementation of PTM Posbindu activities so that they run smoothly and improve the performance of PTM Posbindu (PTM Posbindu Programmer, 2023).

Based on the results of the study, it can be concluded that the performance of the PTM Posbindu is related to human resources, the availability of adequate facilities and infrastructure



and sufficient budget allocation. These three factors are interconnected and must be managed properly to achieve optimal performance in the prevention and control of non-communicable diseases through PTM Posbindu.

### **The relationship of HR to the performance of Posbindu PTM**

Good human resources give a tendency to good performance of PTM Posbindu as well. The results of the statistical test obtained a p value of 0.001 ( $<0.05$ ), it was concluded that there was a relationship between HR and the performance of the PTM Posbindu, with a strong correlation level ( $r = 0.688$ ) and a positive relationship direction. This shows that the higher the quality of human resources, the better the performance of Posbindu PTM.

The Ministry of Health (2019) explained one of the strategies in the prevention and control of NCDs by increasing human resource capacity, encouraging the availability of human resources in quality and quantity and the use of existing human resources in the community in supporting NCD Posbindu activities.

The results of Oktaviani's research (2020) stated that there is a significant relationship between the quality of human resources and employee performance, this is shown by the calculation of the correlation coefficient analysis  $r = 0.589$ . Other studies say that there is a positive and significant relationship between HR development and employee performance with a strong relationship level where the calculation of the correlation coefficient is 0.612 (Prasetyo, 2023).

Peter Drucker (1954) in his book "The Practice of Management" proposed the theory of performance management with a goal approach (Management by Objective / MBO). Drucker argues that clear, measurable goals provide clear direction for organizational members and aid effective decision-making and constructive feedback in order to improve performance. In MBO theory, Human Resources play an important role in planning, managing and achieving organizational goals. Through the involvement of Human Resources in goal setting, a clear understanding of expectations and responsibilities, regular feedback, as well as skills development, Human Resources can improve their performance and overall contribute to the achievement of organizational goals including Posbindu PTM. So it can be concluded that Human Resources are positively correlated with the performance of PTM Posbindu.

### **The relationship of facilities and infrastructure to the performance of PTM Posbindu**

Good PTM Posbindu facilities and infrastructure provide a tendency for good Posbindu performance as well. The results of the statistical test obtained a p value of 0.001 ( $<0.05$ ), it was concluded that there was a relationship between facilities and infrastructure with the performance of the PTM Posbindu, with a strong correlation level (0.650) and a positive relationship direction. This shows that the better the facilities and infrastructure, the better the performance of the PTM Posbindu.

Based on the results of research on the facilities and infrastructure of the PTM Posbindu which still has less impact on the performance of the PTM Posbindu. Data from 29 Posbindu there are still 11 Posbindu with sufficient facilities and infrastructure whose performance is sufficient as well. Meanwhile, there are also posbindu with sufficient facilities and infrastructure but perform well as many as 6 Posbindu.

Aeni (2023) in her research explained that there is a significant relationship between facilities and infrastructure with the performance of health workers in the emergency room with

a p value of 0.003 ( $<0.05$ ). Facilities and infrastructure are provided as optimally as possible to improve the performance of health workers.

Another study states that supporting facilities and infrastructure will produce better performance, where the results of the correlation test on posyandu facilities and infrastructure have a significant effect on posyandu performance with a PR value of 15,889. This means that supporting facilities and infrastructure have 15,889 times the performance of their posyandu compared to posyandu whose facilities and infrastructure are not supportive. The results of this study show that the more complete the infrastructure, the better the performance of the posyandu. Posyandu with supporting facilities and infrastructure encourages health cadres to be active in carrying out their duties to help solve health problems in the community (Rusmalayana, 2022).

The Ministry of Health (2019) explained that posbindu facilities and infrastructure are one of the important factors that affect the performance of posbindu, the unavailability of complete equipment, lack of materials or medicines and the inadequate physical condition of the posbindu activity place can reduce the performance of the PTM Posbindu.

#### **The relationship of budget to the performance of Posbindu PTM**

A good PTM Posbindu budget will give a tendency to good Posbindu performance as well. The results of the statistical test obtained a p value of 0.001 ( $<0.05$ ), it was concluded that there was a relationship between the budget and the performance of the PTM Posbindu, with a moderate correlation level ( $r = 0.598$ ) and a positive relationship direction. This shows that the better the budget, the better the performance of Posbindu PTM.

The results of research on 29 PTM Posbindu, most of the financing was sourced from the government and non-governmental organizations, there were 14 Posbindu with good performance. The amount of budget in each village varies depending on the policy of each village, because the existing village funds are allocated for overall health services and the PTM Posbindu is only part of the total village funds for health.

Rusmalayana (2022) in his research said that the source of financing had a significant effect on the performance of posyandu with a PR value of 6,758, it can be concluded that posyandu with good financing has good performance as well. The source of posyandu financing used for Posyandu activities comes from the government and non-governmental organizations. Financing from non-governmental organizations varies depending on the economic capabilities of the community, so this can affect the performance of different posyandu.

Utami, et al. (2018) in their research stated the importance of transparency and accountability in managing the PTM Posbindu budget. With good transparency, budget use can be monitored more effectively, and stakeholders can ensure that budgets are used appropriately in line with non-communicable disease prevention goals. With good accountability, Posbindu can improve its performance and provide maximum benefits to the community.

Purbasari, et al. (2020) in their research stated that an adequate and well-planned budget can improve the management of PTM Posbindu. This includes budget allocation for training and development of health workers, provision of adequate facilities and infrastructure, and support for health promotion activities and prevention of non-communicable diseases. With good budget management, Posbindu can improve service quality and achieve better results in NCD prevention.

Redburn (2009) in his book *Government Budgeting and Performance* develops a theory of performance-based budgeting that emphasizes the relationship between resource allocation and setting clear goals and measuring performance based on measurable indicators. The budget can be allocated based on predetermined goals and performance indicators, such as the number of Posbindu participants, the level of early detection of non-communicable diseases, or increasing public awareness of NCDs. Budgets can be prioritized to support the achievement of set outcomes.

From the explanation above, it can be concluded that the budget is related to the performance of the PTM Posbindu, where good budget planning based on clear indicators and used effectively can improve the performance of the PTM Posbindu.

### **The influence of human resources, facilities and infrastructure, budget on the performance of PTM Posbindu**

Based on the results of the F test, it was found that human resources, budget and infrastructure facilities simultaneously affect the performance of the PTM Posbindu with the results of  $F_{\text{calculate}} 7,240$  greater than  $F_{\text{table}} 2.93$ . The results of the  $R^2$  test obtained an adjusted  $R^2$  result of 0.401 which means that the three variables (human resources, facilities and infrastructure, budget) have an influence on performance by 40.1% while 59.9% are influenced by other variables that were not tested in this study.

The results of multivariate analysis using multiple linear regression tests from 3 independent variables, namely HR, sarpras and budget, showed that overall they had a positive influence together on the performance of PTM posbindu with a regression coefficient value ( $\beta$ ) of 18,799. In this study, HR is the most dominant factor affecting performance with a regression coefficient value ( $\beta$ ) of 0.390, then the second budget with a regression coefficient value ( $\beta$ ) of 0.189 and the last infrastructure with a regression coefficient value ( $\beta$ ) of 0.175.

Asih (2023) stated that HR competence, career development and infrastructure affect performance by 61% while 39% are influenced by other variables. Derliana (2023) in her research stated that facilities and infrastructure affect employee performance with an  $r$  value of 0.595 (medium correlation) and the magnitude of the influence of facilities and infrastructure on performance by 60%, the remaining 40% is influenced by other variables.

Muliadi (2023) in his research stated that there is a significant relationship between the quality of human resources and performance with a correlation coefficient value of  $r = 0.861$  with a strong relationship level and a positive correlation direction. The regression result of the coefficient of determination shows  $R^2=0.731$ , which means that HR has an influence on performance by 73.1%. Quality human resources will improve employee performance.

The results showed that HR variables had the most dominant influence on the performance of PTM Posbindu, this is in line with the research of Handayani, et al (2019) which emphasized the importance of HR competence in improving the performance of PTM Posbindu. Human resources who have adequate knowledge about non-communicable diseases, understanding of preventive interventions, as well as good communication skills and social skills, can positively affect the performance of PTM Posbindu. Trained and competent human resources can also provide effective monitoring, motivate community participation, and provide necessary support.

Another study said that qualified and well-trained human resources have a significant influence on the performance of PTM Posbindu. Competent human resources can provide accurate medical services, conduct screening and early detection of non-communicable diseases,

and provide appropriate education and counseling to participants. The skills and knowledge gained through training and human resource development play an important role in improving the quality of PTM Posbindu performance (Sinurya, et al. 2019).

## CONCLUSION

Based on the results of research and discussion, it can be concluded that as many as 17 PTM Posbindu (58.62%) have good performance, 19 Posbindu (65.50%) have good human resources, 12 Posbindu (41.38%) have good infrastructure, and 16 Posbindu (53.20%) have good budgets. In addition, there is a strong positive relationship between human resources and the performance of the PTM Posbindu ( $r = 0.688$ ), a strong positive relationship between facilities and infrastructure with the performance of the PTM Posbindu ( $r = 0.650$ ), and a moderate positive relationship between the budget and the performance of the PTM Posbindu ( $r = 0.598$ ). All factors, namely human resources, infrastructure, and budget, together affect the performance of the PTM Posbindu by 40.1%.

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