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SPECIAL HEALTH SERVICES MANAGEMENT IN PREPARATION FOR FACE-TO-FACE LEARNING IN THE NEW NORMAL ERA AT MTs NEGERI 2 PROBOLINGGO

Niswatin Ahmad[1]
Universitas Islam Negeri Kiai Haji Achmad Siddiq Jember, Indonesia[1]
Corresponding author: niswatinahmad16@gmail.com

ABSTRACT

In a pandemic situation like this, maintaining health, cleanliness, and immunity is an important option for survival. Without exception, educational institutions always ensure that students, teachers, and madrasah residents remain comfortable, healthy, and comply with health protocols, which play a role in meeting health needs. The research focused on the planning, implementation, and evaluation of special health service management in preparation for face-to-face learning in the new normal era. This research aims to describe the planning, implementation, and evaluation of special health service management in preparation for face-to-face learning in the new normal era at MTsN 2 Probolinggo. This research uses qualitative research methods with a case study type. Data collection techniques include observation, interviews, and documentation. Data analysis begins after data collection: data condensation, data withdrawal, and conclusion drawing. Meanwhile, data validity uses technical triangulation and source triangulation. The results of this research include: 1) Special health service management planning in preparation for face-to-face learning in the new normal era including needs analysis, program preparation, needs budget, monitoring needs services; 2) Implementation of special health service management in the division of tasks involving madrasa heads, educators, UKS heads, UKS member teachers, cleaning officers, the MTsN 2 Probolinggo task force team and always coordinating with the Covid-19 task force team and the Pajarakan Community Health Center; 3) Evaluation of special health service management in preparation for face-to-face learning in the new normal era includes weekly evaluations, namely controlling health protocol facilities and infrastructure, monthly evaluations, namely performance assessment and monitoring of health protocols.

Keywords: Special Service Management, Face-to-Face Learning, New Normal Era

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INTRODUCTION

Special services within educational institutions serve a fundamental function in supporting and fulfilling non-instructional student needs, fostering mental growth, maintaining physical well-being, and optimizing instructional workflows. In educational administrative theory, special service management constitutes an essential dimension of broader educational management designed to streamline pedagogical delivery and address specific non-academic needs (Wildan Zulkarnain, 2018). The imperative to fulfill student health requirements is primarily operationalized through health support programs embedded within school infrastructure. Educational institutions function not only as spaces for cognitive development but also pose potential epidemiological risks if health protocols and physical infrastructure are improperly managed. Effective health service administration ensures that institutional environments mitigate disease transmission while supporting optimal cognitive engagement and reliable institutional communication (Mafar et al., 2021).

Under the Decree of the Minister of Health Number 828/MENKES/SK/IX/2008, School Health Services (Usaha Kesehatan Sekolah or UKS) represent an integrated cross-program and inter-sectoral initiative aimed at cultivating healthy living habits among school-aged children. Consequently, a school as a learning environment must extend beyond maintaining clean facilities; it must actively build biological well-being and health-conscious behaviors among students. During public health emergencies, infrastructure supporting face-to-face learning mandates strict compliance with health protocols, including handwashing stations equipped with soap, hand sanitizers, thermal scanners, face masks, regular disinfectant spraying, and physical distancing enforcement. Institutional health management acts as an administrative reinforcement strategy, systematically cultivating health habits through integrated health education and services while setting behavioral standards for families and surrounding communities, as outlined in the 2020 Guidelines for School-Aged Children and Adolescent Health Services.

The new normal era marks an operational paradigm wherein society resumes essential daily activities while maintaining mandated health measures to curb viral transmission. In educational settings, the new normal means reopening physical classrooms under government policy, provided institutions strictly enforce health protocols and adapt pedagogical arrangements to prevent viral outbreaks. Prior empirical research on special service management highlights that school health services serve as a vital instructional support mechanism for instilling health principles (Jaleha, 2017). Furthermore, Nurochim and Ngaisaroh (2018) demonstrated that during health crises, school health units (UKS/M)

function as frontline centers for health education, serving as a primary defense mechanism by promoting clean and healthy living behaviors.

While prior research highlights the general function of health units as institutional frontline defenses, there remains a need to examine how special health services are strategically managed during transitional instructional modes. Managing health protocols requires more than isolated health interventions; it demands a structured administrative framework encompassing needs assessment, multi-stakeholder collaboration, resource allocation, and continuous performance monitoring (Bush, 2011; World Health Organization, 2020). When schools transition from remote instruction back to physical classrooms, administrative leadership must align health protocols with pedagogical needs to maintain institutional safety without disrupting learning outcomes (Tschannen-Moran, 2014). This study addresses this gap by investigating the planning, implementation, and evaluation of special health service management during the transition to face-to-face learning in the new normal era.

The objective of this research is to analyze the planning, implementation, and evaluation of special health service management during the preparation for face-to-face learning in the new normal era at MTs Negeri 2 Probolinggo. By examining these structural processes, this study aims to provide theoretical and practical insights into educational health service management during emergency transitions.

METHOD

This study utilized a qualitative approach with a case study design to conduct an in-depth examination of organizational facts, administrative processes, and contextual dynamics surrounding special health service management. Case study methodology allows for a holistic investigation of organizational phenomena by gathering empirical data from multiple relevant sources.

Data collection techniques comprised direct field observation, semi-structured interviews, and documentary analysis. Direct observation examined physical health infrastructure and daily health protocol implementation at MTs Negeri 2 Probolinggo. Semi-structured interviews involved key administrative and operational informants, including the school principal, head of the UKS unit, UKS teacher members, school treasurer, the internal COVID-19 task force team, sanitation staff, and selected students. Documentary analysis evaluated institutional policy records, budget allocation sheets, and official health monitoring logs.

Data analysis followed the interactive qualitative model proposed by Miles, Huberman, and Saldana (2014), involving concurrent data collection, data

condensation, data display, and conclusion drawing/verification. The researcher conducted continuous analysis during field interviews to verify data saturation and credibility. To ensure data trustworthiness, the researcher applied source triangulation and technique triangulation (Sugiyono, 2018).

RESULTS AND DISCUSSION

1. Special Health Service Management Planning in Preparation for Face-to-Face Learning in the New Normal Era at MTs Negeri 2 Probolinggo

Special health service management planning at MTs Negeri 2 Probolinggo represents a structured effort to optimize health support infrastructure, ensuring that instructional processes remain effective, efficient, and safe. Planning is aligned with the UKS institutional vision to build health-conscious student character and foster personal and environmental hygiene. In administrative theory, planning involves formulating structured decisions to achieve predefined institutional goals. Comprehensive planning directly determines program success, whereas ambiguous planning creates operational hurdles in service delivery.

This aligns with Anna Susana (2018), who noted that targeted planning determines the success rate of school health initiatives, as ill-defined performance indicators hinder program assessment. Beyond classroom instruction, health service planning fulfills student well-being needs by maintaining and improving physical environments (Anna Susana, 2018). Effective health service planning optimizes resource distribution, addresses institutional vulnerabilities, and establishes clear operational guidelines for health preservation.

At MTs Negeri 2 Probolinggo, the planning process incorporated multi-stakeholder collaboration to maximize policy design. During needs analysis and program formulation, school administrators coordinated with the Pajarakan Public Health Center, the Probolinggo Regency Covid-19 Task Force, and local government officials to align institutional protocols with national health updates. A systematic needs analysis identified the physical requirements for safe classroom instruction. The school inventoried necessary equipment, including handwashing facilities with running water and soap, thermal scanners, hand sanitizers, face masks, and disinfectant supplies.

In educational management during health emergencies, structured needs assessments must align facility procurement with official health guidelines to support instructional continuity (Sylvia Dyah Kusuma Wardani & Syunu Trihantoyo, 2021). Schools must provide certified health infrastructure to prevent viral transmission and ensure operational safety (Wardani & Trihantoyo, 2021).

Program planning at MTs Negeri 2 Probolinggo also involved strategic human resource deployment, including establishing an internal Covid-19 Task Force and organizing mass student vaccination campaigns to prepare for physical reopening. To finance health infrastructure, the administration utilized and reallocated official budget lines from the Budget Execution Checklist (Daftar Isian Pelaksanaan Anggaran or DIPA) and school committee funds.

DIPA represents an official budget execution document authorized by the government, functioning similarly to state and regional operational budgets. As noted by Gunawan in Rusydi Ananda and Oda Kinanta Banuera (2017), educational procurement encompasses the full cycle of acquiring goods and services to fulfill operational needs, where specifications, quantity, timing, and pricing must be legally accountable. Legal guidelines under Presidential Regulation Number 80 of 2003 affirm that public procurement funded via state budgets must adhere to strict administrative accountability (Ananda & Banuera, 2017). Accordingly, MTs Negeri 2 Probolinggo allocated DIPA and institutional funds to acquire required health supplies, ensuring full compliance with official safety mandates.

2. **Implementation of Special Health Services Management in Preparation for Face-to-Face Learning in the New Normal Era at MTs Negeri 2 Probolinggo**

Implementation represents the practical execution of planned health protocols to support the instructional environment. By implementing special health services, MTs Negeri 2 Probolinggo sought to improve student well-being and cultivate healthy living habits while strictly adhering to government directives. Student health and safety were prioritized through collaborative workflows across institutional roles.

As Wildan Zulkarnain (2018) emphasized, health service implementation depends directly on the initial planning phase, which provides an integrated framework for embedding health principles in daily routines. During crisis transitions, executing health protocols requires dynamic organizational adaptability, clear task delegation, and sustained inter-institutional communication (Robbins & Judge, 2019). Health management is not merely a reactive measure but an ongoing administrative function embedded within daily school operations (Tschannen-Moran, 2014).

In response to Ministry of Education Circular Letter Number 3 of 2020 regarding COVID-19 prevention, educational institutions were required to optimize the role of school health units (UKS) in coordination with local

medical facilities. MTs Negeri 2 Probolinggo executed health preparations by establishing physical infrastructure, including facility-wide disinfectant spraying, installing handwashing stations, deploying thermal scanners, and distributing masks and sanitizers. To prevent operational bottlenecks, financial management prioritized health spending.

This practice reflects Wildan Zulkarnain's (2018) recommendation that schools must secure dedicated UKS funding to prevent financial delays from disrupting health services. Health infrastructure was routinely maintained to preserve operational readiness. Nurabadi in Ananda and Banuera (2017) highlighted that educational facility maintenance extends equipment lifespans, ensures operational readiness, maintains resource availability through routine inspections, and protects user safety.

Operational execution involved a clear division of labor among human resources. Responsibilities were distributed among the school principal, the UKS team, teaching staff, sanitation personnel, the internal task force, the local public health center, and regional health authorities. Rahmad Widyaningrum (2016) noted that structured task allocation in health management enhances health literacy and enables effective problem resolution within institutions. This task distribution provided a secure environment for students and staff.

3. **Evaluation of Special Health Service Management in Preparation for Face-to-Face Learning in the New Normal Era at MTs Negeri 2 Probolinggo**

Evaluation is the final phase of educational management, assessing program success and identifying operational limitations. To evaluate health service management during the transition, MTs Negeri 2 Probolinggo implemented weekly and monthly evaluation cycles.

As Wildan Zulkarnain (2018) noted, evaluation provides a benchmark for program implementation and serves as a key indicator of institutional success. Evaluation involves comparing executed activities against performance standards to identify gaps and refine operational strategies. Periodic evaluations enable administrators to track program progress, identify operational bottlenecks, and make evidence-based adjustments during emergency conditions.

MTs Negeri 2 Probolinggo established two distinct evaluation tiers: weekly internal reviews and monthly external evaluations. The UKS team conducted weekly reviews to inspect health protocol infrastructure and reported findings to the principal and the internal Covid-19 task force. The

regional COVID-19 Task Force conducted monthly reviews to inspect physical compliance and evaluate institutional performance.

Elvina, Teguh Tahlil, and Mulyadi (2018) stated that health service monitoring identifies operational adherence and ensures programs remain aligned with student well-being goals. Monitoring provides an essential administrative tool when inter-agency coordination is required (Elvina et al., 2018). Furthermore, Wildan Zulkarnain (2018) emphasized that performance evaluation by institutional leaders serves as a metric for service efficacy. The dual evaluation framework at MTs Negeri 2 Probolinggo ensured continuous compliance, elevated resource efficiency, and enhanced personnel professionalism**.**

CONCLUSION

Special health service management planning at MTs Negeri 2 Probolinggo encompassed comprehensive needs assessments, program formulation, budget allocation via DIPA and committee funds, and policy alignment under the guidance of local health authorities. Operational implementation relied on structured division of labor involving the principal, teachers, UKS personnel, sanitation workers, internal task forces, and external health centers to maintain certified health infrastructure. Evaluation was executed through weekly internal monitoring of health facilities and monthly external performance reviews conducted by regional health authorities.

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