

ABSTRACT**Gap Analysis in Gap 1 and 5 Service Quality
Control Program Disease of Leprosy in Surabaya**

Surabaya city includes area non endemis kusta which haven't reach indicator target program for figures new patient (CDR), number of recovery (Release for treatment), proportional number of disability 2, proportional number of child patient and proportional number of case Multi Basiler. Unreachable indicator reached due to gap between quality and capability of staff for handling the patient and expectation from the patient also how to control Kusta Disease in Surabaya. The main purpose from this resources are compiling recommendation effort to reach the RFT MB target and proportional target child patient of Kusta Disease based on analysis of Gap 1 & 5 (Servqual) in Surabaya. Analytic observational will be analyzed in descriptif point of view. The resources unit analysis will be in 30 clinics in Surabaya with source from the staff and kusta patient. Compiling data will use with interview and servqual formula of item-by-item analysis, dimension-by-dimensin analysis, Independent test of T-test and specialized for Gap 5 will use analysis based on chart two-dimesional differencing plane. The significant gap ($\alpha < 0,05$) happen on Gap 1 (perception of staff and expectation from the patient) located on responsiveness dimension ($p=0.001$) accesibility ($p=0.003$), courtesy ($p=0.001$) and dimension tangibles ($p=0,001$). The Gap 5 (expectation and patient judgement) is significant ($\alpha < 0,05$) located on dimension reliability ($p=0,003$), responsiveness ($p=0,001$), competency ($p=0,005$), *accesibility* ($p=0,010$), *courtesy* ($p=0,040$), *communication* ($p=0,001$), *security* ($p=0,001$), *understanding the customers* ($p=0,004$), and *tangibles dimension* ($p=0,009$).

Keywords: Gap analysis, leprosy, servqual