

ANALYSIS OF IMPLEMENTATION OF MINIMUM SERVICE STANDARDS HEALTH FIELD AT THE BATOH HEALTH CENTER, BANDA ACEH CITY

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ABSTRACT

The quality of health services at the Community Health Center must meet high standards of satisfaction and quality for the community. Minimum Service Standards (SPM) in the health sector stipulate that every citizen has the right to receive a minimum type and quality of basic services. Priority is given to those who need these basic services, in accordance with established service type and quality standards. The aim of this research is to know the description of the relationship between performance in the

Implementation of Minimum Service Standards in the Health Sector at the Batoh Community Health Center, Banda Aceh City and to find out the description of the policy relationship in the Implementation of the Minimum Service Standards for the Health Sector at the Batoh Community Health Center, Banda Aceh City. This research uses qualitative descriptive method. The population totaling 57 people, the sample interviewed at the Batoh health center was 5 people. These include the Head of the Community Health Center (Informant 1), the Head of Administration (Informant 2), the person in charge of the program health at productive age (informant 3), person in charge of the non-communicable disease program (informant 4), and person in charge of the UKS program (informant 5). The research results were obtained Various factors are very influential in SPM results that meet targets. External or community factors are an important point in why some SPMs in community health centers are not achieved. Lack of public awareness of the importance of health and participation in community health center programs.

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INTRODUCTION

The quality of health services at the community health center must be able to satisfy the community and be of high quality, so that the community or patients who receive services at the community health center do not need to get referral services outside the sub-district, this is because it can take time, cost and be quite long distances (Difinubun et al., 2022). The Regional Government implements the Health SPM to fulfill the types of basic

services and quality of basic services that every citizen is entitled to obtain at a minimum, which prioritizes citizens who have the right to obtain basic services at a minimum in accordance with the types of basic services and quality of basic services. The determination of the SPM for Health is carried out based on the criteria for goods and/or services of basic needs which are absolute and easily standardized which every citizen has the right to obtain at a minimum in accordance with the type of Basic Services and Quality of Basic Services. The mechanism for implementing the Health SPM is no longer determined based on Health SPM indicators and time limits for achievement but prioritizes the implementation of the Health SPM based on: (i) empirical data collection while still referring normatively to technical standards; (ii) calculating the need for basic services; (iii) preparation of a plan to fulfill Basic Services; and (iv) implementation of basic services, all of which are carried out by the Regional Government. Because the condition of regional government resources throughout Indonesia is not the same in carrying out health matters, the implementation of these affairs is regulated by the Health SPM to ensure the availability of these services for all citizens. SPM Health has at least two functions, namely (i) facilitating regional governments to provide appropriate public services for the community and (ii) as an instrument for the community to control government performance in public services in the health sector. Health SPM is the performance of Regional Government in health matters which is an assessment of regional performance in providing Basic Services to citizens and is a material for the Central Government in formulating national policies, providing incentives, disincentives and administrative sanctions for Regional Heads (PMK Number 6 of 2024).

In the results of the researchers' analysis, for three consecutive years the Batoh Community Health Center still did not reach the SPM target from the Health Service. This target was not achieved due to the less than optimal performance of internal parties and the community under the auspices of the Batoh Community Health Center. Dual positions are also a factor in not achieving the Batoh Community Health Center's SPM target. This is in line with research entitled "Analysis of the Implementation of Minimum Service Standards in the Health Sector at Batoh Community Health Center, Banda Aceh City" which states that the SPM targets at community health centers were not achieved due to less than optimal performance of both internal and external teams. The double burden of work is also a major problem if the SPM target is to be achieved. If a team does not have good performance, it will not achieve its performance targets. . Basically, performance plays a very important role in the success of a goal.

Good performance has a big positive impact. According to Yustien & Herawaty (2022), there are 3 factors that influence employee performance, namely personal or individual such as knowledge and motivation, leadership factors such as managers who provide support and motivation, and team factors such as cohesiveness in a team. Policy is one of the important points in the running of a program. Policies in managing a community health center program should be a priority. All employees involved in implementing the program are required to follow all established policies. However, the policies that have been established are not implemented by all employees, thus having a big impact on SPM results. This is also explained in research (Meilani & Munawaroh, 2023), namely that policy implementation is still not optimal, so it has an impact on the results of the SPM at the health center. All SPM programs are implemented if there is a budget or budget provided. Insufficient budget is a factor in hampering the implementation of SPM in Puskesmas. If the SPM at the community health center is hampered, it will affect the results of the SPM. Based on research conducted by (Hidayah et al., 2021). Insufficient budget for the SPM program affects health activities and equipment to support the implementation of the SPM program. All SPM programs must continue to be monitored and evaluated by the Head of the Community Health Center. Monitoring carried out by the Head of the Community Health Center aims to make the entire series of activity programs a success. Monitoring and evaluation is carried out once a month or once every three months (Afrianis et al., 2021)

RESEARCH METHODS

According to researchers, The form of this research uses descriptive qualitative research methods. Qualitative descriptive is a type, design, or research plan that is usually used to examine research objects that are natural or in real conditions and are not set up as in experiments.

The population in this study was 57 people, the sample to be interviewed at the Batoh Community Health Center was 5 people. These include the Head of the Community Health Center (Informant 1), the Head of Administration (Informant 2), the person in charge of the program health at productive age (informant 3), person in charge of the non-communicable disease program (informant 4), and person in charge of the UKS program (informant 5).

RESULTS AND DISCUSSION

Researchers have collected data on the achievement targets of the Batoh Community Health Center, which is known to have 12 indicators of health services provided to the community.

Table 1. Health Service Performance Targets and SPM Achievement of Batoh Community Health Center

N	Service Type	SPM targets Service Education	Achievements SPM Health Center Batoh Year 2021	Achievements SPM Health Center Batoh Year 2022	Achievements SPM Health Center Batoh Year2023
1	Health services Pregnant mother	100%	85.7 %	94.2 %	95 %
2	Health services mother giving birth	100%	88.5 %	100%	93 %
3	Health services newborn baby	100%	88.5 %	94.8 %	93 %
4	Health services Toddler	100%	46.6 %	56.8 %	65 %
5	Health services at educational age base	100%	75.9 %	43.8 %	46%
6	Health services At productive age	100%	44.7%	42.8%	37.5 %
7	Health services in old age	100%	63.2 %	92.1 %	93 %
8	Health services Hypertension sufferers	100%	31.4 %	37.2 %	40.3 %
9	Health services Diabetics Mellitus	100%	100%	100%	100%
1	Health services People with mental disorders heavy	100%	100%	100%	100%
1	Health services Unexpected person tuberculosis	100%	100%	100%	100%

1	Health services People at risk Infected with a virus Weakening Power human resistance (Human Immunodeficie Ncy Virus)	100%	100%	100%	100%
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In Table 1, there are targets and targets for the Batoh Community Health Center related to SPM in 2023. It is known that of the 12 SPM services provided to the community that achieved the targets, namely Health services for people with serious mental disorders, Health services for people with serious mental disorders, and Health services people at risk of being infected with a virus that weakens the human immune system (Human Immunodeficiency Virus). In the achievement of health services at the productive age there is a gap of 62.5%, not reaching the target, the achievement of health services for hypertension sufferers there is a gap of 59.7%, not reaching the target, the achievement of health services at the primary education age is a gap of 54%, the achievement of health services for toddlers there is a gap 35 %. From these results, the achievement of health services in the productive age group is an issue that needs to be paid attention to by the Batoh Community Health Center team.

Researchers interviewed informant 1, how the SPM target was determined. The informant explained that in order to achieve the SPM, we have set performance guidelines that will be implemented. The performance indicators have been determined by the Health Service which has been issued in the form of a Service Decree and will be implemented in accordance with what has been prepared based on our ability to provide services. . To achieve the SPM target, what policies have been implemented so far, informant 1 explained the policies implemented in accordance with the direction of the Health Office, including developing human resources according to the competencies they have so that the SPM target is achieved.

The researcher interviewed informant 2 about the involvement of the health service in implementing program activities at the health center. The informant explained that the health service supports the implementation of activities related to programs at the health center, including one of the teams from the health service sector attending cross-program and cross-sector mini workshops. Where every month we discuss program achievements.

However, regarding the achievement of health services in the productive age, we have just learned that integrating data such as data on pregnant women, data on family planning services, is the scope of data on the productive age. In the future, I will provide further information regarding data integration at the Lokmin meeting.

Researchers interviewed informant 3, as the person in charge of the health program for the productive age, whether mothers knew what standards were needed to meet the SPM targets. The informant explained that he knew. But regarding the report data that must be integrated, I only found out about it at the PKP evaluation meeting yesterday.

Researchers interviewed informant 4, as the person in charge of the non-communicable disease program, the coverage of hypertension services in 2023 does not meet the target, what activities have you carried out to meet this target. The informant explained that the activities had been carried out properly. To get new visits, we need additional work teams, so that the main tasks and functions do not overlap.

The researcher interviewed informant 5, as the person in charge of the UKS program, what the mother's strategy was in increasing the achievement of the health service program at the primary education age. I have visited schools in the Batoh working area, I do not know that the data on students from outside the Batoh area includes student data also in this area. So far, I have only counted students whose addresses are in Batoh. Yesterday I just found out that the data can be used to calculate our coverage.

Based on the interview results, various factors were very influential in the SPM results meeting the targets. External or community factors were an important point in why some SPMs in community health centers were not achieved. Lack of public awareness of the importance of health and participation in community health center programs. This is in line with research (Suci Ramadhani et al., 2023), namely that there is still a lack of public awareness in supporting and participating in programs run by community health centers. People who do not participate are due to the lack of education provided by the community health center. The community health center should provide education first regarding the importance of the SPM program. This has been explained by research (Rahmah & Khodijah Parinduri, 2020), namely that the lack of education provided by the community health center results in people who are not enthusiastic about supporting the SPM program implemented by the community health center.

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

1. The SPM at the Batoh Community Health Center must be improved from external and internal parties in order to create optimal team performance.
2. Facilities and infrastructure must also be completed to make it easier for employees to implement the SPM.
3. Batoh Community Health Center must carry out HR training, monitoring, overcome double workloads, and evaluate the performance of all employees so that the SPM achievement targets in the health sector of the Health Service can be achieved.

Suggestion

The people in charge of the program are advised by the health service to be more proactive in building communication and monitoring every quarter regarding SPM achievements.

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