

Analysis of Policy Implementation of Minimum Service Standards for Hypertension in Marusu Health Center Maros District

Wafika Aziza Nasir^{1,*}, Sukri Palutturi², Alwy Arifin², Balqis², Wahiduddin³, Anwar Daud⁴, Anwar Mallongi⁴

Wafika Aziza Nasir^{1,*}, Sukri Palutturi²,
Alwy Arifin², Balqis², Wahiduddin³,
Anwar Daud⁴, Anwar Mallongi⁴

¹Master Program of Health Administration and Policy, Faculty of Public Health, Hasanuddin University, INDONESIA.

²Department of Health Administration and Policy, Faculty of Public Health, Hasanuddin University, INDONESIA.

³Department of Epidemiology, Faculty of Public Health, Hasanuddin University, INDONESIA.

⁴Department of Environmental Health, Faculty of Public Health, Hasanuddin University, INDONESIA.

Correspondence

Wafika Aziza Nasir

Master Program of Health Administration and Policy, Faculty of Public Health, Hasanuddin University, INDONESIA.

E-mail: wafika.nasir@gmail.com

History

- Submission Date: 21-06-2023;
- Review completed: 26-07-2023;
- Accepted Date: 10-08-2023.

DOI : 10.5530/pj.2023.15.165

Article Available online

<http://www.phcogj.com/v15/i5>

Copyright

© 2023 Phcogj.Com. This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International license.



ABSTRACT

The Minimum Service Standards (SPM) in the health sector are a reference for Regency/City. Regional Governments in the provision of Health Services that every citizen is entitled to receive at a minimum. The MSS for Hypertension health services is one of the types and quality of basic services in the MSS in the health sector. This study aims to analyze the implementation of the MSS for hypertension services at the Marusu Health Center, Maros Regency. This type of research uses descriptive qualitative which aims to get an in-depth description of the analysis of the implementation of the minimum service standard for hypertension at the Marusu Health Center. The results of the study show that communication has not run optimally, the SPM Hypertension policy contained in PMK No. 4 of 2019 has not been transmitted to the public as a policy target. Human resources are still inadequate and have a double workload so that the achievements are not optimal. Disposition has been going pretty well. commitment and implementation support are quite good, has carried out coordination and commitment involving cross-programs and related cross-sectors. The bureaucratic structure is already running quite well. The implementation mechanism has been running according to the SOP with the guidelines of the Minister of Health Regulation No. 4 of 2019. The implementation of the SPM for hypertension services at the Marusu Health Center has been going quite well. It is hoped that the Maros District Health Office and the Marusu Health Center will improve the aspects of communication, resources, disposition and bureaucratic structure in their implementation.

Key words: Policy implementation, Minimum services, Hypertension, Commitment.

INTRODUCTION

Health is a healthy state, both physically, mentally, spiritually and socially which enables everyone to live productively socially and economically. Health development aims to increase awareness, willingness and ability to live healthy for everyone so that the highest degree of public health is realized, as an investment for the development of socially and economically productive human resources.¹

Hypertension has become a major public health challenge worldwide. According to the World Health Organization (WHO), as many as 40% of the world's population aged 25 years and over, have increased blood pressure. Hypertension has been established as the leading cause of preventable death worldwide and is responsible for 12.8% of total deaths and 3.7% of total disability adjusted life years.²

In Indonesia, the incidence of hypertension ranges from 6-15%⁴ and there are still many sufferers who have not been reached by health services, especially in rural areas. Meanwhile, in the United States, data from the NHANES (National Health and Nutrition Examination Survey) show that the risk of hypertension increases with increasing age. NHANES data (National Health and Nutrition Examination Survey) 2005-2008 shows approximately 76.4 million people aged ≥ 20 years are sufferers of hypertension, meaning that 1 in 3 adults suffers from hypertension.³

Article 18 of Law 23 of 2014 concerning Regional Government states that regional governments

prioritize the implementation of mandatory government affairs relating to basic services. Therefore, to fulfill these basic services, it is necessary to establish Minimum Service Standards (SPM). The UUD above states that Minimum Service Standards (SPM) are provisions regarding the type and quality of basic services which are mandatory government affairs that every citizen has the right to receive at a minimum. In addition to Law 23 of 2014 concerning Regional Government, the legal umbrella for SPM is Government Regulation Number 2 of 2018 concerning Minimum Service Standards, Minister of Home Affairs Regulation Number 100 of 2018 concerning Application of Minimum Service Standards, as well as technical regulations in the field of SPM.

Based on the 2022 Maros District Health Office MSS report showing 14 puskesmas in the working area of the Maros District Health Office, there is 1 out of 14 puskesmas that is close to the target of 100% achievement of the Hypertension MSS indicator, namely the Cenrana 1 Health Center (99.1%). Meanwhile, there were 3 puskesmas with the lowest achievement of MSS indicators, namely Marusu Health Center (14.8%), Bantimuring Health Center (20.3%), and Tanralili Health Center (23.6%). In 2022 there were 17,670 cases of hypertension at the Marusu Health Center, but only 742 cases (14.8%) of hypertension received health services according to standards. Based on these data the researchers decided to make the Marusu Health Center the focus of the research.

Factors that become obstacles that influence the implementation of SPM in this study include the

Cite this article: Nasir WA, Palutturi S, Arifin A, Balqis, Wahiduddin, Daud A, et al. Analysis of Policy Implementation of Minimum Service Standards for Hypertension in Marusu Health Center Maros District. *Pharmacogn J.* 2023;15(5): 861-867.

inadequate number of resources. Insufficient resources are referred to as health workers, administrative staff, and computer programmers. This lack of resources affects the workload given to health workers at the Marusu Health Center. In addition to resources, other factors that impede the course of activities are facilities and infrastructure. Facilities and infrastructure are one of the needs that must exist and must be fulfilled for every health service. So that the quality and quantity of facilities and infrastructure need to be considered to support the implementation of health service activities properly. The absence of a shared commitment built into the team to move forward in service to provide the best service for the community is also an inhibiting factor.

If you look at the problems above, research is still needed that can analyze how the implementation of hypertension health services is related to the implementation of services that must meet standards. So, this study aims to analyze the implementation of the minimum service standard policy for hypertension in Maros Regency.

RESEARCH METHODS

This research is a qualitative research with a descriptive approach using data collection methods related to the implementation of MSS policies for people with hypertension. Collection Data obtained from interviews and observation for qualitative data. Determination of informants in this study was carried out by purposive sampling, with a sample of 6 people consisting of the Head of the Marusu Health Center, the person in charge of the PTM program at the Marusu Health Center, the PTM Executor of the Marusu Health Center, the Head of the P2PTM District Health Office. Maros and Person in Charge of PTM District Health Office. Maros. The informants in this study consisted of key informants and additional informants. This research was conducted from February to March 2020. The location of this research was carried out in the working area of the Marusu Health Center, Kab. Maros and District Health Office, Maros.

RESULTS

George C. Edward III found that the implementation of a policy is influenced by communication, resources, disposition, and bureaucratic structure.

Communication

The policy for minimum service standards for hypertension is contained in PMK No. 4 of 2019 concerning Minimum Service Standards in the Health Sector. The communication factor for the policy on minimum service standards for hypertension at the Marusu Health Center is assessed from:

Transmission: The Maros District Health Office first understood the information regarding PMK No.4 of 2019 obtained from the South Sulawesi Provincial Health Office, then conveyed it to the puskesmas through meetings and WhatsApp groups. The following is the presentation of the informant:

"It's also conveyed to the puskesmas, sometimes meetings, sometimes socialization, through the WA group too."

"Through meetings held by the Health Office" (ISK, 39 yrs, Head of the Marusu Health Center).

"From the meeting with the guidelines given by the Health Office" (NFA, 49 years, PTM Program Manager at the Marusu Health Center).

Statements obtained from hypertension patients who went to the Marusu Health Center stated that they had never received any socialization regarding the MSS for hypertension conducted by the Marusu Health Center in the area where they lived. Submission of information obtained by patients when they come for treatment at the puskesmas. The following is a presentation from the informant:

"If at home there has never been socialization from the puskesmas, we usually go straight to the puskesmas... ee at the puskesmas, we will only be told" (RSM, 42 years old, patient with hypertension).

It can be concluded from the interviews conducted with the informants that information regarding MSS policies in the health sector, including the MSS for hypertension, has been conveyed in stages. Transmission started from the South Sulawesi Provincial Health Office to the Maros District Health Office and continued to the Marusu Health Center to be forwarded to all the people in their working area, but based on interviews conducted with Hypertension patients at the Marusu Health Center it was found that they had never received direct socialization at their homes, but conveyed when they come for treatment directly to the health center. More about this source textSource text required for additional translation information.

Clarity: *The implementers of the SPM Hypertension policy at the Marusu Health Center have a poor understanding of PMK Number 4 of 2019, and there are even implementers who do not know about this policy. Implementers are unable to mention the health services included in the MSS for hypertension and do not understand the purpose of the MSS being carried out, but they know that the achievement of the success of this MSS indicator is 100%. The following is the presentation of the informant:*

"The SPM...means that it must be implemented, so the achievement must be 100%. The aim is un... having this SPM saves the community, there are several diseases that must be treated including hypertension" (UTI, 39 years, Head of the Marusu Health Center).

"Hypertension SPM is standard health services provided by hypertensive sufferers aged 15 years and over, as a secondary prevention effort in the work area within one year, the content of the policy is about fulfilling the quality of basic services in the health sector MSS. It's a good idea to issue a policy because it makes it easy for local governments to prepare the SPM implementation plan" (NFA, 49 years old, PTM Program Manager at the Marusu Health Center).

"There are guidelines, but I don't know the contents of the policy" (PTA, 27 yrs, PTM Executor at Marusu Health Center)

Hypertension patients at the Marusu Health Center understand that their disease is due to high blood pressure after being examined at the health facilities available at the health center. The following is the presentation of the informant:

"Hypertension is uh... high blood pressure" (RSM, 42 yrs, Hypertension Patient).

The interviews conducted with the informants concluded that the implementers of the Hypertension MSS policy at the Maros District Health Office already knew several substances from PMK Number 4 of 2019. The hypertension MSS implementers at the Marusu Health Center did not understand the hypertension MSS policy and there were even implementers who had never read PMK No.4 2019 where the SPM for Hypertension is regulated. Hypertension patients at the Marusu Health Center already know that their disease is caused by high blood pressure.

Resource

Staff or Human Resources (HR): Human resources in implementing the SPM Hypertension policy at the Maros District Health Office totaled 2 people who were in the P2PTM field. Human resources in the implementation of the SPM Hypertension program at the Health Service based on interviews that have been conducted are not sufficient. The following is the presentation of the informants:

"For the HR... including me as the head of the bid, only 2 people, if you can say the human resources are very lacking" (RSN, 45 years, Head of P2PTM Health Office, Maros Regency).

"Not enough" (LNA, 38 yrs, person in charge of PTM in Maros regency).

Human resources in implementing the SPM Hypertension program at the Marusu Health Center, namely 1 person in charge and 3 members. Human resources at the puskesmas are still lacking because there are only 4 human resources with a target of 4999. It is also necessary to evaluate the workload of those in charge of the program because they have multiple workloads where they are responsible for several programs so that program implementation is not optimal. The following is the presentation of the informant:

"The person in charge of the SPM handling section is 1, try asking midwife uci later as the person in charge of SPM, I forgot how many members there are. If I'm not mistaken 2 or 3 people. Mi ask directly to the person in charge so that it is clearer" (UTI, 39 years, Head of the Marusu Health Center).

"For HR who is responsible for implementing SPM, 1 person in charge of 3 members, that's still not enough because the target is 4999" (NFA, 49 years old, person in charge of the PTM program at the Marusu Health Center).

"Still not enough, because we are here. As an executor, I am not only hypertensive, but I also concurrently work at DM, ODGJ, and the recording department" (PTA, 27 years, PTM Executor at Marusu Health Center).

Based on the results of the interviews above, it can be concluded that there are 2 implementers of the SPM policy at the Maros District Health Office and 4 at the Marusu Health Center. program implementation is less than optimal.

Facilities

Completeness of facilities and infrastructure in implementing the SPM Hypertension policy at the Maros District Health Office such as computers, printers, paper are available in sufficient quantities. The following is the presentation of the informant:

"What's it called... if you have hypertension, you only need a blood pressure meter, a stethoscope, and medicines. But at the Health Office for facilities and infrastructure there is no problem, because the SPM implementation is not at the Health Office, the SPM implementation is at the Puskesmas. At the Health Office it's only management. So, you only need a computer, printer, paper" (RSN, 45 years, Head of P2PTM Health Office, Maros District).

"The facilities and infrastructure at the health office are sufficient" (LNA, 38 yrs, PTM person in charge at the Maros Regency).

Facilities and infrastructure in implementing the SPM Hypertension policy at the Marusu Health Center are sufficiently available, such as blood pressure meters, weight scales, abdominal circumference, tools for checking blood sugar, cholesterol and uric acid. Inspection for the complete package is held monthly. The following is the presentation of the informant:

"Equipment for checking uh... hypertension, of course the tools are only blood pressure meters, body weight scales uh... that's all for hypertension examination. It's also common for screening to be a package deal. There are cholesterol and uric acid checks" (UTI, 39 years, Head of the Marusu Health Center).

"If the equipment is sufficient, such as a blood pressure meter, weight scales and other things, everything is complete" (NFA, 49 years old, person in charge of the PTM program at the Marusu Health Center).

Interviews with patients suffering from hypertension stated that in the implementation of services at the Marusu Health Center they felt

that the facilities used for examination activities were complete. The following is the explanation of the informant:

"What are the facilities, if you are treated with complete doctor's equipment" (RSM, 42 yrs, Hypertension Patient).

Funding for the implementation of the SPM Hypertension policy at the Maros District Health Office comes from the center, which is called the BOK fund. SPM Hypertension is a mandatory matter that must be carried out by local governments, but the budget is very limited for the health sector, causing the activities carried out to be less than optimal.

"SPM should be the responsibility of the region to finance, but it is very limited so we usually expect it from the DAK or BOK" (RSN, 45 Years, Head of P2PTM Health Office, Maros Regency).

"In the district is not so adequate or not enough budget. This budget comes from BOK funds, funds from the center. Eee While yesterday, after the pandemic, the policy direction for the use of BOK funds was not based entirely on SPM, but there was a transfer of funds to the completion of covid" (LNA, 38 Years, PTM Person in Charge, Maros Regency)

Funds for the activities of the minimum service standard program for hypertension at the Marusu Health Center come from BOK funds because the activities carried out are for screening and transportation activities. The amount of BOK funds for SPM Hypertension activities is felt to be insufficient because it does not include food allowance. Funds for the implementation of this program greatly affect the achievement of the MSS target at the Marusu Health Center. The following is the presentation of the informant:

"Yes, the amount of BOK funds is not certain, it seems it is not enough to carry out the SPM program at the puskesmas" (ISK, 39 years, Head of the Marusu Health Center).

"The funds were paid for by the BOK as um... official travel, official travel for screening visits, test transportation. That alone is not enough because it doesn't include food money, the funds are very influential because in carrying out the program if the funds are small, for example we can go to 11 existing areas in a month but because the funds are small we can only run 5 or 6 areas. So the funds will affect the target achievement" (NFA, 49 Years, Person in Charge of the PTM Program at the Marusu Health Center).

"Through BOK funds, well... it's not enough" (PTA, 27 yrs, PTM Executor at Marusu Health Center).

Based on the interview results above, it can be concluded that the facilities and infrastructure at the Maros District Health Office and the Marusu Health Center are sufficient. However, the amount of BOK funds for SPM Hypertension activities is deemed insufficient.

Disposition

Attitude: Implementors in the implementation of the Hypertension MSS policy already have a high commitment and are aware of the obligations and responsibilities that they must carry out as implementers. SPM Hypertension is one of the achievements of the performance of regional heads and the minimum rights that must be received by the community so that they work as much as possible according to their abilities. The following is the informant's statement:

"Well, SPM is an obligation. there are sanctions for regional heads who cannot fulfill these SPM...we maximize the available human resources and budget" (RSN, 45 Years, Head of P2PTM Health Office, Maros District).

"It's mandatory, responsibility is according to ability, yes, as much as we can" (LNA, 38 Years, Person in Charge of PTM Service, Maros Regency).

"This is a minimum service standard, it must be obtained in the community, just 100% results mean perfect" (UTI, 39 years, Head of the Marusu Health Center).

Based on the results of the interview above, it can be concluded that the implementor has a high commitment by knowing his duties as an implementor, namely implementing the MSS hypertension policy with a success rate of 100% so they are required to work as much as possible according to their abilities.

Intensive: The implementers of the MSS for Hypertension policy at the Maros District Health Office and the Marusu Health Center do not receive special incentives. Implementors only receive salaries that are paid monthly by the government. Implementors get business travel money when doing outside services related to the SPM Hypertension policy. The following is the presentation of informants:

"If for intensive there is no, um. most business trips" (RSN, 45 Years, Head of P2PTM Health Office, Maros Regency).

"Nothing, only money for overseas official travel" (LNA, 38 yrs, PTM person in charge of the Maros Regency Service).

"There are no special incentives, at least if you go to the field, you will be given money for official travel if there is none outside of that" (UTI, 39 years, Head of the Marusu Health Center).

"No, when carrying out SPM activities there is a name for travel money, so it's only limited to official travel money" (NFA, 49 years old, person in charge of the PTM program at the Marusu Health Center).

"Ndada if the incentive. Only in the form of salary" (PTA, 27 years, PTM Executor at Marusu Health Center).

Based on the results of these interviews, it can be concluded that the implementers of the MSS for hypertension policy at the Maros District Health Office and the Marusu Health Center do not receive incentives other than their salary. However, the Implementor gets business travel money when doing outside service related to the Hypertension MSS policy.

Bureaucratic structure

SOP: The Maros District Health Office and the Marusu Health Center have SOPs for the implementation of hypertension MSS which contain the management and implementation of the Hypertension MSS program at the puskesmas. The following is the presentation of the informant:

"There are SOPs, there are also puskesmas at the puskesmas... for ee... in line with PMK, yes in line" (RSN, 45 Years, Head of P2PTM Health Office, Maros Regency).

"There are SOPs, each of us here has a different job, if here the direction of policy is as a drafter at the health office regarding the management of SPM, if the service is more at the puskesmas the SOP is. In the Health Office, the concept is only administrative arrangements" (LNA, 38 Years, Person in Charge of PTM in Maros Regency).

"Yes, the program holders are midwives uci, because every activity has SOPs, no one doesn't have SOPs in program implementation" (UTI, 39 years, Head of the Marusu Health Center).

"The SOP is there. All activities have SOPs" (NFA, 49 years old, person in charge of the PTM program at the Marusu Health Center).

"If there is an SOP" (PTA, 27 yrs, PTM Executor at Marusu Health Center).

Based on the results of these interviews, it can be concluded that the implementation of the MSS Hypertension program at the Maros District Health Office and the Marusu Health Center already has SOPs for implementing hypertension MSS which contain management and implementation of the Hypertension MSS program at health centers

referring to PMK No.4 of 2019.

Fragmentation

The duties and responsibilities for implementing the SPM Hypertension policy at the Maros District Health Office are in the P2PTM and Keswa fields with 1 person in charge of the program and 1 member who works voluntarily. The following is the presentation of the informant:

"The fields related to the implementation of the SPM are in my own field P2PTM and Keswa, related to the implementation of the SPM...the SK is there, we have a decree made in each field" (RSN, 45 yrs, Head of P2PTM Health Office, Maros Regency).

"There was the head of the division, I was the PJ for SPM and assisted by 1 volunteer, the SK PJ SPM was removed from the planning" (LNA, 38 years, person in charge of the PTM service for the Regency of Maros).

The implementation of the duties and responsibilities of implementing the MSS Hypertension policy at the Marusu Health Center is held by 1 person in charge of the PTM program, 1 doctor and 1 nurse. The person in charge of the PTM program has an SK. The following is the presentation of the informant

"The SPM for Hypertension is under the responsibility of the PTM program. There is a midwife uci as the person in charge... There is a decree" (UTI, 39 years, Head of the Marusu Health Center).

"The one responsible for the SPM program is me, Mrs. Yes, there is an SK" (NFA, 49 years old, person in charge of the PTM program at the Marusu Health Center).

"The PJ PTM is Midwife uci, I am just the executor, the SK is from the head of the campus" (PTA, 27 years, PTM Executor at the Marusu Health Center).

Coordination carried out at the Maros District Health Office is carried out through weekly meetings or direct online communication via Whatsapp. The Marusu Health Center coordinates through meetings at the health office. The following is the presentation of the informant:

"Ordinary coordination through meetings, weekly meetings, usually through the WA group" (RSN, 45 Years, Head of P2PTM Health Office, Maros District).

"In terms of coordination between the Kabid departments who coordinate it" (LNA, 38 Years, Person in Charge of PTM in the Maros Regency Service).

"Usually the coordination from the health office to the puskesmas is through moniv meetings at the health office" (UTI, 39 years, Head of the Marusu Health Center).

"There is coordination, the coordination is usually the head of the campus or I also have a PTM group in WA" (NFA, 49 years old, person in charge of the PTM program at the Marusu Health Center).

"Even if there is something you don't understand, you can directly ask the PJ or someone who knows better" (PTA, 27 years, PTM executive at the Marusu Health Center).

Based on the results of the interviews above, it can be concluded that the coordination carried out at the Maros District Health Office and the Marusu Health Center was carried out through weekly meetings or direct online communication via the Whatsapp group.

DISCUSSION

Communication

Transmission: Submission of information regarding MSS policies in the health sector including Hypertension MSS has been delivered in stages. Transmission started from the South Sulawesi Provincial Health

Office to the Maros District Health Office and continued to the Marusu Health Center to be forwarded to all the people in their working area, but based on interviews conducted with Hypertension patients at the Marusu Health Center it was found that they had never received direct socialization at their homes regarding education and blood pressure measurement.

Policy transmission regarding the MSS for Hypertension has been transmitted internally based on the hierarchy but the transmission of policies externally towards the target has not been carried out properly by the Marusu Health Center. This will have an impact on the lack of public understanding of the services or actions they must take and get related to hypertension.

George C. Edward III mentioned the policy message through how many levels of bureaucracy to the implementor so that good communication will prevent misunderstandings in delivering policy messages so that good policy implementation can be produced.⁴ Therefore the SPM Hypertension policy must reach all implementers in stages and include the goals of the policy.

The results of this study are in line with Saphira's research (2020) which states that PMK No. 4 of 2019 as a guideline for the implementation of SPM Hypertension at the Seberang Padang Health Center has been socialized by the Padang City Health Office to all puskesmas staff.⁵ In contrast to Rahmad Massi's research (2016), it was found that the DHF Disease Control policy had been socialized by the health service with the internal Palu Health Center and the community.⁶

This research is not in line with research conducted by Anindya (2020), whose research results obtained information that the way the puskesmas informed the latest regulations through social media or during morning gatherings. However, after that, there was no follow-up regarding whether all employees had known and understood the latest regulations.⁷

Clarity: The policy message that reaches the implementer or implementer of the policy must be clear and not confuse the recipient of the message. Clarity of information regarding the goals, objectives and direction of policy implementation is needed by the implementer.

The implementers of the Hypertension MSS policy at the Maros District Health Office already know some of the substances from PMK Number 4 of 2019. The implementers of hypertension MSS at the Marusu Health Center do not understand the hypertension MSS policy and there are even implementers who have never read PMK No. 4 of 2019 where the Hypertension MSS is regulated. Hypertension patients who come for treatment at the Marusu Health Center already know the disease they are suffering from is due to high blood pressure.

George C. Edward III in Leo Agustino (2017) states that a policy is conveyed clearly to the implementor if the information received by the implementers of the policy is clear and not confusing. Clarity of information regarding the goals, objectives and direction of policy implementation is needed by the implementer to mobilize the implementation of the policy in accordance with the final results to be achieved in accordance with the policy content (Kadji, 2015).

It is hoped that the Head of the Maros District Health Office can clearly and in-depth discuss the magnitude of the target setting for the Hypertension MSS with the regional head so that clarity is found in setting the Hypertension MSS target. The implementers of the Hypertension MSS policy at the Maros District Health Office and the Marusu Health Center are also expected to be able to produce a pocket book containing explanations regarding the implementation of the Hypertension MSS so that the pocket book can facilitate implementers in increasing their understanding of the Minimum Service Standards.

The results of this study are in line with Ningsih's research (2019) which states that the contents of the Regional Regulation of Sijunjung Regency Number 11 of 2014 are unclear how to implement it, namely regarding the rules for implementing disciplinary action if a regional regulation violation is found.⁸ Research by Asep, Hegantara et al (2021) also mentions the same thing where there are still implementers who do not know the contents of the KIBBLA regional regulation (Policy for Maternal, Infant, Newborn and Child Health).⁹ This research is in line with research conducted by Agustino (2017) who said that the DM SPM policy implementers at the Tiku Health Center had a poor understanding of DM DM policies, implementors were unable to mention health services included in the DMS for diabetes mellitus and did not understand the purpose of minimum service standards performed.⁴

Resources

Staff: There are 2 implementers of the SPM policy at the Maros District Health Office and 4 at the Marusu Health Center, but it is still necessary to assess the workload of those in charge of the program because they have multiple workloads where they are responsible for several programs so that program implementation is not optimal.

It is expected that the person in charge of the Hypertension MSS program at the Marusu Health Center can carry out a workload analysis for each program holder to carry out a workload analysis so as to prevent non-optimal implementation of the policy. The person in charge of the SPM Hypertension program at the Marusu Health Center can overcome the problem of multiple workloads as quickly as possible by creating a systematic and organized work schedule between programs that is accountable for and coordinated with the head of the puskesmas so that he can use the time he has as effectively and efficiently as possible to run all programs.

A sufficient number of human resources does not guarantee the implementation of good policies. Human resources are the main resource in implementing policies so that they must be competent, skilled, and have the will to carry out the tasks addressed by the policy.¹⁰ Nugroho (2018) states that the limitation of policy makers is that they pay little attention to the capabilities of human resources so that many good public policies, however, ultimately cannot be implemented because they are not supported by the availability of adequate human resources.¹¹

This research is in line with research conducted by Dewi (2018) which states that the human resources for the implementation of the MCH program at the Lubuk Alung Health Center and Sikabu Health Center are sufficient, but a workload assessment needs to be carried out because the available health workers have multiple jobs.¹² This research is also in line with that carried out by Saputri (2020) in his research which also stated that the management of BOK funds at the Air Children Health Center was managed by one BOK treasurer who was also a midwife who was also in charge of Covid-19 vaccination activities.¹³

This research is also in line with research conducted by Anindya (2020). Based on the results of the research that had been conducted, the main informant said that the policy was appropriate and had been implemented at the puskesmas. However, the puskesmas as the executor of the policy said that this target was difficult to achieve for the various reasons mentioned. One of them, namely, in 2017 the puskesmas felt a shortage of human resources, so that the targets set by the policy had not been achieved.⁷

Facilities: The facilities at the Maros Health Center related to the implementation of the SPM for Hypertension are adequate, there are several tools and equipment such as blood pressure meters, weight scales, and blood sugar checking devices. Facilities play an important role in helping, facilitating, and supporting the policy implementation process.

George C. Edward III mentioned that physical facilities are an important factor in policy implementation. The implementor may already have sufficient staff, understand what is being done and have the authority to carry out their duties, but if there are no supporting facilities, the implementation of the policy will not be successful (Erwan, 2015).¹⁴ Without a budget, various programs are implemented. has been prepared to implement policies will not work to achieve its goals and funds play a very important role in program implementation without funds a program will not take place.

The results of this study are in line with research conducted by Agustino (2017) who said that the facilities at the Tiku Health Center related to the implementation of DM SPM were inadequate, there were no rooms, computers, printers for recording and reporting so the person in charge of the program had to borrow from another room. The Tiku Community Health Center does not yet have adequate health promotion media. Based on observations, only billboards were found as promotional media for SPM DM. Funding for the implementation of the DM SPM at the Tiku Health Center came from the APBD and BOK funds, but there was a reduction in the BOK funds for the implementation of the DM SPM policy due to the co-19 pandemic.⁴

The results of this study are different from the research conducted by Laila (2021) which mentioned the obstacles experienced by Salido Health Center health workers in providing services, namely the absence of a special room for hypertensive patients and no guidelines for hypertension control and KIE media as well as banners, leaflets and brochures found during the study going on.¹⁵

Disposition

Attitude: Implementors in implementation have tried their best, but there are obstacles where implementors feel demanded because they have to work as much as possible with 100% achievement, but they are not equipped with maximum resources for implementing SPM. Implementers are constrained by multiple workloads being carried out so that they have difficulty working optimally.

Implementers must have the will and dedication to implement the policies that have been set. Enthusiasm for the implementation of the policy will be shown by implementers who want to carry out the policy so that it can achieve the policy objectives. Implementors who have a good attitude will also have an impact on good policy implementation, but when the implementor has different attitudes and perspectives from policy makers, then policy implementation will be ineffective. George C. Edward III stated that the implementor's attitude creates real obstacles in implementing policies if the existing implementing staff does not carry out the policies desired by policy makers.¹⁴

This research is in line with Saputri's research (2021) where the positive attitude of puskesmas staff towards BOK funds can be seen from the enthusiasm and initiative of puskesmas staff to keep trying to carry out activities even though the disbursement of BOK funds is often late.¹³

Implementers who are highly committed and have a good attitude towards policy implementation are expected to increase the existing enthusiasm. The head of the Marusu Health Center must be able to maintain the high commitment that has been created within the officers implementing the SPM Hypertension policy in the midst of the many facilities and infrastructure that are not yet available. The head of the Marusu Health Center is expected to be able to embrace implementing officers by providing work motivation that can increase the commitment of policy implementing officers.

Insentif: Implementor pelaksana kebijakan SPM Hipertensi di Dinas Kesehatan Kabupaten Maros dan Puskesmas Marusu tidak mendapatkan insentif khusus dalam pelaksanaan SPM Hipertensi. Implementor hanya menerima gaji yang memang dibayarkan setiap bulannya oleh pemerintah. Implementor yang melaksanakan dinas luar terkait kebijakan SPM Hipertensi maka akan diberi uang perjalanan dinas.

Implementor yang cenderung tidak mendukung kebijakan dapat menghambat pelaksanaan kebijakan itu sendiri. Salah satu cara untuk mengatasinya menurut George C. Edward III ialah dengan melakukan manipulasi insentif yang dapat mendorong implementor melaksanakan kebijakan dengan baik. Setiap orang pada dasarnya bertindak berdasarkan kepentingan dan kecenderungan pribadi, sehingga pemberian insentif tambahan memungkinkan untuk mempengaruhi terhadap tindakannya (Winarno, 2013).¹⁶

Penelitian ini sejalan dengan penelitian dari Ningsih (2019) menyebutkan tidak terdapat insentif khusus untuk implementor Perda Kabupaten Sijunjung Nomor 11 Tahun 2014 namun, diberikan penggantian biaya yang disebut biaya perjalanan dinas sesuai dengan ketentuan yang terdapat dalam Keputusan Bupati Sijunjung tentang Standar Biaya.⁸

Kepala Dinas Kesehatan Kabupaten Maros diharapkan dapat memberikan insentif tambahan kepada pelaksana implementasi kebijakan SPM Hipertensi di Puskesmas atau memberikan *reward* kepada puskesmas yang berhasil mencapai indikator keberhasilan SPM Hipertensi yaitu 100%. Pemberian *reward* dan *punishment* ini bertujuan untuk meningkatkan semangat dan daya saing antar puskesmas untuk dapat menjadi puskesmas yang paling baik sehingga dapat meningkatkan capaian dari SPM Hipertensi tersebut. Kepala Puskesmas Marusu juga diharapkan dapat memberikan *reward* kepada setiap pemegang program yang berhasil memenuhi indikator keberhasilan dari programnya, termasuk SPM Hipertensi dengan indikator keberhasilan 100%.

Bureaucratic structure

SOP: The implementation of the SPM Hypertension program at the Maros District Health Office and the Marusu Health Center have SOPs for the implementation of the SPM for hypertension which contain the management and implementation of the MSS for Hypertension program at the puskesmas referring to PMK No.4 of 2019.

One aspect of the organizational structure that influences policy implementation is the SOP that creates conducive and coordinated conditions. Uniformity of actions in implementing policies can be assisted by using SOPs, thereby avoiding waste and inefficiencies that can hinder the successful implementation of policies (Winarno, 2013).¹⁶ Based on the Regulation of the Minister of Health Number 46 of 2015 concerning Accreditation of Community Health Centers, Primary Clinics, Independent Doctor Practice Places, and Dentist Independent Practice Places, it is stated that to ensure that programs and activities are carried out consistently and reliably, it is necessary to develop work guidelines and work procedures and work procedures. need to be properly documented and controlled.

The results of this study are in line with research conducted by Fitri (2021) which says that in hypertension services there are guidelines in the form of Standard Operating Procedures (SOP) and Terms of Reference (KAK) which refer to Permenkes Number 4 of 2019 concerning Minimum Service Standards (SPM). and Guidelines for the Management of Hypertension by a group of Indonesian hypertension doctors.¹⁷

The results of Rahmadani's research (2021) said that the services provided for sufferers while at the puskesmas were carried out in accordance with the standard service flow according to the Standard Operation Procedure (SOP) that already existed and was usually carried out. The same research results were also obtained by research conducted by Laila (2021) which stated that there were implementing officers who did not really make the Minimum Service Standards an achievement which was indicated by their knowledge of the Minimum Service Standards but did not remember the policies or targets that had been set. determined because the implementation of services is based on the main duties and habits in serving.¹⁵

Fragmentation: The division of tasks and responsibilities in implementing the MSS for Hypertension at the Marusu Health Center has been carried out based on the highest hierarchy starting from the

Maros District Health Office to the Marusu Health Center. The Maros District Health Office compiles and plans the implementation of the MSS for Hypertension policy in all health centers in its working area. The PTM program is responsible for implementing various programs and activities related to the implementation of the MSS Hypertension policy at the Marusu Health Center because all forms of health services in implementing the Hypertension MSS policy are carried out at the Health Center.

Coordination has been carried out in stages between policy implementers. Coordination at the Maros District Health Office is carried out through meetings or through direct communication and online through the Whatsapp group. The coordination carried out at the Marusu Health Center was carried out directly and openly, there were no official rules for coordination.

The division of duties and responsibilities of implementers at the Maros District Health Office and Marusu Health Center has been clearly fragmented, however, it is expected that implementors can be maximally responsible for their respective duties and responsibilities. It is hoped that coordination between implementers at the Maros Health Service and the Marusu Health Center can be carried out actively and reciprocally through various means, either directly or with the WhatsApp grub.

George C. Edward III said that fragmentation aims to divide the responsibilities of each implementer according to their field. A fragmented bureaucratic structure will create more effective policy implementation because it is carried out by competent organizations because unfavorable fragmentation will have an impact on the policy implementation process.²¹⁻²³

This research is in line with research conducted by Saputri (2021) which shows that the division of tasks and responsibilities for implementing the BOK fund policy already exists, where the program holder is tasked with making the SPJ for each program that has been implemented.¹³

This research is different from Abraham's research (2018) which states that the division of tasks between TB control policy implementers is not clear so that the implementation of activities in the policy is hampered. This research is also different from Rahmi's research (2021), where there is no collaboration or coordination between TMSBK and Taman Jam Gadang officers and other SKPDs.¹⁸

CONCLUSION

The SPM Hypertension Policy contained in PMK No. 4 of 2019 has not been transmitted to the public as a policy target by the Marusu Health Center. Implementors do not clearly understand the substance of the MSS Hypertension policy, especially the policy implementers who are at the Marusu Health Center.

The person in charge of the SPM Hypertension program at the Marusu Health Center has doubles.

REFERENCES

- Barlian, Husaini, Akbar IZ, Arifin S, Isa M. Meta-Analysis: Relationship of Age, Gender, and Education Level with Medication Adherence of Hypertension Patients. *Int J Health Med Sci.* 2021;7:20-4.
- Mehata S, Shrestha N, Mehta R, Vaidya A, Rawal LB, Bhattarai N, et al. Prevalence, awareness, treatment and control of hypertension in Nepal: Data from nationally representative population-based cross-sectional study. *J Hypertens.* 2018;36(8):1680-8.
- Maryam RW, Murtutik L, Suwarni A. Hubungan Tingkat Pengetahuan Dengan Rutinitas Periksa Pada Pasien Hipertensi Di Uptd Puskesmas Gambirsari Surakarta. *J Ilmu Keperawatan Indonesia (Jiki).* 2015;8(1).
- Agustino L. *Dasar-Dasar Kebijakan Publik.* Bandung: Alfabeta; 2017.
- Saphira. *Evaluasi Pelaksanaan Standar Pelayanan Minimal Penyakit Diabetes Militus di Wilayah Puskesmas Seberang Padang Tahun 2020.* Universitas Andalas; 2020.
- Massi Rahmat. *Implementasi Kebijakan Pengendalian Penyakit Demam Berdarah Dengue Di Pusat Kesehatan Talise Kota Palu.* e J Katalogis. 2016;4(4).
- Anindya PA, Jati SP, Nandini N. *Upaya Menerapkan Standar Pelayanan Minimal di Bidang Kesehatan Berdasarkan Indikator Pelayanan Kesehatan Hipertensi di Puskesmas Kota Semarang.* J Ilmiah Mahasiswa. 2020;10(2):30-3.
- Ningsih DS. *Evaluasi Implementasi Peraturan Daerah Kabupaten Sijunjung Nomor 11 Tahun 2014 Tentang Pengawasan Makanan dan Minuman di Kabupaten Sijunjung Tahun 2019.* 2019.
- Asep Hergantara R. *Widya Setiabudi MBA. Implementasi Kebijakan Kesehatan Ibu, Bayi Baru Lahir, Bayi Dan Balita Di Kabupaten Bandung.* 2021;4(3).
- Awan Y, Abdoellah YR. *Teori dan Analisis Kebijakan Publik.* Bandung: Alfabeta; 2016.
- Nugroho R. *Public Policy.* Jakarta: PT Alex Media Komputindo; 2018.
- Dewi NP. *Evaluasi Pelaksanaan Standar Pelayanan Minimal Kesehatan Ibu dan Anak di Puskesmas Wilayah Kecamatan Lubuk Alung Kabupaten Padang Pariaman Tahun 2018.* 2019.
- Saputri SY. *Analisis Implementasi Kebijakan Dana Bantuan Operasional Kesehatan (BOK) di Puskesmas Anak Air Kota Padang Tahun 2021.* 2021.
- Erwan Agus Purwanto DRS. *Implementasi Kebijakan Publik: Konsep dan Aplikasi Di Indonesia.* Yogyakarta: Gava Media; 2015.
- Laila A. *Analisis Pelaksanaan Standar Pelayanan Minimal Penyakit Hipertensi Di Puskesmas Salido Tahun 2021.* Universitas Andalas. 2021. <http://scholar.unand.ac.id/95176/>
- Winarno B. *Kebijakan Publik : Teori, Proses, dan Studi Kasus.* Yogyakarta: Media Pressindo; 2013.
- Fitri AS, Sriatmi A, Nandini N. *Penatalaksanaan Hipertensi Pada Era Adaptasi Kebiasaan Baru.* LINK. 2021;17(2):105-12.
- Abraham Royke. *Implementasi Kebijakan Penanggulangan Penyakit Tuberkulosis di Puskemas Kamonji Kota Palu.* Katalogis. 2018;6(5):118-23.
- Sali M, Naiem F, Muis M, Russeng SS, Wahyu A, Ibrahim E, et al. *The Risk Analysis of Patient Transfer Practice Events to Safety of Nurses and Patients of the TNI AU Dodi Sardjoto Hospital.* *Pharmacogn J.* 2023;15(2):429-32.
- Zainuddin, Abdullah AZ, Jafar N. *Health Literacy Brisk Walking Exercise on Clinical Outcomes of Blood Sugar in Patients with Type 2 Diabetes Mellitus in Indonesia.* *Pharmacogn J.* 2023;15(2):433-8.
- Hilda, Supriadi, Widiastuty HP, Arsyawina, Mallongi A. *Development of Patient Safety Management Learning Model Based on Problem Based Learning Integrated Soft Skill Higher Level Thinking for Health Students in Samarinda.* *Pharmacogn J.* 2023;15(2):418-23.
- Fatmawati, Koro S, Gani K, Abadi E. *Intervention of Giving Moringa Biscuits (Moringa Oliefera) Mix Sori Fish Flour to Increased Blood Hemoglobin Levels in Young Girls, Kendari, INDONESIA.* *Pharmacogn J.* 2023;15(2):414-7.
- Harun H, Daud A, Amiruddin R, Sabir M, Hadju V, Mallongi A, et al. *The Effect of Preconception Moringa Leaf Extract Supplementation on Cotinine Serum Levels in Pregnant Women Exposed to Tobacco Smoke.* *Pharmacogn J.* 2023;15(2):290-3.

Cite this article: Nasir WA, Palutturi S, Arifin A, Balqis, Wahiduddin, Daud A, et al. Analysis of Policy Implementation of Minimum Service Standards for Hypertension in Marusu Health Center Maros District. *Pharmacogn J.* 2023;15(5): 861-867.