

Analysis of the Implementation of the Minimum Service Standard Policy for Hypertension Patients at Katumbangan Community Health Centerpolewali Mandar District

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ABSTRACT

Introduction: The health center as a first-level health facility functions as the front guard in supporting the achievement of the Minimum Service Standard target. The purpose of this study was to analyze the implementation of the minimum service standard policy for hypertension sufferers at the Katumbangan Health Center, Polewali Mandar Regency based on the theory of Donald Van Metter and Carl Van Horn.

Method: This study used a qualitative method with a case study approach. The research informants consisted of 5 key informants and 2 additional informants using purposive sampling techniques.

Results: This study shows that implementers have the same perception regarding the size and objectives of the policy. Human resources are not yet adequate in terms of quantity but are always developed through training in terms of quality. Service facilities are complete but there are no integrated health post buildings in each village and there is still a lack of funds. Information on this policy is conveyed through direct and indirect socialization, but it has not been evenly distributed to all targets. This policy has SOPs, duties and responsibilities of each agency as well as already clearly fragmented. The social and economic environment of the community is less supportive, but the political conditions are quite supportive. Policy implementers also have a good response to implement this policy.

Conclusion: The implementation of Minimum Service Standards for hypertension at the Katumbangan Health Center has been running quite well, but the Katumbangan Health Center needs to improve resources, communication to policy targets, and pay attention to the socio-economic conditions of the community.

Keywords: Policy Implementation, Minimum Service Standards, Hypertension, Health Centers, Donald Van Metter and Carl Van Horn's Theory

INTRODUCTION

The Indonesian government has issued regulations to address health sector issues contained in the Regulation of the Minister of Health of the Republic of Indonesia Number 4 of 2019 concerning Technical Standards for Fulfilling the Quality of Basic Services. In the Minimum Service Standards for the health sector in Article 2 of the regulation, it is stipulated that one of the health SPMs carried out by the district/city government is Health services for hypertension sufferers. Then in article 4 it is explained that the achievement of the Regional Government's performance in fulfilling the quality of service for each type of basic service in the Health SPM must be 100% (one hundred percent).[1]

Community Health Centers as first-level health facilities function as the frontline in supporting the achievement of Minimum Service Standards targets. Minimum Service Standards for hypertension sufferers are an indicator of the performance of the Regency/City Government in providing health services according to standards for hypertension sufferers. This achievement is measured by the percentage of hypertension sufferers aged 15 years and over who receive health services for one year in the region.[2]

Hypertension is a condition where systolic blood pressure reaches 140 mmHg or diastolic blood pressure reaches 90 mmHg. Hypertension is a major risk factor for cardiovascular diseases, such as stroke and heart disease, which cause more than 10 million deaths worldwide each year. so that it is necessary to increase the detection and treatment of hypertension by strengthening primary services, especially in rural areas.[3]

According to WHO data, around 972 million people worldwide, or 26.4% of the global population, suffer from hypertension. This figure is expected to increase to 29.2% in 2025. Of that number, 333 million people with hypertension come from developed countries, while 639 million others are in developing countries, including Indonesia. The high prevalence can pose a major threat to the health care system if not managed effectively.[4]

Data from the Polewali Mandar Health Service in 2022 stated that Hypertension was included in the top ten diseases in Primary Health Facilities with a total of 22,026 cases. The 2022 SPM report of the Polewali Mandar Regency Health Service showed that the SPM achievement of Polewali Mandar Regency was only 69%. This indicates that Polewali Mandar Regency has not achieved the predetermined target.[5]

The data report on the Minimum Service Standards of the Katumbangan Health Center in 2021 shows that the achievement of the minimum service standards for hypertension sufferers reached 81%, while in 2022 it only reached 44%. This indicates a decline in the achievement of the SPM target. The number of hypertension sufferers at the Katumbangan Health Center in 2022 was 934 people, but only 408 people received the minimum service standards for hypertension sufferers.[6], [7]

The implementation of the minimum service standard policy has not been running optimally due to limited facilities and infrastructure, the small number of health workers, unskilled health workers and lack of cross-sector coordination, as well as low public awareness. [2]In addition, the absence of SOPs used for policy implementation, lack of funding sources, and low levels of public understanding of the importance of conducting self-health checks are social factors that contribute to the failure to achieve SPM performance targets.[8]

Donald Van Metter and Carl Van Horn suggest that there are six variables that influence the performance achievement of a policy, namely the size and objectives of the policy, resources, characteristics of the implementing organization, communication between implementing organizations, attitudes of the implementers, and the environment.[9], [10], [11]

Based on this, the researcher is interested in further studying the Implementation of the Minimum Service Standard Policy for Hypertension Patients at the Katumbangan Health Center, Polewali Mandar Regency based on the theory of Donald Van Metter and Carl Van Horn.

METHOD

This study uses a qualitative method with a case study approach that aims to obtain an in-depth description of the analysis of policy implementation on minimum service standards for hypertension sufferers at the Katumbangan Health Center, Polewali Mandar Regency. The research informants consisted of 5 key informants, 2 additional informants using purposive sampling techniques .

Data collection was conducted through in-depth interviews and document review. The analysis used by researchers using the content analysis method. Qualitative data analysis techniques are through data reduction, data presentation and drawing conclusions.

This research has received approval from the Health Research Ethics Commission (KEPK) of the Faculty of Public Health, Hasanuddin University with protocol number: 14324012093 and letter number: 703/UN4.14.1/TP.01.02/2024.

RESULTS

Data sources come from people who are asked to provide information, and are willing to provide information, called informants (Table 1).

Table 1 Informant Characteristics

No	Name	Age	Position	Status of Informant
1	IK1	33	Governance Policy Analyst Staff, Polewali Mandar Regent's Office	Key Informant
2	IK2	42	Hypertension program manager at the Polewali Mandar District Health	Key Informant

			Office	
3	IK3	44	Head of Katumbangan Health Center	Key Informant
4	IK4	39	Person in charge of non-communicable diseases at Katumbangan Health Center	Key Informant
5	IK5	33	Hypertension program holder at Katumbangan health center	Key Informant
6	IT1	23	Hypertension sufferers	Additional Information
7	IT2	48	Hypertension sufferers	Additional Information

Source: Secondary Data, 2024

1. Policy Size and Objectives

The size and objectives of the minimum service standard policy in the health sector are contained in the Regulation of the Minister of Health Number 4 of 2019. This study shows that the implementers of the minimum service standard policy for hypertension sufferers have understood and have the same perception regarding the size of this policy. The following is an excerpt from the interview obtained:

"The SPM achievement must be 100%. If the way to measure it is the number of hypertension sufferers aged 15 years who receive services divided by the estimated number of hypertension sufferers in their work area multiplied by 100%. Well, from there, the results are seen as to what percentage of the achievement is (IK2, May 6, 2024)

"...The target for SPM has been set at 100%. There is already a set target number, so all of them must receive service" (IK4, April 30, 2024)

The implementers of the minimum service standard policy for hypertension sufferers have also understood and have the same perception regarding the objectives of this policy. The following is an excerpt from the interview obtained:

"The goal is to provide minimum service standards for hypertension sufferers. Such as measuring blood pressure and educating the community" (IK5, May 7, 2024)

"The goal is for the community targeted by this policy to receive hypertension services according to the established standards." (IK4, April 30, 2024)

The results of further interviews conducted by researchers with informants obtained information that the strategy carried out to achieve the objectives of the minimum service standard policy for hypertension sufferers, namely the Polewali Mandar Regency government coordinated with the Health Office, which then the Health Office coordinated with the local Health Center, and provided training for health workers. As for the strategy to maximize community attendance to carry out monthly checks, the Katumbangan Health Center coordinated with village officials, contacted sufferers directly, and visited the homes of sufferers that could be reached. The following is an excerpt from the interview obtained:

"Minimum service standards are mandatory for the community, so we direct the health office to build good communication with the health centers in Polman because later the health center officers will provide services to the community. We also direct them to conduct training for health center officers who go down to the community" (IK1, May 14, 2024)

"The Minimum Service Standard means that we have to conduct monthly checks on the community, so we provide services in every village every month, so that later the community will be closer to the service location, we also coordinate with village officials to help direct their residents to the service location, for those who cannot come, I usually come to their homes but only those who are close by because there are usually patients who cannot walk and there are also those who can be taken to the location. Before that, I called first, reminding them to come for a check-up" (IK5, May 7, 2024)

2. Resource

a. Human Resources

The quantity of human resources in implementing the Minimum Service Standards for Hypertension Patients policy at the Katumbangan Health Center is still insufficient. The following is an excerpt from the interview obtained:

"It's still not enough, because there is only 1 manager, so if the manager is unable to go to the field, I usually replace him, we still need 1 or 2 additional people, because so far there have been two of us" (IK4, April 30, 2024)

Hypertension implementers at the Katumbangan Health Center also have dual duties due to the lack of medical personnel, the following is an excerpt from the interview obtained:

"I also work in the ER as a nurse, because there are limited medical personnel here" (IK5, May 7, 2024)

"The number of medical personnel here is still lacking, I still need nurses, midwives, public health workers, health analysts" (IK3, April 25, 2024)

In terms of quality, HR capabilities are always developed through training held annually. Here are excerpts from the interviews obtained:

" Yes, there is training every year, because the management at the health center usually changes" (IK2, May 6, 2024)

"There is training, but it is usually combined with PTM training, where there is hypertension" (IK4, April 30, 2024)

b. Facility

The availability of facilities for the implementation of the minimum standard service policy for hypertension sufferers according to PMK No. 4 of 2019, namely guidelines for controlling hypertension and IEC media, Tensimeters, Recording Forms at the Katumbangan Health Center are available. The following is an excerpt from the interview:

"The equipment is already available, yesterday there were two new blood pressure measuring devices provided by the health office" (IK4, April 30, 2024)

"Yes, the inspection tools are complete" (IT1, May 2, 2024)

The results of further interviews conducted by researchers with informants obtained information that medicines for patients were always sufficient, but supporting facilities, namely integrated health post buildings in each village, were not yet available, so service activities were carried out in residents' yards. The following is an excerpt from the interview obtained:

"Thank God, medicine for hypertension sufferers is always sufficient" (IK2, May 6, 2024)

"Here we are in a village where there is no integrated health post building, so the service is only provided at residents' homes" (IK3, April 25, 2024)

c. Budget

The availability of budget in implementing the minimum service standard policy for hypertension sufferers at the Katumbangan Health Center comes from BOK (Health Operational Assistance) funds. The following is an excerpt from the interview obtained:

"Funds sourced from BOK" (IK3, April 25, 2024)

The availability of funds for the implementation of the minimum standard service policy for hypertension sufferers is still insufficient. The following is an excerpt from the interview obtained:

"In fact, additional funds are still needed, because the funds only come from BOK" (IK3, April 25, 2024)

"The funds are still lacking" (IK5, May 7, 2024)

The results of further interviews conducted by researchers with informants obtained information that there was no incentive budget for implementers in implementing the minimum service standard policy for hypertension sufferers. However, this statement differs from the opinion of one of the implementers who stated that there were incentives for policy implementers at the Katumbangan Health Center. The following is an excerpt from the interview obtained:

"If incentives are not budgeted, it is because funds are still limited" (IK1, May 14, 2024)

"There are no incentives, it has been submitted to the government but has not been approved" (IK2, May 6, 2024)

"Yes, incentives are provided" (IK3, April 25, 2024)

3. Inter-Organizational Communication

Information on the Minimum Service Standard Policy for hypertension sufferers as stated in PMK No. 4 of 2019 has been conveyed to all implementing parties through direct and indirect socialization. The following is an excerpt from the interview obtained:

"From the meeting held in the Province" (IK1, May 14, 2024)

"From the socialization held by the Provincial Health Office, the regulation file was also sent to the local government" (IK2, May 6, 2024)

"Direct socialization from the Health Office, all program holders gathered" (IK3, April 25, 2024)

The results of further interviews conducted by researchers with informants obtained information that the Regional Government only once socialized the Minimum Service Standards policy for hypertension sufferers to the Health Office. This is different from the Health Office which conducted repeated socialization to the Health Centers in Polewali Mandar Regency. The following is an excerpt from the interview obtained:

"There was no direct socialization, I only sent the file to the Health Office, because the Health Office also knows that the rules are definitely from the Provincial Health Office" (IK1, May 14, 2024)

"Through direct socialization, so we invite the heads of health centers and program holders, we also remind them during monitoring and evaluation" (IK2, May 6, 2024)

Katumbangan Health Center as a public health service unit has conveyed this policy to the community targeted by this policy. The socialization was carried out by the health center through the Non-Communicable Diseases Posbindu activity which was held once a month in 5 villages. However, only a few people participated in this activity. Socialization was also carried out by doctors during routine check-ups at the health center. The health center also made visits to people's homes. However, only a few houses had close access. The following is an excerpt from the interview obtained:

"The holder of the hypertension program conveys it to the community, every month there are posbindu activities carried out by the health center, doctors also educate the community if they come to check at the health center" (IK3, April 25, 2024)

"We convey during the PTM posbindu activities, I also usually go directly to their homes if, for example, during PTM activities we know that there are elderly people who cannot walk, so I go to their homes. But we don't visit all of them, only those who are reached." (IK5, May 7, 2024)

4. Characteristics of the Implementing Body

a. Standard Operating Procedure (SOP)

In implementing the minimum service standard policy for hypertension sufferers, Katumbangan Health Center has an SOP in accordance with the guidelines specified in PMK No. 4 of 2019. The following is an excerpt from the interview obtained:

"There is an SOP, the guidelines are from the Ministry of Health regulations" (IK2, May 6, 2024)

"All activities have SOP" (IK3, April 25, 2024)

The results of further interviews conducted by researchers with informants obtained information that the Hypertension Program Manager in providing standard services to the Community has implemented it in accordance with the existing SOP. The following is an excerpt from the interview obtained:

"It is in accordance with the procedure" (IK4, April 30, 2024)

"Yes, I did it according to the procedure" (IK5, May 7, 2024)

b. Fragmentation

The minimum standard service policy for hypertension sufferers has been well fragmented according to the duties and responsibilities of each agency. The following is an excerpt from the interview obtained:

"The SPM is assigned to the government bureau, so for hypertension I coordinate with the Health Office. Every quarter the Health Office must send a report on its achievements" (IK1, May 14, 2024)

"The division of tasks, each SPM already has a manager, in P2P I myself am responsible for hypertension. For its implementation, I communicate with the health centers (IK2, May 6, 2024)

The duties and responsibilities in implementing the minimum service standards for hypertension sufferers at the Katumbangan Health Center have been regulated in a decree issued by the Head of the Health Center. This task is carried out by the Public Health Efforts Division, especially Non-Communicable Diseases. The manager of the hypertension service standard program is only one person. The following is an excerpt from the interview obtained:

"The PTM sector is responsible for hypertension" (IK3, April 25, 2024)

"There is a decree, if I am the person in charge of PTM, each SPM has a manager including hypertension, if hypertension is only 1 person, so if I often help with services, there are 2 doctors at this Health Center" (IK4, April 30, 2024)

Coordination carried out by the Katumbangan Health Center to implement this policy is through Minlok (Mini Workshop) which is held at the end of each month to evaluate program achievements. However, internal coordination in the field is only carried out directly without any official meetings. The following is an excerpt from the interview obtained:

"There is an evaluation once a month, at the end of each month. It's called a cross-program mini workshop meeting" (IK3, April 25, 2024)

"I communicate directly with the PJ if there are things that need to be discussed, for example if there are obstacles in the field, how many achievements have been made, so it doesn't have to be through a special meeting or gathering, if there is an evaluation, there is a Minlok every month, so the head of the Health Center always asks how the implementation is every month" (IK4, April 30, 2024)

Coordination conducted by Katumbangan Health Center with the Health Office to implement this policy through Monev which is held twice a year. The Health Office also supervises the Health Center every month. The realization of the policy every quarter is also always sent by the Health Center to the Health Office. The following is an excerpt from the interview obtained:

"There is a monitoring and evaluation twice a year every March and October, here we invite the Health Center, every month we also go to the Health Center" (IK2, May 6, 2024)

Coordination conducted by the Health Office to the Regional Government to implement this policy is only by sending the realization of achievements every quarter without any direct evaluation forum held by the Regional Government. The following is an excerpt from the interview obtained:

"There has never been a direct evaluation forum held in the local government, I sent the activity realization file format to the Health Office to be filled in every quarter, there we will see how the implementation of this SPM is" (IK1, May 14, 2024)

"...Every quarter we present the SPM achievement to the Head of Division, we also send the report to Pengda" (IK2, May 6, 2024)

5. Social, Economic, Political Environment

The social conditions of the community that affect the success of the implementation of the minimum service standard policy for hypertension sufferers at the Katumbangan Health Center are the families of hypertension sufferers who do not provide enough support for sufferers to get services, and the community's understanding of hypertension. The following is an excerpt from the interview obtained:

"Family support is still lacking because I usually get the excuse that people don't check because there's no one to take them. There are also those who are busy taking care of their work. Usually there are no complaints so they don't want to come for a check-up, but when they are checked their blood pressure is high" (IK5, May 7, 2024)

The economic condition of the community affects the success of the implementation of the minimum service standard policy for hypertension sufferers at the Katumbangan Health Center. This is because many people do not have a fixed income, requiring them to prioritize meeting economic needs rather than health. The following is an excerpt from the interview obtained:

"We live in a rural area, so most of the patients are farmers, for their economic needs they go to the garden or rice fields early in the morning to work." (IK5, May 7, 2024)

The political situation strongly supports the implementation of the policy of minimum service standards for hypertension sufferers at the Katumbangan Health Center. The following is an excerpt from the interview obtained:

"Every health program held at the health center, including hypertension spm, is always communicated with the village government to be conveyed to the community" (IK3, April 25, 2024)

6. Disposition

The implementers of the minimum service standard policy for hypertension sufferers have a good response to implementing this policy. The implementers try to carry out their duties optimally. The following is an excerpt from the interview obtained:

"...I try to do my best. I usually help the PJ with the examination. The PJ's commitment is also high, even though he has other responsibilities as a nurse in the ER" (IK4, April 30, 2024) "

I always try to do everything, even though the results have not reached the target, because I also have other tasks" (IK5, May 7, 2024)

The results of further interviews conducted by researchers with informants obtained information that the informants did not have pressure in implementing the minimum service standard policy for hypertension sufferers. The following is an excerpt from the interview obtained:

"No, just need additional human resources" (IK4, April 30, 2024)

"Nothing, the officers here also support each other (IK5, May 7, 2024)

The attitude of the implementer of this policy at the Katumbangan Health Center is supported by the opinion of the community who said that the attitude of the officers was good and friendly when serving the community. The following is an excerpt from the interview obtained:

"Good staff, friendly service" (IT1, May 2, 2024)

"The officer's attitude is good, he doesn't get angry" (IT2, May 2, 2024)

DISCUSSION

1. Policy Size and Objectives

Van Horn and Van Meter stated that the scope and objectives of the policy need to be designed clearly and measurably in order to be implemented effectively. Ambiguity in the size and objectives of the policy tends to give rise to various interpretations and risks triggering conflict among implementers. If the size and objectives of the policy are formulated clearly and structured, this can minimize the possibility of differences in understanding among policy actors.[9]

The size and objectives of the Minimum Service Standards policy are contained in the Regulation of the Minister of Health No. 4 of 2019. This regulation states that the Minimum Service Standards in the health sector are provisions regarding the types and quality of basic minimum health services which are mandatory

government affairs that every citizen has the right to receive. The achievement of the performance of the Regional Government in fulfilling the quality of service for each type of basic service in the Health SPM must be 100% (one hundred percent).[1]

The results of the study indicate that the implementers of the minimum service standard policy for hypertension sufferers at the Katumbangan Health Center have understood and have the same perception regarding the size and objectives of this policy, so that there is no conflict between implementers in implementing this policy. These results are in line with previous studies, namely that the implementers of the SPM policy in Gunung Kidul Regency have a good understanding of the objectives of the health SPM for hypertension sufferers. They understand the purpose of implementing the health SPM, so they organize programs in accordance with applicable policies regarding services for hypertension sufferers.[12]

2. Resource

a. Human Resources

Human resources are a combination of thinking ability and physical strength possessed by a person. The lack of quantity and quality of human resources is one of the factors that hinders the achievement of SPM targets. Insufficient number of human resources causes health workers to have to play dual roles or handle more than one program. [13] Van Meter and Horn's theory states that every policy needs to be supported by adequate resources, namely the number and quality of implementers sufficient to reach all target groups. In addition, the ability of the implementer will affect how effectively and efficiently the objectives of the policy can be achieved. So it is important to pay attention to these two aspects so that the targets set in the health center can be achieved optimally.[14]

The Human Resources needed to implement the minimum service standards for hypertension sufferers according to PMK No. 4 of 2019 include doctors or fields, nurses and Community Health Workers. The quantity of human resources in implementing the Minimum Service Standards policy for Hypertension Sufferers at the Katumbangan Health Center is not sufficient, consisting only of doctors, fields, and nurses. So that services in the field are only carried out by 1 midwife as the Person in Charge of PTM and 1 nurse as the Person in Charge of the hypertension program. Doctors only treat patients referred to the Health Center. In addition, field officers also experience dual duties. This is due to the lack of Health workers available at the Katumbangan Health Center. While in terms of quality, Health Workers are always given training every year.

This study is in line with previous studies that found that all health centers in Sleman Regency have program managers to support efforts to prevent and control hypertension. However, the implementation of the program in the field is still limited by human resources. In addition, they also have dual positions such as nurses, doctors, who are responsible for other programs. The availability of adequate personnel is needed to optimize the available health services.[15]

b. Facility

Facilities are an important need that must be available in every health service. Minimum service standards for hypertension patients can be achieved optimally if supported by adequate facilities. So the quality and quantity of these facilities need to be considered carefully to support the smooth implementation of health services.[16]

The facilities available at the Katumbangan Health Center for the implementation of minimum service standards for hypertension sufferers are complete in accordance with those stated in PMK No. 4 of 2019 including guidelines for controlling hypertension and IEC media, Tensimeters, Recording Forms. In addition, medicines for hypertension sufferers are always sufficient.

Health services also need to be supported by service places that provide comfort for the community, but the Katumbangan Health Center still lacks a posyandu building so that the implementation of services is still carried out in the yards of residents' homes. This is a complaint for the community, because the service place is less comfortable.

This study is in line with previous studies, namely that the facilities needed to provide Non-Communicable Disease (PTM) services at the Citarik Health Center are in accordance with PMK No. 4 of 2019. However, infrastructure such as the building where the service takes place, namely Posbindu, has not been met.[17]

c. Budget

The budget for implementing the minimum service standard policy for hypertension sufferers comes from BOK funds. BOK funds are assistance in the form of Non-Physical DAK in the health sector which are allocated to support the operational activities of the Health Center in providing promotive and preventive health services to the community in accordance with the Minimum Service Standards (SPM). These funds are allocated for the District/City Health Office and the Health Center as the implementer of the health program, in accordance with the provisions of applicable regulations.[18]

The availability of BOK funds is not sufficient for the implementation of the minimum service standard policy for hypertension sufferers at the Katumbangan Health Center. The availability of funds is only until October. As

for incentives, there are differences of opinion from implementers. However, most implementers said that there was no incentive given for the implementation of the minimum service standard policy for hypertension.

Van Meter and Horn's theory suggests that limited budget or other incentives in policy implementation play a major role in causing policy implementation failure. [11] Incentives are the rights of health workers that are given according to certain provisions and criteria. Providing incentives can encourage work enthusiasm and provide satisfaction for employees. Albert Tianto's research (2023) suggests that providing insufficient incentives causes midwives who go into the field to be less enthusiastic.[19]

3. Inter-Organizational Communication

Communication refers to the way and process of conveying information about policies from policy makers to policy implementers, which can be done through various means such as verbally, in writing, or nonverbally. Information about policies needs to be conveyed to implementers so that they can prepare and carry out the tasks needed to achieve policy goals and objectives effectively.[20]

The success of policy implementation, according to Donald S. Van Meter and Carl E. Van Horn, is marked by effective communication between organizations. Well-established communication will influence decision-making and the implementation of policies and regulations. If communication runs smoothly, tasks and responsibilities can be carried out properly, so that policy implementers will remain consistent in implementing policies aimed at the community.[21]

Information on the Minimum Service Standard Policy for hypertension sufferers as stated in PMK No. 4 of 2019 has been conveyed to all implementing parties through direct and indirect socialization. Direct socialization is held through meetings, counseling, and monitoring and evaluation. Indirect socialization is carried out by sending the PMK No. 4 of 2019 file.

Communication between the implementers of activities in this study has been running well, but communication to the community as the target of service is not evenly distributed. This study is in line with previous studies, namely that the dissemination of information to the community has not been going well, this is due to the low awareness of the community to participate in counseling or socialization. As a result, the information conveyed cannot reach all levels of society evenly.[22]

4. Characteristics of the Implementing Organization

a. Standard Operational Procedure

Standard Operating Procedures (SOP) are the main guidelines that regulate the steps related to work activities in an organization. SOPs are binding and limit the way employees work. With SOPs that are prepared in detail, the work process becomes more organized, timely, and accountable.[23]

Deisi J Rawung (2017) stated that SOP functions as a reference for each implementer in acting, so that the implementation of the policy remains in line with the goals and targets that have been set. [20] Katumbangan Health Center has an SOP in implementing the minimum service standards for Hypertension sufferers in accordance with PMK No. 4 of 2019. So that health workers know what needs to be done

The results of the study indicate that the Hypertension Management of Katumbangan Health Center has implemented services in accordance with the existing SOP. This study is in line with previous studies, namely the Minimum Service Standard SOP applied at the Ngagel Rejo Health Center, Surabaya City has been standardized and implemented effectively.[10]

b. Fragmentation

Fragmentation is the process of dividing tasks and responsibilities into various organizational structures, which aims to create coordination and cooperation between various parties. This is necessary to ensure that each element of the organization works in an integrated manner in order to implement policies effectively.[24]

Coordination between organizations is one of the important indicators in assessing policy implementation. Therefore, coordination between parties is very necessary to achieve the expected goals. This coordination includes decision making, especially in the provision of data and information, as well as in the implementation of activities. Coordination acts as an effective mechanism in implementing public policy. The more optimal the coordination between parts in its implementation, the more the potential for errors can be minimized.[25]

The results of this study indicate that the division of tasks and responsibilities for implementing the minimum standard service policy for hypertension sufferers has been clearly fragmented. This study is in line with previous studies, namely the results of research related to the fragmentation aspect have been carried out well in the implementation of each task and responsibility, without any overlapping authority in running the program.[26]

5. Social, Economic, Political Environment

Donald S. Van Meter and Carl E. Van Horn stated that external environmental factors play an important role in supporting the successful implementation of formulated public policies. Unsupportive social, economic, and

political environments can be the cause of policy implementation failure. Therefore, policy implementation needs to consider the extent to which external environmental conditions support its implementation.[11]

The results of this study indicate that the political conditions in the working area of the Katumbangan Health Center have supported this policy, but the social and economic conditions of the community are less supportive of the implementation of the minimum service standard policy for hypertension sufferers at the Katumbangan Health Center, Polewali Mandar Regency.

This study is in line with previous studies, namely that the achievement of the SPM performance target of 100% must be supported by active community participation as the target of the SPM policy. However, in its implementation, there are still people aged 15 years and over who do not have the awareness to carry out routine health checks before the appearance of signs of hypertension.[8]

6. Implementer's Attitude

According to Van Meter and Van Horn, the attitude or tendency of implementers is related to how they understand and interpret policies that have been set and will be implemented. [21]The success of a policy is greatly influenced by the attitude of the implementers. When implementers show acceptance and have high motivation in carrying out their duties, the policy tends to run optimally. Conversely, lack of acceptance or motivation can hinder effective policy implementation.[8]

The results of the study showed that the Implementer had a good response to the policy of minimum service standards for hypertension sufferers at the Katumbangan Health Center. This can be seen from the responsibility of the implementer who tries to carry out this policy well and serves in a friendly manner in serving the community. The implementer also has no pressure in implementing this policy.

This study is in line with previous studies , namely the Implementation of Maternity Service Policy at the Kamonji Health Center, West Palu District. The Health Center as an extension of the health service has carried out its functions well through the coordinating midwife and the health center midwife. They as policy implementers have committed to implementing the policy.[27-33]

CONCLUSION

The implementation of Minimum Service Standards for hypertension sufferers at the Katumbangan Health Center has been going quite well and in accordance with the Regulation of the Minister of Health of the Republic of Indonesia Number 4 of 2019 concerning Technical Standards for Fulfilling Basic Service Quality. Implementers have had the same perception regarding the size and objectives of the policy. This policy already has SOPs, duties and responsibilities of each agency as well as already clearly fragmented. This policy information is delivered through direct and indirect socialization, but has not been evenly distributed to all targets. So implementers need to improve communication to policy targets. In addition, the Katumbangan Health Center needs to increase resources and pay attention to the socio-economic conditions of the community.

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