

The Effectiveness of Minimum Service Standards (SPM) Policy in Hypertension Management at the Tipar Community Health Center in Sukabumi City

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ABSTRACT

This study examines the effectiveness of the Minimum Service Standards (SPM) policy in managing hypertension at the Tipar Community Health Center, Sukabumi City, based on Sukabumi Mayor Regulation No. 121 of 2019 and Ministry of Health Regulation No. 6 of 2024. Although this policy targets 100% service coverage, Puskesmas Tipar only achieved 34.1% service coverage in 2023. Using a descriptive qualitative method, data was collected through interviews, observations, and documentation with five informants, including health officials, program managers, PTM cadres, and community members. J.P. Campbell's theory of effectiveness, which includes five dimensions, serves as the foundation for analysis. Results indicate that implementation remains suboptimal, with a 2024 achievement rate of 77.6% and inadequate hypertension control. Weak socialization efforts and minimal community involvement are the main obstacles. However, ongoing efforts for improvement are evident from the support of the Health Office and early detection programs. To enhance policy effectiveness and achieve national goals, this study emphasizes the importance of stronger implementation, inter-sectoral collaboration, and community involvement.

Keywords Policy Effectiveness, Minimum Service Standards, Hypertension, Tipar Health Center.

1. INTRODUCTION

One of the non-communicable diseases (PTM) that causes global morbidity and mortality in general is hypertension (WHO, 2023). Uncontrolled hypertension This problem can cause serious health problems, including heart problems, strokes, and kidney damage, which have a negative impact on the overall well-being of people. In Indonesia, according to the 2023 Indonesia Health Survey, 30.8% of the population suffers from hypertension, with West Java Province ranking third highest at 34.4%. This serves as an important signal for the government to strengthen policy interventions aimed at preventing premature deaths from non-communicable diseases like hypertension.

As a commitment, in order to ensure access to basic health services including hypertension management, the Indonesian government has implemented a Minimum Service Standards (SPM) policy. Through Minister of Health Regulation No. 6 of 2024, district/city governments are required to achieve a 100% target across 12 basic service indicators, including hypertension Meilani & Munawaroh (2023). However, the national SPM achievement for hypertension stood at 70.3% in 2023, and 75% in West Java Province. In Sukabumi City, the implementation of SPM is regulated through Mayor Regulation No. 121 of 2019, which includes monthly blood pressure monitoring, education on healthy lifestyles, and referrals when necessary. However, the achievement rate of SPM for hypertension in Sukabumi City is still at 84.1%.

Table 1. Data on the Achievement of the Health Service Delivery Plan for Hypertension in Sukabumi City in 2023

No	Puskesmas	Achievements in Hypertension Health Services
1	Baros	115%
2	Lembur situ	109,1%
3	Cikundul	37,8%
4	Cibeureum Hilir	59,5%
5	Limusnunggal	51%
6	Tipar	34,1%
7	Gedong Panjang	117,9%
8	Nanggaleng	95,2%
9	Benteng	54,9%
10	Pabuaran	131,6%
11	Sukakarya	44,2%
12	Cipelang	130%
13	Karang Tengah	77,8%
14	Selabatu	72,5%
15	Sukabumi	111,9%
Kota Sukabumi		84,1%

Source: Sukabumi City Health Office, 2024

Based on this data, in 2023, the Tipar Community Health Center achieved a standard of 34.1% for hypertension health services. This figure indicates that the service targets have not been met, particularly in terms of hypertension screening. This is reflected in the challenges faced in implementing the minimum service standards for hypertension, including low community participation in blood pressure screening activities and inadequate outreach efforts, which have hindered the achievement of the Minimum Service Standards (SPM) objectives in controlling hypertension. Based on these issues, this study aims to analyze the effectiveness of the Minimum Service Standards (SPM) policy in managing hypertension at Tipar Health Center, focusing on implementation barriers, service quality, and strategies to overcome implementation barriers.

2. LITERATURE REVIEW

2.1 Effectiveness

Mahmudi in (Sawir, 2020:16) defines effectiveness as the relationship between results and objectives; the more outputs that contribute to the achievement of objectives, the more effective a program or activity is. Effectiveness, according to J.P. Campbell in Mutiarin (2014:97), is the capacity of a program to achieve its objectives through proper and competent implementation. According to J.P. Campbell in Mutiarin (2014:96), there are five dimensions used to measure effectiveness: program success, target success, input-output ratio, program satisfaction, and overall goal achievement.

2.2 Public Policy

Public policy, according to Anderson in (Dr.HJ. Siti Marwiyah, 2022:12), is a series of actions taken by a group of stakeholders involved in an issue with a specific purpose. Thomas R.Dye in Ayuningtyas (2014:8) states that public policy is what the government decides to do or not to do. According to this definition, every government decision, whether implemented or not, is a component of public policy, and every decision has positive and negative impacts on society in the future.

2.3 Minimum Service Standards (SPM)

Minimum Health Service Standards are basic services that are the right of all citizens and must be provided by the government. Minister of Health Regulation No. 6 of 2024 mandates local governments to achieve a 100% service target. There are two types of SPM: district/city SPM, which covers 12 service indicators, such as services for pregnant women, infants, productive age groups, hypertension, diabetes, mental disorders, tuberculosis, and HIV, and provincial SPM, which is used for health crises and extraordinary events. As indicated by Sukabumi Mayor Regulation No. 121 of 2019, which regulates the implementation of SPM in the health sector in accordance with these regulations, local governments have the authority to establish implementing regulations in their respective regions.

2.4 Prior Research

Research on the effectiveness of the Minimum Service Standards (SPM) policy in health services, particularly in the management of hypertension, has been conducted by various researchers. One such study was conducted by Nuralita Anggini Futri et al. (2023), who conducted a study on the effectiveness of implementing Minimum Service Standards (SPM) in handling non-communicable diseases at the Citarik Community Health Center. Using Duncan's theory of effectiveness, which covers three dimensions: goal achievement, integration, and adaptation. The results of the study show that although the implementation of SPM has been carried out in accordance with the provisions stipulated there are still obstacles in achieving goals, including limited outreach to the community, suboptimal cross-sector collaboration, and a shortage of Posbindu personnel.

This study expands on this research by employing J.P. Campbell's effectiveness theory, which is deemed more comprehensive. The strength of this study lies in its focus on the involvement of external parties. This multi-actor collaborative approach adds value by showing that the effectiveness of primary care policies is determined not only by the internal performance of community health centers, but also by the support of social and cross-sectoral networks around them.

3. METHODS

This study examines the effectiveness of the Minimum Service Standards (SPM) policy in the management of hypertension at the Tipar Community Health Center in Sukabumi City using a descriptive qualitative methodology. According to Sugiyono (2022:9), qualitative methods are research methodologies used to investigate and understand events in a natural environment with the researcher as the main instrument in data collection. Data collection techniques include in-depth interviews, documentation, and observation of five informants,

including P2PTM field officers from the Health Department, PTM program holders, PTM cadres, and hypertensive patients. In determining these informants, snowball sampling was used, where the initial informant recommends the next informant, gradually expanding the sample size (Sugiyono, 2022:95). Data validation in this study was conducted through source and technique triangulation by comparing information from multiple informants and combining the results of interviews, observations, and documentation that had been thoroughly researched to produce reliable and accountable data. Data analysis used Mile et al (2014) model, which includes data reduction, data presentation, and drawing conclusions, serves as the basis for data analysis.

4. RESULTS AND DISCUSSIONS

4.1 The Success Of The Program

The success of the program assesses the extent to which the implementation of the program in the field is aligned with the established objectives (Kaawoan et al., 2022). The success of the program in implementing the Minimum Service Standards (SPM) for hypertension management at the Tipar Community Health Center (Puskesmas) shows satisfactory results. This is evident from the systematic service process in accordance with Sukabumi Mayor Regulation No. 121 of 2019 and the Standard Operating Procedures (SOP) established by Tipar Community Health Center, which begins with anamnesis, physical examination, education, and referral if necessary. By implementing these SOPs, hypertension services are more targeted and effective, making it easier to achieve the goals of hypertension control and prevention of complications. Additionally, the involvement of other parties is crucial for the success of the hypertension SPM implementation. In this context, PTM cadres play a significant role in health center activities by conducting data collection, monitoring, and community education. The Tipar Health Center also collaborates with various institutions, including neighborhoods, schools, and related agencies, to conduct hypertension screening to support the successful implementation of the hypertension management SPM policy. In addition to expanding the scope of early detection, this strategy is considered effective in preventing complications and helping to achieve more comprehensive hypertension control goals. This aligns with the opinion (Dilla AT et al., 2024) that effective collaboration can produce tangible impacts on the community. Beyond service processes and stakeholder involvement, outreach strategies are a critical aspect of program success.

The Tipar Health Center also provides direct education through service activities at the health center and posyandu, as well as using social media platforms such as Instagram to reach the productive age group. In increasing public knowledge about the prevention and management of hypertension, socialization activities on social media related to information about hypertension and healthy lifestyles provide flexible and interactive information delivery. This is supported by Futri et al (2023) research, which found that outreach strategies through various educational media, both direct and indirect, such as the use of posters and social media, are key components in increasing public awareness and participation in service activities. Consistent and equitable education can build public awareness of the importance of early detection and reducing disease risk factors.

4.2 Target Success Assesses

Target success assesses the extent to which a program can achieve its predetermined objectives (Kaawoan et al., 2022). This assessment is carried out by examining whether the targets or objectives of the policy have been optimally achieved. Target success in the implementation of the Minimum Service Standards (SPM) for hypertension management in the Tipar Community Health Center area shows that it is not yet fully optimal. Based on Sukabumi City Regulation No. 121 of 2019, the SPM for hypertension targets individuals aged 15–59 years in the health center's service area, including those who are healthy, at risk, or have hypertension. Although the services provided by the Tipar Health Center have targeted the intended population, the achievement of objectives has not yet reached the entire target population.

Table 2. Data on the Achievement of Minimum Service Standards for Hypertension in Sukabumi City 2024

No.	Puskesmas	Target	Achievemen t	%
1	Baros	3.865	2.976	77,0
2	Benteng	2.932	2.294	78,2
3	Cibeureum Hilir	2.509	2.536	101,0
4	Cikundul	2.357	2.346	99,5
5	Cipelang	1.868	1.370	73,3
6	Gedong Panjang	1.821	1.531	84,0
7	Karang Tengah	2.943	1.498	50,9
8	Lembur Situ	1.856	1.253	67,5
9	Limus Nunggal	2.109	1.208	57,2
10	Tipar	1.810	1.405	77,6
11	Nanggaleng	1.662	1.507	90,6
12	Pabuaran	1.340	1.446	107,9
13	Selabatu	1.888	1.463	77,4
14	Sukabumi	4.260	4.104	96,3
15	Sukakarya	1.615	733	45,3
Kota Sukabumi		34.835	27.670	79,4

Source: Sukabumi City Health Office, 2025

Based on this data, the achievement of the SPM target for the Tipar Community Health Center in 2024 was only 1,405 people, or around 77.6% of the target of 1,810 people. This result shows that the achievement is still below the national target of 100%. Low public awareness, particularly among the productive age group, and data input constraints requiring the use of the National Identity Number (NIK) are the main causes of the low achievement. Additionally, low community participation in the Tipar Health Center area due to a lack of urgency regarding early screening also contributes to the low achievement of the target, resulting in service delivery not yet fully effectively reaching all the set targets. This is supported by the findings of Futri et al (2023) who stated that low community involvement can be caused by a lack of education about the importance of early detection, which results in low public awareness of the urgency of such action.

4.3 The input-output

The input-output dimension is assessed based on how much output is produced compared to the input used. If the output produced is greater than or equal to the input expended, then the program can be considered effective (Kaawoan et al., 2022). The implementation of the Minimum Service Standards (SPM) policy in the management of hypertension at the Tipar Community Health Center shows that the input-output dimension is not yet optimal. Although the number of human resources is sufficient, with one PTM program participant, one nurse, one doctor, and one PTM cadre at each health post, the high workload, particularly for PTM program holders, has led to some tasks being delegated outside the facility. This is in line with previous research findings by Ramdhani et al (2024), which states that the lack of health workers causes other staff to perform various tasks or double duties, so that staff or health workers cannot focus on the tasks of providing services. Therefore, improvements in human resource management are needed. Additionally, efforts to enhance capabilities are being made through training for PTM cadres and health workers. This is in line with previous research findings by Futri et al., (2023) it is very important to provide ongoing training support to health workers and health cadres for the purpose of optimizing quality of services provided to the community. This includes skills in early detection and data recording, interpersonal communication, and health education delivery.

The availability of other resources such as medical equipment, educational materials, recording systems, and BOK funding in the implementation of operational activities managed accountably through a reporting and monitoring system by the planning team has supported the smooth running of services at the health center. However, the distribution of inputs is not yet equitable, especially at posyandu that are still constrained by drug supplies. From the output perspective, the hypertension SPM shows positive impacts, including increased access to services through posyandu activities and home visits, and increased community awareness of blood pressure monitoring. However, participation among the productive age group remains low. Therefore, the input-output dimension is considered to function adequately, but distribution and strategies to increase community participation require strengthening.

4.4 Program Satisfaction

Program satisfaction is assessed based on the program's ability to fully meet the needs and expectations of the target group (Kaawoan et al, 2022). Program satisfaction in the implementation of the SPM hypertension policy at the Tipar Community Health Center generally shows fairly good results. This is demonstrated by services tailored to community needs, encompassing preventive, promotive, and curative elements. The alignment of services with community needs and expectations is evident in activities such as screening, education, blood pressure checks, counseling, and home visits conducted by PTM cadres and health workers for community members who do not participate in posyandu activities. These efforts contribute to the formation of satisfaction and trust in the services received.

In terms of service quality, the presence of clear operational standards and innovative programs such as Saat Cepat (Reaching Out to the Community to Prevent Non-Communicable Diseases) have helped improve service quality. Through these program

activities, the quality of hypertension services has improved because they are more responsive, easily accessible, and targeted. Community perceptions of the services show positive results, particularly regarding the tangible benefits felt in blood pressure checks, health consultations, and education on healthy lifestyles. Clear information from healthcare workers and a friendly and communicative service attitude are considered beneficial by the community. This is supported by research by Ramadhani & Sutiningsih (2024) which found that implementers who are unresponsive to community needs can hinder the achievement of program goals, including public trust and satisfaction. Therefore, building good social relationships with service recipients requires a communicative attitude and the ability to convey information accurately. However, there is still room for improvement in services, such as the direct distribution of medication at Posyandu and increased education for groups that have not yet actively undergone check-ups.

4.5 Achievement Of Overall

According to Kaawoan et al (2022) the achievement of overall objectives is measured based on the extent to which the program has carried out its duties and obligations to achieve the predetermined objectives. In the implementation of the Minimum Service Standards policy for hypertension at the Tipar Community Health Center, the overall achievement of objectives has not been fully optimized. The main objective of the Minimum Service Standards policy for hypertension is to reduce the risk of complications from the disease through regular and continuous blood pressure control. The indicator for achieving the SPM hypertension objective is controlled blood pressure at 90%. However, based on data from the Sukabumi City Health Department, there is a gap between the objective and its implementation in the field. Below is the data on the achievement of controlled hypertension cases in 2024.

No.	Puskesmas	Number of Population Aged >15 years	Number of people diagnosed with hypertension	%
1	Baros	3.865	3.665	94,8
2	Benteng	2.932	2.366	80,7
3	Cibeureum Hilir	2.509	2.536	101,8
4	Cikundul	2.357	0	0,0
5	Cipelang	1.868	293	15,6
6	Gedong Panjang	1.821	2.057	112,9
7	Karang Tengah	2.943	0	0,0
8	Lembur Situ	1.856	0	0,0
9	Limus Nunggal	2.109	1.210	57,3
10	Tipar	1.810	1.228	67,8
11	Nanggaleng	1.662	1.662	100
12	Pabuaran	1.340	1.476	110,1

13	Selabatu	1.888	1.690	89,5
14	Sukabumi	4.260	4.260	100
15	Sukakarya	1.615	0	0,0
Kota Sukabumi		34.835	22.443	64,4

Table 3. Achievements in Controlling Hypertension Cases in 2024

Source: Sukabumi City Health Office, 2025

Based on the data, the hypertension control achievement at the Tipar Community Health Center in 2024 was only 67.8% and still below the national target of 90%. This indicates that not all people diagnosed with hypertension are able to control their blood pressure properly. Low community participation, irregular check-ups, and non-compliance with treatment are the factors causing the lack of achievement of the hypertension control target. The tangible impacts of implementing the hypertension SPM policy have been felt by some members of the community, such as increased awareness of the importance of regular blood pressure checks, understanding of hypertension risk factors, and behavioral changes toward hypertension prevention. However, these impacts are not yet widespread, as there are still groups that are not actively participating in health services. Therefore, to increase community involvement, broader education and communication strategies need to be implemented.

In terms of sustainability, the Tipar Health Center and the Sukabumi City Health Department conduct monitoring and evaluation activities every three months (quarterly), with the aim of ensuring the success and sustainability of services in achieving the set objectives. In line with the research by Trismawati & Setiadji (2024), a systematic and continuous evaluation mechanism is needed to monitor achievements, improve services, and adjust strategies to ensure the effectiveness and sustainability of services at the grassroots level.

5. CONCLUSION

Research on the effectiveness of the Minimum Service Standards (SPM) policy in treating hypertension at the Tipar Community Health Center in Sukabumi City shows that the implementation of this policy has not been fully effective. The results of this study provide a comprehensive overview of the challenges and potential for strengthening the implementation of the SPM policy in treating hypertension. This study was analyzed using J.P. Campbell's organizational effectiveness theory, which identified five key dimensions influencing the effectiveness of SPM policy implementation: first program success, Services have been implemented in accordance with guidelines and SOPs with the assistance of cross-sectoral collaboration and the proactive participation of PTM cadres. Second dimensions, target success shows that the hypertension service target at Tipar Health Center has not been achieved reaching approximately 77.6% of the overall target. Third dimensions input-output levels, shows adequate facilities and human resources, but the results are not evenly distributed across all target groups. Next, program satisfaction dimensions shows that the community has responded positively to the quality of services provided, including home visits and educational activities. Overall goal achievement dimensions has not been achieved comprehensively, as seen from the target of achieving 67.8% of the national target, due to the low involvement of the productive age group.

Several policy implications should be considered based on these findings. Local governments need to develop policies to strengthen the logistics distribution system. There is a need for policies to increase the capacity of PTM cadres, given their strategic role as the spearhead in community-level hypertension awareness and early detection activities. There is a need to strengthen strategies aimed at less active productive age groups. Additionally, innovative supplementary programs should be developed to enhance service standards including expanding coverage and enhancing the effectiveness of health education for the community. Operationally, data accuracy must be improved to ensure interventions are targeted effectively, particularly for high-risk groups. Another strategy to expand the reach of hypertension interventions is to strengthen cross-sectoral collaboration. Further research is recommended to examine the effectiveness of public policies in the health sector more deeply using different theories or other SPM indicators.

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