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PERFORMANCE OF MATERNAL AND CHILD HEALTH PROGRAM MANAGERS AND FAMILY PLANNING IN THE PROCESS OF PLANNING A HEALTH BUDGET BASED ON SPM (MINIMUM SERVICE STANDARDS) IN THE HEALTH SECTOR AT THE SENGETI HEALTH CENTER

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ABSTRACT

Minimum Service Standards (SPM) are contained in the Regulation of the Minister of Health of the Republic of Indonesia Number 4 of 2019 which regulates the type and quality of basic services required by regional affairs and are entitled to be obtained by everyone at least. The annual target of SPM requires inputs and processes as a performance plan for Puskesmas activities within a certain time span. Data on program performance achievements at the Sengeti Health Center for the maternal and child health and family planning Program in 2021 and 2022 are still below target on average. Pemerintah daerah harus menyusun dan menghitung besaran anggaran untuk pemenuhan kewajiban tersebut agar melaksanakan tugas wajib sesuai dengan standar pelayanan minimal. The purpose of this study is to identify the planning and budgeting process of the Kia-Kb program related to the implementation of Minimum Service Standards (SPM) in the health sector at the Sengeti Health Center. This research uses qualitative research methods with a case study approach with 9 informants. Data was collected by conducting in-depth interviews and observations at the Sengeti Health Center from January to March. The results of this research in the aspect of input consisting of human resources, funds, and infrastructure facilities were obtained, namely in quantity and quality according to standards, but training held by the Health Office was only required for program holders. Facilities and infrastructure in the maternal and child health and family planning program are fairly incomplete. Obstacles in terms of funds are often late disbursement of funds. Aspects of the budget planning process have been carried out with 5 stages. Output aspects in the form of RUK and RPK preparation are carried out at the end of each year. The outcome aspect of the Kia-Kb Program has not reached the SPM target where the desired target is 100%.

Keywords: performance, maternal and child health and family planning programs, planning, budget, spm.

1. INTRODUCTION

Development in the health sector is a development that has the aim of fulfilling basic human rights, where the basic right is to get optimal health services. According to the Regulation of the Minister of Health of the Republic of Indonesia Number 4 of 2019 concerning Minimum Service Standards (SPM), local governments are required to plan and calculate the amount of budget for the implementation of mandatory activities in accordance with minimum service standards. There are several processes connected in the planning process. In accordance with the direction of the Minister of Home Affairs, performance-based budgeting, also known as Performance budgeting has recently become an option as a method of calculating budgets.^[1] Based on preliminary studies conducted by researchers through interviews, it is known that the preparation of budget planning at Puskesmas in the Muaro Jambi Regency area has been carried out, but based on Jambi Provincial Health data in 2020, it was found that the achievement of SPM performance indicators in the health sector in Muaro Jambi Regency from 12 indicators, there are 9 indicators that have not reached the target. The existence of budget, human resources, facilities and infrastructure as initial capital has helped Sengeti Health Center build health service governance while achieving the best program results. In the initial assessment, researchers concluded that budget support, human resources, and existing infrastructure and health facilities have not provided the expected outcomes because there are still several problems. According to a preliminary survey conducted by researchers, the budget planning for MCH and Family Planning at the Puskesmas has not been carried out properly, causing the programs that have been made not to run properly, as a

result, many problems were found at the Sengeti Health Center. To find out this, it is necessary to conduct a budget planning study for the Sengeti Health Center program.

2. LITERATURE REVIEW

2.1 Planning

Community Health Center Level Planning (PTP) is an activity that is carried out regularly and logically in order to avoid public health problems in their assigned areas and the process of designing community health center class activity plans for the coming year.^[2]

2.2 Budgeting

Budget is a statement of performance anticipated to be achieved over a certain period of time, expressed in monetary units. A budget can be thought of as a collection of estimates for the receipts and expenditures that are anticipated to occur over one or more future periods.^[3]

2.3 Standar Pelayanan Minimal (SPM) Bidang Kesehatan

On January 31, 2019 Permenkes No. 04 of 2019 concerning Basic Service Quality Satisfaction Technical Standards in the Health Sector are declared valid. The health SPM is a provision for the Type and Quality of Basic Services which is a Mandatory Government Affairs that every citizen has the right to obtain at a minimum.^[4]

3. RESEARCH METHODOLOGY

This study used qualitative research with a case study methodology, data were collected from 9 informants through in-depth interviews, and supporting evidence from observation. The source triangulation method was used to generalize the data that had been collected and this study used NVivo qualitative data analysis. In this study, health workers acted as informants.

4. RESULTS AND DISCUSSION

A) Input

1. Human Resources

a. Quantity

Human Resources at Sengeti Health Center in quantity has a total number of midwives with 16 people divided in various villages, but the number of health workers at Sengeti Health Center in the Kia-Kb Program is only six midwives. The maternal and child health and family planning programs has 2 people in charge, namely 1 person in charge of the maternal and child health program as well as a coordinating midwife and 1 person in charge of the family planning program. The results of interviews with informants related to the quantity aspect of human resources are as follows:

"if the standard is appropriate, maybe it's even better here" (Informant 1)

"it's already more than the amount" (Informant 2)

"already appropriate" (Informant 4)

"for the number of maternal and child health and family planning programs officers, there are 6 people and for 6 people it is enough" (Informant 5)

Permenkes No. 43 of 2019 concerning Community Health Centers. In accordance with the staffing requirements of the Public health center, there must be a minimum of four midwives at the Non-Inpatient Public health center and at least seven people at the Inpatient Public health center. This condition is a minimum requirement in urban, rural, remote and very remote areas. However, the obstacle is the health workers who have a double workload that affects the optimality in providing services.^[5] This was also previously researched and supported by David, et al (2019) who also supports the author's statement that it cannot be said that the health workers at the Mubune Health Center work well because each task shows that they handle many or two obligations, which makes them worry about work. them even when they are at home and affect how well they serve pregnant patients.^[6]

b. Quality

Based on interviews conducted by researchers on all informants, the six implementing midwives in the Kia and Kb Programs have 1 D IV qualification, for the midwife profession 1 person, while D III as many as 4 people. For this reason, in improving the quality of human resources (HR) from implementing midwives who will provide MCH programs and family planning in order to be able to

provide maximum services, training is provided for existing human resources. This training was given from the Muaro Jambi Health Office and Jambi Provincial Health Office to the MCH and family planning programs coordinators only. After being excavated from various informants to obtain information of the quality of available human resources, information was obtained regarding the working period of coordination of midwives at the Sengeti Health Center that it turned out to have a fairly senior midwife with a working period of 20 years for midwives holding maternal and child health and family planning programs.

"for example, the MCH program holder has been at this Puskesmas since 1998, almost 20 years" (Informant 1)

"mother has been here since 1999, since she was in college, she has started working at the puskesmas when she was still on an honorarium" (Informant 2)

With a midwife working period of more than 20 years, as long as midwives carry out their duties and responsibilities the existing midwives receive training from the Muaro Jambi Health Service agency and also other implementing midwives also seek information on their own at the Indonesian Midwives Association (IBI) to be able to carry out their duties in accordance with their duties and each function. However, in the training that was obtained there were no specific standards for how many times a month training should be carried out, because it depended on the Muaro Jambi Health Office and information circulating from the Indonesian Midwives Association (IBI). This is also the same as the results of research at the South Dullah Islands District Health Center, Southeast Maluku District. The findings show that midwives who have received training that they can apply in their daily activities will complete the work assigned to them more skillfully and effectively.^[7]

2) Infrastructure

Based on interviews with related informants in terms of facilities and infrastructure, it was found that the facilities and infrastructure for the MCH and family planning programs were complete, but some other informants said that there were deficiencies in mandatory facilities and infrastructure such as medical devices for the maternal and child health and family planning programs when referring to the Ministry Standards Health. From the facilities and infrastructure at the Sengeti Health Center, many items were found that were lost and damaged. This was conveyed by several informants as follows:

"as for facilities and infrastructure, maybe, thank God, it's complete, apart from buying it yourself, there is also assistance from the center from the Health Service" (Informant 1)

"it is sufficient and complete, such as medical equipment if it is lost or damaged it must be reported to the treasurer because the equipment has an inventory" (Informant 2)

"if the infrastructure for the maternal and child health and family planning programs is complete, but sometimes the problem is that if you want to go to the field, use an ambulance, the schedule collides with another program, so we go down using a private vehicle"

(Informant 4)

"in the family planning program, the facilities and infrastructure are complete, such as injection drugs, pills, condoms, IUDs, implants. It's just that sometimes the contraceptive device is given near the expiration date, so when a patient comes, we change it first and the ambek expired later" (Informant 5)

"in terms of infrastructure, God willing, it will be sufficient, but there is no computer. Sometimes in the long term, many of the tools have been damaged " (Informant 6)

Adequate and available facilities and infrastructure will support midwives in carrying out their work so that they can provide optimal service. This means that the availability of suitable infrastructure and accompanying facilities is very important to improve the services of the Kia-Kb program. A midwife cannot carry out several tasks related to her function without adequate facilities and infrastructure. This was also clarified by Solang et al., (2016) that the lack of facilities at health facilities can make pregnant women not want to go to the puskesmas to check their pregnancies. on the satisfaction of pregnant women. ^[8]

C. Fund

a. Sources of funds in the implementation of the maternal and child health and family planning programs

Based on the results of interviews with informants, the source of funds for the maternal and child health and family planning programs is BOK funds. In addition, the obstacle to the implementation of the Community Health Center's maternal and child health and family planning programs was the late disbursement of BOK funds for the operational needs of activities, this is illustrated by the informant's statement as follows:

"yes, for the obstacles, at least we know the name of the disbursement process, it's not possible on January 1, it will be automatically disbursed, wait until the 1st quarter, wait for March, that's the only obstacle," (Informant 1)

"yes, if the activity requires snacks, transportation for cadres or midwives it can be postponed, when the disbursement can be given. Yes, for snacks, if you don't have personal money, use the puskesmas funds first" (Informant 2)

"If the obstacle is that the funds are slow to disburse, it doesn't match the time, so we bail it out using personal funds first" (Informant 4)

"sometimes the funds don't go down according to the time, there are lots of requirements, then you can disburse and it has to be complete, then we will gather the BOK treasurer, we will then select whether it's right or not, if it's right and okay, then the funds will be disbursed simultaneously with other program holders" (Informant 5)

The disbursement of funds for the maternal and child health and family planning programs at the Sengeti Health Center was not in accordance with the time or the funds were disbursed late, so the process of carrying out activities used personal funds first. This is in accordance with Lexy Kareba's research (2020) which shows that the MCH program at the Marawola Health Center has appropriate funds, but sometimes these funds are not disbursed on time, so private funds are used to implement the program.^[9]

b. Realization and Budget Adequacy

Based on the results of the interviews, it was found that the funds for the maternal and child health and family planning programs were around 15-35% of the total puskesmas funds or around 40 million a year and the poa for the maternal and child health and family planning programs was different so that the funds were disbursed based on the poa that had been provided. Inaccurate planning assumptions, such as not taking into account the addition of facilities in the year of implementation of the current plan, can also result in budget disparities, resulting in a shortage of available budget for implementation. This was conveyed directly by several informants:

"there are a lot of activity names, yes, the percentage is still not enough, right? Because the budget is not too big, even though 35% is still the number, maybe the nominal is still small" (Informant 1)

"actually it's not enough because there are a lot of programs and the activities are broad with 6 villages" (Informant 2)

"if you are asked if you are sufficient, it is not enough. It's not enough, because we have classes for pregnant women at the POA, there are snacks for pregnant women, while there are no snacks for the officers and we are paid only for transportation" (Informant 4)

Funding for the maternal and child health and family planning programs at the Sengeti Health Center is only given once every three months, so it is not yet possible to fully finance or support all program activities at the Health Center. The situational analysis shows that the puskesmas planning is centered on health issues, including plans for achieving next year's goals and last year's performance plans. In fact, not all proposed plans will be given a budget after they are drawn up and submitted for approval. Making a priority list and ignoring activities that are not approved is the first step in dealing with an unfulfilled budget.

B) Budget Planning Process for Maternal and Child Health and Family Planning Programs at the Sengeti Health Center

1. Problem Identification Stage

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Problem is the difference between expectations and reality. Identification of Problems of the Kia and Kb programs were found by prioritizing problems, making work plans, and listing problems arranged based on program scope, percentage of achievement by looking at previous program objectives that were not met, and target indicators. This can be seen from the findings of in-depth interviews conducted by researchers as follows:

"problem identification is carried out in the field in accordance with SMD and MMD. The Self-Introspective Survey is where the whole village is surveyed about the 10 biggest diseases. What activities can overcome these problems and are discussed at MMD and then prioritized problems" (Informant 2)

"we see from APO's activities that are not achieved, then for those of us who go to the village, for example, the class for pregnant women, well what supports it so that pregnant women are interested in taking classes for pregnant women. The goal is to reduce maternal and infant mortality....." (Informant 4)

"we prioritize activities that are important or prioritize problems. We determine the priority of the problem here, for example by looking at the percentage of program success and whether the problem is urgent or not....." (Informant 5)

This was clarified by Khansa, et al (2022) in Problem Identification is done by collecting all the facts or issues that have been collected, then problems can be identified at the stage where there is a gap between expectations and reality. In addition, this problem can be found by comparing the data collected every year to observe how the trend of cases is developing, whether it is appropriate and reaches the number that the government wants or not, the spread of the disease by region or by the affected target group, and other aspects.^[10]

2. Goal Setting Stage

This study aims to explain the procedure for setting goals in the maternal and child health and family planning programs at the Sengeti Health Center in terms of several factors including goal setting procedures, the adequacy of minimum service standard targets, and the basis for setting goals. Determining the objectives of the Sengeti Community Health Center maternal and child health and family planning programs mostly stated that the goals and objectives of the program were the same as the Muaro Jambi Health Office. This can be seen from the findings of in-depth interviews conducted by researchers, namely:

"this usually refers to the national SPM, usually there is already a target, that's usually from the Health Office, that's why this Puskesmas is still under the auspices of the Health Office" (Informant 1)

"determining the objectives of the problem after obtaining the results from the MMD, they will be brought to the puskesmas and then discussed with the program pj in minilok about what activities can solve problems in the village, after that it is proposed and poured into the RUK earlier" (Informant 2)

"for the goal setting stage, our goal is to reduce maternal and infant mortality, so we involve village midwives. We aim to hold this activity, what is the goal, by holding a meeting with pregnant women so that these pregnant women want to give birth at the health facility....." (Informant 4)

"the goal is based on the existing problem, right now it's difficult to get people to join the family planning program. There are many reasons why people don't join the family planning program because they have high blood pressure, so sometimes our goals don't reach 100 percent" (Informant 5)

Apparently, from the goals that have been set there are some of them that are still not feasible with field conditions. This can happen because the goals that have been set do not describe the problems that exist in the Muaro Jambi Regency area. Similar results were found by research by Evi Hasnita, et al (2018). Agency goals and targets, budget availability, facility availability, personnel motivation, performance trends, culture and environmental requirements all impact how the goals and objectives of the Kia program are set in the puskesmas. Identification of activities through cross-program

participation in two groupings. First, cross-program participation is used to develop plans. Second, only a select group of people prepared a plan.^[11]

3. Program plan preparation and development stage

The planning process increases awareness of the actions to be taken to achieve the stated goals. The stage of compiling and developing a program plan that proposes a planning program is the person in charge of the program with the team, then if it has been approved, the person in charge of the program with the team will carry out the activities agreed and carried out based on the schedule provided. This can be seen from the results of in-depth interviews conducted by researchers:

"preparation and development of each program plan which determines and is proposed to the treasurer then the treasurer submits it to planning" (Informant 2)

"the development of the program plan is carried out after the 1st trimester and continues to the 2nd trimester. We will see what triggers pregnant women to be diligent in checking their pregnancies at health facilities....." (Informant 4)

"we will review when we go to the field how far the development we have fostered, for example kb, mkjp, implants, iud we will socialize first and then when we come to see how enthusiastic the community is, how is the progress, how many are willing and interested" (Informant 5)

Research findings by Wiko Saputra et al. contributed to the program's success as it resulted in sizeable increases in K1, K4, and births assisted by health professionals, leading to a positive correlation with MMR. This is clearly seen in Takalar District, where all increases above 100% have resulted in a three-year MMR reduction.^[12]

4. Program Implementation Stage

By using various motivational strategies and directions, program implementation is nothing more than an effort to make planning a reality, so that each officer can take action as effectively as possible in accordance with the roles, tasks and responsibilities given. In the implementation of the Kia-Kb Program, the following interview results were obtained:

"from the treasurer later it will be given to the person in charge of each program in the form of activities to be carried out, so work according to what was planned" (Informant 1)

"the implementation of the program is all running according to the RKA in the RKA there are routine activities so even though the RKA doesn't have routine activities it still runs like posyandu and immunization....." (Informant 2)

The Sengeti Health Center in the maternal and child health and family planning programs at the first stage of program implementation formed a program implementation team. Usually, this procedure is completed on the first minilok of the month. According to Herlin et al's research, (2021) all MCH service activities at the Kabawo Health Center are sourced from the BOK and BPJS, and the process of implementing the MCH program begins with the preparation of a MCH activity plan and the process does not run smoothly. The MCH Program Coordinating Midwife and Village Assisting Midwife are involved in administering the MCH program.^[13]

5. Program Evaluation Stage

Evaluation is carried out to identify unwanted problems that arise so that they can be corrected and the objectives can be fulfilled according to plan. The scheduled activities then end in the review phase. At this point, we can observe the results of activities that are completed successfully or unsuccessfully. These results will later become significant corrections and notes for better implementation of actions to achieve the real goals. This is evident from the findings of in-depth interviews conducted by the following researchers:

"yes, the evaluation discusses the problems of these programs, how are the achievements implemented and what are the obstacles, usually from the activity there are problems, so what are the targets. Approximately in the next month, will you find a solution?" (Informant 1)

"monitoring evaluation is carried out at minilok, whether the program has been achieved.

If this has not been achieved, what is the problem with sweeping again?" (Informant 2)

"if the evaluation is eee, it means we evaluate it for a year. That year, maybe at the end of December by seeing whether pregnant women give birth at health facilities, so that means we think the program has been achieved....." (Informant 4)

"that evaluation is carried out every year, every 3 months we have a report from the midwife per village, so we count how many are, how many are not" (Informant 5)

In line with research by Rosanti, et al (2019) monitoring and evaluation at the Kaliwates Health Center and Banjarsengon Health Center was carried out by reporting the amount of inspection coverage once a month, which was reported to the Mini workshop and sent to the Jember District Health Office.^[14]

C) Output

- Preparation of Proposed Activity Plans (RUK) and Activity Implementation Plans (RPK)

The results of interviews with various informants regarding the preparation of the Proposed Activity Plan (RUK) and Activity Implementation Plan (RPK) at the Sengeti Health Center for the Kia-Kb Program were very good because the team prepared RUK and RPK together in accordance with the Minimum Service Standards and made a clear division of tasks. clearly so as to enable each officer to work as efficiently as possible. Including the officer in charge of the Kia-Kb program at the Sengeti Health Center. An activity plan that follows the format determined by the department. The format includes the activity title, aims and objectives, location, required costs, implementation time, and person in charge. The head of the Public health center, the treasurer, and the PJ of certain programs participate in making a proposed activity plan at the Sengeti Health Center.

D) Outcome

- Indicators of Minimum Health Service Standards in the maternal and child health and family planning programs at the Sengeti Health Center

Indepth interviews conducted related to indicators of minimum health service standards for the kia-KB program revealed that some goals were achieved and some were not. However, based on document observations, it turns out that the indicators for the maternal and child health and family planning programs SPM have not been 100% met, the average achievement of the MCH program indicators is above 70% in 2021, the results of the 2022 Community Health Center document observations show that the average achievement of MCH program indicators is approximately 50%, such as detection risk factors by health workers was 44.45%, Coverage of K1 was 40.8% and K4 was 50.3%, K6 was 51.5%, Coverage of deliveries assisted by health workers was 50.3%, Coverage of postpartum services KF4 51.5%, neonatal visit coverage 60.5%, toddler health service coverage 52.5%. Based on the findings of observational data, the coverage of new active family planning participants only reached a percentage of 47.4% (target 100%), the coverage of active family planning participants reached 56.1% (target 100%), the coverage of postpartum family planning participants reached a percentage of 26, 5%. According to research by Dwi Noerjoedianto et al. (2018), almost all 2016 Minimum Service Standards (SPM) activities show a significant increase in the presentation of targets and the realization of each scope of service. Except for only two coverage areas that did not meet their targets, such as the coverage of neonates with complications being treated, where the target reached 80% while the realization was 55%.^[15]

6. CONCLUSION

The input to the the maternal and child health and family planning programs at the Sengeti Health Center is quite good in terms of the number of staff and the division of tasks, namely one midwife takes care of each village, but the facilities and infrastructure are inadequate and there is still a shortage of medical equipment. Funds are also insufficient in implementing the Kia-Kb program at the Puskesmas. The planning process for the maternal and child health and family planning programs at the Sengeti Health Center has been effective, as can be seen from the planning of activities and the detection of problems with the scope of the public health center program's targets. However, the implementation has not gone well as can be seen from the reach of Kia-KB which is far from the desired target. The scope

of achievement of maternal and child health and family planning programs in Public health center shows that there are still many programs whose percentage is below 100%.

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