

The achievement of minimum service standards performance indicators at the Sungai Duren Community Health Center in Muaro Jambi Regency

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Abstract

Background: The urgency of this study lies in the fact that the implementation of Minimum Service Standards at the Sungai Duren Community Health Center is still not optimal, with only three indicators showing improvement: health services for toddlers, health services for people with mental disorders, and HIV health services. It is important to improve and optimize minimum health service standards in accordance with the target of 100% achievement.

Objective: The purpose of this study was to analyze of the achievement of minimum service standard performance indicators at the Sungai Duren Community Health Center. **Methods:** This research method is qualitative research with an analyse approach based on four approaches, namely analyze of input, process, and output. **Results:** The implementation of Minimum Service Standards at the Sungai Duren Community Health Center is still not optimal, with only three indicators showing improvement. The lowest achievements were recorded in health services for toddlers at 40.03% and productive age at 43.26%. Several factors that hindered the health center included limited human resources, facilities and infrastructure, a monitoring system that was not yet running optimally, and suboptimal service management and community participation. **Conclusion:** It is hoped that there will be increased collaboration between health workers and relevant stakeholders in achieving the highest possible minimum health service standards in a more optimal and intensive manner to make the community the subject of health, not just the object of health, by involving the community in the planning, implementation, monitoring, and evaluation stages within the scope of health efforts.

Keywords: Analyze; standards; services; community; health; centers

Cite This Article

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INTRODUCTION

Health is an important aspect for improving the quality of life of the community, so that planned efforts are needed through health development, which is part of national development aimed at fostering the willingness and ability, as well as awareness of the community to live healthily and achieve an ideal level of public health. To achieve this goal, health services are needed as a basic right that must be provided to every citizen by the government. Health services are all forms of activities and/or a series of services provided directly to individuals or communities to maintain and improve the level of public health in the form of promotive, preventive, curative, rehabilitative, and/or palliative care (Law No. 17 of 2023)².

Minimum Service Standards are provisions regarding the types and quality of minimum basic services that are mandatory government affairs to which every citizen is entitled. Policies regarding technical regulations related to SPM in the health sector are regulated in Minister of Health Regulation Number 6 of 2024 concerning Technical Standards for Meeting the Quality of Basic Services in the Minimum Service Standards in the Health Sector, which includes the types of basic services in the Provincial Health SPM consisting of health services for residents affected by health crises due to disasters and/or potential disasters in the province, health services for residents in extraordinary circumstances in the provincial area. Meanwhile, the types of Basic Services in the District/City Regional Health SPM consist of twelve types of health services covering pregnant women, women in labor, newborns, toddlers, primary school age children, productive age and elderly people, as well as services for people with hypertension, diabetes mellitus, people with severe mental disorders, tuberculosis and HIV³.

Community health centers are health service centers in subdistricts that carry out public health efforts (UKM) and individual health efforts (UKP) with a focus on promotional and preventive efforts to optimally improve the health of the community in their working areas. Community health centers are also the closest health service facilities that are easily accessible to the surrounding community and are involved in various programs related to improving public health. As a Primary Health Care Facility (FKTP), the Puskesmas plays a major role in achieving the Minimum Service Standards (SPM) targets, which are a form of strengthening the Public Health Efforts (UKM) program implemented at the Puskesmas. To ensure the quality of basic services to the community, the Puskesmas is required to implement minimum service standards in the health sector.

However, the achievement of SPM in Indonesia has not been evenly distributed across all regions. In 2024, the percentage of districts/cities implementing SPM reached 88.61% of the 100% target. A total of 451 districts/cities in 36 provinces were recorded as providing SPM health services with achievements classified in the minimum complete primary category or a score above 70. In 2023, the distribution of achievements based on provinces showed that the highest was DKI Jakarta at 99.90%, while the lowest was Papua Pegunungan province at 5.40%. Meanwhile, the achievement in Jambi province was 86.30% (Figure 1). Based on several previous studies, it is known that in various regions there are still several Minimum Service Standards indicators that have not reached the target of 100%. Therefore, the researcher was interested in conducting a study entitled "Evaluation of the Achievement of Minimum Service Standards (SPM) Performance Indicators at the Sungai Duren Community Health Center in Muaro Jambi Regency."

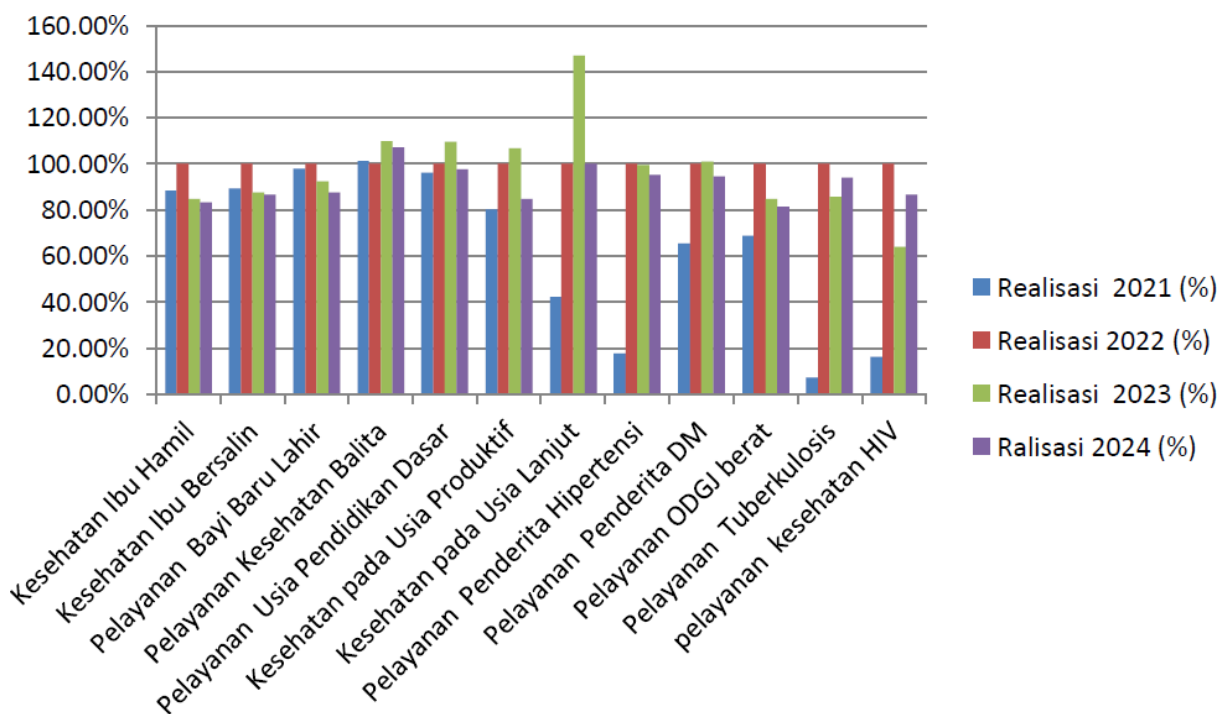


Figure 1. Muaro Jambi SPM Performance Achievements for 2021-2024
 Source: Profil Dinas Kesehatan Muaro Jambi 2024

METHODS

Study design and setting

This study uses a descriptive qualitative method with a case study approach. The purpose of this study is to explore in-depth and valid information related to the evaluation of the performance indicators of the Minimum Service Standards at the Sungai Duren Community Health Center in Muaro Jambi Regency. Descriptive qualitative research is a type of research in which the data obtained by the researcher is collected from interviews, observations, and documentation, then described and concluded in the form of a narrative so that it is easy for others to understand. The case study approach used in this research is useful for understanding the background of the issue in depth. In a qualitative research design with a case study approach.

Population, samples and sampling

The researcher conducts an in-depth study of a program, event, or process of activities involving one (informant) or more people. This research was conducted at the Sungai Duren Community Health Center in Muaro Jambi Regency from May to October 2025. The informants for this research were determined using purposive sampling, which is a method of selecting informants deliberately based on certain characteristics or traits. The informants selected for this study Table 1.

Table 1. Research informant

No	Description	Total
1	Head of the community health center	1
2	Coordinator for pregnant women, women in labor, newborns, toddlers	1
3	Coordinator for primary education	1

No	Description	Total
4	Coordinator for productive age groups (non-communicable diseases, prospective brides and grooms, family planning)	3
5	Coordinator for the elderly	1
6	Hypertension and diabetes mellitus coordinator	1
7	Coordinator for People with Mental Disorders	1
8	Tuberculosis Program Coordinator	1
9	HIV Program Coordinator	1
10	Visitors to the Sungai Duren Community Health Center	2
Total		13 people

Procedure and data collection

Data collection is based on primary and secondary data. Primary data is obtained through in-depth interviews, which is a data collection method that involves interviewing informants related to the research object using interview guidelines to obtain in-depth, specific, and clear information. In addition, data is also obtained through observation, which is carried out by directly observing the research object so that the researcher can obtain a broad picture of the issues to be studied. Data processing and analysis in qualitative research is carried out through several stages, including data reduction, data presentation, and conclusion/verification. Data validity is ensured through triangulation of sources and methods.

Ethical considerations

This study was part of the principal author's research and was approved by the health research ethics committee of Faculty of Medicine and Health Sciences, Universitas Jambi (on process).

RESULTS

In Muaro Jambi District, the achievement of Minimum Service Standards in the health sector remains low. Only 2 indicators (16.66%) have been achieved, namely health services for toddlers and the elderly. Meanwhile, 9 other indicators have not been achieved, namely health services for pregnant women, childbirth services, newborn services, primary education services, health services for people of productive age, services for people with hypertension, services for people with diabetes, services for people with severe mental disorders, tuberculosis services, and HIV health services. The Minimum Service Standards for health is very important to be improved and optimized in accordance with the target of 100% achievement, because this success will have an impact on improving the health and welfare of the community.

The implementation of Minimum Service Standards at the Sungai Duren Community Health Center is still not optimal, with only three indicators showing improvement, namely health services for toddlers from 90.77% in 2023 to 98.96% in 2024, health services for people with mental disorders from 46.25% in 2023 to 83.08% in 2024, and HIV health services from 64.97% in 2023 to 73.19% in 2024. Meanwhile, the other nine indicators actually experienced a decline in achievement. In 2025, from January to August, the achievement of the Minimum Service Standards at the Sungai Duren Community Health Center showed differences. Several indicators showed high achievements, such as health services for the elderly at 78.87%, diabetes mellitus patients at 74.15%, basic education age at 76.28%, and health services for people with

severe mental disorders at 82.76%. Meanwhile, healthcare services for patients with hypertension were at 60.43%, newborns at 51.19%, mothers giving birth at 48.68%, pregnant women at 47.05%, suspected tuberculosis at 48.08%, and people at risk of HIV infection at 47.43%. The lowest achievements were recorded in health services for toddlers at 40.03% and productive age at 43.26%. Although several indicators have achieved fairly good results, there are still several other indicators whose achievements are not yet optimal.

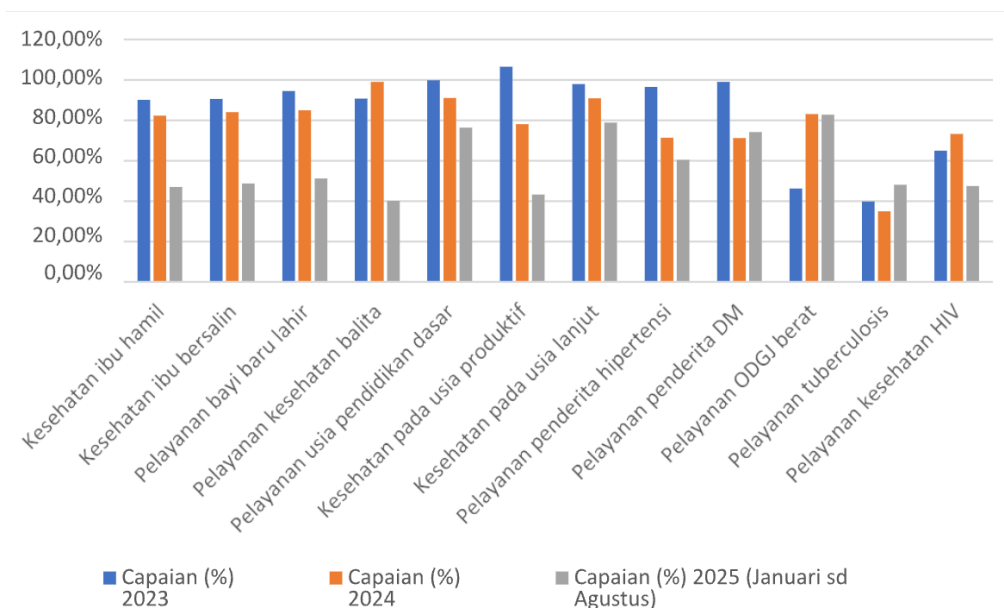


Figure 2. Performance achievements of minimum service standards of the Sungai Duren Community Health Center for 2023-2025

DISCUSSION

Several factors act as obstacles, such as limited human resources, facilities and infrastructure, and a monitoring system that is still not running optimally. The problem of low SPM indicator achievement is not only found in Muaro Jambi District, but also in various other regions based on the results of research by Zudi et al. (2021) conducted at the Guntur I Community Health Center in Demak District, which showed that of the 12 SPM indicators, 6 indicators had not reached the 100% target. The low achievement of SPM indicators was due to the availability and quality of human resources that were not yet optimal, workloads due to double duties, limitations in facilities and infrastructure, weak community support, and suboptimal monitoring and training systems for officers.

Then, in the study by Yeni et al. (2024) entitled “Evaluation of the Implementation of the Hypertension Control Program at the Rokan Hulu District Health Office in 2022,” it was found that the achievement of the hypertension control program only reached 33.40%, far below the target. One of the obstacles was the limited number of untrained human resources, minimal budget allocation, lack of information, education, and communication (IEC) media, weak monitoring and evaluation, and lack of cross-program and cross-sector synergy. The results of this study concluded that the program implementation was not yet optimal and needed to be strengthened through health worker training, improvement of the monitoring and evaluation system, advocacy, and cross-sector collaboration.

CONCLUSIONS

It is hoped that there will be increased collaboration between health workers and relevant stakeholders in achieving the highest possible minimum health service standards in a more optimal and intensive manner, so that the community becomes the subject of health rather than merely the object of health, by involving the community in the planning, implementation, monitoring, and evaluation stages of health efforts. This study is also expected to contribute to community health centers and become a reference or material in improving the achievement of the 12 minimum health service standards indicators, as well as a basis for formulating strategies for improving health services.

CONFLICT OF INTEREST

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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DECLARATION OF ARTIFICIAL INTELLIGENCE USE

We hereby confirm that no artificial intelligence (AI) tools or methodologies were utilized at any stage of this study, including during data collection, analysis, visualization or manuscript preparation. All work presented in this study was conducted manually by the authors without the assistance of AI-based tools or systems.

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