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The Evaluation of The Minimum Service Standards Policy in The Health Sector at Jabon Community Health Center, Sidoarjo Regency, East Java

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Abstract
The Minimum Service Standard (SPM) in the health sector is a government policy that aims to ensure the fulfillment of basic health services for the community. This study aims to evaluate the implementation of the Minimum Service Standard policy in the health sector at the Jabon Health Center, Sidoarjo Regency, East Java. This study uses a qualitative approach with a descriptive type of research. The research subjects consisted of the head of the Health Center, the person in charge of the SPM program, and the health workers who were selected purposively. Data collection techniques were carried out through in-depth interviews, observations, and document reviews. Data analysis was carried out qualitatively using an interactive model that included data reduction, data presentation, and conclusion drawing. The results of the study show that the implementation of the SPM policy at the Jabon Health Center has generally been carried out in accordance with applicable regulations and supported by planning and implementation of services that refer to standard operating procedures. However, the achievement of SPM targets has not been fully optimal due to limited human resources, a high workload among officers, and low participation of some communities. Monitoring and evaluation were carried out, but they still tend to be oriented towards administrative fulfillment. This study concludes that the successful implementation of SPM in the health sector requires strengthening resource capacity, optimizing monitoring and evaluation functions, and increasing community involvement so that policy goals can be achieved sustainably.

INTRODUCTION

Health services are a form of basic public service that is a fundamental right of the community and the government's obligation in order to realize social welfare. To ensure the fulfillment of basic health services equitably and with quality, the Indonesian government has established the Minimum Service Standard (SPM) policy in the health sector as a minimum service benchmark that must be met by local governments through first-level health service facilities, especially Puskesmas (Ministry of Health of the Republic of Indonesia, 2019). SPM in the health sector includes various indicators of essential services, such as maternal and child health services, immunization, nutrition, control of infectious and non-communicable diseases, and other public health services that directly address the basic needs of the community (Barnabas et al., 2024; Koibichuk et al., 2022; Kurniawan, 2024; Rahman et al., 2023).

The implementation of the Minimum Service Standard (SPM) in the health sector in Indonesia has a strong legal basis as a form of the local government's obligation to fulfill basic services for the community. Nationally, the implementation of SPM is regulated in the Regulation of the Minister of Home Affairs Number 100 of 2018 concerning the Implementation of Minimum Service Standards, which emphasizes that SPM is a provision regarding the type and quality of basic services that must be obtained by every citizen at a minimum. This regulation places local governments as the primary party responsible for fulfilling SPM through related regional apparatus, including Puskesmas as the frontline provider of basic health services at the local level (Permendagri, 2018).

Technically, the implementation of SPM in the health sector is further regulated in the Regulation of the Minister of Health Number 4 of 2019 concerning Technical Standards for the Fulfillment of Basic Service Quality at the Minimum Service Standards in the Health Sector. This regulation sets indicators, targets, and quality standards for basic health services that must be met by local governments, including maternal and child health services, immunization, nutrition, disease prevention and control, and other public health services. With these regulations, Puskesmas are required not only to provide health services, but also to ensure that these services meet the quality standards set by the central government (Ministry of Health of the Republic of Indonesia, 2019).

In addition, the obligation to fulfill SPM in the health sector is also in line with the principles of local government implementation as stipulated in Law Number 23 of 2014 concerning Regional Government, which emphasizes that basic services, including health, are mandatory government affairs related to basic services. Local governments are required to ensure access to and quality of health services for all people without discrimination (Abubakar et al., 2022; Fusheini & Eyles, 2016; Organization, 2015). Thus, SPM is an important instrument in ensuring service fairness, increasing local government accountability, and strengthening the performance of public services in the health sector (Law No. 23 of 2014).

In this context, evaluation of the implementation of SPM policies in the health sector is highly relevant, particularly at the Puskesmas level. Evaluation is needed to assess the extent to which policies that have been normatively established through these various regulations can be implemented effectively in the field. Evaluation also serves as a means of policy control so that the fulfillment of SPM is not merely administrative, but genuinely contributes to improving the quality of and access to public health services. Therefore, an evaluative study of the implementation of SPM in the health sector at the Jabon Health Center is important as part of efforts to ensure harmony between national policies, regional policies, and health service practices at the primary service level (Denneisha & Sudirman, 2022; Failasofa & Rahayu, 2025; Lam et al., 2020; Permatasari et al., 2025).

Although normatively the SPM policy already has a clear legal basis and technical guidelines, its implementation at the Puskesmas level still presents various problematic phenomena. A number of studies reveal that the implementation of SPM often has not reached the set targets, both in terms of indicator achievement and the quality of service experienced by the community. Research at the Nagrak Health Center in Sukabumi Regency shows that limited human resources and low community participation are the main factors affecting SPM achievement (Putri et al., 2022). A similar phenomenon was also found in a study at the Curug Health Center in Serang City, which indicated that there was a gap between SPM policy

standards and health service practices in the field, even though administrative planning documents and SOPs were available (Wahyuni & Farida, 2021).

The problem of implementing SPM at the Puskesmas level is generally characterized by the limited number and competence of health workers, the high workload of officers due to dual duties, limited facilities and infrastructure, and the complexity of the recording and reporting system. In addition, low public awareness and participation in utilizing health services according to SPM standards also affect the achievement of service indicators. This condition shows that the success of the SPM policy is not only determined by the completeness of regulations, but also greatly influenced by the capacity of policy implementation at the primary health service level.

Previous studies on SPM in the health sector have mostly focused on measuring the achievement of indicators quantitatively or on certain managerial aspects, such as program planning and reporting. However, research that comprehensively evaluates SPM policies with a qualitative approach, which explores in depth the perspectives of the heads of health centers, program leaders, and health workers as direct implementers of policies, is still relatively limited (Suparman, 2025). In addition, research that specifically examines the evaluation of SPM policies in the health sector in the Sidoarjo Regency area, especially at the Jabon Health Center, is still rarely found in the scientific literature, thus creating research gaps that need to be filled.

Based on these conditions, the evaluation of the Minimum Service Standard policy in the health sector at the Jabon Health Center is both important and urgently needed. Policy evaluation is needed to assess the extent to which the SPM policy has been implemented in accordance with the set objectives and to identify factors that support and hinder its implementation. According to Dunn (2018), policy evaluation is a systematic process to assess policy performance by examining the alignment between policy objectives, implementation processes, and results achieved. In the context of SPM in the health sector, the evaluation not only assesses the achievement of indicators, but also examines aspects of inputs, processes, outputs, and policy outcomes to improve the quality of public health services. This study aims to evaluate the implementation of the Minimum Service Standards policy in the health sector at the Jabon Health Center, Sidoarjo Regency, with a qualitative descriptive approach.

The novelty of this research lies in its comprehensive qualitative evaluation approach that integrates perspectives from multiple stakeholders at the Puskesmas level, including the head of the health center, program coordinators, and frontline health workers, providing a more complete understanding of SPM policy implementation dynamics. Unlike previous quantitative studies that primarily focused on measuring indicator achievement, this research explores the underlying factors affecting implementation success and failure. Additionally, this study focuses on the Jabon Health Center, which serves a rapidly industrializing area in Sidoarjo Regency, presenting unique challenges related to a growing population and evolving health service demands. This research is expected to provide a comprehensive overview of the compatibility between SPM policies and health service practices in the field, identify obstacles and supporting factors for policy implementation, and formulate strategic recommendations for improving basic health service quality. Thus, the research results are expected to contribute academically to the development of public policy evaluation studies in the health sector and serve as practical considerations for Puskesmas managers and local governments in improving sustainable SPM implementation.

METHOD

This research uses a qualitative approach with a descriptive qualitative research design. This approach was chosen because the research aims to understand in depth the process of implementing and evaluating the Minimum Service Standards (SPM) policy in the health sector at the Puskesmas level, as well as to explore the experiences, perceptions, and views of policy implementers. Qualitative research allows researchers to capture social realities and policy dynamics that cannot be quantitatively measured, particularly in the context of basic health services.

The research was carried out at the Jabon Health Center, Sidoarjo Regency, East Java Province, given that the Jabon Health Center is a first-level health service facility with direct responsibility for the implementation of SPM policies in the health sector. This location was chosen purposively because it is relevant to the research focus and has regional characteristics and a service load that reflect the challenges of implementing SPM at the Puskesmas level.

The research subjects were determined using the purposive sampling technique, which involves the deliberate selection of informants based on their involvement in and understanding of the implementation of the SPM policy. The research subjects consisted of the head of the Health Center, the person in charge of the SPM program, and health workers who were directly involved in health services according to SPM standards. Informants were chosen because they were considered to have comprehensive and relevant information to address the research objectives.

Data collection was carried out through in-depth interviews, observations, and document reviews. In-depth interviews were conducted in a semi-structured manner using interview guidelines to explore informants' understanding of SPM policies, planning processes, implementation, indicator achievements, obstacles, and improvement efforts undertaken. Observations were carried out to directly observe the condition of human resources, facilities and infrastructure, the implementation of service SOPs, and health service practices at the Health Center. Document reviews were carried out on documents related to the implementation of SPM, such as SPM regulations, Puskesmas work plans, service SOPs, SPM indicator achievement reports, and monitoring and evaluation documents.

Data analysis was carried out qualitatively using an interactive model with reference to Miles and Huberman, which includes the stages of data reduction, data presentation, and conclusion drawing and verification. The data obtained from interviews, observations, and document reviews were reduced by sorting and focusing on data relevant to the research objectives. The data were then presented in the form of narratives, matrices, and thematic tables to facilitate understanding of patterns and relationships between categories. The final stage was carried out through gradual conclusion drawing, which continued to be verified throughout the research process.

The validity of the data was ensured through triangulation techniques, including source triangulation, technique triangulation, and time triangulation. Source triangulation was carried out by comparing information obtained from the head of the Health Center, the person in charge of the program, and health workers. Technical triangulation was carried out by comparing the results of interviews, observations, and document reviews. Meanwhile, time triangulation was

carried out by collecting data at different times to ensure the consistency of the information obtained.

Through these research approaches and procedures, this study is expected to produce valid, in-depth, and comprehensive findings regarding the evaluation of the Minimum Service Standards policy in the health sector at the Jabon Health Center, Sidoarjo Regency.

RESULT AND DISCUSSION

Implementation of the Jabon Puskesmas Minimum Service Standard Policy

The results of the study show that the Jabon Health Center has implemented the Minimum Service Standards (SPM) policy in the health sector by referring to applicable regulations. The Head of the Puskesmas understands SPM as a basic service standard that must be met and used as the main guideline in the implementation of health services. This understanding is reflected in the determination of SPM service priorities, especially in maternal and child health services, immunization, and disease control, which are adjusted to the needs and problems of public health in the work area of the Jabon Health Center.

SPM Implementation Planning

From the results of interviews and document review, it is known that the planning for the implementation of SPM is carried out through the preparation of the Activity Proposal Plan (RUK) and the Activity Implementation Plan (RPK) of the Puskesmas. The planning document refers to the targets set by the District Health Office and is adjusted to the conditions of the work area, the number of population, and the ability of Puskesmas resources. SPM planning has been integrated into the work program of the Puskesmas and is the basis for the implementation of health services throughout the year.

Resource Availability

The results of the study show that the availability of human resources, infrastructure, and budget at the Jabon Health Center is considered sufficient to support the implementation of SPM, but it is not entirely ideal. The number of health workers is sufficient to carry out services, but some officers are still concurrently assigned to the program, so the workload is relatively high. Basic service facilities and infrastructure are available and up to standard, although there are some medical devices that need to be updated. Budget support comes from available funding sources, but budget limitations affect the optimization of the implementation of all SPM indicators.

Implementation of Services According to SPM

The results of interviews with the person in charge of the program and health workers show that health services have been carried out in accordance with the standards and SOPs set. Service procedures are applied in service activities inside and outside the building. The results of the observation also show that patient services take place according to time and quality standards, and SPM recording and reporting are available. However, in its implementation, health workers face limited service time and a high number of patients at certain times.

Achievement of SPM Indicators

Based on the results of interviews and document reviews, it is known that most of the SPM indicators at the Jabon Health Center have been achieved. SPM indicator achievement reports are available and compiled periodically as a form of accountability for program implementation. However, there are still several indicators that have not reached the maximum

target, especially those that require active involvement and public awareness in utilizing health services.

Monitoring, Evaluation, and Coordination

The results of the study show that monitoring and evaluation of the implementation of SPM is carried out through routine reporting, internal evaluation of the Health Center, as well as supervision and guidance from the District Health Office. Monitoring and evaluation documents are available and used as materials for improving the implementation of the SPM program. In addition, there is coordination that runs regularly between the Jabon Health Center and the District Health Office in the form of meetings, coaching, and submission of SPM achievement reports.

Obstacles to SPM Implementation

The results of the study reveal that the main obstacles in the implementation of SPM at the Jabon Health Center include the limited number of health workers, a high workload due to dual duties, limited service time, and low participation of some community members in utilizing health services. These obstacles affect the optimization of several SPM indicator achievements and the implementation of health services as a whole.

The results of the study show that the implementation of the Minimum Service Standards (SPM) policy in the health sector at the Jabon Health Center has generally been running in accordance with applicable regulations, but has not been fully optimal in achieving all indicators. These findings reinforce the view that the success of public policy is not only determined by the clarity of regulations, but also by the capacity of implementation and the context in which it is applied at the field level. According to Dunn (2018), policy evaluation aims to assess the alignment between policy objectives, implementation processes, and results achieved, so that the extent to which policies have had the expected impact can be determined.

From the perspective of policy implementation theory, the understanding of the Puskesmas head and program implementers of the SPM policy is consistent with the concept of policy clarity put forward by Mazmanian and Sabatier (1983), whereby the clarity of policy objectives and indicators is an important factor in the success of implementation. A sound understanding of SPM at the Jabon Health Center is reflected in the determination of program priorities and the integration of SPM indicators into the annual planning of the Health Center. This is in line with the findings of Hidayat (2021), which state that policy implementers' understanding is an important prerequisite for the successful implementation of SPM at the Puskesmas level.

However, the results of the study also show that limitations in human resources and infrastructure facilities affect the effectiveness of SPM implementation. In the framework of policy evaluation, this condition relates to the aspect of policy input, as described by Stufflebeam (2007) in the CIPP (Context, Input, Process, Product) evaluation model. The limited number of health workers and the high workload due to dual duties indicate that policy inputs have not fully supported the achievement of optimal outputs. These findings are consistent with research by Sari et al. (2022), which found that limited human resources are one of the main factors inhibiting the achievement of SPM indicators at the Curug Health Center in Serang City.

In terms of process, the implementation of health services at the Jabon Health Center has followed the SOPs and service standards established. This shows that procedurally, the SPM

policy has been implemented well. However, health workers revealed that the implementation of service standards in the field is often constrained by a high volume of patients and limited service time. This condition reflects the gap between policy standards and the reality of street-level implementation, as described by Lipsky (2010) in the theory of street-level bureaucracy, which holds that implementers at the lower levels often have to adapt policies to limited resources and work pressures.

In terms of output, the achievement of SPM indicators at the Jabon Health Center is quite good, but not all targets have been fully met. Indicators that are not yet optimal are mainly related to active community participation. This finding is in line with Wulandari (2023), which shows that the success of SPM is greatly influenced by external factors, such as the level of community awareness and involvement in utilizing health services. This emphasizes that the achievement of SPM is not solely the responsibility of service providers, but also requires the support and active role of the community as the target of the policy.

In terms of monitoring and evaluation, the results of the study show that the Jabon Health Center has carried out monitoring and evaluation activities through routine reporting and supervision from the Health Office. However, monitoring and evaluation remain more oriented towards fulfilling administrative requirements and reporting on indicator achievements. According to Patton (2015), effective policy evaluation should be utilization-focused — that is, not only assessing achievements, but also generating continuous learning and improvement. Therefore, the findings of this study highlight the need to strengthen the monitoring and evaluation function so that it is more oriented towards improving service quality, rather than merely fulfilling administrative obligations.

Overall, the results of this study reinforce the findings of previous research, which indicate that the implementation of SPM policies in the health sector at the Puskesmas level has been running within the policy framework, but still faces structural and operational obstacles. The contribution of this research lies in its comprehensive evaluation of SPM policy through a qualitative approach that integrates the perspectives of policymakers, program implementers, and health workers. Thus, this study enriches the body of knowledge on public policy evaluation in the health sector and provides an empirical basis for the formulation of strategies to improve the implementation of SPM at the Puskesmas level.

CONCLUSION

Based on the results of the research and discussion, it can be concluded that the implementation of the Minimum Service Standards (SPM) policy in the health sector at the Jabon Health Center, Sidoarjo Regency, has generally been carried out in accordance with applicable regulations. The Jabon Health Center has made SPM the primary reference in the planning and implementation of basic health services, which is reflected in the integration of SPM indicators into planning documents, the implementation of standard operating procedures, and the delivery of health services to the community. However, the achievement of SPM targets at the Jabon Health Center has not been fully optimal. Limited human resources, a high workload among officers due to dual duties, and limited infrastructure and budget facilities are the main factors affecting the effectiveness of SPM implementation. In addition, the low participation and awareness of some community members in utilizing health services has also contributed to several SPM indicators not being achieved to their maximum targets. The

monitoring and evaluation of SPM policy implementation has been carried out regularly through reporting and guidance from the District Health Office. However, monitoring and evaluation activities remain more oriented towards the fulfillment of administrative requirements and indicator achievements, and therefore need to be strengthened in order to encourage improvement in service quality and resolve implementation obstacles in the field. This study thus concludes that the success of the Minimum Service Standards policy in the health sector at the Puskesmas level is not only determined by the clarity of regulations, but also by the readiness of resources, the effectiveness of the implementation process, and the support and participation of the community. These findings underscore the importance of a comprehensive policy evaluation approach to ensure that SPM policy objectives can be achieved sustainably and with a clear orientation towards improving the quality of basic health services.

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