

**ANALYSIS OF THE IMPLEMENTATION OF MINIMUM SERVICE  
STANDARDS FOR TODDLERS AT PUBLIC HEALTH CENTER****Ngat Purwanti<sup>1)</sup>, Dian Eka Anggreny<sup>2)</sup>, Hamyatri Rawalillah<sup>3)</sup>**<sup>1</sup> Public Health Program Study, Bina Husada Collage of Health Science, Tanabang Ilir  
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Palembang, South Sumatera email: [hamyatri69@gmail.com](mailto:hamyatri69@gmail.com)**Abstract**

Based on data from the Ministry of Health in 2022, the achievement of services for toddlers was 100%, South Sumatra Provincial Health Service, the achievement of services for toddlers was 100%, Ogan Ilir District Health Service, of the 12 SPM indicators, there were indicators with low achievement, namely health services for toddlers with an achievement of 72, 14% which should be 100% while the lowest achievement of the 25 existing community health centers is the Muarakuang community health center with an achievement of 65.4%. This research aims to determine the analysis of Minimum Service Standards for toddlers at the Muarakuang Public Health Center, Ogan Ilir Regency. This research is qualitative research with a descriptive approach. Data have collected through in-depth interviews with seven informans, one person as a key informant, the person in charge of the SPM Toddler program, and six supporting informans, namely doctors, health promotion, midwives, nutritionists, PAUD teachers, and cadres. This research carried out in May 2023. Data analysis used content description analysis. The research results showed that the program planning was maked by the person in charge of the toddler program at the Ogan Ilir District Health Service, sourced from DAK/Special Allocation Funds. Supervision through regular monthly reports and monitoring and evaluation at the public health center. The subject of supervision is monthly reports, SDIDTK Form, SDIDTK KIT. Barriers include a lack of data, uneven human resource training, and low community participation. The conclusions of this research indicate that the implementation of SPM for Toddlers in achieving minimum service standards has not been carry out optimally. Suggestions for the health service increase training for health workers, especially SDIDTK training and non-health workers involved, including PAUD teachers and cadres, post-SDIDTK training monitoring by the Ogan Ilir District health service.

***Keyword : Implementation, Toddlers, SPM*****INTRODUCTION**

Minimum Service Standards (SPM) are provisions regarding the type and quality of minimum basic services which are mandatory government affairs that every citizen has the right to obtain (Ministry of Health, 2019). In government regulation (PP) number 2 of 2018 concerning Minimum Service Standards (SPM), the government is obliged to provide basic services to the

public. Basic services are services provided to the public to meet the basic needs of citizens, one of which is through health. Basic health services are very necessary to achieve the MDGs targets that have not yet been achieved, SDGs 2030, and Minimum Service Standards (SPM). The success of primary health services, which are primarily promotive and preventive, will reduce the burden of follow-up services (BAPPENAS, 2018).

The policy regarding SPM underwent changes with the stipulation of Government Regulation Number 2 of 2018 concerning Minimum Service Standards, as an implementation of the provisions of Article 18 paragraph (3) of Law Number 23 of 2014 concerning Regional Government. With this policy, the SPM in the Health Sector experiences quite fundamental changes from the previous SPM as stipulated in Minister of Health Regulation Number 43 of 2016 concerning Minimum Service Standards.

Minimum Service Standards in the Health sector are the minimum that must be implemented by the Regional Government for its people, so the SPM target is 100% every year. The types of health services included in the SPM in the health sector are health services for pregnant women, health services for mothers giving birth, health services for newborns, health services for toddlers, health services at primary education age, health services at productive age, health services at old age, health services for people with hypertension, health services for people with diabetes mellitus, health services for people with serious mental disorders, health services for people with TB, health services for people at risk of HIV infection (P. Ministry of Health, 2021).

Based on data from the Ministry of Health in 2022, service achievement for children under five was 100%, data from the South Sumatra Provincial Health Service in 2022 service achievement for children under five was 100%, data from the Ogan Ilir District Health Service, in 2022 of the 12 SPM indicators there were indicators with low achievement namely health services for toddlers with an achievement of 72.14% which should be 100%, while the lowest achievement of the 25 existing community health centers is the Muarakuang Community Health Center with an achievement of 65.4% (OI District Health Service Profile 2022).

Children under five are children who have reached the age of over one year or in the sense of a child under five years of age (Muaris, 2006). The toddler grouping consists of: (a) children aged 1-3 years (toddlers) and (b) preschool children 3-5 years). When they are toddlers, children are still completely dependent on their parents to carry out important activities, such as bathing, toileting and eating. The development of speaking and walking has improved, but other abilities are still limited (Amalia, 2011).

The definition of health services for toddlers is that every toddler receives health services according to the standards of the Regency/City Level Regional Government and is obliged to provide health services according to standards to all toddlers in the Regency/City working area within a period of one year.

The low coverage of achieving SPM indicators for toddlers at the Muarakuang Community Health Center in 2022 is 65.4% of the target set, namely 100%. The author is interested in knowing what factors influence the implementation of Minimum Service Standards for toddlers.

The results of the Wahyuni research show that there are 6 service indicators that have not met the SPM target, namely health services for pregnant women, health services for toddlers, health services for elderly people, health services for people with diabetes mellitus, health services for people with hypertension, health services for people suspected of tuberculosis, and health services for people risk of HIV. (Wahyuni, 2021)

The aim of this research is to find out the analysis of Minimum Service Standards for toddlers at the Muarakuang Community Health Center, Ogan Ilir Regency in 2023. Analysis of Minimum Service Standards for toddlers includes the planning process, implementation, supervision and obstacles that occur.

### **RESEARCH METHODS**

The research was carried out in May 2023. The informants in this research were the SPM Toddler implementing team consisting of doctors, nurses, midwives, nutritionists, cadres, PAUD teachers, Head of Muarakuang Community Health Center, Ogan Ilir Regency. This research uses a qualitative research design with a descriptive approach and uses in-depth interview guidelines as a guide.

The informant retrieval technique used purposive sampling followed by snowball. Purposive sampling technique is a technique for taking data sources with certain considerations. The selection of informants is stopped when the data has experienced redundancy or saturation, that is, adding more informants will not provide new information (Sugiyono, 2016).

The data in this study was obtained from the results of in-depth direct interviews with parties involved in implementing Minimum Service Standards (SPM) in the health sector for toddlers at the Ogan Ilir District Health Service. Data analysis used triangulation of information obtained from different sources (informants) with the same technique, namely through in-depth interviews and observation.

### **RESEARCH RESULT**

According to key informants, the process of implementing the SPM for Toddlers activities has been carried out according to the plans that have been made, but only 17 community health centers have received child examination kits because the procurement was carried out in stages. SPM Toddler implementers at community health centers have not yet fully received the SDIDTK training which has only been given to health promotion workers, but the information obtained during the training can be passed on to members of SPM Toddler activities at Public Health Centers by holding meetings to disseminate the information obtained. Follow-up efforts

for SDIDTK activities to be held again at BOK as well as preparing a budget for training for all members of SPM Toddler implementation activities at Public Health Center.

### **1. SPM Toddler Program Planning Process**

In this research, indicators of the SPM Toddler program planning process include who plans the SPM Toddler activities. The information obtained from the informant answered that the planning for the SPM Toddler program was made by the person in charge of the SPM Toddler program. The funds for SPM Toddler activities information obtained from the informant answered that the activity funds came from DAK (Special Allocation Funds) funds.

The Information who and when will carry out the plans that have been made obtained from informants answered that the SPM Toddler Program implementers appointed at the Public Health Centers are doctors, health promotion, midwives, nutritionists, cadres and PAUD teachers, activities are carried out according to the Posyandu schedule at each Public Health Center. That the facilities and infrastructure obtained from the Ogan Ilir District Health Service were in the form of child examination kits. It is known that only 17 of the 25 public health centers have received these items due to gradual procurement.

### **2. Process of Implementing the SPM Toddler Program**

In this research, the indicators for the process of implementing the SPM Toddler program are indicators Informants' opinions regarding the process of implementing SPM Toddler activities so far that the SPM Toddler Program has been running well in each public health center, although there are still several public health centers where the facilities and infrastructure are inadequate. The implementing staff for toddler service activities from the public health center consisting of doctors, nutritionists, public health, PAUD teachers and cadres.

The implementation of training for officers in implementing the SPM Toddler program, the human resources involved have not fully received comprehensive SDIDTK training, only health promotion has received training. Training on SPM activities for toddlers is carried out every time there is a posyandu schedule for toddlers by the public health center.

Procedures for implementing SPM Toddler Activities starting from registration, routine checks and recording of weight and height as well as providing vitamins and additional food.

The facilities and infrastructure used during SPM Toddler activities are the SDIDTK form, KPSP check list, TDD, TDL, KMS, and child growth tools. Information obtained from the informant answered that the results of posyandu activities would be recorded and then a monthly report on MTBS and SDIDTK visits would be made.

### **3. Monitoring Process for the SPM Toddler Program**

The results obtained from implementation informants were supervised by the person in charge of the program at the District Health Service. Supervision through regular monthly reports and monitoring and evaluation at the public health center.

The subject that is used as monitoring material is in the form of monthly reports, SDIDTK Form, SDIDTK KIT.

#### **4. Inhibiting Factors for the SPM Toddler Program**

In this research, the indicators of inhibiting factors for the SPM Toddler program consist of what are the obstacles in the implementation of SPM Toddler activities and what follow-up actions have been taken.

Based on the results of interviews obtained from informants, there are still people in charge who have not received SDIDTK training. Training has also not been received by all midwives, nutritionists, PAUD cadres and teachers involved. There is a lack of parental awareness about the importance of checking the growth and development of children up to the age of 5 years, because parents assume that they only come to the posyandu until the child has received complete immunization. There are still many parents who think that posyandu is only done until the child has received complete immunization, parents are busy working so they don't have time to take their children to posyandu. There is far access to the posyandu and there are no vehicles to come to the posyandu.

In the follow-up that was carried out, information was obtained that there was a need for comprehensive training for all health workers involved in the SPM for Toddlers, not just the community health workers who received SDIDTK training. Proposing a budget for resuming SDIDTK activities which had been stopped and forming an SDIDTK team.

### **DISCUSSION**

The discussion includes the sequence of planning, implementation, supervision and factors inhibiting the implementation of the SPM Toddler program

#### **1. SPM Toddler Program Planning Process**

Planning is the process by which a person determines whether he will complete a task in a way that is different from the most effective way to achieve the desired goal, and prepares to overcome unexpected difficulties with adequate resources (David, 2011).

According to previous research (Aprilla, 2020), the SPM in the health sector for the type of toddler health service includes several important points, namely that the SPM for toddler health services is included in the division of regional affairs, which in this case is the responsibility of the Regency/City Government. The target covers all targets for toddlers, consisting of services for healthy toddlers and sick toddlers. In the Healthy Toddler component there is a growth and development monitoring service component using MCH books and growth and development screening. Meanwhile, the health service component for sick toddlers uses components of the integrated management approach for sick toddlers (IMCI).

Based on the results of research, theory and previous research, the researcher assumes that the planning for SPM Toddler activities is made by the person in charge of the toddler program at the Health Service. Next, planning will be carried out at each community health center which will be facilitated with child examination kits which will be procured from the District Health Office. However, kit distribution is still not evenly distributed because procurement is carried out in stages. There is a need for equal distribution of child examination kit facilities to optimize SPM activities for toddlers in each community health center.



## **2. Process of Implementing the SPM Toddler Program**

Implementers of toddler service activities from community health centers consisting of doctors, nutritionists, public health, PAUD teachers and cadres. In implementing the SPM Toddler Program, the human resources involved have not fully received comprehensive SDIDTK training, only health promotion has received training. Toddler SPM activities are carried out every time there is a toddler posyandu schedule by the puskesmas. Procedures for implementing SPM Toddler Activities start from registration, routine checks and recording of body weight and height as well as providing vitamins and additional food. The facilities and infrastructure used during SPM Toddler activities are the SDIDTK form, KPSP check list, TDD, TDL, KMS.

Implementation is a process of a series of program or policy activities being determined which consists of decision making, strategic and operational steps or policies becoming a reality in order to achieve the targets of the program that were originally determined (Abdullah, 2014). Implementation is a process in a series of activities, namely starting from a policy to achieve a goal, then the policy is derived into a program and project (Tjokroadmudjoyo, 2014).

According to previous research (Masalamu et al., 2013) baby services have been implemented according to standards in health facilities. Based on a statement from the Head of the Family Health and Nutrition Improvement Section, it has not been implemented optimally due to a lack of facilities and infrastructure, in this case the SDIDTK measurement aids, the Head of the Community Health Center, the person in charge of the program, and the baby's mother said that it had been implemented in the form of measuring height, weight, giving MP ASI, vitamin A, immunization, counseling, but regarding SDIDTK and MTBS services from the Head of the Community Health Center, the Person in Charge of the program, and the baby's mother did not mention this, so it can be analyzed as meaning: baby health services have not been implemented according to standards in Health Facilities.

Based on the results of research, theory and previous studies, the researchers assume that the implementation of SPM activities for toddlers has gone well. Training activities have not been implemented for all members involved in SPM Toddler activities, so there is a need for proposals for SDIDTK training for all members involved to optimize SPM Toddler activities.

## **3. Monitoring Process for the SPM Toddler Program**

Implementation is supervised by the person in charge of the program at the District Health Service. Supervision through regular monthly reports and monitoring and evaluation at the community health center. Subjects that become monitoring material are monthly reports, SDIDTK Form, SDIDTK KIT.

Supervision is all activities to ensure and guarantee that tasks/work have been carried out in accordance with predetermined plans. The policies that have been outlined and the orders (rules) that have been given. Inherent supervision is the activity of observing, observing, assessing, directing work, the authority delegated by superiors to their subordinates so that sanctions can be imposed on subordinates structurally, which is carried out continuously and sustainably. (Siagian, 2010).

According to previous research (Abdullah et al., 2017), filling in the cohort register and health reports for infants, toddlers and preschool children to monitor SDIDTK activities, with the data

in the cohort register, each community health center can make a monthly work plan to reach and provide SDIDTK services throughout target.

Based on the results of research, theory and previous research, the researcher assumes that the process of monitoring SPM Toddler activities is carried out through monthly reports on SPM Toddler activities and monitoring and evaluation to the community health center. By carrying out supervision, the achievements of activities can be monitored every month and can be used as material for evaluating activities if there are obstacles in SPM activities for toddlers at the community health center.

#### **4. Inhibiting Factors for the SPM Toddler Program**

The results of in-depth interviews showed that the obstacles to implementing SPM for Toddlers at the Muara Kuang Community Health Center were that there were still many cadres who had not received SDIDTK training and training about toddlers, there were still many parents who thought that posyandu was only carried out until the child had received complete immunization, parents were busy working so they didn't had time to take his child to the posyandu. There is far access to the posyandu and there are no vehicles to come to the posyandu.

According to previous research (Rohana, 2019), the results of in-depth interviews found that the obstacles in implementing SPM for toddlers were mostly midwives who had not received MTBM training, there had been no budgeting of funds for training health workers, double jobs because there were not enough human resources for midwives at the Puskesmas, the target used a lot of real data, record keeping. and reporting is not yet orderly, supervision from leadership is not optimal, difficulty finding referral health facilities, and there is no implementation of strict sanctions from the Health Service. According to (Masalamu et al., 2013) the obstacles faced in infant services include the small number of health workers trained in IMCI services, Health Insurance, inadequate facilities and infrastructure for providing services.

Based on the results of research, theory and previous research, the researchers assume that the inhibiting factors for SPM activities for toddlers at the Muara Kuang community health center are still health workers and cadres who have not received SDIDTK training, lack of community participation in bringing their children to poyandu. As a follow-up, make proposals for SDIDTK training activities for all members involved in SPM Toddler activities and visit people's homes who are constrained by the distance from the posyandu.

#### **CONCLUSIONS AND SUGGESTIONS**

The conclusion contains a brief summary of the research results and discussion and suggestions based on the research results. [Times New Roman, 12, normal], single space.

The conclusion of the research are :

1. The program planning was made by the person in charge of the toddler program at the Ogan Ilir District Health Service, sourced from DAK funds/Special Allocation Funds. The facilities and infrastructure obtained for each public health center in the SPM Toddler program
2. SPM activities for toddlers have been running quite well, although there are still several community health centers that have inadequate facilities and infrastructure, but activities at the community health centers and posyandu are still running. Members of

the SPM Toddler activities consist of doctors, midwives, nutritionists, health promotion, cadres and early childhood teachers, who are scheduled to take part in posyandu activities every month. Facilities and infrastructure used are SDIDTK form, KPSP check list, TDD, TDL and growth tools. Recording of initial data from e-cohort midwives, monthly reports, MTBS and SDIDTK visits.

3. Supervision through regular monthly reports and monitoring and evaluation at the public health center. The subject of supervision is the monthly report, SDIDTK Form, SDIDTK KIT.
4. The inhibiting factor in the implementation of Minimum Service Standards for toddlers is that there is not even distribution of training for all members involved in SPM Toddler activities, so there is a need for proposals to provide SDIDTK training.

The suggestions of the research are :

1. Increase training for health workers, especially SDIDTK training and non-health workers involved, including PAUD teachers and cadres, as well as monitoring post-SDIDTK training
2. Equal distribution of facilities and infrastructure for child examination kits for all health centers
3. Improve baby health services so that they comply with the standards determined by the Decree of the Minister of Health of the Republic of Indonesia Number 828/Menkes/SK/IX/2008 concerning Technical Guidelines for Minimum Service Standards in the Health Sector in Districts/Cities.
4. Increase home visits for those who do not come to health facilities. Improving interventions for growth and development disorders in toddlers.
5. Addition of human resources at the puskesmas so that there is no more duplicate work so that the person in charge of the program and the SPM Toddler implementation team can carry out SPM Toddler services in accordance with technical standards

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