



OPTIMIZING BASIC HEALTH SERVICES IN CENTRAL BENGKULU REGENCY

Optimalisasi Pelayanan Kesehatan Dasar di Kabupaten Bengkulu Tengah

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ABSTRACT

Primary health care (PHC) is a vital foundation in the health care system, yet its role is often overlooked. The study on optimizing primary health services in Central Bengkulu Regency seeks to create excellent and beneficial primary health services for the community. This research uses qualitative methods and SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis. The activity targets 20 Community Health Centers in the Bengkulu region, with a five-month implementation in the District Primary Health Care Unit. Central Bengkulu falls in Quadrant I of the strategy matrix (aggressive strategy), indicating the District Primary Health Care Unit has a competitive position, with strengths outweighing weaknesses. These strengths can be optimized to seize opportunities and improve the quality and quantity of primary health services. Programs for optimizing services will be implemented gradually, focusing on increasing accessibility, enhancing education and health promotion, improving service quality, driving continuous innovation, collaborating with stakeholders, and expanding information on primary health services. Furthermore, steps for monitoring and evaluation at each administrative level will be applied to ensure the long-term success and sustainability of the primary health care system in Central Bengkulu.

Keywords: primary health services, community health centers, optimization

ABSTRAK

Pelayanan kesehatan primer (puskesmas) merupakan fondasi penting dalam sistem pelayanan kesehatan, namun perannya sering diabaikan. Penelitian tentang optimalisasi pelayanan kesehatan primer di Kabupaten Bengkulu Tengah ini bertujuan untuk mewujudkan pelayanan kesehatan primer yang prima dan bermanfaat bagi masyarakat. Penelitian ini menggunakan metode kualitatif dan analisis SWOT (*Strengths, Weaknesses, Opportunities, and Threats*). Kegiatan ini dilakukan pada 20 Puskesmas di wilayah Bengkulu Tengah, dengan waktu pelaksanaan selama lima bulan. Hasil penelitian menunjukkan berada di Kuadran I pada matriks strategi (strategi agresif), yang menunjukkan bahwa Puskesmas memiliki posisi yang kompetitif, dengan kekuatan yang lebih besar daripada kelemahan. Kekuatan ini dapat dioptimalkan untuk meraih peluang dan meningkatkan kualitas dan kuantitas pelayanan kesehatan primer. Program-program untuk mengoptimalkan layanan akan dilaksanakan secara bertahap, dengan fokus pada peningkatan aksesibilitas, peningkatan edukasi dan promosi kesehatan, peningkatan kualitas layanan, mendorong inovasi yang berkesinambungan, berkolaborasi dengan para pemangku kepentingan, dan perluasan informasi layanan kesehatan primer. Selain itu, langkah-langkah pemantauan dan evaluasi di setiap tingkat administratif akan diterapkan untuk memastikan keberhasilan jangka panjang dan keberlanjutan sistem layanan kesehatan primer di Bengkulu Tengah.

Kata kunci: layanan kesehatan primer, pusat kesehatan masyarakat, optimalisasi

INTRODUCTION

Primary health care (PHC) is the initial implementation of the health service system. In its implementation, PHC is often neglected in health services. Several studies have proven the role of PHC as the spearhead of health services which provides benefits in terms of effectiveness, efficiency and costs of health services. The sustainability and performance of PHC in the health service system requires the involvement of various parties, especially the government.^{1,2} PHC plays a vital role both globally and nationally in achieving the goal of 'health for all'. This was recognized in the 1978 Alma-Ata Declaration, which was approved by 140 countries, including Indonesia, and became an important milestone in the field of public health. In 2018, the Astana Declaration was born, reaffirming that the development of PHC is the basis of the national health system and the achievement of Universal Health Coverage (UHC), and supports the Sustainable Development Goals (SDGs). However, the challenges in implementing PHC effectively are still very much felt, especially in certain areas.²

PHC in Bengkulu Tengah Regency has a high urgency based on the latest data and developments. The commitment of the Bengkulu Tengah Regency Government is realized by realizing health access for almost all its citizens by winning the Universal Health Coverage (UHC) Middle Category award in 2024, with National Health Insurance (JKN) participant coverage reaching 98.51 percent and an active rate of 75.41 percent. The Bengkulu Tengah Regency Health Office is targeting 20 Health Centers to have Regional Public Service Agency (BLUD) status by 2025.³ BLUD status allows Health Centers to manage finances independently, improve efficiency and quality of health services at the local level.⁴ Infrastructure improvement The local government is building a new Bengkulu Tengah Regional General Hospital (RSUD), with better capacity and facilities, including increasing the number of beds and intensive care units (ICU). The construction of a Health Laboratory (Labkes) is planned for 2025, which will improve the quality of health services.⁵ The Bengkulu Tengah District Health Office received an award for achieving the highest immunization indicator

in the 2023 My Healthy Indonesia Application (ASIK). This reflects the effectiveness of the PHC program in preventing disease through immunization.⁶ Although UHC achievement is high, challenges in access and quality of health services remain, especially in remote areas. Strengthening PHC through improving facilities, medical personnel, and an efficient management system is essential to ensure equitable and quality health services for the entire community. Strengthening PHC in Bengkulu Tengah District is a strategic step to ensure the sustainability and improvement of the quality of health services for the community.

In its implementation, PHC uses a comprehensive approach, namely efforts to maintain and improve health, prevention, treatment and recovery from disease, and palliative care.² The approach taken by PHC includes 3 components, namely: (1) fulfilling the needs of basic/primary health services for all levels of society (health for all), (2) empowering individuals, families, and communities to participate in competing in maintaining their own health (all for health), and (3) involving cross-sector collaboration.² WHO encourages countries to carry out reforms in order to strengthen PHC in the health service system. Health centers play an important role in achieving the SDGs in the health sector with essential health efforts, namely health promotion, environmental health, maternal, child, and family planning health, nutrition services, and disease prevention and control.⁷ UHC ensures the existence of a health insurance system where every citizen has fair access to health services, of good quality, and at an affordable cost.^{1,2}

Indonesia still faces problems of equity and affordability of health services, and it is estimated that only around 30 percent of the population uses Puskesmas health services. Coverage of Puskesmas Services according to the Regulation of the Minister of Health of the Republic of Indonesia Number 99 of 2015 concerning Health Services in Health Insurance states that First Level Health Services are Non-Professional Health Services. Special health services which include: administrative services, promotive and preventive services, health examinations, treatment and health consultations, procedure medical and non-medical, both operative and non-operative procedures, services for medicines and consumable health materials,

inspection primary laboratory diagnostic examination. This often occurs due to dissatisfaction and will have an impact on FLHF regarding the amount of capitation and number of participants served.⁶

So far, the quality of primary health services has been assessed by patients, especially health insurance users, as tending to be less than satisfactory. On the service side, there are still many complaints participating patients. For example, the health services provided are not good so they feel dissatisfied, medicines are not available/out of stock, they have to buy them at the pharmacy, they have to wait a long time, etc.⁷

METHODS

Qualitative Research Type, this research is a case study that focuses on 20 Health Centers in Central Bengkulu Regency. Case studies allow researchers to explore in depth the internal and external dynamics of each Health Center in the context of primary health care.⁸

Data Collection Techniques, the data collection techniques used include: Observation: Direct observation of activities and interactions in the Health Center to understand the context of service. In-depth Interviews: Conducted with key informants such as the head of the Health Center, medical personnel, and patients. Interview guidelines were prepared based on the research objectives and aspects to be explored. Focus Group Discussion (FGD): Involving discussion groups consisting of Puskesmas staff and community representatives to obtain a shared perspective on health services. Informants were selected using purposive sampling techniques, namely selecting individuals who have knowledge and experience relevant to the research topic.⁹

SWOT Analysis Procedure, SWOT analysis was carried out with the following steps: Identification of Internal Factors (Strengths and Weaknesses): using the IFAS (Internal Factor Analysis Summary) Matrix to assess the internal strengths and weaknesses of the Puskesmas. Identification of External Factors (Opportunities and Threats): Using the EFAS (External Factor Analysis Summary) Matrix to assess opportunities and threats from the external environment. Preparation of the SWOT Matrix:

Combining the results of the IFAS and EFAS to compile a SWOT Matrix that helps in formulating strategies. This process allows researchers to understand the strategic position of each Health Center and formulate appropriate strategies. Stages of Research Implementation: The stages of research include: Planning: Determining the objectives, scope, and methodology of the research. Data Collection: Conducting observations, interviews, and FGDs in accordance with the guidelines that have been prepared. Data Analysis: Conducting a SWOT analysis for each Health Center using the IFAS and EFAS Matrices. Result Validation: Presenting the results of the analysis to informants to obtain feedback and ensure data accuracy.^{10,11}

Report Preparation: Compiling a research report that includes findings, analysis, and strategic recommendations. Data Validity, to maintain data validity, the following techniques are used: Triangulation: Using various data sources (interviews, observations, documentation) to cross-check information. Member Checking: Presenting temporary findings to informants to obtain confirmation and clarification. Audit Trail: Documenting the research process in detail to ensure transparency and accountability.¹²

RESULT

SWOT Analysis of Primary Health Care Services in Central Bengkulu Regency:

Strengths (Strengths)

Primary health care services in Central Bengkulu Regency have a number of main strengths, namely: Support for national policies such as Permenkes No. 43/2019 concerning Puskesmas, Permenkes No. 39/2016 concerning SPM Health, to strategy maps and roadmaps for developing primary care services. Implementation of national programs such as the Healthy Indonesia Program with a Family Approach (PIS-PK) and the Healthy Living Community Movement (GERMAS).

Capable and experienced health human resources with high commitment. Availability of operational budgets and cooperation networks with BPJS, professional organizations, universities, and the private sector. Primary health care services have been implemented

comprehensively. Conclusion: The regulatory foundation and Institutional support are strong for strengthening primary care services.

Weaknesses (Weaknesses)

However, there are internal weaknesses that need to be addressed: The health information system has not been fully integrated. Data-based planning and monitoring are still weak. Performance evaluation, technical training, and reward and punishment systems have not been running optimally. Placement of health workers is not always in accordance with educational background. Electronic facilities are inadequate and poorly maintained. Common thread: The main obstacle lies in the service management and governance system, especially in terms of data, evaluation, and supporting technology.

Opportunities

The external environment provides great opportunities, including: Support from local and national governments for strengthening primary services. Implementation of JKN and increasing public awareness of quality services. Development of information technology and digital media. Synergy across programs, across sectors, to collaboration with NGOs and private CSR. Conclusion: There is great potential to expand the scope and quality of services through innovation and partnership strategies.

Threats

External factors also pose significant challenges: Population growth and shifting disease patterns, including the emergence of new infectious diseases. Geographic and socio-economic disparities. Regional financing policies that still tend to be curative. Lack of synchronization of central and regional policies. The main challenges relate to demographic dynamics and policies that are not yet uniform between levels of government.

Based on the competitive position analysis through the IFAS and EFAS approaches, it can be concluded that the Primary Health Care Unit in Central Bengkulu Regency has significant internal strengths, such as policy support, competent human resources, and a broad network of work together. On the other hand, the main challenges come from information systems that are not yet integrated and unbalanced in data-based planning. Externally, great opportunities are open through government

support, implementation of JKN, and cross-sector collaboration. However, threats such as population growth, inequality of access, and financing policies that still focus on curative remain obstacles. With a fairly strong competitive position, the strategy for strengthening primary health care in this area can be focused on improving internal governance and optimally utilizing external opportunities.

Analysis of internal factors in optimizing Puskesmas services in Bengkulu Tengah Regency shows that: The main strengths lie in: The availability of regulations and NSPK that support primary health services, The existence of a special operational budget for PHC, The availability of sufficient and experienced health human resources, The preparation of a service development strategy map. The weaknesses faced include: Health information and data systems that have not been integrated, Access to health services is still limited in several areas, Lack of adequate and well-maintained supporting electronic devices. Overall, internal strengths are more dominant, but several fundamental weaknesses such as data governance and infrastructure still need to be improved to support the optimization of equitable and quality primary health services. Based on the analysis of external factors, several major threats to the optimization of Puskesmas in Bengkulu Tengah Regency include: Population growth that continues to increase, Thw focus of financing policies that are still dominant on curative services (UKP). The emergence of new infectious diseases and shifts in disease patterns, geographic, social, and cultural disparities, asynchronous central and regional policies.

The current Strategic Position is in Quadrant I (coordinates: 0.50; 0.16), meaning that primary service units have high internal strengths and external opportunities, supporting the implementation of aggressive strategies (growth strategies). Strategic Conclusion: Bengkulu Tengah Regency has adequate regulatory strength and resources to be an example in strengthening primary services. However, weaknesses in the information and evaluation systems need to be addressed immediately. Opportunities for cross-sector collaboration and the use of technology must be optimized to address demographic challenges and regional disparities.

Table 1
Matriks IFAS (Internal Factor Analysis Summary)

No	Strength - Weakness	Weight (b)	Rank (a)	Value (axb)
1	National policy services and roadmaps	0.22	4.0	0.89
2	Adequate and experienced health human resources	0.17	4.0	0.67
3	Budget support and stakeholder networks	0.08	4.0	0.33
	Health data and information systems are not yet integrated	0.25	4.0	1.00
4	The supporting electronic devices maint	0.21	3.0	0.64
5	The supporting electronic devices owned are still in short supply	0.18	3.0	0.54
Number of SW				0.50

Table 2
Matriks EFAS (External Factor Analysis Summary)

No	Opportunities -Threat	Weight (b)	Rank (a)	Value (axb)
1	Local government support for the provision of high quality primary services	0.15	4.0	0.62
2	The mandate of the health law is to provide quality primary health services	0.13	4.0	0.51
3	Implementation of National Health Insurance (JKN)	0.10	3.0	0.31
4	The population continues to increase	0.29	4.0	1.14
5	Shifting disease patterns	0.19	2.0	0.38
6	New Emerging and Re-Emerging Infectious Diseases	0.14	3.0	0.43
Number OT				0.16

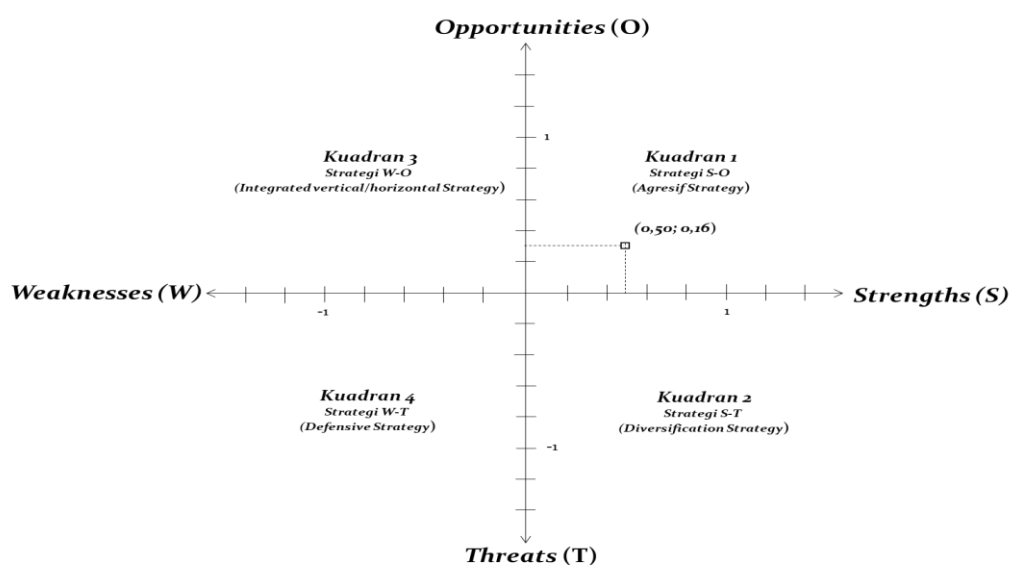


Figure 1
Quadrant Determination

Based on the SWOT analysis, the Primary Health Care Unit of Central Bengkulu Regency is in Quadrant I (S-O Strategy/Aggressive Strategy), which shows that internal strengths are quite dominant in capturing available external opportunities. This is the basis for formulating policies and strategies for developing primary services that are integrated with the regional and national vision and mission. Direction of Primary Health Care Policy of Central Bengkulu Regency: Synchronization of regional and national policies in health development. Focus on access and quality of promotive-preventive services, without ignoring curative and rehabilitative. Empowering the community as subjects and objects of health development. Optimal utilization of available health workers. Providing services according to professional standards and SOPs. Service development is carried out in stages and sustainably, based on community needs. Involving the private sector and cross-sectors in service development.^{10;12}

S-O (Strength-Opportunity)

Realizing quality and equitable primary services. Increasing access by strengthening the role of the Health Center. Utilizing existing regulations and human resources to expand service coverage.

S-T (Strength-Threat)

Strengthening advocacy, training, and supervision. Preparing integrated planning and adaptive regional regulations. Service innovation in response to external challenges such as changes in disease and population growth.

W-O (Weakness-Opportunity)

Improving the function of the Health Center through bureaucratic reform and utilizing digital opportunities. Improving weaknesses in information systems and evaluation through cross-sector partnerships.

W-T (Weakness-Threat)

Strengthening organizational governance and internal management systems. Developing programs based on strategic partnerships and efficient system references. With the strength of regulations, human resource support, and potential cross-sectoral networks, Central Bengkulu Regency has a great opportunity to become a model for strengthening primary health services at the regional level. However, there

needs to be improvement in internal management and acceleration of adaptation to external challenges through innovation, policy integration, and ongoing collaboration

DISCUSSION

Primary Health Services in Central Bengkulu Regency are in Quadrant I (Aggressive Strategy), which indicates that strong internal conditions (policies, human resources, and facilities) and external opportunities (national policy support, cross-sector collaboration) can be utilized optimally. The recommended strategy is progressive, indicating that the current service conditions are in good condition and continue to be directed towards improvement. This strategic approach focuses on: Using internal strengths such as supportive regulations, competent human resources, and capable funding. Utilizing external opportunities such as national policies, JKN, cross-sector partnerships, and increasing public awareness of the importance of health services. The recommended strategic steps include: Realizing quality primary health services, increasing access to health services, especially in remote areas, Optimizing the role of Community Health Centers as the spearhead of public health services. With this strategy, Community Health Centers in Central Bengkulu are expected to become a model of resilient and sustainable primary health services, focused on promotive and preventive, and based on local needs.¹³

Realizing quality primary health services

Improving the quality of services in Puskesmas requires comprehensive improvements in various aspects, including service procedures, empathy, responsibility, knowledge of health workers, and skills in handling patient complaints.¹³ Changing the mindset of the community regarding the importance of health care can increase their enthusiasm in maintaining health.¹⁴ The implementation of clear standard operating procedures (SOPs) and ongoing training for health workers are essential in achieving this goal.¹⁵

Improving services at community health centers seeks to change the community's mindset so that caring is important and healthy, which has an impact on community enthusiasm.¹⁴ The need for accuracy of service according to inspection service procedures and standards. Empathy takes the form of officers' special attention to clients/patients, officers responsiveness and willingness to provide fast service, especially to patients using health insurance and the number of patient complaints. Apart from that, health workers' knowledge regarding the disease and skilled staff in handling client/patient complaints.¹⁵

Realizing increased access to primary health services

PHC is a health service facility that organizes public health efforts and first-level individual health efforts that focus more on a number of promotive and preventive efforts. Puskesmas is a public sector that organizes services that prioritize public satisfaction through quality health services. Health facilities play an important role in achieving PHC goals. The PHC program will be successful if health facilities organize health services based on cost efficiency without ignoring service quality.⁹ The results of previous studies showed a significant relationship between the location and status of health facility implementation and JKN participant patient satisfaction with services.¹⁶

Infrastructure problems and unequal distribution of health workers are the roots of problems that cause each other. Health centers generally tend to appear in urban areas or districts that have been established for a long time. This condition certainly has implications for quite high operational costs. The cost of accessing health services is also increasingly expensive.¹⁶ In Central Bengkulu Regency, inequality also occurs in health workers. Health workers are mostly concentrated in health centers located in the city center. The existing health centers do not yet have specialist doctors and dentists, sanitarians, and technical laboratories. There are several health centers in Central Bengkulu that have access to remote areas to find health centers. Quality health services supported by the provision of access are still the main challenge, in this case the government must have a strong commitment.¹⁷ The Healthy Indonesia Program with a Family

Approach seeks to increase access to services at Community Health Centers.¹⁸

How to Realize Increased Access to Primary Health Services in Central Bengkulu Regency can be realized by Equalizing the Development of Health Facilities or revitalizing Health Centers and Assistant Health Centers in remote and hard-to-reach areas. Equalizing Health Workers, Placing medical personnel proportionally through incentive-based placement programs and local needs-based approaches. Utilizing Technology by Implementing health information systems such as e-Health Centers and telemedicine to reach areas that do not yet have doctors. Strengthening the PIS-PK Program (Healthy Indonesia Program with Family Approach) Through home visits and family mapping to determine specific service needs. Cross-Sector Collaboration, Involving the private sector, NGOs, and CSR in supporting logistics mobilization, medical transportation, and public health education. Improving the Development of Supporting Infrastructure for Road Access and Transportation to Health Facilities.¹⁹

Optimizing the function of Community Health Centers as the backbone of primary health services

There are five functions in the health service sector, namely management function, planning function, organizing function, directing function and controlling function²⁰. Optimizing the function of the Community Health Center includes the community having the right to obtain health services that are comprehensive and provided effectively and efficiently.²¹ The management of facilities and human resources at Community Health Centers and Hospitals is still unable to meet the community's need for health referral services. Networking in the referral process is still carried out partially and there is no integrated communication network system for all Community Health Centers. Dimensions of health service quality can be assessed through physical evidence (tangible), responsiveness, permission, empathy, and guarantee. Increased access to services such as physical facilities in the form of room cleanliness, external arrangement, neatness and cleaning staff, readiness of equipment used. Responsiveness in the form of staff readiness.²²

Differences in FKTP assessment standards certainly risk causing gaps in services received

by JKN patients and affecting patient satisfaction. Optimization of primary health services in Central Bengkulu Regency is carried out through increasing accessibility, education and health promotion. Improving Service Quality from a customer perspective, including: preparing standard operating procedures, determining target markets, developing added value, and managing complaints are important parts of integrating service quality improvement.^{15,23}

Continuous innovation in an effort to improve primary health services. For example, implementing e-puskesmas services in accordance with Minister of Health Decree no. 128/Menkes/SK/II/2014 concerning basic policies for public health centers. Learning and growth perspective, including: developing soft skills and hard skills training, providing attractive rewards and salaries, creating a competitive work environment, and paying attention to employee career paths. Job retention efforts do not have to be carried out on all employees, employee retention efforts are only carried out on employees who have talent, in the sense of having good capabilities, good performance and the will and ability to become better. as well as the steps that must be taken at each level of administration.²⁴

Collaboration is a working relationship Collaboration can run well if each member understands their respective roles and responsibilities. The realization of collaboration depends on several criteria, namely mutual trust and respect, mutual understanding and acceptance of each other's knowledge, and having a positive self-image.^{25 26}

Monitoring and Evaluation (Monev) is an important part of improving the quality of primary health services. This activity includes operational control, periodic audits, business model formation, and casemix teams. However, HR competence and motivation are not enough without being supported by adequate information system capacity. Therefore, it is important to provide clear information to health workers regarding their work output and relationships with patients.²⁷ This transparency increases accountability and patient-oriented services. In the context of public services, integrity and honesty as in the world of marketing are very relevant to building public trust in health services.²⁸

CONCLUSION

Indications of programs and activities that can help optimize primary health services in Bengkulu Tengah Regency are implemented in stages through increasing accessibility, health education and promotion, improving service quality, continuous innovation in efforts to improve primary health services, collaboration with related parties, improving information on primary health service programs and steps that must be taken at each level of administration, monitoring and evaluation. Referral support from advanced/specialist health facilities is needed to improve the role of Community Health Centers in Bengkulu Tengah Regency as the main service in the health service system.

RECOMMENDATION

Some indications of programs and activities can be used as direction in preparing programs and activities of the regional government, in this case the OPD of the Health Office of Central Bengkulu Regency.

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REFERENCES

1. Starfield B., Shi L., Grover A., Macinko J, "The Effects Of Specialist Supply On Populations Health: Assessing The Evidence," *Specialists & Health*, no. 5, pp. 97-107, 2005. doi: 10.1377/hlthaff.W5.97.
2. Organization WH., "Primary Health Care," Report Of The International Conference On Primary Health Care, Alma-Ata, USSR, 6-12 September 1978.
3. Central Bengkulu District Government Again Wins the Universal Health Coverage (UHC) Award in 2024 https://dinkes.bengkulutengahkab.go.id/postingan/detail_postingan/Pemerintah-Kabupaten-Bengkulu-Tengah-Kembali-meraih-penghargaan-Universal-Health-Coverage-UHC-Tahun-2024.

4. Bengkulu People 2025, 20 Bengkulu health centers are ready to be independent, Health Office targets BLUD status for 2025 <https://rakyatbengkulu.disway.id/read/690473/20-puskesmas-bengkulu-tengah-siap-mandiri-dinkes-targetkan-status-blud-untuk-tahun-2025>.
5. Ministry of Health of the Republic of Indonesia, 2023. Dreams come true. Construction of Bengkulu Tengah Regional Hospital officially begins. <https://kemkes.go.id/id/rilis-kesehatan/mimpi-menjadi-nyata-pembangunan-rsud-bengkulu-tengah-resmi-dimulai>
6. Central Bengkulu District Health Office, 2023. Central Bengkulu Health Office Receives Award for Highest Immunization Indicator Achievement in the Healthy Indonesia Ku (ASIK) Application in 2023 https://dinkes.bengkulutengahkab.go.id/postingan/detail_postingan/Dinas-Kesehatan-Bengkulu-Tengah-Mendapat-Penghargaan-atas-Capaian-Indikator-Imunisasi-Tertinggi-pada-Aplikasi-Sehat-Indonesia-Ku-ASIK-Tahun-2023
7. Hone T., Macinko J., Millett C, "Revisiting Alma-Ata: What Is The Role Of Primary Health Care In Achieving The Sustainable Development Goals" Global Conference on Primary Health Care in Astana, vol 392, 392: 1461–72, Oktober 2018. DOI: [https://doi.org/10.1016/S0140-6736\(18\)31829-4](https://doi.org/10.1016/S0140-6736(18)31829-4)
8. Moleong, L.J. 2010. Metodologi Penelitian Kualitatif . Edisi Revisi. PT. Remaja Rosdakarya. Bandung.
9. Rangkuti, F. 2004. Analisis SWOT Teknik Membedah Kasus Bisnis. PT Gramedia Pustaka Utama. Jakarta.
10. Ariza Qanita, 2020. Analisis Strategi Dengan Metode Swot Dan Qspm (*Quantitative Strategic Planning Matrix*): Studi Kasus Pada D'gruz Caffe Di Kecamatan Bluto Sumenep. *Komitmen: Jurnal Ilmiah Manajemen*, Vol. 1 No. 2, Oktober 2020 <https://journal.uinsgd.ac.id/index.php/komitmen/article/view/10309/0>
11. Ministry of Health R. Regulation of the Minister of Health of the Republic of Indonesia Number 71 of 2021 concerning Health Services in the National Health Insurance. Ilyas Y. from. <http://KesehatanKompasianaCom/653984Html>. 2014;
12. Hendrawan D., Nurcahyo C., Afdal A., "Quality Primary Care: A Review" National Health Insurance Journal, vol. 1, no. 1, pp. 01-14, Juy 2021. DOI: 10.53756/jjkn.v1i1.13.
13. Kirana GR., Nugraheni R., "Strategic Planning Based On Swot Analysis At Puskesmas Ngletih Kediri" Journal of Health Management of Dr. Soetomo Hospital Foundation, vol. 8, no. 2, 2022. ISSN: 2581-219X.
14. Pratiwi RE., Anwar., Suryawati D., "Quality of Health Services for Jamkesmas Participants in the Outpatient Section at the Summersari Health Center" Scientific Articles Based on Student Research Results, 19-12-2013.
15. Sri Idaiani, Maria Holly Herawati, 2023 ,Disparities of Health Program Information Systems in Indonesia: A Cross-Sectional Indonesian Health Facility Research 2019. J Environ Res Public Health. 2023 Mar 1;20(5):4384. doi: 10.3390/ijerph20054384 <https://pmc.ncbi.nlm.nih.gov/articles/PMC10001594/>
16. Ulandari LPS., Ilyas J., Indrayathi PA, "Strategy Implementation of National Health Insurance Using Balanced Scorecard Method: a Case Study in an – Nisa Hospital in Tangerang" Indonesian Journal of Health Economics, vol. 5, no. 2, 2020.
17. Mardiaty N., Fitriyanti., Wahyunita S., Widiyanti RDA, "The Relationship between Type of Health Facility and Participation Status with Patient Satisfaction of JKN Participants Toward Pharmaceutical Services Study at the First Level Health Facility of Banjarbaru City" Journal of Current Pharmaceutical Sciences, vol. 1, no. 2, 2018. ISSN: 2598-2095.
18. Sumele Al., Suratman E., Indra., Tuerah N., Reba WH, "Study on Improving Quality Health Services at Health Care Facilities in Papua and West Papua Provinces" Community Collaboration and Services for Wellbeing Australia Indonesia Government Partnership, 2022. ISBN: 978-623-6080-54-2.

19. Pratiwi, D., & Trisnantoro, L. (2021). Distribution of Health Workers and Challenges of Equity in Indonesia. *Indonesian Journal of Health Policy*.
20. Susiloningtyas L, "Referral System in Maternal Perinatal Health Care System in Indonesia" *Journal of Pamenang Science*, vol. 2, no. 1, pp. 6-16, 2020.
21. Qowiyyum EB., Pradana GW, "Community Empowerment through the Healthy Indonesia Program with a Family Approach (PIS-PK) to Improve Access to Health Services in the Puskesmas Area" *Journal of Public Administration Science*, vol. 9, no. 3, pp 211-226, 2021. DOI: <https://doi.org/10.26740/publika.v9n3.p211-226>
22. Syukriadi., Kiswanto., Asmarwati S, "Efforts to Improve the Achievement of Puskesmas Accreditation in the Work Area of the Rokan Hulu District Health Office" *JKM (Journal of Public Health) STIKES Cendekia Utama*, vol. 10, no. 1, pp 146-157, 2021, E.ISSN: 2580-992X.
23. Faulina AC., Khoiri A., Herawati YT, "Study of the Implementation of the Tiered Referral System in the National Health Insurance Program (JKN) at UPT. Health Services University of Jember" *Journal of Public Health Sciences*, Vol. 12, no. 2, June 2017. ISSN: 2684-7035.
24. Shubhan MH., Aisyah RHS., Kagramanto LB., Santoso U., Siswanto, "Optimization Of Primary Health Care To Improve Health Services For Participants Of Social Insurance Administering Agency Of Health In Indonesia" *Journal of Critical*, vol. 7, no. 13, 2020. ISSN: 2394-5125.
25. Tarigan SFN., Maksum TS., "Utilization of E-Puskesmas Information System Services Using the Pieces Method" *Jambura Health Sport Journal*, vol. 4, no. 1, Februari 2022, e-ISSN: 2656-2863.
26. Aristanto E., SR C., H K, "Optimizing the Implementation of the National Health Insurance Program through Improving and Strengthening Primary Health Facility Services with Approach" *Journal of Management and Entrepreneurship*, vol. 4, no.1, 2016, DOI: <https://doi.org/10.26905/jmdk.v4i1.493>.
27. Titania EL., "The Importance of Collaboration Between Healthcare Professionals in Establishing Patient Safety" *OSFPREPRINTS*, Desember 2019, DOI: 10.31219/osf.io/9ebtq.
28. Mulyadi I, "Ethics in Marketing" *Marketing.co.id Inspiring the Leadership*, 30 November 2016, <https://marketing.co.id/etika-dalam-pemasaran/>(Retrieved Date Accessed 15 Juni 2024).