

The Implementation of Minimum Service Standard (MSS) in Health Sector at District Level and It's Obstacles: Systematic Literature Review

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Abstract: Minimum Service Standard (MSS) in health sector is a mandatory that must be implemented by every regional government in Indonesia, so the MSS target must be 100% annually. However, the report shows that the MSS in health sector has not reached the target. National achievements in 2021 for trimesters I, II, III and IV respectively is 2.38%, 7.55%, 9.95% and 52.85%. In 2022, the achievements increased and the percentages for each trimester are 26.53%, 31.05%, 39.25% and 77.49%, but still not meet the target. This condition shows the unoptimized implementation of Minimum Service Standard (MSS) in health sector that could affected to health service delivery and society welfare. This study aims to identify the implementation and obstacles of Minimum Service Standard (MSS) in health sector at district level. This study is a systematic literature review. 9 literatures on Google Scholar database and Garuda Portal selected according PRISMA guidelines (Preferred Reporting Items for Systematic Reviews and Meta-Analyses). The result shows some obstruction in the MSS in health sector's implementation including human resources quantity and quality, inadequate infrastructure, lack of cross-sectoral and community support, and unoptimal planning and budgeting system. Based on these results it can be concluded that regional government should focused on recourse factors including human resources and infrastructure, organizational factor to optimilize internal and external commitment and support including community support and budgeting support.

Keywords: Health; Implementation; Minimum services standard; Puskesmas; Regional

Introduction

Indonesia performs decentralization system where the central government give an authority to regional government to control and manage their own regional autonomy (Nuradhawati, 2019). Through Law Number 23 of 2014 concerning Regional Government, Indonesian government committed to encourage effective and efficient government administration in order to realizing public welfare, especially improving public services through the implementation of mandatory government affairs related to basic services. Law Number 23 of 2014 concerning regional government explains that government affairs which are divided between the central government and regional governments are

concurrent affairs that consist of six sectors, there are: 1) education; 2) health; 3) public works; 4) public housing; 5) peace, public order and community protection and 6) social.

Regional government liable to fulfil citizen's basic services in their area as a mandatory. However, every region has different characteristics, resources, powers and abilities in fulfilling basic public services to every citizen. Therefore, national government have a responsibility to ensure the equality of public services access and quality for every citizen (Widanti, 2022). According to that, national government arrange Minimum Service Standard regulation in Government Regulation Number 2 of 2018 concerning Minimum Service Standards (MSS) as a follow up to Law Number

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23 of 2014 concerning Regional Government (Lucyiana et al., 2023).

The 1945 Constitution of The Republic of Indonesia states that health is a fundamental human right and every citizen reserve the right. Besides that, the goal of national health sector development is to provide optimal, qualified, and comprehensive health service delivery to every citizen. Health service development is part of public service development. So, government has crucial role in fulfilling health services as the basic rights of all Indonesian citizens. Based on Government Regulation Number 2 of 2018 concerning Minimum Service Standards, Minimum Service Standard in health sector is a provision regarding the type and quality of basic health services as government mandatory that must be fulfilled to every citizen minimally. The word "minimum" in MSS refer to the lowest coverage and quality service as an obligation for every regional government to fulfil at the specified time. Minister of Home Affairs Regulation Number 59 of 2021 concerning Implementation of Minimum Service Standards is a general guideline for implementing MSS. For technical instructions regarding MSS, it depends on the ministry that will issue the regulations.

Technical instructions for MSS in health sector are regulated in Minister of Health Regulation Number 4 of 2019 concerning Technical Standards for Basic Services in MSS in the Health Sector which contains types of basic health services, quality of basic health services and procedures for fulfilling standards. At district level, health service standard consists over 12 types including pregnancy health services; maternity health service; new born health service; toddler health service; health service for citizen in elementary school stage; health service for citizen in productive stage; service health for old-ages; hypertension service; diabetes mellitus service; mental health disorder service; citizen suspect to tuberculosis services; and citizen risk to human immunodeficiency virus health service.

Minimum Services Standard in Health Sector is a national priority program that must be implemented by every regional government in Indonesia so the MSS target must be 100% annually. Community health centers or Puskesmas hold an important role as a leading unit in the implementation of MSS programs at district level (Zudi et al., 2021). To ensure basic service quality for society, Puskesmas must implement MSS's indicators in health community service delivery (Ramadhani et al., 2023). However, the MSS indicator targets still not fulfilled, even the MSS determined target is the minimum limit (Kurniawati et al., 2019).

Regulation of the Minister of Health of the Republic of Indonesia Number 4 of 2019 states that local governments must plan and calculate budget required

to implement minimum service standards as an obligation. However, Ministry of Home Affairs report shows that 6 sector of MSS didn't achieve the target, including MSS in health sector. The achievement for health sector in 2021 for trimester I, II, III and IV respectively 2.38%, 7.55%, 9.95% and 52.85%. In 2022, the percentage MSS achievement in health sector increased. The percentages in each trimester are 26.53%, 31.05%, 39.25% and 77.49% (Kemendagri, 2022). Although there's a significant increasement in the fourth trimester, the achievements still not meet targets.

The failure to achieve the MSS target shows that regional government not yet make an optimal effort that directly or indirectly impact to public health service. In the other hand, public health degree in Indonesia is still low that indicated from various health problem. According to the 2019 Indonesian Health Profile, infant and toddler mortality rate is still high up to 15/1000 live births for Neonatal Mortality Rate (AKN), 24/1000 births life for Infant Mortality Rate (IMR) and 32/1000 live births for Infant Mortality Rate (AKABA) (Rajagukguk et al., 2023). Based on 2020 World Bank data, the incidence of stunting in Indonesia ranks 115th out of 151 countries in the world and 3rd in the Southeast Asia region (Sholihah et al., 2023). The issue of Non communicable diseases (NCDs) also still be the major health problem in Indonesia. Major non-communicable diseases such as cardiovascular disease, diabetes mellitus, cancer and disease Chronic obstructive pulmonary disease still high (Wahidin et al., 2023). Indonesia also claimed as a country with the 3rd largest number of tuberculosis patients in the world after India and China. It is estimated that the number of tuberculosis patients in Indonesia is around 10% of the total number of TB patients in the world. Based on the 2022 Global TB Report, it is estimated that there are 824,000 TB cases in Indonesia (Hasbi et al., 2023). According to that, the implementation of Minimum Service Standard in Health Sector should be improved to realize national health welfare dan increasing public health degree level.

MSS in health sector achievement describe how the implementation of basic health service for society. The low of national MSS achievements in the health sector indicated problem in implementation. The low achievement suspected due to many obstacles in the implementation of health services which are included in the MSS indicators in the Health Sector. Based on the problem, studies related to implementation of MSS in health sector at district level and the obstacles faced in the implementation is required. It is necessary to carry out an in-depth analysis regarding the obstacles in implementing minimum service standards in the health sector. Therefore, the aim of this literature study is to

determine the description of implementation and obstacles in implementing minimum service standards in the health sector at the district level. By identifying the obstacles that occur in implementing MSS in the health sector, appropriate solutions can be develop to solve the problem. Identifying the obstacles that exist in the implementation of MSS is the first step that needs to be taken to optimize the implementation of this policy and realize the achievement of the target of 100% MSS in the health sector in all region in Indonesia.

Method

This study used systematic literature review method to collect, identify and interpreting various literatures related to implementation of MSS in health sector and its obstacles at district level which implemented in public health center (puskesmas). Snyder (2019) point out that systematic review arranged by map out a review, undertake the review, analyzing, and scribe out the review (Sulyastini & Wirawan, 2023). This study conducted based on PRISMA (Preferred Reporting Items for Systematic Review and Meta-Analyses) guidelines. This method aid to focus the findings of primary research to deliver comprehensive information (Kharisma et al., 2023). This study consists of 4 stages, there are 1) data search and article collection; 2) screening; 3) assessment of the quality and suitability or called eligibility; and 4) analysis (Hasibuan et al., 2023).

Data Search and Article Collection

The data in this research is article published in online database. The data collected from Google Scholar and GARUDA portal by entering “Minimum Service Standard in health sector at Puskesmas” as the keyword. The article collection limited by publication year range from 2018 to 2023. Data searches were conducted on August 20, 2023.

Articles Screening

In this stage, limitations are applied focusing on the topic of implementation of Minimum Service Standard in health sector at district level. The first limitation is related to the article’s title that focus on the implementation of MSS for health sector at district level. The second limitation is the types of literature, that only literature in the form of journals. And the third limitation, the journal must available in fulltext document.

Assessment of the Quality and Suitability (Eligibility)

The third stage is to assess the article’s eligibility. The eligibility criteria to related to 1) the article discussed the implementation of Minimum Service

Standard in health sector at district level 2) the article identify the obstacles in implementation of MSS in health sector at district level 3) The research methodology described in the article, 4) The article mention indicator of MSS in health sector in the research, 5) the article limited to journals accredited from SINTA 1 to SINTA 5.

Analysis

The fourth stage of this research is to carry out an analysis of the scientific articles obtained to identify the obstacles in implementation of MSS in health sector in district level.

Result and Discussion

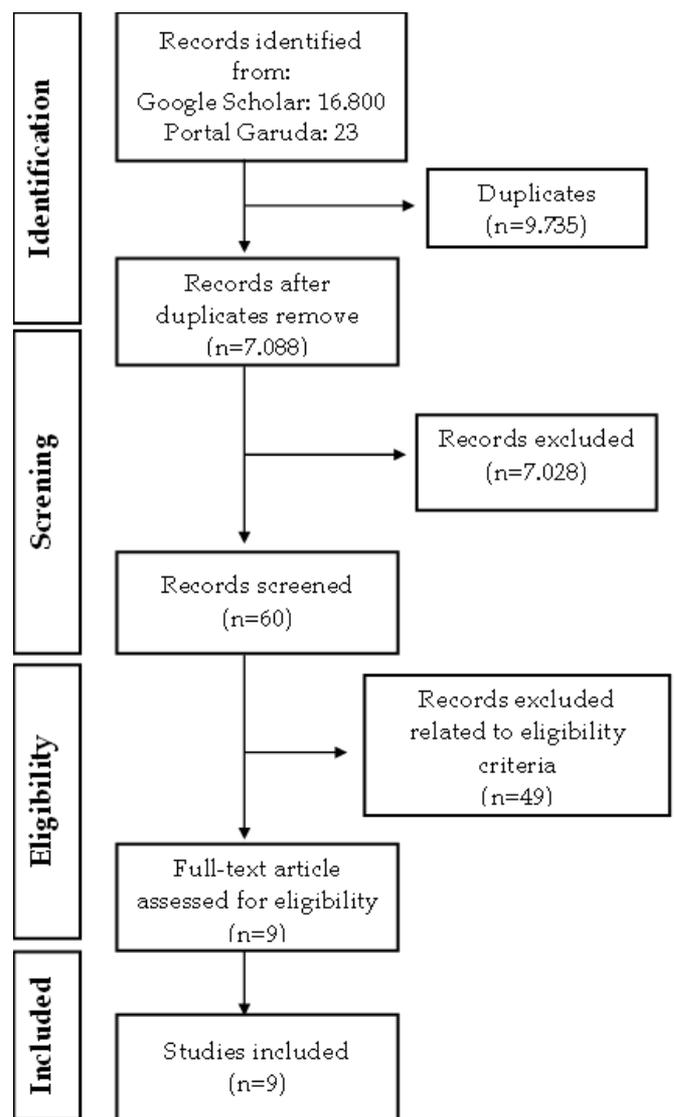


Figure 1. PRISMA flowchart

Based on Initial search on Google Scholar and GARUDA Portal database using “Minimum Service Standard in health sector at puskesmas” as the keyword,

16.823 articles were obtained. After data filtering by limitation and eligibility criteria, there only 9 articles remaining. The flow of article election served in a PRISMA Diagram in Figure 1. Based on the data provided in Table 1, it can be observed that articles used

in this research were published in SINTA-accredited journals with rankings of 3 and 4. All of the article come from Indonesia related to the Minimum Service Standard is indonesia's regulation.

Table 1. Literature Included in the Research

Author	Year Published	Article Themes	Journal Accreditation	Code
Ramadhani, S., Sutiningsih, D., Purnami, C. D.	2023	Kendala Pelaksanaan Standar Pelayanan Minimal Bidang Kesehatan pada Penderita Hipertensi di Puskesmas: Literature Review	SINTA 4	A1
Wardani, R., Dewi, D. A. S., Syafingi, H.M., Suharso	2019	Pelaksanaan Kebijakan Standar Pelayanan Minimal Kesehatan Kabupaten Magelang Tahun 2017-2019 dalam Mewujudkan Kesejahteraan Masyarakat	SINTA 4	A2
Karim, R., Sarifudin, R., & Batalipu	2020	Implementasi Daerah Dalam Menjalankan SPM Bidang Kesehatan	SINTA 4	A3
Lucyiana, V. V., Koeswara, H., & Putera, R. E.	2023	Implementasi Kebijakan Standar Pelayanan Minimal (SPM) Kesehatan pada Pelayanan Lanjut Usia (Lansia) di Kota Padang	SINTA 3	A4
Aliyah, Y. A. N.	2020	Capaian Standar Pelayanan Minimal (SPM) Bidang Kesehatan Kasus Hipertensi dan Diabetes Mellitus di Kota Bandung Tahun 2020	SINTA 3	A5
Kadir, J. A., Prasetyo, S.	2022	Faktor-Faktor yang Mempengaruhi Standar Pelayanan Minimal pada Penderita Diabetes Mellitus di Puskesmas	SINTA 3	A6
Muannisa, N. F. Arso, S. P. Nandini, N.	2022	Program Layanan Kesehatan Orang Dengan Gangguan Jiwa (ODGJ) Berat Dalam Pencapaian Standar Pelayanan Minimal di Puskesmas Manyaran Kota Semarang	SINTA 4	A7
Zudi, M., Putro, A. S, Arso, S.P.	2021	Analisis Implementasi Standar Pelayanan Minimal Bidang Kesehatan di Puskesmas Guntur I Kabupaten Demak	SINTA 4	A8
Jaswin, E., Basri, H., Fahlefi, H.	2018	Implementasi Penganggaran Berbasis Kinerja Dalam Pencapaian Standar Pelayanan Minimal (SPM) Penyelenggara Pelayanan Kesehatan pada Dinas Kesehatan Kabupaten Bener Meriah	SINTA 4	A9

The Implementation of Minimum Service Standard in Health Sector at District Level

One of regional government affairs that must be carried out is health services, regulated in 1945 Constitution of the Republic of Indonesia provision 28 H and Law Number 23 of 1992 concerning Health, that state everyone has the right to receive health services (Wati & Fatimah, 2022). According to that, public services in health sector are the government's function in providing basic rights which are understood as citizen's right and recognized in statutory regulations (Karim et al., 2019). The implementation of health service by regional government must conform the provision concerning minimum standard service to ensure the equality of health service to every citizen in Indonesia.

Edward III stated several factors that influence the successful implementation of a public policy, including communication, resources, implementor attitudes and bureaucratic structure (Adrian et al., 2020). Communication defined as process of conveying information about public policy to policy actors so

policy goals and objectives can be achieved (Nurlailah, 2021). Local government held crucial role in convey information about MSS in health sector implementation to every government organization in their region and forward it to implementers at the lowest level. The Health Service has responsibility to provide information related to the MSS including how to implement health services to the community, the rules underlying these services, and others (Lucyiana et al., 2023). Resources in implementing health policies consist of human resources, budget resources and infrastructure. Human resources must in adequated numbers and competent abilities to carry out implementation according to their duties (Cahyani et al., 2020). Beside that, infrastructure and financial support must in sufficient number.

The implementation of MSS in health sector regulated in Law Number 23 of 2014 concerning regional government, Government Regulation Number 2 of 2018 concerning Minimum Service Standards, Minister of Home Affairs Regulation Number 59 of 2021 concerning Implementation of Minimum Service Standards and

Minister of Health Regulation Number 4 of 2019 concerning Technical Standards for Basic Services in MSS in the Health Sector. In the regional level, the mechanism for formulating rules in the MSS begin with local workshop musrenbang to create a program and activity which will be written on RPJMD, strategic plan, and Renja (Aji et al., 2022).

Based on Regulation of the Minister of Health Number 4 of 2019, the target of MSS in Health Sector for each indicator health service set by 100% annually. when a policy deadly ideal to implement, it will experience obstacles in its implementation so that the level of performance can be measured through standards and targets used in providing explanations through regulations that form the basis (Fadila et al., 2022). The shortcomings or errors of a public policy known after the public policy is implemented from the consequences that arise as a result of implementing a policy (Alamsyah et al., 2021). However, not all of MSS in health sector indicator at district level can reach the target (Wahyuni & Farida, 2021; Wardani et al., 2019; Zudi et al., 2021). Unachievement Health Sector MSS targets at the district level shows that there are problems and obstacles exist in the policy implementation.

Obstacles in MSS in Health Sector at District Level Implementation

Lack of Human Resources Quantity and Quality

Successful policy implementation depend on human resources factor, because without human resources support, the policy goal will difficult to achieved (Kahendra et al., 2023). Lack of human resources causes poor, ineffective and inefficient health service and impact to low achievements of health MSS indicators (Zudi et al., 2021). However, health workers who carry out health services show less in number and competencies (Karim et al., 2020; Ramadhani et al., 2023). In term of quantity, there are imbalance ratio of health workers quantity to serve the existing population (Wardani et al., 2019). There a lot of human resources who performs two or more tasks to cover the shortage of health workers (Ramadhani et al., 2023). The lack of human resources affected to double burden and disturb the focuse of service delivery (Muannisa et al., 2022; Rohana et al., 2020).

The implementation of MSS in health sector required not only good educational background, but also supportive skill for every health worker. Training is a supportive factor to reach the MSS target. However, trained health worker in health service delivery is still lacking (Aliyah, 2020; Rohana et al., 2020). Therefore, training is important so that it can be used as provisions for each team member to understand performance and improve their skills (Kadir, 2022).

Unadequate Infrastructure

Supported infrastructure and facilities with good quality service will realize patient satisfaction related to health service delivery (Navis et al., 2020). However, some of public health center facilities and infrastructure in several region is not in adequate condition in term of quantity and quality (Aliyah, 2020; Kadir, 2022; R. Karim et al., 2020; Muannisa et al., 2022; Ramadhani et al., 2023). Inadequate infrastructure at public health center responsible to a large working area, but the supportive facilities still low. Besides that, there are some installations at the public health center that has not get complete medical facility equipment and found breakage in some health facilities and infrastructure related to lack of maintenance and usage factors. Inadequate amount of health service infrastructure and equipment effect to unoptimal health service implementation and difficulties to achieve specified targets (Juita & Elfindri, 2022).

Unoptimal Planning and Budget Spending

Achievement of MSS targets in the health sector can't be separated from the framework national planning in accordance with Law Number 25 of 2004 concerning the national development planning system. MSS in the health sector and other national priority programs as stated in the RPJMN and Strategic Plan of the Ministry of Health, must be included in the RPJMD and SKPD Health Strategic Plan so that you get strong funding framework to strengthen its implementation (Armita et al., 2020). According to Law no. 36 of 2009 concerning Health, the health budget of provincial, district/city governments is allocated at least 10% of the APBD excluding salaries (Wardani et al., 2019). However, budgeting for MSS for health sector still less and not support to maximizing the process MSS Performance Indicators target fulfillment at 100% each year (R. Karim et al., 2020; Wardani et al., 2019). Problem in budgeting related to unoptimal planning process start from inaccurate budgeting and careless budget changes in the middle or in end of the year. Besides that, there several public health center that has not implementing preparation planning and budgeting in MSS for health sector programs (Jaswin et al., 2018).

Lack of Cross-Sector and Community Support

High commitment in health service fulfillment makes positive impact on performance (Rianto & Purwanto, 2020). Beside internal organizational commitment, cross-sectoral support also required to support minimum service standard in health sector implementation regarding the fulfillment of minimum service standard in health sector is whole regional government obligation. Implementation of activities of each program and the successful implementation of

community health center activities requires integration both across programs and across sectoral (Ramadhani et al., 2023). However, in Minimum Service Standard in Health Sector implementation found low teamwork commitment to deliver the best health service for public (Wahyuni & Farida, 2021; Zudi et al., 2021). Therefore, cooperation between cross-sectors and cross-programs to support successful implementation are required (Asri & Budiono, 2019).

Achievement of the MSS performance target of 100% must be followed by participation from the community as a determined target of the MSS policy (Rahmah & Parinduri, 2020). Community awareness is an external factor that influence health care delivery (Kadir, 2022). Lack of community support and enthusiasm in disease efforts prevention is one of obstacles in MSS in health sector implementation (Wahyuni & Farida, 2021; Zudi et al., 2021). However, community show noncooperative attitude and tend to hide the disease that they suffered, especially if they suffer diseases that tend to get a negative stigma by society. There also low of public's will to check, refer, and consume medicines. Most of society especially from a middle economy, not yet understand its importance medical examination. Middle income society mostly underutilization health services. This type of public or environment behavior inhibiting the service process and affecting achievement of MSS health indicator targets performance.

Conclusion

From the data obtained, found out that not all of MSS in health sector indicator at district level can reach the target that indicate unoptimum implementation of minimum service standard in health sector. The obstacles found based on this research are lack of human resources quality and quantity that causes poor, uneffective and unefficient health service, inadequate infrastructure at public health center to support healthcare delivery, the lack of commitment and cooperation between cross-sectors and cross-programs to support successful implementation and community support, and unoptimal planning and budget Spending. To support the successful implementation of minimum service standard in health sector at district level, regional government should focus on resource factors including human resources, infrastructure and financial resources, organizational factor to optimize internal and external commitment and support including community support and budgeting support.

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Author Contributions

Conceptualization, M. A., A. S. P., B., methodology, M. A.; validation, A. S. P., and B.; formal analysis, M. A.; investigation, M. A.; resources, M. A., data curation, M. A.; writing— original draft preparation, M. A.; writing—review and editing, M. A., visualization, M. A and B; Supervision, A. S. P. and B; project administration, M. A.; funding acquisition, M. A., A. S. P., and B. All authors have read and agreed to the published version of the manuscript.

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Conflicts of Interest

The authors declare no conflict of interest.

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