

## Implementation of Minimum Service Standards in Health Services for People Suspect of Tuberculosis (Tb) in Labuhanbatu District

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### ABSTRACT

With 824,000 cases and 93,000 fatalities annually, or 11 deaths per hour, Indonesia has one of the third-highest TB burdens in the world, after China and India, according to the WHO Global TB Report 2021. There are still up to 500,000 individuals who have not received treatment and are at danger of spreading the disease since only 49% of Indonesia's estimated 824,000 TB patients were identified and treated. The purpose of this study is to examine how Minimum Service Standards (SPM) are applied in the health care program for individuals suspected of having tuberculosis (TB) in Labuhanbatu Regency. Additionally, it seeks to determine the factors that facilitate and hinder the implementation of SPM policies in the health care program for TB suspects in Labuhanbatu Regency. Qualitative approaches are used in this study. Interviews were used to gather the data, and data triangulation methods were used to assess the data's validity. The research results show that (1) The implementation of the SPM-BK policy for people suspected of TB in Labuhanbatu Regency has not run optimally. In the resource variable, there are limited human resources in the ability to record and report data online (SITB).

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## **INTRODUCTION**

The 17 Sustainable Development Goals (SDGs) agenda addresses a number of topics, including reducing poverty, ensuring healthy lifestyles, addressing social injustice to improve well-being, and protecting the environment. Each country that supports this plan aspires to see these goals achieved by 2030. According to the mutually agreed expectations, countries are committed to developing strategies to jointly develop countries, serve as benchmarks for assessment, and present challenges for countries to innovate to improve the achievement of the SDGs with targets and timetables that are jointly promised (SDGs Bappenas, 2024). Three of the 17 goals are related to health, with the third focusing on improving well-being and ensuring healthier lives for all people. Many aspects of life, including economic development, are based on health. These factors have a two-way effect, meaning that the health of the population affects economic movements and vice versa, and the health of the population affects other aspects of life, including Dahlgren and Whitehead (1991) who emphasized that the social determinants of health exist at many levels and health is influenced by the achievement of the intended SDGs. Faster achievement of SDGs will have a positive impact on population health and equitable distribution of health, which will accelerate the achievement of targets (International Conference on Public Health, 2022).

Although this health problem is sometimes considered a personal problem, it is actually closely related to inevitable social consequences. Because it goes beyond national borders, this impact has the potential to become a worldwide phenomenon, requiring countries to manage and negotiate international health regimes and agreements related to health issues. Because everyone now cares about global health, the third goal of the SDG achievement target, which covers all issues related to well-being and health that are already widely known, proves that health is an important issue that must be addressed, especially for developing countries. In other words, the global health community has serious concerns about this (Fadhlorrohman et al., 2020).

Currently, Indonesia is facing three disease burdens. This burden is caused by newly discovered and rediscovered pathogens such as COVID-19. Second, infectious diseases that have not been resolved, and third, non-communicable diseases (NCDs), which are the main source of the disease burden because their prevalence increases every year. Indonesia continues to concentrate on therapeutic measures as a consequence. The government is trying to achieve health development targets, including the 2030 SDGs, by suppressing NCDs to low numbers in every implementation (Najah, 2022).

The triple burden that can disrupt community productivity and endanger human security due to non-communicable diseases (NCDs) and unhealthy lifestyles is an example of the worst problem facing Indonesia today. NCDs such as cancer, stroke, chronic kidney disease, diabetes mellitus, tuberculosis, and hypertension continue to increase, according to the results of the Riskesdas carried out in 2007, 2013, and 2018. In this regard, the government is tasked with achieving health goals for every citizen, without discrimination, in addition to maintaining national security. As a leader, the government is also responsible for

every right of its people in human security. Therefore, Indonesia must comply with the agreement (Cahyani et al., 2020).

Through health development, the government seeks to improve the welfare of its citizens. The development of the health sector aims to increase the knowledge, desire, and ability of each person to live healthily in order to achieve optimal public health. An example of something that must be done to ensure that every community has healthy members is by providing quality health services.

All stakeholders, including hospitals, want to provide quality health services. To support the realization of the guarantee of the provision of quality health services, hospitals as an example of a government unit whose task is to provide services to the community in the health sector, provide services that are oriented towards the Minimum Service Standards (SPM) in the health sector. SPM is an example of a reference for the type and quality of services that are regional affairs that are mandatory in nature related to basic services that are entitled to be received by every citizen, from the Republic of Indonesia Government Regulation Number 2 of 2018 concerning Minimum Service Standards set by the Indonesian government regarding efforts to provide quality health services.

Table 1. Achievement of SPM in Health Sector in Labuhan Batu Regency

No	Type of Achievement	2021		2022		2023	
		Target (%)	Achievement (%)	Target (%)	Achievement (%)	Target (%)	Achievement (%)
1	Health Services for Pregnant Women	100	93,5	100	70,79	100	88,68
2	Health Services for Maternity Women	100	93,4	100	67,57	100	91,46
3	Health Services for Newborns	100	96,5	100	98,58	100	95,38
4	Health Services for Toddlers	100	96,5	100	93,72	100	77,06
5	Health Services for Primary Education Age	100	67,4	100	56,47	100	90,55
6	Health Services for Productive Age	100	30,6	100	27,79	100	12,10
7	Health Services for the Elderly	100	79,3	100	83,92	100	81,30
8	Health Services for Hypertension Patients	100	24,3	100	2,97	100	11,49
9	Health Services for Diabetes Mellitus Patients	100	91,8	100	4,79	100	30,51
10	Health Services for People with	100	37,4	100	8,55	100	42,59

	Severe Mental Disorders						
11	Health Services for People Suspected of Tuberculosis	100	10,43	100	25,09	100	44,48
12	Health Services for People at Risk of Being Infected with a Virus that Weakens the Human Immune System (Human Immunodeficiency Virus)	100	39,19	100	97,59	100	97,59

*Source: Labuhanbatu District Health Office, 2024*

The implementation of SPM in the health sector of the Regency/City is outlined in the Regulation of the Minister of Health Number 6 of 2024. The twelve types of basic services include: Maternal Health Services, Maternal Health Services, Newborn Health Services, Toddler Health Services, Primary Education Age Health Services, Productive Age Health Services, Elderly Health Services, Hypertension Health Services, Diabetes Mellitus Health Services, Severe Mental Disorders Health Services, TB Health Services, and Health Services for People at Risk of HIV Infection. The performance assessment of regional governments, including the Regional Head, will be affected if the SPM performance achievement targets are not met (Regulation of the Minister of Health Number 6 of 2024).

Mycobacterium tuberculosis is the cause of tuberculosis (TB). Although the majority of TB bacteria attack the lungs, the bacteria can also harm other organs of the body. People with pulmonary TB can transmit the disease through coughing, sneezing, talking, or spitting. In Indonesia and throughout the world, tuberculosis is a public health problem. According to the WHO Global TB Report 2021, Indonesia has the third highest TB burden in the world, after China and India, with 824,000 cases and 93,000 deaths annually, or 11 deaths every hour. Of the approximately 824,000 TB patients in Indonesia, only 49% have been identified and treated, meaning that there are still 500,000 people who have not been treated and are at risk of spreading the disease. According to the North Sumatra Health Profile 2020, there were 17,303 TB cases, with a TB prevalence of 63.93% in men and 36.07% in women. With 763 cases, Labuhan Batu Regency has the fifth highest number of TB cases in North Sumatra Province. Public health is still burdened by tuberculosis (TB). Since WHO declared tuberculosis a global emergency in 1992, the disease has remained a serious public health problem, especially in underdeveloped countries like Indonesia. In 2015, the STOP TB initiative was developed as part of the tuberculosis control paradigm. The two goals of the program are to eradicate tuberculosis as a public health problem by 2015 and reduce the prevalence and mortality of the disease by 50% by that year compared to 1990. A key element of the program's implementation is

strengthening the DOTS approach, which has been in place since the early 1990s. More than 90% of Indonesian health institutions now use the DOTS method, which was approved by the country in 1995 and continues to be improved.

Indonesia’s 2010–2014 national TB control guidelines and national TB control plan also used this approach as a guide. With a nearly 50% reduction in Southeast Asia, including Indonesia, the STOP TB initiative met its global reduction target by 2015. Incidence rates (incidence per 100,000 people) continue to decline in almost every region of the world, despite the fact that TB prevalence is still increasing in Indonesia and worldwide. The STOP TB initiative was replaced by the END-TB program because the MDGs period changed to the Sustainable Development Goals (SDGs) era. Ending the global TB pandemic is the sole goal of the END TB initiative. There are three ways to measure the effectiveness of this program: reducing the global incidence of tuberculosis by 80% by 2030 compared to 2015; reducing the mortality rate by 90% by 2030 compared to 2015; and requiring TB patients to pay 0 (zero) treatment costs.

Table 2. Health Service Achievements for Suspected Tuberculosis Patients in Labuhanbatu Regency

No	2021		2022		2023	
	Target (%)	Achievement (%)	Target (%)	Achievement (%)	Target (%)	Achievement (%)
1	100	10,43	100	25,09	100	44,48

Source: Labuhanbatu District Health Office, 2024

From the research results, the utilization of SPM in the health sector of Labuhanbatu Regency is still not optimal. This can be seen from the achievement of SPM in 2021, where several indicators, including the proportion of TB sufferers, have not been met and are still far from the target of 100%. From the performance indicators of Labuhanbatu Regency, the percentage of TB sufferers in 2021 was 10.43%, in 2022 it was 25.09%, and in 2023 it was 44%. Of the number of suspected TB patients, 6,300 people have received services according to standards and 2,038 people have received services according to the SPM target of 100%.

This means that rather than the SPM target of 100%, Labuhanbatu Regency is still far from the target (Labuhanbatu Regency Health Office, 2022). The percentage of recovery of TB patients with BTA+ is an example of an indicator that is of concern to both the Regency government and the central government. The Recovery Rate of TB Patients with BTA+ in Labuhanbatu Regency. Labuhanbatu tends to increase in 2021 - 2023. In 2021 the cure rate decreased sharply to 10.43%, then in 2022 it increased to 25.09%, and in 2023 the cure rate became 44.48%.

Rather than the National Target of the cure rate for pulmonary TB patients with BTA+ 95%, the achievement of Labuhanbatu Regency has not met the target. The achievement of the successful cure rate for TB patients which is still far from the target is due to the very high number of suspected TB targets, then unreported services from the network and private health facilities to the Health Center and the presence of TB patients who receive services outside the

Regency's work area, inadequate availability of microscopy, TB officer transfers, and operational case tracking which is still lacking. The comparison in the selection of Tuberculosis (TB) disease in Labuhanbatu is 2,382, when compared to Labuhanbatu Regency. South Labuhanbatu only has 292, and in North Labuhanbatu there are 485 (BPS Labuhanbatu, 2024).

Another problem that was revealed was that regional hospital employees in Labuhanbatu Regency had difficulty meeting the TB SPM target because patients had difficulty coming for treatment regularly and patients were not compliant with treatment because they did not have time due to the density of patient activities. According to research (Zudi, 2021), there are various factors that cause hospitals to be unable to meet the Minimum Service Standard (SPM) target. These factors include the number and quality of human resources that are not yet optimal, the large population which has an impact on the infrastructure and facilities needed, external factors such as culture and public awareness, as well as monitoring and evaluation management that is not yet optimal.

From the results of the study (Rahmadani et al., 2021), the standards and policy targets that are difficult to meet due to the gap between the number of targets and the actual population, as well as the unavailability of funding sources and infrastructure as well as community knowledge factors, all have an impact on the failure to achieve performance targets. The targets of standards and policies, available resources, characteristics of implementing organizations, and the social context of the community are factors that influence SPM performance.

The researcher wants to conduct research in Labuhanbatu Regency from the background of the information provided. Thus, the researcher focuses on the implementation of the Minimum Service Standards (SPM) policy in the TB disease service program in Labuhanbatu Regency, as well as the variables that support and hinder its implementation.

## **THEORETICAL REVIEW**

### ***Policy Review***

Hogwood and Gunn in (Tinolah, 2016), outline ten ways to use the term "policy": as a term for a field of endeavor, as a statement of general objectives or anticipated state actions, as a specific proposal, as a government decision, as official authorization, as a program, as an output, as an outcome, as a theory or model, and as a procedure. Friedrich describes policy as an activity that leads to a goal proposed by an individual, organization, or government in a specific environment in relation to the presence of obstacles while seeking possibilities to achieve the intended goals or targets (Handoyo, 2012).

Policy analysis, public policy, and policy recommendations are three categories of public policy. The stages of developing policy issues, implementing policies, and evaluating policies are all included in public policy. Studies and explanations related to the origins and impacts of public policy are related to policy analysis. The creation, content, and impact of specific policies can all be examined from policy analysis. According to Anggara (2018), policy advice on the other hand is explicitly related to activities that must be carried out by the government by promoting specific policies from debate, persuasion, or political activities

### ***Implementation***

According to the broad vocabulary of the Indonesian language, "implementation" often refers to placement or implementation. The word "implementation" often refers to actions taken to achieve specific goals. Execution Suharno in Mahmud et al. (2020) states that policy implementation is the actualization of choices for basic policies, which are often stated in laws but can also be in the form of executive orders or significant legislative decisions. According to the definition given, implementation is the process of running a program or policy in accordance with appropriate laws and regulations in order to achieve existing policy objectives. The process of running a program, whether in a community, government, or organizational environment, is known as implementation. The results of this process can be observed by comparing the achievement of targets from the initial goals. As a result, it is very likely that many aspects of this implementation are technical in an effort to achieve goals.

### ***Policy Implementation***

The process by which several choices are made to solve public problems after the problem is put on the policy agenda related to policy implementation. The government then decides on a number of policies and implements them. The following are methods for implementing policies.

#### *Top-down approach*

The top-down approach assumes that the policy-making process is a series of directives in which political leaders express different policy preferences that will be implemented in increasingly specific ways as the policy passes through the supporting administrative apparatus (Agustino, 2008).

The top-down approach is a top-down implementation concept in policy implementation that emphasizes policy creation. The top-down method begins with government choices, evaluates how well administrators implement or fail to implement decisions, and then looks for root causes of success or failure of policy implementation. The implementation of an organization is centralized or reflects a top-down model if decision making is controlled by the preferences of implementers at the highest level (Agustino, 2008).

Under the top-down policy paradigm, the central government makes policy decisions and central actors initiate policy implementation. The degree of alignment between the activities of implementers (administrators and bureaucracy) and the goals and processes set by central policy makers is known as the top-down approach. The level of implementation itself, which includes the substance and context of the policy (policy environment), has a significant impact on the effectiveness of Grindle's (1980) policy.

The top-down strategy emphasizes the level of fulfillment of the set objectives, as well as the actions of the legally required implementation machine that provide indicators that must be understood by the implementer and the objectives that must be met (Rachmawati, 2019).

#### *Bottom-up approach*

**Bottom-up model** The bottom-up method is a critique of the top-down model perspective that rejects the involvement of lower-level implementers (street-level beaucroazy) in the implementation process, according to Michael Lypsky in Kholifah (2013). The political process in the bottom-up strategy continues at the lower-level implementer level after the policy is established, and in this case will have a significant impact on how well a policy is implemented.

The basis of the bottom-up policy implementation model is the type of public policy that empowers the community to implement its own policies or that still involves government officials, but in a limited capacity. The community, either directly or through non-profit community groups (NGOs), is the driver of bottom-up initiatives. On the other hand, implementation is decentralized or represents a bottom-up paradigm when the choice to act is more dependent on the initiation, creation, and changes made by implementers at the lower level (Rachmawati, 2019).

### ***George C. Edwards III Implementation Model***

There are several ways to look at the factors that influence how policies are implemented, including the George C. Edwards III hypothesis (1980). According to Edwards III, there are four factors that influence how policies are implemented:

#### *Communication*

The practice of conveying information to policy makers and policy implementers regarding a policy is known as policy communication (Widodo, 2011). Through communication, to minimize implementation distortion, target groups can be educated about the objectives of the policy.

Policy actors need to be given information so that they can understand the objectives, direction, and substance of the policy and its target audience. This is necessary so that the policy implementation process can run smoothly and in line with the objectives of the policy itself. Thus, policy actors can prepare issues related to policy implementation.

Transmission of information, clarity of information, and consistency of information are three important aspects of communication in policy implementation. Information must be shared with target groups and related parties other than policy implementers, according to the transformation dimension.

To prevent policy implementers, target groups, or other parties involved from misinterpreting information, the clarity dimension demands that information be understandable and unambiguous. According to the consistency dimension, information must be communicated consistently to avoid confusion for policy implementers, target audiences, or other relevant stakeholders

#### *Resources*

The practice of delivering information to policy makers and policy implementers related to a policy is known as policy communication (Widodo, 2011). Through communication, policy targets can be informed to target groups, thereby reducing implementation distortion.

Policy actors need to obtain information in order to understand the objectives, direction, and substance of the policy and its target audience. This is necessary so that the policy implementation process can run smoothly and in accordance with the objectives of the policy itself. Thus, policy actors can prepare matters related to policy implementation.

Transmission of information, clarity of information, and consistency of information are three important aspects of communication in policy implementation. Information must be shared with target groups and relevant parties other than policy implementers, in accordance with the transformation dimension.

#### *Disposition*

The disposition of the implementer refers to their personality or nature, such as their dedication, integrity, and democratic nature. In this case, ensuring that policies are implemented in accordance with their goals or objectives depends heavily on the behavioral tendencies or nature of the person implementing the policy.

Character traits, such as honesty and strong dedication, are very important and must be possessed by individuals implementing the policy. In order to carry out activities, tasks, authorities, and obligations in accordance with the established rules, policy implementers must be honest and highly committed.

#### *Bureaucratic Structure*

Policy implementation is greatly influenced by the applicable bureaucratic structure. The actual bureaucratic mechanism and structure are two components of the organizational structure. The first is the method; standard operating procedures (SOPs) are often created when policies are implemented. Standard operating procedures (SOPs) serve as instructions for implementers to follow to ensure that policies are implemented in a manner that is in line with their goals and objectives. The second factor is the bureaucratic structure; a bureaucratic structure that is too long and disjointed tends to interfere with monitoring and results in a complicated bureaucratic process that makes organizational operations less flexible.

#### *Minimum Service Standards*

"Service is an activity that provides benefits to a group and provides satisfaction even though the results are not tied to a physical product," said Kotler in (Ariastuti, 2020). Meanwhile, according to Sampara, "Service is a series of actions that occur during direct communication between humans and machines or other people and results in customer satisfaction" (Sinambela, 2010). According to PP Number 65 of 2005 of the Republic of Indonesia, what is meant by "minimum service standards" (SPM) is the type and quality of basic services that are the obligations of the region and the minimum right of everyone to obtain them. The amount of targets that must be met to achieve a certain SPM in the form of input, process, output, or service benefits is described in the SPM indicators which are quantitative and qualitative benchmarks.

Van Meter & Van Horn's (2005) Policy Implementation Theory:

- Policy standards and objectives
- Resources
- Inter-organizational relationships
- Characteristics of implementing agents
- Social conditions
- Implementor dispositions

## **METHODOLOGY**

Provide a clear and shortened version of your methods in conducting the Qualitative research approach is used in research. According to Moelong (2010), qualitative research is a method that can provide descriptive oral or written data related to the behavior of people observed, such as behavior, perception, motivation, actions, and others holistically, through descriptions of language and words, in a unique natural environment, and by using various natural techniques. By explaining or illustrating the current condition of a topic or research target from the facts that occur, qualitative research aims to solve problems. By leading to a comprehensive and in-depth description of the situation in a natural setting, this qualitative research aims to understand the condition of a context by describing what actually happens according to the research subject. This qualitative study has descriptive characteristics. Researchers must describe items, situations, or social contexts that will be used in narrative writing as part of the descriptive research procedure. In writing, and the information collected is presented in the form of words or pictures.

### ***Location and Time of Research***

The object and location of this research were carried out at the Health Office of Labuhanbatu Regency.

Moeliono said that "the subject of research is the individual who will be observed as the target of the research. Informants are divided into 3 parts, namely:

1. Important informants Key informants are those who have in-depth knowledge related to the issues raised by the researcher. In addition to understanding information related to key informants, key informants also have knowledge related to situations and events in society.
2. Key informants are those who do not participate in data verification but consistently mention the function of a person in providing explanations related to the issues raised in the research.
3. To obtain additional data needed for the research process, supporting informants are often needed.

### ***Data Collection Techniques***

Unstructured interviews, observations, and documentation studies are methods used to collect research data. Sugiyono argues that using these three methods means that researchers get data from the same source using various methods, data collection techniques are the main part that cannot be separated when the research is carried out (Sugiyono, 2016).

Interviews are often used in qualitative research, and can be said to be the main data collection technique. At the beginning of the research in the field, the researcher conducted interviews with the Head of the Labuhanbatu Regency Health Office, the Community suspected of having TB in Labuhanbatu Regency, and the Staff who handle SPM at the Labuhanbatu Regency Health Office. In this study, the researcher used interviews to obtain the necessary data, the researcher used unstructured interview techniques in order to get more complete answers and research subjects that will be studied by researchers in the environment in Labuhanbatu Regency.

This approach utilizes direct meaning, or observation, of an object, condition, state, action, or behavior. In this thesis, the researcher uses direct observation to obtain primary data in Labuhanbatu Regency. The purpose of the observation is to directly observe the object in this thesis. In this study, the researcher used a documentation study in the form of photos or archive images obtained at the Labuhanbatu Regency Health Office. This was carried out by the researcher with the intention of completing the results of observations and interviews that had been carried out by the researcher in the Labuhanbatu Regency environment.

### *Data Analysis Techniques*

In this study, the author made an analysis using the following steps:

1. In essence, the reduction stage is the information data found in the field which is then arranged systematically, after that the selection of relevant data or not in the field with the research objectives must be in accordance with the main problem.
2. Data presentation is a compilation of information that is arranged methodically and is easy to understand. Everything is designed to integrate several bits of information that have been structured in a logical and easy-to-understand way.
3. Data that has been formulated by the researcher so that it has meaning but still has to be tested for its truth, suitability and robustness. Therefore, researchers must be aware that in finding meaning, it is necessary to implement an approach from the perspective of a key informant and not an interpretation according to the researcher's perspective.

## **DISCUSSION**

### *Implementation of Minimum Service Standards in Health Services for Suspected Tuberculosis (TB) Patients in Labuhanbatu Regency*

Ending the AIDS, malaria, TB, and other tropical disease epidemics by 2030 is one of the Sustainable Development Goals (SDGs). To determine the effectiveness of the program and existing problems, the Cure Rate calculation was carried out. Among the identified or documented TB patients with Positive BTA who have been identified or documented, the cure rate shows the proportion of patients who have recovered at the end of the treatment period. The Cure Rate (CR) in 2023 was 25.09%. In Labuhanbatu Regency, the Treatment Success Rate (SR) for TB with BTA+ was 90.60 percent. This figure has reached the Minimum Cure Rate (SKM) target that must be met, namely 90%.

Both the Central Government and the District Government are concerned about the recovery rate of BTA+ pulmonary TB patients. In Labuhanbatu District, the recovery rate of BTA+ pulmonary TB patients varies from 2018 to 2022. In 2018 it was 89.33%; in 2019 it dropped to 47.49%; in 2020 it increased to 68.33%; in 2021 it dropped drastically to 10.43%; and in 2022 it increased to 25.09%. The achievement of Labuhanbatu District has not yet reached the National Target for the Recovery Rate of BTA+ Pulmonary TB Patients of 95%. Due to the still very high number of TB suspect targets, unreported services from private health networks and facilities to the Health Center, the presence of TB patients who receive services outside the Regency's work area, the absence of case tracking operations, the unavailability of microscopy, and the transfer of TB officers, the TB patient recovery rate is still far from the target. In 2022, the number of TB suspect patients was 8,828 people and of that number, 2,382 people received TB services according to standards or around 26.98%. However, this is not in accordance with the Regency and SPM targets (100%). Resources, communication between organizations and implementing activities, characteristics of implementing agencies, disposition of implementers, and economic, social, and political environmental conditions are some of the phenomena that will be studied in this study related to the implementation of the SPM-BK policy for TB suspect patients in Labuhanbatu Regency. Six variables from the Van Meter & Van Horn (2005) policy implementation theory can be used to assess Minimum Service Standards (SPM) in health services for TB suspect patients in Labuhanbatu Regency. Labuhanbatu. Each of these indicators provides an overview of how policies are implemented in the field and the factors that support or hinder their implementation.

In Labuhanbatu Regency, the achievement of SPM-BK for suspected TB patients has not yet reached the national target of 100%. Clinical examination procedures are still limited. Handling of suspected TB patients is regulated in Republic of Indonesia Regulation Number 67 of 2021 concerning TB Control and Republic of Indonesia Regulation Number 6 of 2024 concerning Technical Standards for Fulfilling Basic Service Quality at Minimum Service Standards in the Health Sector involving 15 health centers and one hospital. The achievement of SPM-BK for suspected TB patients in Pesawaran Regency has not yet reached the national target of 100%. Clinical examinations, supporting examinations, and education are part of the implementation of the SPMBK policy for suspected TB patients. Clinical examinations are carried out in two ways, namely actively by visiting the family or closest person who lives with the TB patient in coordination with health cadres, and passively by asking suspected TB patients to check themselves at the nearest health facility. Health centers can accept referrals from hospitals and clinics. However, this is hampered by the reluctance of the community to check themselves and the lack of public awareness to seek health services.

Policy implementation is highly dependent on the availability of resources. In Labuhanbatu District, the available resources face several challenges, especially related to; Human resources (HR): The number of medical personnel trained to handle TB, especially in remote areas, is still lacking. Health centers that are far

from the city center often lack staff who have special competence in handling TB. Health facilities: Not all health centers in this area are equipped with adequate diagnostic equipment such as laboratories for sputum examination and X-ray machines. Budget: Limited funds to expand training programs and improve health facilities are also obstacles.

Adequate human resource support cannot be separated from the achievement of policy implementation. From the results of research conducted in Central Java, the availability of human resources, both in terms of quantity and quality, can affect the success of a policy (Akrima & Sofwan, 2018). Sufficient funding is needed to support the implementation of the SPMBK policy for individuals suspected of having tuberculosis. The regional budget for Labuhanbatu Regency comes from grants from the Global Fund, BOK, and APBD. The current budget is still insufficient to implement it. The current budget is used for all initiatives, not only for the implementation of the SPM-BK policy for individuals suspected of having tuberculosis. From research in West Sumatra, the poor planning structure so that there is no special budget for the TB program is the cause of the less than optimal implementation of TB contact investigations (Hendri et al., 2021).

Information technology systems play an important role in the implementation of SPM for TB health services in Labuhanbatu District. The use of IT systems can improve case monitoring, reporting, data analysis, and coordination between health facilities. Evaluation of existing IT systems, user training, and improvement of IT infrastructure are important steps to ensure that technology effectively supports TB case management and reporting. If there are challenges or gaps, efforts to improve and adopt new technologies can help improve the quality and effectiveness of TB services.

### ***Inter-Organizational Communication and Implementation Activities***

Coordination between the Health Office, health centers, and hospitals is a key element in the implementation of TB policies. In Labuhanbatu, inter-organizational communication is still inefficient:

- Distribution of TB drugs is often late, especially in remote areas, due to lack of good communication between the health office and local health facilities.
- Data reporting is also often late, which makes it difficult to monitor case developments and drug management.

All health centers in Labuhanbatu Regency have received information from the health office regarding the SPM-BK policy for individuals suspected of having tuberculosis. Then, using printed materials such as banners, TB brochures, and double-sided sheets, the health centers inform the community. Information is delivered directly during screening events, integrated health posts, and integrated health posts. During Lokmin, health facilities provide health information through various programs.

Print media, including leaflets, pamphlets, posters, and banners, as well as websites and Instagram, can be used to disseminate information (Indriyani et al., 2021). To provide direct access to information on policy implementation to health facilities, the health office holds meetings and socialization. How well the

implementers and target groups understand the objectives, intent, and substance of a policy is a measure of the clarity of information. Policy implementation can be unsuccessful if the target group and implementers receive ambiguous information (Cahyani et al., 2020).

The initial step in optimization is for the Health Office to hold meetings and socialization to all TB program participants in all health facilities (Sofiyatun, 2019). Consistency of information: The Health Office carries out monitoring and evaluation activities every month, either directly through visits to health facilities or through WA groups which are held every quarter. Consistency of information can be assessed in several ways, including unchanging meeting schedules and consistent information (Sofiyatun, 2019). From research in Central Java, it can be explained that knowledge that is permanent is called consistent (Cahyani et al., 2020).

The attitude and commitment of policy implementers in handling TB in Labuhanbatu Regency are generally positive, but there are several challenges:

- Motivation of health workers often decreases due to high workloads, especially in areas with a shortage of medical personnel.
- Commitment of implementers in providing health services remains high even though they face various resource constraints.

Dose of Implementers The attitude and dedication of SPM-BK policy implementers have an impact on the handling of suspected TB patients in Labuhanbatu Regency. SPM-BK policy implementers for suspected TB patients in Labuhanbatu Regency are generally positive, they have all participated in all program activities and work together. However, there are still some officials who are not yet active in carrying out TB-related tasks. In order for policy implementers to provide the best possible health services, their attitudes are very important in influencing the quality of these services. (Herawati et al., 2020).

Social, economic, and political conditions greatly influence how policies are received and implemented in the community. In Labuhanbatu Regency. Labuhanbatu, social and economic factors are the main obstacles:

- Social stigma: Many people still consider TB as a shameful disease, so they tend to hide the disease or delay treatment.
- Economic factors: Although TB treatment is free, many people are reluctant to use this service because of the cost of transportation to the health center and the inability to leave their daily work.

Community views and actions are influenced by social and economic conditions. People prefer to hide symptoms that cause increased TB transmission because they consider TB to be a common disease. According to research from West Sulawesi, community perceptions regarding the spread of pulmonary TB are interrelated (Sulaiman, 2020). TB transmission is influenced by the condition of the home environment. Communities with high population density and low income are more likely to suffer from TB because they tend not to practice clean and healthy living habits. Low socioeconomic income affects people's behavior to meet their nutritional needs, according to research from Central Java (Pramesti Nandariesta et al., 2019).

This illustrates how temperature, humidity, housing density, and lighting all affect the prevalence of tuberculosis, which is consistent with previous research (Mardianti et al., 2020). In terms of policy implementation, education is very important. People's decisions to seek TB health care facilities are influenced by their educational attainment. People with higher education tend to understand and know more about health, as well as how to maintain and implement a healthy lifestyle (Febryani et al., 2021). From research in North Sumatra (Lubis et al., 2023), knowledge influences the use of health services by the community, especially for TB.

There are several factors that form a negative stigma in TB patients which are inhibiting factors in healing, including:

- a. Age Age factor affects a person's understanding. A person's level of strength and maturity will increase with age, as will their ability to think, work, and see the stigma itself. Nurfadila (2015) emphasized that increasing age has an impact on a person's capacity to understand and reason, resulting in better information acquisition. Because they understand more easily than older people when given information by health workers, young people have more knowledge than older people. People will try to live a clean and healthy lifestyle if they get enough information about TB. It is hoped that with adequate understanding, people's attitudes will improve and help them avoid TB problems (Notoatmodjo, 2012)
- b. Education, Education is one of the variables that contributes to the increase in cases of pulmonary tuberculosis. Higher education increases a person's health knowledge and increases awareness of the need to implement better habits. When someone is exposed to a disease, such as pulmonary tuberculosis, patient education can affect their compliance with therapy. This can help ensure that treatment is effective and pulmonary tuberculosis can be cured (As & Keliat, 2020)
- c. Stigma, is a social phenomenon or individual experience characterized by social prejudice that is detrimental to people or groups because of certain health problems, such as exclusion, rejection, blame, or devaluation (Kipp et al, 2011). The main source of stigma, according to research by Courtwright and Turner (2010), is the fear of contracting the disease, although cultural and sociodemographic differences also play a role. Discrimination from society is something that is often described by some TB patients. This is the result of people's fear of contracting the disease. Patients evaluate whether they will be avoided by others, or maybe they will avoid it by rarely interacting with others. According to Soma et al. (2014), low stigma proves that people have high expectations for the treatment process and that stigma reduction initiatives must work to change stigma into support. Social contact between the stigmatizer and the stigmatized is known as stigma. The experience of prejudice from others and internalized feelings of shame are two main causes of stigma. To reduce stigma and its impact, patient support is essential. In everyday life, stigma is the act of giving negative social labels with the aim of separating or discrediting a person or group of people. In reality, stigma leads to discriminatory behavior, such as not recognizing or trying to uphold the

basic rights of a person or group of people as dignified human beings (Ministry of Health of the Republic of Indonesia, 2016). The findings of this study are in accordance with Oktariana's research (2014) which found that high stigma is related to the incidence of pulmonary tuberculosis because people around TB sufferers who are afraid of contracting the disease will stay away from them.

## **CONCLUSIONS AND RECOMMENDATIONS**

The conclusions drawn from the results and discussions of the previous chapter are:

1. In Labuhanbatu Regency, the SPM-BK policy for individuals with possible TB has not been implemented effectively as it should. The capacity of human resources to capture and report data online (SITB) is limited, according to the resource variable. Because operational funds must be used for all activities, the funds are insufficient. In this case, the use of TCM instruments is very minimal – there are only three TCM devices in Labuhanbatu Regency – and the lack of infrastructure makes the TB screening procedure less than ideal. Because community involvement in counseling and socialization is still limited, information has not reached all members of the community through communication between groups and events. There are no specific regional regulations that control tuberculosis in Labuhanbatu Regency. To limit the spread of tuberculosis, community attitudes and behavior are influenced by low economic and educational levels. Lack of knowledge regarding health initiatives continues to be a reason for the lack of political support.
2. Implementation of Minimum Service Standards (SPM) for health services for people suspected of having TB in Labuhanbatu Regency faces various significant inhibiting factors. Limited human resources, health facilities, drug distribution, and coordination between organizations are the main obstacles. In addition, social and economic conditions of the community, such as social stigma and economic limitations, also slow down community access to health services. By improving training for health workers, increasing facilities, and implementing more intensive socialization, the implementation of this policy can be more effective and efficient.

## **FURTHER STUDY**

Future research should focus on exploring innovative strategies to overcome the identified challenges in implementing the SPM-BK policy for tuberculosis in Labuhanbatu Regency. Advanced studies could investigate the potential of digital health solutions, such as mobile applications and artificial intelligence, to enhance data collection and analysis capabilities while addressing human resource limitations. Additionally, research into community-based approaches for increasing awareness, reducing stigma, and promoting early detection and treatment adherence is essential. Emphasis should also be placed on evaluating the economic feasibility of expanding TCM devices and health infrastructure, as well as on policy formulation to establish region-specific regulations. Comparative studies with other regions that have successfully implemented similar policies could provide valuable insights and best practices.

By addressing these areas, future research can contribute to more effective, sustainable, and inclusive health service delivery for tuberculosis management.

## REFERENCES

- A.S. Moenir. (2010). *Manajemen Pelayanan Umum Di Indonesia*. Jakarta: Bumi Aksara.
- Agustino, L. (2008). *Dasar-dasar kebijakan publik*. Bandung: Alfabeta.
- Akib, Haedar. (2010). Implementasi Kebijakan: Apa, Mengapa, Bagaimana. *Jurnal Administrasi Publik*. 1(1). 1-11.
- Aliyah, Nurul, Y.A. (2020). Capaian Standar Pelayanan Minimal (Spm) Bidang Kesehatan Kasus Hipertensi Dan Diabetes Mellitus Di Kota Bandung Tahun 2020. *Jurnal Ilmu Pemerintahan Widya Praja*. 46(2). 356-368.
- Anggara, S., & Soetari, E. (2018). *Kebijakan Publik*. Bandung: CV Pustaka Setia.
- Anwar, A. A., Astuti, D., & Pratiwi, E. (2022). Edukasi Tuberculosis pada Masyarakat di Masa Pandemi. *KREATIF: Jurnal Pengabdian Masyarakat Nusantara*. 2(1). 19 - 27.
- Aprianto, Ronal. (2016). Pengaruh Promosi dan Pelayanan Terhadap Kepuasan Pelanggan Pada Toko BNJ Elektronik Kota Lubuklinggau. *Buletin Bisnis dan Manajemen*. 2(1). 20-32.
- Ariastuti, N & Yulia, A. (2020). Capaian Standar Pelayanan Minimal (Spm) Bidang Kesehatan Kasus Hipertensi Dan Diabetes Mellitus Di Kota Bandung Tahun 2020. *Jurnal Ilmu Pemerintahan Widya Praja*. 46(2). 355 - 468.
- Ayu, Ardila. (2021). *Efektivitas Pelayanan Kesehatan Pada Masa Pandemi Covid-19 di Puskesmas Bangkala Kab. Jenepono*. Skripsi. Makassar. Universitas Hasanuddin.
- Cahyani D. I , Kartasurya, M. I, Rahfiludin, M, Z. (2020). *Jurnal Kesehatan Masyarakat Indonesia*. 15(1). 1-9.
- Creswell, J.W. (2010). *Research Design Pendekatan Kualitatif dan Mixed*. Yogyakarta: Pustaka Belajar.
- Dinas Kesehatan Kab. Labuhanbatu. (2024). *Laporan Penerapan SPM Bidang Kesehatan*.
- Dunn, William, N. (2003). *Pengantar Analisis Kebijakan Publik*. Edisi kedua, Cetakan Kelima. Yogyakarta: Gajah Mada University Press.
- Edward III, George C. (1980). *Implementing Public Policy*. Washington DC : Congressional Quarterly Press.
- Fadhlorrohman M, Purnomo E. P, Malawnai, A, D. (2020). Analysis Of Sustainable Health Development In Indonesia (Sustainable Development Goal's). *Jurnal Kesehatan Lingkungan Indonesia*. 19(2). 133-143.
- Fitriani, L, Nur, A.A, Rahayu. (2023). Keputusan Pemilihan Pelayanan Pengobatan Ditinjau dari Karakteristik Individu dan Aksesibilitas. *JPPKMI*. 2(1). 76 - 75.

- Gantika, S, Heri, Caesar, M,R. (2020). Penguatan Implementasi Kebijakan Penataan Kelembagaan Di Kab. Bandung Barat. *Decision: Jurnal Administrasi Publik*. 2(1). 13-32.
- Grindle, Merilee S. (1980). *Politics and Policy Implementation in the Third World*. New Jersey : Princeton University Press.
- Handoyo, Juliana dkk. (2019). Implementasi Kebijakan Pemberdayaan Ekonomi Masyarakat Di Desa Koka Kecamatan Tombulu Kab. Minahasa. *Jurnal Administrasi Publik*. IV(062). 72 – 82.
- Hasanah, Nurul. (2019). *Diskresi Dalam Pelayanan Kesehatan Kota Makassar (Studi Kasus Pada Pelayanan Home Care Di Puskesmas Kassi-Kassi)*. Skripsi Thesis. Makassar. Universitas Hasanuddin.
- Ika, Lenaini. (2021). Teknik Pengambilan Sampel Purposive Dan Snowball Sampling. *Historis: Jurnal Kajian, Penelitian & Pengembangan*. 6(1). 33 – 39.
- Kaendung, Evander dkk. (2021). Implementasi Kebijakan Terkait Rencana Induk Teknologi Informasi dan Komunikasi di Kota Manado. *Jurnal Governance*. 1(2). 1 – 11.
- Kemenkes RI. (2019). *Htbs 2019: Saatnya Indonesia Bebas TBC*. Kemenkes RI: Jakarta.
- Kemenkes RI. (2020). *Profil Kesehatan Indonesia 2020*. Kemenkes RI: Jakarta.
- Khobsah, Farra. S. (2023). Implementasi Standar Pelayanan Minimal Pada Masa New Normal Di Puskesmas Kassi Kassi Kota Makassar. *Journal Unismuh*. 4(1). 152 – 161.
- Kholifah, Emy. (2013). Pemikiran Kritis Terkait Bureucrat Street Level Theory Oleh Michael Lipsky. *Relasi Jurnal Ekonomi*.18(1). 120-148.
- Kogaya, I, dkk. (2023). Analisis Data Sekunder Implementasi Kebijakan Sistem Computer Assisted Test (Cat) Pada Penerimaan Pegawai Negeri Sipil (Pns) Di Provinsi Papua. *Jurnal Kajian Pemerintah*. 9(1). 1- 15.
- Kuzairi, Untung & Yuswadi H. (2017). Implementasi Standar Pelayanan Minimal (Spm) Pada Pelayanan Publik Bidang Pelayanan Kesehatan (Studi Kasus Pada Rumah Sakit Umum Dr. H. Koesnadi Bondowoso). *Jurnal Politico*. 17(2). 184 – 205.
- Lexy J.Moleong (2010). *Metodologi Penelitian Kualitatif Edisi Revisi*. Bandung: PT.Remaja Rosdakarya.
- Lorwena, L. (2023). Standar Pelayanan Pusat Kesehatan Masyarakat. *Jurnal Publikasi Ilmiah*. 21(1). 89 – 98.
- Mahmud, Fajrin dkk. (2020). Implementasi Kebijakan Program Keluarga Harapan (Pkh) Di Kab. Enrekang. *Jurnal Administrasi Publik*. 6(2). 18 – 33.
- Monika, Y.A. (2021). *Implementasi Standar Pelayanan Minimal Kesehatan Jiwa Di Puskesmas Seyegan Kab. Sleman Yogyakarta*. Skripsi. Surakarta: Universitas Muhammadiyah Surakarta.

- Najah, S. (2022). Literatur Review Implementasi Sdgs Pada Kebutuhan Sehat Dan Kesejahteraan. *Jurnal Sains Edukatika Indonesia (JSEI)*. 4(1). 51-58.
- Nursyamsi, F. (2015). Pengawasan Peraturan Daerah Pada Undang-Undang Nomor 23 Tahun 2014 Terkait Pemerintahan Daerah. *Jurnal Ilmu Hukum Padjadjaran (PJIH)*. 2(3). 1- 15.
- Peraturan Pemerintah No. 2 Tahun 2018 Terkait Standar Pelayanan Minimal.
- Peraturan Pemerintah No. 65 Tahun 2005 Terkait Ruang Lingkup Standar Pelayanan Minimal.
- Permenkes Nomor 6 Tahun 2024 terkait Standar Pelayanan Minimal Bidang Kesehatan di Kab./kota.
- Rachmawati, R. (2019). Pendekatan Top Down Dan Top Up Terhadap Keterampilan Membaca. *Jurnal Pendidikan*. 1(1). 1 - 10.
- Rohman, Didik dkk. (2021). Implementasi Kebijakan Pelayanan Administrasi Kependudukan Terpadu (Studi Pada Dinas Kependudukan Dan Catatan Sipil Kota Malang). *Jurnal Administrasi Publik JAP*. 1(5). 962 - 971.
- Sinambela, L. P. (2010). Reformasi Pelayanan Publik. Jakarta: Bumi Aksara.
- Sugiyono. (2012). Metode Penelitian Kuantitatif Dan R&D. Bandung: Alfabeta.
- Sugiyono. (2016). Metode Penelitian Kualitatif, Kuantitatif, R&D. Bandung: IKAPI.
- Suryani. R. (2019). Implementasi Standar Pelayanan Kesehatan Masyarakat (Studi Di Pusat Kesehatan Masyarakat Kecamatan Kuta Cot Glie Kab. Aceh Besar). Skripsi. Aceh. Unviersitas Islam Negeri Ar-Raniry.
- Syafii,IK. (2011). Manajemen Pemerintahan. Bandung : Pustaka Reka Cipta.
- Syafingi, H. M. (2017). Konstitusional Standar Pelayanan Minimal. *Jurnal Hukum Novelty*. 8(2). 216 - 231.
- Taradipa, D. (2017). Evaluasi Pencapaian Standar Pelayanan Minimal (SPM) Puskesmas Tanjung Batu Kab. Ogan Ilir tahun 2017.
- Tinolah, R. S. (2016). Kebijakan Publik yang Tidak Terimplementasikan : Studi Kasus Peraturan Pemerintah Nomor 74 Tahun 2014 Terkait Angkutan Jalan pada Perubahan Kepemilikan Angkutan Umum Milik Perseorangan Menjadi Badan Hukum di Surabaya, 4(4), 1-11.
- Trisnawati, D, L. (2023). Implementasi Kebijakan Standar Pelayanan Minimal (Spm) Bidang Kesehatan Di Kab. Boyolali Dalam Rangka Pemenuhan Mutu Pelayanan Dasar Sebagai Hak Asasi Warga Negara. Skripsi. Magelang: Unviersitas Muhammadiyah Magelang.
- Usaid. (2014). Tata Kelola Penerapan Standar Pelayanan Minimal (SPM) Bidang Kesehatan untuk Kab./Kota. Jakarta: International development.
- Wardani, R, Dewi, D.A.S. (2019). Pelaksanaan Kebijakan Standar Pelayanan Minimal Kesehatan Kab. Magelang Tahun 2017-2019 Dalam Mewujudkan Kesejahteraan Masyarakat. *Jurnal Aminesti Hukum*. 1(2). 1-11.

- Widodo, Subarsono. (2011). Teori Implementasi Kebijakan. *Journal of Chemical Information and Modeling*, 53(9).
- Zudi, M., Suryoputro, A., & Arso, S. P. (2021). Analisis Implementasi Standar Pelayanan Minimal Bidang Kesehatan Di Puskesmas Guntur I Kab. Demak. *JKM: Jurnal Kesehatan Masyarakat Cendekia Utama*. 8(2), 165-179.