

Analysis Readiness of First Level Health Facilities in Compliance with Minimum Standards of Pregnant Women Health Services in Jambi City

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Abstract

Background : The minimum service standard (SPM) in the health sector is one type of minimum service standard (SPM) which is a reference for Regency/City Regional Governments in providing a health service that every citizen is entitled to receive at a minimum. Minimum service standard (SPM) for health consists of SPM for Provisional Areas and SPM for District/City Regional health. The Minimum Service Standards (SPM) in the District/City Regional Health Sector have 12 indicators, namely health services for pregnant women, health services for mothers giving birth, health services for newborns, health services for toddlers, health services at the age of basic education, health services at productive age, services health services for the elderly, health services for people with hypertension, health services for people with diabetes mellitus, health services for severe mental disorders, health services for people with TB, and health services for people at risk of being infected with HIV. The purpose of this study was to see the Readiness of First Level Health Facilities in Efforts to Fulfill the Minimum Service Standards for Pregnant Women in Jambi City. **Method:** This type of research is qualitative. The research was conducted starting in April and continued in June. There were 33 informants in this study, including 1 key informant and 32 supporting informants. Research informants were determined using a purposive sampling technique. Data collection techniques were carried out by in-depth interviews. Data analysis was used with thematic analysis and data validity using source and data triangulation. **Result:** Lack of coordination between related officers, in this case cross-program collaboration with MCH officers in assisting MCH activities and infrastructure which includes examination rooms and medical devices according to standards based on regulations. However, the waiting room is uncomfortable and feels cramped and the provision of chairs for pregnant women is still slightly increased because the MCH room is next to the immunization room and the number of patients who come is quite a lot, so officers need to quickly examine patients so that there is no accumulation in the waiting room. **Conclusion:** Increased cooperation or coordination between related officers or cooperation between cross-programs and waiting room conditions that are not conducive because the availability of seats is still small and considering that the MCH room is next to the immunization room which causes the patient's condition to pile up in the waiting room.

Keywords

Minimum Service Standards (SPM), Pregnant Women, ANC

Background

Minister of Health Regulation Number 4 of 2019 concerning Technical Compliance Standards for Quality of Basic Services in the Minimum Service Standards in the Health Sector which took effect on January 1 2019 consists of provincial health SPM and district / city regional health SPM. Provincial health SPM consists of health services for residents affected by a health crisis due to a disaster and/or potential disaster in the province and health services for residents during provincial extraordinary events, while district/city regional health SPM consists of twelve indicators, namely health services for pregnant women, health services for mothers giving birth, health services for newborns, health services for toddlers, health services at the age of primary education, health services for productive age, health services for the elderly, health services for people with hypertension, health services for people with diabetes mellitus, health services for people with mental disorders severe mental illness, health services for people suspected of having tuberculosis and health services for people at risk of being infected with a virus that weakens the human immune system (Human Immunodeficiency Virus) ¹.

In government regulation (PP) number 2 of 2018 regarding minimum service standards (SPM) the government is required to provide basic services to the public. Basic services are services provided to the public to meet the basic needs of citizens, one of which is through health. Basic health services are urgently needed to achieve the unachieved targets of the MDGs, SDGs 2030, and Minimum Service Standards (SPM). The success of basic health services, which are mainly promotive and preventive, will reduce the burden of service ².

The application of SPM in the health sector in Jambi City itself is still not optimal. It can be seen that the MSS indicator for pregnant women is realized at 98.46% in 2020.

Puskesmas is one of the government units tasked with providing services to the community in the health sector. So that the puskesmas is the closest unit to the community and always plays an active role in every activity related to public health. Guaranteed quality health services is the output desired by all parties. So that to support the guarantee of the implementation of quality health services, each health center provides services oriented to the Minimum Service Standards, hereinafter abbreviated as SPM in the health sector that has been determined ³.

The city of Jambi has 20 Community Health Centers spread across 11 sub-districts in the City of Jambi (Dinkes Jambi Profile 2020) as technical implementation units responsible for implementing health development in their working areas. One of the Puskesmas units assigned was Pakuan Baru Health Center, Rawasari Health Center, Paal X Health Center and Paal Merah II Health Center. This Puskesmas has a function as a center for driving health-oriented development, a community empowerment center, as well as a first-level health service center covering individual health services and community health services. Community Health Centers and their networks are the spearhead of the Health Service in efforts to realize the MSS target in the Health sector in districts/cities.

ANC services for pregnancy checks are contained in Minister of Health Regulation Number 97 of 2014 concerning health services before pregnancy, pregnancy, childbirth and the postpartum period,

contraception service delivery, and sexual health services. Mandating the implementation of quality and comprehensive ANC so that deliveries are clean, safe and healthy. The implementation of ANC must be in accordance with the SPM according to Minister of Health Regulation number 4 of 2019 concerning technical standards and fulfillment of the quality of basic services at least in the health sector ⁴.

Good services for pregnant women should be in accordance with the MSS, namely referring to the minimum conditions that must be met for the community in order to ensure the implementation of quality health services both in quantity and quality, in terms of quantity, namely at least 4 times during pregnancy, 1 visit in the first trimester, second trimester 1 visits and two visits in the third trimester, while quality is monitored through K4 coverage with quality standards, namely 10 T examinations in antenatal care which include: weight checks; blood pressure; LILA; height of the apex of the uterus; Presentation of the Fetus and Fetal Heart Rate (DJJ); immunization status; Provision of iron tablets at least 90 tablets; Laboratory test; case handling; and Gathering ⁴.

Antenatal visits for monitoring and supervising the welfare of mother and child at least four times during pregnancy, namely up to the first trimester of pregnancy (<14 weeks) one visit, and the second trimester of pregnancy (14-28 weeks) one visit, and the third trimester of pregnancy III (28-36 weeks and after 36 weeks) two visits. Nationally the target of antenatal care visits is 90%. Assessment of the implementation of health services for pregnant women can be done by looking at the coverage of K1 and K4 ⁵.

Based on the research of Wahyuni Nova and Farida Ana (2021), the results of the study show that there are 6 service indicators that have not met the MSS target, namely health services for pregnant women, health services for toddlers, health services for the elderly, health services for people with diabetes mellitus, health services for sufferers hypertension, health services for people suspected of tuberculosis, and health services for people at risk of HIV. Several factors hindered the rate of targeting MSS, including the quantity and quality of human resources that were not optimal, the large demographic area also affected the required facilities and infrastructure, culture and public awareness as external factors, and monitoring and evaluation management that was less than optimal ⁶.

Based on the results of the initial survey by means of observation conducted by the author, it can be found that there is a problem with the Jambi City MSS target not being met. Based on the results of an interview with one of the staff at the Pall Merah II Health Center, it was stated that the lack of coordination between officers in each related program and in terms of the facilities provided could also result in the SPM for pregnant women not being achieved.

Method

This type of research is qualitative. The research was carried out starting in April and continuing in June. There were 33 informants in this study, including 1 key informant and 32 supporting informants. Research informants were determined using a purposive sampling technique. Data collection techniques were carried out by in-depth interviews. Data analysis was used with thematic analysis and data validity using source and data triangulation.

already have STR and all are still active and valid because that is a requirement for BPJS.

Results

The results of in-depth interviews, observations, and documentation that have been carried out by researchers are outlined in the results of data presentation and analysis. In general, the research results obtained in the field have been able to answer the implementation readiness analysis carried out by researchers based on research objectives, theoretical frameworks and thinking frameworks, namely based on input, process, output based on the narrative of research informants through a story obtained from probing questions as a sub-indicator in each dimensions. In this discussion component, the researcher discusses several themes and sub-themes in probing questions, including:

1. Human Resources

a. Educational background

Human resources in providing health services to pregnant women in 4 Jambi City Health Centers, namely the Pakuan Baru Health Center, Rawasari Health Center, Paal X Health Center and Paal Merah II Health Center. Each Community Health Center has the latest educational background D3, D4 and S1 midwifery. The following is the information submitted by the informant:

"...at least all health workers in the 20 Puskesmas in Jambi City who provide health services for pregnant women are at least D3 midwifery but there are also D4 and S1 midwifery in providing health services to these pregnant women..." (RG, 55 years)

"...Yes, it's true that all officers in the MCH polyclinic already have a D-3 midwifery educational background..." (F, 53 years)

Based on the results of source triangulation by key informants and confirmed by supporting informants from the Puskesmas, all health workers who provide health services to pregnant women in the MCH poly have a background in midwifery education.

b. STR

For health workers who provide services to pregnant women at 4 Community Health Centers in Jambi City to have an STR as written evidence given by the government to health workers who already have competency certificates. Health workers who already have STR can carry out health service activities for pregnant women. The following is the information submitted by the informant:

"... yes, actually related to this STR which is one of the guidelines/handholds for carrying out a job in this case when talking about health of course they have to have a new STR they can carry out services..." (RG, 55 years)

"... it still applies that each one of them is there, even if they die they will definitely extend it because that's also requested for BPJS right..." (R, 39 years)

From the results of interviews and documentation, it was concluded that all STR health workers at the puskesmas, especially those providing services to pregnant women,

c. Ability or soft skills

The ability or soft skill of midwives who provide services to pregnant women at the MCH poly 4 Puskesmas in Jambi City are competent in their fields, then in this case health workers also participate in various trainings that have been provided by the Health Office, one of them. The following is the information submitted by the informant:

"... so along with the profession they have with a D3 educational background, of course academically they have deepened knowledge and services in terms of their profession to serve health to pregnant women. Coupled with trainings, of course some of these trainings are organized by the Provincial Health Office, some are organized by us as the Jambi City Health Office which organizes activities related to health services for pregnant women..." (RG, 55 years)

"...they already have STR and have attended training outside of the organization, their abilities have also been adjusted to be placed in the KIA section itself. It's because the health office also likes having workshops, because we are civil servants, if we have a functional position, we must be demanded to improve our abilities..." (SS, 45 years)

Based on the results of source triangulation by key informants and confirmed by other supporting informants from the Puskesmas, health workers who provide services to pregnant women at the Puskesmas attended training, of course some were provided from the Provincial Health Office and some from the City Health Office related to maternal health services. pregnant.

d. Number of HR

There are 1 health worker who provides health services to pregnant women in 4 Puskesmas, 2 people to 3 people based on the number of pregnant women in the working area of the Puskesmas. The following is the information submitted by the informant:

"...um, if the number of human resources serving pregnant women in the Puskesmas matches the number of pregnant women in the working area of the Puskesmas itself and they also have a target..." (RG, 55 years)

"...um, there are 3 people serving pregnant women in the MCH room..." (F, 53 years)

"... it just so happens that to provide services to pregnant women, there are only 2 coordinators and one thanksgiving who helps the coordinator there..." (SS, 45 years)

"...if there are 2 people in the MCH room, if you count the number, the 2 people are not 2 KIA people two by two, but 1 PJ KIA, 1 of which is TUMBANG (child development), but if it is to provide services to pregnant women yes one person..." (SR, 50 years)

Based on the results of triangulation of sources asked to pregnant women and confirmed by the puskesmas, there were 2 human resources serving pregnant women in the MCH polyclinic for the category of puskesmas with primary and basic accreditation.

Then 1 person for the category of Community Health Centers with middle accreditation and 3 health workers who provide services to pregnant women at Health Centers with plenary accreditation categories.

2. Infrastructure

a. Infrastructure facilities according to Permenkes standards

As an integrated health unit, the Community Health Center has facilities and infrastructure to support the fulfillment of the minimum service standards for pregnant women. In this case, there are several components discussed, namely infrastructure facilities according to Permenkes standards, ways to fulfill alkes, person in charge of alkes for pregnant women and sources of funds.

Provision of infrastructure for pregnant women in the KIA room at the Puskesmas is in accordance with the standards set by the Permenkes at Pakuan Baru Health Center, Rawasari Health Center, Paal X Health Center, and Paal Merah II Health Center. The following is the information submitted by the informant:

"...mmm, yes, all the medical devices in the Puskesmas support each other and are integrated to fulfill services for pregnant women..." (RG, 55 years)

"... uh, the infrastructure facilities I think are sufficient are enough because there are Dopplers to meet the needs, but for EKG we don't have it yet, but for EKG, the standard is from a specialist plan, right, is there going to enter EKG at the health center?" this but wait before entering the equipment there will be training by dr. wait for the plan of the mother and sister who will be training for the ecg..." (R, 39 years)

"... it's up to standard, for example every pregnant woman you have to get a blood-added table of at least 90 items during pregnancy, the sooner the better, if you don't feel nauseous, you have to give it quickly. It's just that the room is small, so this can also make pregnant women uncomfortable, especially if you are busy because there are not enough seats in front..." (RA, 42 years)

The opinion of the RA informant above revealed that the availability of infrastructure facilities was up to standard, but what was lacking was the small size of the room facilities.

"...I think it is in accordance with the standards, but for the room alone it is a pity because the MCH room is separate from other rooms and also the MCH room is also small, you can say it is a bit cramped which makes pregnant women sometimes feel uncomfortable..." (RA, 54 years)

Based on the results of triangulation of sources and documents, the infrastructure for pregnant women's health services at the Puskesmas is in accordance with the Permenkes standards for pregnant women's health, but the only obstacle is the room, which is too cramped and close to other rooms.

b. How to fulfill medical devices

Procedures for fulfilling the need for medical equipment in the MCH poly to support the health needs of pregnant

women at the Puskesmas. Based on information obtained from key informants through in-depth interviews, the fulfillment of medical devices for pregnant women is usually obtained directly from the center, in this case the Ministry of Health. Then the Health Center looked at which items were suitable for use for services to pregnant women and which items needed to be procured again or re-proposed. In fulfilling medical devices, planning is usually made in advance by the Puskesmas, in this case, namely the KIA coordinator to the item planning section at the Puskesmas, then this proposal will be realized in the following year after the plan is made. The following is the information submitted by the informant:

"...mmm related to the tools at the puskesmas, yes in terms of fulfilling the health of pregnant women, eee, the fulfillment is directly from the center, yes, in this case, the Ministry of Health, they always identify them to see which tools are suitable for use, which ones are no longer suitable for use, by identifying of course they know the items that need to be procured again then they make a plan, by making the plan of course they propose to the medical device planning department at the Health Center, after it is planned they wait for it to be submitted, usually it is realized. The realization is usually years after the planning is made. As far as we know, we don't have any obstacles..." (RG, 55 years)

"...um, by reporting to the puskesmas goods officer, wait for it to be checked at the aspak whether this need is really needed, then wait for the goods officer to report to the head of the campus and the head of the campus make a request if, for example, the BLUD funds are not sufficient..." (R, 55 years)

Based on the results of source triangulation by the Puskesmas and confirmed by key informants from the Health Office, the fulfillment of pregnant women's medical devices at the Puskesmas has been carried out in accordance with the predetermined procedure stages starting from the coordinator's report to making plans for the realization of the equipment needed at the MCH poly.

c. Responsible for medical devices for pregnant women

The person in charge or PJ of medical devices for pregnant women at the Puskesmas has already been determined. The following is the information submitted by the informant:

"...umm, returning to the puskesmas, they have already appointed who is in charge of the puskesmas' goods department, in this case, what I know is that there is a person in charge of the equipment and goods department..." (RG, 55 years)

"...usually if the person in charge of goods for each room is directly the room coordinator, if the person in charge is large, then the person in charge specifically for goods or assets at the puskesmas. So coordination between the room staff and the person in charge of the puskesmas goods..." (JH, 49 years)

The results of triangulation of sources by key informants from the Health Office and confirmed by supporting informants at the Puskesmas stated that indeed there were 2 persons in charge of medical devices for pregnant women, namely the person in charge of the room itself, the KIA Coordinator and the person in charge of all goods and assets at the Puskesmas.

Source of funds

The sources of funds that are poured out for the infrastructure for pregnant women at the Puskesmas come from APBD funds and non-physical funds/APBN to meet all needs, be it medical equipment such as medicines, consumables, as well as infrastructure. The following is the information submitted by the informant:

“...from APBD and non-physical/ APBN...” (RG, 55 years)

“...from APBD, APBN, BLUD...” (JH, 49 years)

Based on the results of source triangulation by key informants and confirmed by supporting informants from the Puskesmas that the source of funds for infrastructure for pregnant women at the Puskesmas came from BLUD funds, APBD, APBN and grants from BKKBN, however there was no evidence shown by the Puskesmas to informants.

Discussion

Quality of Human Resources (HR)

In implementing the achievement of health services for pregnant women through Minimum Service Standards (SPM) the local government is obliged to fulfill the availability of resources in the health sector, one of which is to improve the quality of human resources in health services for pregnant women ⁷.

One form of fulfillment of improving the quality of human resources in achieving minimum service standards for pregnant women is through educational and skills training ⁸. According to Triasmoko in Zudi (2021) the implementation of training for human resources is important in developing skills to achieve and improve the desired performance standards ¹.

Research conducted by Nur (2021) also states that educational background and training obtained also affect the completion of work, but not only that work experience and soft skill development are also factors that encourage this ⁹. The four Community Health Centers which are the subject of this study have implemented improvements to the quality of human resources through training. The training carried out for health workers who manage the field of health services for pregnant women plays a very important role in achieving the minimum service standards for pregnant women at the first health service facility in Jambi City.

Fulfillment of health services for pregnant women according to minimum service standards (SPM) requires quality human resources, in this case professional and qualified health workers. This achievement must be supported by good quality human resources, this is in line with Zudi's research (2021) which states that fulfilling good quality human resources can improve the quality of performance in health services ³.

According to Minister of Health Regulation No. 75 of 2014 the quality of human resources in pregnant women's health services at first-level health facilities in accordance with service standards, professions, operational procedures, professional ethics, and has a license to practice in accordance with applicable regulations ¹⁰. For health workers in the 4 puskesmas in this study, they already have SIP and apply service standards that support pregnant

women's health services in their implementation. Febrianti's research (2021) explains that human resources are an important element in assisting the objectives of implementing the puskesmas which must be available starting from the requirements, integration authority, STR, coordination according to the profession and valid practice permits ¹¹.

This statement is in line with Siagian's research in Paruntu (2015) explaining that the implementation of the duties of a puskesmas by health workers must be adjusted to the requirements, which in this case can be proven by a certificate of professional registration and the tasks to be carried out ¹².

In providing competent training to improve the soft skills of health workers at 4 Jambi city health centers, training has been carried out. Soft skill abilities that need to be fulfilled by health workers in the form of the ability to think, manage, lead and serve ¹³. Fulfilling these competencies is important in terms of the efficiency and effectiveness of ANC services for pregnant women, in line with Andy's research (2019) that if competence is not met, it can lead to discrepancies between health service standards, reduce the quality of health services to the point of endangering health ⁷.

Quantity of Human Resources (HR)

The quantity of human resources in efforts to fulfill the minimum standard of health services for pregnant women is explained through the availability of health workers in 4 puskesmas in Jambi City. Determination of standards for the number of available human resources is very necessary in achieving minimum service standards for pregnant women's health services. The availability of human resources for pregnant women's health services is adjusted to the planning and needs of health care facilities. The availability of health workers for pregnant women's health services greatly influences the implementation of services to improve the health status of pregnant women, in which the services provided will be maximized if there is no shortage of health workers for the patients to be treated ¹¹.

Health workers for pregnant women's health services including doctors, midwives and nurses are available according to standards at 4 first-level health care facilities in the Jambi area. However, the availability of doctors or obstetricians is still lacking. The health workers who dominate the health services for pregnant women at the first-level health care facilities at the 4 public health centers in Jambi are midwives.

According to the Minister of Health of the Republic of Indonesia Number 2052 of 2011 Article 23 paragraph 1 doctors or dentists can delegate medical procedures to nurses, midwives or certain other health workers in writing if the need for services exceeds the availability of doctors in the health service facility ¹⁴. According to the results obtained in in-depth interviews, where the available health workers for pregnant women's health services, where there is still a shortage, especially doctors, can be adapted to be assisted by nurses and midwives who are given authority by doctors in line with the 2018 Lestari research which states a shortage of doctors in services Health care at the puskesmas can be overcome by granting authority to midwives and nurses to carry out medical treatment as a doctor ¹⁵.

The availability of nurses, midwives and obstetricians in carrying out health services to achieve the fulfillment of minimum service

standards at 4 puskesmas in Jambi City is a special concern in achieving minimum service standards for maternal health services. According to Gertler in Mujiati (2017) states the level of quantity and quality of health services depends on the number of available health workers and the policies that affect them ¹⁶.

This is also in line with Fandi's research (2021) that the number of officers available to carry out health service activities can indirectly improve the quality of these health service facilities ¹⁷

The availability of existing health workers can have both negative and positive impacts according to the number and targets of pregnant women. The positive and negative impacts of the availability of health workers in achieving the minimum service standards for health services for pregnant women are when the number of patients exceeds the capacity of the number of health workers available. In terms of health services for pregnant women, the number of health workers at the 4 health centers in Jambi City is adjusted according to the number of pregnant women and the population in the working area of the health center concerned.

Anindya's research (2019) states that an imbalance between the number of health workers and patients available can increase the workload which then continues to decrease the quality of the health facility ⁸. Workload that is too high can have an impact on the achievement of MSS, therefore it is important to prepare the availability of health workers for health services for pregnant women in an effort to achieve better minimum service standards.

Infrastructure

There are still some deficiencies in supporting infrastructure for pregnant women's health services in achieving SPM in 4 health centers in Jambi City. Medical devices at 4 puskesmas are available, however, such as ultrasound and other supporting medical devices are still not available and the facilities or rooms used as examination sites for pregnant women are still small and there is still a lack of seats in the waiting room. In this case the government and the health service can fulfill the availability of supporting infrastructure in the health service for pregnant women.

The process of fulfilling infrastructure as an element of fulfilling the minimum service standards for health services for pregnant women affects the performance of health workers at the puskesmas. This is in line with Era's research (2017) which states that the limitations of medical devices and other supporting infrastructure must be paid more attention to by the government and other interested parties that can increase the effectiveness and efficiency of optimal health services¹⁸.

Implementation of health services for pregnant women in achieving minimum service standards must be supported by the provision of supporting infrastructure to run optimally. In line with Aan's research (2019) said that the availability of infrastructure for pregnant women's health services can result in low patient interest in visiting so that health services are

not achieved for pregnant women ¹⁹. However, this is not in line with Wulandari's research in Aliyah (2020) which says the availability of infrastructure is not a factor in the low achievement of MSS ²⁰.

Facilities and infrastructure to support the activities of pregnant women's health services at 4 health centers in Jambi City are sourced from APBD, APBN, BLUD funds and BKKBN grants. In planning for the physical procurement of infrastructure for pregnant women's health services, it is carried out through the internal health center which will later become a proposed request to the Health Office. The feasibility and lack of facilities and infrastructure that are still available in the health services for pregnant women are a form of limitation of the available funding sources so that the budget planning cannot be fulfilled. This is in line with Hidayat's research (2015) which stated that the lack of and delays in the funds provided could cause disruptions or even the ineffectiveness of the health services provided ²¹.

Target Pregnant Women

Determination of the determination of health services for pregnant women has been regulated in Regulation of the Minister of Health No. 4 of 2019 which services are provided to pregnant women who receive antenatal care services at the district/city level within a certain period of time and become a reference in setting targets for pregnant women ²². Determination of the target of pregnant women in the 4 Jambi City Health Centers in this study was based on projection data and real data obtained directly within 1 year.

Determining the target of pregnant women who will receive ANC services is done by recording directly or indirectly. Direct recording is carried out in real terms, which is recorded by health workers and midwives, while indirect recording is a comparative projection from the previous 1-2 years. The recording used is intended as planning information that will be used for targeting pregnant women ²³. In Hubaybah's research (2018) projection data and real data are a reference in setting targets which are also a comparison when projections are not achieved and evaluation of puskesmas can be carried out ²⁴.

It is important to determine the targeting of pregnant women by taking into account the data between projections and real data from the field, if the SPM achievement targets that have been set are not achieved an evaluation can be made between the capabilities of direct data and projected data on the achievement of the minimum service standards that have been set.

Standard quantity of visits 4 periods of pregnancy (K4)

Fulfillment of visits given to pregnant women at 4 health centers in Jambi City in ANC services 4 times was carried out by providing education and information related to antenatal visits. Providing information to pregnant women regarding the importance of utilizing the health services provided for pregnant women, is in line with Erawati's research in Mitra (2021) stating that providing information and education related to antenatal care is a form of information support that encourages pregnant women's motivation in visiting health care facilities ²⁵. The form of education and information provided to pregnant women in inviting and educating also affects the level of motivation towards visits to ANC services carried out ²⁶.

The education and information provided by the 4 Jambi City Health Centers took the form of explanations using the printed media of MCH books which were easier for pregnant women to understand. Providing education to pregnant women using the printed media of MCH books which makes it easier to understand and aims to increase visits of pregnant women in antenatal K4. Research by Lisa (2019) states that the use of information provided to pregnant women can increase visits to antenatal care ²⁷. This is also in line with Indriastuti's research (2019) which said that the ease of information and education obtained by pregnant women can increase the utilization of K4 antenatal care visits ²⁸.

To increase the quantity of ANC visits is through cross-sector and program collaboration. Cross-sectoral and cross-program collaboration formed can be in the form of direct or indirect. The role of the support of other parties is indispensable in achieving an increase in the quantity of ANC visits, however there are 2 Community Health Centers that lack cooperation and lack of coordination between other programs and MCH which makes it unsustainable in carrying out planned activities outside the building, in line with Aan's research (2019) said synchronization between cross-sectors and cross-programs in the support of health services provided to pregnant women could support the health services provided if they were consistent and continuous ¹⁹.

ANC service quality standards meet 10 T

Antenatal care is a form of combining knowledge and procedures for the stages of examination provided to pregnant women in the Puskesmas area in order to improve health and identify pregnancy problems as early as possible. The form of ANC services provided is 10T which also incorporates communication, information and education that must be given to pregnant women. Quality of service must be provided as much as possible with the aim of accurate diagnosis and administration of treatment to prevent potential mortality in infants and mothers ²⁹.

The quality standard of ANC services implemented in 4 Puskesmas in Jambi City, the form of standard ANC services carried out is the implementation of IEC and basic services for pregnant women. Basic services carried out such as KIE which provide education have an effect on the quality of ANC services carried out in line with Audina's research (2018) which states that educational messages and information given to pregnant women can increase the influence on their pregnancy and increase their visits to these health services ²⁹.

In addition to these basic and educational services, other ANC 10T services are running with the aim of achieving SPM at the Jambi City Health Center. Yanuaria's research in Lisa (2019) states that ANC health services visited by pregnant women do not only come for their health checks but also for prospective babies ²⁷. The desire of pregnant women to visit health service facilities is based on the wishes and needs of a pregnant woman, therefore the form of service provided must be of high quality so that pregnant women who are given health services can be motivated and improve the quality of the coverage of ANC services provided.

The implementation of the 10T ANC service is carried out according to PERMENKES standards, this service is also supported by the performance of the officers providing the service. According to Rauf's research in Rottie (2018) said the performance of officers in providing services can increase the utilization of ANC services provided ³⁰, Research Nurpahmi (2016) said the same thing that the performance of officers in providing quality services can lead to an improvement trend in the health services provided. However, this is not in line with Arifin's research (2022) which states that there is no relationship between officer performance in improving ANC services ³¹. Azhari (2021) states that professional health services provided by officers to pregnant women are very important in their influence on the development and conditions desired and needed by pregnant women in achieving quality ANC services ³².

Fulfillment of performance indicators for pregnant women to receive services according to standards

The achievement of the MSS performance indicators for pregnant women is based on the implementation of service quality standards and providing satisfaction with the health services provided to pregnant women. Fulfillment of the achievement of MSS performance indicators for pregnant women requires monitoring and evaluation which aims to assess the level of achievement of program targets. The evaluation and monitoring carried out not only assesses, but accompanies the achievement of the ANC program and service targets. According to Ahmad's research in Luluk (2018) said that monitoring supervision carried out by program managers will affect the quality of performance of health service outcomes to be achieved ³³. Supervision is carried out in order to achieve the goals through the process of mentoring and assessment which is carried out as advice in fulfilling these goals ³⁴.

In carrying out monitoring and evaluation of the performance of the MSS for pregnant women's health services, it is carried out by the local government and the provisions of the team formed according to the sector of each agency service line. Health services for pregnant women are carried out by the head of the health center and the Health Service which is an extension and direct coordination by the local government ³⁵. The Jambi City Health Center has coordinated monitoring and evaluation by program holders and the local government. In line with Aan's research (2019), it states that the coordination carried out after monitoring and evaluating pregnant women's health services must be fully involved, not just one-sided in its implementation ¹⁹. Evaluation and monitoring are carried out to prevent the accuracy of the target of achieving sustainable maternal health services and are carried out by parties who are deemed competent in their implementation ¹⁵.

Achievement of the MSS performance indicators for pregnant women can be realized by fulfilling the quality standards of health services provided to pregnant women, one of which is driven by community satisfaction. Community satisfaction can affect the achievement of SPM performance indicators, with positive community support it can support health services provided in line with Inayati's research (2018) community satisfaction which is driven because public trust in the health services provided can have a significant impact on SPM to continue using services the health ³⁶.

Fulfillment of the elements that support the performance of the

MSS for pregnant women is a form that influences the output of the MSS for health services for pregnant women. According to Zahtaml (2018) the achievement of the MSS performance indicators for pregnant women can be achieved with all the necessary fulfillment starting from health workers, funding, infrastructure to government policies which are a reference in the implementation of health services for pregnant women³⁷. In addition to this, there is a need for cross-program and cross-sectoral involvement in implementation that accompanies the implementation of health services for pregnant women in achieving the output of MSS services for pregnant women.

Conclusion

Based on the results of the Puskesmas readiness research in an effort to fulfill the minimum service standards (SPM) for pregnant women's health in Jambi City, the following conclusions are obtained:

1. From the input aspect, including (1) in terms of quality that the human resources or health workers in the 4 Jambi City Health Centers who provide health services to pregnant women have a D3-D4 midwifery educational background. All health workers who provide health services to pregnant women in 4 Community Health Centers already have an active and valid STR. The ability of health workers in the 4 Jambi City Health Centers to provide health services to pregnant women has been fulfilled by participating in various training and competencies that have been provided, one of which is by the Health Office. (2) Furthermore, in terms of quantity, the number of human resources or health workers who provide health services to pregnant women at the 4 Puskesmas in Jambi City, especially at the MCH Poly, is 2 people for the Rawasari Health Center, and Paal Merah II. 1 person for the Paal X Health Center, while for the new Pakuan Health Center there are 3 people. The number of human resources or health workers who have been assigned to the MCH Poly is sufficient in all providing health services to pregnant women who come and this has also been adjusted to the number of pregnant women in the working area of the Puskesmas. (3) Completeness of infrastructure suggestions at the MCH Poly 4 Puskesmas Jambi City are all complete in terms of medical devices, medicines and consumables, all in accordance with the standards set by the Minister of Health. It's just that for now the Puskesmas does not have a tool for ultrasound. Furthermore, the room facilities for the Rawasari Health Center and Paal X have a rather small or cramped room/Poly for pregnant women and the availability of chairs for the waiting room is still small. It is the same with the Paal Merah II Health Center which has a MCH Poly which is separate from the other Poly Polis and has a slightly cramped and less spacious room. The way to fulfill medical devices at the MCH Poly in 4 Jambi City Health Centers to meet the health needs of pregnant women is that first the MCH coordinator reports to the goods officer at the Health Center, then the goods officer checks at the aspak or a special application to see what availability is available. required at the Health Center. Furthermore, the goods officer makes a report to be given to the head of TU and finally the head of TU who directly reports to the head of the Puskesmas. The person responsible for medical devices for pregnant women at the 4 Puskesmas in Jambi City is the coordinator of the MCH Poly and the person in charge of all goods at the Puskesmas. Sources of funds devoted to the needs of infrastructure for pregnant women at the 4 Puskesmas in Jambi City came from APBD, APBN, BLUD funds and grants from BKKBN.

2. From the Process aspect, (1) Determining the target of pregnant women in 4 Jambi City Health Centers within one year uses 2 data, namely Projection data provided from the Health Service and Real data, namely data obtained directly from service data available at the Health Center. (2) The quality of ANC services in the form of fulfilling 4 visits during the pregnancy period given to pregnant women at 4 Jambi City Public Health Centers in ANC services 4 times by providing education and information using the printed media of MCH books which are easier for pregnant women to understand regarding visits antenatal (3) The quality of ANC services carried out at 4 Public Health Centers in Jambi City in the form of fulfilling the 10 T standard is carried out during pregnancy according to Permenkes standards which also incorporates communication, information and education that must be given to pregnant women.

3. From the output aspect, in achieving the indicators that all pregnant women receive services in accordance with the minimum service standards for pregnant women's health in the 4 Jambi City Health Centers so that they get the target according to what has been set in the Minister of Health, the 4 Puskesmas carry out routine monitoring and evaluation every year. month or also known as monthly lokmin in order to monitor the results obtained monthly in accordance with the monthly target and make plans for the following month so that at the end of the year the results obtained each month are in accordance with the annual SPM target. So that 4 Jambi City Community Health Centers have reached the target set by the Minister of Health.

Suggestion

1. For the Jambi City Health Office, based on the results of this study, it can be used as information on the constraints.
2. For the Puskesmas To serve as additional information, reading material and reference as well as input for the Puskesmas to prepare minimum health service standards for pregnant women and to further maximize health service efforts for pregnant women in order to fulfill the service standards for pregnant women according to the target.
3. For other cross-sectors, it is hoped that they will always coordinate, cooperate well and assist the Puskesmas in the form of support and others in carrying out activities for pregnant women.

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