

Evaluation of the Implementation of Minimum Service Standards for Hypertension Program

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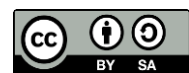
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Abstract

The prevalence of hypertension in Indonesia in the 2018 National Riskesdas was 34.11%. Minimum Service Standards for hypertension: Every patient with hypertension receives health services according to standards. Achievement of Hypertension at Andalas Public Health Center for the last two years is 30.21% in 2021 and 14% in 2022. This study aims to determine the process of implementing the Minimum Service Standards for the Hypertension program at the Andalas Public Health Center. This study is a Descriptive qualitative research method by conducting semi-structured interviews with ten informants. The research was conducted at Andalas Public Health Center from March to August. The data collected were the results of interviews using an interview guide, document review, and observation. Data analysis used source triangulation and method triangulation. The results were that the officers involved and hypertensive patients in implementing Minimum Service Standards Hypertension were by the standards. Facilities and infrastructure are sufficient, but adding blood pressure monitors and Communication, Information, and Education media in leaflets is still necessary. Existing health workers already know the process of implementing hypertension following standards.

Keywords: Hypertension in Indonesia, Minimum Service Standards, Public Health Center



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INTRODUCTION

The number of people with hypertension will continue to increase every year. It is estimated that by 2025, there will be around 1.5 billion people who will contract hypertension, and it is estimated that every year, around 10.44 million people die due to hypertension and its complications. Every year, the prevalence rate of hypertension always increases (Hariyadi dkk., 2024; Permana I. dkk., 2024; Saleh dkk., 2024). According to the 2018 National Riskesdas report data, the prevalence of hypertension is 34.11%, the prevalence of hypertension based on the results of measurements in the population aged ≥ 18 years is highest in Central Kalimantan Province, which is 44.13% while the lowest is in Papua Province, which is 22.22%.

Minimum service standards for hypertension patients where every patient with hypertension receives health services in accordance with established standards. The government must provide health services that meet the standards of all people with hypertension. Hypertension health services require hypertension control guidelines and IEC (Communication, Information, and Education) media, which are useful as guidelines in carrying out management and education in accordance with standards, tensimeters to measure blood pressure, and recording and reporting formulas (Aliyyah dkk., 2024; Susilo dkk., 2024; Tanoue dkk., 2024). Health services obtained by hypertensive patients include blood pressure monitoring, education about hypertension, a balanced diet, physical activity, and pharmacological management.

Every year, the prevalence of hypertension always increases. According to the 2018 National Riskesdas Report data, the prevalence of hypertension was 34.11%; the prevalence of hypertension based on measurement results in the population aged ≥ 18 years was highest in Central Kalimantan Province, which was 44.13%, while the lowest was in Papua Province, which was 22.22% (Ministry of Health, 2018).

Research (Utami dkk., 2021) on the Evaluation of the Implementation of the Hypertension Disease Program at the North Bogor Health Center, Bogor City, West Java Province, in 2018 states that the implementation of the Hypertension disease program has been implemented quite well even though there are still obstacles. The input element is fulfilled in accordance with the standards in the Minister of Health Regulation (Mulyanto dkk., 2024; Sofyan dkk., 2024; Suryadinata dkk., 2024). The process element is good enough, but there are still obstacles, such as the difficulty of connecting cross-program and cross-sectoral. The output element of the percentage standard in the Minister of Health Regulation on minimum service standards is still not well met; therefore, in the future, the achievements of the Hypertension disease implementation program still need to be improved.

Public Health Center, as a first-level health service facility, is the leading unit in efforts to achieve the targets of minimum service standards. Andalas Public Health Center is the health center that has the most hypertension patients in Padang, with 14,914 people (Marlina dkk., 2024; Satrio dkk., 2024; Siregar dkk., 2024). Andalas Public Health Center is also one of the health centers with a low Minimum Service Standards (MSS) achievement of 4,506 people (30.21%), including clinics in the Andalas Public Health Center work area. This indicates that there are still many people with hypertension who have not received health services in accordance with the standards in the Andalas Public Health Center work area.

The results of the initial survey, conducted by researchers through interviews with the person in charge of the MSS Hypertension program at Andalas Public Health Center, revealed that the reason for the low achievement of minimum service standards for Hypertension is that

many people don't routinely seek treatment and check their blood pressure every month at the public health center. The lack of effective availability of health workers is because they hold concurrent duties.

This study aims to determine how to implement the Minimum Service Standards for the Hypertension program at the Andalas Public Health Center (Evyana dkk., 2024; Kurniawati dkk., 2024; Marlina dkk., 2025). The specific objectives of this study consist of knowing the input in the form of personnel, facilities, and infrastructure, policies in the implementation of the minimum service standards of the Hypertension program at Andalas Public Health Center, Process or implementation of the MSS Hypertension program in the form of services, recording, and reporting, monitoring and evaluation in the implementation of the MSS Hypertension program at Andalas Public Health Center, The output or effectiveness, and the impact of MSS implementation of the Hypertension program at Andalas Public Health Center.

RESEARCH METHOD

This study was conducted at the Andalas Public Health Center from March to August 2023 with the aim of examining the implementation of minimum service standards for hypertension. A qualitative research approach was employed to enable an in-depth exploration of the phenomena occurring in the field through the perspectives of selected informants. This approach was chosen because it allows for a comprehensive understanding of the processes, challenges, and dynamics involved in implementing health programs, particularly hypertension services at primary healthcare facilities (Puskesmas Andalas, 2021).

Research Design

The research design applied in this study is a descriptive qualitative approach, focusing on an in-depth exploration of the implementation of hypertension minimum service standards. The researcher conducted interviews with individuals considered to possess extensive knowledge relevant to the research topic. Informants were selected using purposive sampling, a technique based on specific criteria aligned with the objectives of the study. This design facilitates the collection of rich, contextual data that accurately reflects the real conditions of program implementation.

Research Target/Subject

The subjects of this study consisted of 12 informants who were directly involved in the hypertension program at the Andalas Public Health Center. These included the person in charge of the non-communicable disease program, general practitioners, medical personnel such as doctors and nurses, health promotion staff, and hypertension patients. The inclusion of diverse informant categories aimed to capture multiple perspectives, thereby ensuring that the data obtained is comprehensive and representative of actual field conditions.

Research Procedure

The research procedure began with the selection of informants based on predetermined criteria, followed by in-depth interviews using a structured interview guide. Data collection was carried out progressively through interviews, observations, and documentation to support and validate the findings. Subsequently, the collected data were processed through several stages, including interview transcription, data reduction to identify key information, systematic data presentation, and drawing conclusions based on the analyzed findings (Permenkes RI, 2019).

Instruments and Data Collection Techniques

In this study, the researcher acted as the primary instrument responsible for collecting and interpreting the data. Data collection techniques involved the use of an interview guide developed based on input components (man, material, method), process, and output aspects of the hypertension minimum service standards implementation. Data were gathered through semi-structured interviews, allowing flexibility in exploring information, and were supported by tools such as audio recorders, notebooks, and cameras to ensure data accuracy and completeness. Additionally, documentation in the form of written policies and program coverage reports was utilized as supporting data.

Data Analysis Technique

Data analysis in this study was conducted using triangulation techniques to enhance the validity and reliability of the findings. Both primary data (from interviews and observations) and secondary data (from documents) were analyzed systematically through data reduction, data display, and conclusion drawing. Triangulation was performed by comparing multiple data sources, methods, and informant perspectives to ensure consistency and accuracy, thereby strengthening the credibility of the research results.

RESULTS AND DISCUSSION

Input

Based on researchers' assumptions, the personnel involved in the hypertension minimum service standard program at Andalas Public Health Center are by existing policies. Still, regarding educational background, the existing implementing personnel must be by their fields, namely health promotion personnel (Moegis dkk., 2024; Prabowo dkk., 2024; Rustam dkk., 2024). Health promotion personnel at Andalas Public Health Center have a background in the nursing profession and D3 Nutrition, which should be for health promotion personnel with a health promotion education background. The implementing personnel involved also have a double workload, which results in not focusing on program implementation due to overlaps in work completion. This will make the services provided less than optimal.

Table 1. Health Personnel Triangulation Matrix

No	Aspects Checked	Semi-structured Interview	Document Review	Observation	Conclusion
1	Health Personnel	The health workers involved in implementing the minimum service standards of the Hypertension program consist of a doctor who is in charge, nurses who take turns according to a predetermined picket schedule,	Based on a document review, Minister of Health Regulation No.4 of 2019 states that the health workers involved are doctors, nurses, and health promotion	The health workers involved consisted of 1 doctor in charge, two nurses, and health promotion workers.	Health workers who provide hypertension services need to be more sufficient in monitoring every hypertension patient.

		and health workers.	
		promotion personnel.	
2	Health human resources	Based on the Permenkes, human resources at Andalas Public Health are appropriate, consisting of doctors, nurses, and health promotion personnel.	According to the Minister of Health Regulation No.4 of 2019, human resources personnel consist of doctors, midwives, nurses, and health promotion personnel. Health workers for hypertension minimum service standards consist of doctors, nurses, and health promotion workers. Health workers at Andalas Public Health are regulated by the Minister of Health Regulation No.4 of 2019 and consist of doctors, nurses, and health promotion personnel.
3	Personnel training	There has been training organized by the Ministry of Health related to non-communicable diseases	Document - report of personnel who participated in NCD program training NCD-related training has been conducted.

Therefore, Andalas Public Health Center should propose the addition of competent health workers and personnel with a health promotion education background so that the standard number and quality of human resources in implementing the minimum service standards of the Hypertension program can be met by the Minister of Health Regulation No. 4 of 2019 (Farhanah dkk., 2024; Yang & Hartanto, 2024). In addition, Andalas Public Health Center should conduct a workload analysis in assigning tasks so that health workers have a manageable workload or duplicate tasks that can burden officers in implementing the program.

Facilities and infrastructure

The results showed that the availability of facilities and infrastructure in implementing the Minimum Service Standards for Hypertension was still insufficient because some health examination equipment, such as sphygmomanometers, was still damaged, causing a delay when patients at registration were to conduct examinations. Also, no IEC media, such as leaflets or banners, were installed only during hypertension counseling.

Table 2. Facilities and Infrastructure Triangulation Matrix

No	Aspects Checked	Semi-structured Interview	Document Review	Observation	Conclusion
1	Hypertension minimum service standard facilities and infrastructure	Availability of facilities and infrastructure in the implementation of minimum service standards Hypertension is available tension, leaflets, recording and reporting formulars, NCD Kit.	Based on the Minister of Health Regulation No. 4 of 2019, the available facilities and infrastructure are tensimeter, IEC media, recording and reporting forms.	Observation results obtained information that facilities and infrastructure Minimum service standards 1. Medical devices: two sphygmomanometers in the registration area, 1 in the emergency room. 2. NCD kits are available 3. Services are carried out in accordance with the established service flow	That the facilities and infrastructure related to the implementation of Hypertension services are in accordance with the SOP and flow, but in terms of tools are still inadequate.
2	Service Room	The service room for Hypertension is carried out in the NCD room	-	Services for Hypertension patients are carried out in the NCD room	The room used to perform Hypertension patient services is in the NCD room.

Based on the Regulation of the Indonesian Minister of Health No.4 of 2019 shows that the quality standards of goods for hypertension services are hypertension control guidelines and IEC media, tensimeters as needed, and recording and reporting formulas for the NCD information system application.

Quality standards for goods in hypertension services include control guidelines, IEC media, and recording and reporting forms for NCD information system applications. The availability of quality standards for Hypertension service items at Andalas Public Health Center found control guidelines and IEC media in the form of posters and banners, tensimeters, and recording and reporting forms. Non-communicable disease KIT at Andalas Public Health Center is available (Al Farabi dkk., 2024; Ariasih dkk., 2024; Nilansari dkk., 2024). The availability of non-communicable disease KIT is essential in implementing risk factor screening. A particular room used for hypertension services at Andalas Public Health Center is available in the non-communicable disease room. Hypertension patients will be directed at the

time of registration to the non-communicable disease room or non-communicable disease clinic.

Based on researchers' assumptions, the facilities and infrastructure for implementing the minimum service standard program for hypertension are not by the Minister of Health Regulation No.4 of 2019 because there are no IEC media, such as leaflets, and there is still a lack of sphygmomanometer equipment because the existing tools are old and many are damaged.

Therefore, Andalas Public Health Center should adopt a comprehensive approach to hypertension services (Ardiana dkk., 2024; Leorita dkk., 2024; Lubis dkk., 2024). This includes re-equipping medical devices, such as repairing or adding sphygmomanometer devices, providing informational materials, such as leaflets related to hypertension, and ensuring the availability of all necessary resources. This holistic solution will ensure that hypertension services run well and patients receive the best possible care.

Facilities and infrastructure

The research results at the Andalas Public Health Center found that the policy used as a guideline in implementing Hypertension Minimum Service Standards is Minister of Health Regulation No. 4 of 2019. The Public Health Center already has technical instructions for implementing minimum service standards for Hypertension.

Based on researchers' assumptions, the policy in implementing the hypertension minimum service standard at the Andalas Public Health Center has followed the Minister of Health Regulation No. 4 of 2019 (Balti dkk., 2024; Darmawati dkk., 2024; Haldy & Kurniawidjaja, 2024). This policy is a guideline for providing health services to people with Hypertension by established standards.

Table 3. Policy Triangulation Matrix

No	Aspects Checked	Semi-structured Interview	Document Review	Conclusion
1	Policies that serve as guidelines	The policy used as a guideline is the Minister of Health Regulation No.4 of 2019.	Health minister regulation no. 4 of 2019 is a policy that is used as a guideline in the implementation of the minimum service standards for hypertension.	That all policies related to the implementation of Hypertension Minimum Service Standards are in accordance with the Minister of Health Regulation No. 4 of 2019, then there are also SOPs for implementation.
2	SOP	Implementation of Hypertension minimum service standards activities is in accordance with SOPs	Based on SOPs related to the implementation of hypertension minimum service standards in accordance with the standards of the	All activities related to Hypertension minimum service standards are carried out in accordance with established SOPs.

Minister of Health
 Regulation No. 4 of
 2019.

3	Achievement of minimum service standards for hypertension 100%	Hypertension minimum service standard target of 100% is still difficult to achieve by Puskesmas	-	The target achievement of Hypertension minimum service standards is 100%, while Hypertension patients who must get services according to standards are very large, and difficult to reach.
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Therefore, it is hoped that Andalas Public Health Center, with the active participation of esteemed stakeholders, will continue to implement the Hypertension Minimum Service Standards program in line with the Minister of Health Regulation No. 4 of 2019. This will ensure that the implementation of Hypertension can be carried out properly, leading to a decline in Hypertension cases in the Andalas Public Health Center working area and improved control of Hypertension.

Blood Pressure Monitoring

The results showed that the personnel involved in measuring and monitoring blood pressure are doctors, nurses, and health promotion. Blood pressure monitoring is carried out at the non-communicable disease clinic, where in this monitoring hypertensive patients are given directions by health workers regarding matters related to hypertension, such as prohibitions on foods that can trigger high blood pressure, making a balanced diet, giving directions related to routinely taking medicine and routinely checking their blood pressure every month at the Public Health Center, and also giving directions to carry out physical activities such as gymnastics diligently.

Hypertension patients do not routinely check their blood pressure once a month because they do not feel symptoms of pain. Based on the performance achievement indicators for the hypertension non-communicable disease program, the monthly monitoring target is 752 (8.3%), while the annual target is 9018 (100%).

The assumption researchers' blood pressure monitoring carried out by health workers to hypertensive patients who seek treatment includes the prohibition of foods that trigger hypertension, direction to take routine medication every day, and implementation of physical activity. Officers carry out this monitoring when patients seek treatment at the public health center. The monitoring of hypertensive patients is also carried out by officers by contacting patients by telephone, but this has not been effective because officers find it difficult to reach all hypertensive patients.

Therefore, the health center is expected to always socialize with patients to check their blood pressure once a month. Public Health Center is also expected to be optimal in implementing patient monitoring via telecommunications so that patients can continue to be reminded always to measure blood pressure at the health center every month.

Patient Compliance for Routine Control

The study's results show that there are still patients who do not routinely control their hypertension or take treatment every month at the public health center. Some patients forget their routine control schedule, and some patients cannot go to the public health center because no one takes them there, and they don't have transportation.

Researchers assume that patient compliance for monthly control needs to be given direction again so that all patients check their blood pressure every month to monitor their blood pressure again so that complications that are at risk to the health of hypertensive patients do not occur. It is necessary to make a commitment that officers can make to hypertensive patients. The commitment made by officers is the direction to patients to seek treatment every month without waiting to feel the symptoms of illness first. Family support is also needed so that they can remind their hypertensive family to control at the public health center every month. Support from the family can be in the form of reminding patients to seek treatment and encouraging patients to take regular medication. The family can also provide patient support to carry out routine controls.

Therefore, family support from patients is important to increase patient compliance in conducting routine controls at the public health center, and Andalas Public Health Center should optimize education to Hypertension patients related to routine control.

Education Implementation

The doctor provides hypertension education when the patient comes to the health center. Every service and monitoring is given education on regular control and taking regular medication. Patients said officers always provide education when patients seek treatment at the public health center. The education concerns prohibiting foods that trigger high blood pressure, taking routine medication, and doing physical activity.

The results showed that educational media has not been properly used when counseling hypertension patients, and leaflets are not yet available at the Andalas Health Center. Educational media, such as banners about hypertension, are also only installed during counseling.

The assumptions of researchers are that the implementation of education and counseling provided by public health center officers is given a fixed schedule and notified to hypertensive patients so that hypertensive patients get knowledge about hypertension. The existence of a counseling schedule can remind hypertensive patients to participate in counseling activities. The participation of hypertensive patients in counseling can increase the knowledge and awareness of hypertensive patients. Educational media, such as leaflets about hypertension, are regularly checked for availability so that they can be read by hypertensive patients who seek treatment at the public health center. Therefore, it is hoped that the public health center is optimal in providing education and counseling to people with hypertension, so that people with hypertension can increase their knowledge and be more vigilant during the treatment period.

Patient monitoring constraints

Efforts made by officers in monitoring Hypertension patients are by contacting patients via telephone, but officers are constrained because the patients being monitored are very large and unreachable. Therefore, officers can only monitor when patients seek treatment at the public health center. Patient monitoring has not been effectively carried out due to the concurrent duties of officers, so officers are difficult to divide to monitor patients.

Researchers' assumptions and the obstacles obtained by officers at the Andalas Public Health Center include the difficulty of monitoring all hypertension patients in the Andalas Public Health Center work area. Officers who conduct monitoring cannot do it because of their concurrent duties and the lack of officers involved in implementing the minimum service standards for the hypertension program. Therefore, it is important to foster officers' commitment to monitoring Hypertension patients by increasing their ability through capacity-building activities with Hypertension services according to standards.

Table 4. Health Service Triangulation Matrix

No	Aspects Checked	Semi-structured Interview	Document Review	Observation	Conclusion
1	Blood pressure measurement and monitoring	Blood pressure measurement is done by the registration staff Service delivery at the health center is done by doctors and nurses.	Blood pressure measurement and monitoring is recorded on patient registration paper	Nurses and doctors play a role in providing services such as measuring blood pressure to patients who come to the public health center.	The personnel involved in measuring and monitoring blood pressure are doctors and nurses. Every patient who comes to the health center will have their blood pressure measured.
2	Patient compliance for routine control	There are still patients who do not routinely check their blood pressure at the health center. Some patients go to the health center only when they experience symptoms of pain.	Based on the results of recording and reporting, patients who regularly seek treatment will be recorded in the cohort.	-	There are still patients who do not routinely check blood pressure at the health center, if the patient does not feel symptoms of pain, does not routinely seek treatment at the health center.
3	Obstacles	Efforts in monitoring patients made by officers are by contacting patients, but not all patients are reached by	-	Monitoring patients using the telephone is still difficult due to the large number of patients who must be	Patient monitoring has not been maximized and effective due to officers who have concurrent duties, and the

officers for contacted to be difficulty of
monitoring. monitored. reaching all
Hypertension
patients.

Recording and Reporting

The results showed that SPM Hypertension is recorded and reported in a cohort conducted once a month. The person in charge of the NCD program carries out this recording and reporting. The NCD program holder recapitulates recording and reporting by cohort. The team submits the recording results to the program's person in charge. The program in charge conducts Monev. The program in charge recapitulates the recording results through cohorts. Then, the recording results are reported to the head of the public health center.

Table 5. Recording and Reporting Triangulation Matrix

No	Aspects Checked	Semi-structured Interview	Document Review	Conclusion
1	Recording and reporting	Recording and reporting is carried out by the person in charge of the NCD program which is included in the cohort.	Based on the Minister of Health Regulation no. 4 of 2019, cohort recording and reporting is carried out in the form of a non-communicable disease information system application or into epus.	Recording and reporting has been carried out by entering a cohort form once a month.

The assumptions of researchers, recording, and reporting are in accordance with the Minister of Health Regulation No.4 of 2019. This recording and reporting is carried out by the person in charge of non-communicable diseases, and it is then entered into the cohort. This is done once a month. Recording and reporting are carried out to be used in adjusting the patients in the data with the targets to be achieved as a result of implementing the minimum service standards for hypertension every month at the Andalas Public Health Center.

Monitoring and evaluation

The study's results show that the Minimum Service Standards for Hypertension at the Andalas Health Center have been monitored and evaluated. Monitoring and evaluation are conducted once a month during a mini workshop. Based on the results of research in monitoring and evaluation related to implementing the Minimum Service Standards for Hypertension Disease at the Andalas Public Health Center, monitoring and evaluation have been carried out in accordance with applicable regulations.

Table 6. Monitoring and Evaluation Triangulation Matrix

No	Aspects Checked	Semi-structured Interview	Document Review	Observation	Conclusion
1	Monitoring dan Evaluation	Monitoring and evaluation always held every month during	Based on the results of recording and monitoring,	All of monitoring and evaluation	Monitoring and evaluation are held every month to monitor the

mini workshops. is found that activities are progress of the the availability in the form of Hypertension of monthly monthly and Minimum monitoring and annual Service Standard evaluation reports. activities. reports and annual monitoring and evaluation reports.

The assumptions of researchers, monitoring, and evaluation carried out by the Andalas Public Health Center have included activities to implement the minimum service standards for hypertension in accordance with the standards. Monev is also carried out every month at the Andalas Public Health Center. At the time of Monev, Monev will discuss the progress of implementing the minimum service standards for hypertension. The target achievement of the minimum service standards will be calculated based on the monthly target set by the Andalas Public Health Center.

Output

The results showed that the Minimum Service Standards for Hypertension had not reached the target. The achievement of minimum service standards for Hypertension indicators at Andalas Public Health Center in 2021 was 30.21%, while in 2022, it was 14%. This achievement was obtained from the Health Profile of the Padang City Health Office in 2021, the 2021 Andalas Public Health Center Annual Report, and the 2022 Andalas Public Health Center Annual Report. Based on the regulation of the Minister of Health. No. 4 of 2019 states that the target achievement of the minimum service standard for hypertension is 100%.

Table 7. Output Triangulation Matrix

No	Aspects Checked	Semi-structured Interview	Document Review	Conclusion
1	<i>Output</i>	Hypertension Minimum Service Standards have not yet reached the target due to the ineffective monitoring carried out from officers to patients. In addition, concurrent workloads hamper officers in monitoring patients.	Based on the Annual Report of the Padang City Health Office in 2021	Hypertension service standards have not been achieved at the Andalas Health Center with a target of 100%. The obstacles experienced by the health center are the large number of patients who do not control routinely to the Public Health Center, and personnel who find it difficult to monitor all hypertension patients in the Andalas Public Health Center work area.

Based on the indicators of the minimum service standards for hypertension at the Andalas Public Health Center, the target achievement of 100% has not been achieved. The main obstacle is the lack of awareness of hypertensive patients to carry out routine treatment every month at the health center and not optimal monitoring of the blood pressure of hypertensive patients by officers due to the large number of hypertensive patients in the Andalas Public Health Center work area. The performance indicator for the hypertension program is the annual target of 100%, while the monthly target is 752 (8.3%).

The assumptions of researchers, the implementation of the minimum service standards for hypertension at the Andalas Public Health Center still has not reached the target per month or the target per year due to existing obstacles, namely the difficulty of monitoring from officers, the lack of health workers who match their educational background and the lack of maximum provision of counseling to all hypertension patients in the Andalas Public Health Center work area. This causes the implementation of the minimum service standards for hypertension to be ineffective.

CONCLUSION

Officers involved in implementing the Minimum Service Standards for the Hypertension Program have not involved health promotion personnel with a health promotion education background. The facilities and infrastructure used to implement the Minimum Service Standards for the Hypertension Program are the NCD examination room, tensimeter, weight scale, and height measurement. The available tensimeter is still lacking because several tools have been damaged. The policy for implementing the Minimum Service Standards for the Hypertension Program that is used as a guideline is the Minister of Health Regulation Number 4 of 2019 Technical Standards for Service Quality for Minimum Service Standards in the Health Sector, and there are already SOPs related to the implementation of the Hypertension Minimum Service Standards. Services provided to Hypertension patients have received services according to standards. It was also found that not all Hypertension patients who routinely do routine checks every month to the public health center; some patients choose to seek treatment when they feel symptoms of pain and do not have transportation to the public health center. Recording and reporting are carried out by the person in charge of the non-communicable disease program, which is included in the Hypertension cohort form. Recording and reporting are carried out once a month, which is then inputted in e-pus.

Monitoring and evaluation is carried out every month. Monitoring and evaluation are carried out with SMEs and also the head of the Puskesmas. Monitoring is also conducted with the City Health Office once every three months to evaluate the records and reporting of implementing the Minimum Service Standards for the Hypertension Program. Implementing minimum service standards for hypertension at Andalas Public Health Center is still ineffective. The main obstacles are the lack of awareness of Hypertension patients to take routine treatment every month to the health center, not optimal monitoring by officers, health workers who have a double workload, and the lack of involvement of community health workers in the implementation of Hypertension minimum service standards. The impact of implementing the minimum service standards for hypertension can be considered not optimal, as evidenced by the low program achievement and the high number of hypertension cases 171 cases in May and 139 cases in June 2023.

AUTHOR CONTRIBUTIONS

Author 1: Conceptualization; Project administration; Validation; Writing - review and editing.

Author 2: Conceptualization; Data curation; Investigation.

Author 3: Data curation; Investigation.

Author 4: Formal analysis; Methodology; Writing - original draft.

CONFLICTS OF INTEREST

The authors declare no conflict of interest

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