



Original Research Paper

Evaluation Analysis of the Implementation of the Puskesmas Management Cycle in the Health Office of the South Sorong District in 2024

Ruhwandi*, Arlin Adam, Ishaq Iskandar, Zamli

Master of Public Health Mega Buana University Palopo

Email Corresponding:
ruhwandiamk@gmail.com

Page : 45-55

Keywords:
Health Facility, Programme,
Region.

Article History:
Received: 2024-07-22
Revised: 2024-11-25
Accepted: 2024-12-26

Published by:
Tadulako University,
Managed by Faculty of Medicine.
Email:
healthytadulako@gmail.com
Phone (WA): +6285242303103
Address:
Jalan Soekarno Hatta Km. 9. City
of Palu, Central Sulawesi,
Indonesia

ABSTRACT

Background: Management of Puskesmas is critical to providing quality health services through effective planning, organising, implementing, and controlling. Improving the quality of health services builds patient trust. The Healthy Indonesia Programme aims to improve services at first level health facilities, including Puskesmas, but many still do not meet quality standards. This study evaluates the management cycle of Puskesmas at the South Sorong District health office. **Objectives:** This study aims to analyse the evaluation of the implementation of the Puskesmas management cycle at the South Sorong District Health Office. **Methods:** A qualitative approach was used with informants from four Puskesmas: Teminabuan, Konda, Kokoda, and Kais Darat, representing 16 Puskesmas in the region. **Results:** Some Puskesmas follow the planning stages involving mini-workshops and Introspection Survey data, but not consistently. There were challenges maintaining the monthly mini-workshop schedule and using the monthly work programme plan results. Monitoring processes were not always optimal, with most responsibility falling on the head of the Puskesmas and administrative staff, while the role of the programme focal point was not fully maximised. **Conclusion:** Puskesmas should improve the consistency, quality, and effectiveness of management through increased managerial competence, efficient budget management, and optimisation of planning, implementation, and monitoring processes.

Introduction

Health development is an important component of national development which has a strategic function in realizing productive human resources. Health development is needed to improve the degree of public health and as an investment in the development of socially and economically productive human resources, health development aims to increase awareness, willingness, and ability to live healthy for everyone so that the degree of public health is as high as possible. The goal is to achieve optimal public health by increasing awareness, desire, and ability to live healthy lives independently. Today's health services require more friendly, high-quality, and better services. Therefore, continue to improve the

basic service functions of Puskesmas to be more efficient, effective, and satisfying to patients and communities^{1,2&3}.

In Indonesia, a community health center, also called Puskesmas, is a functional organizational unit of the District Health Office. The center is responsible for managing public health services in the entire sub-district area of the district/municipality. The government provides health services equitably to its people with the aim of improving public health and providing good health services. According to Permenkes 43 of 2019, the organizational structure of a Puskesmas consists of a leadership element (head of the Puskesmas), an auxiliary element (administrative affairs), and an executive element (a unit consisting of officers in

functional positions). puskesmas provide health services^{4,5&6}.

Under the national health insurance programme, first level health facilities, which consist of puskesmas, are responsible for providing medical care to participants. If the first level health facility is unable to facilitate and provide the necessary medical care, the participant may be referred to an advanced level health facility^{7&8}.

In the Minimum Service Standards for the Health Sector, the function of puskesmas is to provide the type and quality of basic services to the community.⁸ The quality of health services is a key factor that can shape patient trust and satisfaction with Puskesmas, thus creating their loyalty as consumers of health services. the increasing demand for quality health services shows that quality is not only related to products or goods, but also to the services offered by an industry or organization. Quality of health care refers to the level of perfection in meeting the needs of each patient and creating a sense of satisfaction in them^{9,10&11}.

Good puskesmas management ensures good and quality health services. It includes planning, organizing, implementing, and controlling activities that are always monitored and carried out regularly to achieve the best results. health management consists of P1(planning), P2 (movement-implementation), and P3 (supervision, control, and evaluation)^{12&13}.

The results of the study indicate that health centres should have the ability to develop activity plans and budgets based on health development policies and the results of an evidence-based situation analysis. This is necessary so that puskesmas can effectively and sustainably manage all work programmes and health efforts. In addition, the puskesmas must supervise and control ongoing activities, followed by evaluation and corrective action on any problems that arise. To achieve this, the head of the puskesmas and the staff under

him/her must have good management skills¹⁴.

Based on a preliminary survey of puskesmas performance assessment data from the management side in the work area of the South Sorong district health office in 2023, it was found that of the 16 puskesmas assessed, 2 puskesmas had good criteria, 5 puskesmas received a medium assessment, and 9 puskesmas were rated as poor. The results of the puskesmas performance assessment show that puskesmas with moderate and poor criteria are most prevalent in rural, remote, and very remote areas. In terms of planning (P1), it can be seen that the activity plan is not based on clear evidence, this is evident from the consistency of the same activities from 2022 to 2023, which in planning must evaluate the achievements of the previous year's activities and the results of surveys both from introspective survey data and healthy family surveys of the healthy Indonesia programme family approach regarding community needs and expectations and are analysed then problem solving and prioritisation of problems is carried out in the urgency table, seriousness, growth to formulate health problems and find the root causes of problems and determine how to solve problems that can be concluded priority programmes that must be achieved which are included in the proposed activity plan and then set into the activity programme plan. Not only in terms of planning, in terms of implementation and movement (P2) where routine meeting activities both monthly and quarterly mini-workshops are not in accordance with scheduling as seen from the invitation to the implementation of activities that enter the health office does not match the implementation schedule contained in the activity program plan, besides that controlling and performance assessment (P3) both routine program activity reports are not routinely collected every month and Puskesmas performance assessments as program evaluation material collected to the South

Sorong district health office are not deposited on time only some Puskesmas routinely collect this represents the Puskesmas management process that is not in accordance with Permenkes No. 44 of 2016 concerning puskesmas management which is a reference for management guidelines in Puskesmas.¹⁴ 44 of 2016 on puskesmas management which is a reference and management guideline at puskesmas^{15&16}.

Therefore, this study aims to conduct an evaluation analysis of the implementation of the puskesmas management cycle at the South Sorong district health office, by taking a sample of 4 puskesmas namely Teminabuan puskesmas, Konda puskesmas, Kokoda puskesmas and Kais puskesmas on land representing 16 puskesmas in the South Sorong district area. This step was taken because the evaluation shows that there are still many puskesmas with poor performance. It is hoped that this study can provide a deeper insight into the factors that influence the implementation of the puskesmas management cycle and provide suggestions for improvements to improve the quality of health services in South Sorong District.

Materials and Methods

Research Design

This study employed a qualitative research design using centered in-depth interviews. The purpose of this approach was to explore detailed information, factual data, and actual conditions from various perspectives by involving both primary and secondary data sources.

Sample

The sample in this study consisted of 10 informants selected through purposive sampling. The informants included: one key informant the Head of the South Sorong District Health Office, one Head of the Planning and Information Section at the South

Sorong District Health Office, four Heads of Puskesmas, and four Heads of Administration from selected Puskesmas in South Sorong District (Teminabuan, Konda, Kokoda, and Kais Darat).

Data Collection Techniques

Data collection was carried out using in-depth interviews and triangulation methods to validate the information obtained from each informant. The interviews focused on the implementation of the Puskesmas management cycle and institutional roles in the district's health service delivery.

Data Analysis Techniques

Data were analyzed qualitatively using thematic analysis to identify key patterns, categories, and meanings within the responses of the informants. This approach allowed for a comprehensive understanding of the implementation practices and challenges.

Ethical Consideration

Although this research did not involve sensitive or biomedical procedures, it adhered to ethical research principles, including informed consent, confidentiality, and voluntary participation. All informants were informed about the purpose of the study and agreed to participate voluntarily without coercion.

Results

The research informants were taken by purposive sampling of 10 informants. Data collection was also carried out by in-depth interview method to each informant.

Informants consisting of 1 (one) head of the South Sorong district health office 1 (one) sub-division head of planning and information of the South Sorong district health office, 4 (four) heads of puskesmas, and 4 (four) heads of administration in South Sorong district namely puskesmas: Teminabuan, Konda, Kokoda, Kais Darat.

Table 1. Characteristics of Informants¹⁷

Code	Position	Instance	Education Background	Length of service
1 st inf	Head of Puskesmas	Puskesmas teminabuan	Bachelor's degree in nursing	9 years
2 nd inf	Head of Administration	Puskesmas teminabuan	Senior high school	6 years
3 rd inf	Head of Puskesmas	Puskesmas Konda	Diploma of Nursing	6 years
4 th inf	Head of Administration	Puskesmas Konda	Diploma of Nursing	9 years
5 th inf	Head of Puskesmas	Puskesmas Kokoda	Diploma of Nursing	6 years
6 th inf	Head of Administration	Puskesmas Kokoda	Fourth Diploma in Midwifery	3 years
7 th inf	Head of Puskesmas	Puskesmas Kais Darat	Bachelor's degree in nursing	6 years
8 th inf	Head of Administration	Puskesmas Kais Darat	Fourth Diploma in Midwifery	3 years
9 th inf	Head of service	health office	Master of Public Health	2 years
10 th inf	Head of Planning and Information Division	health office	Diploma in Informatics	10 years

Table 2. Characteristics of health centres in the study area¹⁷

Puskesmas	Geographical Location	Capitation Funds 2023
Puskesmas Teminabuan	Located in Teminabuan District Including an inpatient Urban Health Centre with a number of visits ranging from 50 – 150 patients	IDR 1,080,245,938.00
Puskesmas Konda	Located in Konda district Included as a non-inpatient Rural Health Centre with visits ranging from 20 – 50 patients.	IDR 175,494,939.00
Puskesmas Kais darat	Located in the district of Kais Darat Including a very remote non-inpatient health centre with the number of visits ranging from 10 – 30 patients	IDR 48,089,660.00
Puskesmas Kokoda	Located in Kokoda district Includes inpatient Coastal Remote Health Centre with visits ranging from 50 – 100 patients	IDR 350,470,377.00

Table 3. Planning-related Method Triangulation Matrix (P1)

Thematic	Meaning pattern	Document review	Observation	Triangulation of analyses
Planning (P1)	Five Informants went through the Planning stage (P1) with a mini-workshop to get community input in the preparation of the Puskesmas strategic plan and the Puskesmas activity implementation plan. Three Informants Planning Process (P1) The preparation of the Puskesmas strategic plan is based on the vision and mission of the district head, involving cross-programme and cross-sector work. The process begins with an introspective surfe process to explore the needs and expectations of the community and then analyse the causes and priorities of the problem.	Draft activity proposal plan and activity Implementat ion plan for 2022 and 2023 are in place and in line with guideline. Not all Puskesmas have a complete monthly activity implementation plan in 2022 and 2023.	Not all Puskesmas have a Puskesmas level planning team. Some health centres personally develop the activity Implementat ion plan by the person in charge of the programme and discuss it at a mini-workshop.	Not all health centres go through the Planning (P1) stage. Five informants went through the Planning stage (P1) with a mini-workshop to get community input in the preparation of the Puskesmas strategic plan and the Puskesmas activity implementation plan. Three Informants The Planning Process (P1) of the preparation of the Puskesmas strategic plan is seen from the vision and mission of the regent involving cross-programmes and cross-sectors starting from the introspective surfe process to explore the needs and expectations of the community then analysing the causes and priorities of the problem. Some health centres privately develop Activity Implementation Plans by the person in charge of the programme without a health centre level planning team. Some health centres privately develop activity Implementation Plans by the person in charge of the programme and discuss them at the mini-workshop.

Table 4. Method Triangulation Matrix related to Implementation and Mobilisation (P2)

Thematic	Meaning pattern	Document review	Observation	Triangulation of analyses
Implementation and Movement (P2)	<p>Two informants said the first monthly mini-workshop in 2023 was used for health programme evaluation and planning at the health centre.</p> <p>One informant said the regular monthly mini-workshops at the health centre were not implemented properly.</p> <p>Two informants said that the 2023 mini quarterly workshop process was only conducted three times a year.</p> <p>Three informants said staff meetings at the health centre are held twice a month, at the beginning and end of the month.</p>	<p>The minutes of the mini-workshop contain an analysis of the achievement s of several priority health centre programmes.</p> <p>Not all health centres have a monthly activity implementation plan as an output of the monthly mini-workshop.</p>	<p>Delivery focus on priority programme. Some Puskesmas conduct meetings/mini-workshops by inviting cross-programmes and cross-sectors.</p>	<p>The first monthly mini-workshop in 2023 was used for evaluation and priority programme planning. Regular monthly mini-workshops at the puskesmas were not held as planned.</p> <p>The 2023 tribal mini-workshop process is only conducted three times a year.</p> <p>Staff meetings at the health centre are conducted twice a month.</p> <p>Not all health centres have the monthly activity implementation plan results as an output of the monthly mini-workshop.</p>

Table 5. Method Triangulation Matrix related to Supervision Control and Assessment (P3)

Thematic	Meaning pattern	Document review	Observation	Triangulation of analyses
Supervision, Control and Assessment (P3)	<p>Five Informants Said Control of activities is carried out by the person in charge with monitoring and evaluation by the head of the Puskesmas, the head of administration, and the person in charge of the programme.</p> <p>Three informants said that monitoring from the health office is carried out twice a year to provide input regarding the findings found during monitoring.</p>	<p>Incomplete schedule for internal supervision of the person in charge of the programme.</p> <p>puskesmas performance reports are complete and in line with guidelines.</p> <p>From the guest book, it was found that there were no visits from the Health Office in the context of management monitoring and evaluation, which joined the monitoring and evaluation of the quality of the puskesmas.</p>	<p>Daily and monthly supervision, through reports.</p>	<p>Most of the monitoring is done by the head of the health centre and the administration while the person in charge is not optimal.</p> <p>External supervision from the health office for management is conducted in conjunction with monitoring and evaluation of the quality of the puskesmas.</p> <p>Daily and monthly supervision, through reports</p>

Characteristics of Puskesmas

Characteristics of the study puskesmas based on geographical factors, type of treatment or non-treatment, and the amount of capitation funds that are the largest source of income and source of funds for expenditure at the puskesmas.

Puskesmas Teminabuan includes an inpatient urban Puskesmas with a number of visits ranging from 50 – 150 patients with capitation funds of IDR 1,080,245,938.00 puskesmas Konda includes a non-inpatient rural Puskesmas with a number of visits ranging from 20 – 50 patients with capitation funds of IDR 175,494,939.00, Puskesmas Kais darat includes a very remote non-inpatient Puskesmas with a number of visits ranging from 10 to 30 patients with capitation funds of Rp 48,089,660, Kokoda puskesmas includes a remote coastal Puskesmas with inpatient care with a number of visits ranging from 50 to 100 patients with capitation data of Rp 350,470,377 (Table 2).

Planning Management Component(P1)

Validation through triangulation of methods by comparing with the results of document review and observation contained in the Method Triangulation Matrix, it was found that planning (P1) at the Puskesmas in the South Sorong District Health Office is in accordance with the following triangulation matrix.

In table 3. After validation by comparing with the results of document review and observation, it was found that planning (P1) at the puskesmas in the South Sorong district health office is as follows: Not all health centres go through the Planning (P1) stage. Five informants went through the Planning (P1) stage with a mini-workshop to get community input in the preparation of the puskesmas strategic plan and puskesmas activity implementation plan. Three Informants The Planning Process (P1) for the preparation of the puskesmas strategic plan is based on the vision

and mission of the district head which involves cross-programmes and cross-sectors starting from an introspective survey process to explore the needs and expectations of the community then analysing the causes and priorities of the problem. Some health centres personally develop the activity implementation plan by the person in charge of the programme without a health centre level planning team. Some health centres personally develop the activity implementation plan by the person in charge of the programme and discuss it at a mini-workshop.

Movement and implementation (P2)

After validation through triangulation of methods by comparing with the results of document review and observation contained in the Method Triangulation Matrix, it was found that the Implementation and Mobilisation (P2) at the Puskesmas in the South Sorong District Health Office is in accordance with the following triangulation matrix.

In Table 4. After validation through document review and observation, it was found that the Implementation and Mobilisation (P2) at puskesmas in the South Sorong district health office is as follows: The first monthly mini workshop in 2023 was used for evaluation and priority programme planning. Routine monthly mini-workshops at health centres were not held according to the planned schedule. The quarterly mini workshop process in 2023 is only held three times a year. Staff meetings at Puskesmas are conducted twice a month. Not all Puskesmas have monthly activity implementation plan results as output from the monthly mini workshops.

Supervision, control, and assessment (P3)

After conducting interviews and validation through source triangulation by comparing them with the results of the key informant review contained in the source triangulation matrix, the results obtained were that supervision and assessment control (P3) at the

health center in the South Sorong district health office had been implemented as shown in Table 5.

In Table 5, after validation by comparing with the results of document review and observation, it was found that supervision control and assessment (P3) at the puskesmas in the South Sorong district health office is as follows: Most of the monitoring is done by the Head of puskesmas and administration while the person in charge is not optimal. External supervision from the Health Office for management is carried out in conjunction with monitoring and evaluation of the quality of Puskesmas. Supervision is in the form of daily and monthly, through reports.

Discussion

Puskesmas play a crucial role in Indonesia's health care system. As the spearhead of primary care, puskesmas are responsible not only for public health services, but also for service quality improvement, effective performance, and risk management implementation¹⁸.

In this context, the strategic role of community health centres as the main gateway to access health services for the community becomes increasingly important. Continuous improvement of service quality, complemented by structured and systematic performance evaluation, is the main key in maintaining public trust and meeting health service standards set by the government. In addition, the implementation of effective risk management in Puskesmas not only reduces the risk to patients and health workers, but also ensures that Puskesmas operations run smoothly and efficiently. Thus, Puskesmas need to continue to innovate and adapt to the latest developments in the health sector to ensure quality and sustainable services for all levels of society.

The importance of the P1, P2, and P3 management cycles in the context of health centres demonstrates the importance of

monitoring, controlling, and assessing all aspects of service delivery. This cycle includes integrated planning, implementation, and evaluation to ensure that every step in the delivery of health services is carried out efficiently and effectively. The implementation of a good management cycle will support Puskesmas in achieving the goals of improving service quality, optimal performance, and reducing potential risks. Therefore, PHC management must continue to pay attention to and optimise each stage in the management cycle to ensure operational success and maximum service quality for the community.

Planning (P1)

The puskesmas planning process (P1), as stipulated in the Ministry of Health Regulation No. 44 of 2016, should include problem analysis, community input through self-Inspection surveys and village community consultations, and a puskesmas Level Planning Team meeting to summarise the N+1 General plan of activities¹⁶.

While most puskesmas in South Sorong have implemented the planning stage (P1) well, there are variations in its implementation among puskesmas. Some puskesmas use methodologies such as mini-workshops and introspective surveys to gather community input in the planning of strategic plans and activity implementation plans, while others state that the planning process is inconsistent and does not involve the puskesmas level planning team.

The validation results showed that there were discrepancies in the preparation of Work Programme Plans in several puskesmas in South Sorong district, which were prepared personally by the person in charge of the programme without proper coordination. This has the potential to affect the quality and consistency of planning. To improve the quality of planning at puskesmas, efforts are needed to ensure consistent use of planning

methodologies, such as mini-workshops and introspective surveys, as well as strengthening coordination between puskesmas units and support from the district level through adequate training and supervision. Recommendations include strengthening the planning team at each health centre and increasing planning capacity to ensure consistency and quality of planning across South Sorong District.

In the previous research conducted, Pacet Health Centre's programme planning is conducted annually, beginning with monitoring and evaluation of programme successes and failures. The head of the Puskesmas holds a meeting attended by all heads of departments to present an evaluation of programme implementation for one year. The programme planning process is preceded by the preparation of an activity plan by the administration section, which is based on the provisions of the district health office, cross-sectoral proposals, in accordance with community needs¹⁴.

Movement and Implementation (P2)

Legislation and Implementation (P2) regulates monthly mini-workshops conducted every month by inviting all puskesmas staff to discuss programme issues and determine the monthly activity implementation plan. Quarterly mini-workshops are conducted once every 3 months by inviting cross-sectors and discussing priority issues that require cross-sector support for resolution and morning apples / staff meetings are conducted daily¹⁶.

Implementation and mobilisation (P2) at the South Sorong puskesmas experienced variations in implementation. The first monthly mini-workshop in 2023 was used for health programme evaluation and planning at the health centre, but there was feedback that regular monthly mini-workshops were not implemented as planned. The quarterly mini-workshop process was also only conducted three times a year, indicating inconsistency in the implementation schedule. Staff meetings at

puskesmas are conducted twice a month, but not all puskesmas have the results of the monthly activity programme plan as an output of the monthly mini-workshop.

The results of validation through document review and observation confirm that the implementation of P2 in South Sorong puskesmas does face challenges in maintaining consistency and adherence to the planned schedule. Some processes such as monthly mini-workshops and staff meetings are not always implemented according to the scheduled schedule. This may affect the effectiveness of health programme evaluation and planning at the puskesmas level.

In previous research on the effect of time management implementation on employee performance at the Regional Financial management agency of Pangkep Regency, it showed that there was a positive and significant relationship between the application of time management and employee performance. This means that the better the time management applied by employees, the higher the level of performance that can be achieved¹⁹.

Supervision, Control and Assessment (P3)

Supervision is carried out by the person in charge of the programme, the Head of Puskesmas and the head of administration periodically and incidentally according to priorities. Some unresolved matters will be submitted to the Head of Puskesmas for follow-up. Control is carried out periodically and directly by the person in charge of the programme, partly carried out by the Head of Puskesmas and head of administration in periodic supervision and Performance appraisal is carried out periodically, namely monthly and annually, carried out by recapitulating by each person in charge of the programme to the performance appraisal team at the Puskesmas.¹⁵

The results of research on the Puskesmas of the South Sorong district health office show several aspects that should be considered in

management. Control of activities is carried out by the person in charge with the participation of the head of the health centre, the head of administration, and the person in charge of the programme. However, the findings show that monitoring from the health office is conducted twice a year, which provides feedback on findings during the monitoring process.

However, the validation results show that most of the monitoring is done by the head of the Puskesmas and the administration, while the person in charge of the programme is not always optimally involved. External supervision from the health office occurs through a combination with quality monitoring of the Puskesmas, which is done on a daily and monthly basis through routine reports. Therefore, although there is a structure that involves various parties in controlling and monitoring activities at the Puskesmas, there is a need to strengthen the involvement and role of programme focal points in the monitoring and evaluation process. This is important to ensure the effectiveness and consistency of Puskesmas management and to improve the quality of health services provided to the community in South Sorong district.

With previous research on the effect of supervision on employee performance at the Bontonnampo sub-district office, Gowa Regency, from the results of this study it can be concluded that the form of supervision applied at the Bontonnampo district office, Gowa Regency has a positive effect on employee performance. The implication of this research is the need to implement an effective supervision strategy to improve employee performance in the environment²⁰.

Conclusion

Planning (P1) Findings show that not all Puskesmas implement this stage thoroughly. Five Puskesmas involve mini-workshops to obtain community input, while some Puskesmas only use the survey data from the

self-assessment survey in the planning process. On the other hand, some Puskesmas still prepare activity implementation plans by the person in charge of the programme without involving the Puskesmas level planning team, indicating variations in the implementation of P1 planning.

Movement and Implementation (P2) found that regular monthly mini-workshops were not always conducted as planned, and quarterly mini-workshops were conducted less frequently, only three times a year. In addition, there was variation in the frequency of staff meetings conducted at the Puskesmas, with some Puskesmas conducting them twice a month.

Supervision, control, and appraisal (P3) of activities is conducted regularly by the Head of Puskesmas and the head of administration, but it was noted that the Person in Charge is not always fully involved in this process. Monitoring is conducted on a daily, monthly, and annual basis, but there are Puskesmas that rarely conduct monitoring only through mini workshops, without involving a more comprehensive monitoring process.

For South Sorong district health office To improve management in South Sorong district health centres, it is recommended to: Strengthen integrated daily, monthly, and annual monitoring mechanisms at all Puskesmas to ensure consistent implementation of the management cycle; Provide intensive training to Puskesmas heads and focal points on programme planning, implementation, and evaluation, including the use of introspective surveys, village community meetings, and Puskesmas-level planning team meeting techniques to effectively summarise the N+1 Activity Proposal Plan; Develop clear operational guidelines to guide Puskesmas in each stage of the Management Cycle, from planning to evaluation; Develop annual schedules and action plans to support the regular implementation of monthly and

quarterly mini-workshops, by providing clear direction to each Puskesmas

For puskesmas in South Sorong district health office to improve management effectiveness in South Sorong District Puskesmas, strategic measures are needed, including: increasing the involvement of puskesmas level planners in the planning process to summaries the N+1 activity proposal plan by involving them in problem analysis, Introspective Surveys, and village community deliberations; effectively managing schedules for meetings such as monthly and quarterly internal community workshops, as well as staff meetings, to ensure active participation in the evaluation of the activity program plan; strengthening the role of the Program Officer in daily, monthly, and annual supervision to ensure comprehensive control.

Acknowledgement

Thank you to the almighty god who has given the blessing of health so that the author can complete this paper, thank you to the government, especially the South Sorong district health office, Puskesmas Teminabuan, Puskesmas Konda, Puskesmas Kokoda, Puskesmas Kais darat for giving permission to conduct research.

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