# Evaluation of the Integrated and Champion Puskesmas Program (PUSPA) 2023

Evaluation of the Integrated and Champion Puskesmas Program (PUSPA) 2023

## Vira Marcelina[1*], Maharani[2], Nadia Hilma Raudlah[3], Syipa Rahmawati[4]

[1,2,3,4]Regional and City Planning, Bandung Islamic University, Bandung, Indonesia

* Email correspondence: vira.user2@gmail.com

**Abstract.** Integrated and Champion Puskesmas (PUSPA) is one of the programs created to overcome health problems in West Java Province. This study aims to evaluate the achievements of the PUSPA program in 2023, which is included in the 2018-2023 West Java Province Regional Medium-Term Development Plan (RPJMD) document, to ensure the implementation of the PUSPA program has successfully achieved the target of each indicator and to find out the factors that affect the achievement of each indicator. This study uses an ex-post evaluation model and employs quantitative descriptive and comparative analysis techniques. The results of the study show that from 3 indicators of the achievement of the non-communicable disease program, only 1 program was achieved, namely the presentation of diabetic patients getting services according to standards; from 6 indicators of the achievement of the nutrition program, only 4 indicators have reached the target, namely the percentage of toddlers weighed, the number of people/families who received education on growth and development monitoring, the percentage of pregnant women who received at least 90 tablets during pregnancy, and the percentage of pregnant women who were monitored for the consumption of 90 tablets during pregnancy; and from 2 indicators of the achievement of the immunization program, none has been achieved.

**Keywords**: Program Evaluation, West Java, PUSPA, Health

## Introduction

The government changed the 2018-2023 Regional Medium-Term Development Plan (RPJMD) of West Java Province after declaring the COVID-19 pandemic a national disaster (Darmawan, 2023). This change related to pandemic conditions modified the regional development priorities in West Java Province in 2022-2023; one of them was "Reforming the regional health system." Health, which is described as "quality of life value and competitiveness of human resources," is a strategic focus in the 2018-2023 West Java RPJMD. Health development programs in West Java aim to improve supervision, collaboration, health governance, and community empowerment. It also seeks to increase efficient, safe, and high-quality health services. Moreover, it enhances the capacity, availability, and distribution of health workers and improves regular and emergency access to reliable and timely health information. An insufficient number of health workers compared to the existing Puskesmas increases their workload, which is incompatible with the tasks and functions and ultimately results in lower quality of services (Lette, 2020).

In the West Java RPJMD 2018-2023, public healthcare is still low, as indicated by an increase in infectious and non-communicable diseases, maternal and infant mortality rates, healthy living behaviors, nutritional problems, the quality of health equity and affordability, and limited and unevenly distributed health workers. The absence of adequate equipment at Puskesmas causes most people to be unwilling to seek treatment there (Sarumpaet et al., 2012). There are 317 hospitals in West Java Province located in 18 regencies and 9 cities. In addition, there are 1,050 community health centers (Puskesmas), 1,800 clinics/medication centers, 1,284 village polyclinics (Polindes), and 50,604 integrated service posts (Posyandu) (Rahman et al., 2018).

One of the health programs in West Java RPJMD is Puskesmas Juara (community health center champion). This program aims to ensure that Puskesmas throughout West Java have adequate and accredited facilities and infrastructure and can provide health resources to deal with natural and social disasters. In addition, through this program, the government will build a regional health information system to maintain connectivity. Puskesmas are healthcare facilities responsible for providing promotive, preventive, curative, and rehabilitative health services in the community. As a supporter of health development, Puskesmas is an important component of national development (Ulumiyah, 2018).

The Puskesmas Terpadu dan Juara, or Integrated and Champion Puskesmas (PUSPA), is a collaborative program between the West Java Provincial Government and the Center for Strategic Initiatives for Indonesia's Development (CISDI). Started in 2021, the program has aimed to improve primary health services, namely handling the COVID-19 virus and restoration of essential services in West Java. PUSPA locations are spread across all regencies/cities in West Java. In 2021 and 2022, the program concentrated on handling COVID-19 in 100 Puskesmas in 12 regencies/cities in West Java. In 2023, the program concentrated on 80 Puskesmas in West Java to improve health services, especially immunization programs, hypertension and diabetes mellitus recovery, and prevention and treatment of stunting toddlers (Dinas Kesehatan Provinsi Jawa Barat, 2022). In 2019, West Java had a prevalence of stunting of 26.21% and was ranked 11th (Firdanti et al., 2021). Research by Haskas (2020) states that stunting is a very serious problem because of its association with a higher risk of mortality, obesity, non-communicable diseases, short adulthood, poor cognitive development in children, and low productivity in the future.

This article aims to evaluate the achievements of the Integrated and Champion Puskesmas (PUSPA) program in 2023, as stated in the 2018-2023 Regional Medium-Term Development Plan (RPJMD) document of West Java Province. Program evaluation is needed to ensure that the implementation of the PUSPA program has successfully achieved the targets of each indicator and to find out the factors that influence the achievement of each indicator.

## Research Methodology

### 1. Evaluation Model

This research uses the ex-post evaluation model. It aims to assess the achievement of objectives and the impact of policies that have been implemented. This evaluation model is also used to assess policy outcomes

(Kawengian & Rares, 2015). However, Wollman (2007) states that the ex-post evaluation model is a traditional form of policy evaluation. Again, the purpose of this evaluation is to assess the achievement of objectives and impacts of policies that have been implemented.

## 2. Evaluation Approach

This study uses the evaluation approach of formal evaluation, which is shown in Table 1 below:

Table 1.  Explanation of Formal Evaluation

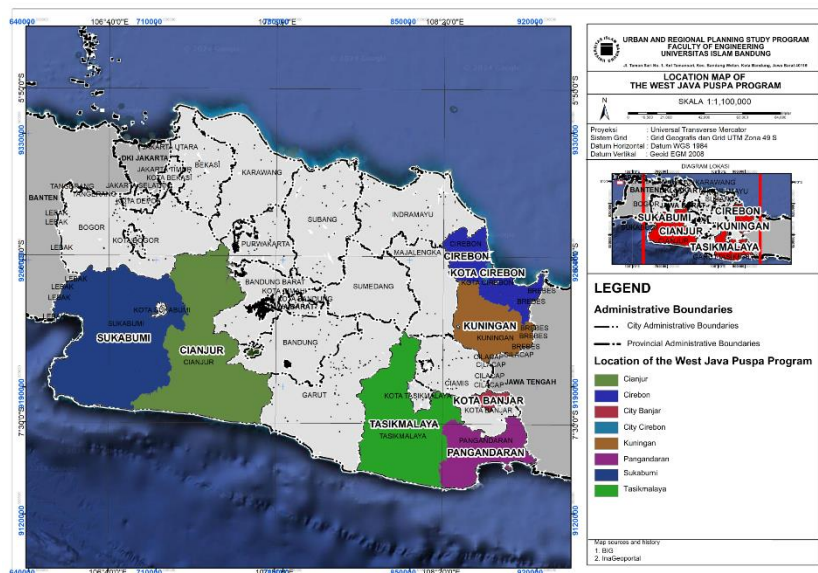| Approach | Objective | Assumption | Main Forms | Techniques |
|---|---|---|---|---|
| Formal Evaluation | It formally announces the goals of a policy program and uses descriptive methods to generate reliable and valid information about policy outcomes. | The formally announced goals and objectives of administrators and policymakers are an appropriate measure of benefit or value. | • Developmental evaluation<br>• Experimental evaluation<br>• Process evaluation<br>• Retrospective (Ex-Post)<br>• Retrospective outcome evaluation | • Goal mapping<br>• Value clarification<br>• Value critique<br>• Barrier mapping<br>• Cross impact analysis<br>• Discounting |

Source: D. V. Kawengian, D., & Rares, J. J., 2015

## 3. Analysis Techniques

This study uses two analysis techniques: quantitative descriptive and comparative analysis. According to Aziza (2023), quantitative descriptive analysis aims to describe, summarize, and analyze quantitative data. It also describes visual data, such as histograms, bar charts, and line charts. Meanwhile, comparative analysis aims to find solutions. According to Sukmadinata (2008), comparative research aims to determine whether there are differences in one or more aspects of one variable between two or more groups.

## Results and Discussions

Several things will be discussed in this results and discussion section, including the following:



Source: Author's Analysis Result, 2024

Figure 1. PUSPA Location Map 2023

Figure 1 illustrates the location of the PUSPA program. From 36 regencies/cities in West Java, only 8 of them were selected as locations for the West Java PUSPA program, namely Sukabumi Regency, Cianjur Regency, Cirebon Regency, Kuningan Regency, Pangandaran Regency, Tasikmalaya Regency, Banjar City, and Cirebon City.

## 1. Non-Communicable Disease Program Achievements

Table 2. Non-Communicable Disease Program Achievements

| Output 1 | Indicators | Target | April | May | June | July | August | September | October | November | Description |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Output 1.1 | Percentage of hypertension patients receiving standardized services | 80% | 17% | 26% | 39% | 48% | 58% | 65% | 72% | 75% | Not Achieved |
| Output 1.2 | Percentage of diabetes patients receiving standardized services | 80% | 13% | 25% | 41% | 54% | 67% | 75% | 81% | 84% | Achieved |
| Output 1.3 | Percentage of productive-age NCD risk factor screening patients according to standards | 80% | 3% | 7% | 12% | 15% | 20% | 25% | 30% | 32% | Not Achieved |

Source: Author's Analysis Result, 2024

The target for each indicator in this output is 80%. In general, the 8 regencies/cities have almost reached the expected target for the program, except for the NCD factor screening patients of productive age. As can be seen in the October report, the percentage of diabetic patients getting services according to standards has reached the target. Overall, the data shows that the indicators of the achievements of the non-communicable disease program have increased every month.

In other literature studies, Prabandari et al. (2023) stated that health workers' and families' support are factors that can influence the success of Puskesmas in implementing non-communicable disease programs. Meanwhile, Sari & Savitri (2018) revealed that factors that can influence the success of the NCD program are ease of access and ongoing family and cadre support. On the contrary, factors that inhibit success include low public knowledge of non-communicable disease programs. Furthermore, Mariana Natapradja et al. (2022) stated that the determinants of the success of the NCD program in the COVID-19 era are the attitude of workers in encouraging the community to take advantage of the program, the level of knowledge of the program, and family support. The three works of literature above agree that family support is an important factor in the success of non-communicable disease programs. Meanwhile, the two literatures argue that the support of health workers and the level of knowledge of the community have contributed to the achievements of the NCD program.

## 2. Nutrition Program Achievements

Table 3. Nutrition Program Achievements

| Output 2 | Indicators | Target | April | May | June | July | August | September | October | Description |
|---|---|---|---|---|---|---|---|---|---|---|
| Output 2.1 | Percentage of weighed toddlers (D/S) | 80% | 87% | 88% | 86% | 86% | 87% | 87% | 87% | Achieved |
| Output 2.2 | Percentage of toddlers who received nutrition screening using the LILA band by PUSPA community volunteers according to standards | 80% | 0% | 0% | 0% | 53% | 69% | 68% | 46% | Not Achieved |
| Output 2.3 | Number of communities/families receiving growth monitoring education | - | 0 | 0 | 0 | 82400 | 107259 | 109745 | 81665 | Achieved |

| Output 2 | Indicators | Target | April | May | June | July | August | September | October | Description |
|----------|-----------|--------|-------|-----|------|------|--------|-----------|---------|-------------|
| Output 2.4 | Percentage of pregnant women receiving at least 90 tablets during pregnancy | 80% | 78% | 77% | 86% | 84% | 84% | 90% | 91% | Achieved |
| Output 2.5 | Percentage of pregnant women monitored for consumption of 90 blood supplement tablets during pregnancy | 80% | 74% | 74% | 86% | 84% | 83% | 87% | 89% | Achieved |
| Output 2.6 | Percentage of adolescent girls taking blood supplement tablets | 80% | 53% | 55% | 32% | 33% | 59% | 57% | 59% | Not Achieved |

*Source: Author's Analysis Result, 2024*

Out of 6 indicators of the achievement of the nutrition program, 4 indicators have reached the target, namely the percentage of children under five who are weighed (D/S), the number of communities/families who receive growth monitoring education, the percentage of pregnant women getting at least 90 blood supplement tablets during pregnancy, and the percentage of pregnant women monitored for consumption of 90 blood supplement tablets during pregnancy.

According to a study conducted by Mutiaraningrum (2023), the level of activeness of a toddler in Posyandu can affect their nutritional condition, so it can help reduce the number of toddlers who suffer from BGM. Health workers and Posyandu cadres must still supervise toddlers who suffer from BGM, even though the number has decreased. The development of toddlers and their age estimation is strongly influenced by the function of cadres and mother's awareness. Sartika (2010) states that other influencing factors are diarrheal diseases that can be controlled by socioeconomic status, drinking water sources, availability of toilets, gender, number of family members, the use of health services, ARI diseases, maternal employment, and breastfeeding until the age of two years, which affect malnutrition in toddlers. One of the other factors affecting the health of children under five is the provision of complementary foods that are not age-appropriate. According to Wilujeng (2017), children aged 6 to 24 months who received age-inappropriate complementary foods were 13.9 times more likely to be underweight than those who received age-appropriate complementary foods. They will also experience abnormal body weight.

One of the causes of bleeding that occurs in pregnant women is due to a lack of red blood cells or anemia (Triana et al., 2022). Therefore, taking blood supplement tablets during pregnancy is important for pregnant women to synthesize hemoglobin to prevent bleeding during pregnancy and childbirth (Soundarya & Suganthi, 2016). In addition, the provision of blood supplement tablets for adolescent girls is also important, This refers to the statement of the Ministry of Health of the Republic of Indonesia in 2022, which states that in addition to minimizing the potential for anemia, which adversely affects achievement at school, the provision of blood supplement tablets is also used as an effort to prepare adolescent girls, who will later become mothers, to prevent giving birth to stunted and low birth weight (LBW) babies.

## 3. Immunization Program Achievements

Table 4. Immunization Program Achievements

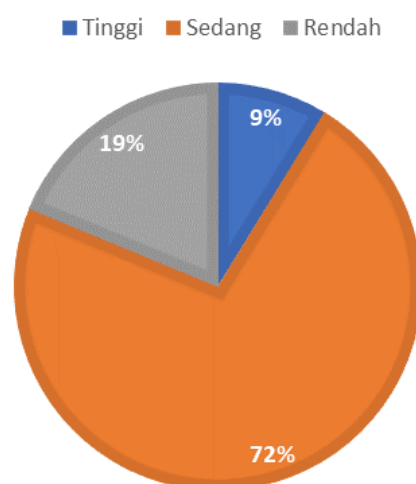| Output 3 | Indicators | Target | April | May | June | July | August | September | October | Description |
|----------|-----------|--------|-------|-----|------|------|--------|-----------|---------|-------------|

| Output 3 | Indicators | Target | April | May | June | July | August | September | October | Description |
|----------|-----------|--------|-------|-----|------|------|--------|-----------|---------|-------------|
| Output 3.1 | Percentage of infants obtaining complete basic immunization according to standard | 80% | 3% | 4% | 10% | 25% | 39% | 58% | 70% | Not Achieved |
| Output 3.2 | Percentage of children under five years who receive follow-up immunization according to standard | 80% | 1% | 1% | 5% | 8% | 13% | 26% | 40% | Not Achieved |

*Source: Author's Analysis Result, 2024*

The coverage of infants who receive basic immunization in 8 regencies/cities was 70% (from the target of 80%), meaning that the coverage did not reach the target. Likewise, the coverage of children under five years who received immunization was only 40% in October. However, some areas, such as Cirebon Regency, Tasikmalaya City, and Pangandaran Regency, have successfully reached the target for the coverage of infants who received basic immunization. Somehow, there were no regencies/cities that have reached the target for the coverage of under-five children who received follow-up immunization; thus, an evaluation is needed to find out why they were not able to meet the target.

Dalimawati et al. (2023), in their study, stated that complete immunization of infants includes basic and advanced immunizations. Many factors can affect immunization: economic status, employment status, and maternal factors (maternal character, knowledge, motivation, and perception). In addition, family support, the role of husbands, the availability of vaccines, medical equipment, and immunization services at each Puskesmas also become factors that can influence immunization achievements. Research by Zafirah (2021) explains that the side effects of immunization (for example, fever), cultural customs and beliefs that reject immunization, lack of family support, low levels of maternal education, and lack of immunization information are some of the factors that influence the inadequacy of immunization. Some people do not attend counseling because they do not know about the importance of immunization. Meanwhile, in research by Agustina et al. (2022), it was revealed that accessibility is also a factor in the success of the immunization program, as parents tend to live far from the Puskesmas: it will take longer to reach the location and incur greater costs.

## 4. Puskesmas Classifications



*Source: Author's Analysis Result, 2024*

Figure 2. Puskesmas Classification Diagram

Results of the analysis show that 15 Puskesmas (19%) are in the low category, 58 Puskesmas (72%) are in the medium category, and 7 Puskesmas (9%) are in the high category. Puskesmas in Kalapanunggal, Sangkali, Karang Sembung, Pabedilan, Banjar 2, Banjar 3, and Larangan have a high success rate for each indicator compared to other Puskesmas; therefore, they are classified as high-category Puskesmas.

## 5. Regency/City Classifications

Table 5. Regency/City Classifications

| No. | Regency/City | Classification |
|-----|--------------|----------------|
| 1 | Sukabumi Regency | High |
| 2 | Tasikmalaya Regency | Medium |
| 3 | Cirebon Regency | Medium |
| 4 | Kuningan Regency | Low |
| 5 | Cianjur Regency | Low |
| 6 | Banjar City | High |
| 7 | Cirebon City | Medium |
| 8 | Pangandaran Regency | High |

Source: Author's Analysis Result, 2024

The coverage of each program and PUSPA 2023 indicator identifies regencies/cities with high and low achievements in each indicator. Sukabumi Regency, Banjar City, and Pangandaran Regency excel with the highest achievements. Meanwhile, Kuningan Regency and Cianjur Regency have the lowest achievements.

## 6. Primary Data

a. Puskesmas in High Category

Puskesmas with high categories are located in 5 regencies/cities with the following classification:

Table 6. Classification of Puskesmas in the High Category

| No | Puskesmas | Image | Description |
|----|-----------|-------|-------------|
| 1 | Pabedilan, Cirebon Regency |  | The condition of the Puskesmas is very good, and it is strategically located next to the sub-district office. |
| 2 | Sangkali, Tasikmalaya Regency |  | The condition of the Puskesmas is very good. It is strategically located on the side of the road, close to the sub-district office. |
| 3 | Kalapanunggal, Sukabumi Regency |  | The condition of the Puskesmas is very good, and it is located on the side of a busy road and close to the sub-district office. |

| No | Puskesmas | Image | Description |
|---|---|---|---|
| 4 | Banjar 2, Banjar City |  | The condition of the Puskesmas is very good, and it is strategically located on the Manonjaya Highway. |
| 5 | Banjar 3, Banjar City |  | Puskesmas condition is very good, and it is strategically located in the center of Banjar city. |
| 6 | Larangan, Cirebon City |  | Puskesmas condition is good, and it is strategically located in the city center of Cirebon. |

Notes: Image sourced from Google Street View

*Source: Author's Analysis Result, 2024*

The table above is the result of observations on Puskesmas in the high category analyzed previously. Of the 6 samples taken, the average Puskesmas in the high category have very good building conditions and are located in busy city/district center areas.

b. Puskesmas in Low Category

Puskesmas in the low category are located in Cianjur Regency and Kuningan Regency with the following classification:

Table 7. Classification of Puskesmas in the Low Category

| No | Puskesmas | Image | Description |
|---|---|---|---|
| 1 | Cigandamekar, Kuningan Regency |  | Puskesmas is in good condition, but the location is not strategic since it is in the middle of farmland. |
| 2 | Jalaksana, Kuningan Regency |  | Puskesmas is in good condition, but the location is not strategic, as it is not in the middle of agricultural land but on the highway. |
| 3 | Maleber, Kuningan Regency |  | Puskesmas is in good condition, but it has a less strategic location, as it is surrounded by paddy fields and quite far from settlements. |

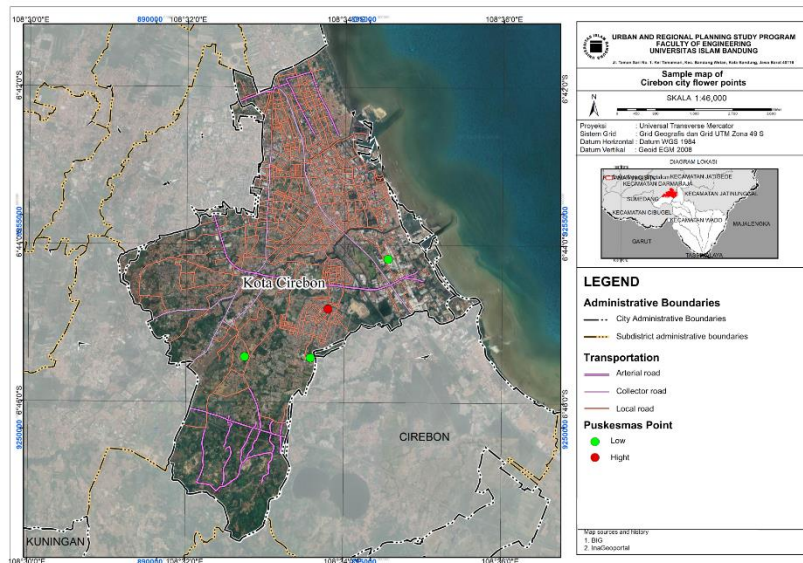| No | Puskesmas | Image | Description |
|----|-----------|-------|-------------|
| 4 | Sindangagung, Kuningan Regency |  | Puskesmas is in good condition, but it is not strategically located in the middle of agricultural land. |
| 5 | Cianjur, Cianjur City |  | Puskesmas is in fairly good condition and is located in the center of Cianjur. |
| 6 | Gekbrong, Cianjur Regency |  | Puskesmas is in fairly good condition and strategically located on National Road 3. |
| 7 | Mande, Cianjur Regency |  | Puskesmas is in good condition, but it is not strategically located in the middle of agricultural land. |
| 8 | Nagrak, Cianjur Regency |  | The condition of the building is not good and must be renovated immediately. |

Notes: Image sourced from Google Street View

*Source: Author's Analysis Result, 2024*

The table describes the conditions of the Puskesmas that fall into the low category. The 8 samples taken show that the average physical condition of the Puskesmas is in a good category, but their locations are not in the city center or other busy strategic areas.

## 7. PUSPA Success Factors

After knowing the condition of the Puskesmas hosting the PUSPA program, a comparative analysis was conducted to compare Puskesmas based on road accessibility, settlement density, and the distance from the Puskesmas to the city center. The sample city analyzed was Cirebon City, which is included in the high category of Puskesmas. The results of the analysis show that in the city of Cirebon, the factors that influence health centers are 1) road accessibility, 2) settlement density, and 3) the distance of Puskesmas to the city center. Puskesmas Larangan, for instance, is included in the high category, as it has high accessibility and is located in the center of Cirebon City. More details of Cirebon City PUSPA can be seen in the map below:

*Source: Author's Analysis Result, 2024*

Figure 3. Cirebon City PUSPA Sample Map

## Conclusion

Analysis of health program achievements shows that of the three non-communicable disease indicators, only the percentage of diabetic patients receiving standardized care was achieved. In the nutrition program, four out of six indicators achieved their targets, including weighing children under five and providing blood tablets for pregnant women. Although the overall immunization program has not been achieved, some areas, such as Cirebon Regency and Tasikmalaya City, have met the basic infant immunization target. Factors affecting program achievement include family support, the role of health workers, economic conditions, and access to services. A total of 19% of Puskesmas were in the low category, 72% in the medium category, and 9% in the high category, with leading areas in Sukabumi Regency, Banjar City, and Pangandaran Regency, while Kuningan and Cianjur Regencies had the lowest achievement. The difference in achievement is influenced by the location of the Puskesmas, where those in strategic locations tend to do better. From the results of this analysis, it can be concluded that the achievement of health programs still requires improvement efforts in various aspects. Consistent support from health workers and communities, especially in low-achieving areas, is key to achieving targets equitably. It is expected that future health programs will be more responsive to challenges, including differences in access and support that affect achievement in each region. Thus, more targeted and sustained efforts will help improve the quality of health services across regions.

## Acknowledgments

## References

Agustina, M. Q., Dewi, M. K., & Nurainih. (2022). Hubungan Pengetahuan Orang Tua, Ketersediaan Sarana Fasilitas Kesehatan dan Peran Petugas Kesehatan Terhadap Pelaksanaan Imunisasi Dasar Lengkap Pada Baduta. *SIMFISIS Jurnal Kebidanan Indonesia*, *1*(4), 171–178. https://doi.org/10.53801/sjki.v1i4.52

Aziza, N. (2023). Metodologi penelitian 1 : deskriptif kuantitatif. *Media Sains Indonesia*, *July*, 166–178.

Bappeda Provinsi Jawa Barat. (2018). *Rencana Pembangunan Jangka Menengah Daerah (RPJMD) Provinsi Jawa Barat Tahun 2018-2023*. Jawa Barat: Pemerintah Provinsi Jawa Barat.

Dalimawati, D., Najmah, N., & … (2023). Determinan Imunisasi Dasar Lengkap pada Bayi di Indonesia: Telaah Pustaka. *Health Information …*, *15*(2), 1–18. https://myjurnal.poltekkes-kdi.ac.id/index.php/hijp/article/view/1168

Darmawan, A. B. (2023). Implementasi Kebijakan SDGs Pemerintah Daerah dalam Mengelola Ketahanan Pangan pada Masa Pandemi Covid-19 (Studi Kasus Desa Pandak, Kec. Baturaden, Kab. Banyumas). *Jurnal Ketahanan Nasional*, *29*(2), 145. https://doi.org/10.22146/jkn.87986

Dinas Kesehatan Provinsi Jawa Barat. (2022). *Laporan Progres Program Puskesmas Terpadu dan Juara Tahun 2022*. Jawa Barat: Dinas Kesehatan Provinsi Jawa Barat.

Firdanti, E., Anastya, Z., Khonsa, N., & Maulana, R. (2020). PERMASALAHAN STUNTING PADA ANAK DI KABUPATEN YANG ADA DI JAWA BARAT. Kesehatan Indra Husada, 9(11), 126–133.

Haskas, Y. (2020). Gambaran Stunting Di Indonesia: Literatur Review. *Jurnal Ilmiah Kesehatan Diagnosis*, *15*(2), 2302–2531.

Lette, A. R. (2020). JUMLAH DAN KEBUTUHAN SUMBER DAYA MANUSIA KESEHATAN DI FASILITAS KESEHATAN KOTA KUPANG. *Jurnal Publikasi Kesehatan Masyarakat Indonesia*, *7*(2).

Kawengian, D. D. V., & Rares, J. J. (2015). Evaluasi Kebijakan Penanganan dan Pemberantasan Perdagangan Orang Terutama Perempuan dan Anak (Perda Nomor 1 Tahun 2004). *E-Journal "Acta Diurna,"* *4*(5), 1.

Mariana Natapradja, S., Amirus, K., & Yulyani, V. (2022). Faktor Determinan Pemanfaatan Pos Pembinaan Terpadu Penyakit Tidak Menular (Posbindu PTM) pada Era Pandemi Covid 19. *Media Informasi*, *18*(2), 82–92. https://doi.org/10.37160/bmi.v18i2.55

Mutiaraningrum, I., Herdiani, N., & Puspa, K. (2023). Hubungan Keaktifan Balita Datang ke Posyandu dengan Kejadian Balita Bawah Garis Merah (BGM). Jurnal Promotif Preventif, 6(4), 564–569.

Peraturan Daerah Provinsi Jawa Barat Nomor 8 Tahun 2019 Tentang Rencana Pembangunan Jangka Menengah Daerah Provinsi Jawa Barat Tahun 2018- 2023.

Prabandari, F., Sumarni, & Astuti, D. P. (2023). Faktor yang Mempengaruhi Pemanfaatan Posbindu PTM sebagai Pemantauan Kesehatan Perempuan. *Indonesian Journal of Midwifery (IJM)*, *6*(1), 46–54.

Rahman, M. T., Sulthonie, A. A., & Solihin, S. (2018). "Sosiologi Informasi Pengobatan Tradisional Religius" Kajian di Masyarakat Perdesaan Jawa Barat. *Jurnal Studi Agama Dan Masyarakat*, *14*(2), 100. https://doi.org/10.23971/jsam.v14i2.724

Sari, D. W. R., & Savitri, M. (2018). Faktor-Faktor yang berhubungan dengan Pemanfaatan POSBINDU Penyakit Tidak Menular (PTM) di Wilayah Kerja PUSKSari, Dwi Wigati Ratna, and Mieke Savitri. 2018. "Faktor-Faktor Yang Berhubungan Dengan Pemanfaatan POSBINDU Penyakit Tidak Menular (PTM) Di Wilay. *Jurnal Kebijakan Kesehatan Indonesia : JKKI*, *7*(2), 49–56. https://journal.ugm.ac.id/jkki/article/view/36849

Sartika, R. A. D. (2010). Analisis Pemanfaatan Program Pelayanan Kesehatan Status Gizi Balita An Analysis on The Usage of Health Service Related to Nutritional Status of. Jurnal Kesehatan Masyarakat Nasional, 5(2), 76–83. https://doi.org/10.21109/kesmas.v5i2.152

Sarumpaet, S. M., Tobing, B. L., & Siagian, A. (2012). Perbedaan Pelayanan Kesehatan Ibu dan Anak di Perkotaan dan Daerah Terpencil. *Kesmas: National Public Health Journal*, *6*(4), 147. https://doi.org/10.21109/kesmas.v6i4.91

Soundarya, & Suganthi. (2016). a Review on Anaemia-Types, Causes, Symptoms and Their Treatments. Journal of Science and Technology Investigation, 1(1), 10–14.

Sukmadinata, N.S. (2008). Medode Penelitian Pendidikan. Bandung: Remaja Rosda Karya.

Triana, A. K., Rahmawati, N., & Syafrullah, H. (2022). Tingkat Pengetahuan Ibu Hamil Tentang Pencegahan dan Pengobatan Anemia Defisiensi Besi Sebelum dan Sesudah Penyuluhan Di PMB Bd. I Kabupaten Bandung. Zona Kebidanan: Program Studi Kebidanan Universitas Batam, 12(1), 73–82.

Ulumiyah, N. H. (2018). Meningkatkan Mutu Pelayanan Kesehatan Dengan Penerapan Upaya Keselamatan Pasien Di Puskesmas. *Jurnal Administrasi Kesehatan Indonesia*, 6(2), 149. https://doi.org/10.20473/jaki.v6i2.2018.149-155

Wilujeng, C. S., Sariati, Y., & Pratiwi, R. (2017). Faktor Yang Mempengaruhi Pemberian Makanan Pendamping Asi Terhadap Berat Badan Anak Usia 6-24 Bulan Di Puskesmas Cluwak Kabupaten Pati. Majalah Kesehatan, 4(2), 88–95. https://doi.org/10.21776/ub.majalahkesehatan.2017.004.02.5

Winarno Surakhmad. (1986). Pengantar Interaksi Belajar Mengajar dan Teknik Metode Mengajar. Bandung: Tarsito.

Wollman, Helmut dalam Frank Fischer, Gerald J. Miller, and Mara S. Sidney (edtr)., 2007., Handbook of Public Policy Analysis: Theory, Politics, and Methods., 2007., New York: CRC Press., Taylor & Francis Group.

Zafirah, F. (2021). Faktor yang Mempengaruhi Kurangnya Cakupan Imunisasi Dasar Lengkap pada Bayi yang Berumur 29 Hari – 11 Bulan di Wilayah Kerja Puskesmas Jaddih Kabupaten Bangkalan. *Cerdika : Jurnal Ilmiah Indonesia*,/(4), 341-348. https://doi.org/10.59141/cerdika.v1i4.59