

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

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**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.

To see the achievements of the PUSPA program in 2023, it is necessary to conduct an evaluation. Evaluation is a systematic process for assessing the effectiveness and efficiency of a plan to determine whether the objectives set out in the plan are achieved (Seasons, 2022). The evaluation of the achievements of the PUSPA program uses an ex-post evaluation approach on programs that have been realized to assess how the program relates to actual development (Guyadeen & Seasons, 2016). Baer (1997) said that evaluation must answer the question in planning implementation, namely how close the results of the plan are to the objectives, the evaluation utilizes previous experience to improve future behavior. Evaluation of regional development plan documents aims to realize the suitability between regional development achievements and predetermined performance indicators, in this research is an evaluation of a program.

Program evaluation is defined as a systematic process that aims to collect, analyze, and provide an assessment of a program (Wholey et al., 2010). In conducting an evaluation, it is necessary to have indicators to help a more systematic evaluation in assessing the effectiveness of the program (Guyadeen & Seasons, 2015). The indicator in this study is the percentage of patients or communities who receive the PUSPA program in 2023. Evaluation is also used to

identify the application of a program or concept within a planning framework that is reviewed through the plan document (Barwanto & Sutriadi, 2024). Oliveira & Pinho (2010) emphasize that evaluation is a key element in effective planning, helping to ensure that plans are not only formulated but also implemented. The results of the evaluation are thus used to make decisions regarding the continuation or improvement of the plan or program (Wholey et al., 2010).

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

The evaluation model in program evaluation is divided into two, namely the formative evaluation and the summative evaluation (Guyadeen & Seasons, 2016). Formative evaluation specifically aims to find ways to improve a program, either by addressing unexpected errors or by strengthening elements that have proven effective, whereas summative evaluation focuses on lasting improvements and provides significant benefits especially when programs are reimplemented or adapted to new situations, environments or approaches (Linfield & Posavac, 2019). Summative evaluation aims to assess the final results, impacts or desires of a program after completion so that the focus is on meaningfulness and things that support strategic decisions.

The ex-post evaluation model is often used in summative evaluation, because both focus on assessing the impact or final results of a program (Venable et al., 2016). 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; Andrews et al., 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.

The use of a formal evaluation approach complements the ex-post evaluation model, as both are designed to systematically assess the effectiveness and outcomes of a policy or program, albeit at different stages and with different focuses. Formal evaluation approaches are appropriate for use in evaluation programs because they can be used when developing program plans, making minor adjustments to program functions, and changing outreach procedures to increase participation in the program (Services, 1999). 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.	<ul style="list-style-type: none"> <li>• Developmental evaluation</li> <li>• Experimental evaluation</li> <li>• Process evaluation</li> <li>• Retrospective (Ex-Post)</li> <li>• Retrospective outcome evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Goal mapping</li> <li>• Value clarification</li> <li>• Value critique</li> <li>• Barrier mapping</li> <li>• Cross impact analysis</li> <li>• Discounting</li> </ul>

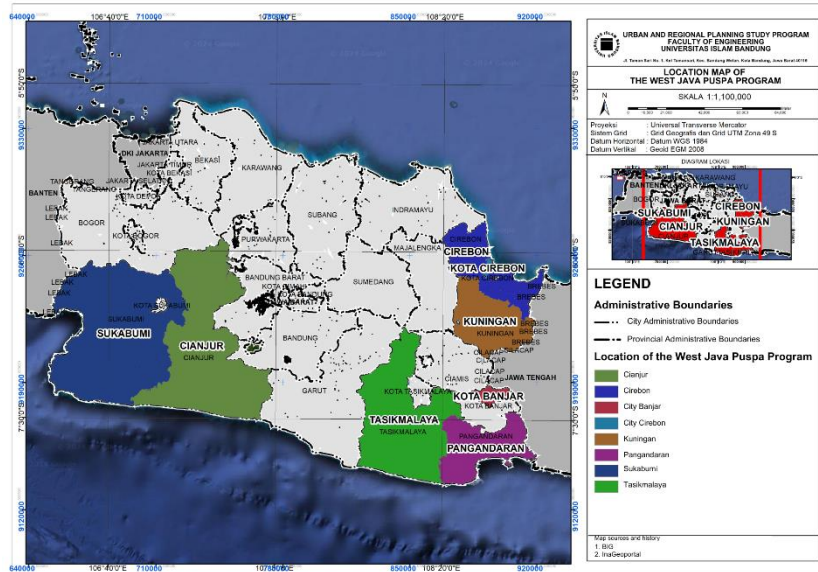
Source: D. V. Kawengian, D., & Rares, J. J., 2015

The method used is Mix-method. The Mix-method method has a conceptual focus that can answer more than one important issue (Greene et al., 1989). Therefore, 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 (2011), 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

There are several programs discussed in this study, namely the Achievement of the Non-Communicable Disease Program, the Achievement of the Immunization Program, the Achievement of the Nutrition Program, and the last is the

classification of health centers. In accordance with these programs, the achievement of the indicators in 2023 was obtained in April to November. The scope of the study based on the review of documents that have been carried out, the scope of this study is in 8 districts/cities, as seen in the following map:



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.

The analysis begins with the collection of secondary data on the achievement of each PUSPA program indicator. Data was obtained from the official website <https://app-diskes.jabarprov.go.id/puspa/> then processed to see the classification of health centers based on the achievement results of each program indicator that has been set. The first program is the Non-Communicable Disease Program and the achievements of the Non-Communicable Disease Program can be seen in the table below:

Table 2. Non-Communicable Disease Program Achievements

Output I	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.

The second program is the Nutrition Program Achievement which has 6 indicators ranging from the percentage of toddlers weighed (d/s) to the percentage of adolescent girls consuming iron tablets. Each indicator is calculated from April to November. The achievement of each indicator can be seen in the table below:

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 2.4	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 et al. (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 et al. (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., 2021). 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.

The third program is the Immunization Program Achievement which only has 2 indicators, namely the Percentage of babies who receive complete basic immunization according to standards, and the percentage of toddlers who receive advanced immunization. Each indicator is calculated from April to November. The achievement of each indicator can be seen in the table below:

Table 4. Immunization Program Achievements

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

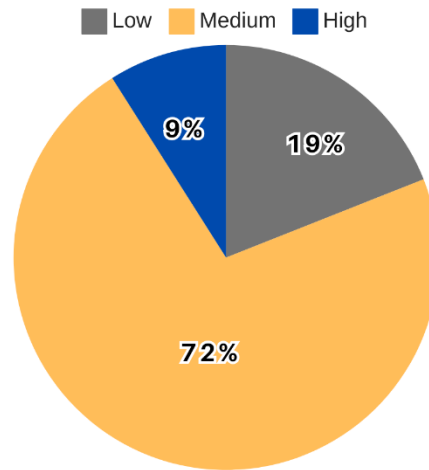
Source: Author's Analysis Result, 2024

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.

After knowing the achievements of each program based on the indicators of each program, a classification of health centers is carried out based on the results of the achievements of each program consisting of three categories, namely high, medium and low. The classification of health centers can be seen in the circle diagram below:



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.

Next, classification is carried out based on districts/cities with three categories, namely high, medium, and low. Classification of districts/cities is carried out to see districts/cities that have achieved the target in the PUSPA program. The classification of districts/cities can be seen in the following table:

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.

Based on the classification of health centers that have been carried out, the next step is to find primary data based on the classification of high and low category health centers. Primary data is used to see the existing conditions of each health center. Puskesmas with high categories are located in 5 regencies/cities, primary data for the classification of high category health centers can be seen in the table:

Table 6. Classification of Puskesmas in the High Category

No	Puskesmas	Image	Description
1	Pabedian, 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.
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.

Primary data for the classification of low category health centers are eight health centers and are located in Cianjur Regency and Kuningan Regency. The existing conditions of the classification of low category health centers are as follows:

Table 7. Classification of Puskesmas in the Low Category



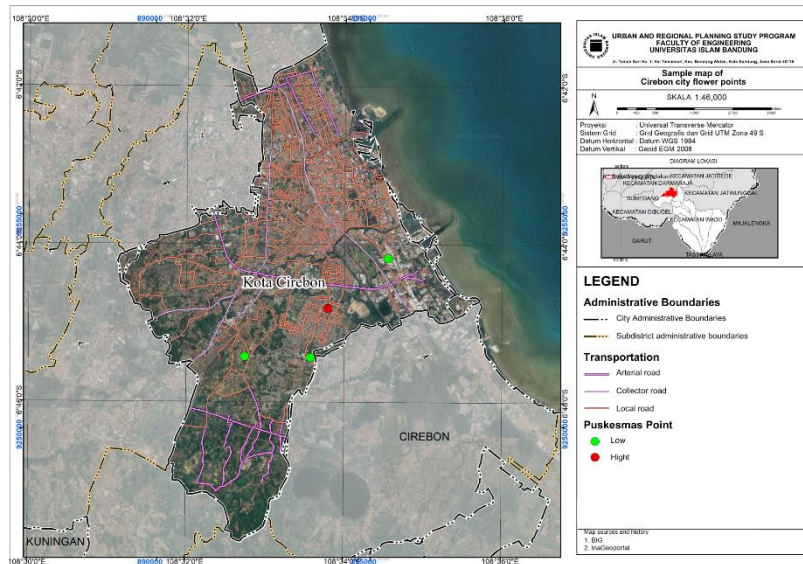
No	Puskesmas	Image	Description
1	Cigandamekar, Kuningan Regency		Puskesmas is in good condition, but the location is not strategic since it is in the middle of farmland.
2	Jalaksana, Kuningan Regency		Puskesmas is in good condition, but the location is not strategic, as it is not in the middle of agricultural 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.
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.

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

The purpose of this study is to evaluate the achievements of the PUSPA program in 2023 in the 2018-2023 West Java Province Regional Medium-Term Development Plan (RPJMD) document to ensure that the implementation of the PUSPA program has successfully achieved the target and to know the factors that affect the achievement of each indicator. The analysis of the achievement of the PUSPA program shows that of the three indicators of non-communicable diseases, only the percentage of diabetic patients who receive services according to the standards achieved. In the nutrition program, four of the six indicators have achieved the target, including weighing toddlers and giving blood tablets to pregnant women. Although the overall immunization program has not been achieved, several regions such as Cirebon Regency and Tasikmalaya City have met the target of basic infant immunization. Factors that affect the achievement of the program include family support, the role of health workers, economic conditions, and access to services. As many as 19% of health centers are in the low category, 72% are moderate, and 9% are high, with the leading areas in Sukabumi Regency, Banjar City, and Pangandaran Regency, while Kuningan and Cianjur Regencies have the lowest achievements. The difference in achievement is influenced by the location of the health center, where those in strategic locations tend to be better.

There are limitations in this method, what is meant by the service area is the radius when in reality it cannot only be a circle radius but it is necessary to have an isochronic radius that considers more relevant travel time. This is not done because there is a time limit, also in data collection we only look at statistical data from the PUSPA website so it is very likely that bias occurs. Therefore, further research is needed to determine the service area more accurately using isochronic radius based on travel time and advanced data processing that is able to identify and reduce bias.

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