

# Analysis Implementation of Monitoring and Evaluation Hypertension Policy Service

Rida Siti Nurrohmah <sup>1</sup>, Witri Dewi Mentari <sup>2</sup>, Hana Fitria Andayani <sup>3</sup>

<sup>1</sup> Student of Public Health Study Program, Faculty of Health Science, Universitas Sebelas April

<sup>2,3</sup> Public Health Study Program, Faculty of Health Science, Universitas Sebelas April

## Information Article

### History Articles :

Received Jun 12, 2024

Revised Aug 20, 2024

Accepted Aug 26, 2024

### Keywords :

Implementation

Monitoring and Evaluation

Service Hypertension

## ABSTRACT

Disease No infectious be one of problem health public Because level high morbidity and mortality globally . Hypertension is one of disease No contagious at the moment This Lots experienced by the people in Indonesia. Research This aiming For analyze implementation monitoring and evaluation policy service hypertension . Using method qualitative descriptive with approach studies cases and uses guidelines interview in depth . 5 informants chosen use purposive sampling technique . From the data results interview deep with informant related to monitoring and evaluation service hypertension , obtained results that monitoring and evaluation service hypertension in the Community Health Center Cimalaka. Has been done with good and integrated in system service health, but known that implementation service hypertension not yet optimal. And not yet existence effort act carry on in face various challenges that affect its effectiveness in achieve the expected target .



Copyright © 2024 PHSAJ . All rights reserved.

## Correspondence :

Rida Siti Nurrohmah ,  
Public Health Study Program,  
Faculty of Health Science, Universitas Sebelas April  
Cipadung Street No.54, Kaler City , South Sumedang .  
Email: [ridasitinurrohmah@gmail.com](mailto:ridasitinurrohmah@gmail.com)

## 1. INTRODUCTION

Non-communicable diseases, especially hypertension, are a serious global health problem due to high morbidity and mortality rates. Hypertension is defined as an increase in systolic blood pressure  $\geq 140$  mmHg and diastolic  $\geq 90$  mmHg, which can cause serious complications if not treated properly. The World Health Organization (WHO) reported that in 2015, hypertension caused 8 million deaths worldwide, with 1.28 billion adults aged 30-79 years suffering from hypertension.

In Indonesia, the prevalence of hypertension reached 34.1% in 2021, increasing from 25.8% in 2013. West Java Province experienced an increase in the prevalence of hypertension from 34.5% to 39.6% in 2020. Sumedang Regency is ranked fourth in terms of hypertension sufferers in West Java, with Jatinangor and Cimalaka Districts having the highest number of sufferers. The coverage of hypertension services in Indonesia is still not optimal, with only 54.4% of patients regularly taking medication and 12% routinely measuring their blood pressure. In Sumedang Regency, the Cimalaka Health Center was recorded as having low coverage of hypertension services, with an achievement of only 48.84% in 2023, far below the target of 100%. The government has issued various policies to address hypertension issues, including the Minister of Health Regulation on Clinical Practice Guidelines in Primary Health Care Facilities and Health Center Management Guidelines. These policies aim to improve the effectiveness of hypertension management and reduce morbidity and mortality from cardiovascular disease. Monitoring and evaluation are important components in controlling health programs, including hypertension services. Community health centers, as first-level health facilities, have a crucial role in implementing policies and programs related to hypertension.

However, as happened in the Cimalaka Community Health Center, there are still obstacles in achieving the target coverage of hypertension services.

Given the importance of hypertension management and its impact on public health and national productivity, further analysis is needed regarding the implementation of hypertension monitoring and evaluation policies at the community health center level. Study This aims to identify the challenges faced and find solutions to improve the effectiveness of hypertension services in primary health facilities.

## **2. METHOD**

Study This use method qualitative descriptive with approach studies case . Method This chosen For describe phenomena in depth and examine them in the natural conditions of objects as well as try explain the data obtained from results question research (Sugiyono, 2019). Informant chosen use purposive sampling technique means taking sample under consideration or criteria certain things that have been formulated moreover previously by researchers . As for informant taken that is head health center , officer service hypertension and patients sufferer hypertension . Data sources used namely primary data and secondary data . As for method data collection namely with observation , interview in depth and documents . For test validity of data with using credibility tests . As well as techniques data analysis used namely the model of miles and huberman .

## **3. RESULTS AND DISCUSSION**

### **3.1. Results**

#### **Interview Results About Training Service Hypertension**

Interview results disclose training service hypertension in the Community Health Center Cimalaka not optimal. There is gap understanding between management and staff field about urgency training This . Situation This show the need evaluation and improvement system training For ensure service optimal hypertension to public .

#### **Interview Results About Source Power ( Officer ) Special ) Service Hypertension**

Interview results disclose that Health Center Cimalaka has provide power health For service hypertension , although with variation in availability officer special . Service hypertension available through various track among them Village Health Center as well as service based on public like integrated health post and cadres health . Coordination between level service health and role active cadre public become key in ensure access service hypertension for community in the work area Health Center Calamitous .

#### **Interview Results About Facilities and Amenities Service Hypertension**

Interview results disclose that Health Center Cimalaka Already own adequate facilities and infrastructure adequate For service hypertension , including equipment medical basic , Prolanis program , and activities counseling . However , the availability of Medicines at the Village Health Center Still need to be improved For quality service and convenience access for public local

#### **Interview Results About Inventory Facilities and Amenities Service Hypertension**

Interview results show that Health Center Cimalaka Already own system inventory means structured infrastructure with reporting routine quarterly . The existence of officer asset special and system report periodic show good management For means infrastructure service hypertension .

#### **Interview Results Regarding Monitoring and Evaluation Service Hypertension**

Interview results show that monitoring services hypertension in the Community Health Center Cimalaka integrated with Good in system health . There is structure reporting clear , evaluation routine , and involvement various level service from Health Center to Village Cadres . Head Health Center play a role important in monitor coverage services , target achievement , and coordination with officer health as well as cadre community . Approach This show effort systematic For increase quality service hypertension .

#### **Interview Results About Obstacle Service Hypertension**

Interview results disclose that Health Center Cimalaka face a number of obstacle main in service hypertension . Wide coverage area and number of many targets make it difficult officer health reach all over society , especially group age productive . Mobility high population also hinders monitoring and service routine . Limitations source power , good budget and also amount officer , resulting in service Posyandu PTM does not can done in a way routine in all village . Lack of awareness and compliance patient to examination and treatment routine , and characteristics hypertension as a "silent killer", becoming obstacle significant . System reporting that is not integrated between Health Center with other FKTP makes it difficult data collection and monitoring patient . Limitations availability medicine at the level village and problems queue at the health center hinder access service routine . Lastly , the difficulty change pattern eating and style life public become challenge in management hypertension in the Puskesmas area Calamitous .

#### **Interview Results About Inspection For Possibility Complications**

Interview results known that inspection complications hypertension in the Community Health Center Cimalaka Still limited and not yet fully integrated . New year This start done inspection cholesterol For sufferer hypertension and diabetes, supported Ministry of Health funding . Examination advanced like EKG yet become a routine program . From the perspective patient , examination complications Not yet comprehensive . The majority only get inspection pressure blood and sugar blood routine . Even though There is effort improvement service inspection complications hypertension , its implementation Still Not yet evenly For all patient .

#### **Interview Results About EKG and Photo Examination Thorax**

Results of the interviews conducted known that EKG examination and photos thorax For sufferer hypertension Not yet become service routine at the level Health Center , with limitations facilities and costs become factor main .. System reference to House Sick Still become solution main For inspection advanced This ,

#### **Interview Results About Inspection Physique Before Do Inspection**

Interview results known that inspection physique before measurement pressure blood in the facility this is minimal and more prioritize efficiency time . Although There is education short , limitations time and resources Power hinder inspection comprehensive . This show the need balance between efficiency service and quality examination , with possibility improvement source Power or adjustment system service .

#### **Interview Results Regarding Monitoring and Evaluation Results Service Hypertension**

Results of the interviews conducted known that monitoring and evaluation activities service hypertension in the Community Health Center Cimalaka Already implemented with Enough okay . will but the results of the implementation monitoring and evaluation system show existence complexity control hypertension involving compliance examination , treatment , and style life patient . This indicates the need education more intensive and support sustainable For compliance patient do examination and treatment in a way routine as well as change style life patient .

### **3.2. Discussion**

Cimalaka Health Center has implemented a monitoring and evaluation system for hypertension services in accordance with the guidelines issued by the Ministry of Health. Although it has been implemented well and integrated into the health service system, the results of the implementation of this system have not been fully as expected. This is due to several factors, especially the vastness of the work area and the number of targets that must be served, while the number of health workers is still limited.

1. In terms of input, it was found a number of challenge main . Awareness and compliance patient in service hypertension Still low , which is exacerbated by nature hypertension as a "silent killer". Availability and distribution power health not optimal for fulfil need all over population in the work area Health Center Cimalaka . Although means and facilities service hypertension Already Enough adequate in a number of aspects , still There is lack like No existence room special and problems availability drug .
2. Service process hypertension in the Community Health Center Cimalaka Still limited to inspection base without complications . Examination For detect complications , such as inspection cholesterol and EKG, not yet become service routine and not yet evenly For all patient . Examination physique before measurement pressure blood is still there as is and more focus on efficiency time . Limitations time and resources Power become obstacle main in carry out further examination comprehensive .

3. Result of implementation monitoring and evaluation system service hypertension in the Community Health Center Cimalaka Not yet satisfying . Many sufferers hypertension No get service Because various factors , including difficulty access for age busy productive work and mobility high population . The number of big goals and limitations source Power result in service like Posyandu PTM does not can implemented in a way routine in all Village . System reporting that is not integrated between Health Center Cimalaka with other FKTP also causes difficulty in data collection and monitoring patient hypertension in a way comprehensive .
4. Impact from implementation monitoring and evaluation system service hypertension in the Community Health Center Cimalaka Not yet achieve target index hypertension that has set . This show that Still required more effort bigger and more strategic effective For increase quality service hypertension , increase awareness society , and optimize use source existing power . Repair in input, process and outcome aspects service hypertension very required For reach expected impact in control hypertension in the workplace Health Center Calamitous .

#### 4. CONCLUSION

Research result This disclose that Monitoring and evaluation of hypertension services at the Community Health Center Cimalaka has been done well and integrated into the health service system . However, based on the results it is known that implementation not optimal In terms of input, the main problems include low patient awareness and compliance, limited health workers, and the availability of drugs that need to be improved. In the service process, although it has been implemented according to the guidelines, it is still limited to basic examinations without complications and has not been maximized in advanced examinations such as cholesterol and EKG. In terms of results, hypertension services have not reached the expected target. Not all targets can be reached due to various factors such as busy work and population mobility. Limited resources also cause services such as PTM posyandu to not be implemented routinely in all villages. As a result, the hypertension service coverage index at the Cimalaka Health Center only reached 48.84%, far from the 100% target set. So It can be concluded that the findings in this study are that follow-up efforts for the implementation of hypertension services are not yet optimal .

#### BIBLIOGRAPHY

- Azizah, FN (2022). Implementation of Healthy Heart Gymnastics with the Risk of Decreased Cardiac Output in Hypertension Patients in Cipari Village, Sukabumi Regency (Doctoral dissertation, Muhammadiyah University of Sukabumi).
- Dani, RH, & Putra, RS (2022). Human Resource Management Strategy. *Jotika Journal In Management and Entrepreneurship*, 2(1), 45-50.
- Heryana, A., & Unggul, UE (2018). Informants and informant selection in qualitative research. *Esa Unggul University*, 25(15).
- Indonesia. Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07 of 2021 concerning National Guidelines for Medical Services for the Management of Adult Hypertension. State Secretariat, Jakarta
- Indonesia. Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/2022 concerning Clinical Practice Guidelines in Primary Health Care Facilities. State Secretariat, Jakarta
- Performance Assessment of the Cimalaka Health Center (PKP) in 2023
- Persaud, N., & Dagher, R. (2021). The role of monitoring and evaluation in the UN 2030 SDGs agenda. UK: Palgrave Macmillan.
- Sumedang Regency Health Service Profile 2021
- Righo, Argitya, S. Kep Ners CHtN, and Mahin Ridlo Ronas. *Cupping Therapy Proven to Overcome Hypertension*. Rasibook, 2014.
- Shafa, AY, Sahita, LD, Laksono, MP, Rianda, RA, & Sybelle, JA (2022, September). General Concept of Public Policy Implementation. In *Proceedings International Conference Restructuring and Transforming Law* (pp. 159-165).