

Evaluation of the Utilization of Health Services at the Sekotong Community Health Center in a Review of the New Public Service (NPS) Theory

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ABSTRACT

Public service represents the government's responsibility to fulfill citizens' basic needs through the provision of goods, services, and administrative assistance in accordance with legal regulations. In the context of healthcare, Community Health Centers (Puskesmas) play a vital role as the frontline of public service aimed at improving community health standards. This study examines the implementation of public service at Puskesmas Sekotong from the perspective of the New Public Service (NPS), which emphasizes participatory, collaborative, transparent, and citizen-oriented principles. The findings show that Puskesmas Sekotong has implemented a digital-based service system through the Sehat Indonesiaku (ASIK) application to enhance administrative efficiency and data accuracy, with approximately 60–70% of reports being submitted digitally. Between 2023 and 2025, the total number of patients increased from 9,900 to 10,950, with the most common illnesses being acute respiratory infections (ARI), diarrhea, hypertension, and diabetes, indicating a growing demand for healthcare services. However, several challenges remain, including data integration issues, limited facilities (particularly the lack of a funeral ambulance), and low public awareness of preventive healthcare. Efforts to improve service quality are carried out through human resource development, optimization of facilities and infrastructure, and active community participation in posyandu (integrated service posts), village deliberations, and health cadres. Overall, Puskesmas Sekotong has successfully reflected the core principles of the New Public Service, prioritizing transparency, accountability, and collaboration in delivering inclusive and equitable digital-based public healthcare services.

1. INTRODUCTION

Health services are a crucial component of the public service system, playing a strategic role in improving public welfare and supporting sustainable human development (Chairiah et al., 2020). Health is a basic need and constitutional right of every citizen, as mandated by Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia, which states that everyone has the right to live in physical and spiritual prosperity, to have a home, to have a good and healthy environment, and to receive health services. This provision affirms the government's moral and legal responsibility to ensure the availability of quality, equitable, and accessible health services to all levels of society without discrimination (Ministry of Health of the Republic of Indonesia, 2021).

In the context of national development, the health sector plays a crucial role in supporting the productivity and quality of human resources (R. Hidayat & Ferbiyanti, 2023). Improving public health needs to be carried out evenly throughout Indonesia, both in urban and rural areas. To achieve this, the government, through the Ministry of Health, has established a network of primary healthcare services, specifically Community Health Centers (Puskesmas), as the frontline providers of first-level healthcare,

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prioritizing promotive and preventive efforts alongside curative and rehabilitative efforts (Ministry of Health, 2021). As technical implementation units of the District or City Health Office, Puskesmas have a significant responsibility in ensuring the provision of health services within their jurisdictions. Puskesmas functions not only as a provider of medical services but also as a center for community empowerment in the health sector (Notoatmodjo, 2012).

Therefore, the effectiveness and optimal utilization of Puskesmas services are important benchmarks for assessing the success of the health care system at the regional level (WHO, 2020). Sekotong Puskesmas, located in West Lombok Regency, is one such health facility with a fairly extensive coverage area and diverse geographic conditions, encompassing coastal areas, hills, and islands. This situation presents unique challenges in the provision of health services, including the availability of medical personnel, the distribution of facilities and infrastructure, and the accessibility of services to the public. In addition to geographic factors, other challenges include low public awareness of the importance of regular health check-ups and limited transportation, which restricts access to health facilities (West Lombok Regency Health Office, 2023).

The Sekotong Community Health Center (Puskesmas) has made various efforts to improve the quality and equity of services, including the implementation of a digital queuing system, integrated health post (Posyandu) activities, mobile health services, and community-based health programs. However, various obstacles remain, such as disparities in the availability of health workers between regions, limited medical equipment, and low community involvement in the planning and evaluation of health programs. This indicates a gap between the ideal goals of public services and the reality of their implementation on the ground (Putri & Rahman, 2022). To address these challenges, a new paradigm is needed in the delivery of public services, particularly in the health sector. One relevant approach is the New Public Service (NPS) theory introduced by Denhardt and Denhardt (2003).

The application of NPS principles is highly relevant in the context of healthcare services, as this sector requires reciprocal interaction between service providers (including government and healthcare workers) and service users (the public). The success of healthcare services is measured not only by administrative performance and budget efficiency, but also by the extent to which the public feels involved, heard, and empowered in the service process (R. H. Hidayat et al., 2020 and Susanto, 2021). In this context, evaluating healthcare service utilization at the Sekotong Community Health Center (Puskesmas) is crucial for determining the extent to which NPS values have been implemented in daily service practices. An evaluation based on NPS theory is expected to reveal whether the healthcare services provided reflect participatory, inclusive, and equitable values and what inhibits them.

2. METHOD

This study employed a descriptive qualitative approach, aiming to provide an in-depth understanding of the implementation and utilization of health services at the Sekotong Community Health Center. This approach was chosen because the researchers sought to gain a comprehensive understanding of the dynamics of public services, the interactions between health workers and the community, and the various obstacles encountered during the service process in the field.

This research was conducted at the Sekotong Community Health Center, Sekotong District, West Lombok Regency, West Nusa Tenggara Province. This location was chosen intentionally because the Sekotong Community Health Center has implemented a digital-based service system through the Sehat Indonesiaku (ASIK) application, which is used to support the reporting and management of public health data. The study was conducted on Saturday, October 11, 2025, and included field observations, interviews, and other activities. Subjects and Informants: The research subjects involved parties directly involved in the implementation and utilization of health services at the Sekotong Community Health Center. Informants were selected using a purposive sampling technique, which involves deliberately selecting informants based on their relevance and knowledge of the research topic (R. Hidayat & Pratama, 2023). Key informants included the head of the administration sub-division, administrative staff, and several community health service users.

Research data was obtained through two main techniques: direct observation and in-depth interviews. Researchers observed service activities at the Sekotong Community Health Center, such as the patient registration process, medical service flow, the use of digital applications (ASIK), and interactions between staff and the community. Observations were conducted using a passive participatory approach, where researchers were present at the location without directly participating in the service process. However, they noted various important aspects related to the implementation of health service activities. Additionally, researchers conducted in-depth, face-to-face interviews with informants to gather more comprehensive information. The interviews were semi-structured, with flexible question guidelines

allowing informants to express their views, experiences, and challenges. The focus of the interviews covered the implementation of health services, the effectiveness of digital application use, and community perceptions of service quality at the Sekotong Community Health Center.

Data Analysis Techniques: The data analysis in this study employed the Miles and Huberman interactive analysis method. To ensure data validity, source triangulation and method triangulation techniques were used.

3. RESULT AND DISCUSSION

1. Implementation of Public Services at the Sekotong Community Health Center Based on the New Public Service (NPS) Perspective

A. Data on the Number of Patients and Types of Diseases from 2023-2025

Based on observations at the Sekotong Community Health Center, several types of diseases and the number of patients were identified over the past three years, from 2023 to 2025. The following table shows the number of patients and types of diseases recorded at the Sekotong Community Health Center:

Table 1. Number of Patients and Types of Diseases from 2023-2025

Years	Dengue fever	ISPA	Diarrhea	Hypertension	Diabetes	Skin disease	Total Patients
2023	1.350	2.100	1.900	1.700	1.500	1.350	9.900
2024	1.400	2.200	2.000	1.800	1.600	1.400	10.400
2025	1.500	2.300	2.100	1.900	1.700	1.450	10.950

Source: Sekotong Community Health Center, 2025

Data on the number of patients at Sekotong Community Health Center over the past three years (2023–2025) demonstrates a consistent pattern of care for various diseases. Overall, the number of patients increased from 9,900 in 2023 to 10,950 in 2025. This increase demonstrates the growing public demand for healthcare services and the Community Health Center's effectiveness in reaching patients.

When classified by the average number of patients per disease, there are three categories:

1. Diseases with a high number of patients. Acute Respiratory Infections (ARI) and diarrhea top the list, with an average of 2,200 and 2,000 patients per year, respectively. This indicates that infectious diseases and digestive disorders remain major health problems that require increased attention, both in terms of prevention and medical treatment.
2. Diseases with a moderate number of patients. Hypertension and diabetes fall into the moderate category, with an average of 1,800 and 1,600 patients, respectively. This category indicates non-communicable diseases that still require routine monitoring and health education to prevent long-term complications.
3. Diseases with a low number of patients. Dengue fever and skin diseases fall into the low category, with an average of 1,417 and 1,400 patients, respectively. Although these numbers are lower than those of other diseases, they still require prompt treatment and preventive education to reduce the risk of spread and complications.

Overall, the Sekotong Community Health Center demonstrates comprehensive service efforts, covering infectious and non-communicable diseases, as well as preventive services for pregnant women. The increasing number of patients each year underscores the importance of strengthening the Community Health Center's capacity, both in terms of human resources, infrastructure, and digital administration systems, to ensure equitable and high-quality health services.

B. Table of Facilities Available at Sekotong Community Health Center

Based on observations at Sekotong Community Health Center, data were obtained on the number of facilities available as primary support for healthcare services. Details of these facilities are presented in the following table to provide an objective and measurable overview of the existing facilities' condition.

Table 2. Facilities and Infrastructure	
Means	Information
Thermometer	Good condition
Stethoscope	Good condition
Suggestion Box	Good condition
Computer	Good condition
Emergency Ambulance	Good condition
Wheelchair	Good condition
Patient Bed	Good condition
MCH Equipment (Doppler, Test Pack)	Good condition
Baby & Toddler Scales	Good condition

Source: Sekotong Community Health Center, 2025

Based on observations at Sekotong Community Health Center, data were obtained on the number of facilities available as primary support for healthcare services. Details of these facilities are presented in the following table to provide an objective and measurable overview of the existing facilities' condition. Source: Sekotong Community Health Center, 2025

Based on observations, Sekotong Community Health Center has various facilities to support the provision of health services to the community within its area. The center's primary services include a registration counter for patient administration, a 24-hour Emergency Unit (UGD), and various polyclinics offering a variety of health services tailored to the community's needs.

The center also features a comfortable waiting room, allowing residents to wait in an orderly fashion for their turn. Additional services include prenatal classes, family planning (KB) services, immunizations, integrated health posts (Posyandu), and screening for non-communicable diseases (NCDs) to support promotive and preventive programs. Within the Sekotong Community Health Center's operational area, there are 35 active Posyandus and 7 Vaccination Posts, facilitating access to health services for residents at the village and hamlet levels.

The available supporting facilities and infrastructure include a registration area, waiting room, general examination room, dental clinic, Maternal and Child Health (KIA) room, pharmacy, laboratory, and nutrition counseling room. These facilities are equipped with adequate toilets and are accessible to people with disabilities, demonstrating the health center's focus on comfort and inclusiveness. Overall, the facilities at the Sekotong Community Health Center are designed to support comprehensive, efficient, and easily accessible health services for all levels of society.

C. Table of Number of Health Workers

To provide a clearer picture of the human resources at the Sekotong Community Health Center, the following table shows the rooms and types of services available, as well as the number of health workers supporting the services at the Sekotong Community Health Center.

Table 3. Types of Services

Types of services	Description
Registration counter	Available
Patient waiting room	Available
General examination room	Available
Laboratory room	Available
Dental clinic	Available
Maternal and Child Health (KIA) room	Available
Nutrition counseling room	Available
Administration room	Available
Emergency room	Description

Source: Sekotong Community Health Center, 2025

Meanwhile, data on healthcare workers can be seen in the table below.

Health Workers	Amount
General Practitioners	8
Dentists	4
Nurses	23
Midwives	18
Nutritionists	5
Pharmacists	7
Technologists	4
Public Health Workers	6
Environmental Health Workers	4
Physiotherapy Workers	2
Medical Laboratory Technologists	3
Total	84

Source: Sekotong Community Health Center, 2025

Based on the table above, the total number of healthcare workers at the Sekotong Community Health Center is 84, comprising various health professions. This composition of healthcare workers indicates that the Sekotong Community Health Center has a comprehensive human resource base to support public health services. The diversity of healthcare workers, including doctors, nurses, midwives, nutritionists, laboratory technicians, and environmental health workers, demonstrates efforts to meet basic healthcare service standards in accordance with applicable regulations. An adequate number of personnel also plays a crucial role in ensuring effective, prompt, and equitable service delivery to the community within the Sekotong Community Health Center's coverage area. Therefore, the healthcare workforce structure available at this community health center is a key supporting factor in enhancing service quality, improving disease prevention, and strengthening overall public health programs.

D. Public Services at the Sekotong Community Health Center Using Participatory, Collaborative, Transparency, and Community-Oriented Principles

a. Participatory Principle

Public services provided by the Sekotong Community Health Center represent the local government's responsibility to meet the community's basic health needs. Based on the New Public Service (NPS) theory introduced by Denhardt and Denhardt (2003), public services should be oriented towards the principle of "serve citizens, not customers." This means that the government acts not only as a service provider but also as a facilitator, encouraging active community involvement in every public service process. In the context of health services, the Sekotong Community Health Center has demonstrated significant progress by implementing a digital-based service system through the Sehat Indonesiaku (ASIK) application.

The Sehat Indonesiaku (ASIK) application is a mobile application developed by the Ministry of Health to digitize health data recording and reporting at the primary health care level, such as Integrated Health Posts (Posyandu). Its primary goal is to replace manual recording, allowing health workers to more efficiently and accurately record immunizations, detect diseases early, and monitor the health of mothers, children, adolescents, and other programs. The main feature of ASIK Immunization Recording is that it simplifies individual immunization data recording and immunization schedule management. Non-Communicable Disease (NCD) Screening: Supports the early detection and monitoring of NCDs, including diabetes, hypertension, heart disease, stroke, asthma, and cancer. Integrated Health Post (Posyandu) Recording: Assists with data recording at Posyandu for infants, toddlers, pregnant women, adolescents, and school-age children. Integrated Reporting: Recorded data is automatically connected to an integrated dashboard, which can be accessed by Community Health Centers (Puskesmas), district/city health offices, and provincial health offices for further analysis.

Digital Notifications and Certificates: Send WhatsApp notifications to parents regarding immunization results and provide digital immunization certificates accessible through the Satu Sehat Mobile app. ASIK Benefits: Efficiency: Transforms manual recording into digital, speeding up the recording and reporting process. Data Accuracy: Reduces data input errors that are prone to manual recording. Continuous Monitoring: Enables long-term monitoring of health conditions with accurate, real-time data. Accessibility: Available for health workers and cadres on Android and iOS devices, and is supported by a dashboard for easier data analysis.

To use the ASIK app, you first need to register by selecting a role (healthcare worker or cadre), entering your personal details, and verifying your identity via email or WhatsApp number. After that, you can log in with your registered PIN or mobile phone number. To use it, select the relevant menu option. For example, to access immunization records, you need to search for a child, enter their immunization data, and save the complete information.

1) Register an account

Download and open the ASIK app. Press the "Register" button. Select your role (e.g., healthcare worker, cadre, etc.). Fill in your personal details, including name, National ID Number (NIK), WhatsApp number, and select the appropriate parent health center (Puskesmas). Enter an active email address to receive a One-Time Password (OTP). After receiving the OTP via email or WhatsApp, enter it into the app. Create and confirm a six-digit PIN (Personal Identification Number).

2) Log in to the app

Open the app and enter your registered mobile number or the PIN you created. If you forget your PIN, you can request a new OTP via email to create one.

3) How to use the app (example: immunization recording)

After successfully logging in, click "Add Immunization." Search for your child's data by name and date of birth. If your child is not yet registered, click "Add New Toddler." Answer the questions that appear regarding the type of immunization administered (e.g., Measles, Rubella). Enter the batch number if necessary, or select "Other Immunizations" for other types of vaccines. Ensure all data is correct, then click "Save Data." If there are any errors, you can click "Change Data" before saving.

This application serves as a reporting and data collection tool for public health services, helping to expedite the administrative process and improve data accuracy. Each month, this community health center compiles approximately 87 86 reports covering various health areas, such as maternal and child services, immunization, nutrition, and infectious disease control. Approximately 60% to 70% of these reports are processed digitally, indicating a relatively high level of technology adoption within the community health center's work environment. The implementation of this digital system not only enhances the efficiency and timeliness of services but also reinforces the principle of public accountability, as emphasized in the NPS

theory (Rahmaini, 2021). Medical personnel and administrative staff can work in a more structured manner, while the public gains easier access to health services and information. Furthermore, after operating hours, the community health center continues to provide online services to expand access for people requiring consultations outside of office hours.

b. Principles of Collaboration between the Sekotong Community Health Center and the Community

1) Sekotong Community Health Center Collaboration with the Community

The collaborative relationship between the Sekotong Community Health Center and the community is evident through various ongoing participatory activities. The Integrated Health Post (Posyandu) serves as one of the most active collaborative platforms, where health cadres, parents of toddlers, pregnant women, and adolescents participate in activities such as health screenings, immunizations, monitoring nutritional status, and health education. In implementing the Posyandu, the Community Health Center serves as the facilitator and director, while the community, through its cadres, acts as the implementer, driving activities in the field. This working pattern reflects co-production between the government and residents, fostering community self-reliance in maintaining health. The role of cadres is crucial as they act as a bridge of information between the Community Health Center and residents, particularly in difficult-to-reach coastal and hilly areas.

Furthermore, the Community Health Center's involvement in village meetings and mini-workshops demonstrates a commitment to fostering dialogue and collectively formulating health issues (Salmin, Palahuddin, Rahmad Hidayat, Amil, 2022). The forum enables residents to express their needs and propose program priorities, such as allocating village funds for integrated health service posts (Posyandu), sanitation development, and reducing stunting. Thus, the collaboration positions the community not only as recipients of services but also as stakeholders in determining the direction of health policy in their region (Mustamin et al., 2021).



Figure 1.

2) Sekotong Community Health Center Collaboration with Educational Institutions

The Sekotong Community Health Center's collaboration with educational institutions is also crucial in efforts to improve student health. Through the School Health Program (UKS), the community health center conducts routine student health checks, including dental and eye exams, anemia monitoring, and personal hygiene assessments. Schools then act as key partners, helping ensure children's growth and development are monitored adequately while instilling healthy lifestyle habits from an early age. In addition to the UKS, the community health center implements the Adolescent Health Education Program (PKR), which focuses on reproductive health education, prevention of anemia and early marriage, as well as mental health monitoring and screening for non-communicable diseases for adolescents. Collaboration is also evident in the implementation of the School Children's Immunization Month (BIAS), where the community health center and schools collaborate to provide immunizations such as TD, DT, HPV, and measles-rubella. All data is recorded digitally through the ASIK application, making the service process more efficient, accurate, and easily traceable. This collaboration expands the reach of disease prevention programs while creating a younger generation that is more aware of the importance of health (R. Hidayat & Pratama, 2023).



Figure 2

3) Sekotong Community Health Center Collaboration with Social Institutions and Community Leaders

Sekotong Community Health Center also builds a strong collaborative network with various social institutions and community leaders to strengthen community-based health development. The village PKK organization is a key partner in implementing maternal and child health programs, nutrition programs, and stunting prevention efforts. In addition, several social organizations and NGOs focused on health issues contribute through educational activities, mentoring at-risk families, and promoting environmental health. Youth organizations also play a role in various outreach activities and community health movements. Meanwhile, religious and traditional leaders play a strategic role in increasing community acceptance of health programs, particularly through social and cultural approaches. They help convey health messages such as the importance of immunization, stunting prevention, and the implementation of clean and healthy living behaviors (PHBS), especially to communities in hard-to-reach areas. The participation of these informal leaders provides strong legitimacy to the community health center's programs and encourages increased community participation. This cross-sector collaboration ultimately strengthens the community health center's efforts to maintain and improve overall community health.

c. Transparency

The Sekotong Community Health Center demonstrates a strong commitment to the principle of transparency in healthcare services. One of the most prominent efforts is the use of the ASIK (My Indonesia Health Application) digital application, which allows the entire process of recording and reporting health data electronically. Data on immunizations, nutritional monitoring, prenatal check-ups, and non-communicable disease screenings are accurately recorded and can be monitored by health workers, cadres, and the health office (R. Hidayat et al., 2021). This system also enables the community to monitor their health status in real-time, allowing them to be more actively involved in healthcare services.

Furthermore, the Sekotong Community Health Center promotes transparency through village meetings and mini-workshops, where villagers, cadres, community leaders, and staff from the community health center gather to plan and evaluate health programs. In these forums, the community can provide input, ask questions, and gain an understanding of how the village budget is utilized for health activities, such as the construction of integrated health posts (Posyandu), sanitation initiatives, and programs aimed at reducing stunting. This approach ensures that decisions are not made unilaterally but involve active community participation, making health services more equitable and tailored to local needs.

The Sekotong Community Health Center (Puskesmas) also enhances information transparency through online services, available outside of operating hours, including health consultations, immunization schedule notifications, and digital certificates. This mechanism provides the public with easy access to monitor and assess health services, while simultaneously increasing the accountability of the Puskesmas. Overall, the implementation of digital systems, participatory forums, and online service access demonstrates that the Sekotong Community Health Center maintains ongoing transparency, resulting in more open, accountable, and participatory health services.

d. Orientation to Community Interests

Based on the Public Satisfaction Survey (SKM) indicators as stipulated in Regulation of the Minister of Administrative and Bureaucratic Reform Number 14 of 2017, services at the Sekotong Community Health Center reflect several important elements, such as ease of fulfilling administrative requirements

for BPJS participants, clarity of service procedures, regular operating hours, and transparency of service fees. BPJS participants receive services free of charge, while general patients are charged according to government-set standards. In terms of human resources, the Sekotong Community Health Center (Puskesmas) has approximately 84 healthcare workers, including doctors, midwives, nurses, and laboratory staff. Four dentists, who had previously worked for a government agency for about a year, were then allowed to work at the center. This indicates that the overall need for medical personnel is being met, although several positions remain incomplete, particularly in the area of health promotion.

In terms of facilities and infrastructure, the physical condition of the community health center has improved with the availability of computers and laptops to support a digital administration system. Public complaints are also handled through various channels, such as a suggestion box, social media, and an evaluation forum managed by the Community Health Center Quality Team. This team is responsible for following up on public input and ensuring that all services meet established quality standards.

In addition to meeting the SKM indicators, service delivery at the Sekotong Community Health Center also reflects the core values of the National Health Insurance Program (NPS), such as community participation through integrated health service posts (Posyandu), village deliberations, and the involvement of health cadres. The principles of transparency and collaboration are also implemented through cross-sectoral collaboration with schools, community leaders, and social organizations. Furthermore, the principles of justice and inclusivity are realized by reaching communities in coastal and hilly areas far from health service centers.

Infrastructure and a digital administration system are essential to ensure equitable and high-quality health services. In terms of facilities and infrastructure, the Sekotong Community Health Center has undergone significant improvements. Computers and laptops are available to support the digital administration system, enabling faster and more accurate patient registration and reporting. Furthermore, the Community Health Center has adequate medical service rooms, a laboratory, a patient observation room, and facilities for immunizations and prenatal checkups. However, some facilities remain limited, such as the availability of a hearse ambulance. The two emergency ambulances are sometimes used to transport critical patients, requiring increased attention to support emergency response in remote areas. In addition to routine services, the Sekotong Community Health Center also encourages community participation through integrated health posts (Posyandu), village deliberations, and the involvement of health cadres. This collaborative effort reaches all levels of society, including coastal and hilly areas, ensuring the principles of justice and inclusivity are upheld. The Community Health Center also actively monitors infectious diseases and provides education on healthy lifestyles, early disease detection, and complication prevention, especially for patients with chronic illnesses and pregnant women.

2. Barriers to Public Service Utilization at the Sekotong Community Health Center

Factors Barriers to Public Service Utilization at the Sekotong Community Health Center. Despite significant progress, the implementation of health services at the Sekotong Community Health Center still faces several internal and external obstacles. Internally, the main obstacle lies in the digital data integration system, particularly the Sehat Indonesiaku (ASIK) application. A frequent issue is difficulty in reading and matching patient Population Identification Numbers (NIK), resulting in some data being recorded incorrectly. This situation results in a discrepancy between the number of patients served and the data recorded in the system. As a result, reporting and evaluation processes are inaccurate and require further coordination with population agencies to improve data validity (Mustamin et al., 2020).

Limited facilities are also another inhibiting factor. Although the Sekotong Community Health Center has computers and laptops to support administrative activities, essential facilities such as hearse ambulances are not yet available. The Sekotong Community Health Center only has two emergency ambulances, which are sometimes used to transport bodies instead of critically ill patients. This significantly complicates emergency response, especially in remote areas. Furthermore, Sekotong's geographical location, comprising coastal and hilly areas, makes it challenging for some residents to access health services, necessitating a mobile clinic strategy to reach all areas. In terms of human resources, although the number of health workers is relatively sufficient, their distribution and qualifications are not optimal. A shortage of health promotion personnel is one of the obstacles to increasing public awareness of the importance of healthy lifestyles and preventive services.

Meanwhile, externally, the biggest challenge is low public awareness of preventive healthcare services. Many people visit the community health center only when they are experiencing health problems, rather than for routine checkups or preventive measures. This situation highlights a lack of public understanding of the importance of early disease detection. Furthermore, there are still

unresolved issues with population administration and BPJS membership, such as unsynchronized identity data. This creates obstacles in recording and reporting patient care. To ensure service quality is maintained, the Sekotong Community Health Center Quality Team plays a role in evaluating and monitoring various service indicators. This team follows up on any public complaints through internal discussion forums and digital reporting.

These efforts reflect the application of the principles of transparency, accountability, and responsiveness as emphasized in the New Public Service theory. Overall, despite still facing several technical and social obstacles, the Sekotong Community Health Center has demonstrated a strong commitment to providing public services that are citizen-oriented, inclusive, and based on collaborative and participatory principles. To improve service quality, the Sekotong Community Health Center has implemented a digital system through the Sehat Indonesiaku (ASIK) application.

4. CONCLUSION AND RECOMMENDATION

Based on research and observations at the Sekotong Community Health Center, it can be concluded that the implementation of public services at this community health center has implemented the principles of the New Public Service (NPS), which emphasize participation, collaboration, transparency, and a focus on community interests. The implementation of a digital system through the ASIK application has strengthened the efficiency, accuracy, and monitoring of health services, including immunization, non-communicable disease screening, and nutrition monitoring, making services more structured and accessible to the public. Furthermore, the Sekotong Community Health Center actively builds collaboration with the community through integrated health service posts (Posyandu), village meetings, the involvement of health cadres, and collaboration with educational institutions and social organizations. This collaboration encourages community participation in decision-making regarding health programs and raises public awareness of the importance of healthy lifestyles.

Transparency of services is also a key priority. The community health center implements digital record-keeping, discussion forums, mini-workshops, and online services to ensure public access to information about health services. This is demonstrated through ease of administration, clarity of procedures, and accessibility of services, including in hard-to-reach coastal and hilly areas. In terms of facilities and human resources, the Sekotong Community Health Center (Puskesmas) is equipped with adequate infrastructure, such as a polyclinic, a 24-hour emergency room, a maternal and child health unit (KIA) room, a laboratory, a pharmacy, and integrated health service post (Posyandu) facilities. The available healthcare staff, comprising 84 professionals from various professions, including doctors, nurses, midwives, nutritionists, and laboratory personnel, supports the provision of comprehensive healthcare services.

However, several inhibiting factors require attention. Issues with data integration in digital systems, limited facilities such as emergency ambulances, uneven distribution of healthcare workers, and low public awareness of preventive services are challenges that must be addressed to improve service quality. Overall, the Sekotong Community Health Center demonstrates good service quality and is community-oriented, although technical and social challenges remain that require further attention.

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