Analysis of the Implementation of the Integrated Recording and Reporting System (SP2TP) for Community Health Centers in 2024

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ARTICLE INFORMATION	ABSTRACT
	The Community Health Center Integrated Recording and Reporting System (SP2TP) is the main source of information for the Community Health Center Management Information System (SIMPUS). The impact of late reporting or the absence of monthly SP2TP reports is that *the latest data is not available* which can be used as accurate/relevant information for people who need it as research reference material. The phenomena that occur are delays in sending SP2TP reports by officers as well as delays *in input* and sending data to the Health Service which must be done on the 5th of every month. The aim of this research is to analyze the implementation of SP2TP in 2024. This type of research is qualitative with a phenomenological approach. The technique for determining informants uses *Purposive Sampling* with a total of 8 informants. Data collection carried out included in-depth interviews, FGDs, and observations. This research uses triangulation of sources, methods and time. Data analysis in this research used the NVivo application. The research results show that planning and organization are quite good, but the existing human resources have multiple tasks and do not meet the qualifications, which has an impact on the timeliness of SP2TP data collection. SP2TP coordination is carried out *bottom up* from the bottom, namely the PJ Program to the PJ Health Service starting from recording data for each program and is carried out using Excel. SP2TP reporting is carried out after recapitulation by the SP2TP data manager. Suggestion: Implementation of SP2TP should use *Google Form* or *Google Spreadsheet* or a special IT application for SP2TP to facilitate reporting from the Puskesmas level to the District/City Health Service

Introduction

The implementation of health services at the Community Health Center level requires management that is supported by appropriate, accurate, up-to-date and sustainable data and information. To maintain and guarantee the availability of information and data, Community Health Centers must organize a health information system. Part of the Puskesmas Health Information System is the Puskesmas Recording and Reporting System. In Indonesia, SIMPUS and SPT SIMPUS have begun to be developed in district health offices. *Software* to record patient visits, especially outpatient visits. Data recording of patients who visit the Puskesmas is stored and used to produce reports within a certain period of time which are then sent to health services. Data reports from district health centers have the same data structure (Indonesian Ministry of Health, 2019).

The implementation of health efforts at community health centers requires management that is based on data and information that is good and accurate, current and sustainable. To obtain

and guarantee the availability of relevant data and information, Community Health Centers are required to organize a health information system. One component of the Puskesmas health information system is the Puskesmas recording and reporting system. The Integrated Community Health Center Recording and Reporting System (SP2TP) is the main source of information for the Community Health Center Management Information System. (Ministry of Health, 2015).

The source of information on Puskesmas management (SIMPUS) in Indonesia is the Integrated Puskesmas Registration and Reporting System (SP2TP). Puskesmas is an official organization under the auspices of the city health service. Through SP2TP, Puskesmas are required to collect data on UKP and UKM service transactions periodically. Through various programs implemented, they must submit monthly reports to the health service in LB1 format containing patient data for a month and recording the most serious illnesses for a month. Of course, the preparation of this report encountered many obstacles, including: Registration errors and duplicate registrations caused the reporting results to be uncertain (Supraba in Ritonga & Mansuri, 2017).

At the national level based on RI Decree Number 63/MENKES/SK/II/1981 and simplified by Decree of the General Department of Public Health Development Number 590/BM/DJ/INFO/V/1996. The two decision letters emphasized that the information produced by SP2TP can be used to support the administrative process of managing health services (Vidyanto, 2012).

SP2TP is sent to district and city health offices at the beginning of every month. The district and city Health Services re-process the report and send comments to the Provincial Health Service and Central Health Service. Input from the community health center will be returned periodically to the community health center to be used as an assessment of the success of the program (Suryani and Solikhah, 2013).

The impact of late reporting or lack of monthly SP2TP reporting is that there is no up-to-date data that can be used as accurate/relevant information for parties who need it as a study reference. And if it is not recorded or reported then there will be no cross-sector response starting from the Community Health Center to City Health Services (DINKES) as well as provincial health services And from provincial to central health services that focus on improving the quality of health services. In addition, without recording and reporting, activities or programs implemented will not be displayed and recorded as information for further decision making and complete data will not be available for later use as an annual report or health center yearbook record.

, it is known that in the last 6 months, Puskesmas /City.

Based on the results of a preliminary survey conducted by interviewing the SP2TP Assistant Coordinator at the Community Health Center, it is known that there is a phenomenon of delays in sending SP2TP reports by officers, making recording and inputting difficult. Obstacles in collecting data from each underwriter's answer result in input delays and sending data to the Health Service must be carried out every month on the 5th in accordance with the provisions of the District/City Health Service.

Apart from the delay in reporting SP2TP to the District/City Health Service, the program holder at the Community Health Center still has other duties, because the program holder is a health worker who also organizes other programs at the Community Health Center, which could result in the implementation of SP2TP at the Community Health Center not being able to be implemented optimally. .

This research aims to analyze the implementation of SP2TP in 2024 .

Method

Qualitative research uses a phenomenological approach held from June 20, 2024 to July 11, 2024 at the Community Health Center. *The informants* in this research consisted of 2 key informants, 2 main informants, and 4 supporting informants . The criteria for informants should meet the criteria, namely that they master and understand matters related to the Community Health Center Integrated Recording and Reporting System (SP2TP) that will be researched, not just know it, but understand it well, they are classified as participating or involved in the activities or process of implementing the System. Integrated Recording and Reporting of Community Health Centers (SP2TP) that will be researched. They have sufficient time to ask for information and they are consciously willing to be resource persons in this research. Data collection was carried out using in-depth interviews, FGD and observation. This research uses triangulation of sources, methods and time. Data analysis was carried out using a qualitative data processing application, namely NVivo14 .

Results
a. SP2TP planning

SP2TP planning at Puskesmas X is carried out in a structured manner starting from recording, reporting to management. For recording, the data source comes from all activities at the Puskesmas. The data collection process is carried out by the Community Health Center, especially the party running the program. This can be proven based on the results presented by the following key informants:

"Yes, the data collection process is of course from the Community Health Center, the program holder, then processed by PJ SP2TP, then sent to me" (IA-1)

The data collection process carried out by program holders at community health centers is to record the results of implementing activities, recorded in the register book that applies to each program. The data is then recapitulated into a recorded SP2TP report format. This is proven based on the results of FGDs conducted with supporting informants as follows:

"For the process, recording is initially carried out, the results of the activities are written down in a register book, according to the program, after that they are summarized in a recorded report format" (IC-1) Data preparation is carried out to be effective and efficient, namely data reporting is submitted to the administrative level above according to needs correctly. , periodically and regularly. Data that has been collected by program holders at the Community Health Center will be reported to the SP2TP Coordinator for management and then sent to the Health Service, this is proven by the results of in-depth interviews with the main informants as follows:

"The process comes from the program holder at the Community Health Center, then it is sent to me for me to summarize in the SP2TP form, then sent to the Health Service" (IB-1)

The applications that Puskesmas X usually uses to record and report are Microsoft Excel and *WhatsApp* . To make reporting easier, Puskesmas X chose *the WhatsApp application* because it is relatively simple so that reporting runs effectively and efficiently. This is proven by the results of interviews with the main informants as follows:

"If the application doesn't exist, just use Microsoft Ecxel which is provided, then send it via WhatsApp" (IA-1)

Based on the results of observations, researchers found complete documents such as SP2TP forms, registration cards, recording applications, and supporting laptops/computers.

Based on the results above, it can be seen that SP2TP planning has been implemented in a structured manner starting from recording, reporting to management. The data collection process carried out by program holders at community health centers is to record the results of activities by implementers, recorded in the register book for each program. The data is then recapitulated into the existing SP2TP report format. To ensure that data is compiled effectively

and efficiently, data reporting is submitted to the administrative level above it according to needs correctly, periodically and regularly. The applications that Puskesmas X usually uses to record and report are Microsoft *Excel* and *WhatsApp* . Based on monitoring, the existing documents are complete, such as the SP2TP form, registration card, recording application, and supporting laptop/computer.

b. SP2TP organization and staff

Based on observations, it is known that there are organizational and personnel documents that are not yet available, namely cross-sector mini workshop reports, other complete documents such as mini workshop reports (monthly), health center mini workshop SOPs, and cross-sector mini workshop SOPs.

SP2TP Organization and Staff at the Puskesmas The involvement of organizing members in implementing the Puskesmas program is by holding regular meetings to evaluate the running of the SP2TP. There were also other discussions regarding completeness and timeliness as well as giving awards to the Community Health Centers that were most diligent in providing reports. This is proven by interviews with key informants as follows:

"Usually there are meetings like that to evaluate the progress of SP2TP, later discussions will be given regarding completeness and timeliness, sometimes there are awards for the Community Health Centers that are most diligent in sending reports." (IA-1)

Human resources at Puskesmas X have *multiple jobs* , especially for program holders, where one person can organize 2 programs. This will have an impact on the accuracy of data collection from the SP2TP Puskesmas data manager. Then the workers in the SP2TP section do not have educational qualifications in accordance with their duties. This is proven based on in-depth interviews conducted with key informants as follows:

"My job is to recap the data reported by each program, sis. Then here there is a program holder who holds two jobs, so maybe that's why it took a while for them to send the data to me. For the PJ program, most of them are nursing graduates with degrees. Amd. Kep (IB-2)

Puskesmas Apart from that, Puskesmas also provides SP2TP training, although not too regularly, to maintain SP2TP performance so that work is always effective and efficient. This is proven based on FGDs conducted with supporting informants as follows:

"We at the SP2TP Community Health Center itself of course always have supervision, as far as I know the training is not very routine but it is still there" (IC-2)

Applications used by Puskesmas Using *WhatsApp* makes it easier for puskesmas to organize because it is easy to use so it is more effective and efficient. So far there have been no truly fatal problems related to networking and computing that could disrupt the SP2TP process. This is proven based on the results of interviews conducted with key informants as follows:

"For the application we use Excel on the computer and WhatsApp. Use WhatsApp because it's easy, so it's fast. The problem is that the network itself doesn't last long" (IA-2)
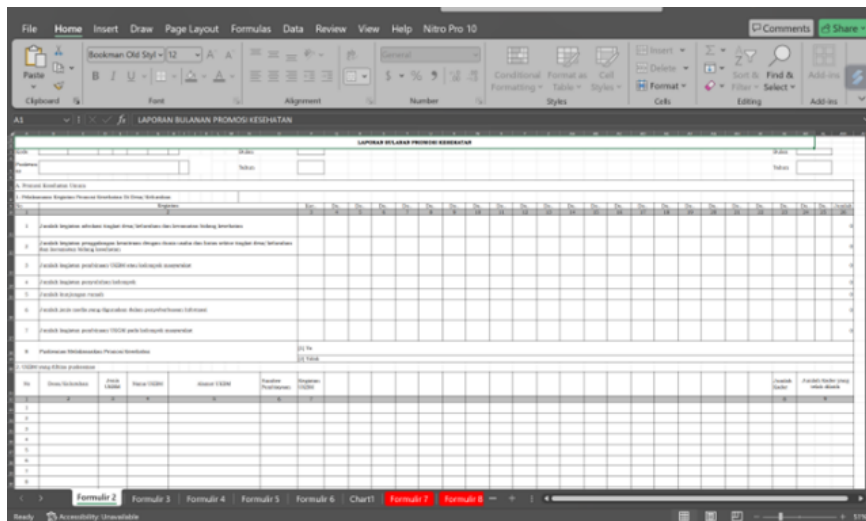
Figure 1 SP2TP Form

, it can be seen that the organization and staff of SP2TP Puskesmas Human Resources at Puskesmas This will have an impact on the accuracy of data collection from the SP2TP Puskesmas data manager. Then the workers in the SP2TP section do not have educational qualifications in accordance with their duties.

Organizing involvement in the implementation of the community health center program, namely holding regular meetings to evaluate the implementation of SP2TP. Puskesmas The applications used by Puskesmas X in organizing and staffing are Microsoft Excel and *WhatsApp* using computers and cell phones. Based on the results of observations, it was found that there were incomplete organizing and staffing documents, namely mini workshop reports (monthly), other complete documents such as cross-sector mini workshop reports, health center mini workshop SOPs, and cross-sector. Mini sector workshop SOP.

c. SP2TP Coordination

SP2TP coordination at Puskesmas X has a special officer structured as a coordinator. The coordination procedure is carried out from below in the SP2TP structure, namely the PJ for the Community Health Center Program, then to the SP2TP Coordinator, then to the Head of the Community Health Center, and finally the PJ for Health Services. To coordinate the suitability and adequacy of program data, especially SP2TP, the Community Health Center established a discussion forum via *the WhatsApp application* to facilitate monitoring and evaluation of program data. This is proven through interviews with the following important figures:

"We communicate via the WhatsApp group to facilitate coordination, so that the data is appropriate and sufficient, usually there are routine checks" (IA-2)

Coordination at Community Health Centers Cross-sector coordination usually discusses maintaining and updating secondary data. Cross-sector coordination is usually carried out through meetings or gatherings at the Health Service which will be represented by the SP2TP Coordinator at each Community Health Center. This is proven by the results of interviews with the main informants as follows:

"Yes, if this coordination is carried out when there is a meeting or meeting like that at the Health Service, usually the person who comes is the SP2TP Coordinator from each Puskesmas in the district, then they discuss the data, whether there is any. has it been updated or not." (IB-1)

The coordination process at Puskesmas X is carried out through meetings or *the WhatsApp application* by forming groups to facilitate communication. With the involvement of a

group of parties, monitoring the running of SP2TP will be easier. The obstacle faced in the coordination process is usually a poor internet network, but this does not have a significant impact. This is proven by the results of the FGD conducted with supporting informants as follows:
"We have a WhatsApp group so it's easy to chat because if we had to meet, it would take a lot of time and be complicated" (IC-1)"

Based on observations, researchers found that there were complete coordination documents such as reports on the suitability of document codification and internet network capacity.

Based on the results above, it can be seen that the SP2TP Coordination of Puskesmas X already has a special officer as coordinator. The coordination procedure itself is carried out from below in the SP2TP structure, namely the PJ for the Community Health Center Program, then to the SP2TP Coordinator, then to the Head of the Community Health Center, and finally the PJ for Health Services. Coordination at Puskesmas The coordination process at Puskesmas X is carried out through meetings or *the WhatsApp application* . The obstacle faced in the coordination process is usually a poor internet network, but this does not have a significant impact. Based on the results of observations, complete coordination documents were found, such as reports on the suitability of document codification and internet network capacity.

d. SP2TP implementation

Based on observations, researchers found that there were complete implementation documents such as SOPs for implementing SP2TP. Implementation of SP2TP at Community Health Center Data recording has been carried out computerized, making implementation easier. The data that has been recorded is then submitted to the SP2TP Assistant Coordinator for management. The management process has also been computerized so that the data obtained is precise and measurable. After management occurs, the finished data is submitted to the SP2TP coordinator at the Community Health Center. This is proven by the results of interviews with the main informants as follows:
"The implementation is as usual, we follow the existing procedures from recording until the data is submitted to the Health Service, we all comply with the SOP" (I-B1)

Puskesmas X has standardized Operational Standards (SOP). SOPs are implemented in the implementation of SP2TP, such as checking data and networks regularly and periodically to ensure that the parties involved in implementing SP2TP carry out their duties, but Puskesmas X does not provide sanctions that will be applied if the implementation deviates from what already exists. procedure. This is proven by the results of interviews with key informants as follows:
"Yes, we have a standard SOP, everyone must follow it, so that it runs smoothly. "There are no sanctions for such delays here" (IA-2)

The implementation of SP2TP has been carried out using computerization to facilitate every progress from recording to reporting. So far there have been no significant problems, if there is computer damage or network disruption, it will be repaired immediately so that it does not have a fatal impact on overall implementation. This is proven based on the results of FGDs conducted with supporting informants as follows:
"For the implementation here we use computers, the problem may be an error but it will be fixed immediately" (IC-1)

Based on the results above, it is known that the implementation of SP2TP at Community Health Center X begins with recording data for each program by the SP2TP Program PJ. Data recording has been done manually and computerized. Puskesmas X also has standardized Operational Standards (SOP). Data and network checks are carried out routinely and periodically to ensure that the parties involved in implementing SP2TP carry out their duties, but Puskesmas X does not provide sanctions that will be imposed if the implementation deviates from

procedures. If computer damage or network disruption occurs, it will be repaired immediately so that it does not have a fatal impact on the entire implementation.

e. SP2TP reporting

Based on the results of observations made by researchers, it was found that there were incomplete documents in reporting such as sports health reports, school health activity reports, and JPKM service activity reports.

SP2TP Reporting at *Community Health Centers* This is proven by the results of interviews with key informants as follows:

"The reporting is done computerized using Excel and sent to the health service via WA, sis. "For reporting, I have used WA but I still tend to be late and not according to schedule" (IA-1)

Reporting to the Head of the Community Health Center will be carried out in stages such as weekly reporting, quarterly reporting and annual reporting according to applicable procedures. This is proven by the results of interviews with key informants as follows:

"Well, the reporting is as usual, weekly, quarterly and annually, after all the data is managed and checked." (IA-2)

Reporting at Puskesmas X is done manually and through computerization. Manual reporting is usually done at special meetings or meetings at the Health Service. Manual reporting will be represented by the Head of the Community Health Center who has received and checked the results of data management from the SP2TP Community Health Center Coordinator. Computerized reporting will be carried out more routinely than manual reporting because the process is easy. The type of reporting that uses computerization is usually weekly reporting to monitor data to avoid errors. This is proven by the results of interviews with the main informants as follows:

"We have two ways of reporting, manual and computerized, usually more often via computer because it is faster, manual reporting is only if there is a meeting or meeting." (IB-1)

The problem usually faced in reporting SP2TP at Community Health Centers in computing usually lies in poor networks. Then SP2TP reporting at Puskesmas X is carried out via *WhatsApp* . However, Puskesmas X still often experiences delays. This is proven by the results of interviews with key informants as follows:

"If there are problems, maybe the meeting schedule is busy, usually there are also problems with the network not being good, but everything is safe and doesn't really interfere with reporting. "For reporting, I already use WA but I still like to be late and not according to schedule" (IA-1)

The results above show that reporting in the implementation of SP2TP at *Puskesmas* Puskesmas X still often experiences delays. Reporting will be carried out in stages such as weekly reporting, quarterly reporting and annual reporting according to applicable procedures.

Reporting at Puskesmas X is done manually and through computerization. The problem usually faced in SP2TP reporting is that during manual meetings, because they are held face to face, you have to determine the schedule first, usually there are setbacks because everyone has quite a busy schedule, whereas with computerization it usually lies in the condition of the laptops of the managers and data processors at the Community Health Center.

f. SP2TP Financing

Based on the results of observations, researchers found that there were complete financing documents such as reports on the costs of procuring supporting facilities and infrastructure.

SP2TP financing at Community Health Centers The budget is for the costs of providing supporting infrastructure. Then there are operational costs used to carry out activities on SP2TP, and maintenance costs for perfecting and updating the SP2TP application. In this case, all

financing will be recapitulated and an accountability report will be made which will then be reported to the PJ SP2TP at the Health Service. This is proven by the results of interviews with key informants as follows:

"The source of the funds is from the Health Service according to what we have budgeted, it will be reported at the end" (IA-2)

Costs that are most needed at the Community Health Center. Then there are costs for maintaining and updating the application because SP2TP is almost entirely computerized. This aims to ensure that the network condition is always in good condition and the applications used are always updated so that the SP2TP process runs effectively and efficiently. This is proven based on the results of FGDs conducted with supporting informants as follows:

"The most important thing is operational, ma'am, because sometimes there are many unexpected events during the implementation of SP2TP, as well as maintenance and renewal costs" (IC-1)

Financing constraints often occur in operational financing because unexpected events often occur so that more costs have to be allocated. To overcome this, the Community Health Center has prepared emergency costs so that the entire implementation process can be covered properly. For other financing, so far there have been no problems because everything has been according to procedures and budgeted. This is proven by the results of interviews with the main informants:

"Financing constraints may be operational, yes, usually there are unexpected things, the rest is safe" (IB-1)

Based on the results above, it can be seen that SP2TP financing at Community Health Centers is budgeted for operational costs, as well as maintenance costs and updating the SP2TP application. Costs that are most needed at the Community Health Center. Constraints in financing also often occur in operational financing due to unexpected events so that larger costs must be allocated.

g. SP2TP assessment

Based on the researcher's observations, there are no complete reporting documents such as reports on the date of sending documents to the Health Service.

SP2TP assessment at Community Health Centers The assessment is carried out based on several aspects such as operations, namely feasibility of implementation and timeliness, and human resources, then reporting, namely compliance with all data and data accuracy, finally human resources, namely effectiveness and efficiency in work. The main thing that is highlighted in the assessment is the reporting aspect because it relates to the entire data that forms the basis of SP2TP, then the operational aspect which plays a big role in the entire process starting from recording, processing, to reporting. This is proven by the results of interviews with key informants as follows:

"Later in the assessment there is usually an operational assessment, and also reporting with human resources, the most important thing is reporting, whether the data is correct or not" (IA-1)

In the Puskesmas assessment process, this is proven by the results of interviews with key informants as follows:

"Of course we always pay attention to the assessment aspect, because it is an important reference for us to develop, we have made a lot of efforts." (IA-2)

The obstacles in preparing what will be the assessment at Puskesmas X have all been implemented according to procedures. The smallest problems are problems such as computer or network damage and data input errors that require time to repair. This is proven based on the results of the FGD conducted by supporting informants as follows:

"There is no problem, maybe only if the computer is damaged or the network has an error, and if there is incorrect data it will take a long time to fix it." (IC-3)

Based on the results above, it can be seen that the SP2TP assessment at Puskesmas X was carried out based on several aspects such as operations, reporting, human resources, namely effectiveness and efficiency in work. *In* the Puskesmas assessment process, all assessments at the Puskesmas were based on the researcher's observations. No reporting documents were found, such as reports on the date of sending documents to the Health Service.

Research Limitations

The limitation of this research is that several SP2TP documents are incomplete so they cannot be fully explained in the research results. Researchers are not allowed to take notes during interviews, therefore researchers only take notes. FGD data collection does not meet the requirements for carrying out FGD, where during the FGD the researcher also acts as a moderator.

CONCLUSION

From the results of previous research and discussions, the following conclusions were obtained:

1. SP2TP planning is carried out in a structured manner starting from recording, reporting to management. All documents regarding planning were found to be complete and the obstacles faced did not have a significant impact on overall planning.

2. The SP2TP organization and staff consist of the SP2TP person in charge, SP2TP coordinator, and SP2TP data manager. Existing human resources have double duties, especially program holders. This has an impact on the timeliness of data collection for the SP2TP data manager at the Community Health Center. Workers in the SP2TP section do not have educational qualifications in accordance with their duties. Documents relating to the organization and staffing of SP2TP are almost all complete.

3. SP2TP coordination has a special officer as coordinator. The coordination procedure itself is carried out from below in the SP2TP structure, namely the PJ for the Community Health Center Program, then to the SP2TP Coordinator, then to the Head of the Community Health Center, and finally the PJ for Health Services. Obstacles that occur in the coordination process have quite a significant impact. The use of *WhatsApp* will have an impact on researchers who really need data regarding SP2TP because the data recap on *WhatsApp* is not good. Documents related to SP2TP coordination are all complete.

4. SP2TP implementation begins with recording data from each program by the SP2TP Program PJ. Data recording has been carried out computerized using Excel. The obstacles faced did not have a significant impact on the implementation of SP2TP. However, Puskesmas X does not provide sanctions that will be applied if implementation deviates from existing procedures. All documents relating to implementation are complete.

5. SP2TP reporting is carried out after all data collected by the SP2TP PJ Program is managed by the SP2TP Coordinator. Reporting will be carried out in stages such as weekly reporting, quarterly reporting and annual reporting according to applicable procedures. These constraints are time constraints on manual reporting and network constraints on computerized reporting. Documents relating to reporting are incomplete.

6. SP2TP financing is funded through the District/City Health Service budget according to needs. The budget represents the costs of procuring supporting infrastructure and recruiting

human resources, operational costs, as well as maintenance and renewal costs. The obstacle faced is often operational costs. Documents related to SP2TP financing are all complete.

7. The SP2TP assessment is carried out based on several aspects such as operations, namely feasibility of implementation and timeliness, then reporting, namely compliance with all data and data accuracy, and finally human resources, namely effectiveness and efficiency in work. There are incomplete reporting documents such as reports on the date of sending documents to the Health Service.

SUGGESTION

The description above raises several suggestions that researchers can put forward to be taken into consideration in implementing the Community Health Center Integrated Recording and Reporting System (SP2TP), namely:

1. For the SP2TP organization and staff at the Community Health Center, it is best that program holders are not given double tasks so that data collection in the implementation of SP2TP is more effective and efficient.

2. To coordinate the implementation of SP2TP, other applications should be used that are easier to recapitulate the data, such as using *Google Forms* or *Google Spreadsheets* which will make it easier to send data and recapitulate SP2TP data, especially from each program, to the SP2TP Community Health Center Manager.

3. For reporting in the implementation of SP2TP, it is best to use or create a special SP2TP application programmed by IT personnel to facilitate reporting from the Community Health Center level to the District/City Health Service.

4. The Head of the Community Health Center and all his staff must pay more attention to the availability of existing documents, and more regularly hold training and evaluation of the implementation of SP2TP every 6 months to improve the quality of work. Apart from that, you also have to pay more attention to computer and network maintenance so that during the process *errors do not frequently occur* that interfere with the implementation of SP2TP.

5. Future researchers who use qualitative methods are expected to pay more attention to the data collection process, data processing can use qualitative data processing applications such as Atlas.ti, NVivo or others and can pay attention to the completeness of the data. obtained during the research

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Reference

Adhani, R., Arifin, S., Husaini, Syahadatina Noor, M., & Hayatie, L. (2022). Health Management Information System. https://shorturl.at/oGTV0

Daniyanti, ES (2020). Analysis of the Integrated Recording and Reporting System (Sp2tp) of Community Health Centers in the Working Area of Grajagan Community Health Center, Purwoharjo District, Banyuwangi Regency. Nursing Update: Scientific Journal of Nursing Knowledge P-ISSN: 2085-5931 e-ISSN: 2623-2871, 11(3), 85–92.

Darmawan, ES, & Sjaaf, AC (2016). Public Health Administration. PT Raja Grafindo Persada.

Dewi, DA, Ingraini, C., Siregar, GS, & Nurzannah, S. (2023). Analysis of the Sp2tp Program (Puskesmas Integrated Recording and Reporting System) in its Implementation: Literature Study. Tambusai Health Journal, 4(2), 1057–1066.

Ghaniy, RA, Efendi, S., Wulan, S., & Triyanto, D. (2020). Analysis of the Implementation of the Integrated Community Health Center Recording and Reporting System (SP2TP) Sukamerindu Community Health Center, Bengkulu City. VISIKES: Journal of Public Health, 19(01). http://publikasi.dinus.ac.id/index.php/visikes/article/view/3764

Handayuni, L. (2019). Analysis of the Implementation of the Community Health Center's Integrated Recording and Reporting System at the Nanggalo Padang Community Health Center. Indonesian Journal of Health Information Management, 7(2), 151–151.

Hansen, S., Rostiyanti, S., & Priyanto, S. (2023). Research Ethics: Theory and Practice. Podomoro University Press (PU PRESS). https://www.researchgate.net/publication/367530183_Etika_Penelitian_Teori_dan_Praktik

Hasnita, E. (2019). Evaluation of the Implementation of the Community Health Center Integrated Recording and Reporting System Program. Journal of Human Nursing, 4(2), 116–122.

Ministry of Health. (2015). General Guidelines for Implementing an Integrated Recording and Reporting System for Community Health Centers.

Indonesian Ministry of Health. (2019). Health Information System. Indonesian Ministry of Health. https://rc.kemkes.go.id/id/sistem-information-kesehatan

Indonesian Ministry of Health. (2023). Registered Community Health Center data for 2023.

Indonesian Ministry of Health. (2019). Regulation of the Minister of Health of the Republic of Indonesia Number 31 of 2019 concerning Community Health Center Information Systems. https://regulation.bkpk.kemkes.go.id/detail/2e3f8684-3b69-4acc-b987-f802980cc071/unduh/

Majid, M., & Ukkas, D. (2019). Study of the Community Health Center Integrated Recording and Reporting System (Sp2Tp) in the Lakessi Community Health Center Working Area, Parepare City. Journal of Human Sciences and Health, 2(3), 401–409.

Mardini, H. (2020). Analysis of the Completeness and Timeliness of the Integrated Recording and Reporting System (Sp2tp) Tampa Health Center, East Barito Regency, 2020 [PhD Thesis, MAB Islamic University of Kalimantan]. http://eprints.uniska-bjm.ac.id/3194/

Novea Sari Putri, NSP (2019). Analysis of the Community Health Center Integrated Recording and Reporting System (SP2TP) at the Kertapati Community Health Center, Palembang City in 2019 [PhD Thesis, STIK Bina Husada Palembang]. http://rama.binahusada.ac.id:81/277/1/novea%20sari%20putri.pdf

Nugraheni, R., & Syaiful, AM (2022). Implementation of the Integrated Recording and Reporting System Program (SP2TP) at Pondok Pesantren II Health Center. Imelda Scientific Journal of Health Recording and Information (JIPIKI), 7(2), 154–160.

NUR, A. (2021). IMPLEMENTATION OF AN INTEGRATED RECORDING AND REPORTING SYSTEM AT THE LANDASAN ULIN HEALTH CENTER IN 2021. http://repository.stikeshb.ac.id/205/

Passapari, E., Sudirman, S., & Nor, ARAC (2018). Evaluation of the Implementation of the Community Health Center's Integrated Recording and Reporting System (Sp2Tp)

Program at the Kawua Health Center, South Poso District, Poso Regency. Collaborative Science Journal, 1(1). https://jurnal.unismuhpalu.ac.id/index.php/JKS/article/view/345

Ritonga, ZA, & Mansuri, I. (2017). Evaluation of the Implementation of the Community Health Center's Integrated Recording and Reporting System (Sp2tp) Program at the Rantang Community Health Center.

Samura, MD, & Silalahi, N. (2020). The Influence of the Quality of the Community Health Center's Integrated Recording and Reporting System (SP2TP) on Administrative Governance. BEST Journal (Biology, Science and Technology Education), 3(2), 220–225.

Sary, AN, Dewi, A., & Kurniawan, T. (2021). Analysis of the Implementation of the Community Health Center Integrated Recording and Reporting System Program at the West Pasaman District Health Service. Journal of Scientific Medicine, 11(1), 1–10.

Sinaga, IA (2022). Analysis of the Integrated Recording and Reporting System (Sp2tp) Mutiara Health Center, Kisaran Timur District, Asahan Regency [PhD Thesis, State Islamic University of North Sumatra]. http://repository.uinsu.ac.id/id/eprint/16981

Sugiyono. (2012). Qualitative Research Methods. ALPHABET. https://www.scribd.com/document/391327717/Buku-Metode-Penelitian-Sugiyono

Sugiyono. (2022). Qualitative Research Methods. ALPHABET.

Suryani, ND, & Solikhah, S. (2019). Integrated Community Health Center Recording and Reporting System (SP2TP) in the Dompu Regency Health Service Area, NTB Province. Kes Mas: Journal of the Faculty of Public Health, Ahmad Daulan University, 7(1), 24960.

Tahir, I., Ahmad, AI, & Saptaputra, S. (2015). Evaluation of the Implementation of the Community Health Center Integrated Recording and Reporting System Program at the Abeli Community Health Center, Kendari City in 2015 [PhD Thesis, Haluoleo University].