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Evaluation of the Primary Service Integration Program (ILP) Policy at the Ralla Community Health Center UPTD: A Qualitative Analysis Study Using NVivo

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ABSTRACT

The Primary Care Integration Program (PIC) is a strategic government policy aimed at strengthening the primary healthcare system through lifecycle-based service integration. However, the implementation of the PIC policy at the community health center (Puskesmas) level still faces various challenges that require comprehensive evaluation. This study aims to evaluate the PIC policy at the Ralla Community Health Center (UPTD) using a qualitative approach. The research method used was a qualitative study, with data collection techniques including in-depth interviews, observations, and documentation studies with program implementers and relevant stakeholders. The data obtained were analyzed using NVivo software through coding and thematic analysis to identify patterns, themes, and relationships between policy variables. The results indicate that the implementation of the PIC program at the Ralla Community Health Center (UPTD) has been running in accordance with policy guidelines, but still faces challenges in cross-program coordination, limited human resources, and optimizing policy understanding at the implementer level. Furthermore, policy adaptation to the local context has not been fully supported by systematic monitoring and evaluation mechanisms. This study concludes that successful implementation of the PIC policy requires strengthening institutional capacity, improving coordination between service units, and sustainable regional policy support. The findings of this study are expected to provide input for policymakers in improving the effectiveness of the ILP Program implementation at the primary healthcare level.

Keywords: policy evaluation, primary healthcare , community health centers, NVivo



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A. INTRODUCTION

National health development is directed at strengthening primary health care services as the foundation of an equitable and sustainable health system. One of the strategic policies launched by the Indonesian government is the Primary Care Integration Program (PLI), which aims to unite various basic health services into a single, lifecycle-based integrated service system. This policy is expected to comprehensively improve access, quality, and efficiency of public health services. Community health centers (Puskesmas), as the spearhead of health services, play a central role in the implementation of the ILP policy at the regional level. Therefore, the success of the ILP is highly determined by the readiness and capacity of Puskesmas to translate national policies into daily service practices. ILP implementation requires not only structural changes but also changes in the governance and work culture of healthcare organizations. In this context, policy evaluation is a crucial instrument for assessing the alignment between policy objectives and the reality of implementation (Ministry of Health of the Republic of Indonesia, 2023).

The ILP program is designed to integrate promotive, preventive, curative, rehabilitative, and palliative services within a coordinated primary care system. This approach emphasizes continuity of services from the individual, family, and community levels. The concept of primary care integration aligns with the Primary Health Care paradigm developed by the World Health Organization as a strategy to improve public health equitably. However, the implementation of service integration policies often faces challenges such as limited resources, program fragmentation, and weak coordination across service units. Various studies indicate that the gap between policy design and implementation on the ground is a classic problem in health policy implementation. Therefore, ILP policy evaluation is necessary to identify obstacles and opportunities for improvement at the operational level. This evaluation serves as a crucial basis for ensuring the policy is implemented according to its initial objectives (WHO, 2018).

The UPTD of Ralla Community Health Center, as a first-level health care facility, has strategic responsibility for implementing the ILP Program in its working area. The social, geographic, and institutional capacity characteristics of Ralla Community Health Center are factors that influence the effectiveness of ILP policy implementation. In practice, health workers are required to adjust service flows, division of tasks, and coordination mechanisms between

programs. These changes are not always easy to implement, especially when policy support, training, and infrastructure are suboptimal. This situation has the potential to create a mismatch between policies formulated at the central level and their implementation at the local level. Therefore, it is crucial to conduct a systematic policy evaluation to understand the dynamics of ILP implementation at the Ralla Community Health Center. This evaluation also serves as a policy learning tool for local stakeholders (Walt & Gilson, 1994).

Health policy evaluation focuses not only on the final outcome, but also on the implementation process and the surrounding context. This approach allows researchers to examine how policies are interpreted by implementers and how interactions between actors influence policy outcomes. The policy evaluation model emphasizes the importance of analyzing the input, process, output, and outcome aspects of the policy holistically. In the context of ILP, policy evaluation can reveal the extent to which service integration aligns with technical guidelines and community needs. Evaluation can also identify inhibiting factors such as limited human resources, workload, and cross-sector coordination. Thus, policy evaluation serves as a reflective tool for continuous improvement. This evaluative approach is relevant for assessing ILP implementation at the Community Health Center level (Dunn, 2018).

This study uses a qualitative approach because it is considered capable of deeply exploring the experiences, perceptions, and interpretations of policy actors regarding the implementation of the ILP Program. A qualitative approach provides space to understand the complex and contextual social realities in the field. Qualitative data obtained from interviews, observations, and document studies allow researchers to capture policy dynamics that cannot be measured quantitatively. Qualitative analysis is also relevant for exploring the multidimensional nature of policy implementation processes. In the evaluation of the ILP policy, this approach helped identify local adaptation practices carried out by Community Health Centers. Thus, qualitative research makes an important contribution to understanding the successes and failures of the policy from the perspective of implementers. This approach aligns with the tradition of policy analysis. nterpretive (Creswell & Poth, 2018).

To support systematic and transparent qualitative data analysis, this study utilized NVivo software. NVivo is a qualitative data analysis software widely used in social and public policy

research. Using NVivo allows researchers to manage large amounts of data, conduct coding processes, and identify themes and patterns in a structured manner. Furthermore, NVivo helps improve the traceability of the analysis process, making research results more academically accountable. In the context of policy evaluation, NVivo facilitates the analysis of relationships between actors, policy issues, and program implementation. This software also supports data visualization, enriching the interpretation of research results. Therefore, the use of NVivo is considered appropriate in this ILP policy evaluation study (Bazeley & Jackson, 2012).

Thematic analysis was used as the primary technique in processing the qualitative data in this study. Thematic analysis allows researchers to identify key themes emerging from the data, both inductively and deductively. This technique is flexible and can be applied within various theoretical frameworks of qualitative research. In the ILP policy evaluation, thematic analysis was used to categorize key issues such as policy understanding, service coordination, implementation constraints, and impact on service quality. The analysis process was conducted systematically through the stages of data familiarization, coding, theme development, and interpretation. This approach helped researchers present findings coherently and meaningfully. Thematic analysis, assisted by NVivo, strengthened the consistency and depth of data analysis (Braun & Clarke, 2006).

The results of the ILP Program policy evaluation are expected to provide practical and academic benefits. Practically, the research findings can provide input for the Health Office and Community Health Center (Puskesmas) managers in improving the quality of ILP implementation. The resulting recommendations can be used to improve coordination mechanisms, strengthen human resource capacity, and refine service procedures. Academically, this research contributes to the development of health policy evaluation studies at the primary care level. It also enriches the literature on the application of software-assisted qualitative analysis in public policy studies. Therefore, this study has strong theoretical and empirical relevance. This contribution aligns with the need for evidence-based policy in the health sector (Patton, 2015).

Based on this description, an evaluation of the Primary Care Integration Program policy at the Ralla Community Health Center (Puskesmas UPTD) is crucial. This study seeks to address the need for an in-depth understanding of the implementation of the ILP policy at the primary

healthcare level. With a qualitative approach and support from NVivo analysis, this study is expected to provide a comprehensive overview of the policy process, challenges, and achievements. This evaluation also serves as a reflection tool for policy implementers in improving program effectiveness. Ultimately, the research findings are expected to support the realization of integrated, high-quality, and community-oriented primary healthcare services. This research can also serve as a reference for similar studies at other Community Health Centers. Therefore, ILP policy evaluation plays a strategic role in strengthening the national health system. This underscores the importance of evidence-based policy evaluation in health development (Ministry of Health of the Republic of Indonesia, 2023).

B.RESEARCH METHOD

This study employed a qualitative research design with a descriptive-analytical approach to examine the implementation of Integrated Primary Care (ILP) at the Puskesmas. A qualitative approach was chosen to explore in depth the processes, interactions, and perceptions of policy implementers and service users regarding ILP implementation. This design allows researchers to understand complex policy phenomena within their real-life context, particularly in primary healthcare settings.

Data were collected through in-depth interviews, observation, and document analysis. Key informants consisted of the head of the Puskesmas, health workers, administrative staff, and community health cadres involved in ILP service delivery. Document analysis included policy regulations, technical guidelines, service reports, and other official documents related to ILP implementation. Data collection was conducted purposively to ensure that informants possessed relevant knowledge and experience related to the research focus.

The data analysis process was conducted using NVivo software to enhance the rigor and transparency of qualitative analysis. Interview transcripts and documents were coded systematically to identify themes and patterns related to policy communication, resources, implementer disposition, coordination, service facilities, and implementation barriers. NVivo facilitated the organization of large qualitative datasets and enabled the visualization of dominant themes through tools such as word clouds and coded tree maps.

To ensure the validity and reliability of the findings, this study applied credibility, dependability, and confirmability strategies, including triangulation of data sources and methods. The analytical framework was guided by the policy implementation theories of Edwards III and Van Meter and Van Horn, which emphasize the role of communication, resources, implementer attitudes, and organizational factors in determining policy outcomes. Qualitative research, as emphasized by Creswell, provides a comprehensive understanding of social and policy phenomena by capturing participants' perspectives and contextual conditions (Creswell, 2014).

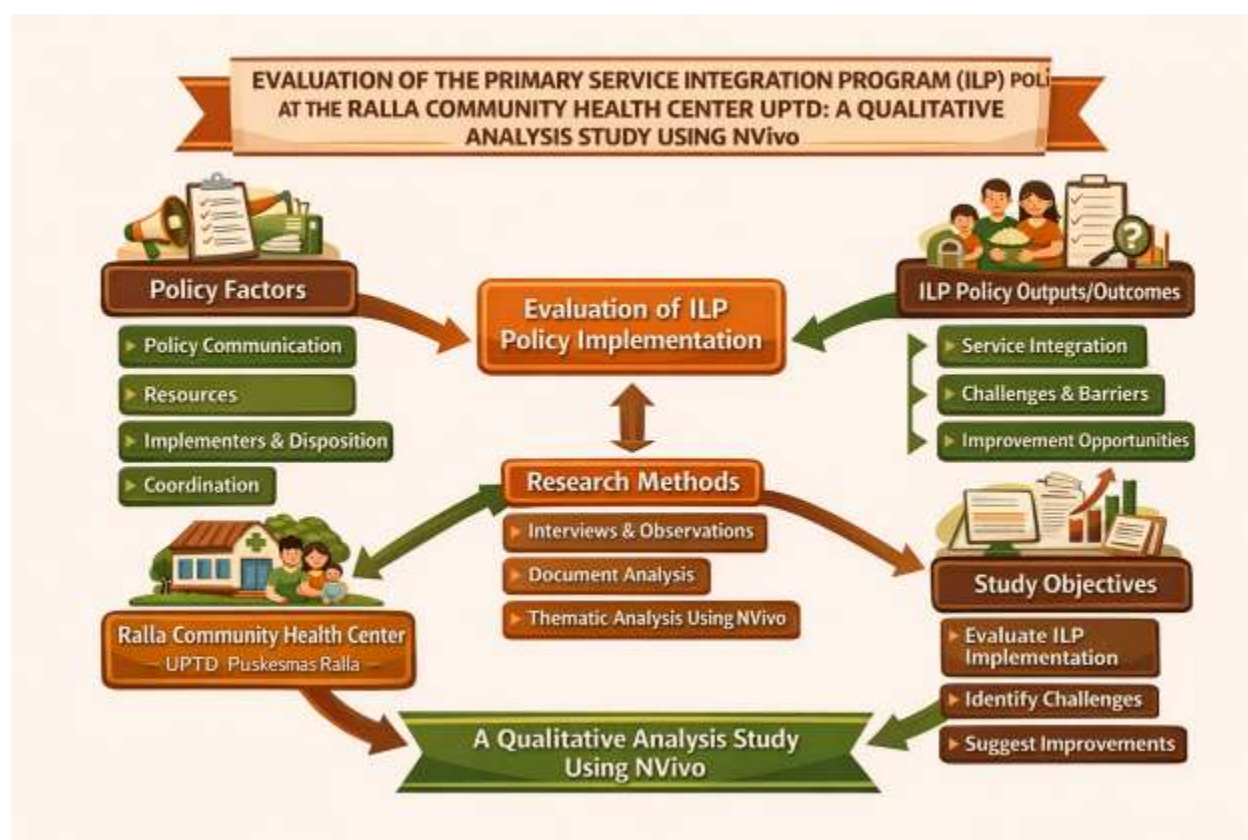


Figure 1 Research Framework Diagram

C. RESEARCH RESULTS AND DISCUSSION

➤ Research Results

The qualitative data analysis using the NVivo application indicates that the implementation of the Primary Service Integration Program (ILP) at the Ralla Community Health Center (Puskesmas

UPTD) has generally been in accordance with the policies established by the Ministry of Health. The coding process for interview data and policy documents yielded several key nodes: policy communication, resources, implementer disposition, and bureaucratic structure. The policy communication node had the highest frequency of occurrence, indicating that policy delivery is a dominant factor in ILP implementation. Informants stated that ILP policy socialization had been conducted through internal meetings and technical guidance. However, the results of the NVivo coding comparison revealed differences in understanding among implementers. This was evident in the variations in informants' narratives regarding the objectives and mechanisms of ILP. This finding indicates that policy communication is not yet fully uniform. This condition affects the level of consistency of program implementation in the field.

Based on the results of the NVivo word frequency query, the words "coordination," "service," and "integrated" were the most frequently appearing words in the interview data. This indicates that ILP implementation is closely related to cross-program coordination at the Puskesmas. Informants emphasized the importance of integration between services such as maternal and child health (KIA), nutrition, and non-communicable diseases. However, the results of the matrix coding query indicate that coordination is not yet optimal across all service units. Some units still operate services sectorally. This is due to old work habits that existed before the ILP policy. NVivo also revealed a weak relationship between the coordination node and the service effectiveness node. This finding indicates that service integration remains administrative in nature. ILP implementation is not yet fully oriented towards service outcomes.

The human resources aspect was a key finding in the NVivo analysis. The coding results indicated that the resources node had a relatively high reference value. Informants reported that the number of health workers at the Ralla Community Health Center is still limited. Furthermore, the competency of ILP implementers is uneven, particularly in understanding the concept of integrated services. NVivo showed a strong correlation between the human resource limitations node and the implementation barriers node. This indicates that human resources are a major inhibiting factor in the ILP policy. Several informants also highlighted the dual workload experienced by health workers. This workload impacts service optimization. Therefore, the ILP policy requires support for strengthening human resource capacity.

In addition to human resources, the availability of facilities and infrastructure was also analyzed using NVivo. Coding results showed that the service facility node emerged consistently in interviews. Informants stated that basic service facilities were available. However, supporting facilities for service integration were still limited. NVivo revealed a relationship between the facility node and the service quality node. Limited space for integrated services was a major obstacle, resulting in services being delivered separately. Several informants stated that spatial planning did not fully support the ILP concept. This situation impacted patient comfort. Therefore, the infrastructure aspect needs to be considered a priority in the implementation of the ILP policy.

Regarding the disposition or attitude of implementers, NVivo showed quite positive findings. Coding results indicated that most informants supported the ILP policy. The implementer commitment node had a high reference intensity. Informants stated that ILP was considered capable of improving the quality of service to the community. However, NVivo also revealed resistance to change, albeit at a lower intensity. This resistance arose from concerns about increased workloads. Some implementers were still adjusting to the new work patterns. This indicates that implementer attitudes were not yet completely homogenous. Policy support needs to be strengthened with incentives and coaching. Therefore, implementer disposition significantly influences the success of ILP.

Analysis of the bureaucratic structure using NVivo indicates that ILP SOPs are in place at the Ralla Community Health Center Technical Implementation Unit (UPTD). The standard operating procedure node emerged in almost all interviews. Informants stated that SOPs serve as the primary guideline for implementing integrated services. However, coding results indicate that SOP implementation is not yet fully consistent. Some implementers still interpret SOPs differently. NVivo identified a relationship between the SOP ambiguity node and the implementation barriers node. This indicates that SOPs are not yet fully understood uniformly. The lack of internal monitoring and evaluation is a contributing factor. One cause. Therefore, the bureaucratic structure still needs strengthening. The ILP policy needs to be supported by ongoing monitoring.

The NVivo analysis also shows a positive public perception of the ILP implementation. Community satisfaction nodes emerged in interviews with patients and community leaders. Informants reported that services have become more accessible. Service integration has reduced

patient waiting times. However, NVivo also identified service complaint nodes, particularly related to queues. This indicates that increased access has not been fully matched by service capacity. Some patients still have to wait long. This condition is influenced by limited healthcare personnel. NVivo shows a relationship between the queue node and the human resource constraint node. Therefore, public satisfaction remains relative. The ILP policy needs to be accompanied by strengthening service capacity.

In terms of cross-sector coordination, NVivo shows that ILP implementation is still dominated by internal Community Health Centers (Puskesmas). Cross-sector collaboration nodes have a low referral frequency. Informants stated that the involvement of village governments and health cadres is still limited. This indicates that the ILP policy has not been fully integrated with external actors. NVivo identified a weak relationship between the external coordination node and the program's sustainability node. This condition has the potential to impact the sustainability of the ILP. In fact, ILP requires cross-sectoral support to run optimally. Several informants suggested strengthening the role of villages. Therefore, ILP policies need to expand collaborative networks. A cross-sectoral approach is key to policy success.

Policy analysis using NVivo showed that ILP monitoring and evaluation are still suboptimal. Policy evaluation nodes emerged with moderate intensity. Informants stated that evaluations were conducted informally through internal meetings. However, NVivo revealed a lack of written evaluation documents. This indicates a weak policy evaluation system. Without structured evaluations, policy improvements are difficult. NVivo also showed a relationship between weak evaluation nodes and nodes with recurring implementation problems. This situation indicates that ILP policies require a stronger evaluation system. Regular monitoring is a key requirement. Data-based evaluation needs to be developed. This way, ILP policies can be continuously improved.

NVivo analysis results indicate that policy support from the district level is quite influential. The leadership support node has a high reference. Informants stated that direction from the Health Office is a driving factor in ILP implementation. This support takes the form of regulations, coaching, and supervision. However, NVivo also revealed limited budget support. This limitation impacts the procurement of facilities and training. The relationship between the budget node and the program optimization node is quite strong. This indicates that financing

remains a constraint. Without adequate budget support, policies are difficult to implement optimally. Therefore, the ILP policy requires a sustained funding commitment.

Overall, NVivo indicates that the implementation of the ILP policy at the Ralla Community Health Center Technical Implementation Unit (UPTD) is quite good. This is demonstrated by the dominance of supporting nodes over inhibiting nodes. However, several structural and technical challenges remain. These challenges include limited human resources, facilities, and cross-sector coordination. NVivo helps systematically map the relationships between policy factors. This approach allows for clear identification of dominant and supporting factors. NVivo-assisted qualitative analysis provides an in-depth look at policy dynamics. These findings indicate that the ILP policy is complex, with its implementation influenced by numerous variables. Therefore, policy improvements must be comprehensive.

Based on the NVivo analysis, it can be concluded that the ILP policy requires strengthening in the implementation aspect. The primary focus of improvement is increasing the capacity of human resources and service facilities. Furthermore, strengthening policy communication needs to be carried out continuously. NVivo indicates that a uniform understanding among implementers is key to success. Cross-sector coordination also needs to be improved to ensure policy sustainability. Data-driven monitoring and evaluation must be an integral part of the policy. With adequate budget support, ILP has the potential to improve the quality of primary care. The NVivo analysis provides a strong empirical basis for policy recommendations. Thus, ILP policies at Ralla Community Health Center can be developed more effectively. This approach strengthens the research's position as a comprehensive policy analysis.



Figure. Qualitative Data Analysis Results Using NVivo

Gambar 2 Hasil Analisis Data Kualitatif Menggunakan NVivo

This image displays a visualization of the results of qualitative data analysis using the NVivo application in the form of a word cloud and a coded tree map. The word cloud shows dominant words that frequently appear in the data, such as coordination, services, facilities, and human resources (HR), which reflect the main focus in policy implementation. Meanwhile, the coded tree map illustrates the grouping of themes and subthemes resulting from the coding process, including policy communication, resources, implementer disposition, service facilities, community satisfaction, implementation barriers, policy evaluation, external coordination, and leadership support.

➤ Discussion

The NVivo-based qualitative analysis of the Integrated Primary Care (ILP) implementation at the Puskesmas demonstrates that coordination, service delivery, facilities, and human resources are the most salient themes. These findings indicate that ILP implementation is highly dependent on inter-unit coordination within the Puskesmas as well as collaboration with external stakeholders such as village health cadres and local government institutions. In line with Van Meter and Van Horn's policy implementation model, the clarity of policy standards and objectives, supported by

effective coordination mechanisms, plays a decisive role in translating ILP policy into operational health services.

Policy communication emerges as a dominant factor influencing ILP implementation. The results show that socialization activities, technical guidance, and internal communication among health workers are critical in ensuring a shared understanding of ILP objectives and service integration mechanisms. This finding aligns with Edwards III's theory, which emphasizes communication as a key variable in policy implementation, particularly regarding message transmission, clarity, and consistency. Weak communication may lead to fragmented service delivery and reduce the effectiveness of integrated primary health services at the Puskesmas level.

Resource availability is another central determinant affecting ILP performance. The analysis highlights limitations related to human resource capacity, workload distribution, and supporting facilities. In accordance with Edwards III's resource dimension, insufficient personnel, limited competencies, and inadequate infrastructure constrain the ability of Puskesmas to fully implement ILP services. From the perspective of Van Meter and Van Horn, resource constraints also interact with organizational characteristics and socio-political conditions, which may further influence implementation outcomes in primary healthcare settings.

Implementer disposition and service facilities are found to significantly affect service quality and community satisfaction with ILP services. The attitudes, commitment, and responsiveness of health workers determine how well ILP principles are applied in daily service practices. This supports Edwards III's argument that implementer disposition—comprising commitment, understanding, and acceptance of policy goals—is crucial for successful implementation. Adequate service facilities enhance service efficiency, while poor infrastructure can undermine public trust and reduce patient satisfaction with integrated health services.

Finally, the presence of implementation barriers underscores the importance of continuous policy evaluation, external coordination, and leadership support within the Puskesmas. Bureaucratic complexity, coordination gaps, and limited monitoring mechanisms may hinder ILP effectiveness if not systematically addressed. Consistent with Van Meter and Van Horn's framework, strong leadership support and institutional capacity are essential for sustaining policy

implementation and achieving desired health outcomes. Overall, this study demonstrates that effective ILP implementation requires an integrated approach that combines clear communication, adequate resources, positive implementer disposition, and strong organizational support.

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D. CONCLUSION & SUGGESTIONS

➤ Conclusion

This study concludes that the implementation of Integrated Primary Care (ILP) at the Puskesmas is strongly influenced by coordination mechanisms, policy communication, resource availability, implementer disposition, and service facilities. The NVivo-based qualitative analysis demonstrates that effective coordination among internal units and external stakeholders is essential to ensure service integration and continuity of care. Clear and consistent policy communication supports a shared understanding of ILP objectives, enabling health workers to deliver integrated services more effectively.

Furthermore, the adequacy of human resources, infrastructure, and financial support remains a critical determinant of ILP performance. Limitations in staff capacity, workload distribution, and supporting facilities hinder the optimal implementation of ILP services. The commitment and attitudes of implementers also play a decisive role in translating policy objectives

into practice. Leadership support and continuous policy evaluation are therefore necessary to address implementation barriers and to sustain improvements in service quality and community satisfaction.

➤ Recommendations

Based on these findings, several recommendations are proposed. First, Puskesmas management should strengthen internal and external coordination through regular coordination meetings, clear role distribution, and standardized ILP operating procedures. Second, policy communication should be improved by enhancing socialization, technical guidance, and continuous capacity-building programs to ensure consistent understanding of ILP principles among health workers and cadres.

Third, policymakers at the district and regional levels should prioritize the provision of adequate resources, including human resources, infrastructure, and operational budgets, to support ILP implementation. Fourth, efforts to enhance implementer disposition should focus on strengthening commitment, motivation, and professional competence through training and performance-based incentives. Finally, systematic monitoring and evaluation mechanisms should be institutionalized to identify implementation barriers early and to ensure that ILP services continuously respond to community needs and expectations.

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