

## STRATEGIC BUSINESS SYNERGY IN HEALTH SERVICES: ANALYSIS OF THE DEVELOPMENT OF GF RANCABOLANG (GF RCB) PHARMACY AND DOCTOR CLINIC

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### Abstract

This business plan aims to analyze the financial feasibility and development prospects of the GF Rancabolang Pharmacy and Medical Clinic (GF RCB) as an integrated health service (one-stop service) that combines medical practice and medicine provision. This plan was developed based on the increasing community need for accessible, fast, and high-quality health services. The analysis was conducted using a quantitative approach through investment feasibility indicators, namely Payback Period, Net Present Value (NPV), Return on Investment (ROI), and Profitability Index (PI). The results of the calculations show that the initial investment of IDR 540,000,000 is feasible. The Payback Period was achieved in 1.26 years ( $\pm 15$  months), indicating a quick return on investment. The NPV value of IDR 526,859,000 shows that the project generates positive economic benefits, while the ROI of 79% and PI of 1.98 prove that this venture provides a high level of profit. The 2025–2029 financial projections show an increase in revenue from IDR 2.2 billion to IDR 3.22 billion, as well as an increase in net profit after tax from IDR 429 million to IDR 761 million. Thus, the development of the GF Rancabolang Pharmacy and Clinics declared feasible, profitable, and has long-term growth prospects.

Keywords: Business Feasibility, One Stop Service, Clinics and Pharmacies, Financial Projections, Return on Investment

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### 1. Introduction

Health is a basic human need that determines the quality of life and the welfare of the community. In recent years, national and global trends have shown an increase in public awareness of the importance of health and quick and easy access to medical services. Data from the Central Statistics Agency (2023) shows that Indonesia's population has reached around 270 million people, with the largest proportion being in urban areas. This growth has a direct impact on the increasing need for affordable primary health services that are affordable, efficient, and close to settlements (Fadli et al., 2023).

Integrated healthcare models that combine clinics with pharmacies in one system are increasingly relevant in addressing these needs. This integration allows patients to obtain medical consultations as well as prescribed medications without having to switch services, so that the diagnosis, therapy, and follow-up process can take place faster and more efficiently. Previous research has shown that direct coordination between doctors and pharmacists can increase the accuracy of medication administration and reduce the risk of therapy errors (Sulaiman, 2021). In addition, digitalization in the health sector, such as telemedicine, electronic recording, and drug ordering through online platforms, has been proven to be able to increase the operational efficiency of clinics and pharmacies (Mutaqin et al., 2023).

The Ministry of Health (2024) also emphasized that there are challenges in the limited number of health workers, especially doctors and pharmacists, whose distribution is not evenly distributed throughout Indonesia. This creates opportunities for independent health care units, including integrated clinics and pharmacies, to play a role in expanding access to medical services. In addition, the National Health Insurance (JKN) program, which continues to be strengthened by the government, is increasingly expanding the demand for health services from the public.

Based on these conditions, the development of GF Rancabolang Pharmacy and Doctor Clinic has a strong foundation empirically and strategically. The integration of pharmacy and clinic services not only answers the need for fast and quality health access, but is also in line with digital transformation and the direction of government policies in the health sector. With the ever-growing support of the market and extensive business development opportunities, this service model contributes to improving the quality of primary healthcare services and improving patient satisfaction.

## 2. Theoretical Background

### 2.1 The Concept of Strategic Synergy

The concept of synergy, derived from the Greek word *synergos* meaning "working together," posits that the combined value and performance of two or more entities working in partnership will exceed the sum of the individual parts (Ansoff, 1965). In strategic management, synergy is often pursued as a primary objective of corporate strategy, where the goal is to create value through the combination of resources, capabilities, and market positions that is unavailable to each entity operating independently. This principle can be articulated as the "2+2=5" effect, where the collaborative arrangement generates additional value through cost reduction, revenue enhancement, or investment optimization. In the context of healthcare, synergy is achieved when different service providers align their operations to improve patient outcomes, streamline care delivery, and achieve operational efficiencies.

### 2.2 Strategic Synergy in Health Services

The application of strategic synergy in health services has gained significant traction as the industry moves away from siloed, transactional care toward integrated, value-based models. The siloed approach where manufacturers, pharmacies, clinics, and other healthcare entities operate independently often leads to fragmented patient experiences, administrative inefficiencies, and suboptimal clinical outcomes. Research indicates that a siloed approach can create a "lack of understanding of the patient journey," where manufacturers develop support strategies without clear insight into the real-world barriers patients face in accessing and adhering to therapy (Cencora, 2025). This fragmentation ultimately impacts pharmacist and clinic resources, as cumbersome processes, such as complex patient assistance programs, create additional administrative burdens.

Strategic synergy in health services aims to dismantle these silos by fostering collaboration across the care continuum. This can take various forms, from informal partnerships and referral networks to fully integrated service lines. The ultimate goal is to create a seamless patient experience where transitions between different points of care such as from a physician's prescription to a pharmacy's dispensing and counseling are coordinated, efficient, and patient-centered. By aligning goals and sharing data, partners can achieve mutual benefits, such as improved patient adherence, reduced time-to-therapy, and enhanced financial performance (Shields Health Solutions, 2026).

### 2.3 The Evolution of Integrated Health Ecosystems

A prominent manifestation of strategic synergy in the healthcare sector is the development of integrated health ecosystems. This approach represents a fundamental shift from offering discrete, transactional services to providing comprehensive, end-to-end solutions that address a continuum of patient needs. Instead of operating as standalone entities, pharmacies, clinics, diagnostic laboratories, and other health services are brought together under a cohesive strategic umbrella.

Recent industry developments illustrate this trend. For instance, VIVA Apotek in Indonesia has articulated a clear strategy of building an integrated health ecosystem that extends "from pharmacy to clinic" (Marketing.co.id, 2025). This model moves beyond the traditional role of an apotek (pharmacy) by incorporating practitioner practices (praktek dokter), online consultations, and even aesthetic clinics into its service portfolio (SWA.co.id, 2025). The underlying logic is to create a one-stop, end-to-end health solution that is more accessible, convenient, and responsive to evolving consumer needs, particularly for the key demographic of female household decision-makers who value comprehensive and trusted health partners. Such an approach requires strategic partnerships or internal development to bring complementary skills and services under one brand, thereby increasing customer loyalty and capturing a larger share of the healthcare spend.

### 2.4 Key Pillars of Synergistic Healthcare Partnerships

Literature and industry practice suggest that successful strategic synergy in health services is built upon several critical pillars.

#### 2.4.1 Integrated Care Coordination

At the heart of a synergistic health service is seamless care coordination. Traditional models often force patients to navigate multiple, disconnected touchpoints the clinic for prescribing, an external pharmacy for dispensing, and separate channels for insurance authorization and financial assistance. An integrated model eliminates this fragmentation by embedding services within a unified workflow (Drug Topics, 2024). For example, placing pharmacy services directly within the health system or co-locating a clinic with a pharmacy allows for real-time communication and collaboration. Pharmacists can function as extensions of the clinical care team, with access to the same patient records, allowing them to initiate prior authorizations, counsel patients at the point of prescribing, and monitor therapy adherence (Cencora, 2025). This coordination reduces bureaucratic tasks for physicians, a leading cause of burnout, and accelerates the patient's time-to-therapy.

#### 2.4.2 Value Creation through Collaboration

Strategic partnerships should be designed as "win-win" collaborations that generate mutual value (Elite Nurse Practitioner, 2025). For a combined pharmacy-clinic entity like GF RCB, this value can manifest in several ways. By working together, the partners can access a shared audience, bringing more value to their target market by offering a more complete service package. Joint marketing campaigns can be more cost-effective while doubling outreach efforts, and a strong referral network between the clinic and pharmacy can lead to steady client growth for both. Crucially, a unified entity can strengthen community connection, building patient trust and engagement by presenting itself as an active and comprehensive part of the local healthcare landscape.

### 2.4.3 Data Integration and Shared Insights

The ability to share and analyze data across the partnership is a powerful driver of synergy. When pharmacy and clinical teams operate within the same system with access to shared data, metrics like medication adherence, prescription turnaround times, and patient outcomes become transparent and actionable (Shields Health Solutions, 2026). This unified data visibility allows teams to identify patients at risk of non-adherence, intervene proactively, and refine clinical workflows. Furthermore, it provides a foundation for demonstrating measurable value to stakeholders, including patients, regulators, and potential investors. A synergistic partnership leverages data not just for operational reporting but as a performance engine to continuously improve care quality and efficiency.

## 3. Methods

### 3.1 Types and Approaches

This study uses a quantitative approach with a business feasibility study. This approach was chosen to assess the feasibility of developing the GF Rancabolang Pharmacy and Doctor Clinic business through numerical measurement, financial projections, and business profitability analysis. In addition to the financial approach, this study also integrates qualitative analysis obtained from field observations and interviews to explore consumer needs and business environmental conditions. Thus, the methods used allow for a thorough analysis both from the market and financial aspects (Dora, 2024).

### 3.2 Data Sources and Types

The data used consists of primary data and secondary data. Primary data was collected through direct observation at the business location and interviews with owners, medical personnel, and potential service users. Secondary data is obtained from official literature such as the Central Statistics Agency (BPS) report, the Ministry of Health report, scientific journals, and financial data related to the clinic and pharmacy industry standards. Historical data on drug sales, operational costs, and estimated patient visit volume are also used as the basis for the preparation of financial projections (Wijayanto, 2012).

### 3.3 Data Collection Techniques

Data collection is carried out through observation and documentation. Observations were carried out to study the flow of services that run at the comparison clinic, the pattern of patient needs, and the market potential in the Rancabolang area. Documentation is used to obtain financial and non-financial data, including estimated investment costs, monthly operating costs, and medical equipment needs.

### 3.4 Data Analysis Techniques

Data analysis is carried out through two approaches: business analysis and financial analysis. Business analysis includes SWOT analysis to assess the strengths, weaknesses, opportunities, and threats of the initiated clinic and pharmacy business. Furthermore, to develop a service model based on customer needs, this study uses a Design Thinking approach that includes the stages of empathize, define, and ideate, which helps formulate service innovations such as telemedicine and home visits (Ansori et al., 2023).

Financial analysis is carried out by calculating investment feasibility indicators which include Payback Period, Net Present Value (NPV), Return on Investment (ROI), and

Profitability Index (PI). Based on the calculation results, the initial investment was IDR 540,000,000 (Kasmir, 2019).

#### 4. Results and Discussion

##### 4.1 SWOT Analysis

**Table 1.** SWOT Analysis

Aspects	Analysis Details
Strengths	Strength
	1. Strategic location in developing areas with high population growth.
	2. A combination of pharmacy and clinic services that provide integrated health solutions.
	3. Personalized service and good relationship with the local community.
Weaknesses	Debilitation
	1. Limitations in the adoption of digital technology compared to large competitors who already have integrated systems.
	2. Incomplete drug inventory can reduce customer loyalty.
Opportunities	Opportunities
	1. The potential for the development of telemedicine services and mobile applications to expand the range of services.
	2. Increase public awareness of the importance of routine health check-ups that encourage demand for health services.
Threats	Threat
	1. Fierce competition from large pharmacies and clinics with larger capital and more advanced technology.
	2. Dependence on the supply of drugs from distributors which may affect the availability of products.

Source: (Mourboy et al., 2022)

##### 4.2 Business Model Canvas (BMC) Analysis

**Table 2.** BMC Analysis

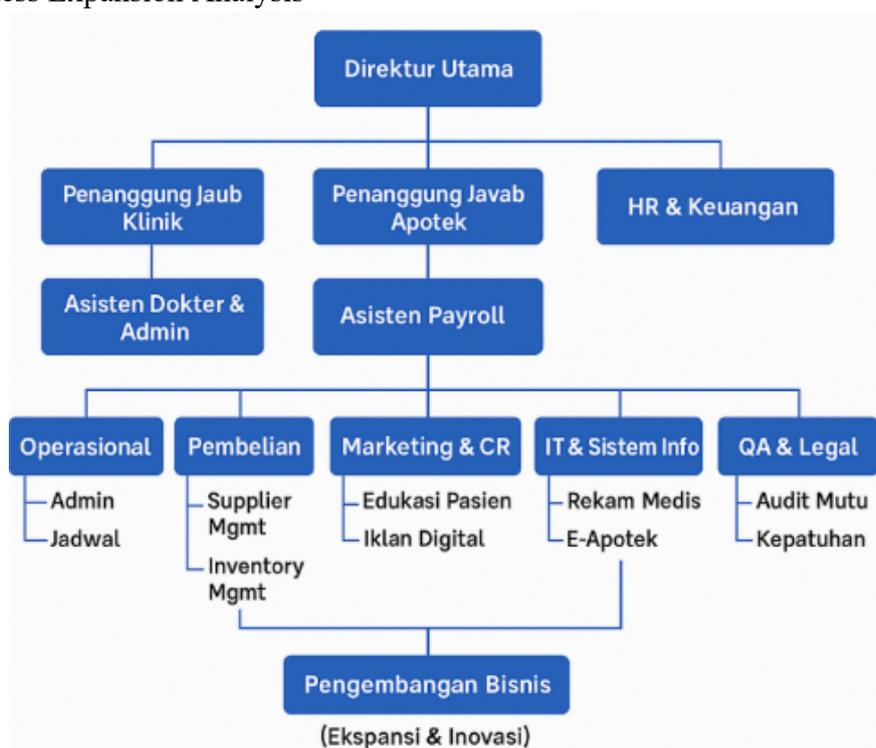
No	Type	Dimension	Description
1	Customer Segments	Individual	Patients who require general and dental health services.
		Family	Families who are looking for integrated health care for all family members.
		Company	Companies that provide healthcare services to their employees through health insurance programs.
		Local Community	The surrounding community who are looking for health services that are easy to reach.

No	Type	Dimension	Description
2	Value Proposition	Integrated Healthcare	Provision of general health, dental, and pharmaceutical services in one location.
		High Quality	Services provided by medical professionals with modern facilities.
		Ease of Access	Strategic location and easy access to services through online reservations and telemedicine.
		Health Education	Health education programs and campaigns to increase public health awareness.
3	Channels	Physical	Services at pharmacy and clinic locations.
		Digital	Official website for information and reservations, mobile application for telemedicine.
		Social Media	Promotion and education through social media platforms.
		Collaborate	Cooperation with insurance companies and health organizations.
4	Customer Relationships	Personalized	Friendly and personalized service to each patient.
		Customer Service	Customer support via phone and <i>online chat</i> .
		Loyalty Program	Discount programs and special offers for loyal customers.
		Feedback	Collect and implement <i>feedback</i> from patients for service improvement.
5	Revenue Streams	Drug Sales	Revenue from the sale of prescription and OTC drugs.
		Doctor's Consultation	Income from general practitioner and dental consultation services.
		Additional Services	Income from additional health services such as immunizations and dental cleanings.
		Telemedicine	Revenue from remote medical consulting services.

No	Type	Dimension	Description
6	Primary Resources	Medical Personnel	General practitioners, dentists, pharmacists, and other medical staff.
		Facilities	Clinic and pharmacy buildings with modern medical and pharmaceutical equipment.
		Technology	Clinic management system, <i>telemedicine</i> , and reservation app.
		Capital	Funds for business operations and expansion.
7	Main Activities	Medical Services	Provide general health, dental, and pharmaceutical services.
		Inventory Management	Manage the supply of medicines and medical equipment.
		Marketing and Promotion	Marketing activities to attract and retain customers.
		Operational Management	Manage the daily operations of clinics and pharmacies.
8	Major Partnership	Insurance Providers	Cooperation with health insurance companies.
		Drug Distributor	Partnerships with drug distributors for supply of supplies.
		Health Organizations	Collaborate with health organizations for educational programs and campaigns.
		Technology	Technology service provider for management systems and <i>telemedicine</i> .
9	Cost Structure	Operating Costs	Employee salaries, utilities, and daily operating expenses.
		Technology Costs	Investments in clinic management systems and <i>telemedicine technology</i> .
		Marketing Costs	The cost of marketing and promotion campaigns.
		Resource Costs	Purchase of medicines and medical equipment.

Source: Sparviero, (2019)

### 4.3 Business Expansion Analysis



Source: Processed Company Data, (2025)

**Figure 1.** Financial Analysis

The business expansion depicted in this organizational structure reflects an integrative strategy between clinic and pharmacy services oriented towards operational efficiency, digital innovation, and improvement of the quality of healthcare services. Under the coordination of the President Director, the organization implements a cross-functional collaborative approach involving clinical, pharmacy, HR & financial, marketing, IT, and QA & legal units to create an integrated service system. The focus of expansion is directed at the development of E-Pharmacy and electronic medical records, digitization of administrative processes, and optimization of supply chains and inventory management (Teramedik, 2022). Innovation is also emphasized through patient education strategies and digital marketing, which expand service reach and increase customer engagement. The Business Development Unit is the driving force for expansion and innovation with an emphasis on improving organizational capabilities, process efficiency, and strengthening technology-based competitiveness. This expansion model affirms the transformation towards an integrated healthcare system that not only increases the company's economic value, but also strengthens its strategic position in the modern healthcare ecosystem.

### 4.4 Financial Statement Analysis

**Table 3.** Financial Analysis

Year	Net Cash Flow (Cash Flow)	Net Profit (EAT) (Profit and Loss)	Total Assets (Statement of Financial Position)
2025	429.000.000	429.000.000	361.000.000
2026	497.640.000	497.640.000	417.500.000
2027	575.203.200	575.203.200	496.375.000

Year	Net Cash Flow (Cash Flow)	Net Profit (EAT) (Profit and Loss)	Total Assets (Statement of Financial Position)
2028	662.746.500	662.746.500	586.743.750
2029	761.447.200	761.447.200	678.735.938

Source: Processed Company Data, (2025)

Based on table 2 regarding financial data for the period 2025 to 2029, there has been a consistent increase in all key indicators of financial performance, namely net cash flow, net profit (Earning After Tax / EAT), and total assets. In 2025, net cash flow and net profit will be recorded at IDR 429,000,000 with total assets of IDR 361,000,000. This value continues to increase every year, reflecting the expansion of operational activities and the effectiveness of financial management. In 2026, cash flow and net profit will increase to IDR 497,640,000, an increase of around 16% compared to the previous year. This increase was followed by an increase in total assets to IDR 417,500,000, indicating the existence of reinvestment and growth of productive assets. The positive trend continues in 2027, with cash flow and net profit reaching IDR 575,203,200, and total assets increasing to IDR 496,375,000.

This sustained growth shows the company's ability to maintain liquidity and profitability in a balanced manner. By 2028, cash flow and net profit will reach IDR 662,746,500, accompanied by an increase in total assets to IDR 586,743,750, which indicates the efficiency of resource management and value-added business expansion. At its peak, in 2029, all financial indicators showed optimal performance with net cash flow and net profit of IDR 761,447,200, and total assets reached IDR 678,735,938. Overall, the annual average growth (CAGR) for cash flow and net profit reached around 15.3%, while total assets grew by an average of 17.1% per year. These findings indicate that over the five-year period, the company demonstrated a healthy and sustainable financial performance, driven by improved profitability as well as strengthening asset structure. This positive performance is an important indicator for investors and stakeholders in assessing the company's competitiveness and financial sustainability in the future.

#### 4.5 Business Feasibility Analysis

**Table 4.** Business Feasibility Analysis

Indicators	Result
Payback Period (PP)	1.26 Years (15 Months)
Net Present Value (NPV)	526.859.000
Return on Investment (ROI)	0.79
Profitability Index (PI)	1.98

Source: Processed Company Data, (2025)

The results of the investment feasibility analysis show that the project under review has a very prospective financial performance. Based on the calculation of the Payback Period (PP), the time it takes to return the total initial investment is 1.26 years or about 15 months. This value indicates that the project is capable of generating fast and efficient cash flow, indicating a good level of liquidity as well as relatively low investment risk (Kasmir, 2016). Furthermore, the Net Present Value (NPV) value was obtained at IDR 526,859,000, which shows that the present value of cash inflows exceeds the value of the initial investment. A positive NPV value indicates that the project is feasible to run, because it is able to provide economic added value to the invested capital. In terms of profitability, the Return on Investment (ROI) was recorded at 0.79 or 79%, which reflects

the project's ability to generate a high net profit compared to the total investment cost. An ROI approaching this one indicates the efficiency of capital management and the potential for significant returns for investors. In addition, the Profitability Index (PI) of 1.98 strengthens the results of the previous analysis. A PI value greater than one indicates that everyone rupiah invested produces a benefit value of Rp1.98, so this project is not only profitable but also economically efficient. The combination of the four indicators of short PP, positive NPV, high ROI, and PI above one provides strong evidence that the project has excellent financial viability and can be recommended for realization. These results also reflect management's ability to optimize cash flow and create sustainable added value for shareholders and other stakeholders.

## 5. Conclusion

Based on the results of the feasibility analysis and financial projections, the development of the GF Rancabolang Pharmacy and Doctor's Clinic (GF RCB) was declared feasible and profitable. The initial investment of IDR 540,000,000 can be returned in 1.26 years with an annual net profit of IDR 429,000,000. The NPV value of IDR 526,859,000, PI 1.98, and ROI of 79% indicate that the project provides positive added value and a high rate of return. The five-year projection shows an increase in revenue from IDR 2.2 billion (2025) to IDR 3.22 billion (2029) and an increase in net profit from IDR 429 million to IDR 761 million, reflecting efficient and sustainable growth. The integrated service model between clinics and pharmacies strengthens competitiveness through efficiency, convenience, and customer loyalty.

To maintain growth, management needs to strengthen digital innovations such as telemedicine, home visits, as well as electronic medical records and administration systems. Financial management must be disciplined with profit reinvestment for facility expansion, while human resources need to be improved in competence through training and performance-based reward systems. Digital marketing also needs to be strengthened to expand patient reach. Further research is suggested adding non-financial aspects such as customer satisfaction and quality of service. Overall, the development of GF RCB is considered feasible, efficient, and has strong long-term prospects in creating sustainable integrated health services.

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