

Intervention of Multi-Stakeholder Forum for *Puskesmas* Service Improvement in Lumajang District

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Abstract. The increasing demands from the community regarding the implementation of good governance principles have happened from the central to the regional level. In response to the condition, the Government of the Republic of Indonesia issued Law No. 25/2009 concerning the Public Services, which was followed up with the Administrative and Bureaucratic Reform Ministerial Decree No. 13/2009. The decree mandated the improvement of public services, including health services through public participation. Lumajang District, as part of the territory of Indonesia has been in attempts to improve its Public Health Center (*Puskesmas*) services since 2014 by involving two Multi-Stakeholder Forums (MSFs). The MSFs include the Healthcare Community Work Group (*Pokja-MPK*) which was established based on the District Head Decree and Healthcare Community Group (*KMPK*) which was established based on the Sub-District Head Decree. The members of the MSFs consist of service providers (30 percent) and service users (70 percent) with various backgrounds of professions and disciplines. The presence of *KMPK* was believed as the key for *Puskesmas* service improvement, as *KMPK* played role in managing surveys of complaints to the service users as well as arranging the Pledge of *Puskesmas* Services (*JPP*) and Technical Recommendations (*Rekomtek*). Together with *Pokja-MPK*, *KMPK* conducted monitoring-evaluation activities regarding the *Puskesmas* condition following the interventive treatment to its services.

Keywords: *intervention, MSF, improvement, service, Puskesmas*

INTRODUCTION

Indonesia has undergone a reform for almost ten years. During the period, the country has produced a number of innovations for the improvement of its good governance implementation. Currently, the implementation of good governance principles is considered as an organizational requirement for maintenance purpose [1], [2].

Good governance mainly emphasizes a proportional involvement from the three main

pillars, including the government, community, and private sectors.

This concept stresses that government, as the first pillar should prioritize the improvement of public services [3], [4]. Facilitating convenient, fast, affordable, and qualified public services become an urgent mission of reform regarding the provision of the best services. One of the effective methods to implement the mission is through the provision of public complaint service, which is managed by relevant stakeholders based on the prevailing regulations. The recognition of the method is stipulated in Administrative and Bureaucratic Reform Ministerial Decree No. 13/2009 concerning the Guidelines for Public Service Improvement through Community Participation. The decree also reflects the implementation of Law No. 25/2009 concerning Public Services, specifically in Article 22 on the Edict of Services [5], [6].

Public service providers are obliged to prepare and determine the edicts of services that reflect the organizers' ability to implement certain services based on the prevailing standards. Concerning the health services in Lumajang District, the regional government involves the local Health Agency, community, and private sectors to improve the sector's public service quality.

Community is perceived as a Multi-Stakeholder Forum (MSF) that consists of a group of people with various backgrounds of cross-interests and cross-professions. They are united by the regional government regulations. Meanwhile, private sectors include non-governmental institutions that dedicate their attention to the fulfillment of qualified public services in the health sector, for instance, *KINERJA*, which is one of the partners of the ASEAN Development Bank (ADB).

The collaboration of *KINERJA-ADB* in Indonesia has been established since 2012. Meanwhile, the presence of *KINERJA-ADB* in Lumajang District was firstly preceded by the Letter of Cooperation No. 440/339/427.35/2016 from Lumajang District Head to East Java Governor. The letter contained the local government's request to improve the local health services, especially regarding clean and safe delivery services, exclusive breastfeeding, and Early Breastfeeding Initiation (EBI). The letter was responded by East Java Provincial Government through the issuance of Letter No. 440/10709/031/2016 concerning the Notification of

KINERJA-ADB Program Partnership that involved Lumajang District, Probolinggo District, Probolinggo City, and Pacitan District [5].

Following the response, Lumajang District Head appointed the local Health Agency as the party in charge of mentoring activities for the improvement of the Public Health Center (Puskesmas) services in the region.

METHOD

Approach

The implementation of a certain method is considered as the characteristics of scientific research. A method is the means of investigation based on certain plans. It implies that researchers are not allowed to randomly perform their studies without specific measures. It consists of a number of procedural steps with certain limitations to avoid misleading scopes of studies. Therefore, the scientific method functions to explicitly limit the utilization of certain language in the conveyance of sciences[7].

This study utilized both normative juridical and sociological approaches based on the prevailing policies and regulations related to the issue of the discussion.

Legal Basis Sources

The study utilized primary and secondary sources of legal basis. The primary source includes the binding legal materials, such as the basic norms imposed on each subject and object of the law. The norms include the 1945 Constitution and other organic laws. Meanwhile, the secondary source includes the legal material that provides an explanation related to the primary legal materials, such as literature, and so on.

Legal Basis Collecting Techniques

The legal basis collecting techniques were performed through interviews, observation, and/or documentation. The relevant legal materials would be utilized as the means of deduction.

Legal Basis Analysis

The analysis applied a qualitative descriptive method through the description of relevant legal materials from literature, documentaries, and empirical facts.

RESULT & DISCUSSION

The Definition of Multi-Stakeholder Forum (MSF) in Lumajang District

Service providers, including the regional governments, are fully responsible for the improvement of public service quality. In addition to the collaboration with private sectors, the

organization and management of public services should involve community participation, as an attempt to complete the implementation of public service provision.

With regards to the matter, Health Agency together with KINERJA-ADB, as the parties that provide public service improvement assistance should establish a Multi-Stakeholder Forum (MSF), in which the membership includes cross-professional and cross-sectoral parties. The composition of MSF consists of 30 percent service providers (Puskesmas officers) and 70 percent service users (community leaders, academicians, practitioners, Integrated Health Service (Posyandu) cadres, and others). Particularly in Lumajang District, MSF is perceived as the Healthcare Community Work Group (Pokja MPK) in the district level, as stipulated in District Head Decree No. 188.45/175/427.12/2015; in addition to the Healthcare Community Group (KMPK) in sub-district level, as stipulated in the Sub-District Head Decree.

Pokja-MPK and KMPK synergize in managing public complaints related to Puskesmas services. Regarding the function, Pokja-MPK is responsible for administrative matters, while KMPK is responsible for practical matters related to the community's interests. Both Pokja-MPK and KMPK are partners for Puskesmas. Therefore, they have to adjust their initiatives with Puskesmas' direction in every decision-making.

Public service innovation is a must for the central and regional governments to implement the implementation of decentralization that is seeking to improve welfare, prosperity, and independence for the community and the region [8].

The MSF's Activities Regarding the Improvement of Puskesmas Services in Lumajang District

The substance of public services is always associated with the activities initiated by certain groups/institutions/agencies in providing the community with proper assistance and convenience, as an attempt to achieve certain goals[2]. The implementation of public service improvement through community participation and complaint management as the means of social control includes the following three main activities:

- a. The organization and management of its process.
- b. The technical implementation of complaint management.
- c. The realization of service improvement and interaction/communication among service providers, executors, and community.

Table 1. Structure of Pokja MPK and KMPK

No.	Element	Differences	
		Pokja-MPK	KMPK
1.	Legality	District Head Decree No. 118.45/175/427.12/2015	Sub-District Head Decree (The number of the decree depends on respective sub-districts)
2.	Institutional Structure	a. Protector (wife of District Head) b. Advisor (wife of Regional Secretary) c. Chairperson d. Deputy Chairperson e. Secretary f. Division Coordinator g. Members	a. Protector b. Chair person c. Deputy Chairperson d. Secretary e. Treasurer f. Divisions g. Members
3.	Authorities	a. Collecting Technical Recommendations (Rekomtek) b. Composing paper drafts c. Facilitating advocacy to the executive and legislative bodies d. Performing monitoring-evaluation activities on the implementation of the Pledge of Puskesmas Services (JPP) and Technical Recommendations (Rekomtek)	a. Performing a survey of complaints b. Classifying the issues on the survey of complaints c. Performing analysis regarding the backgrounds of complaints d. Composing the Pledge of Puskesmas Services (JPP) and Technical Recommendations (Rekomtek) together with Puskesmas Head e. Performing monitoring-evaluation activities on the improvement of Puskesmas services

For the organization, Lumajang District placed Pokja-MPK and KMPK as the executors for the improvement of Puskesmas services through complaint management. As those institutions' performance is considered as a public submission, they receive no special budget post for honorarium from the regional government. The institutions conduct a number of activities to improve Puskesmas services, such as:

- a. Socialization and Enforcement of MSF
It aims to introduce public service improvement programs by involving the public participation and initiate the establishment of MSF by the local Health Agency together with KINERJA-ADB with preferable naming. With regards to the naming, Lumajang District has Pokja-MPK and KMPK as its MSFs.
- b. Workshop on The Survey of Complaints
After the establishment of KMPK based on the relevant juridical basis from Sub-District Head Decree, the organization should conduct a questionnaire survey to the community by collaborating with a certain facilitator team.
- c. Workshop on The Analysis of Survey of Complaints
It aims to analyze the urgency of a survey of complaints, which is conducted by KMPK based on the classification of issues as well as organize presentations in diagrams following the Index of Public complaints.

- The workshop also functions to manage publication of the survey results at the Puskesmas environment.
- d. Workshop on JPP
The workshop aims to enable KMPK in selecting five to ten complaints, which are considered urgently requiring resolutions from Puskesmas. The resolutions will be stipulated in a written document of the Pledge of Puskesmas Services (JPP) signed by Puskesmas Head and declared in front of the District Head. KMPK also has the authority to select a number of complaints that require solutions from relevant agencies/officials. Those special complaints will be compiled as Technical Recommendations (Rekomtek) and managed together with Pokja-MPK in the form of paper drafts.
 - e. Workshop on The Analysis of JPP
Through the activity, both KMPK and Pokja-MPK can jointly analyze the implementation of JPP as well as the grant of Rekomtek by the executive and/or legislative institutions.
 - f. Training on Monitoring-Evaluation of JPP
It will allow both Pokja-MPK and KMPK to conduct monitoring of the implementation of JPP and Rekomtek, in addition to the evaluation of any possible constraints.

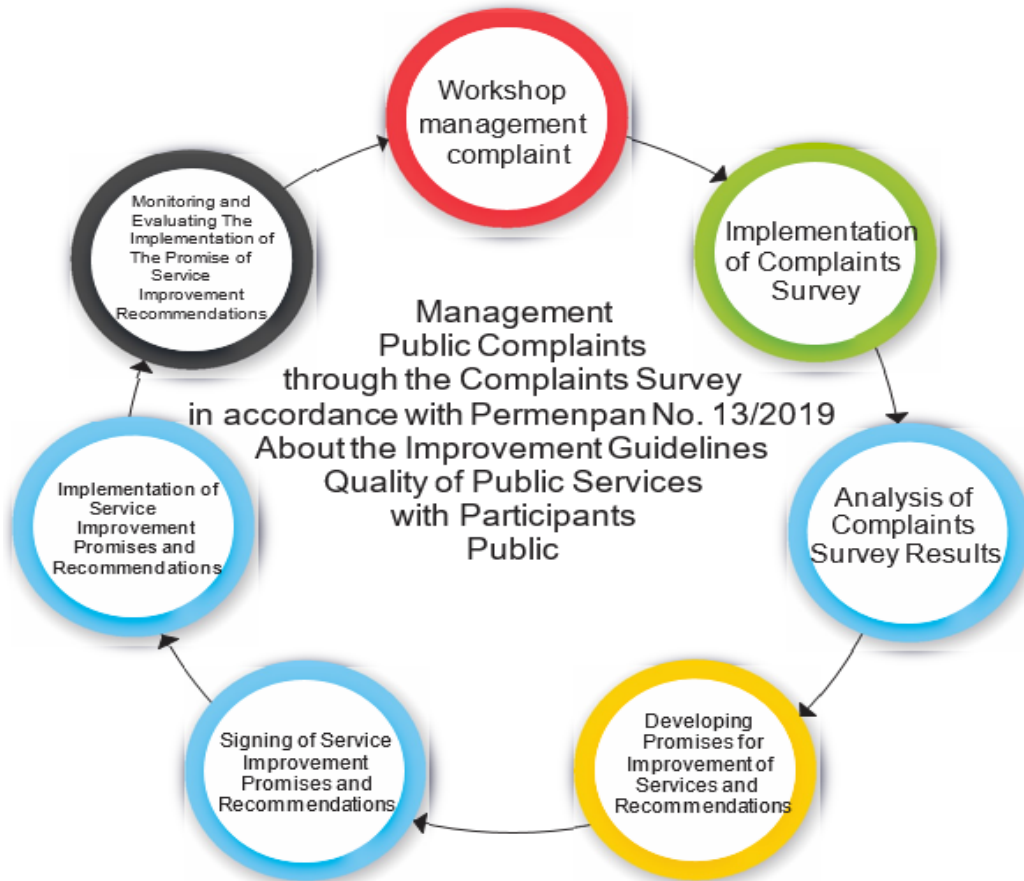


Figure 1. A Cycle of Public Service Complaint Management through Community Participation

The sequence of implementation of these activities is absolutely unchangeable, as the initial activity will underly the implementation of other following activities [5]. Meanwhile, the guidance for the implementation is provided by a certain Facilitator Team. To implement the activities, Lumajang District Government initiated the following strategies:

- a. Managing the presence of KINERJA-ADB as the external Facilitator Team from 2015 to 2016 to conduct sharing and discussion activities with the candidates of Local Facilitator Team members.
- b. Managing the presence of the Local Facilitator Team from 2017 to the current period. The Local Facilitator Team consists of eight cross-professional members that previously had been trained with technical guidance from KINERJA-ADB. The team is now renowned as the Technical Guidance (Bimtek) Team of Lumajang District.

All activities implemented by Bimtek Team, Pokja-MPK, and KMPK are basically public submissions due to the unavailable budget allocation post from the Regional Budget (APBD).

Most of the funding is directed for the Public Health Department of Lumajang District Health Agency, even if certain regulations mention a

particular budget allocation for the organizations' activities.

Benefits of The MSF's Intervention in Puskesmas Service Improvement in Lumajang District

The implementation of KINERJA-ADB's programs in Lumajang District utilized an assistance model for Puskesmas service improvement through public complaint management. Lumajang District has 24 Puskesmas units distributed in 21 sub-districts. There are three sub-districts that control two Puskesmas units, while 18 other Districts respectively only control one unit. The assistance from Pokja-MPK and KMPK was conducted for all Puskesmas in the region.

The assistance was gradually performed for at least two to eight units of Puskesmas annually, in which the completion of the assistance activities was projected to end in 2020. With regards to the matter, KMPK's assistance for those Puskesmas units provide the following benefits:

- a. The implementation of the commitment to invite all Puskesmas officers to comply with the 3S culture, including *Senyum, Salam, Sapa* (Smile, Salute, Greet) to create a convenient atmosphere at Puskesmas environment;

- b. The improvement of convenient counter services by applying a special queuing system based on a grouping (pregnant mothers and children, elderly, and general groups) strategy and electronic machine-based call sequences;
- c. The optimization of IT-based medical records to create convenient services;
- d. The appointment of additional Puskesmas doctors by mandating a contract doctor in respective Puskesmas units for a year;
- e. The realization of Village Head's permit for the Village Fund allocation to support Integrated Health Service (Posyandu) management through the synergy with Puskesmas and village's programs;
- f. The realization of Legal Office of Lumajang District to allow the issuance of District Head Decree concerning the clean and safe delivery, Early Breastfeeding Initiation (EBI), and exclusive breastfeeding program in 2017.

For the next step, Pokja-MPK and KMPK implemented periodic monitoring and evaluation. This activity can obtain financial support from the Health Agency. The results of the monitoring-evaluation activity would be considered as the recommendations for Health Agency to design the follow-up programs related to Puskesmas maintenance following the public-based service improvement initiatives.

CONCLUSION

1. The presence of Pokja-MPK dan KMPK is essential for the improvement of Puskesmas services in Lumajang District, as both organizations play important roles in transparently and proportionally managing the public complaints.
2. Pokja-MPK and KMPK initiated seven synergistic measures for the improvement of Puskesmas services, as stipulated in

Administrative and Bureaucratic Reform Ministerial Decree No. 13/2009 concerning the Guidelines for Public Service Improvement Through Community Participation.

3. The assistance provided by Pokja-MPK and KMPK provided benefits for the improvement of Puskesmas facilities and working culture, as the means for institutional accreditation. The assistance had also improved the public trust in Puskesmas services.

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