Basic Health Services and Special Autonomy in North Aceh District

Cut Sukmawati[1], Murniati[2], Maisyura[3], Maryam[4], Misra Feri[5]

[1] *Lecturer on Faculty of Social Science and Political Science, Universitas Malikussaleh. Aceh, Indonesia*
[*] *Email: cutsukmawati@unimal.ac.id*
[2] *Lecturer on Faculty of Social Science and Political Science, Universitas Malikussaleh. Aceh, Indonesia, Indonesia*
[3] *Lecturer on Faculty of Social Science and Political Science, Universitas Malikussaleh. Aceh, Indonesia, Indonesia*
[4] *Student on Faculty of Social Science and Political Science, Universitas Malikussaleh. Aceh, Indonesia, Indonesia*
[5] *Student on Faculty of Social Science and Political Science, Universitas Malikussaleh. Aceh, Indonesia, Indones*
[*]*Corresponding author. Email: cutsukmawati@unimal.ac.id*

ABSTRACT

"Health is a fundamental human right", which contains an obligation to heal the sick and maintain the healthy. This statement underlies the idea that health is a basic human right and health is an investment. Health services have an important role in improving the health status of the community. Law of the Republic of Indonesia Number 36 of 2009 concerning Health, article 17 paragraph 1 states that the government is responsible for the availability of access to information, education and health service facilities to improve and maintain the highest level of health. North Aceh is still plagued with various health problems that must be addressed immediately, for example, there are 54 cases of severe malnutrition. Where children under five years old (toddlers) experienced severe malnutrition throughout 2019. Human Immunodeficiency Virus (HIV) cases in 2018 were 110 cases and the possibility continues to grow. The issue of maternal mortality rate (MMR) and infant mortality rate (IMR) also has quite complicated problems, even in recent years in the five regions with the highest mortality rates in Aceh. Tuberculosis in 2017 also experienced a significant increase. In 2014 tuberculosis reached 485 cases and there was a continuous decline in 2014 to 2016. This study looks at how the public's perception of the implementation of basic health services has been implemented in accordance with Permendagri No. 100 of 2018. This research was conducted at health centers in North Aceh Regency, using a quantitative approach, through the distribution of questionnaires, interviews, observation and document review. The results of the study indicate that basic health services have a positive and significant impact on the implementation of special autonomy in North Aceh Regency, although there are still problems commonly encountered in the implementation of regional autonomy, namely the use of resources without regard to sustainability, environmental carrying capacity, balance and impact on the region. Others, and the structure of broader functional hierarchical relationships. Development coordination is not yet optimal, both in planning, implementation and financing, there are still isolated and remote areas so that people live in a relatively low quality of life; the ineffectiveness of spatial planning as a tool for regional development that can accommodate the interests of the community across all aspects; The lack of a clear division of authority and spatial planning tasks between various levels and between agencies is another thing found in this research.

Keywords: *Services, Basic Health, Special Autonomy*

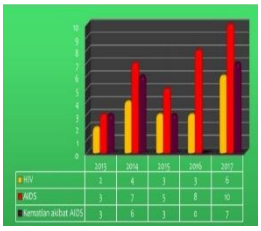
1. INTRODUCTION

Since ancient times until today, health has become a basic thing that must be the attention of the state government. In the constitution of the World Health Organization (WHO) in 1948 it was written "Health is a fundamental human right", which contains an obligation to heal the sick and maintain the healthy. Law of the Republic of Indonesia Number 36 of 2009 concerning Health,

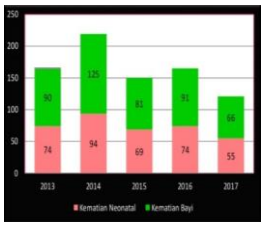
article 17 paragraph 1 states that the government is responsible for the availability of access to information, education and health service facilities to improve and maintain the highest level of health. In addition, article 168 states that in order to carry out effective and efficient health efforts, health information is needed which is carried out through information systems and through cross-sectoral cooperation, with further provisions to be regulated by Government Regulations. Article 169 states that the government provides facilities for the public to gain access to health information in an effort to improve the health status of the community.

Graph of Prevalence of Nutritional Status of Toddlers (0-59 months) according to BW/TB index in 2015-2017

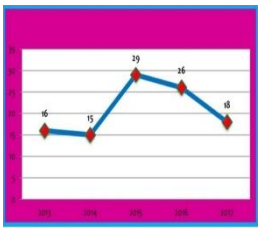
Number of HIV Cases, AIDS and AIDS Deaths in 2013-2017



Graph of the Number of Infant Mortality in 2013-2017



Graph of Maternal Mortality in North Aceh Regency 2013-2017



Total Number of Tuberculosis Cases in 2013-2017

Figure 1. Development of Basic Health in North Aceh District 2015 – 2017

There are not many studies that specifically discuss health service users in Indonesia. Most of the studies focused on the service provider, for example the availability of doctors, the number of Pusat kesehatan masyarakat, beds available, health funds, and characteristics of health care providers. Of the studies that discuss users of health care facilities, most of these studies only describe the basic characteristics of the users, such as age, gender, place of residence and income level. Only a few studies have measured the characteristics of health care users in detail, for example regarding their smoking habits or the type and frequency of their exercise (Ministry of Health, 2002). Several previous studies have reviewed and discussed related to the quality of basic health services, but research that focuses on the implementation of basic health services based on the 2018 MSS in regional development has not yet been comprehensively carried out, especially in Aceh which has implemented special autonomy since 2001. Granting autonomy special authority or special authority by the central government to the province of Aceh through the concept of asymmetric decentralization aimed at embracing the province of Aceh in order to remain within the unity of the Republic of Indonesia and improve the welfare of the people of Aceh. However, in its implementation, various problems were found.

Law No. 18 of 2001 concerning Special Autonomy for the Province of the Special Region of Aceh As the Province of Nanggroe Aceh Darussalam, it has been regulated that Aceh has specificity through the concept of asymmetric decentralization but is still within the framework of the national government system of the Unitary State of the Republic of Indonesia (NKRI). Where in the regulation it is stated that the granting of special autonomy to Aceh is not only the granting of rights but also constitutional obligations aimed at the welfare of the Acehnese people. This law later became the forerunner to granting special autonomy to Aceh to run its own household. However, this law was later revoked with the enactment of Law no. 11 of 2006 concerning the Government of Aceh which is valid until now.

Aceh itself has not been maximized in the implementation of autonomy, especially in the social field. There are still many problems with health and education services. In fact, it is known that health and education are absolute requirements for submitting proposals for programs and activities funded by special autonomy funds. In Article 6 of Qanun No. 4 of 2010 stipulates that the Aceh Government is required to allocate a minimum budget of 10 percent (ten percent) of the APBA for the health sector excluding salaries. Qanun No. 4 of 2010 also requires the Aceh government and district/city governments to provide and maintain health service facilities.

Therefore, in line with the issues related to this service, a study needs to be carried out to examine and describe the trend of basic health care services by local governments and the determinants that make quality basic health services in North Aceh district.

Based on the explanation that has been described in the background of the problem, the problems in this study can be formulated as "Does basic health services affect the implementation of special autonomy in North Aceh Regency?"

2. LITERATURE STUDY

Based on the existing literature, previous studies have discussed a lot of studies related to service quality, but the contribution of previous research by previous researchers related to basic health services in North Aceh in accordance with the policies of the government of the Republic of Indonesia (according to the 2018 SPM) is at a minimal level. [1] conducted research on Decentralization and Community Development in the Coastal Region of Langkat Regency, North Sumatra Province. The results of this study indicate that empirically the development of bureaucratic readiness shows a negative influence on community development. This implies the need to adjust the development of the bureaucracy to the demands of development accompanied by a change in the bureaucratic mindset in word looking to out word looking based on community and locality. The influence of policy decentralization with the readiness of the apparatus shows the consequences of the behavior of a bureaucratic mind set that is still strong at the level of local government life. The community is still positioned as only a recipient object and must follow government policies. The apparatus still prioritizes a safe approach rather than improving its performance.

[2] mention that there is widespread interest in understanding what makes for effective health care and in developing better practices to improve existing approaches to health care management. [3] mention regional variation as the most important source of income-related health inequality, while income-related inequality in the use of health services often occurs in different provinces (regions). [4], in general, most respondents stated that the level of customer satisfaction with service delivery by the Kajang Airport Council (MPKj) was only simple. This shows that MPKj needs to improve service delivery so that local residents are satisfied. The population's view of the quality of services provided shows a direct relationship with the stage of regional development. The more advanced the area, the lower the level of user satisfaction with the priority service.

[5] examines strengthening the capacity of community health centers as public organizations in Papua. In his analysis, many people in rural areas (read: villages) in Papua Province do not get maximum service from the Community Health Center (Center for Community Health) for various reasons. Unfortunately, the state of the public health center which can be interpreted as the face and image of the government does not show the expected condition, even almost loses its attractiveness to visit. People prefer to visit a regional general hospital (RSUD) or to a practicing doctor in the afternoon. This situation underscores the poor image of the public health center. What's going on at the Community Health Center? This question deserves to be asked to find out what is really going on with our Community Health Center. The purpose of the study was to find the root cause of the weak capacity of the community health center as a public organization in providing health services to the community. This study uses a literature study method that is supported by data and documents. The results of the study show that

to solve problems related to the community health center as the basis for public health services, there are two aspects that must be carried out, namely 1). Structuring the Organizational Structure of the Community Health Center and 2). Making Organizational Culture Changes. The conclusion of this study is to bring decent and excellent quality health services to the community, starting with optimizing the duties and functions of the community health center as a public organization, followed by commitment, leadership, changes in perspective, regulatory arrangements, and a strong will to improve performance. Community Health centers.

Giving autonomy has the nature of encouraging or providing stimulation to try to develop one's own abilities that can generate auto-activity and enhance the best sense of self-esteem [6]. Regional autonomy is an effort to realize democratization where the aspirations of the people in this case the interests contained in each region can be properly accommodated. Regional autonomy allows the "local wisdom" of each region to work properly according to the initiatives and initiatives of the local community. Aspects of limiting power will also run optimally so that there is no arbitrariness by the central government. As it is generally known that in the context of democratization and limiting power, the principle of separation of powers is known [7].

Basically, the ideals of regional/special autonomy are to create and present good and clean government and human governance. The principles of good governance must be implemented in all fields and lines of government institutions. There are four basic principles of good governance that encourage the need for human governance, including: (1) wanting to create a better service order, (2) more investments in information and communication technology, (3) creating better regulations, and (4) more open and honest management of human resource training (Thoha, 2017).

Health development policies are focused on strengthening quality primary health care, especially through increasing health insurance, increasing access and quality of basic and referral health services, supported by strengthening the health system and increasing health financing. To be able to find out the quality of service, especially those that determine the size of service quality perceived by customers, namely by looking at; 1) Tangibility, which is a dimension that measures the physical aspects of a service, including the completeness of physical facilities, equipment, and appearance of employees, 2) Reliability, which is a dimension that measures the delivery of appropriate and correct services, 3) Responsiveness, which is a dimension that measures the desire to serve consumers quickly, 4) Confidence and assurance, which is a dimension that measures the ability of the company (especially its staff) to instill trust and confidence in its customers, and 5.) Empathy, which is a dimension that measures the willingness to know the wants and needs of consumers. [8].

The number of health service problems in the North Aceh region has caused regional development through the implementation of special autonomy not to run optimally. These problems are, for example, there are cases of severe malnutrition, namely 492 cases, cases of Human Immunodeficiency Virus (HIV), which were recorded by one of the Non-Governmental Organizations of North Aceh Shura in 2018 as many as 110 cases and the possibility continues to increase, the absence of health data regarding various health problems. diseases suffered by the people of North Aceh; such as diabetes mellitus, HIV AIDS, hypertension, bronchitis where these diseases are basic health services that must be completed by the Regional Government. Ironically, data on disease is not found in the report from the Central Statistics Agency (BPS) North Aceh in Figures for 2018 (although BPS is a reference in submitting data that has been recognized by the State), there is still treatment that distinguishes the layers in society. They prioritize the upper class (elite) while in terms of health there is neither the elite nor the poor, because everyone needs good health. There are still disagreements in the management of the Cut Meutia Regional Hospital (before regional development, the Cut Meutia Regional General Hospital was a hospital that was absolutely managed by the North Aceh Regency Government. After regional development (regional separation), the position of the hospital was

territorially is in the government of Lhokseumawe City. As a result there has been a tug of war on hospital management and until now the Lhokseumawe City government has not been able to provide compensation for ownership to the North Aceh Regional Government).

Local government services are the main tasks and functions of local governments. This is closely related to the main task and function of the government, namely to provide services for the community. By providing good service to the community, it will provide a positive image for local government. The community can directly and indirectly improve their quality of life which in the end is able to create prosperity and regional development can be carried out properly and successfully.

Measuring the quality of public services, there are many things and dimensions that must be considered, because public services are related to the fulfillment of the public sector which in its implementation is to meet public needs continuously under any conditions. Therefore, public services by local governments must adhere to the values held by the community or local residents so that the hopes and desires of the community can be realized. To find out how the quality of public services provided after special autonomy, specifically after the expansion of the northern part of Aceh and after the Regulation of the Minister of Home Affairs of the Republic of Indonesia Number 100 of 2018 concerning the Implementation of Minimum Service Standards, the researcher tried to see how Aceh's special autonomy (in terms of This includes local government institutions, apparatus capabilities and government administration patterns) and health services (service effectiveness, security of action, service availability, comfort, patient-health care relations).

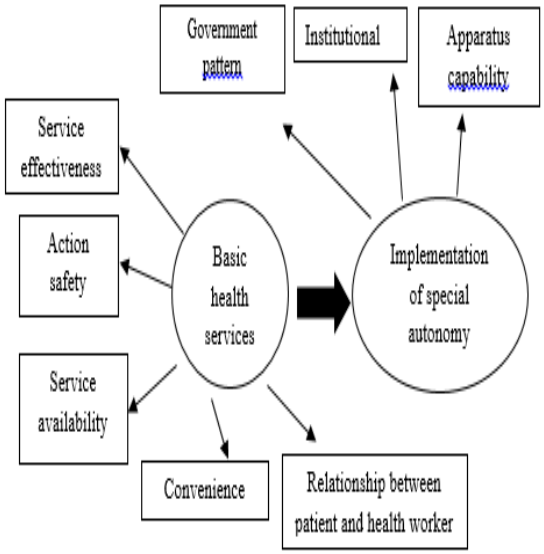


Figure 2. Conceptual framework

Based on the background, problem formulation and conceptual framework of the research that has been described previously, the research hypothesis can be formulated as follows: "Basic health services have a positive and significant effect on the implementation of special autonomy in North Aceh Regency"

3. MATERIAL AND METHODS

This research was conducted using a quantitative approach. The research process is deductive, in which to answer the problem formulation, a concept or theory is used. In this research, the object of research is the people in North Aceh Regency. The current population of North Aceh Regency is 602,554 people (Aceh Utara in Figures, 2018). In accordance with the objectives to be achieved, the population used was 602,554 people and the sample in this study was 400 people. The data collection technique used in this research is by distributing questionnaires, interviews, observation and documentation study. The quantitative analysis technique in analyzing the data used in this study is to use Structural Equation Modeling (SEM).

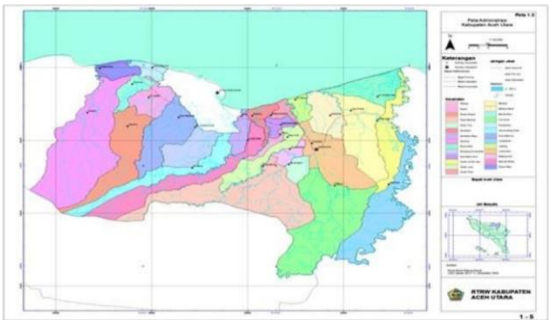


Figure 3. The location of research, Aceh Utara District, Aceh, Indonesia

4. RESULTS AND DISCUSSION

4.1. Analisis Deskriptif

This analysis is an analysis conducted to present respondents' answers to the variables of this study, namely Basic Health Services (X), and Special Autonomy (Y). The following are the results of the presentation of respondents' answers to all research variables measured by the following standard measurement values, namely:

4.1.1. Respondents' Answers to the Variables of Basic Health Implementation.

Butir	STS		TS		KS		S		SS		Total		min	max	mean	Criteria
	F	%	F	%	F	%	F	%	F	%	F	%				
BE1	0	0	43	10.7	50	12.44	214	53.23	95	23.63	402	100%	2	5	3.9	Good
BE2	1	0.25	48	11.94	71	17.66	193	48.01	89	22.14	402	100%	1	5	3.8	Good
BE3	0	0	48	11.94	66	16.42	189	47.01	99	24.63	402	100%	2	5	3.84	Good
BE4	1	0.25	46	11.44	57	14.18	202	50.25	96	23.88	402	100%	1	5	3.86	Good
BKT1	0	0	44	10.95	45	11.19	200	49.75	113	28.11	402	100%	2	5	3.95	Good
BKT2	0	0	50	12.44	64	15.92	194	48.26	94	23.38	402	100%	2	5	3.83	Good
BKT3	0	0	44	10.95	55	13.68	209	51.99	94	23.38	402	100%	2	5	3.88	Good
BKT4	0	0	44	10.95	48	11.94	241	59.95	69	17.16	402	100%	2	5	3.83	Good
BKT5	0	0	53	13.18	55	13.68	211	52.49	83	20.65	402	100%	2	5	3.81	Good
BKP1	2	0.5	54	13.43	68	16.92	149	37.06	129	32.09	402	100%	1	5	3.87	Good
BKP2	0	0	51	12.69	39	9.7	190	47.26	122	30.35	402	100%	2	5	3.95	Good
BKP3	0	0	41	10.2	40	9.95	186	46.27	135	33.58	402	100%	2	5	4.03	Good
BKP4	0	0	66	16.42	59	14.68	171	42.54	106	26.37	402	100%	2	5	3.79	Good
BKP5	0	0	98	24.38	46	11.44	157	39.05	101	25.12	402	100%	2	5	3.65	Good
BKP6	0	0	84	20.9	52	12.94	139	34.58	127	31.59	402	100%	2	5	3.77	Good
BK1	0	0	57	14.18	105	26.12	167	41.54	73	18.16	402	100%	2	5	3.64	Good
BK2	0	0	51	12.69	100	24.88	181	45.02	70	17.41	402	100%	2	5	3.67	Good
BK3	0	0	46	11.44	58	14.43	193	48.01	105	26.12	402	100%	2	5	3.89	Good
BK4	0	0	43	10.7	58	14.43	196	48.76	105	26.12	402	100%	2	5	3.9	Good
BK5	1	0.25	82	20.4	106	26.37	133	33.08	80	19.9	402	100%	1	5	3.52	Good
BHP1	0	0	45	11.19	71	17.66	177	44.03	109	27.11	402	100%	2	5	3.87	Good
BHP2	0	0	46	11.44	52	12.94	198	49.25	106	26.37	402	100%	2	5	3.91	Good
BHP3	0	0	48	11.94	78	19.4	207	51.49	69	17.16	402	100%	2	5	3.74	Good
BHP4	0	0	52	12.94	65	16.17	204	50.75	81	20.15	402	100%	2	5	3.78	Good
BHP5	0	0	45	11.19	75	18.66	184	45.77	98	24.38	402	100%	2	5	3.83	Good

Figure 4. Respondent's Answer to the Variables of Basic Health Implementation

4.1.2. Respondents' Answers to Special Autonomy Variables

Butir	STS		TS		KS		S		SS		Total		min	max	mean	Kriteria
	F	%	F	%	F	%	F	%	F	%	F	%				
CPP1	14	3.48	60	14.93	68	16.92	166	41.29	94	23.38	402	100%	1	5	3.66	Good
CPP2	5	1.24	81	20.15	86	21.39	139	34.58	91	22.64	402	100%	1	5	3.57	Good
CPP3	1	0.25	73	18.16	50	12.44	187	46.52	91	22.64	402	100%	1	5	3.73	Good
CPP4	0	0	78	19.4	61	15.17	188	46.77	75	18.66	402	100%	2	5	3.65	Good
CPP5	11	2.74	81	20.15	75	18.66	148	36.82	87	21.64	402	100%	1	5	3.54	Good
CPP6	15	3.73	75	18.66	64	15.92	182	45.27	66	16.42	402	100%	1	5	3.52	Good
CPP7	5	1.24	126	31.34	68	16.92	137	34.08	66	16.42	402	100%	1	5	3.33	Moderate
CPP8	2	0.5	94	23.38	91	22.64	150	37.31	65	16.17	402	100%	1	5	3.45	Good
CK1	2	0.5	84	20.9	80	19.9	168	41.79	68	16.92	402	100%	1	5	3.54	Good
CK2	4	1	71	17.66	75	18.66	178	44.28	74	18.41	402	100%	1	5	3.61	Good
CK3	12	2.99	66	16.42	95	23.63	155	38.56	74	18.41	402	100%	1	5	3.53	Good
CK4	13	3.23	84	20.9	60	14.93	164	40.8	81	20.15	402	100%	1	5	3.54	Good
CK5	4	1	139	34.58	80	19.9	114	28.36	65	16.17	402	100%	1	5	3.24	Moderate
CK6	2	0.5	81	20.15	89	22.14	163	40.55	67	16.67	402	100%	1	5	3.53	Good
CKA1	5	1.24	70	17.41	68	16.92	172	42.79	87	21.64	402	100%	1	5	3.66	Good
CKA2	6	1.49	69	17.16	64	15.92	184	45.77	79	19.65	402	100%	1	5	3.65	Good
CKA3	5	1.24	70	17.41	84	20.9	170	42.29	73	18.16	402	100%	1	5	3.59	Good
CKA4	3	0.75	80	19.9	64	15.92	167	41.54	88	21.89	402	100%	1	5	3.64	Good
CKA5	5	1.24	74	18.41	75	18.66	177	44.03	71	17.66	402	100%	1	5	3.58	Good
CKA6	7	1.74	94	23.38	107	26.62	135	33.58	59	14.68	402	100%	1	5	3.36	Moderate

Figure 5. Distribution of Respondents' Answers to Special Autonomy Variables

4.2. Analysis Partial least Square

		Factor Loading	Information			Factor Loading	Information
Efektivitas Pelayanan	BE1	0,918	Valid	Pola Pemerintahan	CPP1	0,884	Valid
(PKD1)	BE2	0,895	Valid	(POK1)	CPP2	0,889	Valid
	BE3	0,930	Valid		CPP3	0,930	Valid
	BE4	0,927	Valid		CPP4	0,914	Valid
Keamanan Tindakan	BKT1	0,918	Valid		CPP5	0,745	Valid
(PKD2)	BKT2	0,896	Valid		CPP6	0,860	Valid
	BKT3	0,926	Valid		CPP7	0,798	Valid
	BKT4	0,904	Valid		CPP8	0,870	Valid
	BKT5	0,900	Valid	Kelembagaan	CK1	0,917	Valid
Ketersediaan Pelayanan	BKP1	0,868	Valid	(POK2)	CK2	0,924	Valid
(PKD3)	BKP2	0,911	Valid		CK3	0,922	Valid
	BKP3	0,901	Valid		CK4	0,842	Valid
	BKP4	0,811	Valid		CK5	0,803	Valid
	BKP5	0,807	Valid		CK6	0,916	Valid
	BKP6	0,830	Valid	Kemampuan Aparatur	CKA1	0,940	Valid
Kenyamanan	BK1	0,851	Valid	(POK3)	CKA2	0,945	Valid
(PKD4)	BK2	0,868	Valid		CKA3	0,941	Valid
	BK3	0,888	Valid		CKA4	0,933	Valid
	BK4	0,907	Valid		CKA5	0,919	Valid
	BK5	0,791	Valid		CKA6	0,853	Valid
Hubungan Pasien dengan Petugas	BHP1	0,919	Valid				
(PKD5)	BHP2	0,923	Valid				
	BHP3	0,890	Valid				
	BHP4	0,916	Valid				
	BHP5	0,898	Valid				

Figure 6. Outer model based on Loading Value (First Order)

	AVE	Information
PKD1	**0,842**	Signifikan
PKD2	**0,826**	Signifikan
PKD3	**0,732**	Signifikan
PKD4	**0,743**	Signifikan
PKD5	**0,827**	Signifikan
POK1	**0,745**	Signifikan
POK2	**0,790**	Signifikan
POK3	**0,851**	Signifikan

Figure 7. Average Variance Extracted (AVE) (First Order) results

	Reliabilitas Composit	Information
PKD1	**0,955**	Signifikan
PKD2	**0,960**	Signifikan
PKD3	**0,942**	Signifikan
PKD4	**0,935**	Signifikan
PKD5	**0,960**	Signifikan
POK1	**0,959**	Signifikan
POK2	**0,957**	Signifikan
POK3	**0,972**	Signifikan

Figure 8. Outer Model Test Results based on CR (First Order) Value

	Factor Loading	Information
PKD1	**0,946**	Valid
PKD2	**0,963**	Valid
PKD3	**0,950**	Valid
PKD4	**0,930**	Valid
PKD5	**0,958**	Valid
POK1	**0,983**	Valid
POK2	**0,977**	Valid
POK3	**0,975**	Valid

Figure 9. Testing Outer Model based on Loading Value (Second Order)

	(AVE)	Information
PKD	**0,712**	Signifikan
POK	**0,757**	Signifikan
PW	**0,715**	Signifikan

Figure 10. Outer Model Testing based on AVE (Second Order) Value

	Reliabilitas Composit	Information
PKD	**0,984**	Signifikan
POK	**0,984**	Signifikan

Figure 11. Outer Model Testing based on CR (Second Order) Value

	PKD	POK
PKD1	0,946	
PKD2	0,963	
PKD3	0,950	
PKD4	0,930	
PKD5	0,958	
POK1	0,441	0,983
POK2	0,432	0,977
POK3	0,438	0,975

Figure 12. Discriminant Validity Testing based on Cross-Loading (First Order) Approach

	O	P Values	Information
PKD -> POK	0,447	**0,000**	Positif signifikan

Figure13. Direct Effect Significance Test Results

	O	P Values	Information
PKD -> POK	0,102	**0,002**	**Positif, signifikan**

Figure 14. Indirect Effect Significance Test Results

The hypothesis states that basic health services have a positive and significant effect on the implementation of special autonomy in North Aceh District. The results of the significance test show that the implementation of basic health in North Aceh has a path coefficient value (0.447) with a P value (0.000) which means P <0.05 for the implementation of special autonomy in North Aceh. This means that the implementation of basic health in North Aceh has proven to be able to have a real and strong influence on the success of North Aceh's special autonomy. The positive value also shows that the better health services are carried out in North Aceh, the better and more successful North Aceh special autonomy will be implemented, on the contrary if the worse or minimal health services are carried out in North Aceh, it becomes an indicator that the implementation of special autonomy in North Aceh will increasingly failed to be implemented to support the welfare of the people of North Aceh. So, it is concluded that the hypothesis is accepted.

Based on the results of the responses of the research respondents, it is known that all respondents as representatives of the people of North Aceh stated that the basic health services they received from the community health center were good and met the needs of the community. This means that basically the general needs for simple health services needed by the community have been fulfilled. In general, even above 50% stated that the basic health services provided independently by the North Aceh government were good and they did not get any complaints or errors, even though they received clear and appropriate treatment. More than 50% of respondents also gave a positive response that the basic health service center in the community health center already has complete facilities and according to their needs so that they feel they no longer need to visit public hospitals/big hospitals for treatment or to check their health. Patients who come already feel safe and comfortable because the community health center is well maintained and clean. Even medical officers who provide care also provide good and friendly health services, patients or residents who come feel comfortable and friendly, do not have to worry about coming to the community health center in North Aceh.

This condition illustrates the adequacy of basic health services that have been running well and in accordance with the expectations and needs of the people of North Aceh. The government has fulfilled the appropriate basic health service facilities and infrastructure for residents in accordance with the aspirations and desires of the people of North Aceh. The people of North Aceh have received equal opportunities for JKN with BPJS membership, so in general basic health services are considered to have been fulfilled, meaning that community satisfaction is sufficient to the condition that the important thing is that they have guaranteed health services from the state so that from the economic side of the community for health services there is no problem. But, of course, not all North Acehnese feel the maximum satisfaction with the basic health services in North Aceh. It was found that there were several gaps given by the government due to budgetary

constraints, which were still not freely included in the policies of the North Aceh District Government. The government is also aware that government funds allocated for the health sector have not been effective; more allocated to curative efforts than promotive and preventive efforts. The government budget in the health sector has not been fair enough in the context of public health efforts and assistance to poor families. Health financing from the community which is covered by insurance is only 20% of the population [9].

There are still problems that are commonly encountered in the implementation of regional autonomy, namely the use of resources without regard to sustainability, environmental carrying capacity, balance and impact on other regions, and the structure of broader functional hierarchical relationships, not yet optimal development coordination, both in planning, implementation and implementation. and financing, there are still isolated and remote areas so that people live in a relatively low quality of life; the ineffectiveness of spatial planning as a tool for regional development that can accommodate the interests of the community across all aspects; the division of authority and spatial planning tasks between various levels and between agencies is not yet clear.

This condition resulted in some respondents who answered that they did not agree with the response that basic health services in North Aceh had been maximized with the availability of complete and good facilities and infrastructure, even though the scale of the number of respondents was small. Constraints of basic health services received by the people in North Aceh if they are located in a location far enough from the health service center (community health center) so that overall these services are considered not in accordance with their needs for health facilities. The people of North Aceh are more dissatisfied with the conditions of the ICU health facilities and inpatient care which are deemed not to meet or not according to the needs of the patient's emergency treatment. A negative response was also given by the community regarding the equipment in the examination room which was considered insufficient and did not meet the inspection standards so that the people of North Aceh hesitated to come to the community health center.

Even in this service, the health education socialization factor from health workers is also minimal because of the remote location of their residence and their limited mobilization to the community. The location of health facilities is also considered by some respondents to be not strategic, because it is far from settlements so that they are constrained by transportation and the cost of getting to health facilities, they consider transportation costs to be more expensive than the cost of treatment. In addition, the opening hours which are considered not to meet the standard operating hours of the community health center are due to the fact that sometimes residents who come can't get services because they are closed or the staff is not available. In contrast to the case with people who live close to the community health center, they state that there are no problems with access to services and even no problems with transportation costs to these health facilities.

The implementation of regional autonomy has brought changes to the management of government services in the health sector. Now all health matters are handled by the health office (regional agency) both at the provincial and district/city levels. This change of course has an impact on health services. Community health centers in several regions complained about the lack of operational funds received in the era of regional autonomy. Another complaint relates to the district's monopoly on fund management. Currently, although the program proposals and annual financial plans are prepared by the community health center, the community health center only receives funds in the form of programs that have been determined by the district. Prior to regional autonomy, on the contrary, 80% of funds from the central government were received by the community health center in the form of a “block grant”, so that the community health center could allocate funds according to their needs. In simple terms, if the local government wants the quantity and quality of public health center services to remain the same as before regional autonomy, the APBD funds allocated for public health centers must at least be the same as the funds allocated

before regional autonomy. Although the amount of funds is not the only factor that affects quality, the lack of funds will certainly affect the level of service (smeru.co.id, 2020).

5. CONCLUSION

Basic health services have a positive and significant impact on the implementation of special autonomy in North Aceh Regency, although there are still problems that are generally found in the implementation of regional autonomy, namely the use of resources without regard to sustainability, environmental carrying capacity, balance and impact on other regions, and structure. Wider functional hierarchical relationship, not yet optimal development coordination, both in planning, implementation and financing, there are still isolated and remote areas so that people live in a relatively low quality of life; the ineffectiveness of spatial planning as a tool for regional development that can accommodate the interests of the community across all aspects; the division of authority and spatial planning tasks between various levels and between agencies is not yet clear.

There are still some respondents who answered that they did not agree with the response that basic health services in North Aceh had been maximized with the availability of complete and good facilities and infrastructure, although the scale of the number of respondents was small. Constraints of basic health services received by the people in North Aceh if they are located in a location far enough from the health service center so that overall this service is considered not in accordance with their needs for health facilities. The people of North Aceh are more dissatisfied with the conditions of the ICU health facilities and inpatient care which are deemed not to meet or not according to the needs of the patient's emergency treatment. A negative response was also given by the community regarding the equipment in the examination room which was considered insufficient and did not meet the inspection standards so that the people of North Aceh hesitated to come to the community health center.

In terms of regulatory and policy arrangements, there are still many laws and regulations derived from Law no. 23 of 2014 which has not yet been determined. There are also indications that some regulations are not yet in harmony with one another, causing local governments to have difficulty implementing a national policy for regional public health services such as institutions, finances, apparatus capacity, and obstacles from local political dynamics, including the suboptimal care of local governments. As a result, access and quality of service have not been fully felt by the people of North Aceh. Whereas the existence of special autonomy should be able to fully facilitate the regional government in developing their regions and distributing justice for all the people of North Aceh. It is even known that according to the 2020-2024 RPJMN IV, this decentralization is part of regional development to increase economic growth and fulfill basic services by taking into account the harmonization between development plans and space utilization.

ACKNOWLEDGMENTS

The authors would like to thanks the people and district government of North Aceh. This study was carried out with the support of the Universitas Malikussaleh, especially Social and Political Sciences (FISIPOL) Universitas Malikussaleh and Institute for Research and Community Service (LPPM) Universitas Malikussaleh. The author also expresses gratitude to Ms. Dr. Ratri Candrasari as chairperson of ICoSPOLHUM and all committee members ICoSPOLHUM Universitas Malikussaleh.

REFERENCES

[1] Marlon Sihombing, *Desentralisasi dan Pembangunan Masyarakat Wilayah Pesisir Kabupaten Langkat Provinsi Sumatera Utara. Medan*. Disertasi Sekolah Pascasarjana. Universitas Sumatera Utara, 2007.

[2] Ennis. Kay Dwney & Harrington. Dennis, *Organisational Effectiveness in Irish Helath Care Organizations.* Managing Service Quality. Int 10. 377-386, 2005.

[3] M. Suhrcke, M. McKee, and L. Rocco, "Health investment benefits economic development," *Lancet*. 2007, doi: 10.1016/S0140-6736(07)61616-X.

[4] Z. Muhammad, T. Masron, and A. A. Majid, "Local Government Service Efficiency: Public Participation Matters," *Int. J. Soc. Sci. Humanit.*, 2015, doi: 10.7763/ijssh.2015.v5.565.

[5] Y. G. Maniagasi, "Penguatan Kapasitas Puskesmas Sebagai Organisasi Publik (Kajian dalam Perspektif Teori Organisasi)," *Publik (Jurnal Ilmu Adm.*, 2018, doi: 10.31314/pjia.7.1.70-79.2018.

[6] M. Mahfud MD, "Politik Hukum di Indonesia," *J. Pendidik. Agama Islam.*, 2014.

[7] B. M, *Hukum Pemda Otonomi Daerah dan Implikasinya*. , Total Media, Yogyakarta, 2013.

[8] I. Hary, "Analysis of survival curves in seasonally mated pastoral goat herds in northern Kenya using logistic regression techniques," *J. Arid Environ.*, 2002, doi: 10.1006/jare.2001.0919.

[9] "Kebijakan dan Isu Kesehatan dalam Konteks Otonomi Daerah," *Kanun J. Ilmu Huk.*, 2010, doi: 10.24815/kanun.v12i2.6304.