



Public Health Center Regional Public Service Agency: Alternative Policies for Improving Public Health Quality

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Abstract. The quality of excellent service is one of the keys to building trust and community satisfaction. However, the community remains unsatisfied specifically the health sector about the quality of basic services provided by the government. This can be seen from various health problems that are still prevailing in the region. By employing the qualitative research approach, this study sought to look at policies implemented by the government to support the development of the quality of public services. The results showed that the First Level Health Facility only provides public health services at the first level treatment such as the Public Health Center which prioritizes preventive efforts to alleviate the public health in the area of work. Records showed that the implementation of the Regional General Service Agency policy is carried out by the local governments in optimizing public services considering the flexibility and convenience based on its financial management patterns. From the experiences of implementing Regional General Service Agency management in Public Health Center, the researchers further recommend the following to improve the quality of public services: (1) Require the availability of accompanying personnel in the implementation of Regional General Service Agency; (2) Application of Regional General Service Agency flexibility, although only limited to the management of JKN capitation funds; (3) Issuance of SOPs in the management of health services; (4) Strengthening roles, tasks, and institutional functions at Public Health Center in managing Regional General Service Agency.

Keywords: Policy Implementation · Health Services · Public Health

1 Introduction

1.1 A Subsection Sample

Increasing attention from the government to the community is expected to be able to improve the quality of public services. Presently, private and government public service travellers are required to provide the maximum services known as the prime service terms. The quality of prime services has transformed to be one of the keys to building trust and community satisfaction. There are several factors that can affect the quality of service. These include: (1) stakeholders' perspectives; (2) acceptability; (3) feasibility; and (4) reliability [1]. Despite the efforts initiated by the government, the civil society remains sceptic on the provided quality of basic services concerning the health sector. The health sectors have a big role as an engine of growth and development to improve equitable social welfare in a country [2].

Public Health Center is one of the public service institutions that have an important role to improve the quality of public health. The Regulation of the Minister of Health highlights the significance of public health centers as one of the health service facilities which organizes public health efforts and first-level individual health efforts geared towards achieving the highest level of public health in its work area. Furthermore, public health centers must be able to develop an independent mechanism in providing quality health services to reach the optimal level of public health [3]. Unfortunately, the data showed that public health centers failed to reach the society's expectations in terms of providing optimal basic health services [4].

Previous research results found, some of the obstacles faced by the public health centers include the problem involving human resources and financial concerns [4, 5]. Consequently, the length of the bureaucratic flow of disbursement of funds, regulatory constraints, difficulty to measure the quality and level of performance as well as the limited facilities and infrastructure were some of the added burdens [6, 7].

The transformation from Public Health Center UPTD to the Regional Public Service Agency (formerly known as Regional General Service Agency) is one of the government's efforts to improve the performance of public health centers [8]. Based on RI Minister of Health Regulation (Number 78 of 2018), Regional General Service Agency is a Regional Device Work Unit or Work Unit in the Regional Device Work Unit in the local government environment formed to provide services to the community in the form of providing goods and/or services sold without prioritizing profit, and in carrying out their activities are based on the principles of efficiency and productivity. Based on the definition, Regional General Service Agency Public Health Center has the flexibility in the context of resource management both HR and financial and service management to improve public service performance. Regional General Service Agency allows Public Health Center to use directly the income it receives from both BPJS capitation funds and services to finance its expenses and needs [3].

Based on Ministry Health of Republic Indonesia data in 2017, from 9,825 public health center in Indonesia, there are 1,325 public health centers or 13.48% already transformed into Regional General Service Agency either in full or (1,078 public health center or 81.36%) gradually (247 public health center or 18.64%). The difference between the

two types of Regional General Service Agency lies in the flexibility of financial management. Public Health Center Regional General Service Agency with full status is more flexible in managing finance from functional income both in managing goods procurement, debt management, and investment management. On the contrary, public health centers with Regional General Service Agency status gradually lack the merit in conducting sound business practices to increase service revenue.

The application of Regional General Service Agency in Public Health Centers is something that should be done by the Regional Government so that the operation of Public Health Center does not depend on the budget of the Regional Government. One of the local governments that implemented the Regional General Service Agency Public health center was the Bogor Regency Government. Based on data from the Bogor District Health Service in 2017, of the 101 Public health center in Bogor District, there were 19 Public Health Centers that applied Regional General Service Agency. This number is lesser compared to the number of public health centers available. By employing the policy implementation theory which states that policy implementation indicators consist of a series of descriptions about the policy implementation dynamic movements related to productivity, linearity, and efficiency [9], this study sought to determine the mechanisms and efforts in the implementation of the Public Health Center Regional General Service Agency Policy in Bogor District.

2 Method

This research utilizes a qualitative approach with descriptive methods and is conducted in Bogor Regency. Data collection is done by documentation study in the form of electronic documents including the relevant physical research documents, field observation, and in-depth interview with resource persons who are knowledgeable or experts of local governments who are linked with the following sectors: Health Service, Regional Financial Management Agency and Public Health Center, Community and Academics.

Qualitative data analysis techniques are also employed by reducing and sorting out of data that support the research as well as the themes and the patterns that are sought. Presentation of data is done by describing the results of observations and interviews as outlined in the form of descriptions with narrative text and supported by documents, photographs, and drawings to be drawn conclusions. To ensure the validity of the data, a validity test is carried out, clearing checks and triangulation of data sources.

Analysis of data to illustrate the application of the Public Health Center Regional General Service Agency policy in Bogor Regency refers to the theory of policy implementation put forward by Matland with dimensions and indicators as seen in Table 1 [9].

3 Result and Discussion

3.1 Application of the Regional General Service Agency Policy

In the Implementation of Regional General Service Agency policy, local governments ensures the optimization of public services by applying the concept of the Regional

Table 1. Policy Implementation Indicator

| Variable | Dimension | Indicators |
|-----------------------|--------------|--------------------------------------------------------------------------------------|
| Policy Implementation | Productivity | Number of target group achievement |
| | Linearity | Degrees of conformity with standards (procedure, time, cost, place, and implementer) |
| | Efficiency | The level uses in resources (executives, assets, funds, and technology) |

Public Service Agency which has the flexibility and ease especially in its financial management patterns. This is in line with the Law Number 1 (2004) concerning State Treasury, Government Regulation Number 74 of 2012 including the Management of Public Service Agencies and the Minister of Home Affairs Regulation Number 79 of 2018 concerning the Regional Public Service Agencies in lieu of Permendagri Number 61 of 2007 involving Technical Guidelines for Regional General Service Agency Financial Management, especially health services both at the Regional Devices Work Unit, the Regional Technical Implementing Unit, the Regional Hospital, as well as in some public health centers in the sub-district area.

The application of PPK-Regional General Service Agency to Public Health Centers by increasing services to the community could increase income, and guarantee the availability of health facilities and infrastructure such as drugs, medical equipment, and able to create accountability for financial management at public health center [8]. The application of Regional General Service Agency from aspects of budget use sourced from public health center income with Regional General Service Agency policy is yet to be reconciled since the Regional General Service Agency was still in the preliminary part of the implementation phase before it was fully implemented in 2019. There are Three Funding Sources in Public Health Centers, BOP (APBD), BOK (DAK), and JKN. Sources of Funding are used for public health center Operational Services and Services. Regional General Service Agency Public health Center can be said to be of quality if it is able to give positive results on the three main performances of a Regional General Service Agency Public Health Center, which have a positive impact on financial performance, service performance, and benefit performance [4].

The application of Public Health Center of Regional General Service Agency in Bogor District in this study refers to three dimensions namely; (1) Productivity; (2) Linearity; (3) Efficiency, with the following explanation:

3.2 Productivity Dimensions

Productivity in applying Public Health Center of Regional General Service Agency can be operational only if it has the ability to realize the achievement of predetermined standards, especially those in the form of achieving standard numbers of target groups. The adoption of Regional General Service Agency resulted in changes in the work culture and governance which has led to realize improvements in the quality of public services [10].

Public Health Centers that have implemented Regional General Service Agency have flexibility including: (1) Regional General Service Agency revenues from services that can be used directly; (2) Regional General Service Agency 's budget can be peeked off the ceiling that has been set; (3) Debt, investment, and cooperation; (4) Procurement of goods and services does not have to refer to Express Number 16 of 2018 concerning Procurement of Government Goods/Services; (5) In managing goods can delete fixed assets; (6) Regional General Service Agency managing and employee officials may ASN or Non-ASN; (7) Appoint a supervisory board as long as it meets the requirements; (8) Remunerated for Regional General Service Agency Officials and employees and the Board of Trustees; (9) Tariffs are determined by Regional Head Regulations.

Regional General Service Agency Flexibility in Public Health Center must be done selectively and carefully considering that Public health Center as the foremost guardian in service in the health sector is required to be able to provide quality and affordable services for the community, develop, and independence. The successful application of Regional General Service Agency from productivity aspects if it has a positive impact on three main performances, namely: finance, service, and benefits [11].

This condition is the same as the findings that stated there was a change in Regional General Service Agency Public Health Center performance to a better direction due to changes in work culture, increased employee income, independence in budget management, development of innovative programs, and there is an increase in service quality [12]. But Public Health Center Regional General Service Agency needs to anticipate the negative impacts like the possible increased workload of Regional General Service Agency. Furthermore, it has to consider the management workers and the limited ability to use surplus funds, and the remuneration system has not been fixed. Therefore, the financial management training for PPK Regional General Service Agency management staff, there needs to be a change in policy on the use of surplus public health center funds, providing operational funds as compensation for the release of health service costs in Public Health Center, forming a Regional General Service Agency management team, and innovation of public health center services to explore public health center income [12].

In the application of Regional General Service Agency in several Public Health Centers in Bogor District, there was a rapid increase in the number of patients served as well as income entering Public health center through applied flexibility because it had Regional General Service Agency status. This can make it easier for public health center to provide better health services for the community. But in its application Regional General Service Agency, it generally experiences various obstacles including the problems of regulation, support, and commitment of regional heads and DPRD, Health Service, and the limitations of HR.

3.3 Linearity Dimensions

The linearity in applying Regional General Service Agency can be operational as a conformity process of meeting standards with predetermined standard specification guidelines, namely concerning the procedure, time, cost, place, and implementer. In the process of forming Regional General Service Agency Public Health Center, the Government Bogor Regency still refers to Permendagri 61 of 2007 and has not yet referred to the

latest regulation, Minister of the Interior Regulation No. 79 of 2018 as a guideline for the formation of Regional General Service Agency. This is due to the lack of socialization of the regulation. Some changes that occur to the regulation, namely: understanding of Regional General Service Agency, duties of Regional General Service Agency Management position, Administrative requirements, Business Strategy Plan to Renstra, Main Financial Statements, Regional General Service Agency budget structure, RBA consolidation, Regional General Service Agency income and shopping as well as the basis for preparing RBA.

In terms of Regional General Service Agency financial management, the Government of Bogor Regency is domiciled in Law No.1 2004 provides direction that the leech agency that has the main task and function to provide services to the society can apply flexible financial management patterns by prioritizing productivity, efficiency, and effectiveness. Law No. 1 2004 then became the basis for consideration of the issuance of Government Regulation No.23 of 2005 concerning Financial Management of Public Service Agencies. Perpes No. 32 of 2014 concerning Management and Utilization of JKN Accreditation Funds, which is also the basis for the release of SE Mendagri Number 900/2280/SJ in 2014. Furthermore, in the management of services in Public Health Center, the Government of Bogor Regency refers to the Minimum Service Standards (SPM).

To accelerate the formation of Regional General Service Agency Public Health Center, specifically in completing Regional General Service Agency administrative requirements, the Bogor District Government was assisted by consultants who assisted from the preparatory process until the formation of Regional General Service Agency. This assistance is needed to overcome the limitations of SKPD's understanding in completing the requirements and other documents needed.

3.4 Efficiency Dimensions

Efficiency in implementing Regional General Service Agency can be operational as a resource use capability in policy implementation. These resources can be in the form of implementers, assets, funds, and technology. The implementation of Regional General Service Agency enables Public Health Center to manage its resources independently without having to depend on local government finances and through a long bureaucratic process that affects the quality of service delivery to the community. Utilization of these resources can be said to be efficient if it can be used to support the achievement of Public Health Center Regional General Service Agency performance.

This research found that there are still some obstacles in the use of resources in Regional General Service Agency Public Health Center. Resource limitations both in terms of quantity and quality are one of the obstacles in preparing Public Health Center to become Regional General Service Agency. The number of HR financial managers and procurement officials in Public Health Center is still limited. This condition is also exacerbated by the lack of education and training for financial managers and goods procurement officials. To overcome these obstacles the Regional General Service Agency Public Health Center was accompanied by HR from the Bogor District Health Service in terms of financial management. Apart from HR, supporting tools such as Means and Basarana, Information Systems and Procedures for implementing Regional General

Service Agency in Public Health Center are still not optimal. There has not been an intensive forum between stakeholders (Setda, Bappeda, BPKAD, Dinkes, Inspectorate, and DPRD) to assess and supervise the application of Regional General Service Agency in Public Health Center and no remuneration has been given for Regional General Service Agency officials and employees/The Board of Trustees at Public Health Center is a classic problem that must be extracted by the solution.

Based on the description above regarding the application of Public Health Center Regional General Service Agency in Bogor Regency, it can be concluded that the application of Public health Center Regional General Service Agency management policy in Bogor District it is going well so that the improvement in the quality of public services can be felt by the community. This is in line with the results of the study that evaluated the implementation of Regional General Service Agency in Landak RSUD [13].

3.5 Regional General Service Agency Implementation Acceleration Strategy

To overcome the problems in implementing Public Health Center Regional General Service Agency and accelerate the adoption of Regional General Service Agency in other Public Health Center, the Government of Bogor Regency has implemented several strategies namely: (1) provide special counterparts in the preparation of financial statements; (2) appoint contract personnel (outsourcing) as pen support the application of Regional General Service Agency; (3) optimize budget management with the PPK-Regional General Service Agency pattern; (4) to stimulate the use of Regional General Service Agency financial management system applications; (5) Strengthening the capacity of HR Regional General Service Agency managers in collaboration with Gadjah Mada University; (6) Strengthening roles, tasks and functions in accordance with institutions in Public Health Center in managing Regional General Service Agency.

4 Conclusion

Implementation Public Health Center can be said to be quality if it is able to give positive results on the three main performance of a Regional General Service Agency Public Health Center, which have a positive impact on financial performance, service performance, and benefit performance. The application of Public health center Regional General Service Agency in Bogor District in this study refers to three dimensions namely; (1) Productivity; (2) Linearity; (3) Efficiency. From the Productivity with the following explanation. Public Health Center through applied flexibility because it had Regional General Service Agency status. This can make it easier for Public Health Center to provide better health services for the community. But in its application of the Regional General Service Agency Linearity, the goal is to accelerate the formation of Regional General Service Agency Public Health Center, specifically in completing Regional General Service Agency administrative requirements. The Bogor District Government was assisted by consultants who have been present in the preparatory process until in the formation of the Regional General Service Agency. The efficiency in implementing Regional General Service Agency can serve as the basis for an effective policy implementation of relevant government programs in the future while ensuring the active involvement of

essential resources. These resources can be in the form of implementers, assets, funds, and technology.

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