

**AUTHORITY OF SERVICE INSTITUTION MANAGEMENT
AUTONOMY HEALTH IN SUMENEP DISTRICT
(CASE STUDY AT GULUK-GULUK HEALTH CENTER)**

Ahmad Suwaifi Qayyum

Master of Public Administration,
Faculty of Social and Political Sciences,
University of 17 Agustus 1945 Surabaya,
syaifie.dprd19@gmail.com;

ABSTRACT

A new paradigm of government management has been carried out in Indonesia with the Public Service Agency/Regional Public Service Agency (*BLU/BLUD*) program with the issuance of the *Peraturan Pemerintah Nomor 23 Tahun 2005*. Public services are not only a new form of state financial management but also a new paradigm for public sector service management (Lestari, et al, 2019). The Puskesmas is the spearhead of the leading health services. The existence of a health center is very necessary to improve the health status of the community. The Puskesmas has various functions, one of the main functions and tasks of the Puskesmas is to provide basic health services to the community in its working area which is most widely used by the middle to lower class of society. In order for the puskesmas to carry out its functions optimally, various efforts to provide autonomy for the management of the puskesmas have been carried out according to existing regulations. Through this policy, puskesmas are given the authority to use the income they earn directly to finance operational activities, maintenance activities and improve human resource capabilities.

Keywords: *policy, service*

A. INTRODUCTION

A new paradigm of government management has been implemented in Indonesia with the Public Service Agency/Regional Public Service Agency program (BLU/BLUD) with the issuance of Government Regulation Number 23 of 2005. General explanation of the *Peraturan Pemerintah Nomor 23 Tahun 2005* concerning Financial Management of Service Agencies General which in essence explains, the Public Service Agency is not only as a new form in the management of state finances but also as a new paradigm for public sector service management. Public facility services, especially health center services in Indonesia still not satisfying public expectations, this is due to public services especially the *puskesmas* in Indonesia are still synonymous with uncertainty both in terms of cost, time and procedure. The community has long complained about the poor implementation of public services considered very far from expectations. Therefore, this became homework for the government to improve service delivery better public. The *Puskesmas* is the spearhead of the leading health services. The existence of a health center is very necessary to improve health status Public. Puskesmas has various functions, one of the functions is and The primary task of

the *puskesmas* is to provide basic health services to the people in their work area that are most utilized by the group lower middle class society. So that the *puskesmas* can carry out its functions optimally, various Efforts to provide autonomy in the management of *puskesmas* have been carried out follow existing rules.

The *Keputusan Presiden Republik Indonesia Nomor 30 Tahun 1991* concerning Units Self-funding and Procedures for Financial Management as well as the *Keputusan Menteri Dalam Negeri Nomor 92 Tahun 1993* concerning Determination and Administration as well Financial Accountability of Regional Self Funding Units, providing opportunities for *puskesmas* to be developed into a Regional Self Funding Unit *Puskesmas* In the Sumenep district, the granting of authority to the autonomous Community Health Center is appropriate with the BLUD principle carried out since 2021 with the issuance of the *Peraturan Bupati Sumenep Nomor 20 Tahun 2021*, concerning Utilization of Central Regional Public Service Agency Revenue Public health. It turns out that the issuance of this *Peraturan Bupati Sumenep Nomor 20 Tahun 2021* has not yet been implemented according to the terms of the policy. The authority to manage the *Puskesmas* is still there controlled by the Department of Health. From the description of the problem, researchers feel the need to conduct research which aims to determine the authority of the *Puskesmas* in management finance, HR procurement and development as well as procurement of goods and services.

B. METHODS

The research method used in this study is the study method case. John W. Creswell defines the case study as a type of deep design qualitative research which can be in the form of research objects and also the results of research. Case study research is a qualitative approach to research explore real life, contemporary finite systems (cases), or diverse limited system (multiple cases), through detailed and in-depth data collection involving multiple sources of information or multiple sources of information (eg, observations, interviews, audio-visual materials, and documents and various reports), and report case descriptions and case themes. (Creswell, 2015, p. 135). To get the results of this study, the authors can do in-depth interviews and document studies. In this research, the writer tries find out how the BLUD work management at the Guluk-Guluk Health Center Sumenep Regency. In this study, the authors took 8 (eight) key informants as data sources and selected by means of purposeful sampling. Purposeful sampling used in qualitative research. This means that the researcher selects individuals individuals and places to research as they can specifically give understanding of the research problem and the phenomena in the study. (Creswell, 2015, p. 217). In this study, the authors chose the head of the Health Office as an informant Sumenep district, head of *puskesmas*, treasurer of *puskesmas* and *puskesmas* staff 4 people and assistants (public accountants).

C. RESULT

From the field data from the Autonomous Management Authority of Service Institutions Health in Sumenep Regency as follows; Regarding financing, the

BLUD Health Center in Sumenep district in particular The existing Guluk Guluk *Puskesmas* is not a pure BLUD, because it still is budget subsidies. The determination of low tariffs actually cannot cover the operational costs of the *Puskesmas* by the regional budget. Health center operations are sourced from user fees the community and the subsidy budget from the APBD that has been determined by the Regional Government and Regional People's Representative Assembly (DPRD). Before becoming a BLUD, this retribution rate was deposited with the Health Office, but now the *Puskesmas* is managing its own reception, now more free and more regular in its use. With the current BLUD system, retribution from patients is utilized for the operation of the *Puskesmas* and personnel expenditure, the *Puskesmas* levy established at this time, it is very difficult for the *Puskesmas* to be able to do it meet the operational needs of the *Puskesmas* and the needs of employees. System retribution like now, the Community Health Center will lose, even though there is an APBD subsidy whose nominal value is reduced from the proposed budget. If the rates are the same, in the future it will continue (sustainability) *Puskesmas* is very difficult to be able to finance all of them Health Center operations, so a unit cost calculation must be carried out again Public health center. The advantages of implementing the PPK-BLUD system in stages are: enforced by the current *Puskesmas*, it is given the freedom to manage the receipts received and the flexibility to obtain own income so that the tariff can be directly used by the *Puskesmas*. APBD subsidies that come from the Regional Government of Sumenep are very influence on the sustainability of the Guluk- Guluk, because the allocation of APBD funds can be used to support Community Health Service. Meanwhile, in the implementation of PPK-BLUD in The Guluk-Guluk District Health Center, this APBD supports PPK-BLUD in the operation of the *Puskesmas* and its utilization for general administrative spending for example spending on goods and services, spending on building maintenance, ambulances, tools medical devices etc., as well as public services *Posyandu* Program, and DHF fogging, clinic, semi-specialist, semi-specialist and laboratory services and shopping employees, public services and others. Strategic planning, various opportunities, threats, strengths and weaknesses have been identified so that the *puskesmas* can make a strategic plan that necessary for the sustainability and development of *puskesmas*. The Strategic Plan for the Health Center contains a vision, mission, strategic goals, and targets and strategic target of the Guluk-Guluk District Health Center. Apart from that, there are also information on how to achieve the goals and objectives that have been set through indicative programs and activities that are directly connected to the strategic objectives to be achieved. The leadership at the Guluk-Guluk District Health Center already knows the vision and mission of the *Puskesmas*, so that it can be implemented not only at the time socialization alone, but can be translated into behavior or governance behavior value from the Community Health Center, routine communication that is carried out 1 (one) time/month will impact on the close relationship between top management and employees. Decision making always involves employees, decisions come from the bottom up not from top down. Apart from that, there are also RTM meetings which are held every 4 months At that meeting the Community Health Center really appreciated the

innovation of employees and was involved in it provide input. In PPK-BLUD, this is the Leadership of the Guluk-District Health Center Guluk can more freely provide ideas and appreciation of developments *Puskesmas*, moreover later that *Puskesmas* will turn into an independent *Puskesmas*. The Leadership Role of the *Puskesmas* Leaders and staff will influence on the sustainability of the Community Health Center in the future. But the good things have been in the *Puskesmas* system until now, where, whoever the leader is, the organizational flow of the *Puskesmas* will continue to run well. For the sustainability of the Guluk-Guluk In the future, additional facilities and infrastructure are needed for guluk support and improve service performance, namely: Health Center Building Facilities Guluk-Guluk sub-district which is in accordance with the standard of the sub-district health center in the Sumenep area, especially the parking area, patient waiting room and team work area management. The medical device technology used meets the device standards, but some medical devices have a long service life, so require relatively large maintenance costs, even several tools are required replaced.

D. CONCLUSION

The *Puskesmas* has been given full authority to manage it autonomous. In its implementation, it faces problems in between operational needs and revenue receipts. Retribution is still too small to be able to carry out the functions of the Community Health Center optimally so that *Puskesmas* still need subsidies from the APBD. Budget limitations This has an impact on the quality and quantity of infrastructure facilities and infrastructure and medical equipment. Management has been well marked with leadership according to predetermined standards, planning strategy to realize the vision and mission is also good as well Steps to improve service quality. The inhibiting factors include regulations, especially the determination of service rates too cheap, services, human resources, finance, the infrastructure. Temporary Supporting factors include leadership, the *puskesmas* management, services, human resources, finance, and budget support.

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