



## Health Center Performance Post Decentralization of Health Services Policy in Makassar City

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### **Abstract**

The objectives of this study are: To describe and analyze the performance of the Health center after the decentralization of health service policies in Makassar City. This type of research is viewed from the research objective, so it is included in the format of qualitative research, which describes a phenomenon of problems that occur about the performance of the Health center, then is connected to the source of the problem, by confirming the service providers and referring to the theory related to the phenomenon that occurs. The results showed that the organizational performance of the Health center after the policy of decentralization of health services in the city of Makassar was still not optimal or still lacking and there was still much that needed to be addressed to be able to realize the expectations of the community.

**Keywords:** *Decentralization; Health Services; Performance*

### **Introduction**

Decentralization is basically a necessity for democratic governance in a country as big as Indonesia. The decentralization policy gave birth to regional governments that have political variety to channel local voice and local choice. Decentralization is intended as an instrument capable of accommodating the aspirations of a diverse community with diverse conditions and potentials. Decentralization does not mean leaving centralization because basically decentralization and centralization are on a continuum. Decentralization and centralization are basically not mutually exclusive but complement each other as a configuration that is useful in achieving government goals. Therefore, it can be understood that the proper implementation of decentralization in its broadest sense is capable of simultaneously fulfilling the principles of efficient and democratic governance (Muluk Khairul, 2009).

The issue of decentralization began after reform around 1999, this has been marked since the enactment of Law No. 22 of 1999 and changed to Law No. 32 of 2004 and then strengthened by Law No. 23 of 2014 concerning regional government which brought new winds to government in Indonesia. from a centralized system to a decentralized one.

The government's policy of decentralizing health sector policies is expected to improve the quality of services to the community in accordance with the mandate of Law number 32 of 2004

concerning regional government and has now changed to Law Number 23 of 2014 concerning regional government which mandates the implementation and management of the health sector to be prioritized so that it can be more efficient. efficient and effective service to the community.

Since the implementation of decentralization of health in Indonesia in accordance with the mandate of Law number 23 of 2014 concerning regional government, it has provided more space for local governments to be able to address the health problems faced by the area themselves. Decentralization of health development aims to optimize development in the health sector by bringing health services closer to the community. With a decentralized system, it is hoped that health development programs will be more effective and efficient in responding to community needs. This is possible because the decentralized system will shorten the bureaucratic chain. In addition, the decentralized system also gives the regions the authority to determine their own programs and the allocation of health development funds in their regions. Muslimin (1986) which does not include deconcentration as part of decentralization. He distinguishes the concept of decentralization into three groups, namely: 1. Political decentralization: is the delegation of authority from the central government, which gives rise to the right to manage the interests of one's own household for political bodies in the regions elected by the people in certain regions. 2. Functional decentralization: is the granting of rights and authority to groups to manage a certain type or interest group in society, whether bound or not in a certain area. 3. Cultural decentralization: is the granting of rights to small groups in society (minorities) to organize their own culture.

Performance measurement (performance measurement) is a process of assessing the progress of work against predetermined goals and targets including the efficiency of the use of resources in producing goods and services and handed over to customers and to what extent customers are satisfied, the effectiveness of actions in achieving goals. (Robertson, 2002, in Mahsun Muhammad 2013; 25).

Increased public awareness of the implementation of public administration triggers turmoil rooted in dissatisfaction. Increasing demands are being put forward for accountability given by state administrators for the trust placed in them (Mulda, 2020). In other words, the performance of government agencies is now getting more attention because people are starting to question the benefits they get from the services of government agencies. This condition encourages an increase in the need for a performance measurement for state administrators who have received a mandate from the people. This measurement will see how far the performance that has been produced in a certain period is compared to what has been planned.

Quality health services are still far from people's expectations, growing awareness of the importance of quality, the Health Law Number 23 of 1992 emphasizes the importance of efforts to improve the quality of health services, especially at the health center level because health center are functional organizations that carry out comprehensive, integrated health efforts. , equitable, acceptable and affordable by the community.

There are two important indicators to measure the performance of health services related to the implementation of decentralization, namely operational efficiency and allocative efficiency (Prud homme, 1995). A program is defined as operationally efficient if the implementation of service program activities can increase local government accountability, shorten the range and levels of the bureaucracy, and rationally use resources in accordance with local conditions so that it can meet the criteria effectively, by comparing existing resources with benefits. Health services. Allocative efficiency occurs when the available health services are in accordance with the preferences or local needs of the community.

At the level of practice in performance management organizations are two words that need each other. The success of all management activities can be measured by the extent to which their performance has been achieved, while performance will not be able to be achieved without management activities (Sangkala et al., 2016).

Such is the importance of performance achievement for government organizations, because performance is a form of government responsibility to the public. So far, the performance appraisal

system is considered to still have many shortcomings, therefore Armstrong and Barong (Sangkala, 2006) introduced a new performance appraisal system.

Lovelock (1992) suggests five principles that must be considered for public service providers, namely: 1. Tangible (touchable / tangible) such as physical capabilities, personnel equipment, and material community. 2. Reliable (reliable), the ability to form the promised service can be precise. 3. Responsiveness (Response), a sense of responsibility for the quality of service. 4. Assurance, knowledge, behavior and abilities of employees. 5. Empaty, individual attention to customers.

Zeithaml, et.al (1990) stated that in assessing the quality of services, there are several measures of service quality, namely Tangible (real/tangible), Reliability (reliability), Responsiveness (Quick response), Competence (competence), 5 ) Access (convenience), Courtesy (friendliness), Communication (communication), Credibility (trust), Security (security), and Understanding the Customer (Understanding the customer). However, in subsequent developments in research, it is felt that there are dimensions of service quality that overlap with one another which is associated with customer satisfaction. To measure the quality of public services, it is not enough to use only a single indicator but must use multiple indicators so that the quality of public services can be seen from aspects of the service process as well as from the output or results of services.

Public services in government institutions in Susanto (2005) are considered less able to fulfill their duties in accordance with public expectations. One of the obstacles is the form of bureaucratic organization, so that the government bureaucracy is always the main focus in every public service organization. Implementers of public services still do not comply with the standard provisions made in carrying out their duties. Deviations from the provisions that have been set are often without the consequences of imposing sanctions. The same thing was stated by Dwiyanto, et.al (2003) that the occurrence of irregularities in the provision of public services can be caused by bureaucrats who are still fixated on the old paradigm as rulers, applicable regulations or provisions contain many weaknesses that encourage deviations, service users the public also often takes advantage of regulatory weaknesses and wants to take shortcuts, and service users are still in a weak position (Zimal & Aysar, 2021).

Kumorotomo (2005) suggests that several reasons why so far many policies, programs, and public services have not been responsive to the aspirations of the community, this is because most bureaucrats are still oriented to power and not to the public interest. Bureaucrats position themselves as rulers. A paternalistic culture often results in a decline in the quality of public services, there is a gap between what is decided by policy makers and what is desired by the people. In another view, Ratminto and Atik SW (2005) suggest that aspects of political change also influence the degree of public service.

In relation to the Makassar city government's policy in the health sector which is expected to be able to provide maximum health services in accordance with Regional Regulation (PERDA) number 7 of 2009 concerning health services in the city of Makassar, considering that to meet basic needs in the health sector in order to realize prosperity This is also a mandate of Law Number 23 of 2014 concerning Regional Government Chapter IV Article 11 that local governments are obliged to carry out government affairs related to basic services, one of which is business affairs. health services. This has not been maximally implemented, which is reinforced by several facts that illustrate that the performance in the health sector in the city of Makassar has not been maximized.

Rahayu, (1996) suggested that Health center staff were not very responsive to medical services, but emphasized administration more. There are many problems that trigger the current low image of the Health center. Incomplete facilities such as medicines that are of low quality in terms of variety, officers who are less responsive to patients, less friendliness from service providers, so that people are not satisfied every time they go to health service centers such as Health center (Fajar, 2010). In addition, according to Ratminto and Atik SW (2005), the Health center program is not running according to its implementing regulations, thus triggering the low quality of Health center services in the eyes of the community.

The Health center is the spearhead of public health services, starting from preventive, curative, promotive and rehabilitative measures., and based on the results of FIPO observations (2010) plus the results of interviews with a thousand patients who were randomly distributed in 37 Health center in Makassar City, it can be seen that the Health center in Makassar City has not been optimal in providing services to service users.

Public satisfaction with health services is indicated by the weak availability of human resources, facilities/infrastructure as shown in a study conducted by FIPO (2010) in South Sulawesi, 44.8% of respondents answered that there were not enough medical and paramedical personnel and 55.2% answered have had enough.

The unsuccessful efforts to improve public services carried out by the Makassar City Health Office through the Health center, do not seem to be different from Islamy's response (results of the CPPS-UGM research, 2001) as a manifestation of poor public service performance. The assumption that the public service is poor is based on the results of the CPPS-UGM research which found that the government bureaucracy failed to provide effective and efficient services to the community. This finding is based on the poor service rating given by 59 percent of the public using public services.

To eliminate and overcome public stigma about poor public service performance and to improve the performance of better public services for health center in Makassar city, according to Brysland & Curry (2001) that the provision of public services carried out by local governments should pay attention to: (a) Quality of communication, i.e. local government staff should establish continuous communication with the community to be able to understand the specifications of services needed by the community to listen to their complaints and expectations, (b) Specifications of service quality, i.e. service delivery should have clear standards, (c) quality of delivery services, namely the establishment of clear standards for service delivery procedures. (d) The quality of local government staff's human resources, especially motivation, skills, organization, and a good organizational system.

The views of Brysland and Curry above seem similar to the concept of Public Service Oriented as a model that emphasizes the quality, mission and values to be achieved by public organizations. According to this model, public organizations should pay greater attention to the aspirations, and needs of users (users), and citizens.

In an initial field observation that I did, it appears that the average Health center in Makassar City still has minimal working facilities. This can be seen from the capacity of the service room which is still very small. The building facilities are not supportive, where the function of the room is used as an administration room as well as a patient examination room. In addition, there are still Health center that do not have proper laboratory facilities, along with toilet facilities and clean water sanitation. The limited working facilities in the implementation of health services will have an impact on the work results (performance) shown by service bureaucrats at the Health center. (Source: Pre-study Pre-Research Results)

Another thing we can see is the public health index in 2010 - 2014 which shows a very stagnant increase. The level of the Makassar City Public Health Index should exceed several regencies/cities in South Sulawesi with high health budget allocations compared to districts/cities in South Sulawesi.

The factors that underpin the ultimate success of an organization or Organizational Performance can be found in four general groups, namely: Organizational characteristics, environmental characteristics, employee characteristics, management policies and practices.

In every organization, performance appraisal is a very important activity. The assessment can be used as a measure of the success of an organization within a certain time measure (Yuliantara, 2005). In this regard, the assessment of the performance of government organizations, especially for the performance of health services at the Makassar City Health Center, should be based on a paradigm that is

directed not only to solving problems within the organization but also to pay attention to and meet the needs of the public that they should serve so that what is expected can be achieved.

Lenvine (1990) suggests three concepts that can be used in measuring the performance of bureaucratic organizations/non-business organizations, namely: (1). Responsiveness is the ability of public organizations to carry out their mission and goals to meet and recognize community needs. (2). Responsibility (Responsibility) is to explain whether the implementation of public organization activities is carried out in accordance with correct administrative principles or in accordance with organizational policies, either implicitly or explicitly. (3). Accountability, namely: showing how much the policies and activities of public organizations are subject to political officials elected by the people.

George & Brief (1992) that to measure organizational performance in the public sector can be measured from several indicators, among others: workload (volume of service), Economy (economical), efficiency (efficiency), Effectiveness (effectiveness), and Equity (fairness). Economical means the use of as few resources as possible in the process of providing public services. Efficiency is the ratio between the input and output of services. Effectiveness is the achievement of predetermined service objectives. Justice is equality in providing public services to all community groups.

Several previous studies conducted in various places generally have similarities in terms of observing the performance of public services. The title and explanation of the results of previous research can be seen in other chapters of this paper in the form of a matrix.

The basic difference that becomes specific is the novelty element of this research, where previous research has not comprehensively provided a proposition about two aspects, namely the internal aspects of the organization in this case the service provider (proviver) and external aspects of the organization in this case the service recipient (customer) and this can be seen in the previous research sub-discussion in chapter II, even though these two aspects must be seen simultaneously because these two aspects greatly affect the improvement of the organizational performance of the health center, while in this study we will look at these two aspects in a service activity to realize service performance. satisfactory, as stated by Martin and Kettner (1996), that there are two basic approaches commonly used to measure the quality of public service performance. The first approach is the measurement of the quality of the provider's performance (the outputs with quality dimensions approach). Second, the customer/community satisfaction approach (the client satisfaction approach). The same thing was stated by Ratminto, et al. (2015), based on a literature review, it was concluded that to measure service performance, two types of measures should be used, namely process-oriented measures and results-oriented measures. The purpose of this study is to describe and analyze the performance of the Health center after the decentralization of health service policies in Makassar City.

## **Methods**

Research on the performance of health center after decentralization of health services uses a phenomenological approach which is basically intended to understand contextually and obtain an in-depth picture of the process of providing health services at the health center. The qualitative approach in this research is a process of searching for the meaning behind the phenomenon which is then carried out in an in-depth associative study.

Qualitative study which is an inductive approach to find or develop knowledge that requires the involvement of researchers in identifying the meaning or relevance of certain phenomena to individuals and government institutions, starting with data collection and then drawing specific conclusions.

This type of research is viewed from the research objective, so it is included in the format of qualitative research, namely describing a phenomenon of problems that occur about the performance of the Health center, then connected to the source of the problem, by confirming the service providers and referring to theories related to the phenomena that occur. The research location is in Makassar City, with



the unit of analysis at the level of the regional apparatus organization, namely the Health center as a basic health service unit. The number of informants from the Health center elements in the two health center was 16 people, and from the community/patient element consisting of two health center were 7 people. So the total number of informants is 23 people.

## ***Results and Discussion***

### **Health Center Performance**

Performance is carrying out an activity and perfecting it in accordance with its responsibilities with the expected results. Meanwhile, performance as a noun means "thing done" (a result that has been done). Thus, it can be concluded that the notion of performance is a work that can be achieved by a person or group of people in an organization, in accordance with the authority and responsibility their respective responsibilities, in order to achieve the goals of the organization concerned legally, not violating the law, and in accordance with morals and ethics (Suryadi Prawirosentono, 1999). Performance is a description of the level of achievement of the implementation of an activity/program/policy in realizing the goals, objectives, vision, mission, organization. (Guidelines for Compilation of Performance Accountability Reports for Government Agencies, State Administration of the Republic of Indonesia, 1999).

This understanding essentially describes the responsibility of the individual or organization in carrying out what is the responsibility and authority given to him.

Individual performance (individual performance) has a very close relationship. The achievement of organizational goals cannot be separated from the resources owned by the organization that are driven or run by a group of people who play an active role as actors in an effort to achieve the goals of the organization. Meanwhile, individuals or groups of people as implementers can carry out their duties, authorities and responsibilities properly, depending on the structure and other resources of the organization.

The performance appraisal of the Health center is an effort made to assess the work results or work performance of the Health center. In accordance with Law No. 32 of 2004 concerning local government, districts / cities can determine and develop types of health programs that are in accordance with the needs of the community which have been measured by the ability of resources including the availability and competence of implementing personnel, while taking into account the directives and policies at the provincial level and center based on regional and national interests.

Based on the description of the results of research on the performance of health center after the policy of decentralization of health services in the city of Makassar, then

In this section the author will describe the findings obtained at the research location during the research which include: the performance of the Health center after the decentralization of health service policies in the city of Makassar, the factors causing the performance of the health center after the decentralization of health policies in the city of Makassar has not been optimal, alternative strategies to improve the performance of the health center in provision of health services in the city of Makassar.

The performance of the Health center after the decentralization of health service policies in the city of Makassar, seen from several indicators including: Demand/Workload, Economy, Efficiency, Effectiveness, and equity.

## Workload

At this stage, it shows how much or how much volume of service or volume of output provided by the health center. Based on the results of the research that each health center has determined the volume of service or the volume of output in accordance with the conditions of their respective health center (see table 16 and table 17) and from the results of the study it was found that the volume of work has been carried out, although it is in accordance with the direct observations of researchers in the field that it is still There are many complaints and complaints from the public that are related to the volume of services, among others, is that the officers in carrying out their activities still do not focus on the quality of service so that it is reflected in the field that all the existing patients who number in the hundreds are served entirely but from the aspect of quality it is still lacking, and this can be seen when a officers examine patients who use such a short time.

The work volume that is the target of the health center organization as providing services in the health sector to the community has been determined through the Decree of the Minister of Health Number 741 / / MENKES / PER / VII / 2008 concerning minimum service standards in the health sector in districts / cities. The Minimum Health Service Standards for the work area of the health center are shown in tables 16 and 17 below:

Table 1. Kassi Kassi Health Center Pre and Post Decentralization

| NO       | Name of Activity                             | Target (%) | Achievements/Year    |          |                       |          |          |  |
|----------|--|------------|----------------------|----------|-----------------------|----------|----------|--|
|          |  |            | Pre Decentralization |          | Post Decentralization |          |          |  |
|          |  |            | 1998 (%)             | 1999 (%) | 2014 (%)              | 2015 (%) | 2016 (%) |  |
| <b>A</b> | Basic Health Services                        |            |                      |          |                       |          |          |  |
| 1        | Pregnant Mother Visit                        | 95         | 100                  | 100      | 95                    | 97       | 97       |  |
| 2        | Treated Obstetric Complications              | 80         | 80                   | 80       | 84,2                  | 59       | 59,3     |  |
| 3        | Delivery Assistance By Midwives              | 90         | -                    | -        | 90                    | 95,8     | 96       |  |
| 4        | Postpartum Service                           | 90         | 90                   | 90       | 90                    | 97       | 97,1     |  |
| 5        | Neonates With Complications                  | 80         | 80                   | 80       | 82,9                  | 87.1     | 87,1     |  |
| 6        | Baby Visit                                   | 90         | 100                  | 100      | 92,7                  | 100      | 100      |  |
| 7        | Child Immunization . Village                 | 100        | 100                  | 100      | 100                   | 100      | 100      |  |
| 8        | Toddler Child Service                        | 90         | 50                   | 50       | 36,3                  | 83       | 83       |  |
| 9        | Complementary Feeding                        | 100        | -                    | -        | -                     | -        | -        |  |
| 10       | Malnutrition Toddler Care                    | 100        | 100                  | 100      | 100                   | 100      | 100      |  |
| 11       | Elementary School Student Health Screening   | 100        | 100                  | 100      | 64,9                  | 100      | 100      |  |
| 12       | Active Family Planning Participants          | 100        | 100                  | 100      | 100                   | 83       | 83,3     |  |
| 13       | Discovery And Treatment Of Disease Sufferers | 100        | 80                   | 80       | 52,9                  | 83,8     | 83,3     |  |
| 14       | Poor Community Health Services               | 100        | 100                  | 100      | 100                   | 100      | 100      |  |
| <b>B</b> | Referral Health Services                     |            |                      |          |                       |          |          |  |
| 1        | Poor Community Reference                     | 100        | 100                  | 100      | 100                   | 100      | 100      |  |
| 2        | Level 1 Emergency Service                    | 100        | 100                  | 100      | 100                   | 100      | 100      |  |

Source: Kassi Kassi Health Center

Table 2. Kaluku Bodoa Health Center Pre and Post Decentralization

| No.      | Name of Activity                             | Target(%) | Achievements/Year    |          |                       |          |          |
|----------|--|-----------|----------------------|----------|-----------------------|----------|----------|
|          |  |           | Pre Decentralization |          | Post Decentralization |          |          |
|          |  |           | 1998 (%)             | 1999 (%) | 2014 (%)              | 2015 (%) | 2016 (%) |
| <b>A</b> | Basic Health Services                        |           |                      |          |                       |          |          |
| 1        | Pregnant Mother Visit                        | 95        | 100                  | 100      | 95                    | 97       | 97       |
| 2        | Treated obstetric complications              | 80        | 70                   | 78       | 84,2                  | 59       | 59,3     |
| 3        | Delivery assistance by midwives              | 90        | -                    | -        | 90                    | 95,8     | 96       |
| 4        | Postpartum Service                           | 90        | 89                   | 90       | 90                    | 97       | 97,1     |
| 5        | Neonates with Complications                  | 80        | 80                   | 80       | 82,9                  | 87.1     | 87,1     |
| 6        | Baby Visit                                   | 90        | 90                   | 100      | 92,7                  | 100      | 100      |
| 7        | Child Immunization . Village                 | 100       | 100                  | 100      | 100                   | 100      | 100      |
| 8        | Toddler Child Service                        | 90        | 55                   | 60       | 36,3                  | 83       | 83       |
| 9        | Complementary Feeding                        | 100       | -                    | -        | -                     | -        | -        |
| 10       | Malnutrition Toddler Care                    | 100       | 100                  | 100      | 100                   | 100      | 100      |
| 11       | Elementary School Student Health Screening   | 100       | 100                  | 100      | 64,9                  | 100      | 100      |
| 12       | Active family planning participants          | 100       | 100                  | 100      | 100                   | 83       | 83,3     |
| 13       | Discovery and treatment of disease sufferers | 100       | 70                   | 70       | 52,9                  | 83,8     | 83,3     |
| 14       | Poor Community health services               | 100       | 100                  | 100      | 100                   | 100      | 100      |
| <b>B</b> | Referral Health Services                     |           |                      |          |                       |          |          |
| 1        | Poor Community Reference                     | 100       | 100                  | 100      | 100                   | 100      | 100      |
| 2        | Level 1 emergency service                    | 100       | 100                  | 100      | 100                   | 100      | 100      |

Source: Kakuku Bodoa Health Center

Table 1 and table 2 above illustrate that in general the performance of health services at the Health center in Makassar city from pre-decentralization to post-centralization in the last three years, namely 2014 to 2016 was still very stagnant and not as expected, namely that when health service policies were decentralized it is directly proportional to the increase in service performance to the community.

The table above also depicts quantitatively almost all the targets of the health center organization whose work volume has been achieved, although it also shows that the increase in achievement from year to year is very stagnant and does not increase, and if we look at this qualitatively, it is in accordance with the results of observations. directly from researchers in the field that there are still many complaints and complaints from the community related to the volume of these services, we can see this in the following table:



Table 3. List of Public Complaints at the Kaluku Bodoa Health Center in 2014-2016

| No | Types of Public Complaints from Service Users |
|----|---|
| 1  | Slow Service                                  |
| 2  | Limited facilities and infrastructure         |
| 3  | Imbalance between patient and room            |

Source: Kaluku Bodoa Health Center

We can see several other things in the service for children under five at the Kassi Kassi Public Health Center that still does not meet the target of the targeted standard, which is at least 90% implemented and according to the data, it turns out that the health center has not reached 90% for three consecutive years. implementing the family planning program (KB) still has not reached the target, this is due to the lack of public awareness about the importance of maintaining birth spacing for a mother, besides that there is still a local culture that thinks that the more children, the more fortune. (Data: Tables 1 and 2).

In accordance with the secondary data available at the health center and we can see this in several procedural operating standards (SOPs) made by the health center and displayed in each field, for example: registration operational procedural standards, inspection operational standards and drug retrieval operational standards, as follows:

Table 4. Standard Operating Procedures for Health Center Services

| No | Action Type              | Time needed     |
|----|--------------------------|-----------------|
| 1  | New patient registration | 7 minutes       |
| 2  | Old patient registration | 2 minutes       |
| 3  | New Patient Checkup      | 5 minutes       |
| 4  | Old Patient Checkup      | 3 minutes       |
| 5  | Laboratory examination   | 5 – 10 minutes  |
| 6  | Medication Taking        | 5 – 10 minutes  |
| 7  | Treat acute wounds       | 5 – 10 minutes  |
| 8  | Treat Chronic Wounds     | 20 – 30 minutes |
| 9  | Stitch the Wound         | 10-15 minutes   |
| 10 | Open stitch              | 5 – 10 minutes  |

Source: Kaluku Bodoa Health Center Makassar City

This is in accordance with the results of direct observations in the field that there are still many patients who feel tired waiting for the queue list starting from registration to taking drugs, this is also coupled with the still less than optimal patient waiting room provided at the health center so that sometimes patients feel uncomfortable.

Some of the informants' statements are in accordance with the results of direct observations of researchers that the service process at the health center has been running but still neglects the quality of service so that it seems that the officers only provide services quantitatively but qualitatively it has not been implemented so that there are still many complaints that occur in the community after giving service. We can see this in the duration of providing examination services which should use a duration of 5 minutes to carry out examinations and consultations, but almost all of the patients served do not receive the duration of time as stipulated in the standard operating procedures at the health center.

From several statements and according to these data it can be concluded that the ability of officers to carry out their duties according to the volume of work in terms of services at the health center, quantitatively it has been running and has been implemented well, although in the last three years starting from 2014 - 2016 its nature is still stagnant. and there is no improvement, but from a quality perspective, it can be said that it is still far from people's expectations.

## Economy

In the case of economical public services, it is defined as the imposition of fees for public services that must be determined fairly by taking into account: The value of goods and or services for public services and does not demand unreasonably high costs; the condition and ability of the public to pay in general in accordance with the provisions of the legislation applicable. This is in accordance with Kep. MENPAN No. 63/2004 the determination of the amount of the cost of public services needs to pay attention to the following things; (1) The level of people's ability and purchasing power; (2) the prevailing value/price of goods and or services; (3) The details of costs must be clear for the types of public services that require actions such as research, inspection, measurement and submission; (4) Determined by the authorized official and observes the process in accordance with the provisions of the legislation.

Economic measures show that if the implementation costs are cheaper than planned, meaning that they are trying with minimal input in planning, then the implementation is also expected to make costs as minimal as possible.

One of the main requirements of a health service is that it is easily accessible by the community. The definition of affordability is meant here, including from a cost point of view. To be able to realize a situation like this, health services must be pursued in accordance with the economic capacity of the community.

This is appropriate and we can see in the financing rules that have been set by the government in accordance with the Makassar City Regional Regulation No. 7 of 2009, concerning health services in Makassar City Health Centers, especially Chapter. IV Exemption of Service Fees Article 5 first points that: basic health services for city residents at the health center and its network are exempt from service fees. And in Chapter V on Service Fees, article 7 states that health services at the health center for residents outside the city of Makassar are subject to service fees in accordance with predetermined rules.

In accordance with direct observations of researchers in the field, that in the process of community service everything is completely free so that there are no more medical expenses charged to the community, so that the indicators of community affordability in obtaining services in terms of costs have been met, and in carrying out services they have referred to the predetermined budget pattern. according to the budget for health costs at each health center, and reduce unnecessary costs. Based on the results of this study, it can be concluded that the service process at the health center has taken an economical approach in accordance with Kep. MENPAN No. 63/2004 concerning the determination of the amount of public service fees and the Makassar City Regional Regulation No. 12 of 2011 concerning service rates at the Makassar City Health Center.

## Efficiency

Efficient means carrying out a task correctly and carefully, efficiently and effectively. But efficiency in public services here is more attached to the efforts of government organizations to save public resources entrusted to the government. Or in the sense that the output generated from each implementation of autonomous affairs is achieved with minimal input. Perhaps it would be more appropriate to call it "doing more with less". The goal is to create the impression that the government will always be efficient in using resources, both in the form of employees, money, equipment and work procedures in carrying out their main tasks. So that in public services, they are required to behave more creatively, innovatively and act smartly about what should come first, what are the priorities and be able to distinguish between urgent and useless if done by considering limited resources, efforts to save and increase public asset resources. through public investments that do not burden them.

Efficiency is defined as the ratio between costs or resources with output. Efficiency requires controlling costs or resources and performance as the main management objectives. Efficiency is the ability to minimize the use of resources to achieve goals. Efficiency is basically the ratio between output and input or efficiency is one of the performance parameters that theoretically underlies the entire

performance of an organization. Efficiency is also defined as success in accommodating the maximum possible output from a number of existing inputs.

This can be seen in the budget ceiling for the Health Operational Costs (BOK) of the health center every year in the last three years as follows:

Table 5. Health Operational Costs (BOK) for Health Centers in 2014-2016

| No | Public health center | 2014        | 2015        | 2016        |
|----|----------------------|-------------|-------------|-------------|
| 1  | KalukuBodoa          | 116.406.000 | 155.850.000 | 621.573.000 |
| 2  | Kassi Kassi          | 178.407.000 | 202.990.000 | 820.900.000 |

Source: Makassar City Health Office

The data above shows that the operational costs of health at the health center in the city of Makassar continue to increase from year to year, this is because the power and health centers in the use of the budget each year are carried out optimally and also the increasing number and increasing program of activities that will be carried out by each health center in the city Makassar, which of course must be adjusted to the available budget.

In accordance with the results of direct observations of researchers, it has to do with efficiency that indeed all of the main activities are service activities, both activities within the health center and activities outside the health center always refer to the available budget items, both the health operational cost budget and other available budgets and carry out the activity process in accordance with other facilities and infrastructure that support all activities. We can see this for example in patient services whose budget items have been determined by the health fund at BPJS, health education activities for example have also been budgeted for in the annual health operational cost budget, although also due to budgetary constraints so that sometimes there are activities that suddenly occur unexpectedly. not included in the budget line so that the activity must be postponed. So that the efficiency indicators, namely the use of resources and funds that are as low as possible and the utilization of input resources at an optimal capacity in the implementation of services at the health center have been implemented.

Based on the results of the study, it can be concluded that in the implementation of service activities starting from program planning, it has been carried out efficiently, although it has to delay some activities that should be programmed in the program of activities, but due to limited cost factors, the implementation must be delayed and sometimes there are activities that have been implemented. programmed but because of the cost factor so that it is not optimal in its implementation. So this illustrates that because the efficiency factor that is prioritized has an impact on the maximization of service quality.

### Effectiveness

Effectiveness is the main element to achieve the goals or targets that have been determined in each organization, activity or program. Called effective if the goal or target is achieved as determined. Effectiveness is a measurement in the sense of achieving predetermined goals.

Effectiveness can simply be defined as “right on target” (not off target/wrong target). Effectiveness is more directed at policies, meaning that development programs that will be and are being implemented are aimed at improving the quality of life of the people who really need them and ultimately increasing the global productivity of the people which will have an impact on increasing public investment in the social, economic and logical consequences of people's awareness of the quality value of goods and services provided by the government. Effectiveness can also be interpreted that in carrying out its main duties and functions the government can achieve the planned targets, where the goals and objectives to be achieved by the government must be measurable and there are clear standards. The objective in this effective context is to increase the sensitivity of the government in determining the goals

or objectives of each autonomy it implements. The clarity of these targets will show the extent to which the government can capture aspirations and articulate community demands and support.

Effectiveness is a measure that provides an overview of how far the targets previously set by the institution or organization can be achieved. This is a very important role in every institution or organization and is useful to see the development and progress achieved by an institution or organization itself. Every organization or institution in its activities wants the achievement of goals. The purpose of an institution will be achieved, all activities running effectively will be carried out if supported by factors that support effectiveness. Organizational success can be measured by the concept of effectiveness. What is meant by effectiveness is something that shows the level of success of management activities in achieving predetermined goals. Based on the results of the research its relationship with the level of organizational effectiveness in terms of services at the health center in the city of Makassar.

Based on this statement, we can see that the service schedule for the Makassar City Health Center is as follows:

Table 6. Makassar City Health Center Service Schedule

| No | Type of Service          | Time          | Information          |
|----|--------------------------|---------------|----------------------|
| 1. | Registration service     | 07.30 – 14.00 | Registration service |
| 2. | General Services/Actions | 07.30 – 14.00 | for Friday until     |
| 3. | Dental service           | 07.30 – 14.00 | 10:00 and for        |
| 4. | Family Planning Service  | 07.30 – 14.00 | Saturday until       |
| 5. | Laboratory Services      | 07.30 – 14.00 | 10:30.               |
| 6. | Medicine Service         | 07.30 – 14.00 |                      |
| 7. | Pregnant Services        | 07.30 – 14.00 |                      |

Source: Makassar Health Centre

Based on the description of the duties and functions described, it can be seen in the attachment of the description of the duties of clinical service providers and the clinical authority of the health center. In the job description it is clear that in carrying out his main duties, an officer must refer to the job description and respective authority so that there is no overlap in its implementation.

According to the results of the observations of researchers in the field, it is true that the service officers at the health center have carried out this in accordance with their authority, although there are still some things that must be carried out by one person in two activities caused by the lack of manpower or human resources in the field. so that the number of services provided to the community quantitatively has met the target, but the quality of the service is still not optimal due to the lack of implementing staff so that it creates double work. The results of direct observations of researchers in the field show that the division of tasks in the organizational structure has been broken down based on the duties and functions as well as the expertise of each section, but due to limited personnel, it is still found that there are those who do double duty.

Based on the results of the study, it can be concluded that the process of service activities at the health center organization has been carried out even though it has not been running effectively because there are still several double tasks carried out by one person.

### Equity

The Health center is organized based on Pancasila and is based on human values, ethics and professionalism, benefits, justice, equal rights and anti-discrimination, equity, patient protection and safety, and has a social function. In this case, what is meant by social function is to carry out its obligations as a health service center for the community as a whole, especially for the poor or the poor, be it regional hospitals or private hospitals. Equity is defined as impartial justice, giving everyone their rights (His due). Everything is fair.

There are two types of justice in public management, namely: (a). Internal justice, namely: justice must be carried out by state administrators so that people or citizens have the same rights and obligations in various aspects of their lives. (b). External Justice, namely: State administrators must cooperate with other countries to facilitate the implementation of democracy, welfare state and social justice in a global situation.

The definition of organizational justice refers more to the form of individual evaluation of the organization's treatment of its employees in terms of fair efforts to get results, the process to obtain results that are also carried out fairly or not, as well as forms of interpersonal treatment of each employee. In general, justice is described as a social situation when the norms regarding rights and eligibility are met.

The basic value of justice is human dignity, so the basic principle of justice is respect for the dignity and rights attached to it. Organizational justice includes perceptions of organizational members about the conditions of justice they experience in the organization, specifically about the sense of justice associated with the allocation of organizational rewards such as salaries and promotions.

A sense of fairness will arise when the organizational authority is consistent and unbiased in organizational decision making, especially regarding salary allocation and promotions. Inconsistent organizational rules and bias against individuals is an act of discrimination, resulting in a sense of discrimination (perceived discrimination) by individuals.

Equity in the world of health services is defined as “the absence of systematic disparities in health or in major social determinants of health. Meanwhile, The International Society for Equity in Health argues that "Equity" is the absence of systematic differences that need to be corrected in one or more aspects of health for all citizens or groups that transcend socio-economic demographics or geography.

"Health equity" should aim to make everyone one-sided, meaning that all kinds of differences that cause inequality must be removed. With an Equality approach in health services in terms of the importance of eliminating all discriminatory policies that make it difficult to achieve health or the realization of "Functioning"

In this model it is intended that satisfaction is a function of how fairly individuals are treated in an organization. Satisfaction is the result of people's perceptions that the comparison between the results of work and the inputs is relatively more profitable than the comparison between the outputs and inputs of other jobs.

When we talk about equity, we have used a value in assessing whether differences in health status in terms of services at the health center have fulfilled the fair element.

Equity or Inequality in health is very real in the Indonesian health system, based on the current situation and this also sometimes happens in health center

This is also illustrated in one of the points contained in the Standard Operating Procedure (SOP) for the patient registration/counter section as follows:

Table 7. Standard Operating Procedures for Registration Counters

| No | Registration activities   | Time needed |
|----|---|-------------|
| 1  | New patient registration  | 7 minutes   |
| 2  | old patient   | 2 minutes   |
| 3  | Terms of Service:<br>- Bring your ID card / birth certificate<br>- Bring a Family Card<br>- Bring BPJS/KIS Card<br>- Certificate of Incapacity. |             |

Source: Kaluku Bodoa Health Center Makassar City



The results of direct observations of researchers in the field that, some people who use service facilities, both at the Kassi-Kassi Health Center and at the Kaluku Bodoa Health Center, it seems that there are still people who receive discriminatory treatment. sometimes there are patients who undergo the service process are treated unequally, or differentiated, and this is due to kinship problems or a patient's social status.

In addition to justice, it is related to the ability of officers not to discriminate in providing services to the community, this indicator also looks at the ability of the organization to distribute tasks and functions to each officer organized by the organization, and based on the results of the study it is known that the value of justice in terms of the division of tasks and functions has not running and fully distributed.

Based on the results of the study, it can be concluded that the element of Equity in the process of service activities at the health center organization has not been implemented optimally. This is illustrated that the equitable and widest possible coverage of justice for all levels of society has not been thoroughly distributed as it is known that the keyword Equity is distribution, fair and evenly. Likewise, with Equity in terms of the organization's ability to distribute the allocation of work carried out by the organization has also not run optimally.

### **Conclusion**

The performance of the Health center organization after the policy of decentralization of health services in the city of Makassar as a whole with a quantity approach has been carried out well using indicators of measuring workload, economy, efficiency, effectiveness, and equity, but if measured using a quality approach, the facts show that it is still not optimal. or still lacking and there is still a lot that needs to be addressed to be able to realize the expectations of the community.

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