

Acceptance Letter

Dear Author(s): Andries Lionardo, Chairun Nasirin, Rudy Kurniawan, M Chairul Basrun Umanailo.

| | |
|-------------|---|
| Paper ID | IJPR -1410 |
| Paper Title | Accountability of Local Government Policy in Improving Health Services to Respond Industrial Revolution Era 4.0 |

This is to enlighten you that above manuscript reviewed and appraised by the review committee members of IFERP and it is accepted for the purpose of publication in the “**International Journal of Psychosocial Rehabilitation**” that will be available at <https://www.psychosocial.com/>.

You have to send following documents at karthik@iferppublication.com before 16th May 2020:

1. **Proof of Registration/Payment - Scanned | Online Received Email**
2. **IFERP Copyright form <https://www.iferp.in/copyright/>**

Note:

1. International Journal of Psychosocial Rehabilitation is a SCOPUS Indexed Journal.
2. Author(s) will receive Publication information and Published Paper link through IFERP.
3. You may see more about the journal at: <https://www.psychosocial.com/>
4. You will receive Volume/ Issue information of your paper very soon.
5. It is mandatory to submit the copyright form before the article gets processed for final publication.



A. Siddhanta

Executive Chairman

Accountability of Local Government Policy in Improving Health Services to Respond Industrial Revolution Era 4.0

Andries Lionardo¹, Chairun Nasirin², Rudy Kurniawan³, M Chairul Basrun Umanailo⁴

¹*Department of Public Administration, Faculty of Social and Politic Science, Sriwijaya University, Palembang, Indonesia.
andrieslionardo@fisip.unsri.ac.id*

²*College of Health Sciences (STIKES) Mataram
chairun.nasirin@stikes-mataram.ac.id*

³*Department of Sociology, Faculty of Social and Politic Science, Sriwijaya University, Palembang, Indonesia.
rudykurniawan@fisip.unsri.ac.id*

⁴*Department of Agricultural and Forestry University of Iqra Buru, Namlea, Indonesiachairulbasrun@gmail.com*

Abstract

This paper aims to measure the extent of the Regional Government's main tasks in providing health services to the community in the Palembang City. This type of research is descriptive with qualitative analysis methods that describe phenomena and facts based on data and observations made in the field. The expected benefit of this research is to improve the quality of human health resources, so that they can compete in facing international challenges in the current industrial revolution 4.0 era. The results showed that health services have not been felt well when seen the quality of service. The lack of facilities and the low quality of existing health workers as a contributing factor. This finding must be a concern in making good health services in realizing the vision of Palembang Darusalam City. The conclusion of this study is that health administration based on improving the ability and expertise of resources must be a policy objective of the Regional Government.

Keywords: *Accountability Policy, Local Government, Health Quality.*

1 Introduction:

The current living conditions of the people who are undergoing a process of transformation of economic and social conditions as a result of the impact of the media and information technology civilization¹, so that the entire community together with the City Government of Palembang take steps to continue to strive to rearrange various forms of health service policies to be more directed at efforts to restore erratic situations such as epidemics. This condition is the basis of joint public policy between the government and the community itself in health services².

It is undeniable that the current conditions in society arise due to the lack of resilience of the community both economically and socially in the face of the fluctuation of information technology changes at the level of the Industrial Revolution 4.0. This condition can get worse if Hospitals and Community Health Centers are unable to take the right and fast steps to welcome the era.

Palembang City as an International City has many things that need to be prepared in the field of health services in welcoming the implementation of Regional Autonomy. The policies and steps that have been, are being and will be carried out by the Palembang City Government are not easy, therefore it is suggested to have a clear and directed vision and mission that refers to the available potentials and

opportunities. And to answer the vision and mission of this development, the Palembang City Government has established a strategy to improve the quality of health human resources as the main capital of public policy. The policy aims to improve the quality of the population, both in terms of education, health and welfare.

2 Methods

This paper is sourced from descriptive research type data with qualitative analysis methods. Literally descriptive research is research that intends to describe the situation or events 3–5. In the sense that description research is the accumulation of basic data in descriptive ways, it is not necessary to look for or explain mutual relationships, test, make predictions or obtain meaning and implications, even though research aimed at finding these things can include descriptive research. Empirically, this research carried out descriptive activities, describing policies and steps taken by the Palembang City Government to carry out Local Government Accountability in Improving Health Services to Respond to the Industrial Revolution Era 4.0. How was the implementation in the field, and what factors caused Palembang City Government chose the policy.

In conducting data collection, the author focuses more on secondary data search, both in the form of notes, reports, documents, and literature that have to do with the problem of this research. And to better support the existence of secondary data, the author also collects primary data. Secondary data is data obtained indirectly, by way of quoting or recording from documents in the form of statistical data, archives, images, and graphics from the Regional Government or sources other is valid. While primary data is data obtained directly from the source, both those who have been determined to be respondents and the real conditions obtained directly at the study site by conducting observations and interviews.

In the process of collecting data, the authors determine the data source in accordance with the data needed, namely for secondary data, obtained by collecting and recording reports, documents, records, local and national daily newspapers, General Plan for Hospital Development Palembang City, as well as from the Palembang City Regional Development Program 2018 -2023. Meanwhile, for primary data, obtained by conducting interviews and direct observation at the study site. In this study the data were analyzed descriptively analysis. So that the research data collected is described in accordance with the variables studied, without assessing the relationship between variables through hypothesis testing. In addition to conducting an analysis, the results of the study were translated and elaborated qualitatively so as to obtain a picture of the situations or events that occurred in the field.

3 Results

Research findings show that the accountability of Palembang City Government's policy in improving the quality of health services in the Industrial Revolution 4.0 era was outlined in the Palembang City Health Sector Strategic Plan based on digital services in order to accelerate the success of health development. private and public. Based on this, the vision of Palembang City's health development has been formulated, which represents the hope that the population of Palembang City in 2019 who must live in an environment and with healthy living behavior, have the ability to reach quality health services fairly and evenly, and have a degree of health as high as that is parallel to other cities in Indonesia.

With this vision, four main missions for health development are established, namely: maintaining and improving health services that are excellent, equitable and affordable; cultivate clean and healthy living behavior; maintain and improve the health of individuals, families and communities and their

environment; and driving the development of health-oriented digital-based health. And furthermore, based on the strengths and weaknesses in the body of the Palembang City Health Office at this time, as well as the opportunities and threats faced in the future, four main strategies are established, namely: strengthening institutions and health management; increasing the quantity, quality and professionalism of health human resources; strengthening health program management and community empowerment and digital service based partnerships.

From the results of a survey of health services at the Community Health Center on the General Plan for the Construction of the Palembang General Hospital, it was found that the general public was not satisfied with the quality of its services. This was realized as a result of the lack of facilities and the low quality of existing health workers. In fact, the health sector is one of several authorities that must be implemented by the Regional Government as the implication of the implementation of Law number 32 of 2014 concerning Regional Government. However, the role of the government in this case is more focused on fostering, regulating and monitoring for the creation of equitable health services and the achievement of harmonious and balanced conditions between health efforts carried out by the Government and the community, including the private sector.

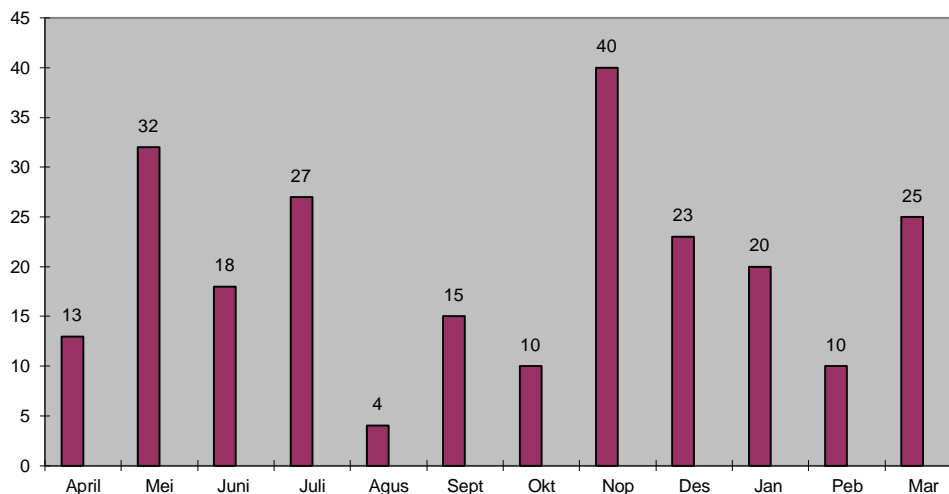
The condition of health facilities and infrastructure in Indonesia in general and in the city of Palembang in particular, in plain sight already seems far behind those of neighboring countries, such as Malaysia and Singapore. Even according to 6, neighboring countries such as Singapore, Australia and even Malaysia have overproduced goods and services in the health sector and even personnel. Not a few of these neighboring hospitals are the destination of patients from Indonesia, for various reasons, but their main reason is a much better service supported by advanced medical technology, and at a relatively low cost. Statistically, in Malaysia the number of hospital beds is 2.1 to 1000 people, while in Indonesia it is 0.6 to 1000 people 6, very far from the ideal formation of 4-5 beds per 1000 population.

Field findings show that health services at the Community Health Center (Puskesmas) for the community are generally not satisfied with the quality of health services due to the lack of facilities and the low quality of health workers available with modern facilities and equipment without being matched by adequate health human resources. The era of the Industrial revolution 4.0 has not been matched by modern and advanced health technology.

From interviews and data from the Government's policy to recruit medical personnel for the preparation of high technology-based Public Hospitals, it has become a trigger for efforts to improve the professional capabilities of medical personnel.

Some public health policies carried out include:

- a. Provide training (transfer of knowledge) to doctors, nurses, paramedics and administrative staff.
- b. Efforts to reduce bureaucracy in services provide referrals for patients.
- c. The form of partnership policy that is carried out is a Service Contract, where the government surrenders a certain service activity to the private sector in infrastructure development.

Image 1 Number of Digital-Based Health Services

Data Source: Information Service Center, 2019.

4 Discussion

Lack of socialization is one of the causes of the policy of health services not working. Public Hospital service socialization should receive attention and be socialized and reported to the wider community. Thus the community will be able to provide control and input on its implementation. Because after all, the concept of good governance requires synergy between the Government, the private sector and the community. Efforts to improve public health services are a form of good governance with the government acting as a facilitator.

The citizens must also have an initiatives as social accountability (SA). Social accountability (SA), according to Laugen, is evidence to show that mechanisms for engaging citizens to monitor service provision and provide constructive feedback on large-scale programs in the public sector still need to be improved. SA, or the ability of citizens to hold government actors and their partners accountable for their actions and commitments, is recognized as a fundamental right and an indispensable means for strengthening the national health system. The commitment of the Government of Indonesia to improve the delivery of basic services to the poor and vulnerable is an opportunity to implement an SA approach to improve access and quality of health services. Therefore, thematically three approaches to social accountability (SA) are needed, namely building awareness among the people, creating sound, and empowering actions⁷.

Increasing accountability is a key element in a wide variety of reforms, from government-wide anti-corruption campaigns, to national-level health system reform programs, to decentralized health service delivery at the local level, and community-based health funds. One of the main reasons why this range is

so broad relates to the interconnections among the various types and purposes of accountability. Financial accountability quickly leads to performance issues, and these two combined have implications for political/democratic accountability. Accountability to curb abuse underlies accountability for purposes of adhering to standards and of improving performance 8.

The basic principle in health policy is a win-win solution, is the policy taken must be mutually beneficial for both parties to the partnership. Based on the agreement points above, the benefits expected from the partnership implementation can be predicted. The prediction of the expected benefits can be formulated as follows:

The main objective of implementing this digital-based service is to improve the ability of medical personnel as a counterweight to efforts to improve hospital services. With this partnership the Palembang City Government can be said to have prepared its health workers to fill the Hospital to improve the quality of its public services. Research findings on four main strategies in the health sector, namely: strengthening institutions and health management; increasing the quantity, quality and professionalism of health human resources; strengthening of health program management and digital service based community empowerment.

This policy focuses on efforts to improve the quality and professionalism of health human resources, as well as community empowerment and partnerships. Improving the quality and professionalism of health human resources through training of medical personnel as an anticipation of improving the quality of health services to the community, and is expected to be able to answer all public complaints about the lack of quality health services. Technological health, if the policy is implemented, it will be able to compete globally.

Surabaya, for example, uses e-health as one of the innovations in public services in the health sector. Putra explains that the e-health innovation used in Surabaya is a service that facilitates the health care system for the community. the resulting services become more effective and efficient compared to before this innovation. Application of this service provides several benefits for patients and health care workers such as making it easier for patients to queue without having to come to the location, making it easier for patients to make medical referrals, making it easier in terms of patient data collection where all is recorded into the integrated big data⁹

However, not all of the implementation of digitalization in health services can be implemented well. The application of web-based health management information has not been optimally carried out. According to Damayanti et al, although the equipment used to carry out web-based health services is quite adequate, the officers who manage it cannot do it well. This is the case in all health centers in Makassar when implementing e-Puskesmas¹⁰.

Therefore, it should, The people of Palembang City can be said to be the most benefited component in implementing this partnership, even though they are not directly involved. The implementation of the partnership aims to improve the quality of human health resources in the city of Palembang, which means it will be able to improve the quality of public health services. In addition, with the digital-based referral system, people have the opportunity to get fast health services by using advanced technology in the city of Palembang. In other words the community is given the ease in gaining access to improve their individual health status. Without this complicated referral system, people will feel confused to determine where they should treat the illness, so it is not uncommon for them to spend money uselessly due to unclear information. Or with a simple sentence it can be said that the public can enjoy health services that cannot be provided by the government.

Accountability of Local Government policies in responding to the quality of digital-based services must be maximized in the form of attention to provide fast and inexpensive services to the public. Concentration of the attention of the Regional Government is more to prepare the organizational arrangement of the Regional Government, so that all efforts to implement autonomy are directed at the formulation of the main tasks and functions of each Regional Government unit. Due to the still limited resources owned by the Regional Government, the policy accountability has not been felt to be optimal. The condition of available resources, especially in the health sector (doctors, midwives, and nurses) is still very limited, even though the City Government of Palembang has considerable financial resources, especially as a city that has an "international" status.

Several conclusions can be drawn from the implementation of the Palembang City Government's policy accountability in health services. First, the poor quality of public health services in the city of Palembang is due to the lack of facilities and the low quality of existing health workers. Second, the Palembang City Government is trying to overcome this problem by building a digital-based health service system with efforts to complement modern medical facilities. Third, legally, formal policy accountability is carried out with the role of the Palembang City Government in this case as the initiator and facilitator and health mediator in the form of a partnership that is carried out by the Service Contract. Fourth, the dissemination of digital-based health service programs to the public is still lacking, even though public opinion can be a very effective control tool for the government.

Meanwhile, the advice given in this paper is that the Palembang City Government must pay attention to the development of a digital-based service system with the preparation and improvement of the quality of health resources is a strategic step in efforts to improve health services in the City of Palembang, but these efforts can be in vain if not accompanied by preparing the hospital management properly. Palembang City Government should be able to socialize the existing health service programs by providing progress reports to the public, so they can know the response of the community. The response can be in the form of an opinion that will be useful in determining the continuity of public information.

References

1. Kurniawan R. Gaya Hidup (Lifestyle) dengan Analisis Level Budaya, Struktur, Individual dan Interaksi. *INOVASI*. 2009;1(3):11-28.
2. Wahyuningsih S, Yuwono, Lionardo A. Faktor – faktor yang mempengaruhi kepatuhan bidan terhadap standar pelayanan antenatal di kota Palembang Abstr a ct negara Association of South East Asia Nations Angka Kematian Bayi untuk Provinsi prioritas utama program pembangunan penurunan angka kemat. *JKK*. 2018;5(2):96-107.
3. Suryabrata S. *Metodologi Penelitian*. Jakarta: PT Grafindo Persada; 2002.
4. Creswell JW. *Research Design Pendekatan Kualitatif, Kuantitatif, Dan Mixed*. Yogyakarta: Pustaka Pelajar; 2010.
5. Neuman WL. *Social Research Methods: Qualitative and Quantitative Approachs*. Boston: Allyn and Bacon; 2000.
6. Sulastomo. *Manajemen Kesehatan*. Jakarta: Gramedia Pustaka Utama; 2000.
7. Laugen C, Siagian C, Bennouna C, Kusumaningrum S. Healthy Participation, Healthy People. *Heal Particip Heal People*. 2018;(February 2019). doi:10.1596/31215
8. Brinkerhoff D. *Accountability and Health Systems: Overview , Framework , and Strategies Prepared by: Account Heal Syst Overview, Fram Strateg*. 2003:1-45. <http://www.who.int/management/partnerships/accountability/AccountabilityHealthSystemsOverview.pdf>.
9. Putra RMD. *Inovasi Pelayanan Publik di Era Disrupsi (Studi Tentang Keberlanjutan Inovasi E-*

- Health di Kota Surabaya). FISIP. 2018. doi:10.1017/CBO9781107415324.004
10. Damayanti DS, Rusmin M, Arranury Z. Gambaran Penerapan Sistem Informasi Manajemen Kesehatan Berbasis WEB di Puskesmas Kota Makassar Tahun 2015. *Al-Sihah Public Heal Sci J.* 2015;7(2):6.