

District Government Accountability Model Raja AMPAT in the Field of Health Service in Perspective Special Autonomy

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Abstract- The implementation of special autonomy for Papua Province since 2001 until the year 2014 has been entered into 13. The implementation of special autonomy in Papua have bring a lot of change and progress for indigenous Papuans in various development sectors such as health. However, the implementation of special autonomy in Papua still reap a lot of criticism, one of which is indigenous Papuan community dissatisfaction against the implementation of various development programs and activities funded by the local government of the special autonomy funds, such as missing the target and uneven in its implementation. Therefore, accountability is required to provide an explanation for what has been done by the bureaucracy. This study aims to find a model of accountability of local governments Raja Ampat district in the health care field in the era of special autonomy. The approach used is a qualitative approach to the type of research is descriptive. The focus of this study describe the model and find the model of local government accountability in the health care field in Raja Ampat. This study uses interview, observation and documentation. Data were analyzed through qualitative data analysis includes the structuring of data, data reduction, data presentation, and conclusions or verification. These results indicate that the model of accountability of local governments in the field of health services in the district of Raja Ampat in the era of special autonomy, still adhered to a closed system. This means that the accountability model is used for this follow bureaucratic rules exist which is rigid, hierarchical and closed.

Index Terms- accountability, autonomy, health services, bureaucracy

I. INTRODUCTION

The existence of local authorities with the concept of autonomy is basically one embodiment to streamline government services in the context of geographic and demographic broad and big as the state of Indonesia. By giving some authority in the central government to local governments or the so-called decentralization, the hope is that government services to its citizens increasingly on hold and further improving the quality and access to services can be improved continuously in line with the intensification of interaction between citizens and government (Soerjodibroto, 2011).

Departing from the basic principle of the enactment of Law No. 32 of 2004, then in Papua since 2001, enacted Law on

Special Autonomy for Papua, namely Law No. 21 of 2001 on Special Autonomy for Papua. Enforcement of special autonomy for Papua Province since 2001 until the year 2014 was entered in the 13. In the process, the implementation of special autonomy in Papua have bring a lot of change and progress for indigenous Papuans in various sectors of development. As an illustration that during the year 2010-2012, the government has special autonomy funds significantly to the budget of Papua and West Papua.

Raja Ampat Regency Government, during the period 2006-2013 allocated a budget of 366.450.377.337 IDR, to finance the development of the health sector. The fund is intended for the construction and development of health centers into inpatient health centers (pustu) and some into a clinic. The available funds are also used to build additional and village polyclinics (polindes) in some villages, as well as the procurement of medical equipment both in the clinic, health centers (pustu), and village polyclinics (polindes). The budget allocation is also indicated for the procurement of medicines, public nutrition improvement, procurement of furniture health centers, and the development of health infrastructure more (LKPJ Regent of Raja Ampat, 2013).

Health development should be seen as an investment to improve the quality of human resources, among others measured by the Human Development Index (HDI). In the measurement of HDI, health is one of the major components in addition to education and income. Health is also an investment to support economic development as well as having an important role in poverty alleviation efforts.

When further analyzed the problems as mentioned above, it can be said that issues like this happens due to lack of good planning and management of the program, in particular the management system of programs and activities in the health sector, both at the level of provincial and district governments. According Yoteni (2015) that some of the symptoms inherent in the life of society in Papua lately that might be a factor inhibiting the implementation of special autonomy as a whole including the behavior of government officials (in Papua), the behavior of politicians and public behavior. According Widodo (2001) the government brought closer to the governed (the people) will be able to identify what the needs, problems, desires and interests and aspirations of the people is good and true, hence the policy created will be able to reflect what the interests and aspirations of the people it serves.

Therefore, one solution to address these issues is to restore the system of local governance. One of them by applying the principles of local governance is good (good local governance).

Good governance (good governance) is one of the latest paradigm in the science of public administration today. So that in its implementation should be acceptable politically, legally effective and administratively efficient (Baderi, 2009). Four main elements or principles that can give a picture of public administration, characterized by good governance are accountability, transparency, openness, and the rule of law (Sedarmayanti, 2004).

According Pohan (2000) that good governance (good governance) are not limited to how the government exercised its powers properly, but more important is how the community can participate and controlling the government the authority to run properly. Therefore, good governance is often seen as a building with three poles. Third's pole is transparency, accountability and participation. In connection with the third important element in the implementation of good governance as mentioned above, in this study are the focus of research is on the element of accountability. This was confirmed by (Tjokroamidjojo, 2000 in Rachmat, 2006) that in order to create a system of governance that is characterized by good governance, the government is expected to apply the principles of accountability, in addition to transparency, participation and the rule of law. Accountability is the capacity of public authorities to account for the success or failure in carrying out its mission in order to achieve the objectives and targets periodically. This means that every government agency has an obligation to account for the achievement of the organization in the management of the resources entrusted to him, from the planning stage to implementation and monitoring and evaluation (Pohan, 2000). Accountability is a measure that indicates whether the activity of the public bureaucracy or services carried out by the government is in conformity with the norms and values espoused by the people and whether public services are able to accommodate the needs of real people. Thus the accountability associated with the philosophy that the executive should be responsible directly or indirectly to the public.

Governmental organization created by the public and for the public interest. Therefore it is necessary to account for the actions and policies to the public and state administration in the study referred to accountability. Therefore, accountability is required to provide an explanation for what has been done by the bureaucracy. Tjokroamidjojo (2000) states that accountability is the obligation of individuals or government officials entrusted with managing public resources is concerned with it to be able to answer a wide range of matters relating to accountability. Further, he said that accountability is a term applied to measure whether public funds have been used appropriately for the purpose in which public funds were set.

Bureaucratic accountability mechanisms are often used as a mechanism to manage the public agency. Function mechanism bureaucratic accountability involves two things, (a) the relationship of formal and organized between superior and subordinate to the need to follow the provisions that can not be denied or questioned, (b) the supervision of a closed or standard systems or clarity in the regulations that have been set (Widodo, 2001). Furthermore it is said that the policy of public accountability of officials government officials in Indonesia are regulated in Presidential Instruction No. 7 of 1999. Where in the implementation of the accountability of the government agency,

there are several underlying principles, namely (a) there must be a commitment from the leadership and the entire staff of government agencies concerned, (b) must be a system that can guarantee the use of resources consistent with the legislation in force, (c) must be able to demonstrate the level of achievement of goals and targets, (d) should be oriented towards achieving the mission and measure the results ,

The policy of decentralization and regional autonomy will not achieve optimal results if the accountability process is not working as it should. Mawhood (1987) in Manggaukang (2006) stated that the main purpose of the decentralization policy is an attempt to achieve political equality, local accountability and local responsibility. Relation to the implementation of the special autonomy, accountability is also part of the local community instrument for the sovereign, as the lofty ideals of the special autonomy that Papuans should be healthy, educated, prosperous and dignified. One of the obligations of local government in accordance to Law No. 32 of 2004 about local government is an obligation to do the planning, control, dissemination and implementation of development programs to all interested parties. Under article 27, paragraph 2 of Law No. 32 of 2004 on local government, local governments have an obligation to submit a report on Regional Government (LPPD) to the government, Report Description Accountability (accountability report) to the Parliament, and provide information reports local governance to the people.

According Dwiyanto (2008) that the government is usually willing to embody the values of good governance as far as their interests do not interfere. The government is willing to be open and participatory if by being open to engaging stakeholders during the process of policy formulation and implementation, did not reduce their chances of doing corruption. This has been one of the causes is exemplary and abstinence in governance in a region simultaneously.

According Thoha (1997) that to find a good government, is dependent upon some of the following: (a) actors from the government in this regard is largely determined by the quality of the resource officers, (b) institutions that are used by the actors of governance to actualize its performance, (c) the balance of power that reflects the extent to which the system of government that should be applied, (d) leadership in public morals bureaucracy, resourceful, democratic and responsive. From some of the statements and issues raised above, it is empirically there is a link between the accountability of local government bureaucracy with the quality of health services in the district of Raja Ampat. Especially from the planning to the implementation stage in public health programs.

II. RESEARCH METHODS

This study used a qualitative approach (qualitative methods). While looking for answers about the accountability of local governments in the field of health care, and the factors supporting and accountability of local government in the health care field in Raja Ampat, then this type of research is descriptive. Associated with the formulation of the problem and research objectives to be answered in this research, the focus of this research is: To describe the model and find the model of local government accountability in the health care field in Raja Ampat,

especially in the era of special autonomy in Papua. The research location in Raja Ampat, West Papua province. Types of data collected in this study are primary data and secondary data. The primary data sourced from informants and direct observation. While secondary data from various documents and legislation relevant to this study. Data collection techniques used in this research is the direct observation, interviews and documentation. Qualitative data analysis techniques used include: structuring of data, data reduction, data presentation and conclusions or verification.

III. RESULTS

The Government Accountability Model Raja Ampat Regency in the Field of Health Care in the Era of Special Autonomy

Observing the form of local government accountability in health services in the district of Raja Ampat, Papua special autonomy era concluded that the accountability model used is closer to the old pattern of public administration (old public administration). It is seen from the pattern of implementation or wellness programs, ranging from planning and implementation activities of the health service still embrace accountability formal, hierarchical and legal. Where found that the administrators or employees working in accordance with the laws, regulations and standards prescribed for them, by the hierarchical leaders and elected officials. Based on the research that in Raja Ampat, since the implementation of special autonomy in Papua in recent years, every year local government budget or a city located in the province of Papua and West Papua to get a budget allocation of special autonomy which amount is determined by land area, population and other criteria. Sharing mechanism budget amounts for each sector of development in every district of the city, returned to the head of their respective regions. In Raja Ampat, the mechanism for the allocation of budgets to finance various development programs and activities, including the health sector, starting from planning and proposing of program priorities of each SKPD including the Department of Health and Hospital Raja Ampat to the Regional Development

Planning Board (Bappeda) Raja Ampat, through consultation and local development plans.

Deliberation in the local development planning, will be viewed and discussed the activities that will be a high priority of the proposed activities of the Regional Work Units (SKPD), for input into the priority activities next year. After the approval of the regional planning agency (Bappeda) and the executive budget team, then the activities that qualify (version executives) will be submitted to the Regional Representatives Council (DPRD) of Raja Ampat, in the form of Public Policy Budgets (KUA), Priorities and Budget Ceiling while (PPAS) to be studied and discussed together between the legislative and the executive. Activities that qualify in this discussion will be set by the Raja Ampat district legislature in the form of local regulations. Once set, then all the activities that qualify are returned to their respective work units, including the Department of Health and Hospital Raja Ampat to be implemented. In the implementation of health care, work units technical, namely the Department of Health and hospitals are expected to be responsible for a variety of programs and activities undertaken, whether the responsibility for programs and activities undertaken, professional, obedient to the applicable rules and can be supervised, both from the immediate supervisor but also from the legislature (DPRD). In this research, there are several factors supporting and Government Accountability Raja Ampat Regency in Health Care in the era of Special Autonomy. Some of the contributing factors in question is the Law Papua Special Autonomy (Act 21 of 2001), the grant of allowances Performance Area (TKD) for all employees in the district of Raja Ampat, and institutional structures of health are adequate to support health services in the district of Raja Ampat. While the factors inhibiting the Government Accountability Raja Ampat Regency in Health Care in the era of Special Autonomy is health human resources are still lacking, in terms of both quality and quantity, geographical conditions, budgets, and culture. Based on the above, the following empirical model can be visualized Government Accountability Raja Ampat Regency in Health Care in the era of special autonomy, as Figure-1 below :

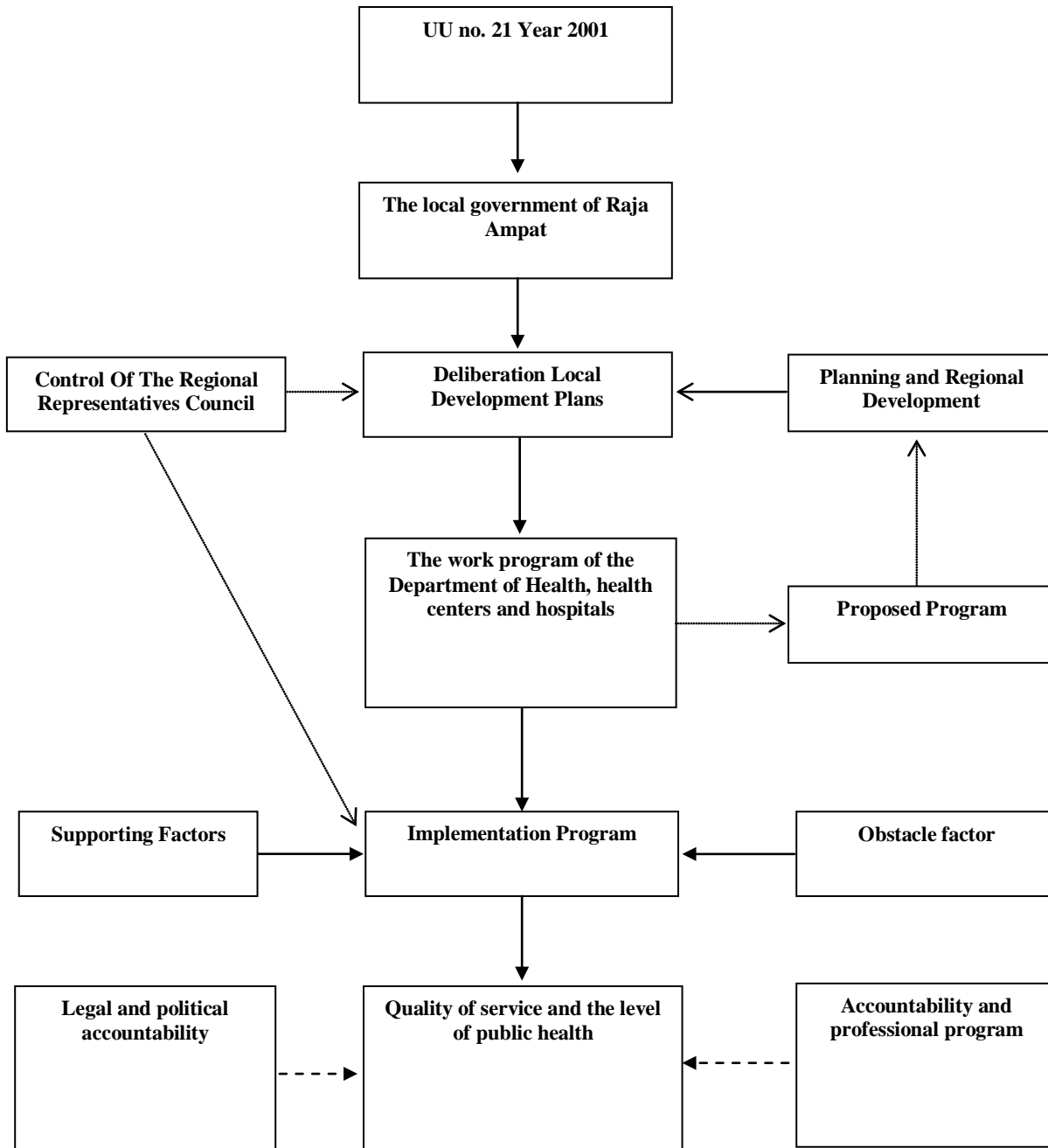


Figure 1. Empirical Model District Government Accountability Raja Ampat in the Field of Health Care in the Era of Special Autonomy

IV. DISCUSSION

The Government Accountability Model Raja Ampat Regency in the Field of Health Care in the Era of Special Autonomy.

Based on the results of the study on the implementation of the Government Accountability Raja Ampat Regency in the Field of Health Care in the era of Special Autonomy in Papua, it is known that the mechanisms of accountability of local governments as measured from program accountability,

professional accountability, legal accountability and political accountability is built hierarchically and emphasizes the responsibility of hierarchically from parts of the executive to the head on it. The results of the study on the accountability of local government of Raja Ampat in the era of special autonomy as measured from program accountability, professional accountability, legal accountability and political accountability adopted from accountability model Romzeck and Ducnick (1987), revealed that between planning and implementation of programs are not appropriate, many program which is based on

desire, not based on need. Therefore, the programs and activities conducted so far have not answered the health problems in the district of Raja Ampat.

Then for professional accountability, it is known that the apparatus implementing the public health services in the district of Raja Ampat, yet meet the standards of quantity and quality. Then the supporting facilities and infrastructure services is still minimal. For legal and political accountability found that the legal instruments that guarantee the health of existing organizational structures, but the legal instruments or Standard Operating Procedure (SOP) is a guideline or a reference work for officials was minimal even yet exist. Then linked to the monitoring conducted by the legislature to the executive, it is known that the legislature only to supervise or control at the time of preparation and discussion of programs and during the implementation of the program, but did not carry out supervision or control over the implementation of health care.

According Romzek and Dubnick (1987) that strategies to manage the expectations, the accountability of public administration take various forms. The focus here is on four alternative systems of public accountability is the accountability of the bureaucracy, political accountability, professional accountability and legal accountability. Further, he said that each based on the difference that involves two important factors: (1) whether the ability to set and control the expectations held by some specific entities within or outside the institution; and (2) the level of control given entity in setting expectations of the institution.

Then associated with supporting factors and factors inhibiting the implementation of the accountability of local governments Raja Ampat district in the health care field, it was found that the antecedents consists of the special autonomy law, their performance allowance and institutional structures. While inhibiting factor consists of human resources, budget, geography, and culture.

Factors supporting health services in Raja Ampat during these include special autonomy legislation gives full authority to command the area set and take care of his own government, including in the field of health care according to the condition of the area. Then the performance of their allowances for officials who served in the administration of Raja Ampat, encourages morale for employees, which is supported by a good organizational structure.

Then inhibiting factor accountability of local governments Raja Ampat district in the health care field has been comprised of health human resources became one of the causes, of which the quality and quantity that there has not been adequate. Then the geographical location of Raja Ampat islands and as composed of the oceans as a barrier to health care to the community. Then the operating budget clinic or health centers (pustu) that cause infrequent visits to every village officials in its service area, and also influence people's culture that still believe in mystical things that cause health care to be blocked. Based on the analysis of all indicators in the implementation of the accountability of local governments in the field of health care, it can be visualized on the model or an alternative model of local government accountability Raja Ampat district in the health service in the era of special autonomy, as in figure 2 below.

The study findings were compiled in this study is an analysis of the findings from field research and literature review, especially those related to health care accountability model in Raja Ampat. In this study, the model described is the sum of the actual reality (empirical model), which was later modified into the form on the model, which tries to portray an ideal form of government accountability Raja Ampat regency in the field of health care in the era of special autonomy.

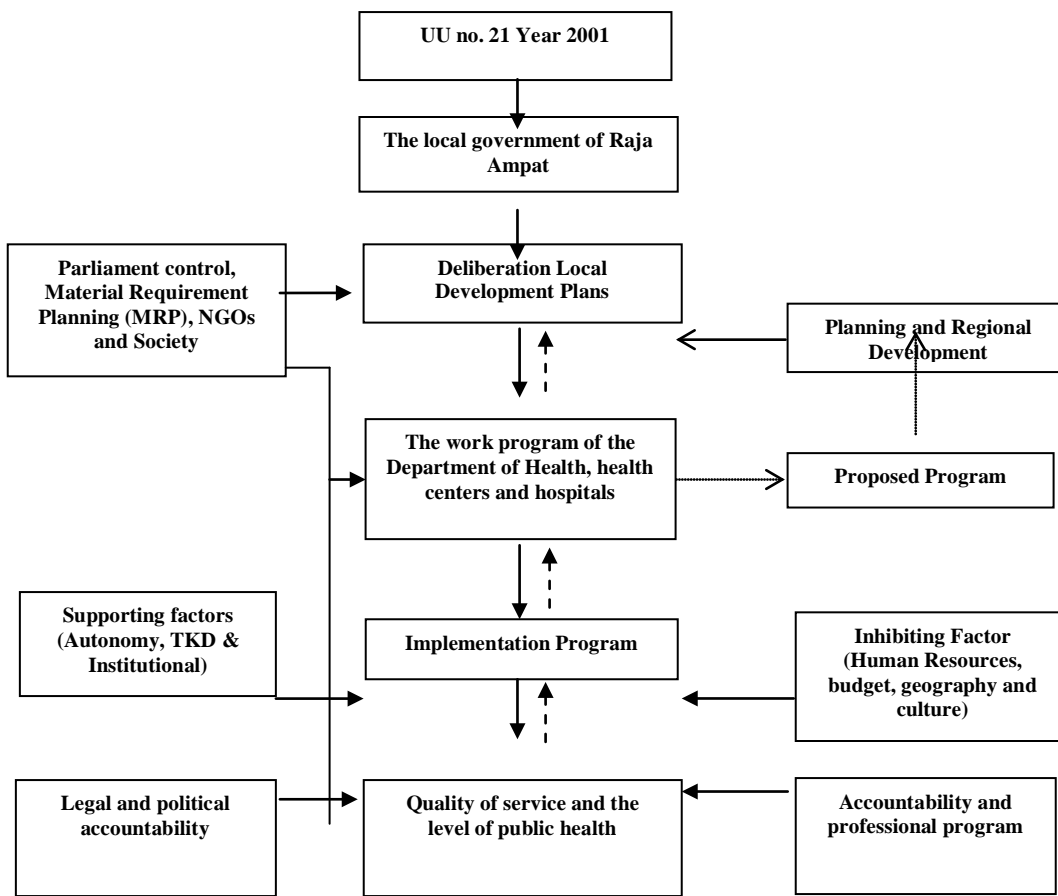


Figure-2. Accountability Recommendation Model Raja Ampat Regency Government in the Field of Health Care On Special Autonomy Era.

The results showed that the model of accountability of local governments in the field of health services in the district of Raja Ampat in the era of special autonomy, still adhered to a closed system. This means that the accountability model is used for this follow bureaucratic rules exist which is rigid, hierarchical and closed. This condition causes little chance of access for stakeholders to be involved in the development process in the health care field. This condition occurs when the planning and implementation of health development programs. From experience so far that the entrances to the parties that there is, however narrow closed even under certain conditions. Based on the research findings as described above, the authors put forward the proposition of research findings as follows: Proposition Findings : If the local government of Raja Ampat want to realize regional government accountability in health care both in the era of special autonomy, then the model of accountability of local government in the health care field should be open, so that access for stakeholders to be open and joined together with government in the process of planning and implementation of health development program.

V. CONCLUSION

Based on the results of research and discussion, the authors can conclude that the accountability model Raja Ampat regency government in the health care field in the special autonomy based on the survey results revealed that still adheres to a closed system. This means that the accountability model is used for this follow bureaucratic rules exist which is rigid, hierarchical and closed. This condition causes little chance of access for stakeholders to be involved in the development process in the health care field.

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