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Multi-Actors in Prima Health Program at Barru Regency, South Sulawesi, Indonesia

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Abstract—In Indonesia, the health development policy that has been assigned by the government is still not able to overcome the various problems of health-related problem. This study focuses on understanding the role of multi-actors in Prima Health Program, at the District of Barru, South Sulawesi. The aim of this study is to analyze the role of Multi Actors in Prima Health Program in the Regency. The result shows that there are varieties of the actor in Barru Regency that involved in ‘Prima Health Program’ that lead to a change of mindset, attitude, and behavior of society, on the importance of maintaining health condition. It also explores the impact of Prima Health Program to the inception of National Innovation Model synergy with ‘Prima Health Program’ which is marked by the emersion of the development program of ‘The Prima Alert Village and the establishment of Healthy and Clean Life Behavior (PHBS), in Barru regency.

Keywords—health development, prima health program, multi-actor

I. INTRODUCTION

The 21st century has been marked by the world by various major changes in a short time. Those changes made a number of challenges that have to be solved by Indonesia. These challenges exist in the form of opportunities that should be utilized. At one side, the process of change can be a benefit, but the other side can also be detrimental to the future of Indonesia. In line with these developments, the public policy mentions that there are many different demands of development in society. Therefore it needs a strategy to face many development issues, either it is internal or external [1].

The health development aims to increase awareness, willingness, and ability to live a healthy life for everyone in order to materialize the extended public health standard, as an investment for the development of human resources which is productive in socially and economically (Law number 36- in 2009). The Indonesian Health Program aims to increase the health standard and nutritional status of the society. The efforts are supported by the financial protection program and the leveling of health services. The development of health is part of national policy development. It is known that health development is the successful key for the development in other sectors, means that health is the basic needs of humanity, and become the fundamental priority for life. The implementation of health development involves several national and international elements.

To improve the standard of public health, the government has issued various policies such as Law No. 23-2014 about local governance, government regulation No. 50 in 2007 about the procedures of the regional cooperation implementation, which is spelled out in a Minister of Home Affairs Regulation No. 22 in 2009, about the technical guidance of the local cooperation implementation and Minister of Home Affairs Regulation No. 23 the Year 2009 about the guidance of founding and supervision of cooperation between regions.

The devolution of central policy to the local government has changed the organization of the government's duty included nongovernmental cooperation, especially in the health sector. The local governments were given an authority to develop health systems in the region in accordance with the needs of society. Yet, health is still one major issue in the government. In association with the government policy in South Sulawesi, the local government of Barru District has also issued the regent's regulation number 159, about the establishment of the ‘Operational Working Group’ and, the ‘Active Alert Villages and District Forum.’ The village regulation No. 13 the Year 2014 about the ‘Active Alert Village,’ were also issued to solve the health problems in Barru regency by synergizing various national programs, namely ‘Prima Program’ with ‘Desa Siaga’ program. This program aims to solve the problems in the sector of health which is related to the infrastructure problem, low service of basic health, lack participation of society in the health sector, and lack of partnerships and collaboration among actors in the sector.

Prima Health Program in Barru has involved multi-actors in running the program. The actors consist of the Japan International Cooperation Agency (JICA), Provincial Department of Public Health, Barru County Department of Public Health, the Health Center, a Head of Village, and the Society Institutions. According to Coen & Thatcher, the partnership of multi-actor consists of the government who act as the regulator [2]. The private sectors to support the policies is done by creating a program for the development of society. The society acts in the form of participation. In Barru, there are partnerships that had been established between the government, private parties, society, and various institutions that is based on the principles of the ideal partnership.

Hosah explains that partnership is a strategy which is made by two or more parties in a certain period to get mutual benefit with the principle of interdependence and

mutual raising [3]. The existence of partnership expected by Hafsah is to create a "Win-Win Solution Partnership" [3]. In order to achieve the purposes above therefore the actors of development according to Coen & Thatcher has these following roles: (1) The government has the role of the policymakers that stands to community; (2) The private sectors focus on creating a program which is integrated with the community development by providing training or internship activities and to increase the participation of local communities; (3) The society or community could involve in the program by having the skills [2]. According to Clampit et al., the role of each actor in the partnership can be done through various patterns of partnerships, which can be mutualistic and conjugation [4].

Based on the research issues about multi-actor in the healthy development of Barru regency, the research questions can be formulated as follows: (1) How is the role of the health development actor in Prima Health Program in Barru Regency? (2) How is the impact of health development in Barru Regency?

II. LITERATURE REVIEW

A. Health Development

According to Komives & Wagner, development is a process of change into a better condition [5]. A better condition is often considered with the increase of social welfare. The social welfare is often used as the success indicator of development, although there are other varied indicators, depending on the perspective of the underlying processes and development policy. Komives & Wagner also stated that a development program could be considered a success if all of the society can feel the development outcomes, including the poor society, not only a few people [5]. In other words, if the development outcomes could be distributed evenly to all of society. Noe et al. insist that the development should be applied at 4 references, economic growth, equality, human resources development, and sustainability [6].

Health development is one of the national development efforts that had been devolved to the central government into the local governments in order to achieve the awareness and ability to live healthy for any society. The implementation of the health development program requires program and resources that should be conducted integrated and continue to achieve optimum results. There should also be continuous cooperation between the government and society.

In leading the implementation of health problems, the role of society is very important and necessary in order to do their social functions and responsibilities to the local governments. Society needs to be directed, fostered and improved. The role of the local government refers to the development, arrangement, and supervision of the social activities in order to achieve equitable health service and balanced and harmonious conditions between the government and society.

B. The Cooperation and the partnership

The term of partnership becomes the eminent term in the Organisation for Economic Co-operation and Development (OECD) report. The organization for economic and

development cooperation, entitled *Shaping the 21st Century: The Contribution of Development Co-operation* (shaping the 21st century: the contribution of cooperation development) defines a partnership as the alliance between the industrialized countries and the developing countries based on the agreement [7]. It describes the mutual responsibility for the common interest of the partnership. It is the highest level of the working relationships between people to commit a common mission, tied by a long experience in cooperating and continued by the same vision. Casey explains that the characteristic of the partnership is: long-term, mutual responsibility, and obligation, equality, mutually beneficial and balanced in power [8]. Barr & Tagg write that partnership is a two-way street that is based on mutual rights and obligations where each partner brings a different skill and experience but complementary to achieve the common purpose [9].

In *Guide to Partnership Building*, it explains that there are 3 important things in partnership: (1) quality, (2) transparency and (3) mutual benefits. The collaborative cooperation or partnership have these characteristics: (1) creating the program together, (2) the partner brings resources as solutions, (3) the discussion between partners always with the alternatives that can be adapted according to the local society or events that happened, (4) the partner put forward the transparency, and (5) the partnerships are profound, not only the approval of the contract.

C. Multi-Actor in The Policy Implementation

Stacey says that the public sector organizations are already interdependent [10]. The theory and practice of public administration have also shifted from the concept of a hierarchically-controlled towards the forms that are more open, flat and citizen-inclusive. In this context, the concept of stakeholder inclusion can be found in the theory and practice of public administration, as well as the administrative process of the decision making of the public sector. Harrison et al. say that the entire interest of the stakeholders in the implementation of the policy is to have intrinsic value in the analysis of public administration, including the implementation of policies. They all need to be based on the idea of stakeholders [11].

Wahab says that in the implementation of policies there are 3 three actors involved: (1) The Center actor, this actor is the initiator of a policy, which means that this actor is the officials of the institutions at the central level who decide policy. (2) The implementer officers in the sphere (The Periphery), is the action and behavior of the officials and agencies in the sphere in order to implement or to solve the problems that occurred in the policy of the area of work. (3) Individual actors excluded government agencies; they are the Target Group, the actor from a certain program [12].

III. RESEARCH METHOD

This study aims to analyze Multi Actors In Prima Health Program At Barru Regency South Sulawesi Province. The study location was one of the local government in South Sulawesi who has a collaborative project with the Japanese government in health development policies. The data was obtained from the staff of Health Office for South Sulawesi province, the staff of health office, Barru regency, stakeholders who understood the government policy in terms of health program in South Sulawesi. The Data

collection techniques were (1) interviews with selected participants; (2) documentary study from archives and program/activity documents; and (3) direct observation.

The documentary study was done by collecting various documents related to health development in South Sulawesi which involving international actors, such as Japan. The type of documents used are regulations, journals and previous research related to this study. Direct observation of health development activities in South Sulawesi was performed. This observation was carried out through several stages: preliminary observation and following-up observation. Preliminary observations were done to determine the location of the study, while further observations were conducted by collecting secondary data, documents, archives, statistical data, records, related to research problems.

A qualitative approach was applied according to Bungin [13]. Direct observation of the location and analyzing each data and information was conducted following Moleong [14]. The data analysis consisted of (1) collecting information through interviews with key informants, who know health development policies in South Sulawesi; (2) Data reduction was conducted based on the information related to multi-actors in the prima Health program at Barru Regency.

IV. FINDINGS AND DISCUSSION

A. The Role of Prima Health Program Development Actor

The role of JICA in Prima Health Program in South Sulawesi is to provide assistance in the form of Block Grants as well as the technical assistance, mentoring program regarding health development in Barru Regency. The realization from that concept involves the central actor as the initiator of a policy, the officials of the institutions at the center level who designed the policy.

The study found that the actor of South Sulawesi Province government who has a role in the implementation of Prima Health Program in Barru regency are: Governor, head of the South Sulawesi Provincial Public Health Office, head of the South Sulawesi Society Empowerment, and the associated Department/Institutions.

The role of the South Sulawesi provincial government in ‘Prima Health Program is to establish the coordinative policies, develop the form of regulation, to facilitate formal administrative support, organize a Training of Trainer (ToT), provide financial support and other resources for the development and construction of villages and districts, and to organize the information system that integrate in the profile of the village and province districts. One of the government’s roles in the implementation process of ‘Prima Health Program is to facilitate the establishment of Memorandum of Understanding between the local governments of South Sulawesi with Japan International Cooperation Agency (JICA). The MoU was signed by the Deputy Resident Representative Indonesian Office, Nobuhiko Hanazato, and the Governor of South Sulawesi. The sign of agreement was attended by 3 local regents from each of the target areas, Barru, Wajo, and Bulukumba. The content of the ‘Prima Health Program MoU is to organize the technical partnership between the Government of Indonesia and JICA to improve the basic health services in

society through society-based management, society participation and proportional support from the provincial government of South Sulawesi.

From JICA, the list of the international actors with their specific roles is listed below. These international actors from JICA came from IDCJ team International Development Center of Japan and HANDS (Health and Development Service) as described in table 1.

TABLE I. THE LIST OF THE INTERNATIONAL ACTORS AND THEIR SPECIFIC ROLES

No	Position and duties	Name	Affiliation
1	Chairman: as the Health Development Planner	Shigeki Kawahara	IDCJ (International Development Center of Japan)
2	Vice Chairman: Implement regional development and Micro-planning (2)	Kiyofumi Tanaka	IDCJ (International Development Center of Japan)
3	Regional development (2)/ Micro-planning (2)	Emi Ogata	IDCJ (International development Center of Japan)
4	Served in the sector of public health and basic health (1)	Yasuhide Nakamura	HANDS (Health and Development Service)
5	Served on public health and basic health (2)	Yushiko Sato Fujiwara	HANDS (Health and Development Service)
6	Served as the implementation and supervision of the Basic Survey/Last Survey	Masaki Togawa	IDCJ (International development Center of Japan)
7	Duty on basic health and society participation	Saeko Hatta	HANDS (Health and Development Service)
8	Served in the sector of public health/ and Health Administration/Basics health	Shiho Sasade	IDCJ (International development Center of Japan)
9	Served on society empowerment and micro-Planning (3)	Shuhei Oguchi	IDCJ (International development Center of Japan)
10	As the final survey analysis	Imase Naomi	IDCJ (International development Center of Japan)

Source: The data processed through the completion report of the ‘Prima Health Program the Public Health Department of South Sulawesi, 2018

The actors in Barru regency who have a role in implementing the Prima Health Program are the Head of Public Health Department in Barru regency, the Head of Society Empowerment and Village, the Public Health Department of Barru Regency, the Head of Subdistrict, the Head of Health Clinic, The Village Chief, The Village Secretary Chief, The Head of Village, The Secretary of Village, and the associated institutions, the activator of PKK, religious organization and scouts, KPM of village/sub-district, and health activator and society leaders.

The role of each regency actors in the implementation of the Prima Health Program in Barru regency involves: (a) the regent along with Related Department to establish the regulations or decisions in associated with Prima Health Program in Barru regency. One official letter was issued about the determination of the Operational Working Group a Village Forum in Barru (see decision letter of Barru regency Number 159/Health Office/2013). The regent and the associated institutions also formed. The Forum of Village Operational Working Group and The Alert District, in the regency areas, worked on the budget for ‘Prima Health Program from Regional Expenditure Budget (APBD)

through the budget of Regional Work Unit (SKPD). The mechanism of the implementation and the implementation report were done gradually from the village/district-sub district-regency/city-province to the central government. The implementation program was conducted based on the local condition and needs in each region.

Another actor in Prima Health Program is the sphere operational actor. They are the governments of subdistrict along with the associated institutions. Their task is to coordinate the implementation with the associated empowerment society, and to make sure the implementation at the district level is in line with the policy or regulation. They also in charge to form the Village Forum and the Alert District in district areas. In addition, these sphere operational actors have to organize the information system of the Alert Village which is integrated into the village and district areas and to conduct a periodic meeting (minimum 4 times a year) to observe the village and district improvement in subdistrict areas.

Actors from the district and the village along with the associated team are those who are responsible for the implementation of and monitoring the program. The target to be achieved in the 'Prima program' are: Publishing the regulation in village areas, integrating the development plan of the 'Alert Village and District' into the 'Plan of Working Development' in the village and district level, organizing the society empowerment program in the APBD (Regional Income and Expenditure Budget) regarding the development of the 'Alert Village'; finding alternative funds and other resources from local governments, as well as from other parties to support the development program, and organizing the workshop for the society, as well as motivating the society to participate in village and district programs. One of the product is when the Head of Galung Village in Barru regency published the decision letter of the Head of Galung Village No. 012/SK-DG/BR/V/2003 about the Prima Village Forum'.

The findings reflect that there are various actors who take roles in the healthy development of Barru Regency, especially in Prima Health Program. They are Central Actor, the implementer officer in the sphere (the Periphery), and the individual actors excluding the Government Agencies (the target group). The acts of the multi-actor are a strategic act in improving the society empowerment in the health sector of Barru regency. These findings support the concept proposed by Wahab [12].

B. The Impact of Health Development in The Active Alert Village program in Barru Regency.

The impact of a development program can be seen through a real change in behavior or attitude that is produced by the output of policy [15]. According to Irfan, the impact of the policy is the effects and the consequences caused by the implementation of policy [16]. The results of this research shows that the multi-national actor in the health development have impacted to (1) the emersion of the synergy between National Innovation Model and Prima Health Program, which is marked by the development program of The Prima Alert Village, and the establishment of PHBS (Healthy and Clean Life Behavior) in Barru regency. Below are the interview results with the Head of Public Health Department in Barru Regency about the impact of the Prima Health Program.

'Prima Health Program has given a very positive impact on society. Although the program is already finished, the program still continues until now such as 'The Alert Village' program and PHBS. This program has a different name based on the local wisdom of the society, such as 'Desa Siaga Panrita Lopi' in Bulukumba, 'Desa Siaga Aktif' in Barru. The output of this program is the social empowerment in the health sector (interviewed on 25 June 2018).

This study found that Prima Health Program has changed the behavior and attitude towards the basic health of society. It can be seen from the existence of strong commitment between the village government and society to reach one of the targets from The Active Alert Village. It was found there was 100% usage of family latrine by the society in Galung village. According to the staff of the Prima Health Program in the Public Health Department in Barru, Prima Health Program has led to behavior and attitude changes about basic health. The staff explains:

Before this program, most of the society in Tompo village were unfamiliar to keep the hygienist at home, yard, even less in the environment. But after this program was implemented, there were lots of change, even after the Prima Health Program is finished. People in the village are now familiar with health and hygiene life, and 100% of people in Tompo village have already had a latrine, and are familiar to use it (interviewed on 25 June 2018).

Based on these statements, the Prima Health Program program made a change of mindset in society related to the importance of maintaining health through hygiene environment. (3) The Prima Health Program become the innovation model of social empowerment through health issues as could be seen in Barru regency. One of the staff states:

Honestly, I have to say Prima Health Program has given big impacts to the society, especially in terms of health innovation. The society in Tompo village, for instance, they have been able to produce family latrines with the materials from their own village, and it can be imitated by other communities from another village. The society can also sell the product of latrines to the people who don't have family latrines (interviewed on 18 July 2018).

In addition, the impact of the Prima Health Program has also affected the budget allocation. It is recognized by the research informant that before the Program, financial resources for health program in Barru only came from the APBN and the APBD (Regional Revenue and Expenditure Budget) through the RKA (Work Plan) and SKPD (Regional Work Unit). After the Prima Health Program, the budget allocation for health program has increased through 'Village ADD (Fund Budget) of health, a block grant from JICA, and from self-supporting society. The staff of Prima Health Program describes:

In terms of financial support, there is an increase from the previous year, after the Prima Health Program. Even after the program is finished, the budget allocation for health program is already included in Fund Budget (ADD), although the amount of budget is adjusted with the funding

available from each village/districts' (interview on June 15, 2018).

This study also reveals how the Program has also impacted communication and collaboration among actors. The society leaders in Tompo village describes that:

Prima Health Program has a positive impact because it builds communication and collaboration between many institutions. There is also good coordination from many institutions in the Health Clinic at the district level. The program has also improved the communication between community and society leaders in the health sector (interviewed on July 25, 2018).

Despite the positive impact, this study also found negative issues after the program. It was found that the budget for health development program in 3 target districts has been allocated in the State Expenditure Budget (APBN) and the Regional Expenditure Budget (APBD). However, the budget allocation is considered to be not sufficient to finance the development of health service, health infrastructure, and managing health program in the village. There is also a problem in receiving the funds. Therefore it becomes one of the negative factors in running health service and health development program in the region.

V. CONCLUSIONS

Based on the findings and discussion of the research, it can be concluded as follows:

1. In Barru regency there are various actors that involved in Prima Health Program such as the actor from South Sulawesi Province, international actors JICA, a local actor as the initiator in health policy.
2. The officials of the institutions in the central level determined a policy. This program expects the change of mindset, attitude, and behavior of society about the importance of maintaining health.
3. The health development is impacted to emersion of the synergy between National Innovation Model and Prima Health Program which is marked by the development

program of The Prima Alert Village and the establishment of PHBS in Barru regency.

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