

Evaluation of Village Fund Policies on Health Service Programs in Bone District

Hasbi Ibrahim¹, Rifdan², Hamsu Abdul Gani³

¹(Administrasi Public/ Universitas Negeri Makassar, Indonesia)

²(Administrasi Public/ Universitas Negeri Makassar, Indonesia)

³(Administrasi Public/ Universitas Negeri Makassar, Indonesia)

Abstract:

Background:

This study aims to describe and analyze the substance of the health service program in the village and the realization of the health service program in the village, giving birth to a prototype model for the evaluation of health service program policies in villages throughout Bone Regency.

The results show that the substance of the health service program in the village, namely the health service program is less effective because the facilities and infrastructure of the community health center are very minimal, the tendency to use village funds is inefficient because it does not carefully take into account development financing and village government activities, health services are not evenly distributed because only at the planning stage which is somewhat relevant to regulations, while the implementation, administration, reporting and accountability stages are not in accordance with regulations, Equitable utilization of village funds is not realized, because it is not in accordance with procedures, The response of the implementer of health service policies to rural communities is not optimal, the whole village is not ready receive village funds because of weaknesses in institutional, human resources and program aspects. The realization of the health service program in the village, namely the explanation of health services is very much determined by the behavior and emotional reactions of the community on the severity of the disease, the level of compliance of midwives with the service standards for examining pregnant women is still low, the analysis of management and absorption of village funds uses a centralized and decentralized system, and accounting. Village funds for village community health services are still low due to limited facilities and skills. Research findings indicate the need for a prototype model of health service policy evaluation in villages that has various sociodemographic aspects of health needs and access, and health service collaboration policy evaluation models require competent and qualified health implementers to reduce human error.

Key Word: Policy Evaluation, Village Funds, Village Community Health.

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I. INTRODUCTION

The problem of managing Village Fund Allocation in Bone Regency as stated by the Head of the South Sulawesi Province Development and Financial Supervision Agency (Didik Krisdiyanto, 7 November 2017) reminds several critical points of village financial management problems, including: (1) There is still a lack of transparency and community participation, (2) The implementation of activities that do not use labor-intensive patterns, (3) the quality of human resources is still lacking, (4) the use of Village Fund Allocation is outside the priority, and (5) Evaluation at the sub-district level and related agencies is still weak and (6) The role of the Government Internal Supervisory Apparatus is not optimal.

On the other hand, according to Suparman. (2013: 1) that the problem in the implementation of the Public Health Insurance (public health insurance) policy implemented by the Bone Regency Government is mainly there are still gaps in terms of membership and access as well as mechanisms for services to the poor who are the target of the policy. The Public Health Insurance (public health insurance) policy is not yet optimal, especially in terms of membership, access, service mechanisms, funding and quality of service. In terms of membership, there is still a gap in the number of family cards for community health insurance participants from the poor in each sub-district, overlapping databases at Community Health Centers, hospitals, the Health Office and the local government. In terms of access to health services to participants in public health insurance both in quantity and quality in the areas 38 Community Health Centers and 27 sub-districts have not met the target in the guidelines for implementing public health insurance. In terms of service mechanisms, it is not fully based on

the aspect of affordability and considerations of cost and proportionality. In fact, it still creates conflicts of interest and gaps, over bureaucracy which sometimes hinders public health insurance participants. Socialization and guidance are still relatively lacking. In terms of funding, there is still a delay in the distribution of funds that hinders the Public Health Center and hospitals from providing services and there is still a mismatch between the claims of Indonesia Diagnosis Related Group and the reality of the services provided. The implementation of the public health insurance policy is influenced by four factors, namely communication, resources, disposition and bureaucratic structure.

Based on the initial survey by researchers on February 2, 2020, it is known that: Lack of transparency in the management of village funds, The use of village funds does not pay attention to the Regulation of the Minister of Villages for Disadvantaged Areas and Transmigration Number 21 of 2015 concerning Priority Determination of the Use of Village Funds, Has not fully involved community elements in the implementation process and village fund budgeting, and village officials do not understand how to manage village funds in Bone Regency in 2019.

Based on the above background, the problems in this study are: (1) How is the substance of the health service program in villages in Bone Regency? (2) How is the realization of the health service program in villages in Bone District? And (3) Why is a prototype of a health service program policy evaluation model needed in villages in Bone Regency?

II. RESEARCH METHODS

The type of research used is a phenomenological and qualitative descriptive approach to find the reality of the study on the research object. This research is analyzed in depth through the triangulation method that prioritizes the emic perspective, which emphasizes the process rather than the result, by considering the halo effect, namely observing the dynamics of the environmental situation of the research object which has an impact on the focus and research indicators. The data updating technique was carried out using the forums group discussion method. Data collection was obtained from survey instruments, interviews and documentation analysis. Data validity and reliability through data validation by checking the credibility, transferability, dependability and confirmability of data. Furthermore, analyzing the data content through the process of data collection, data condensation, data presentation and drawing conclusions.

III. DISCUSSION OF RESEARCH RESULTS

1. The substance of the health service program in the village

a. The effectiveness of the health service program, facilities and infrastructure of the Community Health Center in the village is minimal, making health services worse. Many patients attend only to take referrals, or immediately take medication in the city of Makassar. The minimal health team, such as a doctor with only one person and 4 nurses, has caused stagnation in services. Although in other cases, the services provided by the health team were quite good in their personal approach. The effectiveness of thinking is an initial action that must be taken before taking further action. The decision makers, in this case the village head together with the Village Consultative Body, and even the existing decision makers, did not carry out an in-depth study of every proposal that was aspirated, whether it was a discussion or until deliberation in formulating and making decisions so it was very ineffective.

b. The efficiency of the health service program, the average financial efficiency level of Bone Regency in 2017-2019 shows an inefficient level of 92.90 percent. The village that had the highest level of efficiency was Cingkang Village at 85.23 percent, while the lowest was Timusu Village with an efficiency level of 129.09 percent. This inefficient tendency is basically a waste, where it is not careful in calculating the village financial allocations that are used to finance rural community health development and village government activities as well as the level of funding priorities, so that target achievement is not optimal.

c. Adequacy of health service programs, local governments have not been able to provide protection to all people in the face of disease risks, which have an impact on huge financial losses for households. As a result, the entire community does not have the assurance that they can seek treatment according to their ability if they are sick. Currently, people who need treatment experience household financial difficulties because they have to pay for treatment at the Community Health Center beyond their capacity.

d. Equitable health service programs, in the management of village funds at the implementation stage, administration, reporting and accountability are not in accordance with regulations except for the planning stage. So that equitable utilization of village funds for the benefit of rural communities cannot be realized. The inhibiting factors are Human Resources, delay in reporting, changes to the Village Revenue and Expenditure

Budget, internet network and public understanding. For this reason, efforts were made to overcome these obstacles by developing a selection system for village officials, increasing the level of education and training efforts for village officials.

e. The responsiveness of health service policy implementers to rural communities has not shown maximum results, despite the various regulations that have been issued by the legislature and executive to meet the expectations of rural communities.

f. The appropriateness of the entire village health service program was not ready to receive village funds at the beginning of its disbursement due to weaknesses in the institutional aspects, aspects of human resources and aspects of the program. As a result, the use of village funds was not participatory in planning and implementation, thus involving sub-district and district bureaucrats. This weakness resulted in the utilization of village funds to become uniform, such as making drainage, paving blocks, procuring mobiles and air conditioning as well as repairing and renovating village offices, which should have been used for priority development so that the dynamics of different needs and desires of each village appear. The determinant factors that contribute to the readiness of the village to receive village funds include the timing factor (timing), the regulatory factor, and the precautionary factor. Village funds as a policy are considered to be implemented too quickly, before implementation should have preconditions such as institutional readiness, human resources and programs. Likewise, the regulations that often change which result in overlapping policies and issues of prudence that make implementers ambiguous, half-hearted, and even fearful of receiving and utilizing village funds.

Realization of the health service program in the village

a. For the explanation of the health care program, each person has a different reaction to illness conditions or the threat of disease. Individual behavioral and emotional reactions depend on the lightness and severity of the patient's illness. Various indicators of patient behavior, illness and duration of illness that threatens the patient's life. Healthy, which is a dynamic state that changes continuously according to individual adaptations to various changes in the internal and external environment to maintain a healthy physical, emotional, intellectual, social, developmental and spiritual state. Meanwhile, pain is a process of individual function in a dimension that changes the patient's health condition. Health and illness are relative qualities and have a degree so that it will be more accurate if the Family Card is determined according to certain points on the range scale.

b. The obedience of health service programs, the level of obedience of midwives in the village to standard antenatal care services to optimize the mental and physical health of pregnant women or antenatal care is still low. The compliance of village midwives with antenatal care standards is influenced by three main factors, namely supervision, knowledge, and organizational commitment. Meanwhile, data analysis related to the legal framework (basic policy) recommends the "Golden Triangle Love Movement", namely: Love for Immunization, Love for Mother and Child, and Love for Community Health Care Guarantee / Health Fund / Village Medicine Post. Meanwhile, those who become supporting policies recommend "Beautiful Girls", namely the Anti-Endemic Goiter Movement, preventing mental retardation and cretinism by way of correctional treatment of iodized salt and iodized capsules.

c. The health service program audit found the management of the budget ceiling for rural community health services in Bone Regency consisting of: Budget planning is carried out by button up, Management and absorption of the budget ceiling is divided into two absorption systems, namely the centralized absorption system and the decentralized budget absorption system, the absorption system. The centralized budget is used for operational costs, and the absorption of the budget in a decentralized manner is not accompanied by good management so that it has not gone well. Whereas what is an obstacle to the management process and absorption of the village fund budget ceiling include: Delay in disbursement of funds that have been allocated, There is no openness to the absorption of the centralized budget, so that there are activity plans that cannot be realized due to budget shortages, Mismatch of budgets allocated to service implementation plans health so it was chosen to postpone activities in the following year.

d. Village fund accounting for village community health services is still low due to limited skills of village officials and inadequate computer facilities. With the gradual implementation of the Village Financial System and Village Information System such as the allocation of village funds, the accounting recording system is carried out with an online-computerized recording system. However, the description of the financial management of the Village Fund Allocation in 2019 shows quite good and realistic results that are focused on

the health benefit of the village community. Because there are some village officials who manage the Village Fund Allocation with bad intentions in the vortex of Corruption, Collusion and Nepotism, resulting in legal entanglements that vary according to the level of error.

3. Prototype model evaluation of health service program policies in the village

a. Independent handling of the evaluation model for health service program policies in the village, village officials and the health team as the driving force for health empowerment in conveying various health information to the community in the village. In the organization, it involves various parties with a tiered empowerment system, so that the final subject is the community. The evaluation model of health service policies in villages through independent handling of the public in the dissemination of health information has various sociodemographic aspects of the needs that need to be met and different access to health.

b. The evaluation model of the collaborative health service program in the village policy, the model for the evaluation of the collaborative health service policy in the village requires bureaucrats and health teams to have good qualifications in their respective fields to reduce human error and negligence factors in providing health services.

As a solution to the use of village funds for village communities, researchers offer a prototype model for evaluating village community health service policies, as shown in the following figure:

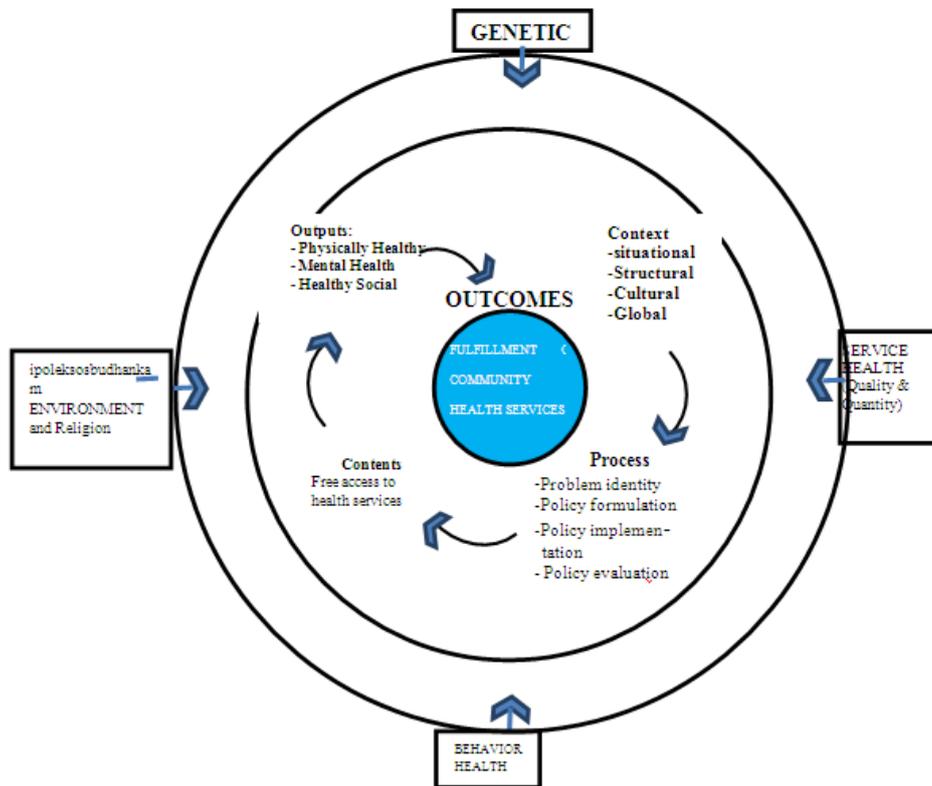


Image of Prototype Model of Village Community Health Service Policy Evaluation (Hasbi Ibrahim, 2021)

IV. CONCLUSION

1. The substance of the health service program in the village, namely the health service program is less effective because the facilities and infrastructure of the community health center are very minimal, the tendency to use village funds is inefficient because it does not carefully take into account development financing and village government activities. the planning stage is somewhat relevant to regulations, while the implementation, administration, reporting and accountability stages are not in accordance with regulations, Equitable utilization of village funds is not realized, because it is not in accordance with procedures, The response of the health service policy implementer to rural communities is not optimal, All villages are not ready to receive funds villages due to weaknesses in institutional, human resources and program aspects.

2. The realization of the health service program in the village, namely the explanation of health services is very much determined by the behavior and emotional reactions of the community on the mild and severe of the disease, the level of compliance of midwives with the service standards for examining pregnant women is still low, the analysis of management and absorption of village funds uses a centralized and decentralized system, and Village fund accounting for village community health services is still low due to limited facilities and skills.

3. Research findings indicate the need for a prototype health service policy evaluation model in the village to have various sociodemographic aspects of health needs and access, and the health service collaboration policy evaluation model requires competent and qualified health implementers to reduce human error.

Meanwhile, the novelty of the findings of this study is that there is an element of religious value that significantly contributes to the healing process of the patient from the illness he or she is suffering from.

V. SUGGESTIONS

With regard to various phenomena and numbers of research results, the researchers recommend the following:

1. The village government should be able to take advantage of information technology such as a website or special application that contains all village information such as village profiles, population data, village development plans, village financial accountability reports and others that can be accessed by all people anytime and anywhere so that the community You don't need to come to the village office if you want to know the village financial reports, just stay at home.

2. The village government should communicate more with related agencies so that in carrying out the management of Village Fund Allocation and / or Village Original Income, it is not wrong. As well as receiving, any input and suggestions related to the management of Village Fund Allocation and / or Village Original Income.

3. In managing the Village Fund Allocation and / or Village Original Income, it is best to make an orderly and comprehensive recording and then inform the community at least once every three months regardless of the results and whatever the use is. Then the village government should provide a space for discussion and space for aspirations from the community. That way you will be able to get input and criticism for improving village financial management and village community health services. Therefore, related agencies should assist village officials so that village financial management and village community health services run transparently, accountably and on target.

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