

## LOCAL GOVERNMENT INNOVATION IN IMPLEMENTING MANDATORY AUTHORITIES IN THE HEALTH OFFICE CENTRAL LOMBOK DISTRICT

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### ABSTRACT

*The research objectives are; 1. To see the innovation process in the health office for health sector affairs 2. To analyze the models/types of innovation that exist in the health office. 3. To map the obstacles/barriers in the innovation process at the agency. 4. To analyze the efforts made in overcoming these obstacles. This study uses a qualitative approach, data obtained through interviews, observation, and documentation with spiral data analysis. Discussion, the process of innovation in the health department is by disseminating findings, externalizing findings, combining findings and internalizing findings. The results of the innovation process and innovation model at the health office in the work unit made a breakthrough program that was applied with the following model: 1. Bajang Tastura (Ambulance Network Brigade), Rapid Ambulance Assistance for villagers, 2. P3KM (Infectious Disease P2 Agent), Recording of infectious diseases in the community, 3. PTM Posyandu, Monitoring of Non-Communicable Diseases, 4. P3S (Stunting Acceleration Program), 5. E-PPGBM (Mobile Toddler Nutrition Growth Monitoring), 6. Integrated Referral for MCH-ELDERLY and Adolescent-UKS Monitoring Elderly health in adolescent health, 7. E-Puskesmas, Online -based basic health services , 8. Quick Quin Blood, UTD implementer.*

### KEYWORDS

Innovative, Innovative Process, Local Government



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## INTRODUCTION

The local government as the recipient of the authority for basic services mandated by Law Number 23 of 2014 concerning Regional Government, which is stated in article 12 paragraph 1, namely, mandatory government affairs related to basic services as referred to in article 11 paragraph (2) includes, where one of them mentions in letter (b) health, then in carrying out that authority of course requires breakthroughs and innovations in accelerating services in the health sector. Innovation is a step towards faster progress. Innovation is resistance to establishment which is sometimes not easy to accept. This is increasingly realized by local governments in providing services to their people must be faster, more effective and on target.

The problem is that exercising discretion or innovating requires courage, commitment and clarity of the legal system which ensures that when regional heads make a breakthrough, they will not be affected by the law if they implement the innovation-based public service program.

As mandated by Law Number 23 of 2014, where there is a chapter that specifically regulates regional innovation. In addition, innovation is a path to significant change and is a must for every public service, especially in this era of disruption that is all electronic and digital and technological advancements with industry 4.0 and even towards 5.0. is a necessity if an organization does not keep up with developments and changing times. It is unfortunate if a community organization, in this case a local government, does not have the characteristics as conveyed by Bean &

Readford (2002:71) saying that an innovative organizational climate has the following characteristics:

1. Mutual trust ( is trusting );
2. Be open to new ideas and alternative approaches to solving and exploiting opportunities;
3. An environment that emphasizes adaptability;
4. Emphasize flexibility;
5. Goal -directed with a sense of purpose ;
6. Show concrete evidence that innovation is rewarded;
7. Rewarding innovative achievements.

Based on the characteristics of the organization mentioned above, it should be a public organization that is given the mandate to carry out the main tasks and functions of government, namely the implementation of the mandatory authority for basic health services in accordance with the mandate of Law number 23 of 2014 concerning regional government. In Article 11 paragraph (2) mandatory government affairs as referred to in paragraph (1) consist of Government Affairs relating to basic services and government affairs not related to basic services, then in Article 12 paragraph (1) mandatory government affairs relating to basic services as referred to in article 11 paragraph (2) include: in letter b. health. And based on the provisions of Article 386 paragraph (1) in the context of improving the performance of regional administration, regional governments can innovate; (2) Innovation as referred to in paragraph (1) is all forms of reform in the administration of regional government. Then in Article 387, it is stated that in order to formulate innovation policies, local governments refer to the following principles: a. Increased efficiency; b. Improved effectiveness; c. improvement of service quality; d. no conflict of interest; e. oriented to the public interest; f . done openly; g. meet the values of propriety; and h. can be accounted for the results are not for their own sake.

Referring to the article above, every regional government is obliged to carry out innovation in the context of implementing development in the region (Rodríguez-Pose, 2013), it must be carried out in a planned, integrated, integrated and coordinated manner through the development of science and technology, so that it is necessary to strengthen the regional innovation system, therefore the community and regional governments that are innovation plays a very important role in strengthening the carrying capacity, capacity and competitiveness of the region, so it is necessary to apply science and technology to all aspects of development in the region.

Based on the description above, the objectives of this research are to see the innovation process in the health office for health affairs, to analyze the models/types of innovation that exist in the health office, to find out the obstacles /obstacles in the innovation process at the agency, to analyze the efforts made in overcoming these obstacles.

### RESEARCH METHOD

The research method used in this study is a qualitative descriptive method. The type of data used in this study is qualitative data, which is divided into two categories, namely primary data and secondary data (Onwuegbuzie, Leech, & Collins, 2012). Sources of data obtained through library research techniques (Library Research), which refers to sources available online and offline, such as: scientific journals, books, and news from trusted sources (Metzger, 2007).

These sources are collected based on discussions and links from one information to another. Data collection techniques used in this study were observation, interviews and research. Data analysis and drawing conclusions.

### RESULT AND DISCUSSION

The application of innovation in government has become a necessity both at the central government level and for local governments (Hoppe, Graf, Warbroek, Lammers, & Lepping, 2015). The innovation is intended to facilitate the community in getting more quality services from the government and the various needs of the community being met more quickly. The idea of the importance of the government implementing innovation as put forward (Bekkers, Edelenbos, & Steijn, 2011), which states that:

“Local government's main role to help local communities to learn to make strategic choices by balancing the costs and benefits of efficiency, effectiveness, economic growth, quality of life, social justice, participation and legitimacy. This role one suspects, demand a high level of innovation if local government organizations are to be effective in their work ”. (The main role of local government is to help local communities learn to make strategic choices by balancing the costs and benefits of efficiency, effectiveness, economic growth, quality of life, social justice, participation and legitimacy. This one role is suspicious, demanding a high level of innovation if local government organizations want to be effective in their work)”

Innovation should be the core activity of the public sector: helping public services to improve performance and increase public value, responding to citizen expectations and adapting to user needs, increasing service efficiency and minimizing costs (van Ooijen, Ubaldi, & Welby, 2019). Moreover, the public sector has succeeded in innovation in the past, effective governance and public services depend on successful innovation – to develop better ways to meet needs, solve problems and use resources and technology).

Departing from this, comes the meaning of thinking and creative behavior in order to bring up an innovation. At the government level, as a public servant the direction is to provide comfort to the people who receive services. A good public service, if the public servant, namely the local government is good (Szkuta, Pizzicannella, & Osimo, 2014). Innovation development for regional device organizations will be very effective, when the organization has the ability to innovate. However, if the organization does not have the potential and ability to innovate, the organization will not be effective in providing public services.

The process of transforming ideas and knowledge carried out by public organizations by utilizing the capabilities of their human resources into various forms in the form of service mechanisms and new systems that provide benefits to the wider community in the field of basic health services in accordance with the mandate given by the local government (Wilson & Game, 2011).

Many researches on local government innovations have done it, as has been done by previous researchers, such as in the research on the pick-up ball innovation process at Puskesmas II Punggelan, where the innovation is to visit patients at home, namely pregnant women who are about to give birth, this research is in the form of an effort to reduce the risk of maternal death by health workers, namely village midwives at the puskesmas (Yusriani, Alwi, Romalita, & Dewi, 2019).

The form is the same, namely basic health services at the first level, this research is almost the same as what the author will examine, relating to basic health services, only the locus is different (Estrada et al., 2012), next is local government innovation in the administration of authority in the education sector which is carried out in Gowa Regency, where the results show the ability of the local government in this case because of the support from the leadership of regional heads and elements of leadership in the legislature and executive (head of service and staff) (Ledyaev & Chirikova, 2017).

Compared to the research that the author will examine, is the difference in authority, namely basic services in the field of education (McDonald & Ruiters, 2012), on innovation through the Licensing Service Clinic (KLIPPER) which successfully helps the organization's daily tasks and provides benefits to the community (M. Rizky, 2016). KLIPPER is a licensing consultation program for investors who will make complex buildings so that the licensing process is faster, cheaper and does not violate regulations.

The service innovation carried out by the Yogyakarta City Health Office through the Elderly Health Home in improving services for the elderly, the research locus on advanced health services at the Elderly Hospital, compared to research that researchers will do the difference in the locus, namely service basic health level I, health innovations whose locus is the implementation of the Home Care program in the city of Makassar are still not fully implemented in accordance with the best practice criteria. The similarity of the research that the researchers will do is that the legality of the resulting innovation program has not been legalized, so it will be weak in the sustainability of the home care program. Smart Card as Innovation Government Areas in the City Makassar by analyzing the attributes of innovation used in assessing the implementation of innovation (Wulandari & Munawaroh, 2020).

This research was carried out in the the city of Mak Assar as a place of implementation smart card program as a support for the creation of a smart city in the city of Makassar so that it becomes the main focus of research, exploring an innovation in public services in the health and emergency fields, namely the Public Safety Center (PSC) 119 Bantul Regency, the research conducted is one of the innovations that researchers get at the Central Lombok Health Office. but research on regional innovations

in the implementation of the mandatory authority for basic health services no one has done it yet.

### **The process of innovation at the district health office**

According to Nonaka (1995) innovation is a thought process, so the innovation process can be explained with the SECI example of Management Knowledge. The SECI model consists of Socialization, Externalization, Combination, and Internalization, so that government innovation can run effectively, it is better to go through the discovery process using the SECI example, namely discovery socialization, discovery externalization, discovery combination and discovery internalization. With the spiralization from the SECI Nonaka model, the government's innovation process will run effectively and sustainably. This condition led the writer to conduct an in-depth study of the concept of the process of finding government in the realm of local government, based on the theory of the SECI model that the researcher used, namely: starting from the process of socialization, externalization, combination and internalization, namely:

#### **1. Bajang Tastura (Ambulance Network Brigade)**

This is a model of standby delivery service carried out at the village level, namely the polindes, where each village is given a village ambulance whose budget is from village funds, this is done to prevent a high risk of pregnant women who will give birth when assisted at the polindes level, the health workers cannot because the patient's condition is at risk if giving birth at the polindes, then an immediate referral is made to a higher health facility, namely, to the nearest RSU that has BPJS services.

#### **2. Quick Quin Blood**

Is a model of providing blood bags for patients during childbirth/pregnant women who are about to give birth, which is a form of saving/providing blood from family members of pregnant women who are registered at the time of delivery, in this way it is intended to make it easier for patients if there is a risk of severe bleeding and need Blood will be given immediately, because the patient's family had anticipated it from the start.

#### **3. P3KM (P2 Infectious Disease Agent)**

Is a model of monitoring the types of infectious diseases that occur in the community by involving data collection agents or health cadres who voluntarily want to become monitoring officers and recorders of diseases that often arise in the community.

#### **4. PTM Posyandu**

This is the opposite of P3KM, which is monitoring the types of non-communicable diseases to be recorded and submitted to the puskesmas officers.

#### **5. E-PPGBM (Mobile Toddler Nutrition Growth Monitoring)**

In the context of preventing and resolving cases of stunting or undernourished toddlers, a nutrition monitoring application was formed which is a continuation of the program that has been manually recorded, to be immediately reported to the health department and the process of handling it quickly, and can be monitored by other institutions that have cooperation, such as social services etc.

#### **6. Integrated Reference for KIA-ELDERLY and Adolescent-UKS**

Is a program of activities carried out by the Maternal and Child Health section, which is community-based by empowering and optimizing the role of health cadres in recording and providing education to elderly groups at the neighborhood or hamlet level, as well as guidance and education to school-age youth based on the school environment in the working area of the puskesmas and village villages by posyandu cadres.

#### **7. E-Puskesmas**

Is a basic health service program at the puskesmas level, which is carried out based on the internet or in a network, making it easier for the community to register and get fast service when they go to the Puskesmas for treatment.

**Obstacles in the Innovation Process:**

1) Internal Barriers

a. Organizational structure

Judging from the organizational structure, where there are levels in the division of tasks and functions for each employee in the organizational environment, it can be an obstacle in the innovation process, namely every employee who has an idea or concept, then the person concerned must report to the coordinator or leader. above, for example at the staff level, the staff will report the results of their work to the higher-level leadership, namely the lower-level leader or the so-called section head, and so on, from the section head to the head of the field, and the head of the field to the head of his service.

b. Organizational culture

Organizational culture is an inhibiting factor because of the work pattern and attitude of employees who always wait for instructions or directions from their superiors, thus limiting the ideas or concepts that a staff wants to do, must get direction or approval from their leaders based on SOPs in the organization, bureaucratization,

c. Organizational Resources

The number of health workers in Central Lombok district is currently sufficient, both medical and paramedical and non-medical personnel, namely the adequacy of the number of general practitioners and specialists and midwifery, nursing and other supporting health workers, this can be seen from the ratio of the number of medical personnel and paramedics. medical services spread across 12 sub-districts within the working area of the Central Lombok district health office, as follows:

Table 1 Number of Health Workers (PNS/ASN) in 2020

Subdistrict	Medical personnel	Nursing Personnel	Midwifery	Pharmacy Staff	Other Health Workers
West Praya	5.00	55.00	22.00	6.00	16.00
Southwest Praya	4.00	30.00	20.00	3.00	8.00
Pujut	5.00	59.00	49.00	6.00	19.00
East Praya	2.00	47.00	28.00	9.00	9.00
Janapria	4.00	49.00	16.00	4.00	15.00
Kopang	5.00	67.00	34.00	5.00	21.00
Pray	5.00	70.00	60.00	5.00	18.00
Middle Praya	4.00	57.00	35.00	6.00	19.00
Jonggat	6.00	87.00	53.00	7.00	23.00
Pringgarata	4.00	42.00	45.00	5.00	17.00
Batukliang	3.00	41.00	31.00	4.00	16.00
North Batukliang	3.00	31.00	19.00	2.00	8.00
Regency. central Lombok	50.00	635.00	412.00	62.00	189.00

**External Barriers**

Social structure of society

Central Lombok society has a social structure based on categories:

1) Social Class

Which is divided into aristocratic groups, Kyai groups, and commoners. This social class greatly affects the success of the official work program, because without the



support of the above social classes the program cannot run optimally as planned, namely the higher-level group and the kyai group will play a very important role, when socialization is carried out to the common people group.

2) Education Level

Divided into higher education, namely starting from Diploma, Bachelor, Postgraduate to Doctoral strata, moderate education with high school level and low education, starting from elementary school to junior high school. The level of education also affects the success of the official work program because there will be stagnation if the target of the work program is more targeted at the low level of education it will be difficult to run the work program.

3) Economic Level

Divided into elite, middle and low classes, where the target of this work program will usually be aimed more at people with a low economic level or income/income level in the category of underprivileged/poor, this has implications for the success of the official work program. health is not optimal as expected.

### **Efforts to Overcome Obstacles**

#### **Internal**

1. Policy Sync

This policy synchronization means that each work unit handles work programs to make an innovative study and program on access to services to the community (Soldani & Manzalini, 2015).

2. Activity Program Socialization

It is carried out in the form of sharpening the activities of each work unit according to the program and activity plans that have been made in the RKA, as well as providing (Hakim, Saputra, & Saleh, 2021).

3. Activity Program Budget Support

Priority is given to program activities that support the mission and work programs of the office that are novelty or digital innovation of public services (Mergel, 2018).

#### **Social Class**

Actively and continuously involved through socialization and consolidation with 2 groups, namely the aristocratic group and the clerics group, because by involving these two groups the common people will listen and want to be invited to carry out official program activities because of their character as community leaders and religious leaders.

#### **Education Level**

Involving these high and medium educated groups, through socialization and consolidation of official work programs to become examples for people with low education, because by looking at groups with high and middle education they are willing to participate in official program activities.

#### **Economic level**

Involving the elite and middle class directly through the socialization and consolidation of the official work program for this lower class group, where these two groups help share or are involved in providing assistance to this lower class/poor group to reduce costs if the poor community group needs it.

## **CONCLUSION**

The innovation process at the health office runs according to the characteristics of an innovative organization and the mandate of Law 23/2014, Constraints faced are the lack of available funds, Efforts are being made to increase funds, cross-sectoral

collaboration with village and sub-district governments. In order for the innovation process to run well, the head of the health office is asked to provide support and assistance as well as an adequate budget, in order for innovation to be sustainable, local governments are asked to legalize or make regional head regulations the results of innovations that have been produced by the Regional Work Unit (health office) to strengthen their network. To strengthen cross-sectoral coordination through institutional strengthening of the results of these innovations.

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