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IMPLEMENTATION OF SPECIAL AUTONOMY POLICY IN THE HEALTH SECTOR IN WONDAMA BAY REGENCY WEST PAPUA PROVINCE

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ABSTRACT

The degree of public health and health services has not shown results that are in line with the objectives of the special autonomy policy. The data shows that the infant mortality rate (IMR) is still high and the maternal mortality rate is still high. The aim of the research is to analyze and explain the implementation of the autonomy policy, especially in the health sector, the influencing factors and to formulate a new model regarding the implementation of the special autonomy policy in the health sector in Wondama Bay Regency, West Papua Province. This research uses implementation policy theory put forward by Grindle which consists of content policy and implementation context policy. The research approach used in this research is a qualitative approach with a descriptive research type. Data collection techniques were carried out by interviews, observation and documentation. Data analysis techniques used were data reduction and conclusion. The results of the study show that the implementation of the special autonomy policy in the health sector is not optimal, thus it needs to involve many components (authority, affairs, finance, resources, attitude of implementers, community participation and so on). The "NUNAKI" Policy Implementation Model is a construction of research results consisting of three elements, namely: commitment, communication and collaboration. The implementation of the "NUNAKI" model requires five basic prerequisites, namely: regional authority, regional institutions, state finances, local government politics and the effectiveness of coordination, guidance and supervision.

KEYWORDS *policy implementation, special autonomy, health*

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INTRODUCTION

The essence of the government's presence is to provide protection, promote general welfare and educate the nation's life and maintain world order, lasting peace and social justice for *citizens*, as mandated by the Constitution of the Republic of Indonesia at the Preamble to the 1945 Constitution. Based on the mandate of the constitution, the state is obliged and responsible for organizing a quality public service system in various aspects of national and state life, especially providing quality public services to the people who are citizens. Quality public service to the people will give birth to the satisfaction and trust of the people in the country (Fanggidae & Yuanjaya, 2016).

To realize the responsibilities and obligations of the state in the public service system and by considering that the territory of the Republic of Indonesia is very broad, the mandate of Article 18 of the 1945 Constitution after being amended in 2001:

(1) The Unitary State of the Republic of Indonesia is divided into provincial areas and the provincial areas are divided into regencies and cities, each of which has a local government, which is regulated in law.
(2) Provincial, district, and municipal governments regulate and manage their own government affairs according to the principle of autonomy and auxiliary duties.
(3) Provincial, district, and municipal governments have a Regional House of Representatives whose members are elected through general elections.
(4) Governors, Regents, and Mayors as heads of provincial, district, and municipal governments are democratically elected, respectively.
(5) Local governments exercise the widest possible autonomy, except for government affairs which by law are determined to be the affairs of the Central Government.
(6) Local governments have the right to enact local regulations and other regulations to carry out autonomy and auxiliary duties.
(7) The composition and procedures for the implementation of the regions are regulated in the law.

Furthermore, it is explained that because the Indonesian state is an *eenheidstaat*, Indonesia will not have an area within its environment that is *staat* as well. The explanation in the aforementioned constitution, reinforced by Koswara (2015: 1) that the Indonesian region is divided into provincial areas and the provincial areas are also divided into smaller areas.

Observed from the historical aspect, in fact, in the practice of implementing the Indonesian government with the principle of decentralization, it has gone through state consistusion, namely Article 18 of the 1945 Constitution. This is affirmed by (Jeddawi & Rahman, 2018) by stating that the application of the principle of decentralization in the process of administering government in the history of local government has actually been accommodated in article 18 of the 1945 Constitution. The consequence of applying the principle of decentralization is with state political policy, namely the state handing over part of the authority to the regions to become autonomous regions to regulate (*regeling*) and manage (*besstuur*) the affairs of self-government and the interests of regional communities in the system of the Unitary State of the Republic of Indonesia. Furthermore,

according to (Wasistiono, 2019) states that the argument that underlies the implementation of the principle of decentralization, is that Indonesia as the largest *archipelagic state* in the world, with tens of thousands of islands and islands and with hundreds of ethnic groups inhabiting it, then decentralization is a *condition sine qua non*.

In line with the principle of decentralization, special autonomy is a form of *good* will and *political will* of the government in bringing government services closer to the community in order to realize the welfare of the community in areas that have special characteristics, as well as focusing development on certain areas that are basic needs. Health is the *basic need* of the people and is one of the indicators of the quality of human development in a country (Sukmalalana et al., 2020). Therefore, it is the government's obligation to fulfill it through quality services. The quality of government services will greatly help the community to achieve prosperity, but poverty is still a severe challenge for the Indonesian nation, as shown in the following table:

Table 1
Number of Poor People in Eastern Indonesia

PROVINCE	SUM				
	2017	**2018**	**2019**	**2020**	**2021**
East Nusa Tenggara	1160.53	1150.08	1134.74	1134.11	1146.32
Maluku	327.78	331.79	320.42	317.84	317.69
North Maluku	72.65	76.40	78.28	81.93	84.60
West Papua	225.54	223.60	212.86	213.67	211.50
Papua	898.21	914.87	910.42	915.22	926.36
Indonesian	**28513.57**	**27764.32**	**26582.99**	**25674.58**	**25144.72**

Source: BPS RI 2022

Based on the data mentioned above, it illustrates that the number of poor people in eastern Indonesia is still very large, especially the two provinces on the island of Papua which still have millions of poor people who urgently need quality services. With such an understanding, the presence and existence of government for the community is a necessity as well as a solution to various problems that accompany people's daily lives and at the same time, quality government services are a need, longing and hope of the community. In this context, Government Science analysts come to the conclusion that modern government is essentially a service to society (Thalib & SH, 2018); (Sule, Trisnawati Ernie dan Saefullah, 2007) and service is an essential function of a government (Taliziduhu, 2003).

To bring government services closer to the community, one form of almost acceptable in interpreting government services is through a special autonomy policy. The policy of special autonomy is a political space that provides a pattern of government relations between the central and regional governments and between local governments and their people, egalitarianly, democratically and responsibly. Through this political policy, the essential duties and functions of government, namely government service to the community, are proclaimed and give meaning to the community. That the policy of special autonomy is a manifestation of the

political will of a *nation-state* in carrying out the division of power *(divisioan of power)* with the regions.

Through this division of power, it gives birth to autonomous regions that have broad rights and authorities and great responsibilities, to carry out services to the community, differences and regional development efficiently, effectively, democratically, transparently and accountably in realizing social order, justice, independence and community welfare in the regions. The purpose of autonomy has become very clear to support equitable distribution of development and health services, considering the high maternal mortality rate as one of the indicators of the quality of health services in Indonesia. The gaps that appear in health care can be seen in the following Table:

Table 2
Maternal Mortality Rate in Indonesia by Island

Island (Join)	Maternal Mortality Rate By Island
	2021
Sumatra	344
Java - Bali	247
Kalimantan	466
Sulawesi	282
Nusa Tenggara, Maluku, Papua	489
Indonesian	305

Source: BPS RI 2022

The data above shows the inequality of health services, especially services for parturients which shows that eastern Indonesia still faces very complex health problems. This can mean that the policy of decentralization and regional autonomy, is not an objective but it is an instrument or a good momentum for local governments in manifesting the essential function of government, namely quality government services to the community, including health services so that through this momentum, government service activities or health services take place as well as the role of local governments or local government bureaucracies in organizing the ministry in question.

Interpreted in depth, the policy of special autonomy is born from the political policy of the state on decentralization and regional autonomy within a country. In that context, if examined from a historical perspective, then the policy of decentralization and regional autonomy in Indonesia, is not a new policy but it has existed in the history of the long journey of central and regional government relations, starting from the colonial rule of the Dutch East Indies called *Wethousdende Decentralisatie van het Bestuur in Nederlandsch Indie* or known as *Decentralisatiewet* 1903 i.e. decentralization tentag law (Koswara, 2016).

The central government's attention to the politics of decentralization and regional autonomy continued through various policies such as Law Number 1 of 1945 after Indonesia became independent, Law Number 22 of 1948, Law of the State of Eastern Indonesia Number 44 of 1950, Law Number 1 of 1957, Presidential Instruction Number 6 of 1959, Presidential Instruction Number 5 of 1960, Law Number 18 of 1965, Law Number 5 of 1974, Law Number 22 of 1999, Law Number 32 of 2004 and Law Number 12 of 2008 and Law number 23 of 2014

concerning Regional Government. This policy of decentralization and regional autonomy through various laws and regulations is intended to realize the acceleration of development and welfare of the Indonesian people in the regions.

In the context of the implementation of government in Papua, theethics of an independent Indonesia on August 17, 1945, Papua was included in the territory of the Republic of Indonesia and was one of the residencies within the Maluku province (Koentjaraningrat, 1994). Furthermore, Indonesia returned West Irian to the lap of Mother Earth with the birth of West Irian Province. Subsequently, there was a change and the formation of West Irian Province whose territory included the entire *Nieuw Guinea residentie* with the capital in Hollandia which was still in Dutch territory (Djopari, 1993). The journey of autonomous regional government as the jurisdiction of Indonesia was stated that the legal basis for the administration of government in West Irian includes:

1. Law Number 15 of 1956 concerning the establishment of an autonomous region of West Irian Province;
2. Law Number 23 of 1958 concerning the Establishment of Emergency Law Number 20 of 1957 concerning the addition of the Law on the establishment of Level I self-sufficient areas of West Irian as a law;
3. Law Number 20 of 1957 concerning Amendments to the Law on the Establishment of the Autonomous Region of West Irian Province;
4. Law Number 12 of 1969 concerning the establishment of the West Irian Autonomous Province and Autonomous Districts in West Irian Province;
5. Law Number 16 of 1969 concerning the composition and position of the People's Consultative Assembly, the House of Representatives, the Regional People's Representative Council for West Irian Province;
6. Presidential Decree No. 1 of 1962 concerning the establishment of a new form of West Irian Province;
7. Determination of Precedent No. 1 of 1963, concerning the formation of government immediately after it was handed over to the Republic of Indonesia;
8. Presidential Decree No. 14 of 1963 concerning the policy of West Irian Province Development;

Responding to the various demands of the Papuan people regarding development inequality, and the demands for secession or independence delivered by the Delegation of the Papuan community component of 100 people on February 26, 1999 Bpak BJ. Habibie the President of the Republic of Indonesia at the State Palace Jakarta, (Tunggal, 2008), so to accelerate the development process in Irian Jaya Province, the government enacted Law Number 45 of 1999 concerning the expansion of Irian Jaya Province into Central Irian Jaya Province, West Irian Jaya Province, Paniai Regency, Mimika Regency, Puncak Jaya Regency and Sorong City. However, it was rejected, because of the improper momentum, "because it was considered non-aspirational and was in the interest of the Central Government in an effort to suppress or divide the Free Papua movement"(Lipi Political Journal Vol 3 No.1 of 2006, p. 29). In line with the demands for the legality of special autonomy for West Papua Province, Law Number 1 of 2008 concerning the establishment of Perpu Number 1 of 2008 concerning amendments to Law Number 21 of 2001, law Number 35 of 2008 was born in the framework of the Revision of

Law No. 21 of 2001 concerning Special Autonomy for the Provinces of Papua and West Papua.

On the other hand, to answer the demands that tend to lead to the disintegration of the nation in 1998 as a result of human rights violations, (Djohan, n.d.) stated that "Papua is part of the Unitary State of the Republic of Indonesia, as well as to answer the armed resistance carried out by the Free Papua Organization (OPM), to answer these demands the Government gave birth to a policy of asymmetric decentralization or special autonomy through Law Number 21 of 2001 on Special Autonomy for Papua Province". This political policy of asymmetric decentralization or special autonomy is a public policy issued by the state and is an extraordinary policy with consideration of the problems faced by the Papuan people such as "various policies for centralized governance and development, unfulfilled sense of justice, not yet achieved the welfare of the people, the realization of law enforcement and it seems that respect for human rights and the occurrence of problems in almost all sectors of life, especially in the fields of education, health, economy, culture and socio-politics as well as government bureaucracy at various levels", (Sumaryadi, 2006: 208).

The special autonomy policy for the Provinces of Papua and West Papua is a form of cultural recognition that the Papuan people are people with Melanesian families. The policy of special autonomy is a manifestation of the good will and political will of the state to create a prosperous, independent, cultured and dignified Papuan society. The country's commitment, accompanied by special autonomy funds for the Provinces of Papua and West Papua. Although the special autonomy policy has been implemented since 2001, the facts show that the implementation of special autonomy for the Provinces of Papua and West Papua has not provided the greatest benefit to the welfare of the people in Papua and West Papua Provinces.

The results of research conducted by Mardyanto and Yusuf from the Indonesian Institute of Sciences (2018: 176) show that "the amount of special autonomy funds that increase every year is not enough to make a significant contribution to improving the welfare of the people of West Papua. The level of welfare of the people of West Papua is still inadequate. In addition, the level of education and health is also still very low". Data from the West Papua Human Development Index (HDI) in 2016 shows that there is a decrease in the number of poor people, but the number is insignificant and tends to stagnate. So it can be seen that large special autonomy funds do not have a significant impact on improving welfare.

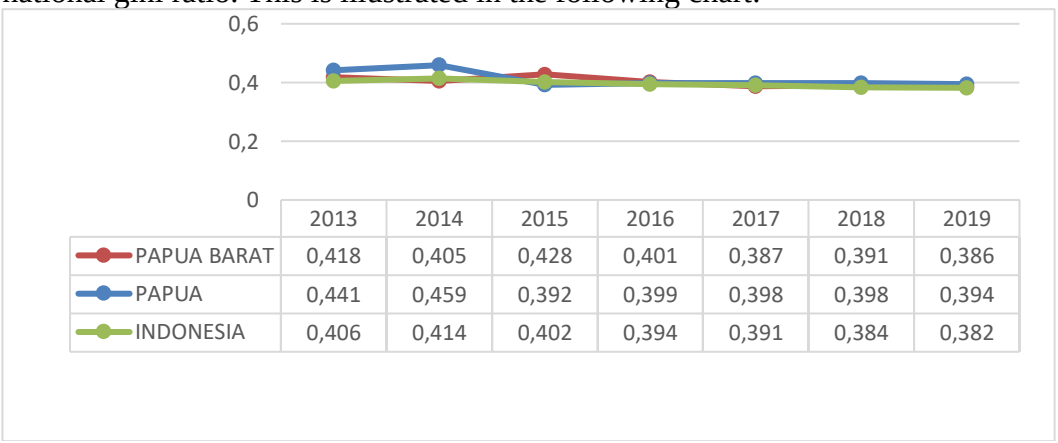
The comparison between the amount of special autonomy funds provided and the improvement of community welfare can be described in Table 3, The amount of special autonomy funds and the number of poor people in West Papua:

Table 3
Number of Special Autonomy Funds and Number of Poor People In West Papua Province

Year	Special Autonomy Fund (IDR)	Number of Poor People (%)
2017	1.353.196.948.950,00	28,53
2018	1.642.886.635.000,00	27,04
2019	1.866.835.735.000,00	27,14
2020	2.047.315.954.000,00	26,26
2021	2.117.327.091.000,00	25,73

Source : Ministry of Finance and BPS, data processed in 2022

The amount of transfer funds is actually considered unable to improve the welfare of the people of West Papua, which until 2021 still has a poor population of 211 thousand people. In addition, theenactment of Special Autonomy in West Papua Province in 2007 has not been able to improve the welfare of the poor even though the gini ratio tends to increase, even west Papua's gini ratio is above the national gini ratio. This is illustrated in the following chart:



Graph 1
Comparison of Gini Ratio of West Papua and Indonesia

The results of LIPI's research show that in 2011 the gini ratio was above the national gini ratio and in 2015 West Papua Province was one of the provinces that had the highest gini ratio rate in Indonesia. This shows that income inequality between rich and poor in West Papua Province is increasing after the enactment of special autonomy. On the other hand, in general, the life expectancy in each region has always progressed and in 20 1 5, the life expectancy of West Papua Province reaches 65.1 9 years, meaning that the average population of West Pap ua Province can live for 65 years. The highest life expectancy is d i Sorong City of 69.0 4 years d a n the lowest life expectancy in Teluk Wondama Regency of 58.36 years. This means that the residents of Teluk Wondama District can live for 58.66 years.

Table 4 on the Human Development Index, describes Wondama Bay District at the lowest order, as it is influenced by various factors, including the health field.

Table 4
HDI Data for West Papua Province by District/City

Districts/Cities	HDI			Rank		
	2019	2020	2021	2019	2020	2021
(1)	(2)	(3)	(4)	(5)	(6)	(7)
F a k-F ak	64,29	64,73	64,92	3	3	3
K aim a na	60,36	61,07	61,33	6	5	5
Teluk Wond a ma	**55,65**	**56,27**	**56,64**	**9**	**9**	**9**
Teluk Bi n tuni	59,79	60,40	61,09	7	7	7
Manokwari	68,81	69,35	69,91	2	2	2
Sorong Selatan	57,73	58,24	58,60	8	8	8
Stretch out	60,86	61,23	61,86	4	4	4
Raja Ampat	60,36	60,86	61,23	5	6	6
Tambrauw	48,69	49,40	49,77	13	13	13
Maybart	54,93	55,36	55,78	11	10	11
South Manokwari	54,95	55,32	56,59	10	11	10
Arfak Mountains	53,36	53,69	53,73	12	12	12
Sorong City	76,96	75,78	75,91	1	1	1
West Papua	**60,91**	**61,28**	**61,73**	**33**	**33**	**33**

Source: BPS West Papua Province.

Departing from the problems as stated, in government services in the health sector, it is necessary to take it seriously as a responsibility in the welfare of the people. Data from the last 3 years from 2019 to 2021 in Teluk Wondama Regency, shows that health services have not received serious attention, it is evident from the allocation of special autonomy funds in the health sector which is very low compared to 4 (four) other development areas, this can be seen in the following table:

Table 5
Special Autonomy Fund Allocation 2017 - 2021 Per Field
Teluk Wondama District Government

Year of Angga-Ran	Fund Ceiling	Field Division				
		Education	**Health**	Infra-Structure	Perekono-Mian Rakyat	Affirmative Action
2017	65.000.000.000	19.516.288.000	**9.766.294.000**	25.855.194.000	4.734.098.000	5.128.126.000
2018	68.780.186.020	33.962.656.116	**7.019.142.400**	9.250.000.000	9.748.387.504	8.800.000.000
2019	81.639.568.856	37.227.585.339	**5.682.624.493**	5.895.045.792	6.479.667.643	6.354.645.589
2020	92.629.466.000	25.445.928.030	**9.206.499.677**	23.445.844.942	9.091.898.701	25.439.294.650
2021	93.039.830.440	24.743.783.395	**9.206.960.900**	19.302.790.000	37.007.371.145	2.778.925.000

Source : Regional Development Planning, Control and Development Agency of Teluk Wondama Regency

Baer based on this data, with the allocation of the special autonomy fund budget as the government's policy in bringing government services closer to health services.

Departing from this problem, the central theme of this dissertation is the implementation of a special autonomy policy in the health sector, with *settings* and *fields*, health services in Teluk Wondama Regency. The argument that underlies the choice of this theme, that the essence of the presence and existence of government in a country is service to the community, because service is the main function of a government, for that there is no government without service and there is no society in a country whose presence and existence is without the establishment of government services. On the other hand, Rasyid (2007) said that government is the only formal institution that gains political *legitimacy* and *social acceptability* from society, to serve the people in a country, because the government is not formed to serve itself nor is it formed to engineer a system for the perpetuation of power, but it is formed to serve the community, With the main purpose of forming a government is to realize a system of order, justice, independence and public welfare through quality services, in various fields of development.

One of the areas that is a problem with the implementation of special autonomy for the Provinces of Papua and West Papua is the health sector. Health is a basic need of society and has become a concern for the global community and it is the duty and responsibility of governments to fulfill them. Public health becomes very important because it is related to the quality of human resources within a State. The progress and decline of a country depends largely on the quality of its people because the quality of society gives birth to a quality government. Quality government will provide quality government services to the people. Such is the cycle that illustrates how strategic health development is for the community.

The importance of health for the community, placing health as one of the measures of meaningfulness or meaninglessness of the presence and existence of government for the people in a State. Therefore, UNDP *(United Nations Development Programme)* gave birth to the *Human Development Index* in a country and chose health as one of the indicators, in addition to education and the economy.

Normatively, Law Number 36 of 2009 concerning Health emphasizes the importance of health for the community. Health, according to this law is one of the elements of general welfare that must be realized in accordance with the ideals of the Indonesian nation. It is also emphasized that health development is directed to heighten the degree of health that is large for the development and development of human resources. In the context of this embodiment, namely the optimal degree of health for the community, health service efforts are organized with an approach of maintenance, health improvement (*promotive*), disease prevention (*preventive),* disease treatment (curative) and health recovery *(rehabilitative)* which is carried out thoroughly, integrated and sustainable.

Because of health as a basic need of society and as one of the indicators of human development in a State, the government is obliged and responsible to serve by performing well, in the context of providing, distributing and fulfilling it preferentially to the people, when the people need it or before the people ask. The

good performance of health services from the government is a necessity, longing and hope and a must. People as citizens deserve quality health services.

Teluk Wondama Regency as one of the regencies in West Papua Province, has implemented a special autonomy policy since 2009. One of the areas of special concern in the administration of government in Teluk Wondama Regency is the health sector. However, public health and health services have not shown results that are in line with the objectives of the special autonomy policy. Data shows that the infant mortality rate (AKB) is still high and the maternal mortality rate is also still high. This condition shows that health services in Teluk Wondama Regency are still far from people's expectations. Data shows that in 2013, the infant mortality rate was 224 babies per thousand live births. Meanwhile, the number of deaths of pregnant women in 2013 was 62 people (Wondama In Figures, 2015). Data from the Teluk Wondama District Health Office report in 2014, showed that diarrhea in 2013 was 120 cases, 8 people died. In 2014, Diarrhea was 115 cases and 7 people died. Furthermore, malnutrition, in 2013 as many as 966 people. In 2014 there were 870 people. Furthermore, malaria sufferers spread in 6 (six) health centers. Data in 2013 malaria sufferers were 350 people, in 2014 there were 245 people. In addition, people with HIV / AIDS disease also spread in Teluk Wondama Regency. Demmy Antoh (2008: 36) argues that deadly diseases such as HIV / AIDS thrive in Papua because weak prevention efforts and other preventive actions are still not optimal implementation. In terms of health facilities and infrastructure, it is still limited. The data shows that the number of Puskesmas in Teluk Wondama is 6 puskesmas from 13 districts and 75 villages. Likewise, the number of health workers is still lacking. The number of doctors is 8 people and nurses are 156 people (Wondama In Numbers, 2015).

The condition of public health as stated above, shows that the problem of people's basic needs in the health sector is still a problem of people's lives. At the same time, people are still complaining about the behavior of government officials, including; doctors, medical personnel and employees in providing health services, such as less friendly, less sympathetic and empathetic, untimely in providing services, rigid and convoluted, less serious and sometimes often leave the place of duty for days and lack of health socialization for the community. In addition, there is a lack of availability of health facilities and infrastructure in districts and villages, both Puskesmas and Pustu as well as medicines and other medical devices. In addition, there are still limited numbers of health workers. The community's complaints are the same as the author's initial observations when starting research at Wondama Regional Hospital as well as several Puskesmas and Pustu.

Associated with the meaning of the presence of government for the people, government science answers that the local government bureaucracy, as an institution that carries out daily state political policies through service to the community, has not been able to carry out its role properly. In fact, quality service to the community is one of the indicators of assessing government behavior in front of the people or an indicator of the meaningfulness or meaninglessness of the presence of government for the people. In other words, the meaning of the presence and existence of the government before the people, lies in the extent to which the bureaucratic apparatus in producing, distributing and allocating quickly, precisely,

fairly and can be reached from an economic aspect and is available when the people need it or before the people ask.

Theoretically, it is understood that one of the institutions that is the personification of the government and has a very strategic role for the achievement of the goals, tasks and functions of government is the government bureaucracy. It is the government bureaucracy that translates policies of an operational nature and implements them at the empirical level. In other words, the effectiveness of government political policies will be meaningful or achieve goals, if the government bureaucracy carries out its duties and functions in a professional, sensitive, responsive, empathetic, committed and consistent and responsible manner. With the role of the government bureaucracy, Palmer (1989: 259) argues that the government bureaucracy plays the role of implementing the decisions formulated by political leaders. Furthermore, Rasyid (1999: 4) strengthened Palmer's opinion by arguing that the government bureaucracy is the most active party in the daily management of State power. In the context of the effective implementation of regional autonomy, Rondinelli and Cheema (1983: 299) argue that regional autonomy can be effective, in which agencies and actors at the provincial and local levels, have developed their ability to effectively implement the planning, policy making and management functions left to them.

One of the bodies or perpetrators as stated in the constatation above, is the government bureaucracy. The government bureaucracy has a very important role in realizing the policy objectives of asymmetric decentralization or special autonomy. It is the Government Bureaucracy that carries out the various autonomy authorities that have been handed over by the Government, to carry out services, empowerment and regional development in order to proclaim and realize justice, independence and welfare of the people. That is the role of the government bureaucracy in the atmosphere of regional autonomy in providing quality services to the community, including health services.

In general, referring to the formulation of research questions that have been described above, the purpose of the study is to analyze and explain the implementation of the special autonomy policy in the health sector in Teluk Wondama Regency, West Papua Regency.

Through the study of the implementation of special autonomy policies in the health sector, theoretically this research can develop policy implementation theories, especially from the aspects of content of policy and context of implementation, in the practice of public services in government administration in Indonesia. The findings of this study will complement the conceptualization of government policy implementation methods in encouraging better governance.

RESEARCH METHOD

The research design in this study is research using a qualitative approach. According to (Bogdan, 2018), in a qualitative approach, researchers observe and capture reality and examine the behavior of individuals, groups and their daily experiences. In line with the above opinion, (Ndraha, 2013), argues that qualitative approaches are used for introspection, retrospect, describing as it is, experiencing

and discovering *verstehen, deep-seated uniqueness*, researching a symptom, observing empirical qualities, forming theories and data.

The emphasis on a qualitative approach in this study is based on the consideration that the focus of this study reveals the process and discovers the meaning of health services provided by the government bureaucratic apparatus as well as those experienced by everyday society, Disclosure of processes and interplay of meaning in a study, qualitative approaches are more relevant (Smith et al., 2014); (Creswell & Creswell, 2017): (Maxwell & Frankenberger, 2022)

An approach that primarily uses a knowledge paradigm based on constructivist views (individual experiences or advocacy views. There are three strategies used in this approach, namely: first, entomography research is a form of research that focuses on sociological meaning through closed field observation of sociocultural phenomena (Emzir, 2007: 143). Second, *grounded* theory research is a general theory of the scientific method that deals with the generalization, elaboration, and validation of social science theory (Rantung, 2018). Third, *action research* is an informal, qualitative, formative, subjective, interpretive, reflective research and an experiential research model, in which all individuals are likened to studies as participants who know and support.

This research uses a qualitative approach, namely research that produces significant research according to data and information in the field. According to Sugiyono (2012: 32) that in qualitative research, data collection is not guided by theory, but guided by facts found while in the field. Meanwhile, theory only serves to help researchers to create various research questions, not to guide how to collect data and analyze data. While the qualitative research method according to Bogdan and Taylor in (Moleong, 2002: 3) is a research procedure that produces descriptive data in the form of written or spoken words from people and observable behaviors. Qualitative research carried out in a particular social setting is not intended to represent or represent a particular setting. This is due to the highly contextual nature of qualitative research and seeks to examine social phenomena at the micro level, and does not intend to make generalizations (Bungin, 2010: 45).

Newman in (Sugiyono, 2012) stated that qualitative research forms events in social reality that are meaningful to events in society or in organizational institutions by focusing on interactive processes and events that prioritize authenticity and assess explicitly using theory, facts and data in the field depending on the situation / event on the subject, using thematic analysis involving researchers immediately.

Furthermore, according to (Moleong, 2002) that the use of qualitative methods is based on 3 (three) main considerations, namely: 1) it is easier to adjust to reality that is dual or dealing with reality that is complex, 2) the ability to present the nature of the relationship between researchers and informants and respondents, 3) be more sensitive and adaptive to value patterns, meaning that it can adjust to many influences and patterns of value faced.

Data collection techniques in this study, refer to the opinion of Creswell (1994: 149) that in qualitative research, there are 4 (four) basic types in data collection, namely *observation, interviews, documents* and *visual images*. Based on this opinion, it can be explained as follows:

1. Interview

   Interviews are conducted with the aim of obtaining adequate data on the object of study. In this context, researchers use *indepth interview techniques*, with interview guidelines.
2. Observation or Observation

   Using participatory observation techniques, which place researchers as an integral part of the society receiving government services in the health sector. Make *observations.* Observations are made of phenomena related to the object of study, which are observed directly at the site of the researcher, with the guidance of observation design. Through participatory observation techniques, researchers are placed as an integral part of the community receiving government services in the health sector. The phenomenon observed is the ongoing health service process and in or service actions carried out by health workers both by Doctors, Nurses, Midwives, employees and other health workers in service centers such as in General Hospitals, Puskesmas, Pustu and Polindes. Furthermore, it observes the health service process such as service procedures, punctuality of service, length of service, service costs, service center environment and supporting infrastructure. The manner or action of health services by officers includes speed of service, accuracy, responsiveness, politeness, friendliness, empathy, communication, intensity of counseling and discipline in addition, researchers also, observe people's habits in daily life, the living environment and the intensity of visits to health service centers. Data obtained through observation, systematically recorded or recorded.
3. Documentation

   Documentation is carried out on various literature on the behavior of government bureaucracies and public services. In addition, it examines various legal documents and products relevant to the object of researchn

RESULT AND DISCUSSION

Teluk Wondama District was part of Manokwari District in the beginning. In 2003, Teluk Wondama Regency was officially established, separating itself from its parent district based on Law Number 26 of 2002.

Teluk Wondama Regency is located on the neck of the island bird's head and is part of West Papua Province. The territory of this regency is partly on the mainland of Papua Island, and the islands and part of the other are water areas. Teluk Wondama Regency which has a land and ocean area of 1,272,833 ha, more than 50% of its area is in the form of ocean, which is around 777,711 ha which is Cendrawasih Bay National Park.

Geographically, the county is located between 132°35' - 134°45' BT and 0°15' - 3°25' LS. The geographical location of Teluk Wondama Regency can be seen in Figure 1. next:

Figure 1 Geographical location of Teluk Wondama Regency
Source: BPS Teluk Wondama Regency D a l a m Angk a Tahun 2021

In 2021, the Teluk Wondama Regency Administrative Region consists of 13 districts which are completely divided into 75 villages and 1 kelurahan. Wasior District is the district that has the highest number of villages/kelurahan compared to other districts in Teluk Wondama Regency. In 2021, the Wasior District area is completely divided into 9 villages and 1 village is also the only area that has a village in Wondama Bay. Rumberpon District then became the district with the second highest number of villages, namely 7 villages. The area of the district is indeed recorded as the most extensive among other districts in Teluk Wondama Regency.

Demographic Condition of Teluk Wondama Regency

The demographic condition of an area in general is reflected through the number of population, population growth rate, population structure, population distribution and employment. Based on BPS data in the latest statistical indicators of Teluk Wondama Regency in 2021, the total population of Teluk Wondama Regency in 2021 reached 42,609 people with a growth rate of 2.32 percent.

Table 6
Total Population of Teluk Wondama Regency Tahun 2018-2021

No	youareaian	Wondama Bay District			
		2018	2019	2020	2021
1	Juml a h Penduduk (jiwa)	31.769	32.521	41.644	42.609
2	L aj u P ert u mb u ha n Pend uduk (%)	2,20	2,34	4,54	2,32
3	Topa d a t a n Penduduk (jiwa/km)	1,92	2,17	2,78	2,50

Source: Wondama Bay District In Figures 2019-2021

Wondama Bay in 2021 by sex can be said to be relatively balanced. Based on the results of the Interim Projection carried out by the Central Statistics Agency, of the 42,609 residents of Teluk Wondama Regency, 22,541 people are male residents. This value covers 52.90 percent of the total population of Teluk Wondama Regency as a whole in 2020. Meanwhile, the female population reached 20,068 people in 2020, or around 47.10 percent.

Health Service Conditions

The condition of development in the health sector in the RPJMD, among others, aims to obtain health services easily, cheaply and evenly. Through these efforts, it is hoped that a better degree of health will be achieved. Based on data obtained by the Posyandu to the number of toddlers in 2021 of 0.014, this figure shows that the formation of posyandu in Teluk Wondama Regency has been achieved and has been above the ideal where 1 posyandu serves 100 toddlers or 0.01, the spread of posyandu formation should not be too close to puskesmas so that health services are more achieved. The existence of Posyandu plays a role in supporting the reduction of infant mortality rate (AKB), maternal mortality rate (pregnant women, childbirth and puerperium), cultivating the Norms of Happy and Sejatera Small Families (NKKBS), increasing community participation and community ability to develop health and family planning activities as a vehicle for the reproductive movement of prosperous families.

Table 7
Number of Posyandu and Toddlers in Teluk Wondama Regency
Year 2019-2021

No	youareaian	2018	2019	2020	2021
1.	Number of Posyandu	61	61	61	64
2.	Number of Toddlers	4.804	5.104	4.033	4.440
3.	Ratio	0,012	0,011	0,015	0,014

S umber: BPS Wondama Bay District D a l a m Angk a Tahun 2019-2 0 21

It has previously been stated that health is an influential factor in human development. A good degree of public health will result in good development performance in the community. Therefore, the existence of health facilities plays an important role in improving the degree of public health, the easier it is for people to reach available health facilities, the less the level of pain will be.

Table 8
Number of Puskesmas in Teluk Wondama Regency in 2018-2021

No	youareaian	2018	2019	2020	2021
1.	Number of Puskesmas	9	13	13	13
2.	Population	31.769	32.521	41.644	42.609
3.	Ratio	0,0002	0,0003	0,0003	0,0003

S umber: B PS Wondama Bay District D a l a m Angk a Tahun 2019-2 0 21

Realizing sustainable health development with a fast reach, in 2021 Teluk Wondama Regency has a total of 13 Puskesmas with a population of 42,609 people, then the ratio of the number of Puskesmas to the population is 0.0003, it should be 1 Puskesmas approximately 10,000 people or as many as 28 people per day, this describes health services according to the quantity of the community.

Table 9
Number of Doctors in Teluk Wondama Regency in 2018-2021

No	youareaian	2018	2019	2020	2021
1.	Number of Doctors	9	11	14	15
2.	Population	31.769	32.521	41.644	42.609
3.	Ratio	0,000283	0,000338	0,000336	0,000352

Source: Wondama Bay District In Figures 2019-2021

In accordance with the data obtained by the indicator of the ratio of doctors per population shows the level of services that can be provided by doctors compared to the number of existing population, the ratio of doctors in Teluk Wondama Regency in 2021 is 0.000352 which means that 1 doctor serves 2,840 residents, where ideally 1 doctor serves 2,500 residents, looking at this data, Teluk Wondama Regency means that the community has not all been served by doctors.

Based on the real conditions that are the implementers of health development in Teluk Wondama Regency, it can be seen based on the ratio of health workers to the population union. Health workforce ratio of the union of the population, as below :

Table 10
Number of Health Workers in Teluk Wondama Regency in 2018-2021

No	youareaian	2018	2019	2020	2021
1.	Number of Health Workers	214	296	245	284
2.	Population	31.769	32.521	41.644	42.609
3.	Ratio	0,0067	0,0091	0,0058	0,0066

Source: Wondama Bay District In Figures 2019-2021

The ratio of health workers as described above, shows that a health worker must serve as many as 150 people per year, this shows that the number of health workers in Teluk Wondama District has met the ideal ratio.

Results of Research and Discussion

Implementation of Special Autonomy Policy for Health in Teluk Wondama Regency

Government public policy should be inherent in what is being or will be developed in future governments, Decentralization is a model of governance in Indonesia as a solution in ensuring services received by the community.

The Special Autonomy Policy for Health in Wondama Bay is understood as the central government's attention to the provinces of Papua and West Papua, especially health problems, which allows for increased development in the health sector.

This special autonomy in the health sector is also understood as the allocation of considerable funds from the central government for health development for the Papuan people through the Regency and Provincial Governments. With Special Autonomy, it is also possible for health development in Teluk Wondama Regency to be adapted to the needs of the community according to culture and geographical circumstances.

The special autonomy policy is supported by a balance fund, as are other regions in Indonesia, which consist of a revenue sharing fund, a general allocation fund, and a special allocation fund, plus an adjustment fund. In order to implement special autonomy, the Government has allocated funds in the State Budget (APBN) since 2002 for the implementation of special autonomy. Since fiscal year 2006, the Government has also allocated additional funds as proposed by the Province for activities primarily aimed at financing infrastructure development. Based on Law Number 21 of 2001 and its amendments, namely Law Number 35 of 2008, the policy of dividing funds in the context of special autonomy is as follows:

1. A special autonomy fund equivalent to 2% of the DAUNational ceiling, which is primarily aimed at financing education and health;
2. Additional infrastructure funds in the context of implementing special autonomy, the amount of which is determined based on the proposal of the Province. These funds are primarily intended for financing infrastructure development. The fund is intended so that in at least 25 years all provincial cities, regencies/cities, districts or other population centers are connected to quality land, sea or air transportation, so that Papua Province can carry out its economic activities properly and profitably as part of the national and global economic system.

CONCLUSION

Based on the description of the discussion on the Implementation of the Special Autonomy Policy for Health Sector in Teluk Wondama Regency, West Papua Province, which is the object of specific research that has been stated in Chapter IV, the author can draw conclusions, as follows:

The implementation of the Special Autonomy Policy in Teluk Wondama Regency, West Papua Province has not been optimal, this can be seen from:

The content of the policy shows that interest affected also has an important role in policy implementation through coordination efforts in order to mobilize related interest groups in an organized manner, especially the community. The benefits felt by the people of Teluk Wondama Regency as a result of the

implementation of special autonomy are quite significant, this can be seen from the achievements, targets or targets that have been sufficiently met although there must still be improvements or improvements adapted to the situation and conditions in the field. The degree of expected change in the health sector has not been fully achieved because the level of public awareness of health needs and behaviors still requires motivation, encouragement or support from the government, meaning that people have not been independent in behaving clean and healthy despite an increase in the achievement of the human development index in the health sector. The Teluk Wondama Regency Government is quite responsive, especially in accommodating the wants or needs of the community, where the Regent of Teluk Wondama as the main actor of policy makers and program initiators immediately makes policies/decisions in accordance with relevant laws and regulations. The implementor of the program is quite supportive in the implementation of the special autonomy policy of Teluk Wondama Regency where the performance or performance and attitude of the implementers who have sufficient motivation and commitment to the programs implemented in order to improve services to the community. The existing resources have not fully supported the implementation of the special autonomy policy in Teluk Wondama Regency, especially in terms of human resources (HR), namely an adequate apparatus both in terms of number and competence, limited budget, besides that facilities and infrastructure have not fully supported the implementation of the special autonomy policy in Teluk Wondama Regency because before the construction of community infrastructure, The Teluk Wondama Regency government is still improving the internal facilities and infrastructure of the government itself even though there are plans in fulfilling infrastructure development for the community that is adjusted to the financial capabilities of the region.

The context of policy implementation shows that the power, interests and strategies of actors involved face various obstacles caused by limited power, authority, funds, and across administrative areas as well as many differences in interests of the actors involved and the weaknesses of various strategies implemented by policy actors (stakeholders). The characteristics of institutions and governments (institution and regime characteristics) have not been fully supported by the characteristics of ideal institutions and rulers, where the use of authority from the character of the broader ruling institutions takes time and bureaucratic procedures are long enough (the West Papua Provincial government and the Central Government) so that the implementation of these policies is not optimal. This difference in capacity and competence is one of the aspects that makes the implementation of this policy not optimal, another aspect that affects the compliance and responsiveness of the implementer is the lack of reward for implementers who have performed their duties beyond what the organization or implementers expect such as the provision of income improvement allowances adjusted to the workload of the implementors where this can stimulate the achievement of better tasks for the outstanding executor and his colleagues, and ultimately can improve the capabilities of the organization or SKPD.

There are determinants of the Implementation of the Special Autonomy

Policy for Health in Teluk Wondama Regency, West Papua Province:

The commitment to service quality is carried out in the form shown through the provision of service facilities that provide convenience for service recipients, but this is not optimal.

The quality of human resources of government officials and communities in Teluk Wondama Regency is still largely unaware of the process of implementing special autonomy policies in the health sector, thus affecting the participatory overall service process.

Well-built public communication must have various dimensions, not only the communicator's ability to convey public service messages, but more than that is how all elements or factors in public service communication can be best utilized.

Culture, talking about the local wisdom of the Papuan people, especially those in Teluk Wondama Regency, which utilizes the existing potential to support development efficiently which is inseparable from the basic rights of Papuans.

Socio-political conditions, the massive expansion process can be said to violate article 76 of Law no. 21 of 2001 by eliminating the role of the Papuan People's Assembly and the Papuan People's Representative Council (Suryawan, 2010). This picture shows that the problem of democratization is still not well implemented in this era of special autonomy.

Geographical conditions and environmental sanitation, the area of Teluk Wondama Regency is partly on the large plains of Papua Island, partly islands and partly waters (Cenderawasih Bay). Most of the area is still covered in forests; Merbau, Matoa, beautiful wood, rattan, agarwood, masoi, bamboo, lawang wood, sago, etc.

The "NUNAKI" Policy Implementation Model is a construction of research results consisting of three elements, namely: commitment, communication and collaboration. The implementation of the "NUNAKI" model requires five basic prerequisites, namely: regional authority, regional institutions, state finance, local government politics and the effectiveness of coordination, guidance and supervision.

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