IMPROVING THE QUALITY OF PRIMARY HEALTH SERVICES IN THE PERSPECTIVE OF PARTICIPATORY GOVERNANCE

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ABSTRACT

The application of good governance within governance prerequisite that cannot be left out is the participation of the community in public policy. The main prerequisites were when the Government implemented the autonomous region with the principle of decentralization, community participation. It involves all aspects of the implementation of the development in areas starting from planning to supervision. Participatory governance is governance putting citizens or non-government as an individual or organization as a viable social stakeholder in making public policy that has just dominated the Government. Model of participatory governance policy in the primary health services is eligible to be developed by optimizing and strengthening cooperation intersectional, increasing the motivation of health workers as well as eliminating social and cultural barriers in the community.

Keywords: Participatory governance, primary health services

INTRODUCTION

There is an understanding that the community is the owner of the public service. Therefore, the community should be included in making decisions related to the implementation of the public service. There will be many advantages by engaging the community in decision making related to public service. There is an increase in the quality of the resulting public policy the Government that in turn will be very beneficial to the community as a policy goal. In addition to creating benefits for the community, public participation in decision-making will also provide benefits for the Government. It means that the government will be more powerful in the institutional capacity in the presence of policy produced democratically.

The community participation in the public service is crucial. Therefore, the community could play a role such as formulating criteria for service, learning how to set up the service, granting each engagement, adjusting the mechanism of public complaints and monitoring as well as evaluating the implementation of the public service. Thus, the Government and the community can jointly build commitment to creating quality public services.

The first barrier is the problem of laziness to participating in research conducted by Abelson and Elsey (1998) [1] concluding that in the end, there is a tendency of participation that is issue-issued. It means that the community will participate in the simple problems by not using a high analytical and theoretical ability toward a problem. Another barrier is the problem of the implementation of exit and voice within the public service, as revealed by Alberth Hiischman in Kurniawan (2008) [2]. He states that the exit mechanism is usually hampered by expensive service provision so that the citizens are reluctant to do that. The barrier on the mechanism of voice is the absence of a channel for it. These phenomena show that the participation of the community in the public service is still poor.

THEORETICAL FRAMEWORK

The concept of Participatory Governance

The concept of participatory governance in social sciences has prompted a new philosophy to develop this concept from a broader perspective. Geissell (2004) [3] in his article states: "Participatory Governance Theoretic-analytical Approaches and a Case Study (Traditional Network)" The models of participatory governance are identified into three perspectives. They are global governance, participatory governance, and participatory governance in non-state trans-national networks.

From the above description, it can be concluded that participatory governance is a Government putting the citizens or non-government as an individual or organization for social development as stakeholders in decision making for public policy that dominated the government. Regardless of whether the Government is using a system of direct democracy or indirect democracy or by mixing the two systems of democracy. Citizen participation at the level of concepts, as well as practical studies, can be created without regard to any democratic system that is used. Thus, from this perspective, participation is no longer understood as a means or method, but it is understood as a process and goal.

The service quality is the difference between the perception and experience of consumers, who state an allegation of satisfaction. Whether the public service has a high quality or not, can be understood as a disproportionate gap both in public organizations are recognized (Parasuraman et al., 1985). [4]

According to Grönroos (1990),[5] there are two types of service quality, namely: First, the technical quality / technical quality (outcome dimension) related to the perceived output quality customer service. The components are divided into three types, namely: search quality (can be evaluated before purchase, such as price), quality experience (can only be evaluated after consumption, e.g. punctuality, speed of service and neatness results), and Credence quality (though a difficult customer has evaluated consume services, such as the quality of cardiac surgery). Second, the quality of the functional / functional quality (process-related dimension) about the quality of service delivery means or involves the transfer of technical quality, outputs or outcomes from the service provider to the customer. It is examples of the appearance and behavior of the waiter. When compared with the technical quality, functional quality dimension is perceived subjective and could not be evaluated as objectively as technical quality.

Participatory Governance policy models in health care deserve to be developed (Pollit, 1999) [6] is due to: 1) transaction that occurs between providers and users of services in the public sector tend to be more complex than those faced by service users in a normal market. 2) The consumer sector public that they are not just consumers, but it is also a citizen of course it has certain unique implications. Hospital as a health care provider institution also still needs to develop appropriate service quality expectations of the customer.

In Service Quality Conceptual Model, there are five services prose possibility of a gap that causes the difference in perception of service quality. Quality of care is the degree of concordance between the expectations / desires and perceptions of service received by the customer. There needs to be an effort to eliminate the differences in perception (gap) on the quality of service of the provider to the customer. As the effort is to improve the suitability on meeting the needs and expectations of the various dimensions of service quality. Fulfillment waiter is quality dimensions according to the needs and expectations of the community will provide a positive perception of the quality of services provided.

Public Service

Service is a translation of the word "service" is often translated into services. According to Kotler (1995) [7], the service is any action or activity that can be offered by one party to another that is essentially intangible and does not result in any ownership.

Public services can be defined; any services performed by the Central Government, in the region, and the State-Owned Enterprises environment or provincial enterprises in the form of goods or services, either in an effort to meet the needs of society as well as in the implementation of the laws and invitation (Decision MENPAN Number 63/2003).

In connection with the assessment of service quality Morgan and Murgatroyd (1994) [8] The portrait of the Triangle of Service Quality. The costumer loyalty, the future of hospitality marketing Lewis (1999) [9]

As for The Triangle of Quality Service, is as follows:

Figure 1. The Triangle of Service Quality

Source: Warella (2004:74) tahun 1997[10]

This model is an equilateral triangle where the peak is a component of Interpersonal. Of a service, whereas on the left side of the triangle is the physical context, procedures and process components. On the right, side is the technical or professional component in delivering the service. The assumption of this model is the need for sustained balance of these three components in providing a good service. For example, too much emphasis on process and procedure will give the impression that services convoluted and complicated.

Basic Health Care

Public Service Health Division has been supported by Law No. 23 in 1992 on Public Health Systems. This law has set a range of issues related to health problems, both of which include philosophy, arrangement between rights and obligations, duties and responsibilities, efforts and human health. The law has established that health development aims to increase awareness, willingness and ability of healthy life for every person to realize the optimal degree of public health.

Everyone has equal rights in obtaining optimal health status (Article 4), and the government is responsible for improving public health (Article 9). Under this law, health efforts include: Family Health, Nutrition repairs, Security Food and Drink, Environmental Health, Occupational Health, Mental Health, Communicable Disease, Illness and Healing Health

Recovery, Health Education, Safety of Pharmaceutical and Medical Devices, Security Addictive substances, School of Health, Exercise Health, Traditional Medicine, Eye Health

DISCUSSION

Paradigm shift of public service that leads to New Public Service (NPS) has an impact on government bureaucracy to encourage public participation in the public service. So also in the basic services of health conducted by local governments do positive measures to encourage participation by the community are expected to not only the utilization of service but participated in the planning process service.

With respect to the health service in Maros has sought attractive businesses with different forms of community participation to regard the basic services of health, namely:

- a. Socialize the Local Regulation No.7 in 2011, it is about health care Levying on health services with the aim of the community to know the costs incurred by the community in order to get health care at Clinics and laboratories with the kind of services that are quite diverse.
- b. The perform of health promotion in the interactive dialogue, creation of mass communication, information and education (posters, leaflets, and turning sheet), a public service advertisement creation through print and electronic media, radio broadcasts, interactive dialogue through TV and radio, road show of health/exhibition clinics in the region health services in Maros.
- c. Close to the access for medical services through mobile Clinics
- d. Through Alert Village/Health Village Post
- e. Improvement of quality of service clinics through international standardization of quality of service. (ISO 9001:2008).

If the described model findings to medical services from the perspective of Participatory Governance is as follows:

Figure 2. The Findings of the Health Care Model from the Perspective of Participatory Governance

Models of health care from the perspective of Participatory Governance, namely: factually, field conditions associated with health care from the perspective of Participatory Governance gives the explanation that the Participatory Policy Governance Model in the basic services of health deserves to be developed by optimizing as well as strengthen between cooperation and intersectional. The increasing the motivation of health workers as well as eliminate social barriers and cultures in the community.

CONCLUSION

The empirical basis of this research found several things that can develop community participation in the basic services of health, namely:

1. In order to develop community participation in the basic services of health then, the organizer provides the space to provide opinions and proposals on the problems community

face, namely through *musrenbang*, Alert Village and Health Care Forum (FDK/ *Forum Peduli Kesehatan*) clinic.

2. The organizer provides a clear space to the community to convey complaints directly or indirectly either via the suggestion box or other media (SMS, Fax, telephone, others) so that the community felt it had been granted the right as the owner of the public service.
3. Community involvement in the evaluation process should be through the mechanism of Community Satisfaction Index rating (IKM/ *Indeks Kepuasan Masyarakat*) that can be relied upon to service improvement in accordance with the expectations of society.

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