

# Collaborative Governance in *Denpasar Mantap Kesehatan Masyarakat* Program at the Health Department of Denpasar City Government

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**Abstract:** *The presence of the New Public Service in the paradigm of Public Administration Science is expected to increase the effectiveness of services to the community. The New Public Service conditions collaboration to achieve the goals of government service programs. Denpasar City is a central point in government activities in the Province of Bali - Indonesia, in education as well as the economy and health. In this pandemic era, health issues have become a concern of many parties. The emergence of regional superior innovations in the health sector during this pandemic is a strategic thing to realize. In the field of public health, Denpasar has 11 health centers and 25 sub - health centers. According to data from the Central Statistics Agency for Denpasar City, the population of Denpasar in 2020 is 962, 900 people. This number is not proportional to the number of residents who must be served. Even though Denpasar City has these obstacles, the Denpasar City Government is still trying to implement good governance by making innovations in the health sector, namely the Denpasar Mantap Kesehatan Masyarakat (DAMAKESMAS) program. This study aims to analyze and describe the practice of collaborative governance in the management of the DAMAKESMAS program and to assess its effectiveness in realizing program objectives. This study uses a qualitative method, with an interactive model analysis technique from Miles, Huberman and Saldana (2014). Data collection is carried out using documentation, interviews and observation techniques. The results of the research found that the management of the DAMAKESMAS program was carried out based on a Government to Government collaboration involving the Denpasar City Health Office, the Denpasar Regional Disaster Management Agency (BPBD) and the Denpasar City Communication, Information and Statistics Office. In the collaboration scheme, the involvement of the private sector does not yet exist, so the role as an accelerator is not yet available. Viewed from the perspective of the program's objectives, namely providing pre - hospital services for patients experiencing emergencies, the implementation of the DAMAKESMAS program is quite effective. However, the implementation of this application - based program still needs to be refined to make it more user friendly so that people can easily access services and need to be well integrated.*

**Keywords:** Collaborative Governance, Program Effectiveness, Regional Leading Innovation in the Health Sector

## 1. Introduction

Public service is an obligation and responsibility of the government bureaucracy. The implementation of public services is related to the values that have become a global trend in the dynamics of Public Administration. The concept of public service refers to the paradigm of New Public Administration (The Minnowbroke Perspective) then New Public Management and New Public Service. The values contained in these 3 paradigmatic tendencies are related to good governance (Afifuddin, 2021). Good governance is the way of a bureaucracy in carrying out the mandate of government as it should be for the people who will be governed, which currently, demands for the implementation of good governance in all sectors continue to be echoed by all parties (Addriany, 2021). All parties want the governance structure to run well starting from planning, work processes to the realization of the expected goals.

The understanding in good governance can be categorized into two (2), namely first, values that uphold the wishes or will of the people, and secondly, values that can increase the people's ability to achieve national goals, namely independence, sustainable development and social justice. One thing that needs to be considered in the implementation of good governance is the involvement of all parties to jointly formulate, execute and evaluate a policy program (Adisasmita, 2011: 23). This multi - stakeholder involvement is commonly called interactive governance or collaborative governance. This interactive governance is defined as all forms of interaction that can be used in solving social problems that arise in the community and can be used

to create opportunities for the community to participate in the formulation of policies that will be implemented (Kooiman, 2003). In an effort to build collaborative governance, the government can involve the community directly in the formulation of a policy.

Health services in the study object face a number of problems, such as first, the need for pre - hospital services (services provided at the scene directly before being referred to the hospital) and referrals directed to Denpasar City are increasing while the health services are inadequate. Second, the number of traffic accidents that occurred in Denpasar City was quite high, namely throughout 2020 there were 77 incidents. Third, the high rate of degenerative diseases so that many people, especially the elderly, rarely come to the hospital, therefore there is a need for health care outside the health building (Wahyuni, et. al., 2021). In terms of health facilities, Denpasar only has 11 Health Centers (*Puskesmas*) and 25 Sub - *Puskesmas*. Data from the Central Statistics Agency for Denpasar City stated that the population of Denpasar throughout 2020 was 962, 900 people. This number is not proportional to the number of residents who must be served. Even though Denpasar City has these obstacles, the Denpasar City Government, especially the Denpasar City Health Office, is still trying to carry out good governance by presenting innovation programs in the health sector in accordance with the Mayor's Decree Number 188.45/84/HK/2019, which is called the Denpasar Steady Public Health program (DAMAKESMAS). This regional flagship innovation has two main activities, namely the Daily Emergency Management System Program (SPGDT - S) and the Community Health Care Program (*Perkesmas*).

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## 2. Literature Review

### 2.1. Collaborative Governance

Governance comes from the word "govern" which means taking a bigger role, which consists of all processes, rules and institutions that allow the management and control of the community's collective problems (Dwiyanto, 2015). Meanwhile, according to Chema (in Keban 2008: 38), governance is a system of values, policies, and institutions in which economic, social and political affairs are managed through the interaction of the community, government, and the private sector. According to Sedarmayanti, (2003: 5) there are three domains that occur in governance, namely the state, private sector and society that interact with each other and carry out their respective functions.

Based on the previous explanation, it can be stated that the concept of governance refers to a change in the concept of governance if previously several public affairs were managed by a single actor, but now they are managed together with several other actors such as the private sector and the community. Thus broadly, governance includes the totality of all institutions and elements of society, both government and non - government

According to Ansell and Gash (2020) collaborative governance is a method of managing government that includes stakeholders outside the government and the state, has an orientation in consensus and deliberation in the collective decision - making process, has the goal of being able to create and implement public policies and any existing public program.

Agranoff and McGuire (2003) state that collaborative governance is a collaboration in the administration of government in a more general scope, namely the administration of government as a whole, focusing on the voluntary aspect in practice. From this voluntary aspect, it is hoped that every actor involved in the collaboration can work optimally to achieve the goals of the collaboration. So that the program or policy that has been formulated can run effectively because it involves organizational or institutional relations.

The criteria for collaborative governance according to Ansell & Gash (2008) are: (1) forum initiated by public institutions, (2) private sector including forum participants, (3) participants are directly involved in decision making, (4) organized, (5) forum aims to make decisions by consensus, (6) the focus of collaboration is on public policy or public management.

From the explanation above, it can be understood that the concept of governance is a model of governance that provides a space for involvement or participation of other sectors in running the government. Emphasis on the importance of collaboration between the parties, especially the government, the business world and the community to build interactions that are multi - actor or involve the parties.

All actors in collaborative governance have their respective roles. Nugroho (in Astuti et al.2020) states that stakeholders

can be classified based on their roles as follows:

- 1) Policy makers who have a role as existing decision makers and are the determinants of existing policies.
- 2) Coordinator is a stakeholder whose role is to coordinate other relevant stakeholders.
- 3) The facilitator is a stakeholder who has the role of providing facilities and ensuring the adequacy of what is needed.
- 4) Implementors are stakeholders as policy implementers. The target group is a part of it.
- 5) Accelerators are actors who have the role of accelerating and contributing so that existing programs can run smoothly according to existing targets or faster time for achievement.

In other words, the role of stakeholders will form collaborative interactions between them, which shows the existence of collaborative governance actions. The roles as policy makers, coordinators, facilitators, implementers and accelerators should be carried out according to their capacity in the agreed flow of cooperation between them.

### 2.2 DAMAKESMAS Program

DAMAKESMAS or *Denpasar Mantap Kesehatan Masyarakat* is an innovation from the Denpasar City Government to provide health services to the community. The purpose of this program is to assist the community in pre - hospital services in the Denpasar City Government area. The DAMAKESMAS program was launched on November 24, 2017 to coincide with the 53rd National Health Day.

Previously the Prehospital Medical Services System in Denpasar City was served by 2 Public Safety Centers (PSC) with trained general public personnel, now it is equipped with 5 teams of medical personnel spread over 4 sub - districts, namely: PSC Juanda in Renon, PSC Merpati in West Denpasar, *Puskesmas* (Health Center) 1 Denpasar Timur, *Puskesmas* (Health Center) 4 Denpasar Selatan and Sub Health Center in DauhPuriPekambangan Denpasar.

The DAMAKESMAS program is organized under a cooperation scheme between the Health Office, the Regional Disaster Management Agency (BPBD) and the Denpasar City Government Communication, Information and Statistics Office. There are two main focuses of services from DAMAKESMAS, namely the Integrated Daily Emergency Management System (SPGDTS) and Community Health Care (PERKESMAS) which involve officers going directly to the community.

The workflow of the DAMAKESMAS Program begins with the role of the operator, namely the Denpasar City Disaster Management Operations Control Center, which receives the first complaints from the public and arranges a team that must go to the crime scene according to the proximity of the location. The program service flow begins with the community/patient/family calling 112 or 223333 and is received by the Pusdalop operator to be forwarded to the 5 DAMAKESMAS fleets closest to the location. The team that received information from the *Pusdalop* immediately set out to find a location using a google map. After taking action then make a report. The purpose of the program is to increase the

independence of individuals, families, groups/communities to overcome health problems so that optimal public health degrees are achieved. The activity is in the form of home visits for cases that have been recorded and scheduled by the health center.

### 3. Method

The type of research used is qualitative research which is a tradition in the social sciences that fundamentally relies on direct observation of humans in their real life environment and emphasizes the socially constructed nature of reality, involving close relationships between researchers and the subjects studied while trying to seeking answers to questions that highlight the way in which social experiences emerge as well as the acquisition of meaning (Denzin and Yvona, 1997: 8).

Prastowo (2011) stated that the qualitative method is a systematic research method used to examine or examine an object in a natural setting without any manipulation in it and without any hypothesis testing, with a natural method method where the research results are not generalizations based on the size of the quantity but in the form of meaning (in terms of quality) of the observed phenomenon. Through qualitative methods, descriptive data (information description) is produced about people and observable behavior.

Informants in this study were determined by purposive sampling, including the Head of the Denpasar City Health Service Division, the Denpasar City BPBD Ambulance Public Safety Center Coordinator, the Head of the Denpasar Communications and Informatics Application Development Section, 1 SPGDT Doctor at East Denpasar Health Center, 2 SPGDT Doctors at West Denpasar Health Center, 4 SPGDT doctors in South Denpasar and 5 family members of the DAMAKESMAS program. The number of informants in this study were 15 people. Data collection techniques were carried out through interviews, observation and documentation.

The data analysis technique used refers to the analytical model from Miles, Huberman and Saldana (2014) which consists of data condensation, data presentation, drawing conclusions/verification. As for the events, actions, events, conditions that are spread in the community, they are described as they are and the meanings that exist are explored in the research process. Then, conceptualization, categorization, and description were developed on the basis of "events" obtained when field activities took place. Therefore, the activities of data collection and data analysis cannot be separated from each other. Both take place simultaneously, the process is cyclical and interactive, not linear as shown in the chart below:

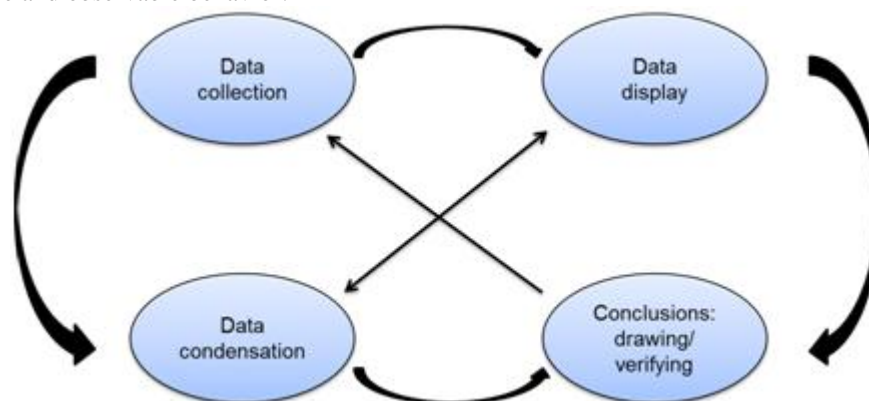


Figure 3.1: Components of Interactive Data Analysis Model  
Source: Miles, Huberman and Saldana (2014)

### 4. Results and Discussion

#### 4.1. DAMAKESMAS Program Management

Stakeholders (involved in governance collaboration) can be classified based on their roles, among others, policy makers who have a role as decision makers and become policy makers, coordinators are stakeholders whose role is to coordinate other relevant stakeholders, facilitators are stakeholders who have the role of providing facilities and ensuring the adequacy of what is needed, implementers are stakeholders as policy implementers. The target group is part of it, and the accelerator is the actor who has the role of accelerating and contributing so that the existing program can run smoothly according to the existing target or the time of achievement is faster.

The research findings, which are based on the roles of stakeholders involved in the DAMAKESMAS program,

namely the roles of Policy Makers, Coordinators, Facilitators, Implementors and Accelerators can be presented in the table below.

Table 4.1: The Role of Stakeholders in Collaborative Governance in DAMAKESMAS Program Management

No	Role	Findings
1	Policy Maker	The previous mayor of Denpasar City (201612021), namely Mr. Rai Mantra.
2	Coordinator	Denpasar City Health Office
3	Facilitator	Denpasar City Health Office, Denpasar City BPBD and Communications Office. Denpasar City Information and Statistics.
4	Implementor	SPGDT Doctor, Nurse, Midwife, Ambulance Driver
5	Accelerator	None

From table 4.1 above, it can be seen that (1) the role of the policy maker is the Denpasar City Government, (2) the role as coordinator is the Denpasar City Health Office, (3) the role as

facilitator is the Denpasar City Health Office, the City Communication, Information and Statistics Office. Denpasar and Denpasar City BPBD, (4) the role as implementor is the Community Health Center (*Puskesmas*) which consists of doctors, nurses, midwives and drivers, and (5) the role of accelerator has no involvement of the private sector in the management of this DAMAKESMAS program.

The parties that contribute to the implementation of the DAMAKESMAS program are collaborations between government agencies or are Government to Government, and aim to serve the needs of the community (Government to Citizens). The Government to Business interaction pattern has not been carried out in the implementation of the DAMAKESMAS program, so the role as an accelerator has not been implemented.

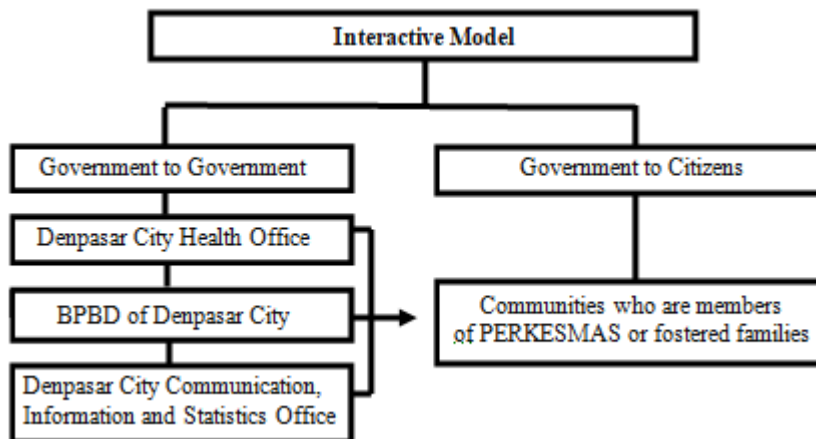


Figure 4.1: Collaborative Governance Pattern for DAMAKESMAS Management

Figure 4.1. shows a pattern of collaboration minus private involvement that occurs in the management of DAMAKESMAS where the Denpasar City Health Office acts as a coordinator for other agencies to work synergistically to serve public health.

4.2. Program Implementation Effectiveness

The DAMAKESMAS program is implemented on an application - based basis, therefore, related to the use of the internet network. At the time the research was conducted, the DAMAKESMAS application was in the process of being developed, so that the general public could not access services through this application. The parties involved in the management of DAMAKESMAS as well as being

communicators with the community who are members of the *Perkesmas* program or the assisted families.

In terms of finding emergency cases in the field so far, and to facilitate communication with the community, the implementor uses a cellular phone or handy talky (HT). The use of mobile phones and HT aims to anticipate the absence or weakness due to internet interference. While the developed application requires internet access. So because the nature of the case that occurs is an emergency, the action or service will also be carried out faster via HT or telephone.

The results of the research also found the use of DAMAKESMAS in the SPGDT - S Daily Emergency Management System Program for Denpasar City in 2018, 2019 and September 2020 as follows:

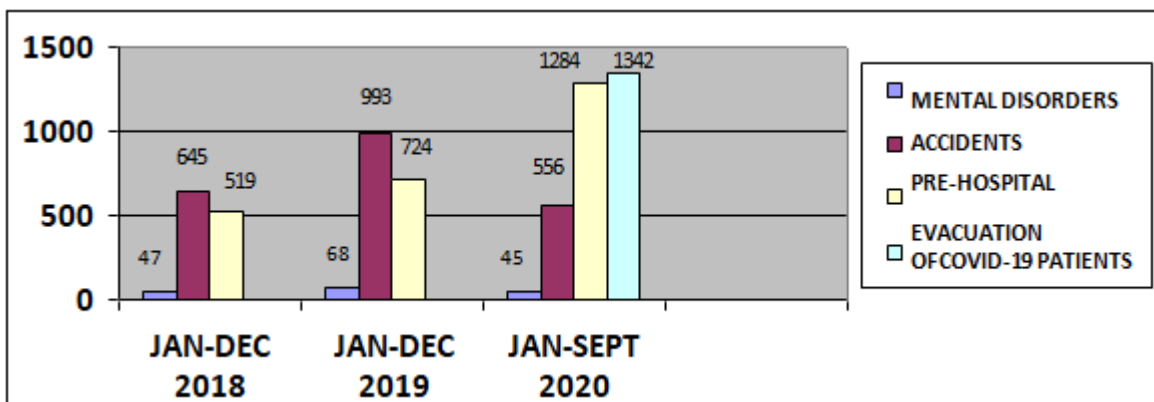


Figure 4.2.1: Day - to - day Emergency Management System 2018, 2019 and September 2020.

The graph above shows that the use of the DAMAKESMAS program in the Denpasar City SPGDT - S Program from 2018 - 2020 is the handling of People with Mental Disorders (ODGJ) with the highest number of patients, namely in 2019 as well as in handling accidents, accident patients with the highest number, namely in in 2019. In 2020, the management

of ODGJ patients and accidents experienced a significant decline.

Handling of pre - hospital patients continues to increase from year to year. The increase in pre - hospital patients is quite significant, in 2020 handling the highest number of pre - hospital patients. In 2020 there will be additional handling

related to the evacuation of Covid - 19 patients with a fairly high number. Hence, the use of the DAMAKESMAS program is more widely used in pre - hospital patients, as the

aim of the program is to provide pre - hospital services for patients experiencing emergencies.

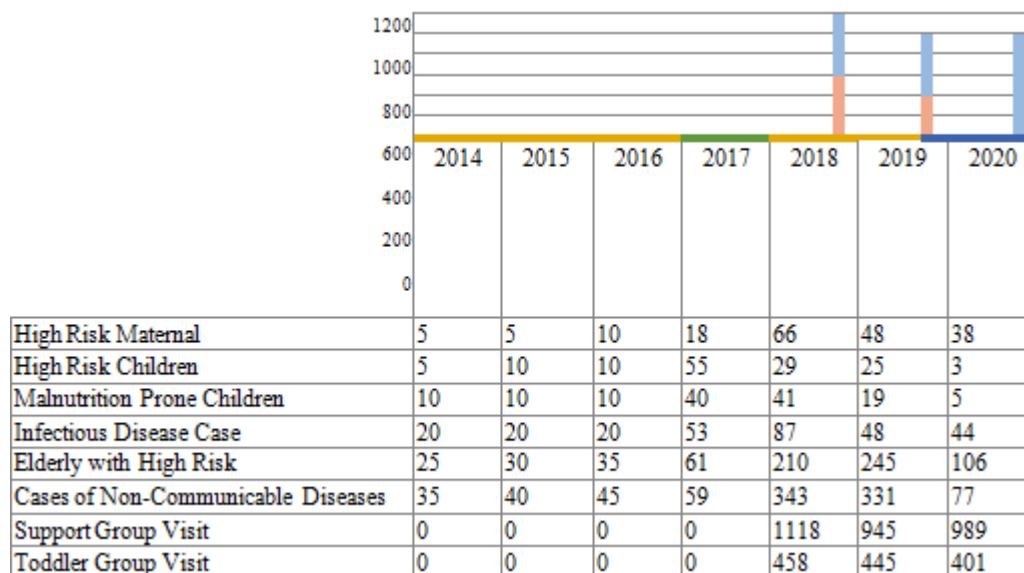


Figure 4.2: Utilization of *Perkesmas* (Home Care)

Figure 4.2 shows the utilization of the DAMAKESMAS program, especially in the first 2018 - 2020 *Perkesmas*, the highest number of *Perkesmas* utilization was in 2018, namely the visits of the target groups. Then in the following year, namely in 2019 and 2020, the use of public health services was relatively stable for a year.

## 5. Conclusions and Suggestions

### 5.1 Conclusions

- 1) The management of the DAMAKESMAS program is carried out based on a Government to Government collaboration scheme involving the Denpasar City Health Office, Denpasar City BPBD and the Communications Office. Denpasar City Information and Statistics. As the program coordinator is the Denpasar City Health Office with the division of roles between the three institutions in order to carry out the function of service to people in need. Meanwhile, the role of the accelerator is not yet available considering that there is no cooperation and involvement of the private sector in managing the program.
- 2) The use of the DAMAKESMAS program is mostly used in pre - hospital patients. As the purpose of the program is to provide pre - hospital services for patients experiencing emergencies. If viewed from this perspective, the DAMAKESMAS program can be implemented and operate effectively but not optimally. However, considering the application - based DAMAKESMAS program, the Effectiveness of DAMAKESMAS Program Management still needs to be improved, especially in providing applications so that public access is wider, because so far communication is only through limited conventional media, namely HT and Cellular Telephone. As an application - based program, integration is needed so that all agencies and stakeholders are easily connected, and so that the nature of the application is more user friendly.

### 5.2 Suggestions

- 1) It is hoped that all relevant agencies in the DAMAKESMAS program will improve the application in an integrated manner so that in the future the applications provided can be accessed by the general public easily, safely and comfortably.
- 2) In the future, this program requires the role of an accelerator, namely by cooperating with the private sector, especially in the development of information and technology so that in the future it can improve this application - based program even better.

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