

Route Map Development Perda No: 9 Year 2015 About SKD (Regional Area of North Timor District Regency No 9, Supplement to the Regional Sheet No 74 on Regional Health System (SKD) East Nusa Tenggara Province

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Abstract: National health development aims to raise awareness, willingness and ability to live healthy for everyone. Thus the highest level of public health can be realized. Recognition of the importance of regional roles in conducting national development in Indonesia is realized in accordance with the mandate of Law Number 23 Year 2014 on Regional Government and Law No. 33 of 2004 on Financial Balance between Central Government and Local Government. These changes have implications for the relationship between the Ministry of Health, Provincial Health Office, District Health Office and various other institutions, including government hospitals. The policy of the executive party of the Health Service of the District of North Central Timor (TTU) as the initiator for the preparation of Regional Health System Ranperda (SKD) of TTU Regency. The objective of the research is to describe the Route Map of drafting the Regional Regulation Draft (Ranperda) on the Regional Health System (SKD) of TTU Regency as a comprehensive and systematic health development directive aimed at increasing awareness, willingness, and healthy living capability for everyone. Thus, it is expected that the highest degree of public health can be realized. The research method is descriptive quantitative and qualitative. The sample was taken purposively, consisting of TA (Technical Advisor) Public Health (Kemas), TA Law and Team Member 19 (nineteen). Data collection was done primarily with interviews and secondary studies with documentation. The result of the research shows that the Route Map of the draft of SKD Kabupaten TTU regulation takes place in 9 (nine) stages, namely: (1) Phase I of making an academic manuscript and review of legislation by TA Public Health, TA Law preceded by the establishment of cross-known as Team 19 (nineteen). (2) Health problem analysis and seven SKN subsystems in TTU District by TA Public Health, TA Law and Cross-Sector Technical Team (LS) (team 19). (3) Workshop on the formation of SKD drafting team and preparation of the Teamwork plan, Perda drafting and Perception Equation Workshop on the national health system of the TTU District Health Office (Cross-Sector Team). (4) Seminar and Workshop of perception equation (District Health Committee). (5) Health policy and health assessment and analysis and analysis of 7 (seven) health sub-systems characteristic of TTU regency. Through FGD (Focus Group Discussion). (6) Writing Academic Draft by TA Public Health and TA Law. (7) Public Consultation on academic manuscript (Committee of DHO). (8) Completion of academic draft. (9) Preparation of Ranperda Phase II to Stipulation of Regional Health System Regulation of TTU No. 9 of 2015 sheet of Region No 9 Supplement to Regional Gazette No 74 on Regional Health System (SKD) of North Timor Tengah Regency (TTU) of East Nusa Tenggara Province. Recommendations: (1) To the District Government and District Health Offices of TTU Regency to continuously socialize the implementation of Perda SKD Kabupaten TTU regularly throughout the region and reach all stakeholders, cross-program, and cross-sectoral coordination and all community members who receive benefits (2) Socialization for the Implementation of Perda SKD Kabupaten TTU can be continued through direct face-to-face communication activities; seminars, coordination meeting meetings to the parties as well as through the print media; newspapers, brochures, leaflets, stickers, banners on the SKD Regulations of TTU Regency include: 7 Sub-district Health Regencies of TTU Regency, guidance and supervision, administrative sanctions and Criminal provisions.

Keywords: Route Map, Local Regulation (Perda), Regional Health System (SKD)

1. Introduction

The development of national health aims to raise awareness, willingness and ability to live healthy for everyone so that the highest level of public health can be realized. Currently, the health development that has been implemented still faces various problems that have not been fully addressed. This condition requires consolidation and acceleration through the National Health System (SKN). In the external context, the changes and strategic challenges that occur in the era of globalization is the rapid development of technology in various fields, including the field of health, transportation, and telecommunications, and information technology that lead to the formation of a world without limits. Globalization is characterized by increased free competition, and the establishment of free trade pacts such as AFTA

(ASEAN Free Trade Area) requires that every component of the nation enhance competitiveness in all aspects. In parallel, the strengthening of the climate of democracy, human rights and the preservation of the environment has become an urgent world demand. In the internal context, the transformation and transformation of the political system from centralization to decentralization present a variety of challenges and problems.

Recognition of the importance of regional roles in conducting national development in Indonesia is realized through the enactment of Law Number 23 Year 2014 on Regional Government and Law No. 33 of 2004 on Financial Balance between Central Government and Local Government. These changes have implications for the relationship between the Ministry of Health, Provincial

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Health Office, District Health Office and various other institutions, including government hospitals. Law No. 23 of 2014 on Regional Government mandates that local governments need to take policy measures, both strategic and operational in the context of the implementation of regional autonomy and co-administration tasks, the local government together with the DPRD discuss the draft local regulations (Ranperda) on the Health System Regional (SKD) which is guided by the National Health System (SKN).

The Government of Indonesia in 2012, has issued the National Health System (SKN) which is a guide and basic reference on health sector development. SKN is stipulated in Presidential Regulation No. 72/2012 on National Health Systems (SKN), and the Government of East Nusa Tenggara Province in 2013 establishing the Regional Regulation of East Nusa Tenggara Province No. 3 of 2013 on Provision of Regional Health System (SKD) of East Nusa Tenggara Province. The objective of the regulation is to enable governments to anticipate the challenges of changing health sector development and challenge the future, with reference to the direction, basis, and strategy of health development, the Middle East Regional Development Plan (RPJMD) of Timor Tengah Utara District and the Regional Vision. To ensure the success of health development in the regions related to decentralized country administration and anticipation of global change, it is necessary to develop Regional Health System (SKD). The Regional Health System describes specifically the elements of health efforts, health financing, community empowerment and the role of the private sector in the implementation of health development in the regions.

The local government of North Central Timor District has successfully completed the Regional Regulation (Perda) of Regional Health System (SKD) which is the form and mode of health development implementation in the district referring to the National Health System. This Regional Health System adapts to the condition, situation, problems and potential resources of North Central Timor District. In an effort to strengthen regional health systems (SKD) and strengthen decentralization implementation of the region, the drafting of local regulations on regional health systems in TTU District is supported by AusAid assistance through the AIPHSS program.

The drafting of Ranperda SKD NTT is undertaken in the following stages: (1) Phase I, drafting of academic texts and review of legislation by Public and Legal Consultants and Cross-Sector Technical Team. (2) Health problem analysis and seven SKN subsystems in TTU District by TA (Technical Advisor) Public Health (Kemas), TA (Technical Advisor) Law and Cross-Sector Technical Team/Team-19 (LS). (3) Workshop on the formation of a draft local regulation team or Team-19 that is 19 people drawn from related sectors and compilation of work plan of Perda Team and Perception Together Working Team on National Health System of TTU District Health Office (Cross-Sector Team) Seminar and Workshop on Equality Perceptions (Committee Dinkes Kabupaten) (5) Assessment and analysis of health policies and problems and analysis of 7 (seven) health subsystems that are typical of the regions in TTU District.

Through FGD (Focus Group Discussion). (6) Academic Draft Writing by TA Public Health and TA Law (7) Public Consultation on the academic manuscript (DHO Committee) (8) Completion of academic draft (9) Preparation of Ranperda Phase II

Problems

What is the description of the route map (stage of the process) of drafting process of Regional Health System (SKD) of TTU Regency?

General purpose

Describe the Route Map of the drafting of the draft Local Regulation Document (Ranperda) on the Regional Health System (SKD) of Timor Tengah Utara District for the implementation of comprehensive and systematic health development to increase awareness, willingness, and healthy living capability for everyone to increase the level of health of the community as high -the height can be realized.

Special purpose

- 1) Describe the general characteristics of TTU regency
- 2) Describe the workshop process of forming the drafting team of the Regional Regulation SKD, the process of preparing the work plan and the Team of Preparation of Perda (Team 19).
- 3) Describe the workshop process of equating perceptions of the national health system among the Draft Regions Draft Team SKD or (Team 19).
- 4) Describe the assessment process, policy analysis, and health problems as well as the analysis of 7 (seven) sub-health systems that are typical of the regions in TTU District.
- 5) Describe the strengths and challenges that can lead to the drafting of the TTU District SKD Regulation.

Public Policy and Regional Health System (SKD) of TTU Regency

Policies are applicable provisions that are characterized by consistent and repetitive behavior by both the author and the person who runs them (who are affected by the policy). Various definitions expressed by experts as presented by Winarno (2002) cite the opinions of several experts as follows: (1) Thomas R Dye (1975) defines a policy with a very broad definition of policy is anything that is selected by the government to do or not do. (2) James E Anderson explains that policy is a purposeful course of action, defined by one or several actors to address a problem. (3) Amir Santoso (1993) explains that all government actions are public policy.

Public policy is a government decision that has a specific purpose and purpose and has a predictable effect. From the various definitions above, it can be concluded that public policy is any decision made by a "political system" of state, province, district, and village, or RW and RT, including supranegara Institutions/ institutions/ organizations such as ASEAN, WHO also including system political. A policy in a way of life certainly involves the people/society, government and private. Policy (policy) is used to select and show the most important choice in strengthening life, both in the life of governmental and private organizations. Thus, the

policy should be free from the nuances of alignment to a particular group or interest. The policy should be a party in the public interest. Policies are formulated by persons who have authority in the political system, namely adat leaders, tribal leaders, executives, legislators, judges, administration and so on. This is as embodied by the Regional Government of TTU Regency, in this District Health Office TTU as initiator for the preparation of Ranperda SKD Kabupaten TTU.

Regional Health System (SKD) of TTU Regency

The Health System of the District of North Central Timor is the form and mode of health development in the District of North Central Timor, by all components of the nation, especially the people of North Central Timor. The development of the health sector as mandated by SKN is done in a unified, integrated manner and always adheres to the principle. This is the foundation for every health sector development program and activity to ensure the health status of the people of North Central Timor. The Implementation of Regional Health System of TTU Regency is an integral part of the National Health System (SKN). The North Central Health System of North Central Timor consists of seven health sub-systems which refer to the health system concept formulated by WHO Year 2000 and WHO in 2009 and SKN 2012, namely: (1) Sub Information Management System and Health Regulation (2) Sub-System Health Human Resources (3) Sub System of Pharmaceutical, Alkaline and Food Beverage; (4) Sub Health Research and Development (Litbangkes); (5) Community Empowerment Sub-System; (6) Sub Financing System; (7) Sub System of Health Effort (Queen Ludji ID, Bureni Y, 2015).

2. Research Methods

Types of research

This research will describe and analyze about the process of drafting of Ranperda SKD Kabupaten TTU with quantitative and qualitative approach. The research was conducted in TTU Regency, East Nusa Tenggara Province.

Data source

Sources of data were obtained from TA Public Health Consultants, Team Members 19 SKT TTU and documentation study.

Data collection technique

The data were collected through interviews with consultants and Team 19 members for the making of the TTU SKD Ranperda.

3. Research Result and Discussion

3.1. Overview of TTU Regency

The District of North Central Timor (TTU) was established under Law No. 69 of 1958 (State Gazette of 1958 N0.122), originally called Onderafdeeling Noord Miden Timor during the Dutch East Indies government. Based on the BS / Guberemen number 9 -10 of 1915 Onderafdeeling Noord Miden Timor includes the merger of three kingdom/swapraja region that is swapraja Miomafo, Insana, and Biboki. The central government of Noeltoko, between

1915 and 1921, then in 1922 by Controleur Pedomors (leader of onderafdeling) moved the central government from Noeltoko to Kefamenanu.

Based on Local Regulation No. 08 of 2007, TTU District consists of 24 subdistricts and 174 villages/ kelurahan **. In 2015, there is an expansion of rural areas/kelurahan so that the number of villages/ kelurahan increased to 193 pieces.

3.2. Geography

The territory of TTU Regency is geographically located between 9°02' 48 "LS - 9°37' 3" LS and 124°04'02 "BT-124°46'00" BT. The administrative boundaries are as follows:

- North: Bordering Ambenu District (Timor Leste State and Savu Sea).
- South: Bordered by TTS District
- East: Bordered by Belu Regency
- Westside: Bordered by Kabupaten Kupang and TTS.

TTU District is a land area with an area of 2669.7 km² or only about 5.6% of the land area of NTT Province. A part of TTU is bordered by Savu Sea in the north with an ocean area of ± 950 km², with a long coastline of 50 km./

Number of Villages

Based on the administrative division, TTU Regency consists of 24 subdistricts and 193 villages/kelurahan with the following details: based on the administrative divisions, the District of TTU comprises of 195 villages.

Table 1: Administrative Area Division TTU Regency Year 2016

No.	Districts	Number of villages/ Kelurahan*	Area Wide (km ²)
1	Miomafo Barat	13	199,63
2	Miomafo Tengah	6	75,00
3	Musi	6	82,17
4	Mutis	4	90,50
5	Miomafo Timur	11	101,45
6	Bikomi Selatan	10	48,68
7	Bikomi Tengah	9	61,50
8	Bikomi Nilulat	6	82,00
9	Bikomi Utara	9	70,00
10	Naibenu	4	88,00
11	Noemuti	12	155,60
12	Noemuti Timur	4	55,77
13	Kota Kefamenanu	9*)	74
14	Insana	17	333,08
15	Insana Barat	12	102,00
16	Insana Tengah	7	124,00
17	Insana Utara	5	53,84
18	Insana Fafinesu	6	53,84
19	Biboki Selatan	8	164,17
20	Biboki Tan Pah	4	99,15
21	Biboki Feotleu	5	124,70
22	Biboki Utara	10	138,70
23	Biboki Anleu	9	206,40
24	Biboki Moenleu	7	85,78
	Total	193	2.669,70

Data Source: BPS, 2016 Ket: *) Kelurahan

Table 1 shows that TTU has 24 sub-districts with 193 villages. The sub-district of Insana has the most villages, 17 villages (8.8%) followed by West Miomaffo 13 Villages (6.74%), Western Insana and Noemuti 12 Village (6.22%). The sub-district with the largest area is Insana 333,08 km² (12,66%) from TTU Regency area. Followed by District Biboki Anleu 206.40 km² (7.73%).

The number of residents who do not go to school in TTU is 54.3%, while the population is still 33, 21%. TTU Regency is based on District Regulation of TTU Number 2 Year 2015, 22 (twenty-two) sub-districts in TTU Regency which changed status to become village. This change is based on initiatives and suggestions from the community to choose the space and autonomy to preserve and promote the tradition and culture of the people who are still rural. Population registration data of 2013, the population in TTU has grown to 245,064 inhabitants. Then in 2015 according to BPS data of TTU regency, the population of TTU has reached 246,685 people (TTU Kab DHO Profile, 2016).

3.3. The population pyramid

The population structure of TTU Regency is dominated by young people in pyramid shape, the more it seems the smaller. As in Figure 1

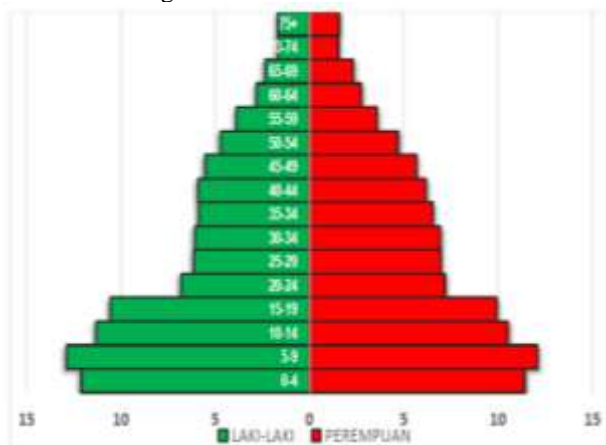


Figure 1: Population Pyramid of TTU Regency Year 2016

Figure 1 shows the most age groups are young (0-14 years and 15 -19 years old). The government needs to pay attention to this age group of infants 0 - 12 months, children under five (1 - 5 years) are categorized as vulnerable because they are vulnerable to disease. Keep in mind that the golden period for brain development and intelligence of children, 80% are at this age 1000 days of life (0-2 years). It is irreversible. Therefore this period becomes very important for human resource investment (Gani A, 2011). At the age of 6-12 years, children entering school age need attention for investment in social and education. The government also needs to give special attention to adolescents aged 9-19 years to complete the task of adolescent development are: (1) Able to accept the physical situation; (2) Be able to accept and understand the role of adult sex; (3) Able to foster good relationships with members of different groups; (4) Achieve emotional independence; (5) Achieving economic independence; (6) Developing intellectual concepts and skills indispensable for the role of community members; (7) Understand and internalize the values of adults

and parents; (8) Develop the social responsibility behaviors necessary to enter the adult world; (9) Preparing to enter marriage; (10) Understanding and preparing the various responsibilities of family life (Hurlock in Ali, 2013) The Task of Youth Development with efforts to improve childish attitudes and behaviors and strive to achieve the ability to behave and behave in an adult manner.

3.4. Dependency Ratio (DR)

Dependency Ratio (DR) is the number that states the comparison between the number of unproductive people (age below 15 years) and age 65 years and over. This figure can be used as an indicator that can roughly indicate the economic state of a country. The higher the percentage of dependency ratio indicates the higher burden that productive population must bear to finance the lives of unproductive and unproductive people. While the lower dependency ratio percentage indicates the lower burden of productive population to finance the unproductive and unproductive population. The dependency ratio of TTU District is shown in table 2.

Table 2 Population and Figures Dependent Year in TTU

District Year 2015				
No.	Age	Male	Female	Male and Female
1	0-14	44,317	42,353	86,670
2	15 – 64	71,037	75,270	146,307
3	≥ 65	6,923	6,785	13,708
	Total	122,277	124,408	246,685
	Dependency Ratio	72,13	65,28	68,60

Data source: BPS Kabupaten TTU, 2016

Table 2 shows that the Dependency Ratio of TTU Regency in 2015 is 68.60. This means that every 100 inhabitants of TTU who are productive in addition to bearing themselves, also bear the 8 unproductive and unproductive people. Dependency Ratio in men is greater than female.

3.5. Situation of Health Degrees in TTU District

Public health status of TTU Regency is seen from Human Development Index (HDI), life expectancy, mortality (morbidity) morbidity (morbidity) and nutritional status. North Central Timor district recorded Human Development Index in 2011: 67.39, Year 2012: 68.57, and Year 2013: 68.94. The index puts North Central Timor District is ranked 7th out of 22 districts/cities in East Nusa Tenggara Province. The Human Development Index is slightly above the province of Nusa Tenggara Timur (68.77) but still lower than the National Human Development Index. The calculation of life expectancy in TTU Regency using the latest method in 2015 is 66.09, which means that babies born by 2015 will be able to live up to 66.09 years. The increase of life expectancy in TTU regency tends to run slowly and does not exceed 1 digit (BPS, 2016).

Maternal Mortality Rate (MMR) nationally 359 per 100,000 live births (IDHS, 2012). In TTU District 2016 was 133 per 100,000 live births with 7 deaths. With seven death cases, TTU District has not reached the 2015 MDGs national target (102 per 100,000 live births) (Profile of DHO Cabang, 2016). The immediate cause of maternal mortality is

Haemorrhagia post-partum, post-cesarean embolism and other causes. The indirect cause is that 4T (too old, too young, too much and too frequent) and 3 T (Too late to make decisions, late referral to health facilities and late service delivery). Infant mortality case in 2016 is 98 cases or equivalent to 18/1000 live births. It has not reached the national target of 17 per 1000 KH. Under-five Mortality Rate (AKABA) in TTU District in 2015 is known as many as 177 death cases, consisting of 123 cases of infant mortality and 54 cases of under-five mortality from 5.101 live births. The number of neonatal deaths in 2016 was 58 cases with AKN 11 per 1000 live births with 58 neonatal deaths from 5,244 live births. Causes of neonatal mortality are asphyxia, LBW, congenital abnormalities, premature, pneumonia, seizures and others (DHO profile, 2016).

3.6. Route Map Compilation of Ranperda SKD TTU

Preparation of Ranperda SKD TTU is done through several stages. Based on the results of interviews with the drafting team of Ranperda NTT as submitted by TA Public Health Ratu Ludji (2018) as follows: (1) Phase I academic draft and review of legislation by TA Public Health and TA Law and Cross-Sector Technical Team represented by 19 people or Team 19 as mentioned before (2) Health problem analysis and seven SKN subsystems in TTU district by TA Public Health, TA Law and Cross-Sector Technical Team. (3) Workshop on the formation of a drafting team for the Regional Regulation of SKD and the formulation of a work plan for the Perda Team and Workshop on the Perception of the National Health System of the District Health Office TTU (Cross-Sector Participant). (4) Seminar and Workshop of perception equation (Dinkes Kabupaten Committee). (5) Assessment and analysis of health policies and issues and analysis. Seven health subsystems that are typical of the region in TTU Regency, through FGD (Focus Group Discussion). (6) Writing Academic Draft by TA Public Health and TA Law. (7) Public Consultation on academic manuscript (Committee of DHO). (8) Completion of academic draft. (9) Formulation of Ranperda Phase II for the improvement of Perda SKD Kabupaten TTU. Making Academic Draft

The making of the academic draft is done in several stages: (1) The establishment of cross-sectoral teams (LS), known as Team 19, is stipulated by the decree of the regent. (2) Review of the respective Legislation Regulations from 7 Subsystems. (3) Analysis of Health Problems & Assessment of each SKN Subsystem in the district. (4) Seminar & Workshop "Perception Equation". (5) Writing Academic Draft. (6) Public Consultation: on "Draft Academic Draft" in TTU District. (7) Improvement of Academic Paper. The stages of making the Academic Draft are facilitated by TA Public Health, TA Law and Cross-Sector Team (Team 19). The finalization of draft academic draft is done by TA Public Health, TA Law.

Participatory Approach in Participatory Perda Drafting Process

The process of drafting local regulations is participatory, an initiative by the executive, in this case, the TTU District Health Office. The drafting phase of the TTU SKD Ranperda begins with the draft Regulation of SKD by the

Public Consultant and Law and then proceeds with the public consultation on Ranperda SKD in Kabupaten TTU (as the committee is the TTU District Health Office). Further improvement of Ranperda SKD of TA Law and TA Public Health. The conduct of seminars and workshops of alignment of Ranperda SKD Kabupaten TTU (as the committee is TTU District Health Office). Completion of Ranperda SKD Kabupaten TTU of TA Law and TA Public Health. After the improvement of Ranperda SKD Kabupaten TTU then enter in Phase III that is stage of the political process.

In stage III: The political process is carried out through the Consultation and Negotiations of Local Regulation (Together: TA Law and TA Public Health and Team 19 District Health Office); followed by RANPERDA (Together) Delivery and Political Process Control (Together) in TTU Parliament. At this stage TA Public Health, TA Law and Team 19 The drafting of Ranperda of TTU Regency is supported by Provincial TA, AIPHSS and National TA Prof Ascobat Gani (Ratu Ludji, 2018)

3.7. Workshop on Formation of Ranperda Team of SKD Kabupaten TTU

At this workshop the preparation of the work plan of the drafting team Ranperda SKD TTU District and Perception about the National Health System in the District Health Office. TTU is facilitated by the TA Public Health and TA Law and is followed by Team 19.

Workshop process of forming the drafting team of Ranperda SKD Kabupaten TTU. The first day of work was the formation of a drafting team of local regulation SKD and the preparation of the teamwork plan. The meeting was held on 10 August 2015, at the Hotel Livero Hall, Kefamenanu. TTU The meeting was attended by 19 people agreed by the Team, named Team 19. The team consisted of all stakeholders who participated in the workshop, plus TA Public Health, TA Law, AIPHSS ISP and the committee.

Team Composition 19 consists of 10 people from the Health Office: Kadinkes / Secretary of Public Health, Head of PPSM & PL, Head of Promkes, Subdivision of PDE, Pharmaceutical Warehouse, UPK staff of 1 person each, and 3 people health center representatives; Bappeda 2 people; Legal section of TTU Secretariat 1 person; BPMPD Kabupaten TTU 1 person; DPKAD 1 person; Section Organization Organization Size TTU 1 person; BP2KB 1 person. BKD Kabupaten TTU 1 person; Representations of Religious Leader 1 person; Representations of People Figure 1 person.

The stages of the activity begin with the Presentation of preparation materials for the formation of a technical team for drafting the Regional Regulation of TTU Regency on Regional Health System. Resource persons in this activity are (1) Head of Health Service of TTU Regency represented by Secretary of District Health Office of TTU Mr. Juventus B Kabelen, SE. The material presented is: TTU District Health Profile (2) TA Public Health Kabupaten TTU: Dr. Ina Debora Ratu Ludji, SKp., M. Kes delivered materials on the National Health System and Urgency of Regional Health

System (3) TA Law of TTU Regency: Yunus Bureni, SH, MHUM convey material about Participatory Approach in Making Participatory Regional Regulation. This activity is guided by: Moderator from TTU District Health Office: Siswanto, SST MPH and Jufentius B Kabelen, SE Minutes: PDE Staff of TTU District Health Office is 1) Sitti M Boleng 2) Yashinta D Bais.

The Formation of a Draft Team for the Draft Regional Regulation is facilitated by TA Public Health. TA Public Health provides an explanation on the draft Ranperda SKD Kabupaten TTU from the public health and TA Law; provide an explanation of draft Ranperda SKD Kabupaten TTU from a legal point of view. Explanation regarding the tasks and responsibilities of the drafting team of the Local Regulation SKD TTU Regulation by TA Public Health and TA Law.

Output The resulting activity is the formation of Team Compilers Ranperda SKD TTU which formally will be determined decisions Bupati. The Bupati's Decree was drafted by TA Law and TA Public Health, then handed over to the Health Office for the process in the Legal Division of North Central Timor District.)

3.8. Compilation Process of Work Plan of Ranperda Formation Team of SKD Kabupaten TTU

Formation of Draft Team for Local Regulation SKD Kabupaten TTU is facilitated by TA Public Health; Dr. Ina Debora Ratu Ludji, SKp., M.Kes. His duty provides an explanation of the preparation SKD TTU District from the side of Public Health. While TA Law; Yunus Bureni, SH., M. Hum gives an explanation of the preparation of SKD from the side of the law). Explanation of the duties and responsibilities of the Draft Team for the Draft of the Regional Regulation (by TA Public Health and TA Law)

Output The resulting activity is the formation of the drafting team of Ranperda SKD of TTU Regency and its work plan is stipulated in the Regent's Decree on the Draft Team for Regional Regulation of North Central Timor Regency on Regional Health System. The Bupati's Decree was drafted by TA Law and submitted to the District Health Office of TTU for a determination process through the Legal Division of the North Central Timor District Regulation. The drafting team for draft local regulation of SKD is 19 people (called Team 19).

3.9. Perception Workshop on Perception of Seven Sub Health Systems National

The second-day activity is a workshop of the perception equation of the National Health System (SKN). The meeting was held on 11 August 2015, at the Hallo Hotel Livero, Kefamenanu. The purpose of this activity is to build a shared understanding of the national health system that became the soul of the Regional Health System among all workshop participants from various backgrounds.

This activity was preceded by the presentation of the equation of the perception of the seven sub-systems of the national health system Resource Persons: 1) Head of District

Health Office TTU: Represented by the Secretary of DHO (Jufentius B Kabelen, SE). The material presented is Health Profile of North Central Timor District. 2) Dr. dr Hyronimus Fernandez, MKes National Health System 3) TA Public Health Kabupaten TTU: Dr. Ina Debora Ratu Ludji, SKp., M. Kes, Material: National Health System and Urgency of Regional Health System. 4) TA Law of TTU Regency: Yunus Bureni, SH, MHUM; Material: Position of Regional Regulation of Daeran Health System in Regional Autonomy and Its Formation Process. As a Moderator in this activity is TA Coordinator of Law; DR Kotan Y Stefanus, SH., MH; As Minutes are PDE Health Office of TTU Regency are: 1) Sitti M Boleng and 2) Yashinta D Bais.

The expected output of the activities of the workshop is the creation of a common perception and commitment from the participants to succeed the preparation of the SKD Ranperda in Kabupaten TTU. The workshop participants consisted of 58 people consisting of: The drafting team of the draft PERDA SKD totaling 19 persons as mentioned above and the 39 cross-sectional participants are described in table 2 as follows:

Table 2: Compiler Team (Cross-Sector Participants) Ranperda SKD Kabupaten TTU Year 2015

No	Institution	Number
1.	Chairman of DPRD Kab. TTU	1 Person
2.	DPRD Chairman of Commission C and Member of Commission C	2 Persons
3.	Chairman of the Legislative Body of DPRD Kab. TTU	1 Person
4.	Head of Bappeda + 1 officials Echelon III	2 Persons
5.	Head of Health Office of Kab. North Central Timor + 4 Echelon III & 5 officials of Echelon IV	9 Persons
6.	Director of Kefamenanu Regional General Hospital + 1 officials Echelon III	2 Persons
7.	Head of Legal Setda TTU	1 Person
8.	Head of BPMPD + 1 officials Echelon III	2 Persons
9.	Head of Organization Division of TTU	1 Person
10.	Head of BKD + 1 officials Echelon III	2 Persons
11.	Head of Bp2KB + 1 officials of Echelon III	2 Persons
12.	Head of Department of Public Works + 1 officials of Echelon III	2 Persons
13.	Head of PPO + 1 Officer Echelon III	2 Persons
14.	Head of Puskesmas	4 Persons
15.	Local NGO / International	2 Persons
16.	AIPMNH	1 Person
17.	AIPHSS	1 Person
18.	BPP / BKP Representative	2 Persons
	Total	39 Persons

Assessment Activity and Policy Analysis and Health Problems and Analysis 7 (seven) Sub Health System of a Special Area in Kab. TTU.

An Assessment conducted on 7 Health Subsystem with the situation and peculiarities of TTU Regency. The drafting team is divided into 7 (seven) Pokja for the seven health sub-systems consisting of (1) Pokja Subsystem of Information Management and Health Regulation. (2) Pokja Subsystem of Human Resources (HR) Health. (4) Pokja Subsystem of Health Research and Development (Litbangkes) (5) Pokja Subsystem Empowerment and community participation and partnership (6) Pokja Sub-Financing system (7) Pokja Subsystem Health efforts.

3.10. Preparation of Assessment and Preparation of Assessment Guidelines

The preparation of the assessment and preparation of the assessment guidelines was conducted in 1 (one) day, on 21 August 2015 at the Hall of Livero Hotel, Kefamenanu. The activity begins with the presentation of preparation materials for the drafting of the draft regulation of SKD Kabupaten TTU. Resource persons in this activity are Head of TTU District Health Office. The preparation of assessment activities and the preparation of assessment guidelines is done in the following stages:

- 1) Explanation of purpose of data collection activity and data analysis by the TA Public Health and TA Law
- 2) An explanation of the Focus Group Discussion Concept (FGD) and data collection instruments by the TA Public Health
- 3) Determination of Facilitator, Notary, and Observer in assessment activity by TA Public Health and TA Law.
- 4) Problem identification and refinement of assessment instruments by the TA Public Health and TA Law.
- 5) Role Play implementation of assessment through FGD, facilitated by the TA Public Health and TA Law.

Outputs resulting from the preparation of assessment activities and the preparation of assessment guidelines are the availability of the Assessment Guidelines and the understanding of Cross-sector teams of the Assessment Guidelines to be used in the Assessment of seven Sub Regional Health Systems of TTU Regency. Activities carried out and moderated by Moderator: TA Public Health and TA Law and from one of TIM 19 (Pokja 7 Subsystem), FGD Notes are also one from Team 19 (Pokja 7 Subsystem), the division as follows: (1) Pokja Subsystem of Information Management and Health Regulation (2). Pokja Subhuman Resource System (HR) (3). Pokja Subsystem of Pharmaceutical Preparations, Medical Devices (Alkes) and Food (4). Pokja Sub Health Research and Development (Litbangkes) (5). Working Group on Community Empowerment and Participation and Partnership (6) Working Group of Health Financing Subsystem (7) Pokja Subsystem of Health Effort.

After the assessment activities of 7 Sub-Regional Health Regencies of TTU Regency then continued with the preparation of the Draft Academic Draft, Draft Ranperda, Public Consultation, political process. The Regional Government of TTU conveyed the three draft Regulations of the District of North Central Timor, one of which is the Regional Regulation of the District of North Central Timor is about the Regional Health System (SKD). This was stated in Session III of TTU Parliament in 2015 which has been started since October 19, 2015. Submission of the General Section of the Fraction at the third Plenary Session at the TTU Parliament Building on Wednesday, October 21, 2015, the four Fractions in the TTU DPRD received Ranperda on Regional Health System for discussion more (Pos Kupang, October 23, 2015). Prior to submit at the TTU 3rd Parliament hearing, this SKD Ranperda has been processed through a legal drafting process in accordance with applicable legislation and facilitated by DFAT (formerly AusAID) through the Australia Indonesia Partnership for Health Systems Strengthening (AIPHSS) program. One of

the stages is public consultation draft academic manuscript Ranperda SKD

Public Consultation is conducted based on the provisions of Article 53 of Law Number 10 Year 2004 regarding the Establishment of Legislation stated that the public has the right to give oral feedback in the preparation or discussion of draft laws and the draft of local regulations. Accordingly, the provision of Article 354 paragraph (4) of Law Number 23 Year 2014 on Regional Government also mandates that one form of public participation in drafting local regulations is through public consultation. Public consultation is a space and an opportunity for the wider community and stakeholders to examine and advise on a draft local regulation. Public consultation is conducted throughout the region and reaches all stakeholders and all community members who will be affected by the law.

The Regional Regulation on Regional Health System (Perda Siskesda) is the legal basis for the implementation of health, autonomy in the regions and a reference in the preparation of the RPJMD for the health sector as well as a reference for the strategic plan and work plan of the Public Health Office (Fernandez, RS, 2015).

Determination of Ranperda to Regional Regulation of Regional Health System of TTU Regency that is PERDA NO: 9 YEAR 2015 REGARDING REGIONAL HEALTH SYSTEM (REGIONAL SUBDIVES OF TTU REGENCY NO. 9, ADDITIONAL REGIONAL SHEET NO 74 ON REGIONAL HEALTH SYSTEM (SKD) NORTH TIMOR REGENCY (TTU) PROVINCE NUSA TENGGARA TIMUR (NTT).

Challenges and Strengths

Challenge

The challenges faced in this activity, Ratu Ludji (2018) are:

- 1) Subsequent activities should be raced against the timing where SKPD partners also have routine expenses and responsibilities related to the target of budget absorption prior to the fourth trimester and other activities.
- 2) Communication with related parties is necessary and continues to be strengthened by all parties.

Power

- 1) There is an awareness related to the need for regional health system in TTU Regency
- 2) Commitment of TTU Regency Government partners and other stakeholders is quite good. This is demonstrated by Team 19 which has completed the excavation of information and data related to 7 (seven) health sub-systems through the exhausting FGD.
- 3) Community participation active in public consultation activities for the socialization of Ranperda SKD TTU, providing many inputs for improvement of Ranperda SKD Kabupaten TTU.
- 4) Determination of Ranperda SKD TTU into Perda SKD Kabupaten TTU

4. Conclusions and Recommendations

4.1. Conclusion

Law Number 23 Year 2014 on Regional Government mandates that local governments need to take policy measures, both strategic and operational in the context of the implementation of Regional Autonomy and Co-Administration, the local government together with the DPRD discuss the draft local regulations (Ranperda) on the Health System Regional (SKD) of TTU Regency.

The drafting process begins in several stages: (1) Phase I, drafting of academic texts and Review of legislation by TA (Technical Advisor) Public Health (Kesmas), TA (Technical Advisor) Law and Cross-Sector Technical Team (LS). (2) Analysis of health problems and seven SKN subsystems in TTU regency by the TA Public Health and TA Law and Cross-sector Technical Team (3) Workshop on the formation of SKD drafting teams and compilation of the work plan of Team of Perda Formation and Workshop of Nomination Perception about national health system Dinas Kesehatan Kab. TTU (Cross-Sector Team) (4) Seminar and Workshop on Equality Perception (Committee Dinkes Kabupaten) (5) Assessment and analysis of health policies and problems and analysis of 7 (seven) health subsystems that are typical in TTU District. Through FGD (Focus Group Discussion). (6) Academic Draft Writing by TA Public Health and TA Law (7) Public Consultation on the academic manuscript (Committee of DHO) (8) Completion of academic draft (9) Preparation of Ranperda Phase II.

Each stage of the activity took place well and resulted: Team Formulation Ranperda SKD TTU (Team 19) 7 Sub SKD Assessment and Analysis of policy issues and analysis 7 Health subsystems that are typical of the region in Kab. TTT is done through FGD and Identification problem produces data and related information 7 sub SKD system to become the empirical study material draft academic script.

Promotion of Team 19 cooperation with TA Public Health and TA Law and commitment to complete Ranperda SKD in TTU Regency with support from various parties The mutual understanding is not only built among Team 19 but also in all participants of the Joint Understanding Workshop on SKN / SKD which is enough representative, namely representatives of the people's representatives (DPRD TTU), a TTU Regency Government with a number of related SKPD, and some representation of community leaders. Commitments that have been built will have an impact on the smoothness of further activities. Entering the process of the political process and public consultation is going well until the completion of academic draft and preparation of Ranperda SKD phase II. The determination of Ranperda to become Regional Regulation of Regional Health System of TTU Regency is realized, that is PERDA NO: 9 YEAR 2015 REGIONAL HEALTH SYSTEM (REGIONAL SHEET OF REGENCY OF TTU NO 9, ADDITIONAL REGIONAL SHEET NO 74 ON REGIONAL HEALTH SYSTEM (SKD) NORTH TIMOR REGENCY (TTU)) EAST NUSA TENGGARA PROVINSI (NTT)

4.2. Recommendation

- 1) To the Regional Government and District Health Offices of TTU Regency to continuously socialize the implementation of Perda SKD Kabupaten TTU periodically throughout the region and reach all stakeholder stakeholders, cross-program and cross-sector coordination and all community members who will be affected by the local regulation.
- 2) Socialization for the Implementation of Perda can be done through direct face-to-face communication, seminar, coordination meeting for the parties as well as through newspaper print media, brochures, leaflets, stickers, banners about 7 sub-district health system of TTU Regency, hierarchy of coaching and supervision, administrative sanctions and Criminal provisions.

5. Appreciation

Activity Establishment Team for Drafting of North Central Timor District Regulation on Regional Health System, Perception Workshop on National Health System, and Assessment of Seven Sub Health System National and Analysis/Review of Legislation, Regulation Related to Seven Sub Health System National and preparation of Ranperda SKD Kabupaten TTU in North Central Timor District at the initiative of the TTU District Health Office - Dr. Zakarias E. Fernandez, M. Kes, accompanied and facilitated by TA Public Health and TA Law and fully funded by the Australian Government (DFAT) through the Australia Indonesia Partnership for Health Systems Strengthening (AIPHSS) program.

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