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## Implementation of Accelerated Outcome of Health Service in Yahukimo District Papua Province

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### *Abstract:*

*There are many factors that cause the performance of health services in Papua to be still low compared to other regions, including related to the number of health facilities and personnel, management of health facilities and personnel, geographical conditions, supporting facilities and infrastructure, community awareness, and especially in the field of health services, especially the Yahukimo district. This study uses a qualitative approach with descriptive methods, namely data collection by interviews, documentation and observation with data analysis, namely data reduction (data reduction), data display (display data), and conclusion drawing/verification (drawing conclusions/verification) with triangulation techniques on the data obtained. The implementation of the Acceleration of Health Service Outreach in Yahukimo District, Papua Province has not been fully felt by the OAP community and the results achieved have not been optimal in developing efforts to prevent and eradicate diseases, especially in reducing morbidity, mortality and disability caused by communicable, non-communicable diseases as well as outbreaks and disasters. procedurally this policy is appropriate, but in terms of time, cost, place and implementation because it has not met the standard, quality, equitable and affordable and promotes OAP community participation in the health sector. From the results of the discussion of the Efficiency dimension, it cannot be said to be Efficiency because the Policy has not yet been fulfilled in realizing adequate health services for OAP, because the implementation of health services in health service units and visits to residential housing of OAP has not been carried out optimally as a solution for researchers to make the AGIYAI Model (Ability, Government, Innovation, Yield, Acceleration Of Service Coverage, Implementation). This model is offered and is considered a suitable model for accelerating the reach of health services in Yahukimo District, Papua Province.*

**Keywords:** Public Policy, Acceleration of AGIYAI's New Model of Health Service Outreach

## 1. Introduction

The implementation of regional government is actually directed at accelerating the realization of community welfare through improving services, empowerment and community participation, and increasing regional competitiveness by paying attention to the principles of democracy, equality, justice and the uniqueness of a region in the Republic of Indonesia system (Bachtiar 2022). The efficiency and effectiveness of regional government administration needs to be improved by paying more attention

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to aspects of the relationship between the central government and the regions and between regions, regional potential and diversity, as well as the opportunities and challenges of global competition in a unified state government administration system (Hehamahua 2015).

With the implementation of Special Autonomy (Otsus) for Papua, the hope is that the people's situation can be brought out of poverty, darkness, isolation, backwardness, underdevelopment, injustice, suffering and death. Apart from that, it is also hoped that the regional government in Papua can initiate its own development supported by adequate natural resources so that the situation in Papua can change to be more advanced or the same as previously developed regions in Indonesia.

The description of the Papua Special Autonomy policy can also be inspired by the abbreviation PAPUA, namely: Protection, Affirmation, Empowerment, Universal, Accountability. Driven by the condition of the people and in order to maintain the integrity of the people in the country, the policy choice is a moderate approach, as far as possible reconnecting the condition of the people with the government, the condition of the people with trust and legitimacy towards the government. As of the 2021 projection, Papua's development under the special autonomy policy has entered its 20th year. The agreement on the duration of the implementation of special autonomy in Papua as an alternative solution to the people's situation will be subject to a review of the political interests of authority and budget politics.

Funding for services for the management of the 20% provincial share is aimed at: education, health, people's economy, infrastructure, operational institutions of the Papuan People's Assembly, state institutions 10% of the 20% allocation managed by the province, as well as monitoring and evaluation. The budgeting of special autonomy funds sourced from additional special autonomy funds for the infrastructure section is fully directed towards infrastructure interests in a broad perspective with operational directions regulated in gubernatorial regulations aimed at financing the development interests of Papua province in each district/city.

The budget for special autonomy funds for the Province of Papua up to the 19th year or 2020 amounts to approximately Rp. 92 trillion, sourced from special autonomy funds equivalent to 2% of the national general allocation funds and additional special autonomy funds for the infrastructure sector. The total revenue for the nominal special autonomy budgeting is of course the duration from 2002 to 2020. Estimated budgeting for special autonomy in 2021 amounts to approximately Rp. 8 trillion, with receipts of approximately Rp. 6 trillion sourced from special autonomy funds equivalent to 2% of the Fund. The National General Allocation and approximately IDR 2 trillion are sourced from additional special autonomy funds for the infrastructure section.

Several regencies in the Papua Province have continued to experience division since the enactment of Law Number 21 of 2001 concerning the special autonomy of the Province of Papua. In 2005, Papua Province consisted of 19 regencies and 1 city with 250 sub-districts and 2,442 sub-districts/villages. In 2016 it consisted of 28 regencies and 1 city with 541 sub-districts, 152 sub-districts and 4,635 villages. Yahukimo

District has the highest number of sub-districts and villages (51 sub-districts and 518 villages) and Tolikara District has the least number of sub-districts and villages (545 villages and 46 districts).

Related to basic services in the health sector The fact is that Yahukimo Regency will have 51 districts/districts in 2021, but there will only be 33 Community Health Centers. This means that there are still 19 districts that do not yet have a Health Center. Ideally, each district has at least 1 Community Health Center so that the people of Yahukimo Regency can receive solid public health services in order to build a healthy Yahukimo Regency area. and its location in a mountainous area and has not received maximum health services.

In the midst of the rapid pace of development in Yahukimo District, it must be admitted that the development of the health sector has not shown any improvement, both in terms of access to health services and in terms of service quality. This is influenced by several factors such as environmental conditions, human resources, the lack of health infrastructure facilities, to the extent of geography. Therefore, it is hoped that the health sector will receive special attention from the local government, in this case the Yahukimo District Health Office, to continue to encourage and motivate health services at Community Health Centers in several districts in Yahukimo District.

The problem of uneven distribution of health workers is the root of the problem which is interconnected with each other. The number of health workers, medical staff is very minimal, and many Puskesmas do not have specialist doctors and general practitioners. In Yahukimo Regency, not all districts have Puskesmas. mountainous areas that have difficulty accessing transportation do not yet have health centers, from a financing standpoint the financing factor for the provision of medicines at the Health Centers which are only available from the Special Allocation Fund (DAK) is also a driving factor in the lack of quantity and quality of medicines in the province of Papua, the issue of identity Very few Indigenous Papuans (OAP) already have Resident Identity Cards (KTP). This then has an impact on the minimum number of OAPs who can access free health services from the government such as the National Health Insurance (JKN) program. Limited access to information and communication also hampers the referral process from Puskesmas to RSUD in implementing JKN.

## **2. Theoretical Background**

Implementation is a very important step in the policy process. to implement means to use the instruments of doing or providing routine services, making payments. Or in other words implementation is the stage of realizing program objectives. The series of public policy cycles in formulating solutions to problems is generally called problem analysis, so in this case problem analysis is seen as "advice" as a way out of problems decisions taken on social values that transform relevant information to solve problems (Fisher & Miller 2017)

So what needs to be considered is the preparations for implementation, namely thinking and calculating carefully the various possibilities for success and the ability of the organization entrusted with the task of implementing the program. there are models of public service policy implementation, including:

Model Merilee S. Grendle year 1980 (Yadav 2010), there are 2 characteristics of successful implementation, firstly the content of policy (interests affected by the policy, types of benefits, degree of change desired, position of policy makers, who is implementing it and the resources deployed). Second, the policy environment/context of implementation (power, interests and strategies of the actors involved, characteristics of institutions and authorities, and compliance and responsiveness) the basic idea is that after the policy is transformed, then the implementation of the policy is carried out.

The Mazmanian and Sabatier (1983) model explains that there are 3 (three) groups of variables that influence successful implementation, namely: a) Characteristics of the problem (Tractability of the problems) indicators: 1) Level of technical difficulty of the problem in question; 2) The level of diversity of the target group; 3) Proportion of the target group to the total population; 4) The scope of expected behavior changes; b) The character of the policy/law (Ability of Statute to Structure Implementations). The indicators are: 1) Clarity of policy content; 2) How far the policy has theoretical support; 3) The size of the allocation of financial resources for the policy; 4) How big is the linkage and support between the various implementing institutions; 5) Clarity and consistency of existing rules in the implementing agency; 6) Level of apparatus commitment to policy objectives; 7) how broad is the access of outside groups to participate in policy implementation (Mubarok et al., 2020).

Environmental variables (Monstatutory variables affecting implementations), the indicators are: 1) Socio-economic conditions of the community and the level of technological progress; 2) Public support for a policy; 3) The attitude of constituency groups; 4) The level of commitment and skills of officials and implementers (Hill 1990).

Implementation determinants indicate factors that can influence the success of implementation related to policy substance (consistency and alignment of policy content), implementing task behavior (work motivation, tendency to abuse authority, learning ability), network interaction (executor cooperation, authority relations between levels of government ), target group participation (level of acceptance of benefits, ability to contribute) and resources (adequacy of funds, availability of implementers, adequacy of equipment, availability of information and accuracy of technology) (Ramadan et al., 2023).

Policy analysis is an intellectual and practical activity aimed at creating, critically assessing, and communicating knowledge about and within the policy process (Sinulingga et al., 2023). Policy analysis is an applied social science discipline that uses multiple assessment methods in the context of political argumentation and debate to create, critically evaluate and communicate policy-relevant knowledge (Dunn

2015). Following Dunn, the policy analysis method combines five general procedures commonly used in solving human problems, namely: a) Definition: Generates information about conditions that will give rise to policy problems; b) Predictions: Provides information about the future consequences of implementing alternative policies, including not doing anything; c) Prescription: Provides information about the value of the consequences of alternative policies in the future; d) Description: Generates information about the present and past consequences of implementing policy alternatives; e) Evaluation: The use of alternative policies in solving problems.

### **3. Methodology**

Research design is divided into two senses, namely in the narrow sense and in the broad sense. Design or research design in the narrow sense is interpreted as a process of collecting and analyzing research, while in the broad sense it is all series of research activities which include the process of planning and implementing the research (Simangunsong; 2016). To achieve these objectives in this study, the authors used a qualitative approach (qualitative research) with descriptive methods.

This research uses a qualitative approach with a focus on the problem of Implementation of Accelerated Reach of Health Services in Yahukimo Regency, Papua Province. The qualitative approach was chosen because the researcher wanted to deepen the understanding of all parties related to the Implementation of Accelerated Reach of Health Services in Yahukimo Regency, Papua Province. The aim of qualitative research is to develop a theory from the results of comparisons with other similar theories, which researchers consider to be the best both subjectively and objectively. The opinion regarding qualitative research was expressed by (Sugiyono: 2015), namely that the qualitative research method is a research method used to examine the conditions of natural objects, (as opposed to experiments) where the researcher is the key instrument, data collection techniques are carried out by triangulation (combination). ), data analysis is inductive/qualitative in nature, and the results of qualitative research emphasize meaning rather than generation.

In general, this phenomenological view can be seen in two positions, firstly it is a reaction to the dominance of positivism, and secondly, it is actually a criticism of Immanuel Kant's critical thinking, especially his concept of phenomenon-numenon. From this it appears that Kant uses the word phenomenon to denote the appearance of something in consciousness, while noumena is reality (*das Ding an Sich*) which is outside the observer's consciousness. According to Kant, humans can only recognize phenomena that appear in consciousness, not noumena, namely external reality (in the form of objects or that appear to remain objects of our consciousness) that we know.

Qualitative means the process of exploring and understanding individual and group behavior, describing social problems or humanitarian problems. The research process includes creating research questions and procedures that are still tentative, collecting data in participant settings, analyzing data inductively, building partial data into

themes, and then providing an interpretation of the meaning of the data. The final activity is to create a report into a flexible structure (Cresswell 2016).

The problem of exploratory research as follows: exploratory research is carried out for the purpose of exploration or exploration in order to get to know and understand the description of a social phenomenon. This type of research is related to the "what" question. Exploratory research seeks to explore or describe what happened, including who, when, where or in relation to the characteristics of a symptom or social problem, whether pattern, shape, size or distribution. These questions aim to find out a symptom or event by exploring various things related to the symptom. Through the information collected, the problem being studied will become clearer.

Considering that this research uses a qualitative approach, the research instrument is the researcher himself. Researchers as the key instrument conducted interviews, examined documents and made observations on matters relating to the Implementation of Accelerated Reach of Health Services in Yahukimo Regency, Papua Province

#### **4. Empirical Findings/Result**

Papua Province Regional Regulation Number 7 of 2010 concerning Health Services in Papua Province, especially in Yahukimo Regency. For this reason, the researcher reviewed an in-depth study of current conditions (existing), prepared recommendations for ideal services (expected) and provided policy recommendations needed to overcome problems (gaps between existing and expected) in health services in Yahukimo Regency, Papua Province, because Yahukimo Regency do not yet have specific regulations regarding health services, with this the researcher implemented conceptually this discussion for primary data from the results of interviews for this research and secondary data related to related regulations, journals, books, then the researcher triangulated the data and as an interview guide as data The primary researcher refers to Policy according to Muchlis Hamdi, in answering the Implementation of Accelerated Coverage of Health Services in Yahukimo Regency, Papua Province with dimensions 1) Productivity, 2) Linearity, 3) Efficiency, and in answering the second problem formulation. Determinant factors supporting and inhibiting Accelerated Implementation Reach of Health Services in Yahukimo Regency, Papua Province with dimensions: 1) Policy Substance, 2) Implementing Task Behavior, 3) Work Network Interaction, 4) Target Group Participation, 5) Resources. From the data and facts in the field, the researcher answered the two problem formulations above. The researcher hopes to find a new ideal model for the accelerated implementation of health service coverage in Yahukimo Regency, Papua Province. From the description above, the researcher presents details of each dimension in this discussion with the following details:

##### **Productivity**

Productivity is defined as the relationship between an organization's output or results and the required input. Productivity is indicated by how well resources are needed in

society. Productivity can be measured by input and output, human and social resources. Productivity can also be seen from the additional results of a program created, as well as the goals achieved (Anyadike 2013)

The concept of productivity used to analyze whether a policy is productive or not, in this study uses the concept (Shin & Konrad 2017) which suggests that productivity is related to the ability to realize the achievement of predetermined standards, especially regarding the achievement of standards for the number of target groups. Hamdi further described that the smoother the fulfillment of the target group's achievements, it can be said that the implementation of the policy is more productive, Related to the Implementation of the Acceleration of Health Service Outreach in Yahukimo Regency, Papua Province so that in substance the target to be achieved in this policy is the Implementation of Accelerated Health Service Outreach in Yahukimo Regency, Papua Province. The results of interviews with researchers on the dimensions of productivity of the implementation of the Acceleration of Health Service Outreach in Yahukimo Regency, Papua Province, the results of interviews with the Secretary of the Papua Provincial Health Office, informant 1, are as follows:

Productivity The number of achievements of the target group. Indeed, as the head of the Papua Province health office, there are no regulations regarding the health sector in Yahukimo Regency, Papua Province, but the steps that have been taken by the Regent, namely Two excellent programs that are currently being intensively carried out, namely Yahukimo Sehat and Yahukimo Intelligent. Hundreds of health workers and teachers have been contracted by the Yahukimo Regional Government since 2022 to serve residents in these two sectors to reach remote districts and villages.

Indeed, to achieve the future development of Yahukimo Regency, it is directed at increasing the welfare of the community, supported by adequate quality human resources and good governance in realizing the implementation of the Special Autonomy for Papua. jointly between various stakeholders, namely the Regional Government, DPRD and community groups that need services in the health sector. The following are the results of interviews with the informant Yahukimo District Head as follows:

In terms of productivity, we do not yet have regulations in the health sector specifically, but in terms of implementation I have made various breakthroughs to develop the health sector as I did by creating the Yahukimo Sehat Task Force for 2022 as many as 131 people with the professions of nurses, midwives, nutritionists, sanitarians, analyst and pharmacist/pharmacist. In 2023, we are recruiting 150 workers and are ready to distribute them to 21 Community Health Centers. And according to the order of the Regent, they are no longer contracted annually, but for 5 years like contract teachers from 2023 to December 2027, below is a photo when we interviewed researchers.

In this regard, the Yahukimo District Health Office as one of the elements in the administration of the Yahukimo District Government in the health sector, the Yahukimo District Health Office naturally carries out the duties and responsibilities

so that the development planning process in Yahukimo District can run well, (participative and quality) is structured systematically, synergistic and comprehensive so that it fully leads to the achievement of the vision and mission of Yahukimo Regency as expected by all parties. The following are the results of the interview with the Chairman of the Yahukimo Regency DPRD, the informants are as follows:

The Importance of Productivity The number of achievements of the target group in realizing the strategy for achieving the regional vision and mission, structurally the Yahukimo District Health Office is required to be able to translate it into various forms of regional development policies, programs and activities, both in the form of the applicable Regional Medium Term Development Plan (RPJMD) for five years and the Regional Government Work Plan (RKPD) which is valid for one year. These planning documents later became the benchmark for preparing the Yahukimo District Health Office's Strategic Plan and Annual Work Plan.

### **Linearity**

According to Fasdiah et al. (2021) that linearity relates to the suitability of the standard fulfillment process with predetermined standard specification guidelines. The conformity concerns the procedure, time, cost, place and implementation (Lindell & Perry 2022). The more appropriate the process of fulfilling standards in implementing policies, it can be stated that the implementation of these policies is more linear, with respect to linearity, the degree of conformity with standard procedures, time, costs, places, implementers of Implementation of Accelerated Health Service Outreach in Yahukimo District, Papua Province, results of interviews with researchers dimensions of linearity, degree of conformity with standard procedures, time, cost, place, executors of Implementation of Accelerated Health Service Outreach in Yahukimo District, Papua Province, informants in interviews with researchers are as follows:

There are no clear regulations and SOPs to regulate the governance of the Health Service down to the Puskesmas, Pustu and Network levels in relation to health service patterns, health information system reporting models, performance audits and financial accountability linked to Minimum Service Standards and targets for achieving health service indicators. and the low performance and work ethic of health workers which affects the performance of health services to the community with a percentage of health service coverage that is not yet optimal each year.

In terms of limerity, health services specifically do not yet have clear legal products. Financing of health services in Yahukimo Regency, based on the laws of the center and Papua Province above as the basis for the research conducted by researchers to review in-depth studies of current conditions, prepare recommendations for ideal services (expected) and provide necessary policy recommendations To overcome the problem (gap between existing and expected) in health services in Yahukimo Regency, Papua Province, because Yahukimo Regency does not yet have specific regulations regarding health services in the district, the researcher is implementing Papua Province Regional Regulation Number 7 of 2010 concerning Health Services which are not yet running. maximally in Papua province, especially in Yahukimo Regency. There is still a lack of human resources in the health sector, especially



doctors and medical personnel, so that the acceleration of health services in Yahukimo Regency has not been realized, not all districts in Yahukimo Regency have community health centers so that public health services are not optimal.

The results of interviews with informants are as follows: There are no clear regulations and SOPs to regulate the governance of the Health Service down to the level of Community Health Centers, Pustu and Networks in relation to health service patterns, health information system reporting models, performance audits and financial accountability associated with Minimum Service Standards and targets for achieving health service indicators and the low performance and work ethic of health workers which influence the performance of health services to the community with a percentage of health service coverage results that are not yet optimal each year.

Based on Law Number 25 of 2004 concerning the National Development Planning System, article 1 paragraph 12, the Vision is a general formulation of the desired situation at the end of the planning period. Determining a vision as part of the development planning process is an important step in the journey of governance, implementation of development and community development in the region. In essence, forming an organizational vision means exploring a shared picture of the ideal future that the organization in question wants to realize. The following are the results of interviews with informants as follows: The degree of compliance with standards with procedures, time, costs, place, implementers, the DPRD has a good commitment to health development and there is a separate commission that handles the health sector in the DPRD, namely commission E. In commission E The DPRD has expert staff in the health sector who can be asked for advice and opinions regarding the DPRD's supervisory duties which are very relevant in efforts to build aregional health system.

The problem of health services for the community, especially underprivileged communities, is never-ending to be discussed and must continue to be improved by the Regional Government. Moreover, in the field there are often cases where underprivileged communities are not well served by the DPRD's supervisory duties which are very relevant in efforts to build a regional health system to continue to struggle to find ways related to the latest regulations that can benefit the community in terms of health, indeed we are aware that to this day we have not yet issued specific regulations regarding health services, it is still in process and we will adapt it to the existing vision and mission in Yahukimo Regency. Vision is a mental model of the future, thus the vision must be explored together, drafted together and strive for its realization together, so that the vision becomes a common property that is believed by all elements of the organization and parties related to efforts to realize this vision. It is hoped that the right vision for the future of an organization will be able to become an accelerator for efforts to improve organizational performance. By considering the potential, conditions, problems, challenges and opportunities that exist in Yahukimo Regency and taking into account the culture that lives in society, the Vision for the Regional Government of Yahukimo Regency for 2021-2025 is as follows:

Linearity to the degree of conformity of standards with procedures, time, cost, place and implementation is a step that must be in line with the vision of Yahukimo Regency "Building with the Heart to Create a New Yahukimo, Safe, Peaceful, Healthy, Smart and Integrity".

The reality of the free health policy is to improve the quality of services to fulfill people's basic rights. The budget allocation for Free Health Services comes from 40% of the Provincial APBD and 60% of the Regency APBD. The implementation of free health services is clearly illustrated by the difference in the professionalism of the apparatus towards services between users of free health services and users of other health services, for example the lack of public knowledge about free health which makes it difficult for people to get free health cards, the following are the results of interviews with informants:

The process of free health services that has been running so far is very different compared to users of health services who pay directly so this tends to make it difficult for the community. In addition to the professionalism of the officers who were not good enough, there were information officers who were not friendly, the comfort of the waiting room was minimal and the prices for medicines were expensive, which made it difficult for the community and they did not want to go to the puskesmas for treatment. This makes people more inclined or happy to seek treatment from orderlies or shamans.

In the future, this effort can be increased to provide the best health services to the community by proposing to the Regional Government in Yahukimo Regency to procure ambulances to be used for Puskesmas operations, as well as working with universities to help by always sending programs for field practices or internships at the Puskesmas. in all areas in Yahukimo Regency. The underdevelopment in development in the field of human resource quality is also caused by the low quality of life for the people of Papua Province which is heavily influenced by the low quality of health and nutrition services, especially for people who live in remote areas. This situation is basically an indicator of high child and under-five mortality which causes still high infant mortality rates, child mortality rates and maternal mortality rates. As in other places, the quality of Papua's human resources is also determined by the level of public health in general, in addition to the education, economic and social sectors.

## **5. Conclusions**

This study produced several main conclusion points regarding the Implementation of Accelerated Health Service Outreach in Yahukimo District, Papua Province. Answering the research formulation questions are as follows: Conclusions on the dimensions of Productivity, Linearity, and Efficiency, Implementation of Accelerated Health Service Outreach in Yahukimo District, Papua Province From Regional Regulation Policy, Papua Province Number 7 of 2010 concerning health services, the number of achievements of the target group cannot be felt optimally by the OAP community, and the results achieved have not been optimal in developing efforts to

prevent and eradicate diseases, especially in reducing morbidity, mortality and disability caused by infectious diseases and not contagious as well as epidemics and disasters.

From the results of the discussion of the linearity dimension with regard to the suitability of the standard compliance process with the predetermined standard specification guidelines, the suitability concerns procedure, time, cost, place and implementation, procedurally this policy is appropriate but in terms of time, cost, place and implementation because does not meet standards, is of good quality, equitable and affordable and socializes OAP community participation in the health sector. From the results of the discussion of the Efficiency dimension, it cannot be said to be Efficiency because the Policy has not yet been fulfilled to realize adequate health services for OAP, because the implementation of health services in health service units and visits to OAP residential settlements have not been carried out optimally. For this reason, the solution is related to the title In this research, namely the Implementation of the Acceleration of Health Service Outreach in Yahukimo Regency, Papua Province, a derivative regulation from the Regional Regulation of Papua Province Number 7 of 2010 concerning health services issued by the Regent together with the DPRD of Yahukimo Regency made a regulation on the Acceleration of Health Service Outreach in Yahukimo Regency so that people in Yahukimo District can experience health services as a basic service that can be enjoyed by the Yahukimo community. It is hoped that future researchers will optimize it in an effort to meet community needs for health services that meet standards, quality, equitable and affordable and promote community participation in the health sector in Yahukimo District and All health service units (Hospitals, Health Centers, Pustu, Poskesdes, and Posyandu, have national standard operating procedures (SOP), Services in each health service unit use a minimum SOP to serve OAP, All health service units are gradually implementing Health services based on national SOP and professionals, the OAP community receives services in all health service units with national minimum service standards.

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