

Performance of People Representative Supervision of Basic Health Services in Sinjai Regency

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Abstract

This research aims to determine the performance of DPRD (Regional People's Representative Assembly) supervision of basic health services in Sinjai Regency. The method used in this research is qualitative method. The results of the research show that the performance of the DPRD's supervision of basic health services in Sinjai Regency is to carry out monitoring and feedback to the DPRD in the form of direct monitoring, questioning the reasons or inhibiting and supporting factors so that the Health Office's work program has not gone well once in September 2020 regarding the realization of the budget which had delayed at several Community Health Centers, especially the problem of stunting and Covid-19, then indirect monitoring was carried out regarding slow BPJS services.

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Introduction

In the Preamble to the 1945 Constitution of the Republic of Indonesia, the fourth paragraph emphasized that, "The Government of the Republic of Indonesia protects the entire Indonesian nation and all of Indonesia's blood and promotes general welfare and makes the life of the nation intelligent." The goal of the state is a form of statement of the state's responsibility towards its citizens, one of which is the health issue of its citizens. Then it was further emphasized in Article 28 H paragraph (1) of the 1945 Constitution of the Republic of Indonesia, "Everyone has the right to live in physical and spiritual prosperity, to live in and have a good and healthy living environment and the right to receive health services (Arliman, 2018) .

According to research from Arisa & Purwanti, (2022) Health services are any efforts carried out individually or jointly within an organization to maintain and improve health, prevent and cure disease and restore the health of individuals, families, groups and or communities, (Ministry of Health RI, 2009). As a concrete manifestation of this responsibility, the government established a health system in Indonesia. This system started in 1982, then the Indonesian Ministry of Health in 2004 made an "adjustment" to the 1982 National Health System (Isriawaty, 2015). In this document it is stated that the National Health System (SKN) is defined as an order that brings together the efforts of the Indonesian people in an integrated and mutually supportive manner, in order to guarantee the highest level of health as an embodiment of general welfare. The objectives of the National Health System are; (1) Improving public health status. Indicators include; Maternal mortality rate, infant mortality rate, disease incidence rate and others, (2) increased responsiveness to community expectations, in this case the community is satisfied with health services. (3) Ensure fairness in financing contributions. The health system is expected to provide protection in the form of guaranteed health financing for those in need. (Ministry of Health RI; 2004). National Health Insurance has been started since 2014 and is gradually moving towards universal health coverage (Raharni, et al., 2018). The general aim of National Health Insurance is to make it

easier for people to access health services and get quality health services, especially basic health services.

Basic health services are all activities in the context of fulfilling basic needs in accordance with the rights of every citizen and resident to goods and services, services in administrative public services provided by service providers related to the public interest. There are still many weaknesses in public services provided by government officials so that they do not meet the needs and expectations of the community (Setiajaningrum, 2009). Public services are all activities in the context of fulfilling basic needs in accordance with the rights of every citizen and resident to goods, services and/or administrative services provided by service providers related to the public interest.

The paradigm of providing government services in facing the current era of globalization which is full of challenges and opportunities, state officials as public servants need to provide the best possible service towards good governance. The services provided by state officials to the public at all times always require quality public services that are carried out transparently and accountably (Irawan, 2017). The implementation of government affairs is supported by the presence of state apparatus as the front line whose duties are as reliable public servants and are able to carry out the overall implementation of general government and development tasks efficiently, effectively and integratedly, professionally, responsibly and fairly.

It is necessary to pay attention to the relationship with the role of bureaucracy in a society that is undergoing reform, namely that the government is required to be able to optimize human resources (HR), HR management starting with recruitment, training and on to the process beyond. According to (Rahman, 2020) HR is a central factor in an organization or company, whatever its form and objectives, the organization implemented must be based on the organization's vision and mission. The services provided by state apparatus to the community at any time always require quality public services which are carried out with coordination, socialization and information. According to Mangkunegara (2006) that HR performance is work performance or work results, both quality and quantity, achieved by HR over a period of time in carrying out tasks according to responsibility.

The role of human resources in this case is to carry out development, so they need to be empowered optimally. The career development carried out so far has not created a cadre of capable leaders in sufficient quantity and quality in accordance with bureaucratic capabilities (Haris, et al., 2016). The job function or activity referred to here is the implementation of work results as part of the authority and responsibility within an organization. Performance in an organization is the level of achievement or results of a person's work from targets that must be achieved or tasks that must be achieved or tasks that must be carried out in accordance with their respective responsibilities within a certain period of time.

The performance of an organization is the accumulated performance of all individuals who work in it. This is where the role of human resources is needed in efforts to achieve organizational goals. Employees who carry out their performance effectively and efficiently can influence the increase in organizational work performance so that the organizational goals that have been set will be achieved (Nursam, 2017). Performance is an achievement or level of success achieved by an individual or an organization in carrying out work in a certain period. Performance can also be interpreted as an achievement achieved in carrying out services to the community within a period. Performance improvement cannot be realized if there is no good governance or management, which can encourage institutional efforts to improve performance.

Every performance management effort is intended to be used to encourage performance to

reach the highest level in every organization. In an organization, clarity of vision is very important, because a clear vision in an organization will make an organization run properly. Moreover, facing competition in the global era, organizations are required to work more efficiently and effectively. The increasingly varied and complete demands of stakeholders (society) mean that organizations must be able to increase their competitiveness in order to maintain the survival of the organization (Putri, 2016). Every organization is required to display excellent performance in various fields, especially those related to its stakeholders. The current increasingly complex environmental situation requires an organization to be able to satisfy the interests of various stakeholders (society), including state institutions, namely the House of Representatives.

The People's Representative Council (DPR) is a state institution that operates within the scope of legal politics, and laws are a manifestation of this legal politics. The power to form laws as regulated in the 1945 Constitution of the Republic of Indonesia, specifically Article 20 paragraph (1), sociologically, this power is a mandate from all Indonesian people. The DPR, as an institution that represents the embodiment of the people, has responsibilities that must be fulfilled democratically and responsively (Prestianingsih, 2017).

Related to this, the DPR/D has the functions regulated in Article 20A paragraph 1 of the 1945 Constitution that the DPR/D has a legislative function, a budget function and a supervisory function. Then, regarding the supervisory function, the DPR has duties and authorities (Maulana, 2017): (1) Supervise the implementation of the Law, APBN and government policies, (2) Discuss and follow up on the results of the supervision submitted by the DPD (regarding the implementation of the Law regarding regional autonomy, formation, expansion and merger of regions, management of Natural Resources and other Energy Resources, implementation of the APBN, taxes, education and religion). Meanwhile, the DPR's other duties and authorities include: Absorbing, collecting, accommodating and following up on the aspirations of the people. Likewise, the Regional People's Representative Council (DPRD), is one of the institutions that has one of the functions of supervising regional development, including development in the health sector, through supervising the implementation of the budget contained in the APBD. Supervision of health programs is one of the efforts that must be made so that health programs can be implemented optimally.

According to Matompo, (2014) the aspect of public services in the health sector must be an important concern of every regional development plan and orientation, which of course the real manifestation can be seen from the APBD which also regulates the orientation of health service development for the people of the region. This is in accordance with the 1945 Constitution of the Republic of Indonesia Article 28H paragraph (1) which was derived in Law Number 36 of 2009 concerning Health Article 4 that health is part of the right to life which is an inderogable right, namely a right that cannot be disturbed. sue under any circumstances. "Everyone has the right to live in physical and spiritual prosperity, to have a place to live, and to have a good and healthy living environment and has the right to health." However, aspects of public services in the health sector currently still experience various problems, especially in public access to needed health services. This could be due to a lack of synergy between relevant agencies and institutions in carrying out their respective authorities.

In particular, Legislative Supervision (DPRD) is essentially a supervisory institution tasked with supervising the actions of provincial and district/city governments. This legislative supervision is not limited to government procedures, but also to procedures for administering regional finances. Legislative supervision is political supervision of the administration of regional government. As an executive working partner, the DPRD needs to provide assistance

so that the implementation of the mandate of the Regional Medium Term Development Plan (RPJMD) by the regional government can be achieved efficiently and effectively from various points of view, including political. One of the institutions of the Regional People's Representative Council which is considered to lack synergy between the relevant agencies and institutions in carrying out their respective authorities, even from the results of previous research by Juharni published in the *Ad'ministrare Journal*, Vol. 3 No. 1, 2016, the results of his research stated that the DPRD's model of supervision of local government in Sinjai Regency was not running as it should or was not effective, because there was no pre-determined mechanism to be used as a guide or reference in carrying out the supervisory function, so the mechanism that was implemented was only based on on the perceptions of each DPRD member.

The negative impact of the DPRD's supervision model on regional government in Sinjai Regency is not functioning, its duties as supervision in the health sector regarding government implementation are not optimal (Halidiyati, 2014). The following is some evidence, including: the results of research by Muhlis Hajar Adiputra, Haselman, Hamsinah which was published in the *pasca.unhas.ac.id Journal*, regarding the Implementation of Regional Health Insurance Policy in Sinjai Regency in the results of their research stated that the community is the object of the JAMKESDA Program in Sinjai Regency, in fact, does not yet fully understand the Jamkesda policy in detail and in depth. Where some people's understanding is limited to the existence of free health services provided by the local government, but other technical aspects are not really understood. Furthermore, understanding of the JAMKESDA Program is limited to the existence of this program as a free health service, and does not understand how long this program has been implemented. They even assume that to get these services, they have to go through complicated administrative processes, and they never experience direct socialization from the program implementers. And it is also acknowledged by Bapel Jamkes that the equipment they have is very minimal, especially for administrative management and for the mobilization of officers.

Furthermore, there was a demonstration by a number of people who are members of the Tellulimpoe Community Alliance taking action in front of the Sinjai Regent's office, Thursday (13/8/2020) morning. This action is the second action carried out by the Tellulimpoe Community Alliance. Their demands include the removal of the heads of the Mannanti and Lappae Community Health Centers from their positions. "To the Regent, we demand that the heads of the Mannanti and Lappae Community Health Centers be removed from their positions," said the protest coordinator, Andi Ashari. This request for removal was due to the performance in handling Covid-19 at Tellulimpoe, which they considered was not optimal, namely regarding education and handling of the corona virus. Apart from that, they also demanded that the Regent of Sinjai immediately and as quickly as possible evaluate the performance of the acting Head of the Sinjai Regency Health Service regarding the handling of Covid-19 in Sinjai Regency, especially in Tellulimpoe sub-district. (Sinjai.Info, Thursday 13/8/2020).

Reporting from Kompas.com (5/3/2020) that the Ministry of Health designated RSUD Sinjai, South Sulawesi, as a referral hospital for handling the corona virus. However, the Head of the Sinjai District Health Service, Andi Suryanto Asapa, said that the Sinjai District Hospital still lacks medical facilities and expert doctors. Apart from that, the hospital in Sinjai Regency does not yet have a special isolation room for patients suffering from the corona virus. Even so, his party continues to alert medical officers to serve patients using available facilities and infrastructure. "Medical facilities such as personal protective equipment or PPE and medicines

are in short supply. We also don't have an isolation room or expert doctors who can diagnose coronavirus sufferers." The Sinjai Regional Hospital was forced to use an internal building, namely an airborne co-hotring room which is currently still occupied by other patients as an isolation room. was built in 2007, when the bird flu virus broke out.

A few days later from the appointment, it was reported on Sulsatsu.com (23/3/2020) that the Sinjai District Health Service had released that there were 35 people under monitoring (ODP) and one patient under supervision (PDP). This means that Sinjai Regency has experienced an outbreak of the Covid-19 pandemic even though it is still in ODP and PDM. Health Service officials should move quickly to prepare for the condition of facilities which are still limited, even minimal (non-existent). The several cases mentioned above show that the horizontal relationship between the executive (Dinkes/government) and legislative (DPRD) institutions is not running optimally (Marlina, 2018). The proof is that there has been no submission or review of the budget and/or further coordination related to health problems, especially the problem of the pandemic disease which has plagued the world and Indonesia has been exposed to it since February 2020, but until March 2020 and has also been appointed as one of the referral hospitals, it also does not have preparation as a quick anticipation. Departing from the description of the cases mentioned above and their relationship to the supervisory function of the Sinjai Regency DPRD as representatives of the people, it provides an illustration of a concept of an organizational performance model that is not working, perhaps even ineffective if it already exists, so that it appears that the Sinjai Regency DPRD is less aspirational

Methods

This research uses qualitative methods (qualitative methods) to find answers about the performance of DPRD supervision (Yani, 2014) of basic health services in Sinjai Regency, and determinant factors related to the performance model of DPRD supervision of basic health services in Sinjai Regency, hence the type of research used is descriptive, namely a type of research that describes phenomena or events as they are. This research was carried out in Sinjai Regency. The researchers grouped the informants in this study into three categories, namely (1) the key informants were the DPRD Commission for Supervision; (2) the main informants are the Sinjai Regency Government and the Sinjai Regency Health Service, the Director of the Sinjai Regency Regional Hospital, the Head of (several) Community Health Centers, (3) Additional informants are the community, among others; public figures in the health sector, press, patients/families. The data collection techniques used in this research were direct observation, in-depth interviews and documentation

Results and Discussion

Performance of DPRD Supervision of Basic Health in Sinjai Regency

To answer and describe the performance of the Sinjai Regency DPRD's supervision of basic health, it is necessary to decompose the subject matter in the form of sub-variables to get maximum results according to the theoretical concepts used in this research;

Continuous Monitoring and Feedback

The monitoring referred to here is an activity carried out by Commission I of the Sinjai Regency DPRD which is aimed at providing information about the causes and consequences of a policy implemented by the Sinjai Regency Health Service in carrying out basic public health tasks in Sinjai Regency. The purpose of monitoring is to ensure that a policy is running and if an error occurs from the start, it can be identified immediately and corrective action can be taken, thereby reducing greater risks or deviations.

Likewise, the function of continuous monitoring is the systematic collection of data on certain indicators to inform management and main stakeholders (Kristiyanti, 2012) about ongoing activities in terms of development and achievement of results in the use of funds and assistance. This means that monitoring carried out well will be useful in ensuring that the implementation of activities remains on track (according to program guidelines and planning). Also provides information to program managers if obstacles and deviations occur, as well as input in conducting evaluations. Related to monitoring in this research is monitoring carried out by Commission I of the Sinjai Regency DPRD on the performance of the Sinjai Regency Health Service. To find out more about the form of monitoring, the researcher asked one of Commission I of the Sinjai Regency DPRD, according to the informant;

"The form of monitoring that we carry out is to monitor the development and sustainability of activities, whether they are according to schedule. For example, the problem of using the budget (work program) has entered the middle month, but the information has not yet reached 50%, then we call the government (relevant service), we also monitor the situation in the field through the community as our constituents, whether the program has been implemented or not, if not so we carry out checks in the field." (interview, June 25 2021).

Based on this explanation, it is known that the form of monitoring carried out by Commission I of the Sinjai Regency DPRD regarding the implementation of the Health Service work program is direct and indirect. Direct monitoring means checking directly by asking for data and facts about the types of programs that are currently running and being implemented by the Sinjai Health Service and its staff. During this activity, Commission I DPRD immediately questioned the reasons or inhibiting and supporting factors so that it had not gone well. Meanwhile, the form of indirect monitoring is requesting information from the public (third person) as a source of information regarding the work program of the Sinjai Health Service and its staff. To find out how often Commission I of the Sinjai Regency DPRD monitored the work program of the Sinjai Regency Health Office in 2020, researchers asked the Secretariat Staff of the Sinjai Regency DPRD as a source of reporting on the performance of the Sinjai Regency DPRD, according to informants;

"Direct monitoring is usually once a year, maximum 2 times. In 2020, once in September, regarding budget realization which had been delayed in several Community Health Centers, especially the Covid-19 stunting problem. "Meanwhile, indirect monitoring was only done once, namely the problem of service at BPJS which was still slow." (interview, June 25 2021).

Based on this confession, it is known that the monitoring carried out by Commission I DPRD Sinjai on the performance of the Sinjai Regency Health Service was carried out directly and indirectly. Both were carried out only once each during the 2020 working period. Namely regarding the slow implementation of the realization of the Puskesmas budget, and in particular the problem of stunting and the Covid-19 pandemic, as well as complaints about slow BPJS services in Sinjai Regency. Recognized by Members of Commission I DPRD Sinjai Regency;

"We only did it once because the performance of the Health Department and its staff was good, of course we appreciate that, the Covid-19 issue is important because this is a virus outbreak that we have to anticipate the spread of and protect the public." (interview, June 25 2021).

Thus, monitoring is carried out only on a conditional and situational basis. This means that if there is a problem, monitoring is carried out, but if everything runs smoothly without obstacles there is no need for monitoring, because the SKPDs already understand their respective duties and functions.

The success of health development is not solely determined by the results of the health sector's hard work, but is greatly influenced by the work results and positive contributions of various other development sectors. In accordance with the mandate of Law no. 25 of 2004 concerning the National Development Planning System, as one of the actors in health development, the Sinjai District Health Service has prepared a 2020 Work Plan. The 2020 Health Service Work Plan (RENJA) (Joharuddin, 2023) functions as an annual technical operational planning document that prepared based on the 2018-2023 Sinjai District Health Service Strategic Plan. The RENJA is an indicative planning document and contains various health development programs that have been implemented by the Sinjai Health Office.

Analysis of SKPD service performance is a study of SKPD service achievements based on the Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2016 (Armita, et al., 2020) concerning Minimum Service Standards for District/City Health Sectors. The SPM indicators are part of the Main Performance Indicators (IKU). A complete analysis of SKPD service performance achievements is explained in the following description;

Table 1. Realization of the 2020 Sinjai Health Office Work Program

Target	Indicator	Activity Budget (IDR)	Budget Realization (IDR)	Budget Absorption Percentage
Increasing degrees Health Public	Mother and Child Safety Program	IDR 360.187.900,-	IDR 350.656.900,-	97,35%
	Integrated ANC Management and Integration Training	IDR 72.767.900,-	IDR 72.767.900,-	100 %
	Maternal Audit Review Meeting Perinatal	IDR 137.052.000,-	IDR 137.052.000,-	100 %
	Regional Monitoring Meeting Local (PWS)	IDR 62.208.000,-	IDR 52.679.500,-	84,68%
	Workshop on Capacity Building for Elderly Personnel	IDR 88.160.000,-	IDR 88.160.000,-	100 %
	Nutrition Improvement Program Public	IDR 336.961.000,-	IDR 309.549.500,-	91,87%
	Investigation of Malnutrition Case Management	IDR 115.080.000,-	IDR 115.080.000,-	100%
	Increasing the Capacity of Officers in Monitoring the Growth and Development of Toddlers	IDR 160.305.100,-	IDR 160.305.100,-	100%
	Increasing Coverage for Improving Nutrition for School Children	IDR 61.575.900,-	IDR 34.165.600,-	55,49%
	Healthy Environment Development Program	IDR 140.420.000,-	IDR 124.700.000,-	88,81 %
	Development and Technical Guidance for the Healthy Regency Development Team and Forum	IDR 35.415.000,-	IDR 19.695.000,-	55,61%
	Environmental Hygiene and Sanitation Training	IDR 49.603.500,-	IDR 49.603.500,-	100 %

	Community Based Total Sanitation Program (STBM) Workshop	IDR 55.401.500,-	IDR 55.401.500,-	100 %
	Prevention Program And Management of Infectious Diseases	IDR 808.621.000,-	IDR 725.621.500,-	89,74 %
	Spraying/Fogging Mosquito Nests	IDR 103.115.000,-	IDR 87.418.500,-	84,78 %
	Infectious disease prevention and control services	IDR 246.020.000,-	IDR 215.612.000,-	87,64%
	Increased Immunization	IDR 140.046.000,-	IDR 127.298.000,-	90,90%
	Monitoring and Evaluation, P2PL Data Processing and Analysis	IDR 98.994.000,-	IDR 91.119.000,-	92,64%
	Surveillance and Health Examination of Prospective Hajj Pilgrims	IDR 44.140.000,-	IDR 40.786.000,-	92,40%
	Prevention and Management of Outbreaks	IDR 80.477.000,-	IDR 76.624.000,-	95,21%
	Tb Management Capacity Building Training	IDR 95.829.000,-	IDR 86.764.000,-	92,41%
	Non-Communicable Disease Prevention and Control Program	IDR 229.873.000,-	IDR 228.263.000,-	99,30%
	Guidance and Development of Posbindu PTM	IDR 77.480.900,-	IDR 75.870.900,-	97,92%
	Training on Early Detection and Management of Mental Disorders	IDR 152.392.100,-	IDR 152.392.100,-	100%
	Monitoring Program And Food Health Control	IDR 14.195.000,-	IDR 14.195.000,-	100%
	Supervision and Control of Food Safety and Health	IDR 14.195.000,-	IDR 14.195.000,-	100 %
	Drug and Health Supplies Program	IDR 11.471.808.151,-	IDR 11.180.923.577,-	97,46 %
	Procurement of Medicines and Health Supplies	IDR 6.276.656.151,-	IDR 6.043.313.438,-	96,28 %
	Increasing the distribution of medicines and health supplies	IDR 26.680.000,-	IDR 26.680.000,-	100%
	Improving the Quality of Use of Medicines and Health Supplies	IDR 433.561.000,-	IDR 407.119.300,-	93,90%
	Planning for Medicine and Health Supplies Needs for Community Health Centers	IDR 40.419.000,-	IDR 38.799.000,-	95,99%
	Synchronization of Data on Medicines and Used Medical Devices at Community Health Centers	IDR 56.686.000,-	IDR 3.3541.000,-	59,17%
	Procurement of Medical Equipment	IDR 4.573.666.000,-	IDR 4.567.330.839,-	99,86%

	Updating Aspak Data (Applications for Facilities and Health Equipment)	IDR 64.140.000,-	IDR 64.140.000,-	100%
	Food and Drug Monitoring Program	IDR 114.984.000,-	IDR 110.966.000,-	96,51%
	Increased Supervision of Food Safety and Hazardous Materials	IDR 50.497.000,-	IDR 50.497.000,-	100%
	Monitoring and Evaluation and Data Processing for the Food Fund Drug Monitoring Program	IDR 20.204.000,-	IDR 20.204.000,-	100%
	Sample Collection and Testing	IDR 24.820.500,-	IDR 20.802.500,-	83,81 %
	Supervision of Pharmacies, Drug Stores and Cosmetic Stores	IDR 19.462.500,-	IDR 19.462.500,-	100%
	Health Promotion and Community Empowerment Program	IDR 410.274.000,-	IDR 406.847.600,-	99,16%
	Monev and Reporting on Community Health Development Programs	IDR 234.457.000,-	IDR 231.220.600,-	98,62%
	UKBM Coaching and Development	IDR 69.269.500,-	IDR 69.174.500,-	99,86%
	Assessment and Development of UKS and Little Doctors	IDR 37.112.000,-	IDR 37.017.000,-	99,74%
	Increasing the Education of Health Extension Workers	IDR 69.435.500,-	IDR 69.435.500,-	100%
	Health Service Standardization Program	IDR 2.086.627.114,-	IDR 1.732.416.413,-	83,02%
	Updating Basic Data on Health Service Standards	IDR 52.717.000,-	IDR 50151000,-	95,13%
	Survey and Accreditation Assistance for Community Health Centers	IDR 1.305.000.000,-	IDR 962.799.831,-	73,78%
	Development of an Electronic Health Information System	IDR 396.367.500,-	IDR 396.367.500,-	100%
	Arrangement of Electronic Health Information System Reporting Records	IDR 108.165.014,-	IDR 108.081.500,-	99,92%
	Assessor of Outstanding Health Workers and Community Health Centers	IDR 44.012.600,-	IDR 40.886.500,-	92,90%
	Labkesda Accreditation Assessor	IDR 175.365.000,-	IDR 169.130.082,-	94,66%
	Maintenance of Health Information System Applications	IDR 5.000.000,-	IDR 5.000.000,-	100%
	Program for Procurement, Improvement and Improvement of Facilities and Infrastructure of Community	IDR 4.135.687.000,-	IDR 3.978.113.100	96,19 %

	Health Centers/Subsidiary Health Centers and Their Networks			
	Construction of Medical/Paramedic Houses	IDR 1.155.000.000,-	IDR 1.089.404.000	94,32%
	New Construction of Community Health Center	IDR 1.575.000.000,-	IDR 1.483.028.200	94,16%
	Improving the Status of Community Health Centers	IDR 1.405.687.000,-	IDR 1.405.680.900	100%
	Office Administration Services Program	IDR 1.779.492.704,-	IDR 1.661.915.011,-	93,39%
	Provision of Communication Services, Water Resources and Electricity	IDR 474.110.004,-	IDR 384.321.664,-	81,06%
	Provision of Maintenance and Licensing Services for Official/Operational Vehicles	IDR 20.800.000,-	IDR 12.980.616,-	62,41%
	Provision of Office Cleaning Services	IDR 27.746.500,-	IDR 7.536.500,-	99,24%
	Component Provisioning Electrical/Lighting Installation Office building	IDR 20.300.000,-	IDR 20.300.000,-	100%
	Provision of Reading Materials and Legislation	IDR 22.500.000,-	IDR 12.295.000,-	54,64%
	Administrative Services Secretariat	IDR 646.177.400,-	IDR 637.499.700,-	98,66%
	SKPD Financial Management	IDR 197.858.800,-	IDR 197.812.800,-	99,98%
	Coordination and Consultation Meetings Within and Outside the Region	IDR 370.000.000,-	IDR 369.168.731,-	99,78%
	Apparatus Facilities and Infrastructure Improvement Program	IDR 3.319.495.502,-	Rp.3.312.563.298 ,-	99,79%
	Procurement of Office Building Equipment	IDR 107.893.000,-	IDR 107.127.000,-	99,29%
	Procurement of Office Building Equipment	IDR 138.480.500,-	IDR 134.352.798,-	97,02 %
	Procurement of Furniture	IDR 28.818.000,-	IDR 28.583.000,-	99,18%
	Addition of Electrical Installation Power	IDR 68.310.000,-	IDR 68.310.000,-	100%
	Routine/Periodic Maintenance of Office Buildings	IDR 190.000.000,-	IDR 190.000.000,-	100%
	Routine/Periodic Maintenance of Service/Operational Vehicles	IDR 320.000.000,-	IDR 320.000.000,-	100%
	Routine/Periodic Maintenance of Office Building Equipment	IDR 63.220.000,-	IDR 63.220.000,-	100%
	Routine/Periodic Maintenance of Office Building Equipment	IDR 56.250.000,-	IDR 56.250.000,-	93,98%
	Procurement of Water Installations	IDR 9.000.000,-	IDR 9.000.000,-	99,75%

	Medium/Heavy Rehabilitation of Office Buildings	IDR 2.337.524.002,-	IDR 2.335.721.100,-	99,92%
	Apparatus Discipline Improvement Program	IDR 48.265.000,-	IDR 47.765.000,-	98,96%
	Management of Health Functional Positions	IDR 48.265.000	IDR 47.765.000,-	98,96 %
	Apparatus Resource Capacity Building Program	IDR 306.962.420,-	IDR 300.373.723,-	97,85%
	Technical Guidance on Implementation of Legislative Regulations	IDR 306.962.420,-	IDR 300.373.723,-	97,85%
	Performance Improvement Reporting System Development Program And Finance	IDR 84.476.000,-	IDR 84.476.000,-	100%
	Preparation of Performance Achievement Reports and Overview of SKPD Performance Realization	IDR 11.219.000,-	IDR 11.219.000,-	100%
	Preparation of Skpd Planning Documents	IDR 73.257.000,-	IDR 73.257.000,-	100%
Realization of service	Public Health Effort Program	IDR 28.739.291.000,-	IDR 60.206.234.315,-	209,49%
Basic health without (free) for the poor	Regular Meetings And Implementation Supervision JKN in Health Services Base	IDR 167.573.500,-	IDR 167.404.087,-	99,90%
	Free Health Services	IDR 28.739.291.000,	IDR 27.505.640.000,	95,71%
	Provision of Community Health Center Operational Costs	IDR 4.678.496.920,-	IDR 4.205.379.739,-	89,89%
	Provision of Health Operational Assistance (Non-Physical Damage)	IDR 10.721.512.000,-	IDR 9.462.560.847,-	88,26%
	Provision of Operational Assistance for Childbirth Guarantees (Non-Physical Birth Control)	IDR 2.266.438.000,-	IDR 1.594.957.689,-	70,73%
	Provision of National Health Insurance Operational Assistance	IDR 17.799.951.324,-	IDR 16.198.746.493,-	91%
	Money and Reporting on the Yankes Program	IDR 36.043.000,-	IDR 36.043.000,-	100%
	Examination and Supervision of Practice Licenses for Private Midwives, Nurses/Groups, Doctor's Practice Clinics	IDR 38.316.000,-	IDR 38.266.000,- -	99,87%
	Inspection/Supervision of Water, Food, Beverage Quality	IDR 106.028.900,-	Rp.104.066.900,-	98,15%

	Increasing the Capacity of Referral Health Service Managers	IDR 25.158.000,-	Rp.25.158.000,-	100%
	Development and Supervision of Traditional Facilities and Medicine	IDR 47.180.000,-	Rp.47.180.000,-	99,93%
	General Emergency Life Support (Gels) Training	IDR 188.280.000,-	Rp.187.390.000,-	99,53%
	Coaching and Strengthening the Capacity of SP2TP Managers	IDR 73.417.000,-	Rp. 68.577.000,	93,41%
	Implementation of the Public Safety Center (Psc)	IDR 42.272.000,-	Rp.404.012.200,-	91,35%
	Acupressure Training and Making Medicinal Concoctions for Doctors and Community Health Center Managers	IDR 118.528.000,-	Rp.118.528.000,-	100%
	Providing Acupressure Service Facilities at the Jamu Corner	IDR 25.015.000,-	Rp.23.164.400,-	92,60%
	Socialization and Sports Health Development	IDR 38.150.000,-	Rp.19.160.000,-	50,22%
	Total	IDR 138.338.731.205,-	Rp.122.667.094.603,-	88,67%

Source: LKJ Sinjai Health Office, 2021

Based on this table, it can be seen that budget absorption in 2020 was 88.67% of the total budget allocated per target. This is a sign that the Sinjai District Health Service and its staff have worked optimally in the good category, although there are still 11.33% that have not been realized. To find out more about this performance achievement, researchers asked Plt. Head of the Sinjai District Health Service, according to the informant;

"Yes, in 2020 we worked optimally, the work program we proposed, from the department to the lowest ranks, we all worked hard to realize the program. "However, we are aware that there is still 11.33% not being implemented, one of the factors is the Covid-19 pandemic which has attracted attention and energy spillovers." (Interview, 20 June 2021).

Interpreting this recognition, it is known that the Sinjai Regency Health Service and its staff have worked optimally to achieve the work program target of increasing the coverage of quality health services and increasing the level of public health in Sinjai Regency, however, due to the Covid-19 pandemic situation which has also hit Sinjai Regency, there is 11.33% of budget programs were not realized. The researcher further asked one of the Heads of the Community Health Center in the Sinjai District Health Service working area regarding its performance in 2020, according to the informant;

"2020 was full of struggles and challenges, one of which was the Covid-19 pandemic. This drains energy because many people don't understand about Covid-19 and some don't even believe it, so intense socialization is needed. "Alhamdulillah, we have completed the work program on time, even though there are some shortcomings (not 100%)." (interview, 21 June 2021).

Interpreting the informant's confession, it is known that the Community Health Center as the

closest health service provider to the community has also worked optimally to realize the 2020 work program as a consequence of carrying out its duties as a provider of basic health services to the community, however the Covid-19 pandemic is considered to be very energy consuming to provide socialization and enlightenment. to the public regarding the dangers of the virus, so that the informant considered it as one of the obstacles to not achieving 100% of the 2020 work program.

Formal Review, Feedback and Comprehensive Assessment

The definition of review in Indonesian means reviewing or reviewing, and/or reviewing. Thus, a review is a summary based on analysis and facts as an effort to understand something in more depth. The main purpose of a review is to provide information, images and ideas to yourself and others regarding something being reviewed (Cahyono, et al., 2019). Carrying out a formal review is an activity to assess something in an official, structured manner, according to standards in a neutral (impartial) manner with the possibility of making changes if necessary. Meanwhile, feedback is a response conveyed by an assessor to the assessee. In this research, Commission I of the Sinjai Regency DPRD was the provider of responses, while the Health Service and its staff were given scores (responded).

Regarding the review and feedback on the performance of the Sinjai District Health Service in 2020, researchers asked the Chair of Commission I of the Sinjai District DPRD, according to the informant;

"Looking at the 2020 Sinjai Health Office performance report which was able to realize APBD reaching 88.67%, we think that is an achievement that we need to appreciate, especially since the 100% achievement was not achieved due to urgent factors (pandemic)," (interview, 25 June 2021).

Interpreting this recognition from the representation of the people who appreciate the performance of the Sinjai District Health Service in terms of budget use (APBD), it can be said that this is a good achievement for a developing region. The 2020 Sinjai Regency Health Service Performance Report is a form of annual report which is a form of written accountability of the Health Service to those giving authority and mandate in terms of the Sinjai Regency Government. The performance report also describes the level of achievement of implementing a strategic activity/program/policy in realizing the vision, mission, goals and objectives of the Health Service during 2020.

Furthermore, regarding the review carried out by Commission I of the Sinjai Regency DPRD, the researcher asked one of the members of Commission I about what was used to review the performance of the Sinjai Regency Health Office, according to the informant;

"We refer to Minister of Home Affairs Regulation no. 54 of 2010 concerning the Implementation of Government Regulation Number 8 of 2008, is the main performance indicator (IKU), where in the policy there is an assessment interval." (interview, 25 June 2021) Based on this explanation, it is known that Commission I DPRD Sinjai Regency provided an assessment and review of the performance of the Sinjai Health Office based on Minister of Home Affairs Regulation Number 53 of 2019 concerning Technical Instructions for Performance Agreements, Performance Reporting and Procedures for Reviewing Performance Reports Government agencies. Meanwhile, for the assessment scale of government performance, it uses the Minister of Home Affairs Regulation No. 54 of 2010 concerning Implementation of Government Regulation Number 8 of 2008 concerning Stages, Procedures for Preparing, Controlling and Evaluation of the Implementation of Regional Development Plans, as follows;

Table 2. Performance Rating Scale

No	Performance Realization Value Interval	Performance Realization Assessment Criteria	Code
1	91 <	Very high	ST
2	76 < 90	Tall	T
3	66 < 75	Currently	S
4	51 < 65	Low	R
5	< 50	Very low	SR

Source: Minister of Home Affairs Regulation No.54 of 2010

Measuring the performance targets of the strategic targets that have been set will be carried out by comparing the performance targets with the actual performance. The assessment criteria outlined in table 4.4 will then be used to measure the performance of the Health Service for 2020. Achievement of Indicators for 2020 is briefly shown in the following table:

Table 2. Achievement of Indicators in 2020

No	Indicator	Initial Conditions	2020		
			Target	Realization	%Realization
1	Achievement of community satisfaction index for basic health services	100%	80%	76	95
2	Coverage of basic community health services	100%	100%	100	100
3	Population Coverage with Health Insurance (UHC)	100%	95%	98	103,6
4	Maternal mortality rate (MMR) Per 100,000 KH	148	99KH	92KH	107,61
5	Neonatal mortality rate per 1000 KH	13	11KH	8.8KH	125
6	Infant mortality rate (IMR) Per 1000 KH	17	15KH	3.7KH	405.4
7	Under-5 mortality rate (IMR) Per 1000 KH	19	16KH	2.3KH	695.6
8	Percentage of malnourished toddlers	≤5%	≤5%	0.05	1.0
9	Prevalence of malnourished children under five	<20%	<20%	9	45
10	Village/District Coverage Universal Child Immunization (UCI)	100%	100%	80	80

11	Non Polio AFP rate per 100,000 population	≥ 2	≥ 2	2	100
12	Tuberculosis prevalence rate (per 100,000 population)	≥ 181	≥ 181	106	58.5
13	HIV/AIDS prevalence (percent) of total population	$< 0,5$	$< 0,5$	0,08	160

Source: LKj Sinjai Health Office 2020

Based on this table, it can be seen that of the 13 Target Performance Indicators which are the Main Performance Indicators (IKU) for the Health Service in 2020, there are 10 indicators showing an achievement of 100% or more. This level of achievement shows that the implementation of related affairs was achieved through budgeting support and the hard work of all employees in supporting the achievement of a number of these indicators. Furthermore, regarding the performance achievements, the researcher asked for a review from the members of Commission I of the Sinjai Regency DPRD, according to the informant;

"Yes, we appreciate this achievement, but we still have to say that there is still pending work that has not been achieved. So if we refer to the KPI standards, there are high achievements and there are also those that are still low. "We still need to work hard and focus," (Interview, June 25 2021).

Interpreting this explanation, it is known that Commission I DPRD appreciated this performance. However, for a number of HEALTH SERVICE IKU targets whose achievement level has not yet reached 100% in 2020, harder, more focused and directed performance efforts are still needed; taking into consideration a number of influencing analyses. Meanwhile, the other 3 target performance indicators have not yet achieved the target.

Based on the performance ranking value scale in Minister of Home Affairs Regulation Number 54 of 2010, there are 10 indicators showing very high achievements, 1 indicator showing high achievements, 1 other indicator showing low achievements and 1 indicator showing very low achievements. Furthermore, regarding the success and failure of achieving this performance, researchers asked the Secretary of the Sinjai District Health Service, according to the informant;

"There are 3 indicators that fail, namely; "The community satisfaction index because the questionnaire we distributed was not optimal, because of the Covid-19 pandemic, including problems with the UCI which was not optimal from the target of 80 villages but only 64 villages, as well as the prevalence of TB and HIV screening, because of the Covid-19 pandemic." (Interview, 21 June 2021)

Referring to the confession from the resource person who is the official source of information (internal data) of the Sinjai District Health Service, it is known that the failure factors for the 3 IKUs were not achieved, here is the data sorted in writing.

Achievement of Community Satisfaction Index for Services

Basic health: One of the assessment indicators in the satisfaction index at the Health Service in 2020 is filling out questionnaires for obtaining practice permits for Health Workers, where the number has decreased due to the Covid 19 pandemic so that the number of questionnaires filled in has decreased which has resulted in the value of IKM at the Health Service decreasing .

Coverage of basic public health services: The percentage of basic public health services in 2019 is targeted at 100% with 100% realization. Likewise in 2020, the target is 100% and the realization is 100%

Population coverage with health insurance (UHC) target is 95%, achievement is 98%, performance achievement is 103.6%. The achievement of exceeding the target was due to the increase in the number of health insurance participants in the district. Sinjai.

Maternal mortality rate (MMR) per 100,000 KH: The maternal mortality rate in 2020 was 92 per 100,000 live births (4 cases of maternal death), this figure is below the strategic plan target of 99 per 100,000 live births. This is because there is a Regional Regulation that regulates the management of maternal and child deaths in the Regency and there are already villages that have village regulations for handling MMR and IMR in the village.

Neonatal mortality rate per 1000 KH: In 2020 the neonatal mortality rate in Kab. Sinjai 8.8 per 1000 KH so the performance achievement is still high from the annual target with a target of 11 per 1000 KH. This is because there is a Regional Regulation that regulates the management of maternal and child deaths in the Regency and there are already villages that have village regulations for handling MMR and IMR in the village.

Infant mortality rate (IMR) Per 1000 KH: In 2020 the absolute number of infant deaths was 10 cases of infant death out of 4326 live births. The achievement of the Infant Mortality Rate (IMR) indicator in 2020 was 3.7 or the death rate was still low from the target of 15 per 1,000 births. The calculation of the realized performance value for AKB's 2020 performance was 125%, including the Very High category and still needs to be improved. This is also influenced by the existence of Perbup and Village Regulations which regulate the management of maternal and child deaths. The cause of infant death cannot be separated from the mother's health condition during pregnancy. For this reason, the quality of maternal health services is closely related to the incidence of infant mortality.

Under-five mortality rate (IMR) Per 1000 KH: Under-five mortality rate (AKABA) is the death rate of children under five (12 – 59 months) per 1,000 live births. The under-five mortality rate has the benefit of knowing the level of health problems of children under five, the level of MCH services, the level of success of the MCH program and assessing environmental sanitation conditions. In 2020 AKABA reached 2.3 of the target of 16 per 1000 live births. This figure is already high but still needs to be further improved in order to achieve even higher performance.

Percentage of malnourished children under five: In 2020, the prevalence of malnourished children under five was 0.05% with a target of $\leq 5\%$, this is because there is a Regional Regulation on overcoming nutrition and stunting in the Regency so that performance results reach the target, however, efforts will still continue to be made to overcome nutrition and stunting considering that in 2020 there were still 10 cases found.

Prevalence of malnourished children under five: In 2020, the prevalence of malnourished children under five was 9% with a target of $< 20\%$, this is due to the existence of a Regional Regulation on overcoming nutrition and stunting in the Regency so that performance results reach the target, however, efforts will still continue to be made to overcome malnutrition and stunting.

Universal Child Immunization (UCI) Village/Subdistrict Coverage: Universal Child Immunization (UCI) is a state of achieving complete basic immunization for all babies (children under one year old). Where in 2020 the target of 100% of 80 villages/subdistricts in

Sinjai Regency was not achieved, where only 64 villages out of 80 villages were UCI due to the Covid 19 pandemic outbreak which caused the program not to run optimally and the availability of vaccines was insufficient.

Non Polio AFP rate per 100,000 population: no case screening due to lack of visits to health care facilities due to the Covid 19 pandemic. Tuberculosis prevalence rate (per 100,000 population): Decreasing case discovery rate due to people's fear of visiting health care facilities due to the pandemic covid 19.

HIV/AIDS prevalence (percent) of total population: Screening increased due to Covid 19 cases which were also confirmed positive for HIV/AIDS. Where in 2020 there were 20 cases. (Source: Lkj Sinjai District Health Office 2020). Based on data and analysis of success and failure, the performance of the Sinjai Regency Health Office is very clear and can be accepted by Commission I of the Sinjai Regency DPRD,

"We can accept what was conveyed by the Sinjai Health Office at the 2020 LKJ as the reason for the failure to achieve its performance, because the Covid-19 pandemic took up a lot of time, energy and budget. Therefore, we appreciate it, even though we continue to work hard, for the sake of the people." (interview, June 20 2021).

Thus, the review carried out by Commission I of the Sinjai Regency DPRD was in the form of a positive response and remained focused and consistent on performance that had not been successful in the future for the benefit of the people and improving the development of basic public health. Furthermore, to find out how the community responded to the performance of the Sinjai Regency Health Office in 2020, researchers asked one of the community leaders, he is an observer of health and government issues, according to the informant;

"In my opinion, the performance of the Health Department and its staff is getting better every year, in some public health services there are rarely any complaints from the public, although they still exist, meaning that not all of them are good. "Moreover, I heard and read that APBD realization was 88%, that's good, especially since last year (2020) there was the Covid-19 pandemic, but you still need to work well and perform well." (interview, June 25 2021).

Based on the recognition of these community figures, it is interpreted that the performance of the Sinjai Regency Health Office and its staff below is getting better. The assessment community has seen significant progress, although it is still hoped that things will get better. This means that the Sinjai Health Office still needs to work hard, focus, and not because of the Covid-19 pandemic, basic health services and other targets are neglected. This is where better task organization is required.

Performance Assessment

It is said that performance accountability is the embodiment of the obligation of a government institution to be responsible for the success/failure of implementing the agency's mission in achieving the goals and targets that have been set through regular accountability tools. The essence of performance-based development is an orientation to encourage change by using programs/activities and budget resources to achieve a change methodology at the level of output, results and impact.

Based on the Ministry of Home Affairs No. 53 of 2019 concerning Technical Guidelines for Performance Agreements, Performance Reporting and Review Procedures for Government Agency Performance Reports, and Minister of Home Affairs Regulation No. 54 of 2010 concerning the Implementation of Government Regulation Number 8 of 2008 concerning

Stages, Procedures for Preparing, Controlling and Evaluating the Implementation of Regional Development Plans for the assessment scale of government performance that in 2020 the Sinjai District Health Service achieved encouraging achievements, as said by the Head of the Sinjai District Department;

"In 2020, the Health Department achieved 10 very high categories, 1 high, 1 low and 1 very low," (interview, 25 June 2021) In response to this achievement, researchers asked one of Commission I of the Sinjai Regency DPRD;

"Yes, of course we appreciate that, especially in the current pandemic season, the Health Department is still able to achieve such achievements. "It deserves to be given an award, even though there is still "PR" which is still low and very low." (Interview, June 25 2021).

Interpreting this explanation, Commission I of the Sinjai Regency DPRD really appreciates the achievements of the Sinjai Regency Health Office from the 13 target indicators that have been determined, the performance achievement of the target indicators is 10 indicators including in the very high category, 1 indicator in the high category, then 1 indicator in the low category. , and 1 indicator is in the very low category (see table).

Conclusion

The performance of the DPRD's supervision of basic health services in Sinjai Regency is to carry out monitoring and feedback to the DPRD in the form of direct monitoring, questioning the reasons or inhibiting and supporting factors so that the Health Office's work program has not gone well once in September 2020 regarding budget realization which was delayed in several Community Health Centers , especially the problem of stunting and Covid-19, then indirect monitoring was carried out regarding slow BPJS services. The DPRD gave directions to implement it immediately before the end of the fiscal year. Next, it carried out a formal review and comprehensive assessment of the implementation of basic health policies in Sinjai Regency, so it was decided that the DPRD appreciated the achievement of 88.67% of the performance of the Sinjai Regency Health Service from the 13 indicators assessed, of which 10 very high performing, there is 1 high performing indicator, and only 1 low performing and 1 also very low. The failure factor was acknowledged and accepted because it was hampered by the Covid-19 pandemic. Thus, the performance of the DPRD's supervision of the implementation of basic health policies in Sinjai Regency is considered successful (good). However, decision making is still considered weak because it is not supported by an educational background capable of acting decisively, quickly and satisfactorily, this is of course considered lacking for state institutions. In simple terms, it can be said that the performance of the Sinjai DPRD's supervision of basic health services has been carried out quite well, because the implementation of the DPRD's supervisory function is in line with the Regency Government's health vision and mission which begins with the Health Office's work plan and is discussed in the work program in the APBD, then monitored through commission meeting activities. working visits, hearings and receiving open complaints regarding community complaints, it's just that the DPRD is less firm in making decisions.

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