



Evaluation of Regional Public Services Agency Implementation at Community Health Center in Mojokerto, East Java

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ABSTRACT

Background: The phenomenon of the limitations of the community health center in managing budget expenditures can be seen when the beginning of the year cannot be realized. The limitations on spending on goods and services are also faced by community health centers every year. Changing the status of the community health center to regional public service agency (RPSA) allows the community health center to improve the quality of public health services. This study aimed to explore the evaluation of RPSA at community health center.

Subject and Method: This was a qualitative study, with interviews with key informants. Discussions and interviews were conducted at community health center in the working area of Mojokerto district health office, Mojokerto, East Java, Indonesia from August to September, 2022. Participants: interview involved 27 informants, and 1 triangulated informant. The transcribed data were analyzed using content analysis.

Results: A total of 27 Community Health Centers were ready to implement the Community Health Center RPSA because they have met the technical and administrative requirements for implementing Community Health Centers as RPSA. Government support is still lacking, seen from the absence of regional regulations after the establishment of the BLUDs that help the flexibility of the community health center. The support from the Mojokerto District Health Office is still considered low because 27 community health center stated that they had never been visited by the Health Office during their monitoring activities at the community health center.

Conclusion: A total of 27 Community Health Centers are ready to implement the Community Health Center RPSA.

Keywords: community health center, regional public services agency, RPSA, Mojokerto.

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BACKGROUND

Health is a human right and one of the elements of welfare that must be realized in accordance with the ideals of the Indonesian nation as referred to in Pancasila and the 1945 Constitution of the Republic of Indonesia. In an effort to achieve the highest degree of public health as stipulated in Health Law

number. 36 of 2009, the government prepares health service facilities (Minister of Health regulations, 2019).

A health service facility is a place used to organize health service efforts, both promotive, preventive, curative, and rehabilitative, carried out by the government, local government, and/or community. One of the

health service facilities provided by the government is the Community Health Center (Adam et al., 2017). The Community Health Center, hereinafter referred to as the community health center, is a health service facility that organizes community health efforts and individual health efforts at the first level, with more priority on promotive and preventive efforts in their working area.

However, the community health center as a provider of public services in the health sector currently has not met the expectations of the community because of the convoluted administration due to the rigidity of the bureaucracy, which is complained about by the community (Sabardiman, 2019). Other research also states that the community health center as a health service center has various complicated problems that can affect the quality of services it provides to the community, including those related to budget constraints, bureaucratic flow, and financial management rules (Turiman, 2021).

The phenomenon of the limitations of the community health center in managing budget expenditures can be seen when the beginning of the year cannot be realized. The limitations on spending on goods and services are also faced by community health centers every year. This is because in spending on goods and services, community health center must make expenditures in accordance with the Budget Implementation Document (BID) that has been submitted to the Mojokerto District Health Office.

Changing the status of the community health center to regional public service agency allows the community health center to improve the quality of public health services. This is because the Community health center with the status of a regional public service agency can manage their finances without colliding with complicated bureaucratic flows or have flexibility in financial management (Paryati, 2018).

Based on the background above, this study aimed to exploring the implementation of regional public services agency at community health centers in the work area of the Mojokerto District Health Office, Mojokerto Regency.

SUBJECTS AND METHOD

1. Study Design

This study uses a qualitative design, interviews with key informants. This study was conducted in the working area of Mojokerto District Health office, East Java from August to September, 2022.

2. Study Informants

The selection of informants in this study uses purposive sampling, which is the technique of determining samples with certain considerations or criteria.

Inclusion criteria:

1. They master or understand something through the process
2. Those who are classified as still being involved in the activity being researched
3. They have sufficient time to be asked for information

The number of informants in this study amounted to 27 staff at the community health center in charge of managing the regional public services agency at the the community health center.

3. Study Variables

The study variables in this study are the evaluation of RPSA at community health center including RPSA Implementation, RPSA support, and also inhibiting factor of RPSA.

4. Operational Definition of Variables

Regional Public Services Agency (RPSA)

is the system implemented by the regional service/agency technical implementation units in providing services to the public who have flexibility in financial management as an exception to the general regional management provisions.

RPSA support are central government agencies that support or make the program successful, in this study the support in question is from the Mojokerto District Health Office.

Inhibiting factor of RPSA are obstacles in the implementation of RPSA carried out by an agency. In this research it can be seen from the interview result.

5. Study Instrument

The data collection was conducted by indepth interview, non-participating observation and document review. The data instruments were interview guidelines, stationary, laptop, notebook, voice recorder and camera to record the process.

6. Data Analysis

Technical data analysis is performed throughout the research and is done continuously from the beginning to the end. Theory development based on the data obtained will only be possible after carrying out the analysis. Data analysis techniques are used to analyze the data that has been collected. The

process of inductive thinking starts from specific decisions (collected data) then draws general conclusions. This technique can be used to analyze data obtained from the interview method that has been conducted.

RESULTS

Informant Characteristics

The informants in this study were RPSA managers at 27 Community Health Center Technical Implementation Unit who were willing to become informants for semi-structured, in-depth interviews and who met the inclusion and exclusion criteria set by the researcher. Research conducted by purposive sampling obtained 27 informants. To check the validity of the results of the interviews, the researcher also triangulated with the Head of the Mojokerto District Health Office's Finance Sub-Division, who manages the regional public services agency at the Mojokerto District Health Office.

Table. 1 Informants Characteristics

Informants Code	Age	Education	Position	Length of Work in Community Health Center	Long served as RPSA Manager
SWI	42 years	SHS	Manager (Treasurer of Assistant Expenditure) of the Sooko Health Center	23 years	Since January 1, 2021
NW	46 years	Midwifery-D4	Manager (Treasurer of Assistant Expenditure) of the Trowulan Health Center	26 years	Since January 1, 2021
MFN	47 years	Nursing-S1	Manager (Treasurer of Assistant Expenditure) of the Tawang Sari Health Center	13 years	Since January 1, 2021
KTN	44 years	Nursing-S1	Manager (Treasurer of Assistant Expenditure) of the Puri Health Center	18 years	Since January 1, 2021

Informants Code	Age	Education	Position	Length of Work in Community Health Center	Long served as RPSA Manager
NHN	50 years	Midwifery-D4	Manager (Treasurer of Assistant Expenditure) of the Gayaman Health Center	28 years	Since January 1, 2021
MSF	49 years	Midwifery-D4	Manager (Treasurer of Assistant Expenditure) of the Bangsal Health Center	29 tahun	Since January 1, 2021
STS	57 years	SHS	Manager (Treasurer of Assistant Expenditure) of the Lespadangan Health Center	24 years	Since January 1, 2021
CTS	41 years	Nursing-D3	Manager (Treasurer of Assistant Expenditure) of the Gedek Health Center	12 years	Since January 1, 2021
ASW	27 years	Nursing-D3	Manager (Treasurer of Assistant Expenditure) of the Kedungsari Health Center	20 years	Since January 1, 2021
NIS	46 years	Nursing-D3	Manager (Treasurer of Assistant Expenditure) of the Kemlagi Health Center	25 years	Since January 1, 2021
MDH	47 years	Midwifery-S1	Manager (Treasurer of Assistant Expenditure) of the Kemlagi Health Center	27 years	Since January 1, 2021
FKT	41 years	Midwifery-D3	Manager (Treasurer of Assistant Expenditure) of the Darblandong Health Center	15 years	Since January 1, 2021
PPT	41 years	Nursing-D3	Manager (Treasurer of Assistant Expenditure) of Jetis Health Center	13 years	Since January 1, 2021
ALM	43 years	Health analyst- D3	Manager (Treasurer of Assistant Expenditure) of the Mojo-sari Health Center	17 years	Since January 1, 2021
NVL	39 years	Nursing-S1	Manager (Treasurer of Assistant Expenditure) of the Mojo-sari Health Center	12 years	Since January 1, 2021
MIA	40 years	Midwifery-D3	Manager (Treasurer of Assistant Expenditure) of the Pungging Health Center	16 years	Since January 1, 2021

Informants Code	Age	Education	Position	Length of Work in Community Health Center	Long served as RPSA Manager
WHS	29 years	Dental Health- D3	Manager (Treasurer of Assistant Expenditure) of the Watukenongo Health Center	29 years	Since January 1, 2021
RFE	40 years	Nursing-S1	Manager (Treasurer of Assistant Expenditure) of the Ngoro Health Center	7 years	Since January 1, 2021
TRA	54 years	Nutrition-S1	Manager (Treasurer of Assistant Expenditure) of Manduro Health Center	25 years	Since January 1, 2021
SEP	33 years	Nursing- D3	Manager (Treasurer of Assistant Expenditure) of Dlanggu Health Center	2 years	Since January 1, 2021
ESY	40 years	Nursing- S1	Manager (Treasurer of Assistant Expenditure) of Kutorejo Health Center	12 years	Since January 1, 2021
KYT	49 years	Midwifery-D4	Manager (Treasurer of Assistant Expenditure) of Pesanggaran Health Center	15 years	Since January 1, 2021
LAY	46 years	Health Analyst- D3	Manager (Treasurer of Assistant Expenditure) of Pacet Health Center	22 years	Since January 1, 2021
APT	48 years	Law of Health- S2	Manager (Treasurer of Assistant Expenditure) of Pandan Health Center	12 years	Since January 1, 2021
LTM	35 years	Nutrition-D3	Manager (Treasurer of Assistant Expenditure) of Trawas Health Center	12 years	Since January 1, 2021
AOS	37 years	Midwifery-D4	Manager (Treasurer of Assistant Expenditure) of Gondang Health Center	14 years	Since January 1, 2021
TSA	36 years	Midwifery - D3	Manager (Treasurer of Assistant Expenditure) of Jatirejo Health Center	15 years	Since January 1, 2021

Based on table 1 it can be seen that the informants were divided into 4 categories of early adulthood (26-35 years), 12 late adults (36-45 years), 11 early elderly (46-55 years)

and elderly late (56–65 years), as well as 1 person. From the level of education, there were 2 high school graduates, 12 D3 graduates, 5 D4 graduates, 7 S1 graduates, and 1

Masters graduate. Of the 27 informants, there were 2 informants who had worked at the Community health center for less than 2

years (20 months-2 years), and 25 informants had worked at the community health center for more than 2 years (3–29 years).

Table 2. Characteristics of Triangulated Informants

Informant Code	Age (Years)	Education	Position
TRY	46	Master’s degree	Head of the Mojokerto District Health Office Finance Sub-Division

Regional Public Services Agency Implementation

This study attempted to gather information from 27 informants on how to implement RPSAs in Mojokerto District, by looking at the informants' understanding of when the RPSA began to be implemented, and what requirements had to be met to implement the RPSA. Based on the results of research that had been conducted in 27 Community health center, most of the informants said that RPSAs had begun to be implemented in Mojokerto Regency since January 2021. There was only one informant who did not know when the RPSAs were implemented at Community health center. Of the 26 informants, it was explained that the RPSA in Mojokerto Regency had been running since January 2021. Meanwhile, there were 7 informants who stated the correct answers, namely, 4 documents that had to be prepared, and 21 informants whose answers were not quite right. This is in accordance with what was conveyed by the informant, as follows:

“Since 2016, I have been preparing for the RPSA Health Center. What should be prepared... I'll remember in a moment a strategic plan, governance, and financial reports” (Informant 1)

“RPSA has been in operation since 2021. Preparation of reports on SPM, the strategic plan, governance, and financial reports.” (Informant 2)”

“Completely silent governance documents, a strategic plan, a spm, a rba, and financial reports have been prepared since 2021” (Informant 3)
“what year is it? It was time to draw up documents. What's the first thing? There are 4 working groups. SPM, what about governance first huh? I think management first.” (Informant 5)

“Since 2021, the Strategic Plan, Governance, SPM, RBA, and LK documents must be prepared. Then, blue management officials consisting of Benpeng, PPTk, and KPA.” (Informant 6)

“Drafting regulations, PPTK positions, treasurer of expenses, and treasurer of receipts in 2021” (Informant 17)

“The community health center RPSA can manage revenue funds at the Community health center to be more flexible in meeting the needs at the Community health center. The RPSA has been established since 2020, will be processed in 2021 and requires a regional district regulation” (Informant 18)

“December 2020, and implementation will start in January 2021. Until now, the RPSA component is the Perbup concerning RPSA, the Strategic Plan, SPM, HR, and governance” (Informant 22)

“The Regional Public Service Agency, namely the Service System at the PSU, for better management. Established starting in 2021. Human resources must be prepared, as well as whether the service is good in patient care and administration” (Informant 23)

“As needed, RPSA is a financial management system. Financial reports, the strategic plan, governance, and the SPM are prepared (Informant 24)

“January 2021, regional public service agencies where agencies can manage their own budgets (Informant 25)

“RPSA is an institution's readiness to manage its institution independently under the supervision of the Office. stipulated in January 2021” (Informant 26)

“Preparations for administrative staff, IT scientists, and personnel begin on January 1, 2021” (Informant 27)

Regional Public Services Agency Implementation Support

From the results of interviews about the supporting factors of RPSA, informants conveyed the support that was expected to be carried out by the Mojokerto District Health Office, including: 2 informants wanted the Mojokerto District Health Office to visit the community health center more often, 2 informants wanted more guidance/directives to be given by the Mojokerto District Health Office, 18 informants hoped that regular meetings would be held with the Mojokerto District Health Office, and 5 informants wanted communication via electronic media (Wa group) to be improved. According to the results of the following interviews:

“Yes, thank you, ma'am. Despite the fact that there were few comments in the group, a thumbs up was sent” (Informant 5)

“It's better to hold a regular meeting like this, ma'am...once a month, if it's too fast, the meeting is held once every two months” (Informant 6)

“Meetings are more frequent so that we can meet with other community health center find out the progress of other community health center. (Informant 11)

“Ma'am, you must make frequent visits and hold evaluation meetings every two to three months” (Informant 13)

“We need guidance on whether what we are doing is in accordance with what should be done” (Informant 16)

“Lack of coordination meetings, madam, so that it can be known whether the community health center is implementing RPSA properly or not” (Informant 17)

“Communication in the group is more frequent, for example, when there is new information, because we usually only meet with mentors every week” (Informant 18)

“Yes, ma'am...we only consult via WA, and we are even happier when there is a regular meeting” (Informant 19)

“Because there are several RPSA managers, it might be best to get together with other community health center so we can share ideas” (Informant 20)

“Meet more often. So, there is a chance to ask questions” (Informant 21)

“If I need anything, I go straight to the health office, but if a meeting is

held, it's even better" (Informant 22)

Inhibiting Factor of Regional Public Services Agency

"We have not been able to recruit staff from the RPSA's funding sources, even though we need additional doctors. We hope that the district head regulation which is the legal umbrella, will be completed soon. Just like Ward, the regional head regulation that covers activities at the Bu Health Center is more expedited" (Informant 1)

"Obstacles faced... In 2021, the Tawang Sari health center was destroyed due to shifts of up to 10 times, for 2022, we are more careful because we have a small budget. We find it difficult to move, to shop for service needs because our budget is small. Raised the ceiling of the community health center...So we can go shopping freely because we still have silpa. There are problems in the application because several shifts have to contact the admin team" (Informant 3)

"There were no significant obstacles, the application was just at the beginning, now it's normal to enter, For procurement, we already have our own procurement officials so we can carry out shopping more smoothly. We want to have a meeting every month. so we can share with other community health center" (Informant 4)

"We actually really feel the benefits of the RPSA, but we also hope to increase the income of the community health center. But we have difficulties if we are alone, we hope to get support from other community health center friends. For RPSA-

related announcements, such as recruiting staff from BOK financing so that they can be communicated to the group, ma'am...so that we can oversee the RPSA budgeting side so that there are no doubles" (Informant 7)

"Problems with the application Ma'am...In the beginning, it was tough, but after a while, it started to work. can feel the benefits. Apart from that for the procurement madam, sometimes it takes a long time because we don't have a procurement official. For RPSA there are several groups of things (receipts, expenses, pptk. hopefully it can be made into just one Bu. so that the information for one can be known by the other team" (Informant 8)

"We don't dare to go above 20%, ma'am, so our spending is severely restricted. The hope is that the ceiling can be raised for RPSA. The ceiling of the health center was raised Bu...so we can freely shop. We also haven't dared to lower the jaspel percentage" (Informant 9)

"Our doctors are fine, ma'am; our income has dropped, so we don't have enough money to spend. Then for procurement, we feel the process is slow because we don't have a procurement official. Then the quality of the goods purchased did not meet our expectations, the price was expensive but the quality was lacking. It's better to buy it yourself). The doctor's proposal or application letter requests an immediate response from the Health Office because it is related to the income of the community health center" (Informant 10)

“The new head of the community health center also had an impact on Kupang, the replacement for the Ma'am Health Center. There are no application problems or other problems, we can still communicate with the companion. Perbup Community health center Ma'am, it will be soon...as our legal umbrella, for example, if we want to manage parking” (Informant 11)

“Our challenge this year is only when our community health center will be rehabilitated, ma'am... because it will affect the shifts we will be doing. At our Community health center there is damage to a water channel that needs a budget of 8 million, but we have not rented a building for the construction plan. That's the problem, ma'am” (Informant 12)

“Obstacles in procuring goods and services because we lack our own officials and must collaborate with other community health center... then the application still has a few problems because it can't record real time. HR Recruitment Ma'am, it is urgently needed but we don't have an umbrella” (Informant 15)

“Procurement officials are shopping for reagents from the RPSA at the same time, but because they are used for everything, we are unsure how to separate them. Many consumables for the program cost nothing, burdening the RPSA. (Informant 16)

”Regional Regulation Ma'am... please revise it, there are many actions or services that have not been included in the regional regulations... such as health certificates, rest letters not for school children but for

the general public. Health certificates that pay are for school children who work for free. On the other hand, it needs to be reviewed. because it's really safe (it's a shame) that health centers in industrial areas can't use it” (Informant 17)

“The bad thing is that you can't go about procurement yourself, if there is a realization of large goods, you still have to coordinate with procurement officials, while the Ngoro Health Center doesn't have officials yet. The difficulty is there. Not to mention having to input the SIRUP application. If there is a change, the process will take a long time. The local regulation on health certificates, which are free for the general public, should be revised, Ma'am, so that those of us in the industrial area can use it to increase our income” (Informant 18)

“If (if) our community health center is correct, the issue is with procurement officials who do not have their own. You have to join other community health center, so it's difficult if you have to share officials, not to mention that accountability hasn't been handed over to the community health center on time. “(Informant 19)

“Obstacles on the procurement side, must coordinate with procurement officials cannot directly spend. When the community health center cannot generate income, what should be done, ask for guidance from the health office” (Informant 20)

DISCUSSION

From the results of research on informants' understanding of when RPSA began to be implemented, and what requirements had to

be met to implement RPSA, most informants said that RPSA had begun to be implemented in Mojokerto Regency since January 2021. There was only 1 informant who did not know when RPSA were implemented at the Community health center. Of the 26 informants, it was explained that the RPSA in Mojokerto Regency had started operating since January 2021.

Based on the results of data processing, 27 Community Health Centers were ready to implement the RPSA because the RPSA assessment had already been carried out and 27 Community Health Centers had completed 6 prerequisite documents prior to the RPSA determination.

This includes the stipulation of 3 Regent Regulations as a requirement for Community health center to be designated as RPSAs, namely the Regent's Regulation concerning Community health center Management, the Regent's Regulation concerning Minimum Service Standards, and the Regent's Regulation regarding Strategic Plan. From the establishment of RPSAs, up to 1 year of implementation of RPSAs, 27 Community Health Centers have also prepared the necessary documents in implementing RPSAs, namely: Organizational Structure after RPSAs, Standard Operating Procedures (SOPs) starting from SOPs for Cash and Account Management, SOPs for Goods Management, SOPs for Debt Management, SOPs Management of Receivables, SOP for Investment Management, compiling a Business Strategy Plan (RSB), compiling a Business Budget Plan (RBA), compiling Minimum Service Standards (SPM), implementing SP3B RPSA Separation, and compiling Financial Statements. There are 2 documents that have not been prepared by the Community health center, namely the SOP on the Recruitment of Non-ASN Workers and the Remuneration System. This is because in

order to compile the SOP, regulations/regulations of the regent are required, which until the research is carried out have not been completed.

According to Rizal (2020) The support of the Mojokerto District Health Office according to the research accordance with the main tasks and functions of the Mojokerto District Health Office which provides guidance and monitoring evaluation of the implementation of health services with the RPSA governance approach, both from the planning aspect, budgeting and financial accountability. The role of the Mojokerto District Health Office as a facilitator and regulator of RPSA implementation is very large. To be able to establish communication between the community health services and the Mojokerto District Health Office. Also, sociocultural it can also affect activities that take place in the community (Widyanto et al., 2018).

The availability of human resources as managers of RPSA Community health center, but the quality is still lacking. It is hoped that for the implementation of RPSAs at the Community health center there will be adequate accounting staff support. Of the 20 community health center that have accountants, these accountants do not become RPSA managers because they are still non-ASN status. So that the health workers at the Community health center who should carry out health service activities at the community health center, must carry out RPSA activities. Which of course will affect the achievement of both financial and non-financial performance (Afrida, 2021)

In addition to the availability of accounting staff at the Community health center, the Community health center also needs to provide budgetary support for training. Which budget can be provided from BLUD funds. This training is needed to increase the competence of BLUD management officers at

the Community health center who are not from non-accounting staff and provide officials for the procurement of goods/services needed by the Community health center (Libryan, 2019).

The implementation of a policy must also be supported by resources that support the implementation of the policy so that it runs well. The resource in question is the availability of human resources required to expedite the implementation of a policy, in this case the BLUD implementation policy (Aprilia, 2020).

Obstacles related to the slow response of the Mojokerto District Health Office after conducting interviews with the head of the finance section because the finance Section of the Mojokerto District Health Office also had limited human resources to manage RPSA and an understanding of BLUD implementation. As a result, complaints and questions from community health center must still be addressed to the BPKAD and the Assistance Team. This process takes time, thus slowing down the response process to the Community health center.

AUTHOR CONTRIBUTION

Herin Setyorini as principal authors that select the topic, data analysis, and also script writing. Agus Santosa and Prima Dewi as a supervisor in data collection, data analysis, data reporting, and preparation of publication manuscripts.

CONFLICT OF INTEREST

There was no conflict of interest in the study.

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