

## Implementation of Health Service Retribution Policy in Kota Jayapura

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**Abstract** - This study aims to analyze the implementation of health service retribution policy in Jayapura City, by examining what are the supporting & inhibiting factors, and exploring the efforts made to optimize it. This research uses Edwards III's policy implementation theory which focuses on 4 indicators, namely communication, resources, disposition, and bureaucratic structure. The research approach used is descriptive qualitative. data collection techniques are interviews, observations, and literature studies. Data analysis includes the stages of data reduction, data presentation, and conclusion drawing. The results of the study Implementation of health service fees in Jayapura City based on Edwards III theory involves four main aspects: effective communication, increased resources of health workers and medical equipment, positive disposition of policy implementers with incentives for performing health workers, and a consistent bureaucratic structure although there are still challenges in the number of workers. Supporting factors for implementation include clear regulations, local government commitment, and trained health and administrative personnel, while inhibiting factors include lack of public understanding, low participation, economic limitations, inadequate infrastructure, and suboptimal service quality. To overcome these obstacles, efforts are needed such as increased community socialization and education, improved health infrastructure, and strict supervision. Optimization of the retribution policy should also be supported by an increase in local revenue (*Pendapatan Asli Daerah*) through improved quality of facilities, competency development of health workers, and transparency of retribution management so that health services are better, sustainable, and increasingly trusted by the community.

Keywords: Policy Implementation, Retirubusi, Health Services, Kota Jayapura, Papua

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### 1. Introduction

Local own-source revenue (*Pendapatan Asli Daerah*) is revenue obtained by a region from sources within its territory and collected based on local regulations in accordance with applicable laws and regulations (Darwin, 2010). Local levies and local taxes are revenues derived from local own-source revenues that must be owned by each region. Of the two types of income, the benefit that is felt directly by the community is local taxes (Anggoro, 2017).

Local retribution is local revenue in return for certain services or permits specifically provided and/or granted by the local government for the benefit of individuals or legal entities. Local levies are part of local revenue and are expected to be a financial source for state administration and regional development in order to create and improve equitable community welfare (Kyuvi, 2023; Park, 2017). For this reason, regencies/municipalities are encouraged to explore the possibility of funding by establishing types of revenue outside the predetermined types of retribution, as long as they meet predetermined criteria and are in accordance with the aspirations of the regency/municipal community.

According to Law Number 34 of 2000 in Indonesia, what is meant by local retribution is a local levy as payment for services or the granting of certain permits specifically provided and/or granted by

the Local Government for the benefit of individuals or entities. The object of retribution is various types of certain services provided by the local government. Not all services provided by the local government can be collected retribution, but only certain types of services that according to socio-economic considerations are worthy of being the object of retribution. These specific services are grouped into three categories, namely General Services, Business Services, and Specific Licenses (Parkosa, 2005). The issuance of this regulation philosophically aims to ensure the implementation of health services, which is one of the basic service needs that must exist in society, where the state is present to guarantee and provide health services to protect all Indonesian human resources, for the happiness of all Indonesian people and all mankind as stated in the fourth paragraph of the opening of the 1945 Constitution (Mardiasmo, 2011).

Then, the emergence of a health service retribution policy to support the sustainability of service provision for budget turnover governance in order to provide benefits for each allocation of the retribution proceeds, such as improving health facilities, supporting facilities and infrastructure, as well as human resources for health workers to improve soft skills and hard skills both related to institutional governance and management, as well as specific skills for handling, actions and operationalization of medical equipment needed for patient handling in order to carry out health services to the people of Jayapura City.

Health services, the types of health services available in Kota Jayapura through the Health Office in hospitals and health centers. These services cover various aspects of health, ranging from general care, maternity services, to specialized services such as dental care and laboratory services. Some of the basic services available include Outpatient Treatment, which is the primary service for the general public in managing minor to moderate illnesses. Maternity Services demonstrate a commitment to maternal health care during pregnancy. In addition, there are various specific services such as Wound Thread Extraction, Wound Debridement, and Dental Care which includes nerve treatment, tooth filling, and tartar extraction and cleaning. Other services include disease screenings such as DBD/Malaria, laboratory tests for Blood Type, HB (hemoglobin), as well as various health tests such as Uric Acid and Cholesterol. The table also lists the GDS or Timed Blood Glucose test to check blood sugar levels, which is important in the management of diabetes. on the administrative side, the Health Letter service for various purposes such as students, employees, and companies shows support for health documentation needs. Other services related to medical procedures such as Non-Surgical Procedures, Surgical Procedures, as well as medical consultations. In addition to direct medical services, support for experts, treatment, support, and Radiology examinations show the availability of complete services involving various specialties. Laboratory examinations are also available to support more detailed diagnoses.

On non-medical services, there are Accommodation and Intensive Accommodation facilities that may be reserved for patients who require special care or intensive supervision. Finally, Medication services with the availability of medicines as part of the patient's treatment and care. Jayapura City has a fairly comprehensive health service under the auspices of the Health Office, covering a wide range of public health needs from basic services to advanced services that require specialization.

Local retribution is directly related to the use of public services by the community. The amplification of retribution certainly has implications for improving the quality of public services. This is because people do not want to pay more if they get the same quality and quantity of services. Therefore, the government faces a challenge to improve performance in public service delivery (Maarif, 2022; Fitra, et.al, 2020).

One sector that emphasizes the contribution of retribution to local revenue is the health sector. This is because the health sector is one of the government sectors that is very important in supporting the survival of life and carrying out daily activities and supporting welfare. This is because the health aspect is the initial supporting aspect that guarantees the level of health, freedom from disease and treatment related to health problems in humans. The following is a presentation of data on health service retribution in Jayapura City:

**Table 1. Retribution Revenue Data managed by Jayapura City Health Office  
from 2018 to 2024**

No.	Type of Receipt	Budget (Rp)		%	Description
		Target	Realization		
1	Health Service Retribution				
	Year 2023	375.000.000	109.740.500	29,26	Did Not Reach Target
	Year 2022	1.000.000.000	299.118.000	29,91	Did Not Reach Target
	Year 2021	360.000.000	227.625.000	63,23	Did Not Reach Target
	Year 2020	190.000.000	267.353.000	140,71	Reach Target
	Year 2019	332.000.000	441.659.500	133,03	Reach Target
	Year 2018	305.000.000	353.041.500	115,75	Reach Target

Source: Researcher's Data Processing, 2024

The health sector, which is one of the public service sectors run by the local government, carries out its function as a public service, the government through the relevant Regional Apparatus Organization has formed an agency and work unit that has the main tasks and functions to carry out public services in the health sector. For example, there are regional public hospitals, health centers, auxiliary health centers, and mobile health centers as work units that provide direct health services to the public. Meanwhile, the relevant OPD is handled by the Health Office as the center in coordinating health services in the Jayapura City government to be carried out to the community. Health services provided by the government aim to make the health aspect, which is a basic need to spur welfare by maintaining a healthy body condition, a vital thing to be done. Therefore, the determination of retibusi for the improvement of health services is also an important thing for the government to realize, to accelerate the index of availability of health facilities and reduce the incidence of diseases experienced by the community.

This is relevant, because the health service aspect is a basic service that is needed in Papua, including in Jayapura City. Because health services are intended to support welfare with physical conditions that remain fit and fit to carry out the daily lives of its citizens. However, the spread of disease, environmental conditions and unhealthy lifestyles also contribute to the spread and infection of diseases felt by residents in Jayapura City. Therefore, health services are certainly needed to deal with these problems.

A number of problems encountered related to health services in Papua in general are that many people are constrained from accessing health services due to various barriers including the high cost of health care, experiences of discrimination and racism and poor communication with health workers. Then the lack of empathy and care in providing health services at the beginning, because the service mechanism, based on administrative procedures that are a prerequisite for carrying out services that make services that are actually urgent have not been well noticed. Meanwhile, the condition (read: financial) of the community or the completeness of the files often goes unnoticed. Thus, this is an obstacle in obtaining services.

In addition, infrastructure access to available health facilities is also not supportive, which makes the availability of health services feel far and hard to get there, so many parts of the community are untouched by the health services provided by the government. Thus, making the community impressed that the health services provided by the current government are still not optimal and need to be improved again the quality and quantity as well as the supporting facilities and infrastructure.

In Jayapura City itself, the policy on health service retribution is regulated in Jayapura City Regional Regulation (PERDA) No. 13/2007 on Health Service Retribution. The regulation stipulates the amount of retribution that must be paid for health services provided by the Jayapura City government. Article 1 paragraph 6 states that health services are all health service activities provided to a person in the context of observation, diagnosis, treatment or other health services. The object of health services

includes outpatient health centers; inpatient health centers; health services in mobile health centers; and health services in hospitals.

However, in its implementation so far, there are a number of problems encountered in the implementation of health services in Jayapura City that are often complained about by the community, such as the human resource capacity of the apparatus and the poor quality of planning and budgeting contribute greatly to the poor governance of public services, including in the health sector. In addition, the provision of supporting resources such as health infrastructure that is still inadequate has implications for the impression that health services are provided. Even delays in service are common, only because of administrative issues that have not been resolved by the patient.

Therefore, this research seeks to highlight how the imposition of retribution on health services by the Jayapura City government as a contribution to PAD (Regional Revenue) can improve the quality of health services in Jayapura City to be even better. Therefore, the title of my thesis research is Implementation of Health Service Retribution Policy in Jayapura City. The focus of the research will specifically describe how the implementation of the health service levy policy has been carried out. Then, it will explore the supporting and inhibiting factors that determine the implementation of the policy.

## 2. Research Methods

This study aims to analyze the implementation of health service retribution policy in Jayapura City, by examining what are the supporting & inhibiting factors, and exploring the efforts made to optimize it. This research uses Edwards III's policy implementation theory which focuses on 4 indicators, namely communication, resources, disposition, and bureaucratic structure (Nugroho, 2014). The research approach used is descriptive qualitative. data collection techniques are interviews, observations, and literature studies. The informant determination technique used is purposive, because the researcher already knows the setting of the research location, so he is able to determine who is considered worthy of being an informant and knows the topic under study (Moleong, 2010). The specific informants involved in this study are described as follows:

Table of Research Informants

No.	Name	Position
1	Pramudya apriyambudi	Revenue Treasurer of Jayapura City Health Office
2	Novi Pihahay	Treasurer of Jayapura Kotaraja health center
3	Indarti Ratnasari	T wano Health Center Treasurer
4	Marthina Daim Boa	Health Center Treasurer Elly Uyo
5	Romeyke Korwa	Treasurer of Koya Barat Health Center
6	Dina Sri Maryati	Receiving Treasurer of North Jayapura Health Center
7	Nurlaini	Receiving Treasurer of Puskesmas Warna
8	Yulianta Lanta	Receiving treasurer of Skouw Health Center
9	Dina Sri Maryati	Puskesmas Jayapura Utara
10	Titin Hajrawati	RS. Ramela
11	Estian	Society as a patient

Source: Data Processing, 2024

The determination of informants in this study was carried out systematically by considering the position, role and relevance of the informants to the research topic. The first step was to select key informants, namely individuals who hold strategic roles in the relevant agencies. In this case, Pramudya Apriyambudi, as the Revenue Treasurer of the Jayapura City Health Office, was selected as the key informant. His role at the center of the Health Office's financial management policy is very important as he can provide in-depth information about the implementation of HR quality development within the government agency.

The next step was to select further informants, who came from health centers in the Jayapura

area. The individuals selected were treasurers at large and small puskesmas, such as Novi Pihahay (Puskesmas Jayapura Kotaraja), Indarti Ratnasari (Puskesmas T Wano), Marhtina Daim Boa (Puskesmas Elly Uyo), Romeyke Korwa (Puskesmas Koya Barat), and Dina Sri Maryati (Puskesmas Jayapura Utara). They were selected to provide a broader perspective on the implementation of HR development policies at the direct health service level. Furthermore, to broaden the scope of data, informants from other smaller puskesmas such as Nurlaini (Puskesmas Warna) and Yulianta Lanta (Puskesmas Skouw) were also considered. They can provide insights on how the policy is implemented in puskesmas that may have different challenges, for example in terms of location or capacity.

Finally, the researcher also involved the community as additional informants to get the perspective of health service users. Estian, a patient, was selected to provide his views on the quality of service he receives and whether there is any influence from improving the quality of human resources of health officials at puskesmas. Through these steps, researchers were able to collect comprehensive data from various points of view, both from the apparatus in charge at various levels to the community as beneficiaries of the HR development policy. Data analysis includes the stages of data reduction, data presentation, and conclusion drawing (Miles & Huberman, 1992).

### 3. Results and Discussion

#### 3.1. Implementation of Health Service Retribution Policy in Jayapura City

##### 3.1.1. Communication

Communication indicators in policy implementation according to Edwards III refer to how policy information is conveyed to the parties involved, such as policy implementers and service user communities. Effective communication ensures that all parties understand the objectives, procedures, and obligations related to the policy, so that implementers can implement it consistently with the directions given (Nugroho, 2014; Winarno, 2014; Agustino, 2008). In the context of health service retribution policy implementation in Jayapura City, good communication means that there is clear communication of the retribution procedure, tariff amount, and payment mechanism to the community and health workers.

Lack of effective communication can lead to misunderstandings, resistance from the community, or discrepancies in implementation in the field. Therefore, proper, clear, and consistent communication is essential to ensure that the health levy policy can be implemented properly. In addition, communication also plays a role in responding to feedback from the community in order to improve service quality and ensure that the policy runs in accordance with the expected objectives. The bureaucratic structure of the implementation of health service levy in Jayapura City was described by the informants as follows:

*One of the main ways to channel information is through official circulars issued by the local government. This circular letter contains instructions on the implementation of the retribution policy, tariff guidelines, and administrative procedures that must be followed by each health facility. This letter is distributed to all health service facilities, from hospitals to puskesmas (Public health centers). The Jayapura City Government and Health Office often use digital media such as WhatsApp groups to communicate quickly and effectively with policy implementers in the field. Through this group, the latest information regarding the retribution policy can be conveyed directly, including rule updates, urgent instructions, or policy evaluation results. The group also allows for direct interaction between the health office and field officers. In addition, officers from the Health Office provide on-site technical guidance to health facilities, particularly to ensure that retribution-related SOPs are properly implemented.*

Based on this description, it can be seen that the local government uses official circulars as the main means to convey information related to the implementation of retribution policies, tariff guidelines,

and administrative procedures to all health facilities. These circulars are an important tool to ensure that the policies and instructions provided are formal and structured, so that all implementers understand the responsibilities and procedures to be followed.

Edwards III emphasized that clear and consistent communication is necessary to avoid misunderstanding or distortion of information (Nugroho, 2014; Winarno, 2014; Agustino, 2008). With the circular letter distributed to all health facilities, both hospitals and *puskesmas*, it is expected that every service unit will receive the same information. This consistency in communication helps to ensure that the retribution policy is applied uniformly across health facilities, thus reducing the possibility of different interpretations in the field. When all units understand the policy in the same way, the implementation process runs smoother and more effectively.

In addition to circulars, the use of digital media such as WhatsApp groups by Jayapura City Government and the Health Office demonstrates the importance of quick and effective communication in policy implementation. These technologies facilitate the immediate dissemination of information to policy implementers in the field, allowing them to respond immediately to policy changes or urgent instructions. Edwards III notes that rapid communication can assist in adjusting policy implementation on the ground quickly, especially in situations that require a quick response or information update.

Moreover, the WhatsApp group also allows for direct interaction between the health office and field officers, which enhances two-way communication. Edwards III emphasized that effective communication should be two-way, where information is not only conveyed from policymakers to implementers, but also allows implementers to provide feedback. This interaction is important to detect problems that may arise in the field and to quickly find solutions. With an open communication channel through digital media, policy implementers can convey questions or obstacles they face, and the health office can provide solutions or guidance as needed.

In addition to the use of digital media, in-person technical guidance at health facilities is also an important step in ensuring that information on policies and procedures is properly implemented. Edwards III emphasizes that good communication must be accompanied by technical support to ensure correct understanding of existing policies. In this case, officers from the Health Office play a role in providing direct technical guidance, especially to ensure that retribution-related SOPs are followed correctly. The combination of formal communication through circulars, quick communication through digital media, and direct technical guidance strengthens the effectiveness of information delivery and policy implementation in the field.

### 3.1.2. Resources

Resource indicators in policy implementation according to Edwards III include all aspects needed to carry out the policy effectively, such as labor, funds, facilities, and infrastructure. In the context of the health service levy policy in Jayapura City, these resources include skilled health staff, adequate medical equipment, efficient administrative system, and sufficient budget to support policy implementation. Without the availability of adequate resources, the retribution policy cannot be implemented optimally, and services to the community may be disrupted (Nugroho, 2014; Winarno, 2014; Agustino, 2008).

Resources also include the ability of policy implementers to manage and utilize existing facilities properly. If health workers are not trained or facilities are inadequate, then the implementation of the retribution policy may experience obstacles, both in terms of the services provided and in the retribution collection process itself. Therefore, it is important to ensure that all resource elements are available and managed effectively so that the implementation of the health service levy policy can run as expected. The bureaucratic structure of the implementation of health service levy in Kota Jayapura is described by the informants as follows:

*Resources, both health workers and medical equipment available, have met the standards for the operation of each health facility available, although in quantity it is still lacking. But it*

*still needs to be improved again, because we are also still lacking in terms of numbers. And it is not yet evenly distributed for each health service unit. So there must be a referral, if the equipment is not available. And this is also what makes the retribution process to be centrally drawn to a certain unit. Like that. As for specialists, there are also more in hospitals than puskesmas.*

Based on the informants' explanations above, it shows that although health workers and medical equipment have met operational standards, the quantity issue is still a major challenge. This shows that even when quality is adequate, shortages in the number of health workers and facilities can hinder the effectiveness of health policy implementation.

More specifically, Edwards III emphasizes that the availability of sufficient human resources is an important prerequisite for implementing policies properly. In the context of this quote, the lack of health workers who are evenly distributed in various health service units, such as puskesmas and pustu, has an impact on the operation of health facilities. When there are insufficient or unevenly distributed health workers, the service process is not optimal. As a result, the burden of services tends to be centralized in hospitals or larger health units, resulting in an imbalance in the distribution of health services.

In addition to human resources, physical resources also play an important role in Edwards III's implementation theory. In the quote above, it is stated that medical equipment has not been spread evenly across all health facilities, so in some cases, referrals to larger facilities become necessary. This has implications for the effectiveness of retribution collection, which is also centralized in certain units. Lack of adequate medical equipment at puskesmas or pustu means that people have to access services at hospitals, which in turn leads to increased burden and resource requirements at larger health facilities.

Edwards III also highlighted the importance of synergy between human and physical resources in supporting policy implementation. When one element is insufficient, as seen with the shortage of specialist doctors in puskesmas, services become concentrated in hospitals, which can slow down community access to health services. Although specialist doctors are more widely available in hospitals, this lack of equitable distribution between hospitals and *Puskesmas* (Public Health Centers) has the potential to create gaps in access to fast and efficient medical services. This imbalance highlights the importance of proper resource allocation and equitable distribution to improve the effectiveness of policy implementation.

Therefore, in the perspective of Edwards III theory, the above resource challenges indicate that even if quality standards are achieved, improving the quantity and equitable distribution of resources remains crucial. Health policy implementation will work better if the number of health workers, specialists, and medical equipment is sufficient and evenly distributed in all health facilities. Efforts to increase and equalize these resources will ensure that health policies can be implemented effectively, provide maximum services to the community, and improve a more efficient levy system.

### 3.1.3. Disposition

The disposition indicator according to Edwards III refers to the attitude, commitment, and tendency of policy implementers in implementing the set rules (Nugroho, 2014; Winarno, 2014; Agustino, 2008). In the context of health service retribution in Jayapura City, the attitude of implementers, such as health workers and administrators, plays an important role in determining how well the policy is implemented. Implementers who have a strong commitment to policy implementation will be more consistent in enforcing retribution rules, maintaining transparency, and ensuring that policies are implemented in accordance with objectives. On the other hand, if the disposition of the implementers tends to be negative or less motivated, policy implementation may be ineffective, as the implementers may perform their duties half-heartedly or even ignore the rules.

In addition to commitment, disposition also includes aspects of honesty and integrity of

implementers. In the implementation of health service retribution, the integrity of the implementer is very important to ensure that the retribution is collected fairly, without manipulation or fraud. In Jayapura City, officers with high integrity will maintain transparency in retribution collection, avoid abuse of authority, and ensure that collected funds are used as intended. A positive disposition of policy implementers will increase public trust in the retribution system, thus supporting the overall success of policy implementation. The disposition related to the implementation of health service levy in Jayapura City is described by the informants as follows:

*Policy implementers at the leadership level and personnel in the field within the health service actually make maximum efforts. This means that our position here is definitely positive, because we are also committed to providing maximum health services to the community with all the capabilities we have, including the equipment we have and the facilities available. The provision of incentives for health workers who have excellent performance is also given, to stimulate them to do better in providing services to the community.*

The informants' statements above show that policy implementers within the health office stated that they have a strong commitment to providing maximum health services to the community. This reflects a positive disposition, which is an important prerequisite for successful policy implementation. The positive attitude of the leaders and health workers mentioned in this quote is an important asset in facing various challenges in the field. Although there may be limited facilities or resources, the strong motivation to provide the best service shows that policy implementers are willing to optimize all their capabilities. Edwards III emphasized that if policy implementers have a supportive attitude, they will find it easier to navigate the obstacles that arise in the implementation process, and in this case, they seem to be putting in maximum effort despite the limited conditions.

In addition, incentivizing health workers who perform well, as mentioned in the quote, is an effective strategy to improve the disposition of policy implementers. Edwards III emphasized the importance of rewards and motivation as factors supporting disposition. Incentives given to health workers not only motivate individuals to perform better, but also create a results-oriented performance culture. Thus, the incentives function as positive reinforcement that encourages health workers to be more optimal in carrying out their duties.

However, it is also important to ensure that incentives are sustainable and fair. If incentives are inconsistent or uneven, this can have a negative impact on the motivation of policy implementers in the field. According to Edwards III, good dispositions need to be supported by fair reward policies so that implementers feel recognized and rewarded for their performance. In this case, the incentivization strategy needs to be continuously evaluated to ensure that it is truly effective in improving the quality of health services.

Overall, the disposition of policy implementers in the health office mentioned in this excerpt shows the potential for successful policy implementation in the health sector. Strong commitment, combined with the right incentive system, will strengthen the positive attitude of implementers and improve the quality of service to the community. In the perspective of Edwards III's policy implementation theory, the positive disposition of the implementers is an important element in ensuring that the policy can be implemented properly and achieve the expected goals.

#### 3.1.4. Bureaucratic Structure

The indicator of bureaucratic structure according to Edwards III relates to how tasks in a government organization are divided and coordinated to ensure that policies can be implemented effectively (Nugroho, 2014; Winarno, 2014; Agustino, 2008). In the context of health service retribution policy implementation in Jayapura City, a good bureaucratic structure will ensure that each implementer understands their roles and responsibilities in the retribution collection process. A clear bureaucratic structure, with a defined hierarchy, standardized procedures, and effective coordination channels, allows



each officer, from the levy collector to the supervisor, to carry out their duties in an organized and efficient manner. Without a clear structure, policies can be ineffective due to confusion or overlapping duties.

In addition to the division of tasks, bureaucratic structure also involves the implementation of standard operating procedures (SOPs) and a clear chain of command. Effective SOPs in the health service retribution policy in Jayapura City are important to ensure that the retribution collection process is carried out with uniform procedures in each health facility. A clear chain of command ensures that problems that arise in implementation can be immediately resolved according to the correct channels. A good bureaucratic structure also promotes accountability, where each implementer has responsibilities that can be evaluated transparently, so that the policy runs more smoothly and in accordance with its original objectives. The bureaucratic structure of the implementation of health service retribution in Jayapura City is described by the informants as follows:

*In terms of bureaucratic structure, everything is clear. The structure, there is a division of each from the health department, down to the puskesmas for health services and retribution collection. In accordance with the main tasks and functions of each agency and existing work unit. It's just that in terms of quantity, not all of them have been fulfilled optionally, but they are already running because they have been filled. If there is an SOP, there must be an SOP, in withdrawing retribution from health services both at the hospital level and the existing puskesmas and pustu.*

Based on the informants' explanations above, a clear bureaucratic structure ensures a detailed division of tasks and responsibilities between various agencies, including the health office, puskesmas, and other health service units. With this division of roles, each work unit can focus on carrying out its functions in accordance with its main tasks and functions (tupoksi), so that the process of health services and retribution collection can run more systematically.

However, in the context of policy implementation according to Edwards III, it is not enough to have a clear bureaucratic structure. The quantity of human resources (HR) that support policy implementation is also an important factor. The quote above recognizes that although structurally there is already a clear division of tasks, the quantity of the existing workforce has not been fully met optimally. This becomes one of the challenges in policy implementation, because when human resources are insufficient or not at optimal capacity, bureaucratic functions cannot run optimally, thus potentially reducing service quality and the effectiveness of retribution collection.

In addition, Edwards III also emphasized the importance of Standard Operating Procedure (SOP) as part of an orderly bureaucratic structure. In the quote above, it is mentioned that SOPs already exist and are implemented, both in health services and retribution collection. Existing SOPs help ensure consistency and accountability in every bureaucratic process, thereby reducing the risk of irregularities and increasing efficiency. These SOPs serve as clear guidelines for officials, ensuring that every step in the retribution collection process is carried out in accordance with established procedures, whether in hospitals, puskesmas, or pustu.

However, even when structures and SOPs are in place, implementation challenges often come not only from internal aspects of the bureaucracy, but also from external factors, such as resource constraints or lack of political commitment. In this case, although the bureaucratic structure is up and running, if the necessary human resources and funding are insufficient, the policy may not be implemented effectively. Edwards III highlighted that policies will only be effective if all supporting elements, including human resources and infrastructure, are well managed.

Therefore, although the above quote shows that the overall bureaucratic structure is in place and running in accordance with its duties and functions, there are still challenges that must be overcome to improve the effectiveness of policy implementation. Improving the quantity and quality of human resources as well as monitoring the consistent application of SOPs will strengthen the existing

bureaucratic structure and increase the success in implementing health service policies and collecting fair and transparent retribution.

### 3.2. Supporting and inhibiting factors of Health Service Retribution Policy implementation in Jayapura City

#### 3.2.1. Supporting Factors

Indicators of supporting factors according to Edwards III include elements that support optimal policy implementation. In the implementation of health service levy policy in Jayapura City, resources that include skilled labor, health infrastructure, and adequate technological support are important factors. If health facilities, supporting tools, and information systems for retribution management are available and functioning properly, the policy will be easier to implement. This availability minimizes technical and operational obstacles in retribution collection and improves the efficiency of the service process to the community.

In addition to physical resources, support from stakeholders such as local government, community, and health actors also play a significant supporting role. In the implementation of health service levy in Kota Jayapura, political support from the local government, active participation from the community, and firm and visionary leadership are important foundations to maintain policy consistency. Strong leadership ensures good supervision, as well as efforts to maintain the sustainability and quality of policy implementation. Solid support from various parties will strengthen the implementation process, increase acceptability, and accelerate the achievement of retribution policy objectives. The following supporting and inhibiting factors were expressed by one of the research informants:

*The main factor in supporting the implementation of the health service retribution policy is the existence of a strong legal basis, which regulates the retribution rate, types of services subject to retribution, and implementation procedures. This Perda provides a clear framework for all parties involved. Then, the city government also shows its commitment, especially the commitment of local leaders, such as the mayor, as well as the Health Office, is an important factor that determines the success of policy implementation. Local government that is active in conducting supervision, evaluation, and providing technical and budgetary support will strengthen the implementation of retribution policy. Finally, if we look at the trained health and administrative personnel in Jayapura City, it is the best, compared to other regions in Papua. But indeed if the size of Papua we are still lagging behind the area outside Papua. I think the presence of medical and administrative personnel who understand the regulations and procedures related to retribution can perform their duties well, ensuring that services run according to the rules, and retribution is collected correctly.*

Based on the informants' explanation above, it can be seen that one of the main factors supporting the implementation of health service levy policy in Jayapura City is the existence of a clear and strong regulation. The existence of a Local Regulation (Perda) is the legal basis that regulates various important aspects such as retribution rates, types of services subject to retribution, and implementation procedures. The presence of this Perda provides a structured framework for all parties involved in policy implementation, from the government to the community. With a solid legal basis, policy implementation becomes more focused and has strong legitimacy, thus minimizing the potential for deviation.

In addition to being the legal foundation, Perda also plays an important role in providing operational guidance for implementers in the field. This regulation ensures that each party understands its responsibilities, from tariff determination to the retribution collection process (Fitria, 2017). With clear rules, local governments and related agencies can implement this policy consistently and accountably. The clarity of this regulation also helps to create awareness among the community regarding their obligation to pay retribution as a contribution to the improvement of health services in their region (Dwiyanto, 2018).

The commitment of local government, especially leaders such as the mayor, is very influential in the successful implementation of retribution policy. The Jayapura City Government's active monitoring and evaluation of retribution policy implementation shows that local leadership has a strategic role. This commitment is not only in the form of supervision, but also in providing technical support and adequate budget. With full support from local leadership, the user fee policy can be implemented more optimally, strengthening the existing health service mechanism.

The role of the Health Office is also very important in the implementation of the retribution policy. This office is responsible for coordinating health service operations and ensuring that each health facility complies with retribution-related regulations. The Jayapura City Health Office is also the liaison between the local government and health facilities, as well as the driving force in providing the resources needed to improve health services in the city. The support provided, both in terms of policy and technical aspects, greatly influences the effectiveness of retribution implementation.

The quality of trained health and administrative personnel in Jayapura City is one of the significant supporting factors. Compared to other regions in Papua, health workers in Jayapura are relatively better in terms of competence and understanding of retribution procedures. Well-trained medical personnel are not only able to provide adequate health services, but also ensure that retribution management is done appropriately according to prevailing regulations. This contributes to the smooth implementation of the retribution policy.

Although the health workforce in Jayapura City is considered better than other areas in Papua, it still shows a lag when compared to areas outside Papua. Limited human resources in the health sector in Papua remains a major challenge in improving the quality of health services. However, the presence of trained health and administrative personnel in Jayapura is an important asset in improving health services and maximizing retribution collection. In addition to health competencies, administrative staff in Kota Jayapura also have a good understanding of retribution-related regulations and procedures. They play a key role in collecting the retribution and ensuring that every administrative procedure is properly executed. These administrative skills are very important as they help maintain the integrity of the retribution collection process, as well as ensuring that the funds collected can be used in accordance with existing health service needs.

The successful implementation of retribution policy in Jayapura City is inseparable from the continuous support from the local government. This support should include updating regulations in line with developments, improving the quality of services, and closely monitoring the implementation of the policy in the field. With a strong commitment from the government and good cooperation between various stakeholders, the health service user fee policy in Jayapura City can be implemented effectively and have a positive impact on the community.

### 3.2.2. Inhibiting Factors

Indicators of inhibiting factors according to Edwards III include everything that can hinder effective policy implementation. In the implementation of health service levy policy in Jayapura City, one of the main inhibiting factors is limited resources, both in terms of skilled labor and adequate health infrastructure. If health facilities are insufficient, such as lack of medical equipment, supporting facilities, or inadequate availability of medical personnel, the retribution collection process will be disrupted. In addition, limitations in terms of budget can also reduce the effectiveness of policy implementation, so that the target of retribution revenue and the quality of health services are not achieved optimally.

In addition to limited resources, other inhibiting factors are lack of support from stakeholders and resistance from the community. Implementation of the health service retribution policy in Jayapura City may face challenges if the community does not understand or agree with the policy, making them reluctant to pay the retribution. In addition, disharmony between the local government and relevant parties, such as health institutions or the private sector, may slow down policy coordination and implementation. These factors may cause difficulties in ensuring the policy runs smoothly and achieves its objectives as planned.

*Communities may not fully understand the retribution policy in place, leading to uncertainty or resistance. Lack of clear information and education to the community on the importance of retribution to support health services can be a barrier. People who do not care or understand the importance of contributing through retribution may lead to low participation in paying for health services. Jayapura City has a community that is mostly in the middle to lower economic layers. The financial inability to pay the health service retribution could be one of the main factors hindering the implementation of this policy. If the health services provided are inadequate or do not meet people's expectations, people may be reluctant to pay for services that are perceived to be of poor quality. Limited health infrastructure in Jayapura, such as a lack of health facilities or medical personnel, may hinder the effectiveness of the retribution policy implementation, as people do not have access to adequate services. The implementation of retribution policy is often constrained by the lack of supervision and control from the government. All of these factors require special attention from the local government and stakeholders in order for the health service levy policy to be implemented effectively in Jayapura City.*

Based on the explanation of the informants above, it shows that there are various factors that become obstacles in the implementation of health levy policy in Jayapura City. One of the main factors hindering the implementation of the health service levy policy in Jayapura City is the lack of public understanding. Many people do not fully understand the purpose and importance of this policy, leading to confusion and even rejection. Unclear information on the benefits of retribution in supporting health services is a serious obstacle. The lack of comprehensive socialization from the government makes the community not well educated about this policy.

Then, there is a lack of education on the importance of retribution. The lack of education to the public on the role of user fees in supporting the improvement of health services contributes to low public participation. People who do not understand that retribution is used for the repair and improvement of health facilities will tend to ignore the payment of service fees. Therefore, continuous education on the importance of contribution through retribution is needed to increase public awareness and participation in supporting the health system in Jayapura City.

Then, Low Community Participation. The economic condition of most of the people in Jayapura, who are in the lower middle class, is also a factor that causes low participation in paying health levies. Many residents feel that their economic burden is already heavy enough, so they are reluctant to increase their expenses to pay health levies. This low participation certainly has an impact on the government's ability to provide optimal health services, considering that retribution is one of the important sources of regional income.

Then, the economic factor of the community. The financial inability of some communities to pay health service levies is one of the main obstacles. For people in the middle to lower economic layers, the additional cost of health levies is considered burdensome, especially for those who have limited income. This economic condition requires the government to consider more inclusive policies, such as subsidy schemes for the underprivileged.

Then, Inadequate Quality of Health Services. People may feel reluctant to pay retribution if the health services they receive are inadequate or do not meet their expectations. If health facilities, medical personnel, or service quality do not reflect the optimal use of retribution funds, the public will lose confidence in this policy. Therefore, improving the quality of health services is key to gaining public support for retribution payments.

Next, Dissatisfaction with Health Services. Public dissatisfaction with the health services provided can have a negative impact on the implementation of retribution policies. If people feel that the services they receive are not commensurate with the costs they have to pay, they are likely to be reluctant to fulfill their retribution obligations. This factor reinforces the importance of improving service quality as

an effort to improve public confidence in the existing health service system.

Then, Limited Health Infrastructure. The limited health infrastructure in Kota Jayapura, such as the lack of health facilities or medical personnel, is a major obstacle in the implementation of the retribution policy. Without adequate access to health facilities, the community will feel that the retribution payment is not proportional to the services they receive. The government should continue to improve health infrastructure so that it is more equitable and accessible to all levels of society.

Then, there is a lack of access to adequate services. Another barrier that is often faced is limited access to health services. People living in remote or inland areas often experience difficulties in obtaining adequate health services. This makes it difficult for the retribution policy to be applied evenly throughout Jayapura City, given the limited infrastructure and medical personnel in some areas.

Next, Lack of Supervision in Policy Implementation. The implementation of retribution policy is often constrained by the lack of supervision from the government. Without adequate supervision, this policy can be misused or not implemented according to the rules. The lack of control in retribution collection also has the potential to create public distrust, as they do not know whether the collected funds are being used properly or not.

Then, the need for government and stakeholder attention. All of these inhibiting factors require special attention from the local government and stakeholders in Jayapura City. Strong support from various parties is needed to ensure that the health levy policy can be implemented effectively. Efforts to increase socialization, education, improve service quality, and improve infrastructure must be prioritized so that this policy can be well received by the community and have a positive impact on health services in the area.

### 3.3. Efforts to improve health service delivery from retribution and local revenue in Jayapura City

According to Edwards III, one of the efforts to improve the implementation of health services related to retribution and PAD in Jayapura City is to optimize the use of resources. This includes utilization of existing health facilities, trained manpower, and efficient administrative systems. The local government needs to ensure that health facilities are well-managed to support services to the community, including ensuring budget sustainability from retribution proceeds for infrastructure and health service improvements. By optimizing existing resources, the implementation of retribution policies can be more effective and efficient, thereby improving the quality of health services and strengthening the contribution to PAD.

Another important improvement effort according to Edwards III is community involvement and transparency in policy implementation. Jayapura City Government needs to involve the community in understanding the importance of health levy and how the levy proceeds are used to improve health services. Good communication and transparency in the use of retribution funds will increase public trust and minimize resistance to retribution policies. In addition, by establishing a monitoring mechanism that involves the community and related institutions, the implementation of user fees can be more transparent and accountable, which in turn will improve PAD revenue as well as overall health services. One of the research informants revealed the following efforts that can be made:

*In my opinion, what should be done is to improve the quality of health facilities such as puskesmas and hospitals, which will encourage people to be more interested in using formal health services. Then to improve the skills of health workers by conducting training and certification for medical and paramedical personnel so that the quality of service increases and the community feels more confident to use existing facilities. This must also be accompanied by community socialization and education, because many may not be aware that retribution payments support the sustainability of services. Externally, it may be necessary to conduct periodic audits of retribution revenue and management. With better transparency, people will have more confidence in the system and this can increase compliance in paying retribution. It can also improve supervision of retribution collection to*

*prevent leakage, both from the side of officers and service users.*

Based on the informants' statements above, it shows that the first effort is to improve the quality of health facilities, which is a very important first step in encouraging the community to prefer formal health services. Good quality health centers and hospitals in terms of facilities and infrastructure will provide comfort and security to the community. Adequate health facilities, complete with modern equipment and clean premises, will attract more people to utilize the health services. This also reduces the community's dependence on alternative medicine that may not be guaranteed.

In addition to good facilities, improving the skills of health workers is also key to improving service quality. Regular training and certification for medical and paramedical personnel is necessary so that they can keep up with the latest developments in the medical world. This will not only improve the technical competence of health workers, but also improve their service to patients. When people feel that they are receiving professional and standardized medical services, their trust in formal health facilities will increase.

Socialization and education to the community regarding the importance of using formal health facilities also needs to be considered. Many people still do not understand the benefits of modern health facilities and the importance of standardized medical services. Active and continuous education programs, whether through social media, seminars, or direct community outreach, can help raise this awareness. With a better understanding, people will be more interested and confident in utilizing the health services available.

Not only in the service aspect, the community also needs to be made aware of the importance of retribution payment in supporting the sustainability of health services. Many communities may not yet understand that retribution payment is part of their responsibility as users of public services. These retributions are used to maintain and improve the quality of services they enjoy. Without the support from retribution, the operation of health facilities will be disrupted and the quality of service may decline.

To overcome this problem, transparency in retribution management is required. Periodic audit of retribution revenue and management is an important step to ensure that there is no leakage or misappropriation. The public will be more confident to pay retribution if they know that the funds they spend are well managed and appropriate. This will increase the level of public compliance in paying retribution regularly.

In addition, transparency in retribution management can also build public trust in the public service system. With open reporting on the use of retribution funds, communities will feel that they are part of the process that supports the sustainability of health services. This creates a sense of shared responsibility between the government as the service provider and the community as the service user.

To avoid leakage in the retribution system, strict supervision must be implemented. This supervision should cover both the officers who collect the retribution, as well as the service users themselves. A transparent system, accompanied by modern technology such as electronic payment systems, can minimize the potential for irregularities. Thus, every incoming fund can be audited and monitored better.

It is also important to involve the community in the supervision of these levies. Through forums or oversight committees involving community representatives, the process will be more open and accountable. When the community feels involved, they will be more enthusiastic to participate, both in paying the levy and in maintaining the continuity of health services.

The implementation of this strategy is expected to create a better, more reliable and sustainable health service system. The combination of improved facilities, increased competency of health workers, community education, and transparency in the management of levy funds will create an enabling environment for high quality public health services. Finally, the big goal of improving public health can be achieved effectively and efficiently.

#### **4. Conclusion**

The implementation of health service retribution in Jayapura City is based on the theoretical framework of Edwadr III. Communication aspect, effective communication is essential to ensure that policy information is clearly conveyed to all parties through circulars, digital media, and technical guidance. Resource apparatus, resources, both health workers and medical equipment, although already meeting the standards, still need to be improved in terms of number and distribution so that optimal services can be provided in all health units. The disposition apparatus, positive implementer disposition and strong commitment in implementing the policy, supported by the provision of incentives to outstanding health workers, plays a key role in the success of the policy. Finally, the bureaucratic structure aspect, a clear bureaucratic structure with consistently applied SOPs supports policy implementation, although there are challenges related to the quantity of labor that is not yet optimal. By effectively managing these four factors, the health service retribution policy can be better implemented in Jayapura City.

Supporting and inhibiting factors in the implementation of health service retribution in Jayapura City. Supporting factors include clear regulations, commitment from the local government, and trained health and administrative personnel. Meanwhile, inhibiting factors include lack of public understanding, low participation, economic limitations, inadequate infrastructure, and suboptimal service quality. To overcome these obstacles, it is necessary to increase socialization, community education, health infrastructure improvement, and strict supervision from the government so that the retribution policy can run effectively and improve the quality of health services.

Efforts to improve the implementation of health services from retribution and local revenue in Jayapura City. efforts to improve the implementation of health services in Jayapura City through optimizing retribution policies and increasing local revenue (PAD) must be carried out comprehensively. This includes improving the quality of health facilities, developing the competence of health workers through training and certification, and socializing and educating the community about the importance of using formal health services and paying retribution. Transparency in retribution management and close supervision are also key to building public trust and preventing leakage of funds. With this approach, it is expected that health services can run better, be sustainable, and increasingly trusted by the community, so that the goal of improving public health can be achieved.

Based on the results of the study, the recommendations from the results of this study are presented as follows, Improved Socialization and Community Education, Socialization on the importance of health service levies should be more intensive, involving various communication channels such as social media, public campaigns, and counseling at health facilities. This education aims to make people understand the benefits of paying retribution and increase their participation in formal health services. Strengthening Health Resources and Infrastructure. Local governments need to ensure the availability of sufficient health workers and adequate medical equipment in all health service units. In addition, improvements to health infrastructure such as puskesmas and clinics should be prioritized, especially in areas that still lack basic facilities. Transparency and Supervision of Retribution Management. Transparency in the management of retribution funds is essential to build public trust. The government should regularly publish reports on the use of funds and strengthen monitoring mechanisms, both internal and external, to prevent leakage of funds and improve accountability. Incentives and Training of Health Workers. The government needs to provide fair and timely incentives to outstanding health workers, while ensuring that training and competency development programs run regularly. This will maintain the commitment of health workers in providing quality services and encourage continuous improvement.

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