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The Study of "Healthy Alley" and Home Care Program Policies to Develop Sustainable Health Innovation in Makassar, Indonesia

Haerana [1*], Umar Congge [2], Suhardiman Syamsu [3], Eka Yulyana [4], Kisman Karinda [5]
[1] Department of Public Administration, Universitas Muhammadiyah Makassar, Indonesia
[2] Department of Public Administration, Universitas Muhammadiyah Sinjai, Indonesia
[3] Department of Government Studies, Universitas Hasanuddin Makassar, Indonesia
[4] Department of Government Studies, Universitas Singaperbangsa Karawang, Indonesia
[5] Department of Government Studies, Universitas Muhammadiyah Luwuk, Indonesia
Corresponding Author: haerana@unismuh.ac.id

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Abstract: This study describes the implementation of public service innovations ("Healthy Alley" and home care) in Makassar to disclose facts about the factors supporting innovations so that they can be sustainable in the future. Data were collected through a structured interview process with 14 informants and through observation by researchers. Secondary data were collected from national journal articles and annual report documents from the Department of Health, Makassar Regional Development, and Research Agency. Validity and reliability were addressed by triangulating data sources. Out of five innovation attributes, the "Healthy Alley" and home care innovations only met four standards. The research findings revealed that the home care innovation program has been well implemented compared to the "Healthy Alley" innovation program. This condition was due to the two different innovation programs in the handling system. The sustainability of public service innovation can be realized by taking into account several supporting indicators: 1. Commitment of Implementor; 2. User Participation; 3. Supported; 4. Network. Also, it is known that a public service innovation program with a good handling system will succeed in improving the quality of public service policies that affect innovation, but the budget will make things easier.

Keywords: *Healthy Alley; home care; innovation program; public policy*

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INTRODUCTION

The Sustainable Development Goals (SDGs) are integrated and universally applicable, and every government can take action suitable for their capacities based on the policy that considers priorities. Global targets should be defined as national targets, considering that supporting components can accelerate the achievement of targets (Johnston, 2016). In this case, an innovative public sector is a solution for societal challenges; innovation makes public service more effective and efficient (Marín & Javier, 2015). Public sector innovators are flexible, and they work in a good organizational structure (Daglio ; Gerson D, 2014). However, especially in the public sector, one must convince the surrounding community that the organization works according to its duties and functions (Bekkers et al., 2013). Innovation in the public sector is

usually requested because of budget savings, responses from new policies, or because there are public service problems (Arundel et al., 2019).

Innovation is delineated as an idea or object considered new by someone; no matter whether the idea was previously applied elsewhere or not, replication in innovation is reasonable as long as the ultimate goal is to improve service quality (Lockyer, 1997). Innovation produces products with a planned idea beginning, so there will be differences in innovation with creativity (Tohidi & Jabbari, 2012). Innovation is very necessary because of the pressure of rapid environmental change, and with innovation, organizations can continue to survive (Musabry et al., 2021). If the organization can keep pace with the development of the era that is very fast at the moment, it certainly can exist and go forward with the support of top management (Urbancova, 2013).

At the same time, policies are a powerful concept to ensure that all systems can run according to predetermined implementation standards (Bmw, 2016). Government policies are formulated to be able to solve problems in society (Hanberger, 2001). However, such policies (and innovation policies in general) have little impact if other interrelated policies do not support them. Thus, an innovation system committed to achieving service quality levels is needed (Baark, 2016). An organization that is successful in innovating has a strong motivation and needs support resources because innovation is very complex and involves the interaction of various supporting factors (Lala et al., 2010). Innovation also provides evidence that there is an increase in the quality of life; that is why organizations are encouraged to be creative. Some of it assumes that innovation means change, progress, and technology (Stenberg, 2016).

An innovation program must go through the conceptualization stage. The employees understand that innovative products always go through the stages of the process of creating and reviewing outcomes with the confidence that for the improvement of the work system (Yan et al., 2011). The main requirements for successful innovation are: 1. All stages of innovation are very important, so they need to be observed; 2. The resulting innovation must be in line with the capabilities of the prosecutor.

Nevertheless, these conditions are no guarantee of success. If it is not met, innovation may fail (Boer & During, 2001). Teresa Amabil (Adams, 2006) said that creativity arises through the confluence of the following three components: 1. Knowledge, all of which can support the creation of creativity; 2. Creative thinking: related to how people can solve problems with the best solution; 3. Motivation: the basic capital for being creative; feeling attracted to one's work makes things easier. If motivated by oneself, someone will be more creative because one feels challenged by the situation. Eventually, he will be able to solve problems compared to others (Okpara F.O, 2007).

In this instance, innovative products at the organizational level begin with the creative ideas of an employee, which are then discussed with other employees (Razavi & Attarnezhad, 2013). Innovation is also a finding by researchers that is then tried in social life. Innovation can be in the form of new designs or new technologies (Sasvari, 2012).

The Global Innovation Index focuses on two important things: assisting with assessing their innovation performance better by gathering international standards-based innovation metrics and helping to empower countries to continue to improve their innovation policies while increasing their strengths and overcoming challenges. The Global Innovation Ranks of Indonesia for 2014 and 2015 have not shown good performance due to a decline in rank 25 from 31 in 2014. Major factors restricting innovation in Indonesia are institutional and regulatory bottlenecks and a lack of knowledge workers (Ambashi, 2018). Moreover, finally, in the last three years, an increase from 29 in 2016 to 37 in 2018 was shown (Cornell University, INSEAD, 2014) (Rasiah & Yap, 2016) (Zhu et al., 2011) (Julien, 1970) (Dutta et al., 2018). This achievement indicates an improvement in the performance of the Indonesian Government, particularly in terms of the stability to continue to innovate with the full support of the innovation policy. This can be seen from the growth of public service innovation in Indonesia, which has been very good in the last five years; in 2014, as a year of public service innovation, 515 innovations were recorded and continued to increase to 2.824 in 2018 (Menpan, 2014), (Menpan, 2015), (Menpan, 2016), (Menpan, 2017), (Menpan, 2018). Further, innovation is directed towards multi-dimensional

implementation, intended for both economic improvement and public services and other aspects (Figure 1).

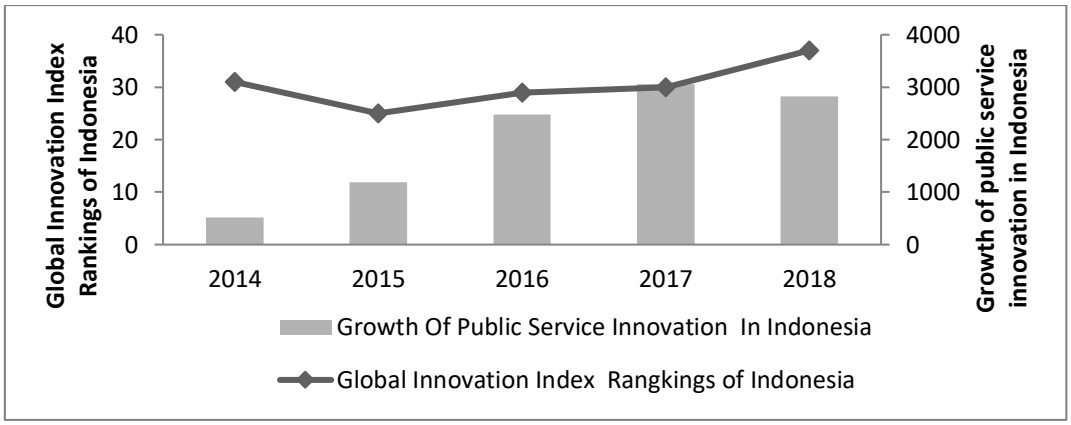

Figure 1. Comparison Between the Global Innovation Ranks and Innovation Growth of Indonesia
Source: National Journal Articles (2014-2018)

The growth of public service innovation nationally cannot be separated from the role of innovation created by local government. As one of the local governments, Makassar City responded well to the national innovation policy, showing an increase in the number of innovations from 12 in 2014 to 68 in 2018, so that the total innovation of Makassar was 181 innovations over the past five years (2014-2018), and two of them are winners of the 2016 and 2017 public service innovation competitions. The innovation programs are "Healthy Alley" and home care (Figure 2).

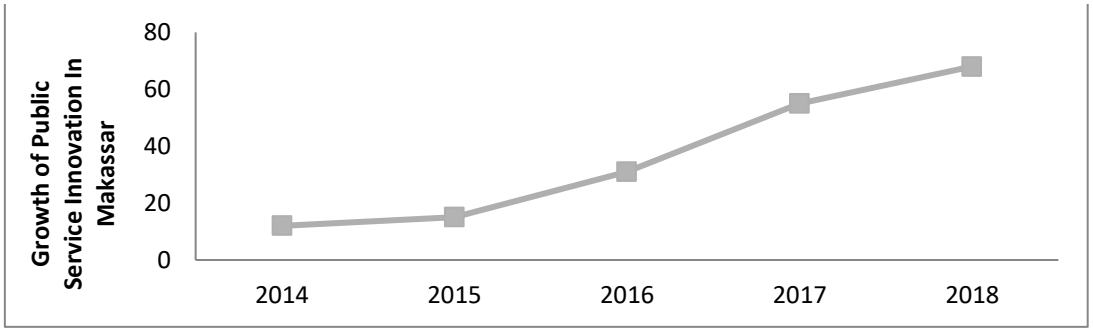

Figure 2. The Growth of Public Service Innovation in Makassar
Source: Makassar Regional Development and Research Agency (2014-2018)

"Healthy Alley" and home care are innovative programs created by the Department of Health of Makassar. "Healthy Alley" is an innovative program that aims to improve clean and healthy living behavior of the community (environment health), while home care is an innovative program intended to facilitate the provision of public health services in their homes for 24 hours (family health). Many researchers have researched home care innovation programs, one of which is (Aziz et al., 2018). The results uncovered that after doing a statistical test, it was found that the quality of home care services affected satisfaction among patients (significance 0.008 <0.05), the quality of home care services influenced patient confidence (significance 0.001 <0.05), and patient satisfaction impacted patient confidence (significance 0.000 <0.05). The researchers suggest that because there is still a lack of inclination or trust in the community or family in-home care services, outreach about home care needs to be held again. Since many health workers are still less competent in implementing home care services, it is necessary to hold training for home care teams. Still, with the limited number of health workers, it is essential to increase the number of medical personnel. Meanwhile, for the Healthy Aisle innovation program, no one has done the research. "Healthy Alley" is a program based on community empowerment, and from the results

of initial observations, the researchers reported that this program was not going well; many "Healthy Alley" were neglected. For this reason, this research is vital, as it analyzes how the innovation program has implications for the quality of health services.

Furthermore, the challenge for innovation policy is uncertainty. Several policies in social life are sometimes confusing. It cannot show the impact of an innovation, but it is able to provide changes in social welfare (Tohidi & Jabbari, 2012). Public services organized by the Indonesian Government are always changing as demand improves service quality. Service problems that often arise are low response, lack of empathy, and ineffective and inefficient (Ziadi, Supriyono, & Wijaya, 2016). Specifically, the Makassar City Government's performance in providing public services is quite good, but it still needs to be improved (Niswaty et al., 2015).

While 17 SDG objectives are interrelated in a unified development system, environment and family health are also some of the goals to be achieved in a maximum by 2030 (Goals 3 & 6). For that reason, the Department of Health of Makassar is committed to supporting the achievement of SDGs 2030 in the health sector; its achievements prove this as one of the most regional agencies that create innovation programs. Although many innovation programs have been produced, the Ombudsman of South Sulawesi noted an increase in the number of complaints reports about public services. In 2016, there were 287 complaints reports, and in 2017, there were 354 total reports of public service complaints, indicating an increase of 67 complaints reports or about 23.3%. Based on that, this study aims to analyze innovation

RESEARCH METHOD

This research is based on a qualitative research design with a phenomenological strategy to describe the implementation of public service innovations so that the facts about the factors supporting these innovations to be sustainable can be revealed. Describing the general meaning of several individuals to their related life experiences with a concept or phenomenon can be performed (Creswell, 2017). For data collection, the researchers used face-to-face interviews. Face-to-face interviews were conducted with key stakeholders who understood the implementation of two innovations, namely the "Healthy Alley" innovation and home care innovation.

Research data was also collected through observation. Observations in this study were carried out in several aisles located in the Rappocini Sub-district, Makassar. With the aim of observing the development of the "Healthy Alley" program being carried out by 46 Puskesmas (government-operated community health clinic) in Makassar, observation activities were also conducted on the home care program by observing the implementation of basic services provided by medical implementers in community homes.

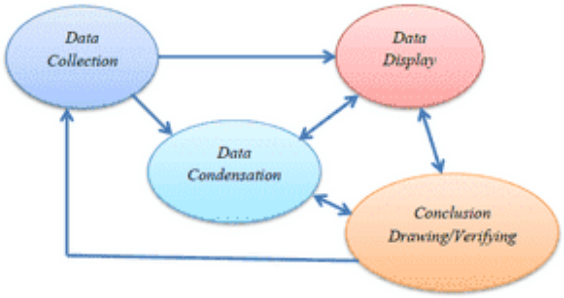

Figure 3. Interactive Model of Data Analysis
Source: Miles, MB, & Huberman, 2014

The data validation technique employed in this qualitative research was adopted from Moleong, as follows: (1) Credibility (trust). To gain confidence in research findings, the following techniques were carried out: (a) extension of participation, (b) perseverance of observation, (c) triangulation of sources, techniques, and data (surveys, interviews, documents), (d) peer checking, (e) adequacy of references, (f) negative case studies, and (g) member checking. (2) Transferability means the transfer of data according to the context of the sender, and empirical data were gathered

in detail. (3) Dependability checks the consistency of the data between the data collected and the research results. (4) Confirmability (certainty): performing data tracking and analysis as objectively as possible to ensure the correctness of the data obtained without bias.

Moreover, documentation data were obtained from written reports at the Makassar City Regional Research and Development Agency and from the Department of Health. This documentation data was secondary research data to be used to supplement the primary data obtained from face-to-face interviews. Following that, data validity techniques used triangulation techniques (Miles, MB, & Huberman, 2014). The type of triangulation method utilized in this research was the data source triangulation. It involved the collection of data from many different people to gain multiple perspectives and validation of data.

RESULTS AND DISCUSSION

The Indonesian Government is committed to creating changes for better service quality. To make the plan well implemented, in 2014, the Ministry of Apparatus Empowerment and Bureaucratic Reform No. 30 of 2014 was issued concerning guidelines for innovation in public services. The basis of the consideration of the ministerial regulation is that in the framework of achieving the implementation of bureaucratic reforms, it is necessary to accelerate the improvement of the quality of public services and necessary efforts to build and develop public service innovations in a guideline set the ministry of apparatus empowerment and bureaucratic reform. The Indonesian Government's efforts to succeed in accelerating the quality of public services are launching the One Agency, One Innovation program, which requires every regional work unit in Indonesia to create at least one innovation every year. This program is packaged in the form of competitions held every year. The winner of the competition will receive an award from the President/Vice President and be included in the world-level competition organized by the United Nations (2015-2019 Bureaucracy Reform Road Map). The thing that underlies the implementation of the Public Service Innovation Competition following the vision of reform of the Indonesian Bureaucracy is World Class Government in 2025 (Grand Design Bureaucratic Reform 2010-2025).

Innovation policy produces public service innovation products with the main goal of improving the quality of service. As the winner of a national public service innovation competition through "Healthy Alley" and home care innovation in 2016 and 2017, the Department of Health tried to participate in the success of government programs to accelerate the quality of public services.

The "Healthy Alley" innovation is one of the mainstay programs about fundamental changes in dealing with the problem of changing people's mindset and behavior about health and hygiene in Makassar. In this program, much potential has been developed, for example, in dealing with environmental health with the concept of 3R (reusing, reducing, recycling), the role of community participation, and regional changes in the pattern of PHBS (Clean and Healthy Life Behavior). The Head of the Health Promotion and Community Empowerment Section stated:

> *"Based on instructions from the Mayor of Makassar, each regional work unit should create innovation with the aisle approach because Makassar has 7,520 aisles. The Mayor of Makassar assumes that if the health of the people living in the aisles is improved, that, of course, can affect the health of the people of Makassar as a whole. This innovation illustrates how the alley was transformed from before and after coaching, making the aisle the center of a location for health innovation to reach every community that lives in every corner of Makassar City so that it is well served. The "Healthy Alley" innovation was created not only to beautify the appearance of the alley but also to improve environmental health based on three indicators: access to proper sanitation, healthy public places, and supervision of food processing facilities. Moreover, to support that goal, each alley is equipped with facilities and infrastructure."*

In addition, the home care innovation was created in response to public complaints about the complexity of getting free health services. According to doctors who worked at Puskesmas Kassi-Kassi, health services have been included in the Minister of Health regulation for a long time. However, the services provided were not directed and organized after the invention of home care

innovation. In Makassar, better known as "Dottoro Ta," home residents' health services are structured, integrated, and comprehensive.

"Healthy Alley" and the home care programs, although created by the same agency, have different implementation systems. The "Healthy Alley" program, for three years of implementation, did not get an update in the innovation system. This resulted in this innovation not developing and seemed to be abandoned by program implementers and the community. Table 1 shows that innovation in several aisles stopped or was not active again, resulting in the declining number of healthy aisles in Makassar.

Based on information from four informants as the coordinator of "Healthy Alley" from four Puskesmas, it is stated that:

> *The failure to maintain "Healthy Alley" in several Makassar City areas was due to several factors: 1. the Makassar City Government provides no operational funds; 2. The community did not participate anymore; 3. Officially, there is no stipulation of program implementing officers; each Head of the Puskesmas verbally assigns one employee to be the coordinator; 4. The group of adolescents in the "Healthy Alley" program as the executor was no longer active. Adolescents who were formed as executors at the beginning of the "Healthy Alley" development were usually only active in the three months of implementation, but after that, they were no longer active in the "Healthy Alley" development; 5. Limited staff from the Puskesmas. Employees have tasks and functions that must be done at the Puskesmas. Sometimes, the employee does not have time to visit the health aisles assisted by the Puskesmas."*

Table 1. Number of Active Alley Health in Rappocini Sub-district

No.	Puskesmas	2019	2020	2021
1	Minasa Upa	3	2	2
2	Kassi-Kassi	5	3	3
3	Mangasa	3	3	2
4	Ballaparang	3	2	1

Source: Data Analysis (2019-2021)

The home care program is always doing a system update; namely, in 2018, the Department of Communication and Information of Makassar launched a call center 112 to support this innovative program. With this call center, it is easier for people to call medical officers to their homes if there are family members who are sick. Before the Social Department provided the call center, home care health services in 2016 and 2017 made it very difficult for the public to contact medical staff because the Puskesmas telephone numbers sometimes did not have an official answer because employees were busy working. Since the home care innovation program is a 24-hour health service to a community home, it is equipped with operational vehicles.

The Makassar City Government also issued Mayor Regulation Number 06 of 2016. This regulation is a force so that this program can be implemented as well as possible. Makassar City Government support also takes the form of providing operational budgets, and, most importantly, the implementing officer of the home care program receives an honorarium at each patient visit. For the successful implementation of this innovative program, the Makassar Government prepared a budget of IDR 5,754,680,500 (2016) and 2017 for IDR 2,137,038,100. Since 2016, the community's response to this innovation program has been quite good. The number of community members participating in using this health service has, ultimately, increased from 4.685 in 2016 to 6.364 in 2018 (Table 2).

Table 2. Patient Visited by Home Care Practitioner

Year	Number of Patients Visit
2017	7,366
2018	6,364
2019	5,181
2020	4,253
2021	3,505

Source: Makassar City Health Office (2021-2017)

The head of the sub-section of planning and utilization of health programs in the health department stated that:

> *"Even though the number of users of home care innovations is decreasing every year, this is still categorized as good because the quality of health services cannot be assessed from the many services provided. The assumption is that there is no health service because most people in good health are also worthy of consideration." From the community participation data above, it can be concluded that the home care innovation program was successfully implemented and indirectly has implications for improving the health quality of the Makassar City family; in the last three years, the percentage of the quality of family health in Makassar City has increased from 64.04 in 2016 to 65.84 in 2018".*

Innovation policy strongly supports improving the quality of public services because the policies issued by the government are binding, so they guarantee the implementation process. The research result revealed that the home care innovation program has been well implemented compared to the "Healthy Alley" innovation program. This condition was due to the two different innovation programs in the handling system. The home care innovation program is run very systematically, getting support from the Makassar City Government through the provision of operational funds and the issuance of Mayor Regulations regarding the implementation of home care innovations, support from the Communication and Information Service through the provision of call center services 112, and providing salaries for medical officers on duty serving the community at home. With facilities attached to innovative home care, this program runs well and is renewed annually to improve the quality of health services.
On the other hand, the "Healthy Alley" innovation program, with its concept based on community empowerment, was only successful at the beginning of its implementation. After three years of running, this innovation began to be forgotten by the community. The most obvious obstacles are the lack of budget for this innovation program, limited implementation officers, the Makassar City Government's failure to issue local regulations, and the lack of participation from the local community.

Table 3. Innovation Attributes of "Healthy Alley" and Home Care Programs

No.	Innovation Attribute	"Healthy Alley"	Home Care
1.	Relative Advantage	Ease of public health data collection and improvement of clean and healthy behavior	Ease of getting health services
2.	Complexity	Requires the participation of the people who live in the area	Requires public awareness to use the call center 112 wisely
3.	Possibility of trial	It was tested and successfully implemented at the beginning of its creation.	It has been tested and received a response from the community.
4.	Observability	Each built aisle is different from other aisles; "Healthy Alley" will look beautiful, clean, and well organized.	Home care implementers wear special vests and use home care operational vehicles.

Source: Data Analysis, 2023

Out of five innovation attributes, the "Healthy Alley" and home care innovation only met four standards. It is because the compatibility standard or suitability of both are categorized as innovations. Public policy is a matter of great interest because it concerns the achievement of the welfare of citizens (Haerana, 2016). Public policy innovation is a basis for strength in efforts to improve the quality of public services (Sururi, 2016). Indonesia's achievement in improving the quality of health services is inseparable from the performance of Puskesmas in each district. In this case, Makassar City has implemented non-discriminatory services. However, the service at the Puskesmas did not optimally follow the service standards desired by the community; human

resources are not yet supported, and infrastructure is limited (Hamzah & Rea, 2014). Staff limitations were one of the causes of the failure of the "Healthy Alley" innovation program. An organization, in fact, cannot have a productive work team without the support of adequate human resources (Parameswari & Yugandhar, 2015).

Based on the evaluation, the Makassar Recover Program has also been running optimally not only on health immunity and social adaptation but also on economic recovery. The existence of strict regulations regarding resources that include the quality of human resources and budget influenced Makassar Recover in Makassar City (Halim et al., 2022).

In 2022, the amount of special allocation funds for health in Makassar City in thousands of rupiah was divided into 1,503,631 for health operational, 23,631,416 for health operational in Community Health Centers, 474,859 for stunting (Kemenkeu, 2022). The Special Allocation Fund policy in Makassar has been implemented by fulfilling the facilities and infrastructure of about 80%. Still, some obstacles were revealed, especially funding from the center, which was frequently delayed. Moreover, the lack of resources, the double burden placed on resources, and changes in the bureaucratic structure remain obstacles and things that need to be anticipated by providing training and understanding of each role and function so that the implementation of DAK policies is not hampered (Arifin & Mallongi, 2022).

Although innovation in the public sector may not always require substantial funding, the best innovation always requires adequate resources available for its implementation (Daglio; Gerson D, 2014). The results of this research indicate that innovations with government funding have been more successful in their implementation, and these innovations provide positive implications for the quality of health services. In contrast, innovations that were not given government funding would end up as mere innovations without any implications for the quality of health services.

Ideally, conditions for a public service innovation process are by prioritizing synergies between innovators, the government, and the community in the success of public service innovation so that every innovation program can be sustainable to realize the acceleration of the quality of public services. For this reason, this study found four factors influencing the sustainability of public service innovation programs (see Figure 4).

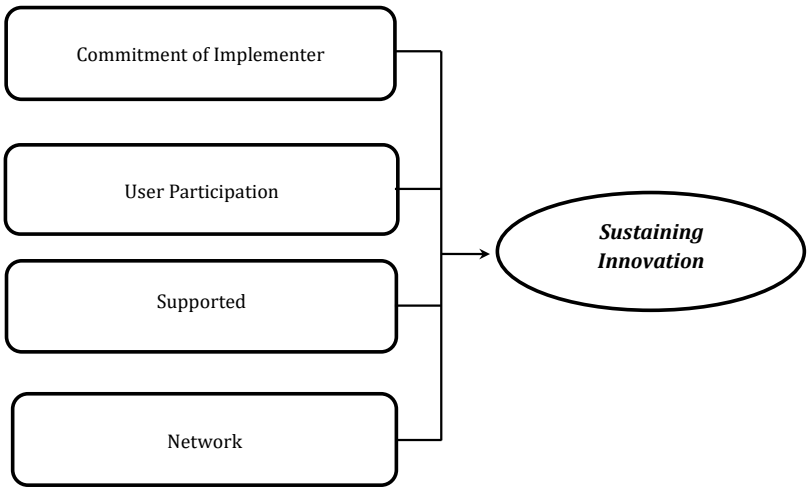

Figure 4. Sustaining Innovation
Source: Data Analysis (2023)

The sustainability of public service innovation can be realized by taking into account several supporting indicators, as follows. First, the commitment of the implementor is the ability of implement officers to stay focused on implementing the innovation program being carried out by a.) Monitoring, namely the process of reviewing the innovation program carried out to measure the level of development of the innovation program; b.) Acceptance of failure, which is the innovator's ability to admit that the innovation program being run is not going well, and with this

element, it will encourage the creativity of innovators to find the inhibiting factors of innovation; c.) Innovation system renewal, i.e., the innovator's efforts to build and redevelop several innovative tools that have been created by considering the supporting and inhibiting factors. Second, user participation is the participation of the community as users of public services in carrying out innovation programs, and the best evaluation of the implementation of innovation can be obtained from criticism and suggestions submitted by the community. Third, being supported is the implementation of public service innovations that will be guaranteed if the government and the private sector support them. The government provides support in the form of making the legal basis for the innovation program through regional regulations or other regulations, providing an operational budget for the implementation of innovation, and supporting facilities that will facilitate innovation to be implemented in the community. At the same time, the private sector can also provide support in the form of budget assistance and program support innovation facilities. Fourth, a network is the process of building cooperation with various sectors to make innovations that can be adopted or replicated by other parties. It is vital to expand the network so that the transfer of information on the innovations created is well socialized to various groups, is expected to generate interest, and is able to implement and/or develop these innovations so that, in the end, the innovation can bring greater benefits.

CONCLUSION

Innovation policy strongly supports improving the quality of public services; since the policies issued by the government are binding, they guarantee the implementation process. The research findings uncovered that the home care innovation program has been well implemented compared to the "Healthy Alley" innovation program. This condition was due to the two different innovation programs in the handling system. The home care innovation program has run very systematically, getting support from the Makassar City Government through the provision of operational funds and the issuance of mayor regulations regarding the implementation of home care innovations, attaining support from the communication and information service through the provision of call center services 112 and providing salaries for medical officers on duty serving the community at home. With facilities attached to innovative home care, this program runs well and is renewed annually to improve the quality of health services.

On the other hand, the "Healthy Alley" innovation program, with its concept based on community empowerment, was only successful at the beginning of its implementation. After three years of running, this innovation began to be forgotten by the community. The most obvious obstacle is that there was no budget for this innovation program, there was no appointment of implementing officers based on a decree from the Head of the Department of Health, the Makassar Government did not issue local regulations, and there was a lack of participation from the local community.

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