MODEL OF PUBLIC PARTICIPATION IN PUBLIC HEALTH SERVICES:
A case study of Community Health Centre in Sumedang, West Java, Indonesia

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ABSTRACTS

Public engagement has become a central point in public policy making since the implementation of decentralization in Indonesia. Therefore, participation in the reform era is becoming increasingly democratic. Now the government can no longer ignore the general public, community organizations (CBOs), universities, the media and non-governmental organizations (NGOs), as well as political parties at every stage of the policy process, including local regulations. Ideally public participation process involved from policy formulation, policy implementation, and policy evaluation.. This article discusses of the preferable procedures of how to cultivate government role in engaging public in problem identification.. The study is conducted in the local community health centre in Sumedang, West Java. In conclusion, procedure and mechanism in delivering the service in local community health centre improved due to public engagement. The predominantly organizational model used to deliver public services is reviewed and revived.

Key words: public health, public participation

BACKGROUND

Now, the political impact of reforms on the Indonesian bureaucratic system brings result on public service. Decentralization gives way toward greater community involvement to discuss a suitable formation in solving public services in their local areas. The process of shifting its system from an authoritarian toward a more egalitarian and democratic practices have an effect upon the emerged of public engagement in formulating public policy. This is also in line with the new shape of public bureaucracy paradigm, NPS (New Public Services) which emphasizes responsibility toward citizens and cultivate government role on serving the public. This article will discusses the preferable procedures of how public can engage in public policy making process and have a role in formulation regional policies. The discussion focuses on delivery and management services of a local community health centre based on the preliminary stages of policy formulation.

Providing community health services for the community has been a struggled for the Indonesian government. In 1969 the Department of Health established throughout the country a community health centre which is called PUSKESMAS (Pusat Kesehatan Masyarakat). The main responsibility of *Puskesmas* is serving the people. Despite implementing the classic

bureaucracy approach, *Puskesmas* play a major role in elevating the Indonesian minimum standard of living, thus it introduce and educate personal hygiene, environmental health which gradually improve nutrition standards. As a result, this process developed into an awareness of healthy living, including maternal and child welfare. During the past decade, family planning and immunizations become embedded in healthy living.

Ironically, after 1998 economic crisis health service in Indonesia declined and became a major problem due to a highly centralized system of administration and the lack of public engagement in policy making. At the same time, public is also increasingly claiming ownership of policy issues and process. It is recognized that without adequate public performance in health services, it is impossible to desire or demand an increased public health. This is evident today in rural community, the concept of Rural Public Health Development which was introduce to rural community in 1976, become powerless toward contagious diseases, virus and other basic requirement related to health conditions such as sanitation, clean water and malnutrition. Today, in an era of increasingly complex societies Indonesian government are forced to engage public in the stages of policy formulation. To achieve this, the study conducted in 2010 focuses on how to engage community in policy formulation. In this paper, it concluded that the predominantly organizational model used to deliver public services, need to be reviewed and to be revived. However, health problem in the 21st millennium become more complex and requires different handling. Therefore, there is an urgent need for collaboration between government and local community to fulfill the standard of public health, beyond the basic standard of living. In short, the management services in *Puskesmas* needed to be revitalized.

RESULT AND FINDING

The study conducted in Sumedang one of the regency in West Java shows that *Puskesmas* still play a vital role in improving community health, despite the fact that in practice, *Puskesmas* management is trapped in the condition of complicated bureaucracy hierarchies. Yet, across the regent of Sumedang the results of *Puskesmas* mismanagement is related to the level of efficiency, effectiveness and productivity of the bureaucratic apparatus. Among other major problem in *Puskesmas* is the inadequate and limitation human resources in health, particularly doctors, dental nurses, and nutritionists. In Sumedang and also in many areas throughout the country, *Puskemas* only run

routines without having the desire of innovation. Nowaday, *puskesmas* are perplexed against the 21st diseases and epidemics that emerge such as HIV, Hepatitis, Virus (H5N1) etc.

Kumorotomo (1996:131) pointed out that the factors that cause inefficient services to the community are as follows:

> *Kelambatan pelayanan umum tidak hanya disebabkan oleh kurang baiknya cara pelayanan di tingkat bawah, tetapi juga disebabkan buruknya tata kerja dalam birokrasi. Sikap pandang organisasi birokrtasi pemerintah, misanya selalu berorientasi kepada kegiatan (activity), dan pertanggungjawaban formal (formal accountability). penekanan kepada hasil (product) atau kualitas pelayanan (service quality) sangatlah kurang, sehingga lambat laun pekerjaan-pekerjaan dalam organisasi menjadi kurang menantang dan kurang mengagairahkan. Dengan ditambah oleh semangat kerja yang buruk maka jadilah suasana rutinitas yang semakin menggejala dan akhirnya aktivitas-aktivitas yang dijalankan itu sendiri menjadi counter productive.*

Kumorotomo statement indicates that the bureaucratic performance in community service is based only on rigid and inflexible technical guidelines. As a result, they tend to be monotonous and less innovative, and this is also due to a limited space of creativity and imaginative.

As mention before, *Puskesmas* and also in Sumedang was designed as a community health care center, coaching centers and a clinic, however gradually it did not meet the expectation of the increasingly complex health issues of the community, especially for the lower income community. The study shows that *Puskesmas* in Sumedang received complaints of inadequate services. Although there are 32 *Puskesmas* in the area of Sumedang (2001) serving more than a millions people, the amount of doctors and paramedics did not meet the requirement of serving the community. According to head chief, over the recent years, the services in *Puskesmas* at Sumedang became far from accessible and affordable. Only 6 *Puskemas* have the qualification as a hospital (hospitalized patient) and the rest serve as clinic or health centre. A decade after the implementation of decentralization which allows local government to allocate more funds for the services and also community become more conscious of the rights of good health services. The study conducted in 2010 proved that the percentage level of satisfaction in delivering the services is high (61%).

In the past, methods of engaging community in health have been criticized by many for several reasons. First, under the centralized bureaucracy administration, the structure of

uniformity management failed to pinpoint the local health issues, as well as the local needs for healthy environment. Second, health program in *Puskesmas* has been politically minimized as to meet government program of reducing rapid population growth in Indonesia by imposing family planning program and reducing rapid population growth. Third, the role of *Puskesmas* was reduced only to fulfil the continuous large scale funding for population programs from international organization agency.

As would be expected, the level of public health services in the district of Sumedang is inefficient. The service system is not performing adequately in terms of services output as measured through standardized of public services (SPM). This is because of inadequate both quantity and quality of public services, such as 1) lack of public awareness in the importance of health, as seen from the lifestyle of the people who pay less attention to clean environment; 2) a delay treatment by health workers; 3) lack of health facilities / infrastructure, 4) the location of some *puskemas* is far away from the village; 5) lack of quality and quantity of medical personnel at community health centers. 6) the shortages of the availability of medicines.

Research findings indicated, the staff at the clinic in Sumedang has insufficient competency in serving the community and also the ability to carry out the health care information. Furthermore the number of staffs has not been sufficient in their expertise, skills and experience in dealing with community health issues. Also, in the process of recruitment of staff (health workers) that are not in accordance with their ability. Furthermore, a few of *puskesmas* in Sumedang is also not supported by adequate health care facilities, and the limited financial resources to finance the services. The behavior of staff implementing less support of health services, such as: there is still discrimination in service; the cost of treatment is beyond the established standards; often a delay of completion of medical trearment and people had to wait even coming in the other day; the attendance of staff such as coming to the clinic not on time. On other occasion, community still has hope on some of *puskesmas* services in Sumedang, such as the responsive attitude in responding to the needs of the community.

This suggests that local government officials provide continous health service, although in a minimum standard. The available data indicated that each health center has an average of 2 to 3 doctors. In each clinic (puskesmas) nursing staff serve an average of 5-6 people, and each health center midwife serve an average of 10-11 people. The Ministry of Health (MOH

Strategic Plan, 2005) set a standard of minimum service as follows: the ratio of physicians to population is 24: 100,000, ratio of midwife to population is 100: 100.000, ratio of nurses to population is 158:100.000. Thus the availability of health workers in every health center in the district of Sumedang is still far from sufficient, and is still far from achieving the quality standards of adequate health care.

Based on Government Performance Accountability Report of 2008, the district of Sumedang still has the highest infant mortality (0-7 days) and the cause of death is Low Birth Weight (LBW). This is due to the incompetence of midwife in dealing with emergency labor; giving birth at home, public trust on the midwife is still high so labor by physician is not optimal, as well as accessibility to service's health still lacking in some areas. Handling with infectious diseases and their prevention are low. The local government of Sumedang give little attention in giving nutrition intervention package. However, the causes of malnutrition are also influenced by the lack of people's behavior in consuming foods that meet nutritional requirements (sufficient, diverse, balanced).

Problem Identification and Agenda Setting

Since the implementation of decentralization and the introduction of regional autonomy, the practice of local government policy in Indonesia is no longer decided only by the bureaucracy (local government officials), this is also in public health service in a local community health centre. Public as the end user’s need to get engage in planning the program that suitable according to its needs and values.

Stages in improving the quality of health care centres in Sumedang are as follows:

1.Identify the main determinant of quality of service, which begins by:

a. Identifying clearly what kind of primary care and what kind of supporting services available in the areas. Services such as primary health centers have the kind of health care delivery and administration of drugs, while the types of supporting services such as clean and healthy life extension.

b. Identifying who is the users of health services, and services that directly targets and experience the results of the service. Also, identify community who are not directly

feel the results of the health service. Institutions which are also partners of the clinic, such as dispensaries, maternity clinics;

c. Identifying the expectations of patients and their families. This can be done through surveys in order to obtain public input regarding health services are expected from a given health center services.
d. Formulating the vision and mission of service in a simple, easy to understand and to digest not only for community, also for health providers.
e. Analyzing the processes and procedures, prerequisites,facilities and infrastructure, time and cost of service. Processes and procedures need to be well designed and simple, from the beginning until to the end of the service execution. Service requirements should be clear and unequivocal. Need to design the necessary support of facilities and infrastructure, in term of quantity, quality, effective and efficient in its use. Finally setting the time of effective,efficient and affordable service, maintaining good quality service
f. Designing the scheme of public complaints and response for user, this is an attempt to improve the quality of health care in Sumedang.

2) Analysis of Health Care Provider Personnel.

Personnel performance are analysed in order to design and identify the needs of human resources (HR) as required to manage health care in accordance to the standard.

a. Identifying the real needs of human resources in support of health care in accordance to the standard.

b. Identification of needs and the needs of human resource planning, carried out by comparing the results of the identification of competencies and qualifications that have been carried out in point (1), with the real condition of human resources at health care units. The next plan of systematic human resource development in accordance with the competencies and qualifications that are really needed are real.

c. Further development of what is called the ethic of service, as defined in Regulation No.30, 1980 concerning Civil Service Disciplinary Regulations, as providers of public services standards.

3) Establish authority in the administration of health services.

It is necessary to identify the authority in the process of decision-making. Based on the identification of the activities in health services, it is necessary to identify powers inherent in every stage of health service activities. The authority is classified into specific groups according to their responsibilities and duties. Thus, it can be delegated or distributed decision in a variety level of services, making health care more effective and efficient.

The quality of health care in the District of Sumedang can be improved by imposing systematic analytical model approach in resource development, where development of personnel resources is not a stand-alone system, but is part of the broader development apparatus, moving dynamic and open-ended so sensitive to the influence of external factors.

In future, in health service delivery, there should be improvement efforts in the development of strategies of the local level bureaucratic apparatus. The specific character of the development of the apparatus in order to improve the quality of health care is the ability to further empower community participation in health service delivery, especially in the context of dissemination health programmes and policy and technical guidance of medical services. Thus, government is more emphasis on health policy decision making, and control.

Strategy to improve the quality of health care is done through the following steps.

The first stage is the recent situation, as noted, the administration of health services at the primary health centers in the district of Sumedang is marked by not performing health service adequately, so that the perceived quality of health care for the community is low. Inadequate performance of clinic services in a few of the health centers in the district of Sumedang, allegedly because of incompetent skills and behaviors of the paramedics in carrying out its duties and functions as a health care provider to the community.

Input indicated weaknesses in several indicator: number of personnel, the quality and the mental attitude of health care workers, quantity and quality of health care units, networking systems are not yet established, and the facilities are still limited, limited budgets, lack of support from both local and central government. The provision authorizes of health care workers are unclear, thus resulting lack of clarity in mechanisms and working procedures. There is weaknesses in leadership performance among the unit executive officer.

Planning has not been implemented adequately. This the stage to indicate the achievement of the performance of personnel and units of the task of implementing health outcomes, such as quantity, quality and the implementation of a range of health services to the community. The unavailability of accurate data on the target group of health care, and networking system between institutions related to health care has not been well established. As a result, the implementation of the control system of health care is still low, and also in the evaluation and reporting of the results of the implementation.

Weaknesses of the various inputs and processes produce a low output, as well as low in performance of health services. It is characterized by the level of achievement of low activity, such as the number of patients receiving health services. There are complaints from patients of poor quality of health services. This was coupled with a less supportive environment organization, both political environment in the form of operational policy support, the economic environment in the form of local government low budget allocations, and the social environment in the form of attitudes and behavior of the community to support the implementation of health environment.

The second stage is an intermediate stage, which is the stage of solving the problem of health services, through improvements to the weaknesses of both the *input* and the process. In the order made various improvements include input apparatus empowerment is through education and practical training. The number of paramedics ideally is based on the standard of the Ministry of Health (MOH Strategic Plan, 2005) The ratio of the population is 158:100.000 paramedics. Conditions of the current number of nurses in health centers in Sumedang is 749 which is scattered to 40 health centers throughout Sumedang. Currently, community health centers in Sumedang areas have on average 10-17 paramedics, ideally the number of paramedics should be 5056 and each clinic should have an average of 120-125 personnel, to serve a

population of 3,204,954 inhabitants. Improving the quality of paramedic is crucial through technical education / technical assistance to increase the ability of paramedics in providing services to the public.

Thus to improve the quality of health center resources, personnel need to perform analysis in order to design the paramedics need in the provision of services in accordance with established standards. This can be done by comparing the results of the identification of the competence and qualification of human resources, with the real condition in health care units. The next step is planning a systematic human resource development based on the competencies and qualifications that are really needed.

Code of conduct underlining the ethic of service, as defined in Regulation No.30 1980 concerning Civil Service Disciplinary Regulations, as providers of public services. The weakness in finance planning in health care programmes has an impact in carrying health service delivery at the health centers. Thus, the allocation of health funds less than 8 percent can be advocated by increasing to 15 percent based on the budgeting allocation from the Indonesian Health.

At this stage it is also necessary to analyze processes and procedures, prerequisites, facilities and infrastructure, time, and cost of service. Processes and procedures need to be well designed and simple, from the beginning to the end of the service process execution. Service requirements should be clear and unequivocal, because it is expected to be seen and read by the people who need health care. Need to design the necessary support of facilities and infrastructure, in term of quantity, quality, effective and efficient in its use. Finally setting the time of effective,efficient and affordable service, maintaining good quality service

As mention before, it is necessary to identify the authority in the process of decision-making. Based on the identification of the activities in health services, it is necessary to identify powers inherent in every stage of health service activities. The authority is classified into specific groups according to their responsibilities and duties. Thus, it can be delegated or distributed decision in a variety level of services, making health care more effective and efficient.

To increase support for the environment can be done by establishing a forum for communication of public health providers, involving components of health centers, polyclinics,

pharmacies and so on. This forum can be used as a venue for discussion, debate and planning programs that can solve the problem of public health.

The third stage is the expected situation, which is an ideal condition of health service delivery in the District Sumedang. In the third stage is characterized by the role and participation of the public in the administration of health services in the district increased Sumedang, including the financial support service delivery, skills, attitudes and behavior of paramedical personnel in providing services to the community is increasing

In the third stage there are some indicators that can be found include:

1) Widespread coverage of health services to rural areas, by building new health centers, health centers, health posts, health posts and placement of midwives to manage labor village clinic.

2) Increased quality health services, manifested by increased paramedic skills. The availability of health services planning at the district level and in each health center, which includes a number of human resources, budget, facilities and supporting basic health services.

3) Availability of health care facilities and infrastructure, such as equipment and medicines in accordance with the needs of the community, and in accordance with the conditions of each clinic.

4) An increased level of public participation, which is characterized by the activity of organizing support for community health services. For example, community engagement and participation through the development of rural health development (PKMD). PKMD working principle is the development of a community to help themselves and plan activities need to be done through mutual aid and self-help communities so that people are able to achieve optimal health condition.

5) Support the implementation of local governments to increase public health services, in the form of the establishment of operational policies, operational control policy, as well as the allocation of the necessary resources in an effort to improve health services to the community

Development of qualify health care

Constraints in empowering bureaucratic apparatus found in bureaucracies cultural climate that does not yet support. For example, regulations, systems and procedures that work also limit the movement of static bureaucratic apparatus in innovation in their work. On the other hand, working facilities, infrastructure work less support work tasks bureaucratic apparatus. Therefore, to support a more powerful bureaucratic apparatus, then slowly and surely and continuously need to change the bureaucratic culture conducive climate that makes a more powerful bureaucratic apparatus. For that much needed political will of the leadership.

Of the relations that occur between service recipients with the service provider, if grouped in several views in terms of development it would seem that at this time there has been a remarkable shift in Indonesia, since the political changes that marked the fall of the New Order regime. If the first time to public service nature has given and must be received no questions even negotiation. Currently a very open question even negotiations, so that the service recipient has the opportunity to get the maximum service quality. This happens because there is a pretty fundamental paradigm shift among service providers, along with the political changes that are relatively non-authoritarian and centralized. Ideally, public service is a public right, has become the government's obligations.

But in reality this time those rights are not fully able to obtain. The explanation highlights the importance of functionalization Lambaga services and improving the quality of public service demands that the interests being served. For application in the field need to be initiated so that the institution can show the performance of public services meet the expectations of society, not least through the minimum quality standards (SPM).

The Government has recognized the importance of applying the concept of service quality in service to the community. This is reflected by the release of provisions on minimum service standards (SPM), as stipulated in the Ministry of Home Affairs 100/757/OTDA/2002 number, which must be met by local governments and municipalities in the provision of public services. SPM especially in basic services is necessary for local governments and communities as recipients of services.

For local government SPM can be used as a benchmark in determining the costs of providing these services membiayaai, whereas for the SPM will be the size of the quantity and quality of public services provided by local governments. Because SPM is the lowest peleyanan standards of public service that must be provided by the local government to the community, as well as a guarantee of the public service are entitled to a minimum of government.

Objectives to be achieved with the minimum service standards (SPM) is to guarantee a minimum quality of public services provided by the government to the people. With the SPM is expected to occur equalization of public services and avoid the gap between the local services with each other. SPM importance in improving the quality of care asserted by Tellier (1992:13), states that: "Service standards are essential to improvement servive Because they help organizations to difine on the level, quality, quantity and frequency of service as well as expectation for face to contract with the public face ". Thus the standard of care is very important in order to improve the quality of services provided.

Decree of the Minister of State for Administrative Reform No. 63 of 2004, concerning service standards include a minimum of 14 elements that must exist for the basis public satisfaction index measurement, as follows:

1. Service procedures, the ease stages of the service provided to the community in terms of the simplicity of the service flow.

2. Service requirements, the technical and administrative requirements necessary to obtain appropriate services.

3. Clarity of service personnel, the existence and the certainty that provide services officer (name, position, and authority and responsibility).

4. Disciplinary care workers, ie workers sincerity in providing services primarily to the consistency of the working time according to applicable regulations.

5. Responsibilities of care workers, namely clarity of authority and responsibility of officials in the administration and settlement services.

6. Ability of service personnel, the level of expertise and skills of officers in providing services to the community and resolve.

7. Speed of service, which is the target of the service time can be completed within the time specified by the service provider unit.

8. Get justice ministry, namely the delivery of services by not distinguishing class / status of the community served.

9. Courtesy and friendliness of staff, the attitude and behavior of staff in providing services to the community a polite and friendly and mutual respect and honor.

10. Reasonableness of service charges, the accessibility of the society to the amount of the fees imposed by the service unit

11. Certainty of cost of service, which fit between the fees paid to the predetermined cost.

12. Service schedule certainty, namely the implementation of the service time, in accordance with the conditions set.

13. Environmental comfort, the condition of facilities and infrastructure services that clean, neat, and organized so as to provide comfort to the service recipient.

14. Security services, namely ensuring the security level of the environment unit of service providers or facilities that are used, so that people feel at ease to get the service to the risks arising from the implementation of the service.

Besides the application of SPM, needed a development of quality health care to be applied in Sumedang District. Development of quality health care is expected to represent an ideal health care system, which is arranged in a harmonious supported sub-sub system.

Development of quality health care, suggests the establishment of the components of a health care system, and how to use the system to assess the utilization of health care programs. As input in the development of a model of quality health care, the budget needs to consider the importance of variables, procedures and systems and infrastructure facilities, in addition to the ability of the apparatus and the bureaucratic apparatus behavior. To improve the ability of attention to dimensions of cooperation bureaucratic apparatus, in addition to expertise, skills,

experience and mental attitude. To improve the behavior of the apparatus needs to pay attention to the dimensions of commitment and empathy, as well as obedience, discipline and responsibility.

Resources as inputs consumed by a system, in general, is a man, money, material, method and market. Human resources / personnel capability especially bureaucratic apparatus and behavioral apparatus, sources of funding / budgets, systems and procedures and infrastructure health. Human resources (man) for the health center system is a group of health center staff, community volunteers, the population health targets and so on; sources of funds (money) is a fund that can be extracted from the non-government and are subsidized by the government; material (material) is logistic, vaccines, syringes, scales for drugs, ORS, contraceptives and so on; method (method) that is used is a skill, work procedures, regulations, policies, and so on; market (market) is the target communities will be given the service program.

That need to be considered in the development of a quality service is taking into account factors that become obstacles / hamper health services, among others:

1. The breadth of coverage of health services to remote rural areas, a factor in health care quality
2. The low quality of health services, need to be realized by increasing paramedic skills. The availability of health services planning at the district level and in each health center, which includes a number of human resources, budget, facilities and supporting basic health.
3. Limited availability of health care facilities and infrastructure, such as equipment and medicines in accordance with the needs of the community, and in accordance with the conditions of each clinic.
4. The low level of community participation increases, which is characterized by a lack of support for public health service delivery.
5. Process of health care systems are all service activities ranging from preparation materials, space and target groups conducted by health center staff and volunteers, conducted in field program to evaluation. In this process will result in personnel design, product design and delivery, facility design services, design services operation process, relational process design, information design and reporting

In the process also examined barriers to health care and support programs. The goal is to prevent and alert to the emergence of similar resistance, but it also predicted barriers and support that may arise in the field at the time the program implemented. For example, constraints that stem from the ability of the organization, low work motivation, lack of knowledge and skills, the staff has not been able to operate medical equipment, and so forth (internal factors). And environmental barriers that occur in an organization, for example road barriers broken, the problem of natural disasters, the level of public education is still low, and cultural attitudes that are not conducive taboo attitudes, misperceptions, etc. mitod. After all barriers are analyzed, and then set out the steps in solving the problem.

To be able to perform basic tasks clinic is efficient, effective, productive and quality, health center leaders must understand and apply the principles of management. Useful to assist management and executive leadership of health center programs to community health centers program activities are carried out effectively and efficiently. Here's a health center program activities and components of health center program management activities.

1. Medical Services Activities
   - Health Services in general: home visits, health education, school health, safe drinking water for the community.
   - maternal health care: examining pregnant women, aid delivery, postnatal maternal care, family planning
   - Child care: feeding, weighing children , immunization, provision of ORS.
   - Treatment for: a variety of diseases that consulted to the clinic
   - Other program activities: drinking water quality inspection, survey.

2. Management activities include:

   Planning; Personnel Management; Training involving health centre staff, *dukun (heal person)*, cadres, teachers, supervision, monitoring, evaluation;

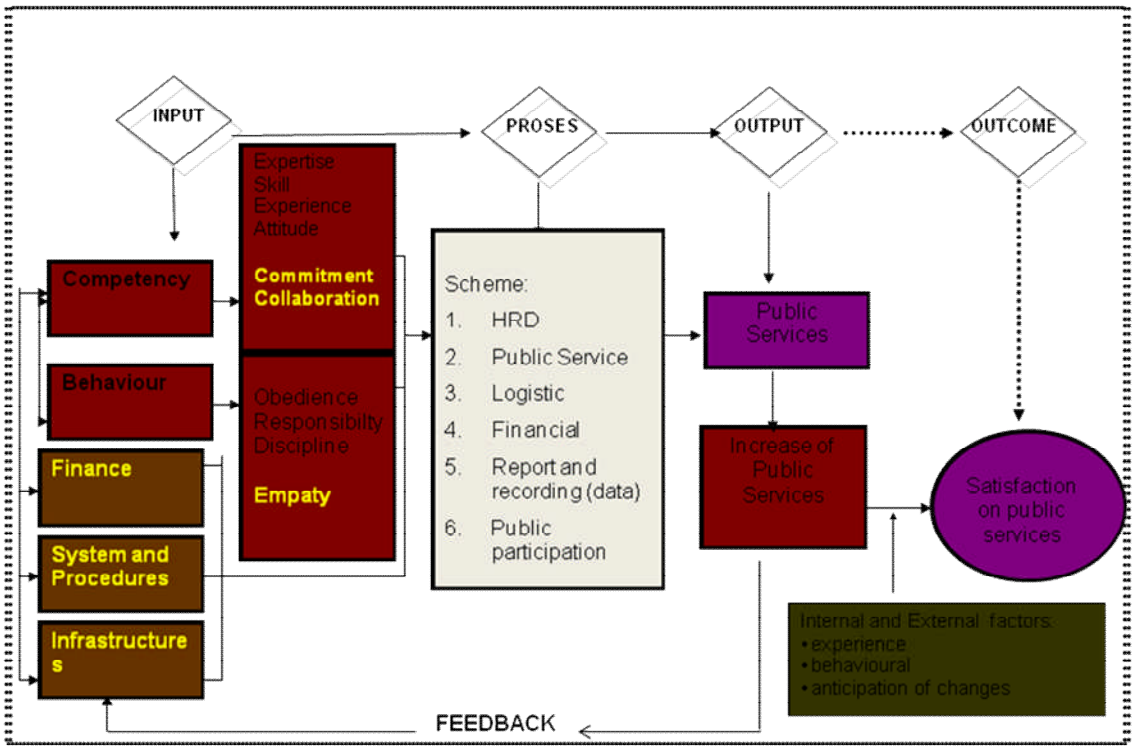
   Financial Management; logistics management; monitoring program; cooperation/coordination; cooperation with community groups; recording reporting; and Leadership Training.

The activities above shows the difference between the activities of health services with service management components support activities. On the activities of health services is a component of primary health care to public health services, maternal and child care, and medical treatment etc. By developing management support component, the component of primary health care will be carried out effectively and efficiently.

In an effort to develop qualify health care, there is a need to development the basic health care center programs, such as 1) the subsystem of health care (promotion, prevention, treatment, medical rehabilitation, and social. 2) financial subsystem. 3) logistics. 4) personnel / development staf. 5) subsystem of recording and reporting. 6) subsystem development of community participation.

The expected output in the development of quality health services are improving the quality of health services in health centers. The impact of improving the quality of health services in health centers increased satisfaction was measured with the people who use the service centers. Public satisfaction index measurement using service standards include minimum elements that should exist, are: service procedures, conditions of service, clarity of service personnel, service personnel discipline, responsibility of service personnel, service personnel capabilities, speed of service, justice get service, courtesy and hospitality workers, fairness cost of service, cost of service assurance, service assurance schedules, environmental comfort, and security services. Thus there should be minimum standards and good in providing health services.

MODEL OF PUBLIC PARTICIPATION IN PUBLIC HEALTH SERVICES



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CONCLUSION

In the development of quality health care, the environment must also consider the working area health centers in order to improve the quality of health services, among others:

Number of poor families increased in Sumedang district. This group will continue to be a burden of health development, if the government does not have a specific policy to address their health problems. Poverty and underemployment in Sumedang create and trigger the emergence of new social problem in the form of increased use of drugs, alcohol, and various other forms of crime. Is a must for the health center to record the data which can be used to reveal the variety of public health problems in the working area of the health center needs to be government policy. 3. The rapid pace of development in various sectors in Sumedang District will have an impact on health. Analysis of the health impacts of development in an area of need in agendakan by local governments on a regular basis and this konsisten.Kebijakan clinic will help identify public health problems that arise in the construction sector due to its impact on public health.

Quality health care services associated with the implementation of a good clinic. Good organization of health centers in providing services under the provisions of applicable laws and regulations, respect for human rights, respect for the basic values held by the community, to build facilities for the public interest, understanding and meeting the needs of society, and deal with service users / community. Good organization of health centers is the process of health services while service quality is the output. It means that if the process of the clinic is based on the principles of good service management is then output quality health care. Outcomenya is affecting people's satisfaction on the improvement of public health.

Health centers are at the forefront of the following medical and health services, and is administratively under the local government district / city. Thus clinic is a sub system of bureaucratic government. Thus the development of quality health care in particular is going to be able to contribute to the health department in particular local government in the effort to improve the quality of health services, and contribute to the development of theories / concepts of public administration.

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