

Analysis of Health Financing in the Implementation of Minimum Service Standards (MSS) at the Jayapura City Health Office, Papua Province in 2024

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ARTICLE INFO

Keywords: Planning,
Financing, Analysis

Received : 14, April

Revised : 28, April

Accepted: 29, May

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ABSTRACT

This study aims to analyze financing for the implementation of minimum service standards in the health sector. The method used is a qualitative case study design. The informants consisted of seven people who were taken with the Purposive sampling technique. Data was collected through in-depth interviews and documentation, and analyzed thematically. The results show that budget planning is participatory and based on real needs, involving technical implementers in service facilities. Budget priorities are focused on vulnerable groups and infectious diseases. Budget realization is influenced by medium-term planning and accountability. The challenge is infrastructure and geographical conditions. To strengthen the system, a multisectoral approach, financing innovation, and integration of promotive and preventive strategies are needed.

INTRODUCTION

The Minimum Service Standard (MSS) in the health sector is one of the important instruments in ensuring the accessibility and quality of health services to the community. As a regulation set by the government, (Permenkes RI, 2024). The implementation of Minimum Service Standards (MSS) in the health sector is an important step in improving the quality of health services in Indonesia. allocation for the MSS program has not been clearly integrated, resulting in uncertainty in implementation (Sunarto, 2021).

Various programs and policies have been implemented to improve the accessibility of health services and raise awareness of the importance of healthy lifestyles. The construction of hospitals, health centers, and other health facilities is a priority in providing quality health services for all residents. (LPPD Health Office, 2024).

Health financing can have a negative impact on the coverage of health services, especially the coverage of the 12 MSS indicators in the health sector. In the case of the Jayapura City Health Office, financing is very influential in providing adequate health services to the community (LSPM Jayapura City Health Office, 2024).

In the case of the Jayapura City Health Office, the lack of financing has resulted in limitations in providing adequate health services to the community. (LSPM Jayapura City Health Office, 2024). Inadequate financing can hinder the achievement of MSS targets, which ultimately has an impact on the quality of public health (Permendagri No.59, 2021). Several problems are related to the achievement of health service targets. The MSS target for 2024 is 391,359 with a total achievement of 299,750 health services, the percentage of achievement against the target is only 77%, with a gap of 91,609 or 23% of health services that have not been met, (LSPM Jayapura City Health Office, 2024).

Jayapura City MSS data shows that some services exceed the target (e.g., health services for toddlers 102.7%), while other services are far behind (TB suspects are only 57.5%). This could indicate a less efficient budget allocation . Of the 12 MSS indicators listed, only 4 indicators reached 100% of the set target. Several indicators, such as "Health Services at Productive Age (67.8%), Health Services for People with Suspected Tuberculosis (57.5%) and Health Services for People at Risk of HIV Infection (85.4%)," show achievements that are far below the target (LSPM Jayapura City Health Office, 2024). There is a significant gap in some (LSPM Jayapura City Health Office, 2024).

Some services have higher achievements such as, health services for pregnant women (90.4%), maternity (91.9%), newborns (93.0%), health services for basic education age even exceeding the target of up to 102.7%. However, some services related to non-communicable diseases (NCDs) and infectious diseases actually have very low achievements, such as, Health Services for People with Suspected TB (57.5%), Health Services at Productive Age (67.8%), Health Services for the Elderly (78%), Health Services for People at Risk of HIV Infection (85.4%), People at Risk of HIV Infection (85.4%), Although relatively high, There is still a gap of 3,676 people (LSPM Jayapura City Health Office, 2024).

LITERATURE REVIEW

Meta Synthesis (Review of Previous Research)

A similar study was conducted by Nuraeni at the Banjaran Kota Health Center and found that the variation in MSS achievement at the Banjaran Kota Health Center was influenced by budget factors that supported the achievement of MSS. The Banjaran Kota Health Center still relies on assistance from the State Revenue and Expenditure Budget (APBN), the budget of the Regional Public Service Agency (BLUD) of the Health Center, village funds, and cross-sector support such as the Social Security Administration Agency (BPJS) although the proportion is not significant (Nuraeni & Ine, 2024).

A similar thing has also been researched by Aji et al., who found that the results of the study show that the implementation of the budget is based on achieving MSS related to and the laws and regulations outlined in the RPJMD, Strategic Plan, and Work Plan. The importance of budgets and events is based on an identification assessment coordinated with flagship programs and activities, RKAs, and the preparation process starts from preparation, then considers the findings of national and district/city policy surveys (S. P. Aji et al., 2022).

Furthermore, Simanjutak's research found that although various efforts have been made to meet the Minimum Service Standards (MSS) at Health Center, there are still significant obstacles, especially related to resources **and** the disposition of implementers. This obstacle hinders the achievement of the MSS indicators that have been set, so that the health services provided are not fully optimal (Simanjuntak M.G, 2023).

Ahyuni's research on fund allocation found that the distribution of General Allocation Funds that have met the effectiveness of the health infrastructure budget can improve public health access services in Regencies/Cities of Papua Province. Simultaneously, the mandatory spending variables of health functions consisting of health spending, Special Autonomy funds, and DAU have an influence on the development of public health degrees in Regencies/Cities of Papua Province, which is seen from the indicators of the number of illnesses per 1000 population, life expectancy, and infant mortality rates. The F test value of the mandatory spending variable of the health function has an F-calculated test value of $4,420 > 2,684$ F Table. This indicates that the three variables of mandatory spending health functions play an important role in improving public health services in Regencies/Cities of Papua Province (Ahyuni & Sutjipto, 2023).

Frame of Mind

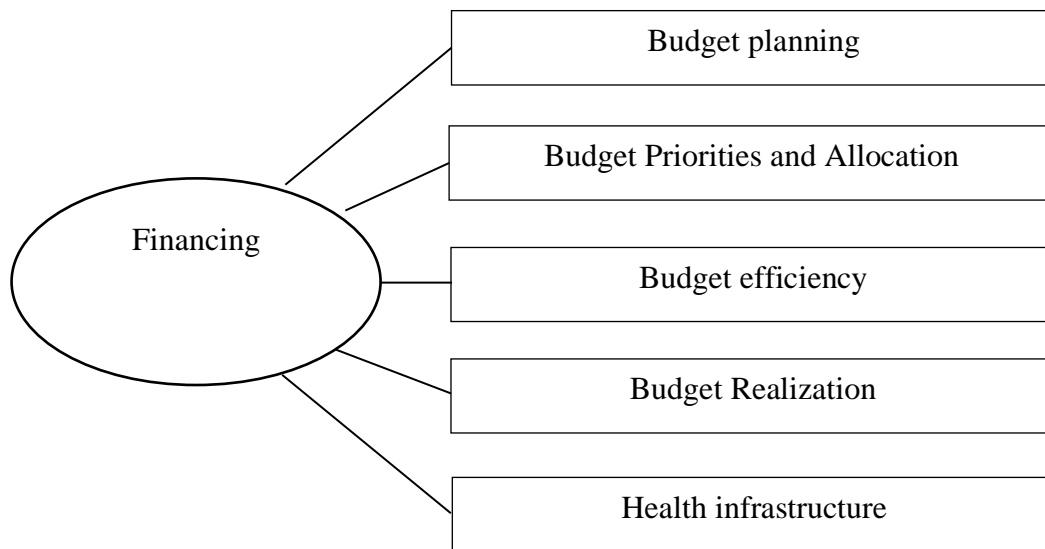


Figure 1. Conceptual Framework

METHODOLOGY

This study uses a qualitative approach with a case study method. Qualitative research is a research procedure that produces data in the form of written and spoken words from people with observable behaviors (Hasmi, 2016). A sample of 7 people were taken using purposive sampling techniques with the criteria that informants have positions related to health financing, have experience in budgeting and financing > 2 years and informants who have a deep understanding of health policies and budget allocation at the Jayapura City Health Office.

RESEARCH RESULTS

Budget Planning

The results of interviews with 7 informants found that the budget planning process still experienced obstacles in synchronizing the needs of health services with the allocation of available funds. The following are the results of the interview: The results of the interview with the informant are as follows:

"This budget is prepared based on the needs of health services in the field,"
(I₁)

"Torang usually prepares a budget plan in accordance with real needs in the field so that health services can run optimally and in accordance with the target of the Minimum Service Standards (MSS)." (I₂)

"This health center is directly in the field, so you have to give input to the agency about the main needs that exist."(I₅)

The informant's statement can be interpreted as that the process of preparing a budget in the implementation of health programs, especially for the

fulfillment of Minimum Service Standards (MSS), prioritizes a real needs-based approach in the field. Data collected from Health Center and Hospitals, such as the number of patients, the dominant type of disease, and the need for medical personnel and medical devices, are the main reference in budget preparation. This shows that the planning process is not just top-down, but also involves input from technical implementers at the bottom who better understand the actual conditions.

Overall, this interpretation reinforces that health budget planning at the local level is participatory and responsive to the needs of the field, but still faces the classic challenge of budget constraints. Therefore, priority and efficiency adjustment strategies are important instruments in ensuring the continuity of basic public health services.

Priorities and Budget Allocation

The results of interviews with the informants can be found that the budget allocation of health programs is prioritized for programs that have a direct and significant impact on reducing the number of illnesses and deaths, especially in vulnerable groups such as pregnant women, infants,

"This budget is prepared based on the needs of health services in the field, so that the programs carried out are truly in accordance with public health conditions and problems. Usually, data from health centers and hospitals are looked at first, including the number of patients, the types of diseases that most often appear, and the need for medical personnel and supporting facilities." (I₁)

"Torang usually prepares a budget plan in accordance with real needs in the field so that health services can run optimally and in accordance with the target of the Minimum Service Standards (MSS)." (I₂)

"This health center is directly in the field, so you have to give input to the agency about the main needs that exist. Usually, you have to look at patient data, the most used services, and then you have to prepare a budget proposal." (I₅)

The informant's statement was interpreted as that the process of preparing a budget in the implementation of health programs, especially for the fulfillment of Minimum Service Standards (MSS), prioritizes a real needs-based approach in the field. Data collected from Health Center and Hospitals, such as the number of patients, the dominant type of disease, and the need for medical personnel and medical devices, are the main reference in budget preparation. This shows that the planning process is not just top-down, but also involves input from technical implementers at the bottom who better understand the actual conditions.

The informant also emphasized the importance of setting a priority scale in the budget, prioritizing the most urgent and high-impact programs, such as maternal and child health services, immunization, and infectious disease control. This shows that there is an awareness of limited resources, so that the allocation of funds must be directed to interventions that have strategic value and high relevance to the achievement of MSS indicators.

In addition, the interview revealed that there was a gap between the needs proposed by the health care facility and the budget that was ultimately approved.

This indicates that there are fiscal limitations or structural restrictions that affect budget decisions at the health office level. In facing these conditions, program implementers are required to be adaptive and efficient in managing available funds so that services can continue to run.

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In the budget allocation, in accordance with the triangulation of data from informants, it is stated that the strategy used is to give a larger portion to programs that are proven to have a direct impact, taking into account the number of targets, the most disease data, and the affordability of services in remote areas. The results of the interview with the informant are as follows:

Those who give priority in the use of the budget are especially maternal and child health services, immunization, stunting prevention, and control of infectious diseases such as malaria and tuberculosis. (I₁)

Maternal and child health is prioritized so that maternal and infant mortality rates can be reduced, while immunization is important to protect children from infectious diseases that can be prevented early. Stunting prevention is also (I₂)

Programs with large target populations and direct impacts on public health such as maternal and child services, as well as infectious diseases, are top priorities in budget allocations(I₄)

The budget allocation is still not fully sufficient. For example, the budget for the procurement of drugs and medical devices is often lacking, so that services to the community cannot be maximized. We often have to make adjustments or look for additional sources of funding(I₆)

The results of the interviews show that the budget allocation strategy in the health sector is clearly directed to answer the most urgent needs of the community, especially those related to vulnerable groups. The informant said that maternal and child health services, immunization, stunting prevention, and control of infectious diseases such as malaria, tuberculosis, HIV/AIDS, and dengue fever are given top priority in the use of the budget. The main reason for this policy is the large impact of these services on reducing the number of illnesses and deaths, especially in infants, children, and pregnant women. Immunization, for example, is considered crucial to prevent diseases that spread quickly and are at high risk if not treated early. This reflects a strong promotive and preventive approach in basic health service budget planning.

In addition to the urgency of services, priority determination also considers various strategic aspects such as the number of targets (service load), the availability of resources, and conformity with national and regional policies. In this case, the Minimum Service Standard (MSS) is an important reference in formulating financing priority policies. However, budget constraints remain a significant obstacle. The reality on the ground shows that the available funds are still not fully sufficient to support all priority programs, especially in the procurement of medicines, medical devices, and the fulfillment of other supporting facilities.

As a response to these limitations, budget adjustments were made and alternative financing was sought through cross-sector collaboration and external support. This shows that health agencies are not only carrying out administrative functions, but also adaptive and innovative in ensuring the sustainability of services. Overall, this interpretation shows that budget allocation policies in the regions are selective, evidence-based, and oriented towards the impact on public health directly.

Budget Efficiency

Budget constraints in the implementation of health services are overcome with innovative strategies through cross-sectoral cooperation and community empowerment. The informant emphasized the importance of collaboration between health workers from the Health Center with Posyandu cadres, community leaders, churches, social organizations, and village officials to deliver health education widely and efficiently. This method has proven to be effective in disseminating information about immunization, healthy diet, prevention of infectious diseases, and treatment of pregnant women, especially in hard-to-reach areas. The results of the interview with the informant are as follows:

Torang uses a cross-sectoral cooperation system so that health services can be more effective and reach more people, especially in remote areas. ()I₁

Torang must be smart in managing the budget so that every available fund can be used as well as possible ()I₂

One way to do this is to work with outside parties, such as NGOs, church organizations, and social groups that care about public health. São Paulo I₃

"We use existing health workers more, so we don't always have to add new workers. For example, we give Posyandu cadres more training so that they can help educate the community without always having to involve Health Center officers. Then, we also make optimal use of drugs and medical devices so that there is no waste ()I₅

We optimize resources by implementing a service prioritization system, using medical equipment efficiently, and working with other parties such as NGOs or donors to obtain additional support. In addition, we also innovate services such as telemedicine to reduce operational costs(I₇)

The results of the interviews can be interpreted that in the face of budget limitations, health service implementers in the field implement efficiency strategies that are collaborative and adaptive. The cross-sectoral cooperation system is one of the main approaches, where medical personnel from the Health Center are supported by Posyandu cadres, community leaders, religious organizations, and NGOs to expand the reach of education and health services. This collaboration allows for faster and wider delivery of health information without relying on the high cost of formal socialization.

The efficiency strategy is also realized through optimizing the use of available resources. Existing health workers are optimally empowered without having to add new formations, while health cadres are given training to be able to carry out educational and promotive functions independently at the community level. In addition, the use of medical devices economically and the implementation of a service priority system are also carried out to ensure that services continue to run effectively even with a limited budget.

Innovations such as telemedicine are also used as practical solutions in reducing operational costs, especially to reach people in remote areas. Meanwhile, cooperation with external parties such as NGOs and donors is used to obtain additional support in the form of funds, medical devices, medicines, and training of health workers. Overall, the approach is shown that budget efficiency is not only related to savings, but also to collaborative management, community empowerment, and the use of technology to support the sustainability of basic health services.

Budget Realization

The results of the interview with the informant showed that the process of realizing the budget in the implementation of health programs, especially in the implementation of the Minimum Service Standards (MSS), still faces various significant obstacles. The main obstacle that is the most dominant is the delay in disbursement of funds from the central and regional governments, which has a direct impact on the postponement of the implementation schedule of priority programs such as immunization, stunting prevention, and infectious disease control. The results of the interview with the informant are as follows:

The realization of this budget is often late due to the process of disbursing funds from the central ()I₁

The main obstacle that makes the disbursement of the budget slow is usually in the long and convoluted administrative process. São PauloI₂
Sometimes funds fall slowly, even though they have made plans since the beginning of the year ()I₃

The level of budget realization in the implementation of MSS Kesehatan is generally quite high, but there are still obstacles in the disbursement process ()I₄

Sometimes the planned budget cannot be fully realized because the disbursement process is slow. ()I₅

Based on the results of interviews from various informants that have been analyzed triangulatively, consistency was found in conveying that the delay in

disbursing funds is the main obstacle in the realization of the budget for the implementation of health programs, especially those related to the Minimum Service Standards (MSS). All informants stated that although planning and scheduling of activities had been prepared since the beginning of the year, the implementation of programs in the field was often delayed due to the slow flow of funds from the central and regional governments.

The long and convoluted administrative process is the main factor causing the delay in disbursement. Each stage of disbursement must go through multiple layers of approval, both at the regional and central levels, which results in funds not being immediately usable. In addition, the informants uniformly conveyed that changes in budget policies and sudden cuts in funds from the central government are also serious challenges. This uncertainty forces program implementers to immediately adjust work plans, even in urgent conditions, so that priority programs such as immunization, stunting prevention, and infectious disease control can continue to run.

Although the overall level of budget realization is considered quite high, the quality of implementation is not optimal. The delay in disbursing funds not only disrupts the implementation schedule, but also has an impact on the effectiveness of the program and the absorption of the budget itself. Some programs have to be reduced in scope or postponed to a later period, which ultimately hinders the achievement of MSS indicators to the maximum.

Health Infrastructure

Health infrastructure in Jayapura City still faces various serious challenges that have a direct impact on the quality of services to the community. Many facilities such as Posyandu and Pustu are in unsuitable conditions, lack of medical equipment, and face access constraints, especially in remote areas. The long planning process and the delay in the realization of funds also aggravated the situation. Therefore, alternative financing strategies are needed through central government support, grants, or cross-sector cooperation to strengthen health infrastructure and support the achievement of the Minimum Service Standards (MSS) in the health sector as a whole. The results of the interview are as follows:

Some facilities (Pustu) are old, the roof is leaking, the service room is narrow, and some do not have adequate medical equipment. (I₁)

Many places still lack facilities. Posyandu exists, but many do not have enough medical equipment, sometimes the buildings are also damaged. (I₂)

There is still a lot of infrastructure here, especially in the Skouw and West Koya areas. There are Pustu and Posyandu whose buildings have been damaged, medical equipment is lacking (I₃)

The results of data triangulation from all informants showed that there was a high level of consistency between informants related to health infrastructure problems. All informants said that the physical condition of facilities such as Health Center and Posyandu is still unsuitable, lacks medical equipment, and is difficult to access, especially in areas that are difficult to reach.

The budget is more carried out in routine operations. Although planning has been carried out based on field needs, the realization of infrastructure is constrained by the length of the bureaucratic process and limited physical funds.

Cross-sectoral cooperation and alternative sources of financing (centres, grants, NGOs) are the strategies recommended by all informants to address these problems. This means that infrastructure development that supports MSS requires synergy and cross-actor funding so that it can be realized in a sustainable manner.

DISCUSSION

Budget Planning

Planning is a process of systematic, directed, and sustainable preparation of a series of activities that need to be carried out in the future to overcome various problems that are or potentially faced. This process not only involves identifying the goals to be achieved, but also includes analyzing the situation, determining priorities, allocating resources, and determining success indicators (S. P. Wekadigunawan, 2020).

The results of this study show that the budget planning process at the Jayapura City Health Office has been carried out with a participatory, data-based approach, and involves technical implementers at the level of service facilities such as health centers and hospitals. The informant said that the preparation of the budget was based on data on the number of patients, the dominant type of disease, and the need for health workers and medical equipment. This is in line with the concept of needs-based planning which emphasizes the importance of formulating policies and budgets based on actual conditions in the field (S. P. Aji et al., 2022).

The process still faces the classic obstacle of mismatch between needs and available budget allocations. This gap reflects the limited fiscal capacity of the regions which directly impacts the effectiveness of the implementation of health programs. A similar condition was also found in a study on HIV services at the Banjaran City Health Center, where budget constraints hinder the development of sustainable health services, even though MSS has been implemented (Nuraeni & Ine, 2024).

This study also reveals that the determination of priority scales is an adaptive strategy carried out by program implementers, The imbalance between technical needs and performance-based budget allocation often causes service priorities to not be implemented optimally.

The main focus is directed to health services that have a major impact on MSS indicators, such as maternal and child health services, immunization, and infectious disease control. This strategy is in line with findings that highlight the importance of implementer disposition in responding to resource constraints and prioritizing interventions to ensure service sustainability (M. N. Khobsah & Hawing, 2023).

These findings confirm that ideal health budget planning should be able to incorporate a participatory, evidence-based, and responsive approach to field needs, but also take into account the fiscal structure and applicable technical regulations. It is also necessary to strengthen cross-sector coordination and

increase the capacity of planner human resources so that synchronization between service needs and budget support can be achieved optimally.

The results of the Triangulation show that the budget planning approach used in the implementation of health programs, especially in efforts to fulfill the Minimum Service Standards (MSS) at the regional level, emphasizes the importance of triangulating data from various field informants. This triangulation results in a more comprehensive understanding of the realities of budgeting and the challenges of its implementation.

Overall, this interpretation emphasizes that health budget planning in the implementation of MSS is participatory and responsive to real needs in the field. However, budget limitations remain the main obstacle, so efficient, innovative management, and the ability to set priority scales are needed to keep basic health services running.

Budget Priorities and Allocations

The results of this study show that the Jayapura City Health Office implements a budget allocation strategy by prioritizing programs that have a significant impact on reducing the number of illnesses and deaths, especially in vulnerable groups such as pregnant women, infants, and children. The results of the study emphasized that the health budget allocation policy in Jayapura City is selective, evidence-based, impact-oriented, and responsive to the real conditions of the community, especially for vulnerable groups.

This strategy is in line with the promotive and preventive approach which is one of the important pillars in the implementation of the Minimum Service Standards (MSS). Services such as maternal and child health, immunization, stunting prevention, and control of infectious diseases (malaria, tuberculosis, HIV/AIDS, and dengue) are seen as long-term investments in improving public health. This reinforces the findings that orientation to vulnerable groups and infectious diseases are top priorities in budget allocation to ensure the achievement of MSS indicators (M. N. Khobsah & Hawing, 2023).

The results of the triangulation emphasized that the principle of impact-based priority was also applied through analysis of data on the number of targets, disease prevalence, and affordability of services, especially in hard-to-reach areas. This shows that the budget allocation process is not carried out uniformly, but rather evidence-based and takes into account the geographical context and local service load. As explained in previous research, the integration of data and policies in the preparation of performance-based budgeting is an important factor to ensure the effectiveness of financing (S. P. Aji et al., 2022).

However, the reality on the ground shows that the available budget is still insufficient to finance all priority programs. This condition confirms the findings that although MSS programs have been systematically designed, their implementation is often hampered by limited financial resources (Nuraeni & Ine, 2024).

In response to these limitations, the Health Office has shown an adaptive attitude through budget adjustments, cuts in non-priority activities, and the search for external support through cross-sector cooperation. This reflects the

principle of selective and collaborative allocation, where budget policy is determined not only by fiscal calculations alone, but also by the ability to build synergies with external actors such as community organizations, NGOs, and the central government.

Thus, the health budget allocation in Jayapura City reflects policies that are selective, responsive, and impact-based, although they still face the challenge of fiscal limitations. In the future, policy support from the central level and alternative funding innovations are needed to ensure that priority programs can truly be implemented in a sustainable and inclusive manner.

Budget Efficiency

The results of the study show that the implementation of health services at the Jayapura City Health Office shows an adaptive and innovative approach through efficiency strategies based on collaboration and community empowerment. The results of this study show that efficiency efforts are carried out by utilizing cross-sector cooperation, community involvement, and the use of simple technology to reduce the burden of operational costs.

This study emphasizes that budget efficiency in health services is not just a matter of reducing costs, but about how to maximize impact with limited resources. The approach used by the Jayapura City Health Office reflects collaborative governance that is adaptive to local geographical and fiscal contexts. Cross-sectoral strategies, community empowerment, and the use of simple technology are the keys to the sustainability of basic health services in the midst of limitations.

The results of this study are in line with the results of previous research and also reveal that opportunities to improve efficiency remain wide open, strengthening fiscal governance, local health burden-based allocation, data-based planning, use of information technology, and learning from both national and international practices are key strategies that can be adopted by local governments. This reform needs to be supported by a commitment at the central and regional levels to strengthen synergy, fiscal flexibility, and cross-sectoral collaboration to create a more equitable, responsive, and sustainable health system (Enita Fransiska, 2025).

One of the dominant approaches from the results of interviews with informants is to strengthen the role of Posyandu cadres, community leaders, churches, social organizations, and village officials. These cadres are trained to conduct health education about immunization, healthy diet, care for pregnant women, and prevention of infectious diseases. This strategy is in line with the community empowerment approach in public health management, where the active involvement of local residents and organizations is considered to be able to increase the effectiveness of services (M. N. Khobsah & Hawing, 2023).

In addition, it was also found that the use of simple technologies such as WhatsApp and social media for remote health consultations reflects the use of low-cost innovation approaches. This digital innovation provides alternative services without increasing the budget burden. Community-based service models such as home visits and mobile services also indicate that efficiency does

not always mean a reduction in services, but rather the optimization of existing resources to expand the scope of services.

These findings reinforce the results of previous research that shows that budget limitations in the implementation of MSS, especially in HIV services, can be overcome through synergy with various external actors and the use of local resources. A similar strategy can be seen in health programs in Jayapura that have successfully collaborated with NGOs, religious organizations, and used public facilities (such as village halls) as temporary service places (Nuraeni & Ine, 2024).

These findings are in line with the theory of performance-based budgeting, which emphasizes that efficiency is not only seen in terms of savings, but also in terms of the extent to which results can be achieved with minimal inputs. This theory also highlights the importance of procedural effectiveness and accountability in budget management, including the optimal use of available resources without having to add new expenditures (S. P. Aji et al., 2022).

Innovations such as telemedicine that have begun to be implemented show a response to Papua's hard-to-reach geographical conditions. The use of this technology is considered to be able to reduce the gap in access to services, especially in hard-to-reach areas, as also highlighted in a study on the effectiveness of mandatory spending in Papua. They stated that the effectiveness of health spending can significantly increase health status indicators if managed with the right approach, one of which is through service innovation (Ahyuni & Sutjipto, 2023).

Thus, the budget efficiency strategy in health services in Jayapura emphasizes that limited funds are not an absolute barrier, but a challenge that encourages creativity, cross-sector collaboration, and wise use of technology. This approach is in line with the principle of the value of money, which is to produce maximum impact with limited resources, a concept that is at the core of good and sustainable public budget governance.

Budget Realization

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Within the framework of performance-based budgeting theory, efficiency is not only understood as an effort to save money, but also as the ability to achieve maximum results with minimal input. Previous research has also emphasized the importance of procedural effectiveness and accountability in budget management, including in terms of optimizing the use of available resources without having to add new expenditures (S. P. Aji et al., 2022).

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Health Infrastructure

The results of the study found that health infrastructure faces various serious challenges that have a direct impact on the quality of services to the community. Many facilities such as Posyandu and Auxiliary Health Center (Pustu) are in unsuitable conditions, lack of medical equipment, and face access constraints, especially in hard-to-reach areas.

This study emphasizes that budget constraints cause more funds to be allocated for routine operations, while the needs of infrastructure development and rehabilitation have not been optimally met. The long planning process and the delay in the realization of funds also aggravated the situation. Therefore, alternative financing strategies are needed through central government support, grants, or cross-sector cooperation to strengthen health infrastructure and

support the achievement of the Minimum Service Standards (MSS) in the health sector as a whole.

This research is in line with previous research found that simultaneously the variables of Health Infrastructure, Medical Personnel, and Accessibility have a significant positive effect on Public Health Development in North Sumatra Province. Partially, the variables of Health Infrastructure and Medical Personnel each significantly have a positive effect on Public Health Development in North Sumatra Province. Meanwhile, the Accessibility variable partially does not have a significant effect on Public Health Development in North Sumatra Province (Ahsan et al., 2023).

The results of these findings are also in line with the results of previous research which showed that access and availability of health infrastructure are greatly influenced by the geographical and demographic conditions of the village. Villages with hard-to-reach locations and low population density tend to have more limited access to health infrastructure and other basic services (Made Sukartini, 2018). This is also the case in Jayapura, where hard-to-reach areas have not received balanced services such as urban areas.

Previous research also confirmed that the availability of health infrastructure alone is not enough to guarantee improvements in public health indicators. There are other supporting factors that also play an important role, such as sanitation conditions, clean and healthy living behaviors (SCCHLB), and the availability of health information. This is important in the context of Jayapura, where even though physical development is carried out, the impact will not be optimal without integration with promotive and preventive approaches, as well as community empowerment (Made Sukartini, 2018).

Thus, the challenges of health infrastructure in Jayapura cannot be separated from the geographical characteristics and population density of the region, as Sukartini's research shows. Solutions to this problem must include a multisectoral approach and rely not solely on physical development, but also on improved access, public education, and collaboration among stakeholders, to support the achievement of the Minimum Service Standards (MSS) in a comprehensive and sustainable manner.

CONCLUSION

1. The budget preparation process is carried out by involving data and input from health service facilities in the field such as health centers and hospitals.
2. Budget allocation is focused on programs that have a direct impact on reducing the number of illnesses and deaths
3. The efficiency strategy is carried out through cross-sector cooperation (with Posyandu cadres, churches, NGOs, and community leaders).
4. Budget Realization Still Faces Structural and Technical Obstacles such as the slow process of disbursing funds, unexpected budget cuts.
5. Health infrastructure in Jayapura City still faces serious challenges that hinder the quality of health services, especially in supporting the achievement of Minimum Service Standards (MSS).

RECOMMENDATION

1. The Health Office can increase advocacy to local governments
2. Financing, such as establishing cooperation with the private sector, utilizing CSR funds, and strengthening the role of the Regional Public Service Agency.
3. Increasing the capacity of human resources in the management of MSS programs and data-based planning

FURTHER STUDY

There is a need to conduct more comprehensive follow-up research on health human resource planning with a broader scope of research, and using a combined design of quantitative and qualitative.

ACKNOWLEDGMENT

Thank you very much to all the informants who were willing to be interviewed and thank you to the head of the Jayapura City District Health Office for giving permission to conduct the research.

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