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## ANALYSIS IMPLEMENTATION OF THE SUPERVISION ROLE COMMISSION IX OF DPR RI IN THE HEALTH PROGRAM FOR THE 2014-2019 PERIOD: CASE STUDY IN THE PRIMARY CARE DOCTOR PROGRAM

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**Abstract.** Prolonged health problems have been recurring for a long time have raised questions about health program and its supervisory. The supervisory function carried out by Commission IX of the DPR RI on its partners from the government continues to be carried out in various ways. However, analysis has never been conducted to assess whether the various supervisory activities have been effective. This study uses a qualitative method based on phenomena, symptoms, facts, or social informants. Informants are determined directly based on the principles of appropriateness and adequacy. The data is then converted into transcript form, then analyzed, and a Logical Framework is created. This study shows that Commission IX's supervision of the Primary Care Doctor (Dokter Layanan Primer/DLP) Program is ineffective because the program is regulated in the Medical Education Law which is a product of Commission X DPR RI and involves The Ministry of Research and Education (Kemenristekdikti), which is not a working partner of Commission IX DPR RI. Supervision by Commission IX of DPR RI on work partners can positively influence partners' performance improvement. However, it is difficult to conclude that the increase in performance is entirely due to oversight from Commission IX of DPR RI. The supervisory function of Commission IX DPR RI for the DLP Program did not work effectively because the program was regulated in the Medical Education Law which was a product of Commission X DPR RI and involved Kemenristekdikti which was not a working partner of Commission IX DPR RI.

**Keywords:** Supervision; Commission IX of DPR RI, Health Program; Primary Care Physician

**Abstract.** Masalah kesehatan yang berkepanjangan memunculkan pertanyaan tentang program kesehatan dan pengawasannya. Fungsi pengawasan yang dilakukan Komisi IX DPR RI terhadap mitra kerjanya dari pemerintah terus dilakukan dengan berbagai cara. Namun, belum pernah dilakukan analisis untuk menilai apakah berbagai kegiatan pengawasan tersebut telah berjalan efektif. Penelitian ini menggunakan metode kualitatif berdasarkan fenomena, gejala, fakta, atau informan sosial. Informan ditentukan secara langsung berdasarkan prinsip kepatutan dan kecukupan. Data tersebut kemudian diubah menjadi bentuk transkrip, kemudian dianalisis, dan dibuatlah Logical Framework. Kajian ini menunjukkan bahwa pengawasan Komisi IX terhadap Program DLP tidak efektif karena program tersebut diatur dalam UU Pendidikan Dokter yang merupakan produk Komisi X DPR RI dan melibatkan Kementerian Pendidikan dan Riset (Kemenristekdikti) yang bukan merupakan mitra kerja Komisi IX DPR RI. Pengawasan Komisi IX DPR RI terhadap mitra kerja dapat berpengaruh positif terhadap peningkatan kinerja mitra kerja. Namun, sulit untuk menyimpulkan bahwa peningkatan kinerja tersebut sepenuhnya karena pengawasan Komisi IX DPR RI. Fungsi pengawasan Komisi IX DPR RI terhadap Program DLP tidak berjalan efektif karena program tersebut diatur dalam UU Pendidikan Kedokteran yang merupakan produk Komisi X DPR RI dan melibatkan Kemenristekdikti yang bukan mitra kerja Komisi IX DPR RI.

**Kata Kunci:** Pengawasan, Komisi IX DPR RI, Program Kesehatan, Dokter Pelayanan Primer

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## INTRODUCTION

In the health sector, health development carried out by the Indonesian nation cannot be said to be good. It can be seen from various existing health indicators. Based on the 2013 Basic Health Research (Riskesdas) data, the prevalence of malnutrition in toddlers increased from 18.4% in 2007 to 19.6% in 2013, stunting in toddlers is still at the national rate of 37.2%, the prevalence of pulmonary TB is still in the same position for 2007 and 2013 (0.4%), the prevalence of hepatitis for all ages increased from 0.6% in 2007 to 1.2% in 2013, injury problems increased from 7.5% in 2007 to 8.2% in 2013, and the smoking behavior of the population aged 15 years and over increased from 34.2% in 2007 to 36.3% in 2013.(1)

Health problems that arise are related to various health programs the government runs. The better the health program the government run, the more likely the various existing health problems will decrease.(2) Health problems recurring for a long time have raised questions about whether or not the government's health programs have been appropriate. Here the function of Commission IX as a supervisory institution is expected to run. It is in accordance with the functions of the DPR described in Law Number 27 of 2009 concerning the MPR, DPR, DPD, and DPRD (MD3), which explains that one of the main functions of the DPR is the supervisory function.(3,4,5)

The controlling or supervision was defined by Mc. Farland as "*Control is the process by which an executive gets the performance of his subordinates to correspond as closely as possible to chosen plans, orders, objectives, or policies*".(6) The controlling function is relatively difficult to measure, even though it can be seen, felt and even published.(7) However, Admosudirdjo (in Febriani, 2005:11) says that in essence supervision is the whole of activities that compare or measure what is being or has been implemented with criteria, norms, established standards or plans previously.(6) It means that the supervision or controlling can be evaluated and, even, can be measured.

The hope is that with adequate supervision from Commission IX of the DPR RI on health programs run by the government, there can be an increase in the government's performance as a work partner. The government's good performance in the health sector will undoubtedly improve the health status of the community. The supervisory function carried out by Commission IX of the DPR RI on its partners from the government continues to be carried out in various ways.(4) However, an analysis has never been conducted to assess

whether the various supervisory activities have been effective.

The supervisory function of the DPR RI is still very weak.(7) Supervision trends carried out by the DPR for twelve years (1999-2011) show that the DPR does not have a "political supervision", as a kind of clear framework, institutional pattern, and measurable achievement targets regarding how the supervision function should be managed and implemented so that the government election results can work effectively and produce clean government and good governance.

One of the health sector government programs still being debated in the medical world is the Primary Service Physician Program, also known as the DLP Program. Primary care doctors are doctors who receive specialist-equivalent education that applies the principles of family medicine, are supported by community medicine and public health, and are expected to be able to lead and deliver quality primary-level health services.(8) This program was initiated by Indonesian General Practitioners Association (PDUI).

This program was opposed by related stakeholders, namely Indonesian Doctors Association (IDI). This organization even held a demonstration against the program.(9) IDI refused because general practitioners who are products of professional medical education and previously qualified to work as doctors in primary care or FKTP (first-level health facilities) were deemed incompetent and required to continue their DLP education.

Based on the description above, conducting studies and research on the problems in question is necessary. To simplify the analysis process, a case study is needed from a health program run by the government, so this study aims to analyze the role of Commission IX DPR RI for the 2014-2019 period in carrying out the oversight function of the primary care doctor program run by the government as a partner.

## METHODS

This study used qualitative research by gathering information through in-depth interviews and document reviews. The research was conducted from June 2018 to May 2019. The research involved informants consisting of: Chair of Commission IX DPR RI, the Chair of the DPR RI Health Caucus, Members of Commission IX of DPR RI, Experts for Commission IX DPR RI, Expert Members of Commission IX of DPR RI, the Head of BPPSDM Ministry of Health of the Republic of Indonesia, Director of Primary Health Services Ministry of Health of the Republic of Indonesia, Head of Sub-Directorate for Management and Utilization of Infrastructure,

Ministry of Technology Research and Higher Education, General Chairperson of the Executive Board of the Indonesian Doctors Association, and Chairperson of the Central Board of the Indonesian General Practitioners Association. This study uses a logical framework approach as a framework. This approach will lead the researcher to evaluate the monitoring activities more structurally.(10) The monitoring implemented by Commission IX of DPR RI consisted of 1) goals (Increased performance of work partners Commission of IX DPR RI). 2) purpose (implementation of recommendations made by the work partners Commission IX of DPR RI), 3) outputs (agreement between Commission IX of DPR RI and work partners regarding an issue), and 4) activities (coordination between Commission IX of DPR RI with partners regarding a problem). These four steps were adapted from United Nations Environmental Program Project Manual: Formulation, Approval, Monitoring and Evaluation in 2005.(11)

The data collection process begins with informed consent from the informant. Source and method triangulation techniques were used to cross-check data from different informants. The recorded data is converted into a transcript with informant coding. The researcher also obtained approval from the Ethics Committee of the Faculty of Public Health, University of Indonesia through a letter of passing the ethical test on August 24 2018 with letter number 684/UN2.F10/PPM.00.02/2018.

## RESULTS

### Goals

It is difficult to measure the increase in the performance of work partners, which is entirely due to the results of a working meeting with Commission IX of DPR RI. However, it was acknowledged by informants from Commission IX of DPR RI as well as working partners from the government that working meetings with Commission IX of DPR RI influenced partner performance improvement, especially in terms of programs and policy making.

*"I think there is an increase. For example, in the cases that are currently circulating, BPJS Health. We go to the field and find hospitals that refuse BPJS patients for various reasons. Some people find it difficult to come to the hospital. Complicated. If, in our records, the quotation marks it is complicated. We will then convey these matters to the relevant ministries. Then the relevant ministries follow up. For example, the Ministry of*

*Health follows up with its staff. For BPJS, of course, through its officers in the field. Field staff instructions. According to my observations, there is an increase. There are improvements to what we mean."* (IF2)

### Purpose

Commission IX of DPR RI faces obstacles in carrying out its supervisory function, namely the inconsistency of participants from continuous meetings, the capacity of members not the same, the lack of understanding of members Commission IX of DPR RI on the MD3 Law and issues related to health, the government is not proactive and slow in follow up on recommendations, as well as overlapping authorities from ministries/agencies.

*"The most prominent obstacle is the lack of understanding of the essence and technical content of medical education issues"* (IF9)

### Output

Commission IX of DPR RI understands existing health problems because, in their decision-making process, they are open to public input, explore existing problems with pointed questions, and follow the process in detail. This process is supported by the personal abilities of Commission IX of DPR RI members who have many good scientific or academic backgrounds and leaders who are good at problems.

*"Our supervisory function is to try to keep up with the digitalization era and open up what is called social media. There's Instagram, there's Twitter, Facebook which is managed by the commission secretariat to share what Commission IX has done, the results of meetings, and maybe the public can also convey that. As a person, I also open my social media to find out or get input from the public. And so far, there has been a lot of input from social media on the materials that I worked at working meetings with the minister because there is so fast interaction between stakeholders and the public. It was fast and they also know, the public also knows that I don't decide anything directly. But they know I will convey it to social media. Sometimes every time I want to have a meeting, I open it. If someone asks, there's so much going on. And if I have the opportunity to ask questions, I will convey them to the minister."* (IF1)

## Activities

Based on the MD3 Law, the DPR has three functions, including the legislative function, the budget function, and the supervisory function. In reality, the DPR RI mainly carries out the oversight function. The oversight function also starts from the beginning, from the making of laws, budgeting, to implementation in the field. Not all issues will be overseen by the DPR, but issues on a national scale can affect the situation nationally or on a scale that can broadly affect society.

*"In accordance with the MD3 Act, one of the main functions of the House of Representatives is a supervisory function. The supervision of the DPR RI for Commission IX covers the health and labor sectors. For state agencies that are partners with Commission IX, that is the Ministry of Health, Ministry of Manpower, BKKBN, POM Agency, BPJS Health, BPJS Labor, and BNP2TKI."* (IF5)

The supervisory function of the DPR RI is carried out through several mechanisms, such as Working Meetings (Raker) with ministers, Hearing Meetings (RDP) with echelon 1, Public Hearing Meetings (RDPU) with the public, Working Visits (Kunker), Reses, Focus Group Discussions (FGD), seminars, committees, and sudden inspections.(3)

## Primary Care Doctor Case Study

Commission X is considered to be responsible for this DLP problem. Members of Commission IX by Commission X were not involved in discussing the Medical Education Law, which discussed the DLP. Even after the RDP/RDPU with stakeholders discussed the DLP Program, Commission IX asked to have a joint meeting with Commission X, but Commission X did not comply.

*"Currently there is only the allocation of tables. Minister of Health regarding tuition assistance for primary care doctors, No. 11 of 2018. Letter of approval from the minister of finance. Perpres, technical guidelines, DLP tools. Juknis DAK 2017. So the Puskesmas that have DLP are equipped with the tools. There are 17 tools, if I'm not mistaken. Presidential Decree on Special Allocation Funds, in which there is a paragraph about DLP vehicles. The study program was opened there, at Kemenristekdikti. I don't know if there are rules or not."* (IF7)

Differences in perceptions about what constitutes a recommendation from Commission IX need to be confirmed through documents resulting from a

meeting between Commission IX of the DPR RI and various stakeholders. However, an informant from the Indonesian Ministry of Health explained that several regulations have been produced regarding DLP, namely PP from the Medical Education Law, Minister of Health regarding DLP education cost assistance, Permenristekdikti regarding the location of implementation of DLP, Presidential Decree concerning the DAK Technical Guidelines which includes DLP, and budget preparation for DLP education for puskesmas doctors.

## DISCUSSION

Commission IX of DPR RI in practice has seven partners, including the Ministry of Health, Ministry of Manpower, BKKBN, POM Agency, BPJS Health, BPJS Labor, and BNP2TKI. This is in accordance with the Decree of the House of Representatives of the Republic of Indonesia Number: 3/DPR RI/IV/2014-2015 Concerning Re-Determination of Working Partners for DPR RI Commissions for the 2014-2019 Membership Period. The research results related to the oversight mechanism are in accordance with the explanation on the official website DPR RI that in carrying out its duties, the commission can hold a working meeting with the President, who the Minister can represent; hold hearings with government officials representing their agencies, hold public hearings, conduct working visits during recess periods.

The supervisory mechanism for government programs carried out by Commission IX of the DPR RI has been effective. Even so, there is still an opinion that the oversight mechanism for government programs carried out by Commission IX of the DPR RI has not been effective and is still partial because the supervision carried out is still at the regulatory level, not real implementation in the field.(13,14) The effectiveness of supervision can be seen from the impact of the oversight, for example, how much supervision by the DPR prevents irregularities or corrects administrative errors in implementing a policy.(14)

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The DPR has held an RDP/RDPU to discuss the DLP Program by inviting relevant stakeholders. The meeting resulted in recommendations that the DPR RI Commission IX urged the government to involve all stakeholders in preparing the Draft Government Regulation (RPP) for the Implementation of Law No. 20 of 2013 concerning Medical Education following the ruling of the Constitutional Court Number 122/PUU-XII/2014, involving Commission IX of DPR RI no later than 90 (ninety) working days from the date this conclusion was made.

The RDP/RDPU recommendations regarding the DLP program still need to be implemented, as evidenced by the Republic of Indonesia Government Regulation Number 52 of 2017 concerning Regulations for Implementing Law Number 20 of 2013 concerning Medical Education without the involvement of Commission IX of DPR RI. Not only Government Regulations related to DLP, Presidential Regulation of the Republic of Indonesia Number 141 of 2018 concerning Technical Guidelines for Physical Special Allocation Funds for the 2019 Fiscal Year also mentions DLP in it. Even the Minister of Health has issued Regulation of the Minister of Health of the Republic of Indonesia Number 11 of 2018 concerning Assistance for Education Costs for Primary Service Doctor Programs. Apart from that, the DLP program, which according to Commission IX of DPR RI has been rejected, turns out to be continuing on the ground.

Based on the results of existing research, although the DPR RI Commission IX said there were no obstacles encountered in carrying out the oversight function of government programs, according to other informants, several obstacles were found, such as the inconsistency of participants from continuous meetings, the capacity of members was not the same, the lack of understanding of members of the Commission IX DPR RI on the MD3 Law and issues related to health. Obstacles are also considered to arise from the government if it is not proactive and slow in following up input from members of the DPR, as well as if there is overlapping authority from ministries/agencies.

Using the Logical Framework Approach as a framework for analyzing how the implementation of the supervisory role of Commission IX of DPR RI in the Primary Service Physician program, it was found that the increase in the performance of the Ministry of Health related to the DLP Program did not occur as expected. This happened because the discussion of RPP related to DLP was a program from the Ministry of Research, Technology, and Higher Education which is a partner of Commission X DPR RI, not the Ministry of Health, which is a partner of Commission IX of DPR RI. Coordination between commissions also

did not go well, as evidenced by the fact that Commission IX was not involved since the beginning of the drafting of the Medical Education Law. Even after the RDP/RDPU discussed this DLP, Commission X did not heed Commission IX's wish to discuss DLP issues.

## CONCLUSION

The supervision of Commission IX DPR RI on partners can positively influence partners' performance improvement. However, it is difficult to conclude that the increase in performance is entirely due to supervision from Commission IX of DPR RI. The supervisory function of Commission IX of DPR RI for the DLP Program did not work effectively because the program was regulated in the Medical Education Law, which was a product of Commission X of DPR RI and involved Kemenristekdikti which was not a working partner of Commission IX of DPR RI. This finding was not accordance with some results of similar articles such as from Noviyanti and Kiswanto (2016) that legislative size has a negative effect on local government financial performance.(15) Besides, another study from Sumarjo (2010) which states that there is no influence between legislative measures on local government financial performance.(15)

Because of that, it is suggested to Commission IX of DPR RI to have staff who specifically handle social media and are experts on specific health problems, build intensive communication with academics and various health stakeholders, and tidy up the documentation of every monitoring mechanism that it carries out with partners. In carrying out its program, the government should always adhere to the results of the agreement with Commission IX of DPR RI, pay attention to budget allocations and related regulations, and be proactive on the recommendations given by Commission IX of DPR RI. Other researchers can develop research on the oversight function of Commission IX of DPR RI by using other case studies and can develop research on other roles of Commission IX of DPR RI, for example, the function of legislation or the function of the budget.

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